GOD HELPS THOSE WHO HELP THEMSELVES:
NEGOTIATING A MIRACLE IN THE FOURTEENTH-CENTURY
CANONIZATION OF DELPHINE DE PUIMICHEL

DIOS AYUDA A AQUELLOS QUE SE AYUDAN A SÍ MISMOS:
LA NEGOCIACIÓN DE UN MILAGRO EN LA CANONIZACIÓN
DE DELPHINE DE PUIMICHEL (SIGLO XIV)

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Abstract: While we know that medieval sufferers had health care options and knowledge about how to pursue those options, such “bottom up” evidence is rare. Using witness testimony from the canonization inquest for Countess Delphine de Puimichel, this essay explores how people negotiated for miraculous cures with a holy woman reluctant to heal. Testimonies reveal how witnesses used lack of access to medical care, unsuccessful medical care, immediate danger, and long-term suffering to get access to Countess Delphine’s healing touch or her relics.

Keywords: canonization; miracle; herbs; childbirth; doctors; hierarchy of resort; leprosy.

Resumen: Si bien sabemos que los enfermos medievales tenían opciones de atención médica y sabían cómo acceder a ellas, una evidencia “desde la base” es poco frecuente. Utilizando como fuente el testimonio de los testigos del proceso de canonización de la condesa Delphine de Puimichel, este artículo trata sobre cómo la gente buscó la curación milagrosa a través de una mujer santa reacia a sanar. Las fuentes revelan cómo los testigos utilizaron la falta de acceso a la atención médica, el fracaso de la misma, el peligro inmediato y el sufrimiento de larga duración como vías para acceder al contacto sanador de la condesa Delphine o de sus reliquias.

Palabras clave: canonización; milagro; hierbas; parto; doctores; jerarquía de recurso; lepra.

SUMMARY


In 1361, as a second wave of plague hit Aix-en-Provence, Master Laurence, a legal professional in the royal court of Aix, developed an oppressive fever. He believed that he had the epidemic illness and he knew
that those who contracted the illness soon died. He also knew that against this illness, no remedy had efficacy. He looked for a remedy to recover his health anyway, and a certain woman of his neighborhood recommended that he make a vow to the countess Delphine de Puimichel, a holy woman of Provence who had made many miracles\(^1\). He took her advice and with great devotion and compunction made a vow to Countess Delphine to visit her tomb with a certain amount of wax if he were healed. His vow was successful and he survived.

In Laurence’s testimony, we see that he made many decisions quickly about his health care. He had information about the epidemic illness and remedies for it. So, when he developed the fever, he consulted people in his community for suggestions. He decided to follow the advice to pray for a miracle. At that point he made a vow. And he knew what making a vow to a saint entailed. It did not just mean making a promise to visit the saint with some wax. Most importantly, it included a change of interior state to great devotion and compunction.

We might consider Laurence’s story as his personal and situation-specific “hierarchy of resort”. In this hierarchy, Laurence first used self-assessment and his own knowledge of the illness and available remedies. Second, he turned to people in his community, though outside his immediate family. And finally after considering other options, he turned to a saint\(^2\). When I use the phrase “hierarchy of resort” in this essay, I’m using it as a way to look at how individuals made decisions about which health care options to pursue. The concept has weaknesses, especially when an outside observer imposes a

\(^1\) For the testimony of Master Laurence, see the critical edition of Delphine de Puimichel’s inquest by J. Cambell (ed.), *Enquête*. Cambell used two main copies of Delphine’s inquest, including Bibliothèque Mèjanes. ms. 355 in Aix-en-Provence, France and what was then St. Leonard College Library, ms. 1 in Dayton, Ohio. Page references in the article refer to the critical edition. For Master Laurence, pp. 359-360: “Dixit eciam idem testis loquens quod cum ipse de anno Domini MCCCLXI, et de mense Mai vel Juni, de die tamen non recordatur, quo tempore vigebat magna mortalitas Aquis, ubi idem testis loquens tunc morabatur, prout eciam nunc moratur, fuit febre gravatus, et nichilominus afflictus morbo vocato in vulgari lo cat, quo cum quis tactus erat tunc temporis, moriebatur communiter, adversus morbum illum nullo remedio prevalente. Et [cum] idem testis loquens recuperando quererando remedia sanitatis, quedam mulier vicina sua dixit eodem, die videlicet qua cepit, prout dicitur, infirmari, quod pre-fate domine comitisse se voveret, quoniam plura miracula faciebat; et tunc ipse testis loquens, magna devocione compactus, vorem emisit eidem domine comitisse sub hiis verbis: quod si ipsius domine comitisse gloriosi meritis cum ab huiusmodi febre et morbo contigeret liberari, sepulcrum dictae sancte cum uno torticio cereo ponderis unius libre infallibiliter visitaret”.

\(^2\) Laurence may have pursued other options, as well. A corroborating witness, Master Guilhelm Henri, a judge in the royal court of Aix, claimed that Laurence also wrapped himself in a red cloak, *cf.* J. Cambell, *Enquête*, p. 370. For a detailed discussion of this miracle and others concerning the first and second mortality in Provence, see N. Archambeau, *Healing Options*, pp. 550-553.
prescriptive hierarchy of resort on a sufferer in the past, but it can be usefully rehabilitated for thinking descriptively of how people navigated their healing options. As we will see, some sufferers needed to pursue one health care option in order to be able to pursue another.

And people in the fourteenth century had a range of health care options. While Master Laurence found his options limited in the face of plague, others with different illnesses did not. For example, consider the options suggested to a wealthy couple, Francesco Datini and his wife Margherita, seeking to have a baby that Katharine Park explores in her essay, *Medicine and Magic: The Healing Arts*. Family members assumed the couple had access to medical doctors, in addition to which they suggested a local healer who made a poultice (which was so smelly one could only use it in winter), a belt inscribed with an incantation, and prayer and almsgiving. Although not mentioned, asking a saint to intercede on one’s behalf would also have been an acceptable option.

More than just having options, however, people knew how to pursue them. For example, Master Laurence knew what he needed to say and, more importantly, how he needed to feel in order to make an effective vow to a saint. His knowledge parallels the knowledge needed to pursue medical or magical healing. Just as Margherita’s sister gave detailed information about where and how to find the woman who could make the smelly poultice, Master Laurence’s neighbor suggested a saint who made many miracles and Laurence knew how to use that information effectively.

Most analysis of miracles has focused on sanctity (what made a holy person holy) and gender (how were female and male holy people different). Fewer have used canonization inquest testimony to understand sufferers’ knowledge of miraculous healing. While Roy Porter and subsequent scholars raised awareness of the sufferer in medical healing, the same has not occurred for miracle. But just as medical healing required the sufferer’s

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3 This term is being increasingly questioned in medical anthropology and ethnography as well. For example, see S. Rasmussen, *Healing in Community*. This is a similar process to historical studies that seek to reconsider terms such as ‘alternative’ medicine as in W. Ernst (ed.), *Plural Medicine*.


5 This is a vast scholarship, which includes landmark studies such as D. Weinstein, R. Bell, *Saints and Society*, and C. Bynum, *Holy Feast and Holy Fast*. D. Elliott’s *Proving Woman* and A. Hollywood’s *Sensible Ecstasy* also profoundly shape this approach to miracle and sanctity.


7 For example, see R. Porter, *Patients and Practitioners*.
active participation and knowledge, seeking a miracle through a living holy person, a relic, or at a tomb or shrine required an equally important, though often quite different, set of knowledge. This article cannot deal with the full range of that knowledge, but will reflect on how a specific set of witnesses negotiated various forms of medical and miraculous care—in other words, how they articulated their personal hierarchies of resort.

When considering the place of miracles in the hierarchy of resort, I am interested in looking at how people who made the choice to pursue miraculous healing went about getting a miracle. This helps us explore an aspect of an even broader question: How did people get the kind of health care they wanted? As we saw with Master Laurence, he did not just ask God and receive. He considered his options, consulted others, and made a choice to ask for a miracle. At which point he made a specific vow with great devotion and compunction.

Ultimately, Master Laurence’s story is a fairly simple one. Pursuing a miracle could be much more complicated, especially if the sufferer struggled with his/her interior spiritual state, sought out a living holy person reluctant to heal, or sought direct contact with a relic. When thinking about miracle in relationship to an individual and flexible hierarchy of resort, we find that some sufferers did not simply go from one healing option to another or try many at once. Instead they “used” one option as a way to “get” access to another. Or even, in some instances, sought a very different kind of aid and instead received miraculous healing.

1. CANONIZATION INQUEST PROCEDURE AND QUESTIONING

Before delving into more examples of how people sought miracles, however, let me give a bit of background into the main source that my examples come from. I have chosen examples from the 1363 canonization inquest for Countess Delphine de Puimichel. This inquest took place in the market town of Apt, Provence, about 60 kilometers from Avignon, which was the papal seat at that time. The witnesses were predominantly wealthy, frequently well-traveled, and politically well-connected. They included merchants, clergy, various professionals, nuns, widows, and servants.

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8 Many scholars have explored saints’ lives and canonization inquests for information about healing options. N. Siraisi included a brief discussion of the inquest for Chiara de Montefalco in Medieval and Early Renaissance Medicine, pp. 39-42. See also, M. McVaugh, Medicine before the Plague; S. Farmer, Surviving Poverty; I. Mc Cleery, Multos ex Medicinae Arte Curaverat, and J. Duffin, Medical Miracles. This follows the increasing use of saints’ lives and canonization inquests for studying social history in general. For an overview, see S. Katajala-Peltomaa, Recent Trends.

This inquest reflects the high standard of evidence in an official canonization, but also has a few rare features that make it particularly useful for exploring how witnesses pursued miracles. Delphine’s inquest (like all official canonization inquests by the fourteenth century) was a legal procedure sponsored by the Papal court to determine if she should be made an official saint of the Catholic Church. While many people were considered holy and venerated by their local communities, by the thirteenth and fourteenth centuries, few were added to the official calendar of saints.

If the papal court accepted the person as a candidate for canonization, papal commissioners and a papal notary traveled to the holy person’s city where they joined local officials and at least one local notary. The commissioners questioned witnesses to the candidate’s life and miracles, the testimonies were written down by the notaries, and all of the materials were collected and sent back to the papal court for further deliberation.

During Delphine’s inquest (like other canonization inquests at the time), witnesses were presented a series of articles of interrogation. These were statements about Delphine’s life and miracles that summarized major aspects of her sanctity that the papal commissioners wanted to learn more about. In Delphine’s inquest, these articles started with Article 1, which was an open-ended article that asked witnesses to tell the commissioners anything they knew about Delphine. This is one of those rare elements that makes her inquest special. Many witnesses told detailed, personal stories in response to Article 1. This is not a surprise, since Delphine lived to be 75 and spent most of her later years in convents and hermitages in Provence. Most of the witnesses had known her all their lives.

After Article 1, the questioning proceeded through more typical specific articles about her life, her living miracles, and her posthumous miracles. After listening to an article, a witness would then elaborate on what he or she knew about the life event or miracle, and then the commissioners would ask follow-up questions. In Delphine’s inquest, witnesses frequently spoke at length and provided details that expanded (or even contradicted) the articles of interrogation. While the testimonies remained appropriate to a legal procedure, they also revealed intriguing details.

Both the questioning procedure and the witnesses’ answers can help us learn more about what health care options witnesses had and how they made

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10 For an overview of changes in sanctity, see A. Vauchez, *Sainthood in the Later Middle Ages*, pp. 61-84.

11 For the importance of a saint to his or her local community, see A. Kleinberg, *Prophets in Their Own Country*, pp. 16-17.
choices about pursuing a miracle\textsuperscript{12}. On the most basic level, commissioners’ questions reveal some assumptions about witnesses’ health care options. The commissioners frequently asked if witnesses had prayed to any other saints, had been healed by doctors, or had been healed by any kind of medicine\textsuperscript{13}. The questions assumed the possibility that people had options and that, even though they were healed by Delphine, they may have pursued these other options before (or in some cases after) receiving a miracle.

While the commissioners asked these questions in order to determine if a miracle had really occurred, witnesses’ responses to these questions often revealed the healing options they had, how they chose to pursue a miracle, and how they actually got that miracle from Delphine. Some of the questions could be quite specific and reveal the knowledge of both medical and miraculous care for both the commissioners and person being questioned.

An interesting example occurred during the testimony of Ayselena, the thirty-year-old wife of lord Guilhelm of Manosque living in la Tour-d’Aigues. According to the article, in March of 1363 –the year of Delphine’s inquest–, Ayselena began to feel labor pains when she was only five months pregnant with twins. She sensed that the infants had died in her stomach and that she was in danger of dying as well. Those assisting her agreed. At that point, she made a vow to God and the blessed Virgin Mary and recalled the memory of Delphine. She vowed that if she were freed from the danger of death, she would visit Delphine’s tomb with the weight of an infant in wax. As she emitted the vow, she sensed a sudden liberation of her person, and gave birth prematurely, and was beyond the danger of death. After which she fulfilled her vow\textsuperscript{14}.

In her testimony, Ayselena did not repeat the details of the article, but agreed that they were true\textsuperscript{15}. Her testimony consisted of answering five questions from the commissioner, which elicited increasingly more

\textsuperscript{12} For the usefulness of inquest questioning, see M. Goodich, Mirabilis Deus, pp. 143-146.

\textsuperscript{13} For example, J. Cambell, \textit{Enquête}, p. 434: “Interrogata si ad invocationem alicuius sancti vel sancte, et si fuit emissum votum, et quibus verbis interpositis fuit liberata et sanata, dixit quod non aliter quam supra depositum”.

\textsuperscript{14} \textit{Ibidem}, p. 83: “Item, quod cum Ayselena, uxor Guillelmi Manasieu de Turre Ayguesi, diocesis Aquensis, esset pregnans de quinque mensibus, et de mense Marcii proxime preterito, ipsam Ayselenam dolores arripuerunt vehementes, quos consueverunt mullieres habere in puerperio; et senserit ipsa mulier infantem mortuum in ventre suo; ex quo erat in periculo mortis; et sic asserebatur per circumstantes et assistentes eadem. Vovit Deo et beate Virgini Marie et recolende memorie dicte domine comitisse quod, si per preces et merita ipsius domine Deus et beata Virgo Maria liberarent eam de periculo mortis in quo erat constituta, ipsa mulier veniret ad visitandum seculum dicte domine Dalphine cum imagine cerea unius infantis ponderis unius libre. Et emisso dicto voto, senciit liberationem persone sue subito, et peperit abortivos, et fuit extra mortis periculum, et quod voverat adimplevit” (article 75).

\textsuperscript{15} \textit{Ibidem}, p. 204: “Dixit et respondit contenta in ipso articulo fore vera”.

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information and even a slightly different version of events. The first asked a standard question about which day she emitted the vow, and she answered that it was the 15th of March. Then they asked her about the hour. This was a standard question, but the response shows the kind of detail they were perhaps looking for when they asked it. Ayselena said that she made the vow at terce, and at the hour of dinner of the same day she experienced the abortive birth. So although she had agreed with the article, her freedom from danger was perhaps not as immediate as the article suggested. The commissioners then asked how long she had been in danger of death, another standard question. Ayselena slightly reinterpreted the question, however, focusing on the children rather than herself. She answered that for eight days she sensed the severe suffering of the children who were born abortively. The commissioners’ fourth question again focused on time. They asked if Ayselena experienced any pain of childbirth after she was freed on the 15th, and she answered with a simple no16.

The commissioners’ final question reveal their knowledge and expectations about health care at childbirth. They asked if Ayselena took any medicines, herbs, or any other thing to alleviate the suffering. While asking about other medicines was standard, asking about herbs was not. This was one of the only places in an inquest filled with descriptions of illnesses that herbs are mentioned, strongly suggesting that the commissioners expected her to have used herbs in this situation. In response, however, she said no and added that she was confident that her prayers to Delphine, as she had asserted in her testimony, had freed her from premature birth17.

The commissioners’ questioning of Ayselena concerning her miraculous survival of an abortive pregnancy reveals their knowledge and expectations about the options witnesses had for health care. The commissioners’ question about herbs in particular suggests that they had ideas about women’s options at childbirth. That she did not claim to have used herbs or any medicines may reflect her desire to emphasize that Delphine’s intercession healed her or it may reflect her personal choices during a difficult health problem.

16 *Ibidem*, p. 204: “Interrogata de die, quot fuit, quando emisit dictum votum, dixit quod erat XV dies mensis Marciii; aliter non recordatur, ut sibi videtur. Interrogata qua hora dicte diei emisit votum predictum, dixit quod hora tercie; et hora cene, ipsam die, invent se liberatam et peperit abortivum seu abortivos secundum dictum eiusdem mulieris que erat ibi. Interrogata per quantum tempus fuit in illo periculo sive gravitate, dixit quod per octo dies sencierat dolores graves de pueris illis quos peperit abortivos, ut dixit. Interrogata si post dictam diem XV, postquam fuit liberata, sencit aliquos dolores de partu predicto, dixit quod non”.

17 *Ibidem*, p. 204: “Interrogata si aliquas medicinas sive herbas vel alia posuit pro dicto dolore mitigando, dixit quod non; sed confisa fuit quod ad preces dicte domine comitesse, ut asseruit, fuit liberata de abortivis predictis”.

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While Ayselena did not claim to have used herbs and medicines, she did call out to multiple holy figures. After eight days of struggle, Ayselena did not just call out to Delphine. She made the vow to God, the Virgin Mary, and Delphine. She was one of the few witnesses to pray to multiple figures at once, but the commissioners did not question her about it. Although her vow differed from others, there was no sense in the questioning that it was inappropriate for proof of Delphine’s sanctity or inappropriate for gaining healing. Her vow instead reveals an unexpected knowledge about asking for divine grace and intercession.

2. SEEKING A MIRACLE FROM A LIVING HOLY PERSON IN THE FOURTEENTH CENTURY

Ayselena’s post mortem miracle was not the norm in Delphine’s inquest. Since the inquest took place only three years after the holy woman died, there had not been much time for post mortem miracles. This fact brings us to another rare element that makes Delphine’s inquest so useful for answering questions about how people negotiated health care. Witnesses testified to many healing miracles they received or saw while Delphine was alive. Living healing miracles were rare in 14th century canonization inquests, but may or may not have been rare in 14th century experience. So witnesses give us a window into a process that may have occurred fairly frequently, but was not as frequently recorded in this particular kind of source.

One of the main difficulties witnesses had in seeking a healing miracle through Delphine while she lived was her reluctance to perform them. Witnesses described her belief that she was not holy enough to produce miracles and therefore any healing that happened through her touch was evidence not of God’s power, but the Devil’s temptation. Her clearest statement of this was to her medical doctor and confessor, Master Durand Andree. For example, when a large group of sick people arrived in Apt and demanded to see her for healing, Durand asked why she wouldn’t see them. In response, she described herself as a daughter of Eve, not Mary. She saw herself as “an abominable creature, who under the pretext of sanctity is heading toward hell.” She told Master Durand that “Why do they come to me when I am not Christ or John or Paul, but the food of worms, a putrid corpse, a sack of iniquity.” In other words, she was too humble to claim the power to heal.

18 A. Vauchez, Sainthood, pp. 472-475.
Witnesses also described her belief that physical suffering purified the soul and therefore people should want illnesses, especially chronic ones. As one witness recounted Delphine saying, “If people of this world considered how useful bodily infirmities were and how much they separated the soul from love of earthly things, they would buy, if it were possible, those physical infirmities in the market just as they buy life’s other necessities”20. And, according to witnesses, she lived this belief. Witnesses recounted her many illnesses, including dropsy and fever. These worsened as she grew older, at which time her penitential activities also started to cause her harm. Bertrand Bartholomea, Delphine’s maid for over forty years, testified to Delphine’s suffering, saying that “through the whole time that she was with Delphine, infirmities oppressed the holy woman”21. Witness especially noted Delphine’s excessive weeping as she ate and prayed. It impaired her vision and her closest familiars believed it would cause what they called consumption of the brain. She, however, welcomed the tears, believing they were divinely inspired, purified her soul, and helped her see God22.

Both these beliefs and practices—that she was a daughter of Eve and that illness purified her soul—distinguished her as an exceptionally holy person. If she had acted any other way, her sanctity would have been suspect23. But the people around her were not canonization candidates and few shared her attitudes about illness. They wanted to be healthy, avoid death, and stop chronic illnesses.

Witnesses found some creative ways to circumvent Delphine’s reluctance to heal, while not calling her sanctity into question. Some of these methods, however, harmed Delphine. Witnesses described what I think of as a “grab and apply” approach in which sufferers would wait along routes they knew Delphine would take and then grab her hand or clothing and place it on their sores or paralyzed limbs. This practice was not unique to Delphine and none of the testifying witnesses claimed to have done this. Witnesses did, however, describe how this practice worried Delphine

20  J. Cambell, *Enquête*, p. 52: “Si gentes huius mundi considerarent quantum corporales infirmitates sunt utiles et quantum separant animum ad amore terrenorum, ipsas infirmitates corporeas, si esset possibile, in foro emerunt sicut emunt res alias necessarias ad vivendum” (article 33).

21  *Ibidem*, p. 305: “Dixit quod dicta domina Dalphina, per tempus quo fuit cum eadem et potuit, donec infirmitates gravaverunt eandem”.

22  For a discussion of Delphine’s weeping and eye problems, see N. Archambeau, *Remembering Countess Delphine’s Books*, pp. 44-46.


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about the state of her own soul. In the most public display, witnesses spoke of a woman suffering partial paralysis who had herself placed on the steps of a church dedicated to St. Louis of Anjou in Marseille when she knew Delphine was inside. She then grabbed the hem of Delphine’s dress as Delphine left the church, and the paralysis was cured. The woman told many people about her miraculous cure and Delphine experienced such sadness that she visited the local inquisitor who exonerated her of heretical views.

Others like this paralyzed woman who did not have direct access to Delphine—who could not visit her nor ask her to visit them—found other, less aggressive, ways around her refusal. For example, several witnesses spoke of a mother who brought her daughter to be healed by Delphine. The girl’s face had been scarred by an illness that they called *noli me tangere*. Delphine refused to see the two women, even though they waited for days outside the convent where she stayed. Finally, Delphine’s sister took pity on the women and brought out a basin of water that Delphine had washed in. When the daughter washed her face with the water, the scars disappeared. The scarred girl’s mother negotiated through her continued presence for a miracle, eventually appealing to the pity of Delphine’s associates.

Closer acquaintances of Delphine could negotiate more directly to receive her healing touch. Their negotiations reflected their knowledge of Delphine’s sanctity and personality, Christian ideals like visiting the sick, and cultural ideals of mercy and protection for those of lower social status. In many cases their testimony also reflected an unstated knowledge of the order in which to speak of pursuing available healing options. These stories reveal the sufferers’ sense that they had to earn a miracle from this living holy woman through their appropriate behavior in relation to their souls, in relation to the illness, and in relation to social expectations.

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24 J. Cambell, *Enquête*, pp. 64-65: “Item contigit, quod dudum, vivente tunc in humanis dicta domina comitissa, quod, dum semel ipsa domina esset in civitate Massiliensi in ecclesia Sancti Ludovici, quiedam mulier, que longo tempore contracta extiterat, nec poterat suis pedibus ambulare, audiens dictam dominam comitissam transituram per portam claustri fratrum Minorum, postulavit et fecit se ad ipsam portam portari. Et dum ipsa Dalphina per ipsam portam transitum faceret, dicta mulier vestes ipsius comitisse posuit supra caput suum. Quo facto, incontinenti dicta mulier sanata et liberata fuit, et miraculose suis pedibus incontinenti stetit et libere deambulavit, et tam stupendum sibi factum miraculum voce publica divulgabat. Quo viso et audito per fratrem Iohannem de Vadis, tunc inquisitorem hereticse pravitatis, qui dictam dominam associabat ad eandem mulierem ad sanitatem, sic cum tali miraculo restitutam, se divertens, traxit eandem mulierem ad partem, ne ad noticiam ipsius domine comitisse, que afligebatur et tristabatur in tabulis, deveniret”. (Article 51).

25 Neither the woman nor her daughter testified directly about this, but other witnesses mentioned the event, including Johan de Sabran, who saw the girl after she was healed. See J. Cambell, *Enquête*, p. 350.
Although there are many examples –almost seventy witnesses testified in Delphine’s inquest and almost all had stories of miraculous healings they experienced, witnessed, or heard about– I have chosen a few to show the range of healing options people had and the variety of negotiation methods they used to get access to Delphine’s intercession while she was alive and to her relics after her death.

The first example shows the use of medicines and Christian ideals to negotiate a visit from Delphine. Pèire Audenque, a cathedral canon of Apt, told commissioners about how he suffered a continual fever that left him weak and unable to get out of bed. He described medicine in the form of a cordial to ease his suffering administered by a fellow priest. When that failed, the priest begged Delphine to visit the sick man. Since she knew Pèire and visiting the sick is one of the seven acts of mercy, she could hardly refuse

When she saw Pèire’s suffering, she comforted him with the words of the Apostle Paul. “When suffering illness, one is stronger. And if he and all Christians knew how much bodily infirmities make great goods and merits, which are earned by those who suffer patiently, they would serve their time.” After telling him this, however, Delphine said that Pèire would be cured and that it pleased God. But she also encouraged him, saying that he ought to change and improve his life through God. According to Pèire’s testimony, therefore, Delphine made her beliefs about suffering clear, but also acted as the bearer of information that Pèire’s renewed health would please God. As Delphine left, Pèire recommended himself to her and after half a day, he sensed a great consolation and joy in his heart after which the fever left.

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26 *Ibidem*, p. 415: “Dixit eciam quod bene fuerunt XI anni post festum Pasche proxime preteritum elapsi, ut sibi videtur, quia de mensibus et diebus non recordatur, quod ipse testis loquens paciebatur febrem continuum, quae multum affligebat eundem, in tantum quod de lecto surgere non poterat nisi due persone iuvarent ipsum; ita quod, cum quadam die dominus Raymundus Raynaudi, presbiter, ministravit sibi de restaurante, ut confortaret ipsum loquentem; de quo tamen sumere non potuit. Et tunc videns debilitatem ipsum loquentem, dictus presbiter accessit ad dictam dominam Dalphinam, prout ipse dominus Raymundus postmodum retulit sibi loquenti. Cui domine Dalphine exposuit statum dicti loquentis, rogando eam quod veniret ad visitandum ipsum loquentem. Qua quidem die, dicta domina comitissa venit ad ipsum loquentem, quem inventit in lecto, dicta infirmitate multum debilem et agravatum”.

27 *Ibidem*, p. 415: “Et inter alia verba bona que locuta fuit sibi loquenti de Deo, de quibus non recordatur, consolando dictum loquentem dixit sibi verba de beato Paulo apostolo, qualiter, dum paciebatur infirmitates, forcorier erat; et quod si ipse loquens sciret, et alii christiani et christiane, quantum boni facunt infirmitates corporales et meritum, et merentur qui sustinent pacienter, ipse et alii emerent”. This quote evokes the Apostle Paul’s second letter to the Corinthians, 12, 10.

28 *Ibidem*, pp. 415-416: “Demum dicente dicta domina Dalphina quod ipse curaretur et quod placeret Deo; sed exhortando eundem, dixit quod mutaret et melioraret vitam suam erga Deum. Et cum ipse loquens se recommendasset eidem domine Dalphine et eius precibus, ipsa domina Dalphina recessit. Post cuius recessum et spactum unus dimidie leuce idem loquens in corde
Other witnesses used unexpected problems with medical care to ask Delphine for her intercession. One of the most elaborate examples appears in the testimony of Raybaud Saint-Mitre, a draper and local official in Apt. Raybaud worried that his wife would die in childbirth. He had consulted Delphine’s doctor, Master Durand Andree, who had told him that his wife was too weak to survive the experience, but had agreed to try to help the woman. Therefore, when Raybaud’s wife went into labor, he ran to get Master Durand. But Master Durand was not at home. Completely agitated, Raybaud ran to where Delphine was staying, explained his situation to Delphine’s relative, the noblewoman Tiburga de Sault, and begged for help. Raybaud never saw Delphine, but lady Tiburga took a message to the holy woman. She reported that Delphine believed Raybaud about the great danger to his wife because he had one of the best earthly doctors. Therefore Tiburga gave him a white cloth with something inside. When he placed the cloth in his wife’s room, she had an easy delivery. She lived and the baby lived for 15 days.

In this case, Raybaud received a miracle by never intending to ask for one. He only asked Delphine for help in a moment of crisis when his wife’s...
doctor was unavailable and he did not know what else to do. As he described
the indirect encounter, this fact mattered to Delphine. She aided him because
she believed him and respected his doctor. In this way, seeking medical care
first allowed him to ask for aid during the emergency and receive a kind of
relic.

The experience of Alacasia Mesellano, a draper’s widow from Apt
who knew Delphine well, gives more detail about the use of medical care to
negotiate a healing miracle from a living holy person. Alacasia developed
a livid tumor on a finger of her right hand, which caused her hand to swell
and made her feverish. She went to a doctor, but “was not liberated from the
infirmitie by the remedy the doctor applied.” She then applied a plaster and
bound her hand. After suffering for eight days with pain, fever, and swelling,
she went to visit Delphine. She did not ask the holy woman for healing,
however. Instead, Delphine saw the plaster and asked Alacasia to describe
the problem. Delphine then unwrapped Alacasia’s hand, held it, and told Alacasia
to rebind it again. Alacasia did so, but when she got home from the visit, she
unwrapped her hand again and found that she was totally healed30. In this
instance, Alacasia sought medical care and tried to heal the tumor herself. She
never directly asked for a miraculous cure, but received one after Delphine
asked her to explain her situation. The doctor’s visit, her own efforts, and her
reticence to ask for help may have made it easier for Delphine to touch
her out of pity.

Knowledge of Delphine’s social and political responsibilities also
helped at least one witness receive a healing miracle. Bartholomea Marcella
of Cabrières suffered from leprosy or a leprosy-like skin illness for perhaps as
long as four years31, but only came to Delphine when her safety within her town
was threatened. Several witnesses described the severity of Bartholomea’s
illness. For example, Delphine’s maid, Bertranda, described it as the infirmitie

30 Ibidem, p. 434: “Item, dixit quod bene sunt sex anni elapsi vel circa, ut sibi videtur; aliter
de mense et diebus non recordatur, cum ipsa testis loquens haberet quandam infirmitatem in
digito anulari manus dextre, que communiter vocatur boblau coloris lividi, que sibi magnum
dolorum inferebat, et quandoque ex dolore dicte infirmitatis febricitavit, et manum dextram
predictam inflatam habebat, nec potuisset liberari per remedia que medicus apponebat. Et cum
habuisset predictam infirmitatem per VIII dies, ivit quadam vice ad visitandum dominam pre-
dictam. Que quidem domina, videns digitum ipsius testis loquentis ligatum, quia quoddam
emplastrum ipsa testis loquens apposuerat, peciit quid hoc esset; et ipsa testis loquens responsit
quod fuerat passa in digito predicto, et narravit sibi predicta; et de mandato dicte domine Dal-
phine dissolvit digitum in quo paciebatur. Et tunc dicta domina Dalphine posuit manum suam
supra manum dicte testis loquentis et tetigit ipsam, et dixit sibi testi loquenti quod religaret
dictum digitum. Et cum fuit in domo sua, disligavit dictum digitum et invenit se esse curatatam
totaliter”.

31 Ibidem, p 454: “Interrogata quanto tempore fuit infirma, dixit quod per quatuor annos et
ultra”.

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of St. Menna and that Bartholomea had tumors on her shins that were horrible to see\textsuperscript{32}.

In 1347, the \textit{communitas} of Cabrières considered expelling Bartholomea from the city. When she learned this, Bartholomea came with trust (\textit{cum fiducia}) to Delphine, showing the holy woman her infirmity and asking that she be considered worthy that God intercede on her behalf. According to the article, Bartholomea had the greatest devotion and confidence in Delphine. She had seen Delphine’s virtuous works and heard her consoling and edifying words for a long time.

Delphine was moved by a sense of responsibility, because she had had a close familiarity in the past with Bartholomea who had been her vassal. Delphine considered the infirmity by touching (\textit{tangendo}) it and Delphine’s maid described in her testimony how Delphine placed her hands on the woman’s shins. After touching (\textit{palpacionem}) the leprous woman, the article described Delphine as upset. After being touched, Bartholomea returned to her home and fell asleep in her bed. When she woke the next day she discovered that she was healed\textsuperscript{33}. Through questioning, several witnesses said that Bartholomea’s tumors fell off as she slept and she discovered a great quantity –around two handfuls– of bubos in her bed in the morning\textsuperscript{34}.

The article and testimony showed Bartholomea suffering with leprosy for many years and even used the adjective \textit{paciens} to describe her. Although she had known Delphine much of that time, she only asked for healing when people in Cabrières threatened her safety by considering expelling her from the city. For the witnesses, this was a real threat. Through questioning we learn that people in Cabrières told Bartholomea that they would have already

\textsuperscript{32} Bertranda Bartholomea’s statement appears in J. Cambell, \textit{Enquête}, p. 309: “Dixit eciam quod vidit quandam Bartholomeam Marcellam de Capreriis, diocesis Aquensis; et dicebatur quod habebat infirmitatem sancti Manne in tibiis, in quibus habebat bubas; quod erat horribile videre; et timebatur quod esset leprosa.” Catarina de Pui, who also mentioned the miracle, did not see the illness, but spoke to Bartholomea Marcella about it, see \textit{ibidem}, p. 410.

\textsuperscript{33} \textit{Ibidem}, pp. 72-73: “Item, quod contigit, dudum dicta domina comitissa in humanis agente, quod Bartholomea Marcella de Capreriis fuit longo tempore leprosa, et in tantum quod communitas dicti loci tractabat eam eicere extra villam. Cumque ipsa Bartholomea maximam devocionem et confidenciam habebat in dicta domina comitissa propter virtuosa opera et verba consolatoria et edificatoria que viderat et audierat longo tempore ab eadem, cum fiducia venit ad eandem ostendendo sibi infirmitatem suam, rogando ut Deum pro ea dignaretur deprecari. Et cum dicta domina, mota pietate, infirmitatem predictam tangendo aspiceret, quia familiaritatem anteae, quia sua vasalla fuerat, habuerat cum eadem, incontinenti post palpacionem dicte lepre, dicta mulier paciens domum rediens et lectum suum intrans obdormivit; et in crastinum evigilata, sanam se miraculose repperit et curatam”. (Article 58).

\textsuperscript{34} \textit{Ibidem}, p. 454: “et in crastinum, dum evigilavit se, reperiti in lecto de bubis unam magnum quantitatem, circa duas manus plenas; et reperit se curatam, prout supra depositit”. Her sister, Raynauda echoed this, cf. J. Cambell, \textit{Enquête}, p. 455. “quod omnes bube ceciderant et erant inter linieamina de dictis bubis bene plene dua manus”.
thrown her out of the city because of her infirmity, if she had not been from such a good family.35 Bartholomea’s sister, Raynauda, confirmed this, saying that she heard many people murmur among themselves that they would expel Bartholomea.36

The article depicts Bartholomea negotiating a visit and eventually a miracle through a remembered lord/vassal relationship with Delphine. When Bartholomea turned to Delphine, she went cum fiducia – a phrase that strongly suggests the appropriate attitude of a vassal to her lady. Delphine, although she had given up all her goods and titles, had at one time been the lady of Cabrières and she received Bartholomea with a sense of responsibility appropriate to a lady for her vassal. This exchange could have had several outcomes, including letting Delphine address the community of Cabrières on Bartholomea’s behalf. But the miracle enacted through God’s mercy allowed Bartholomea to stay in the city.37

3. NEGOTIATING ACCESS TO A RELIC

After Delphine’s death, witnesses continued to face the difficulty of access to her relics. While they no longer had to navigate Delphine’s reluctance to perform miracles nor her belief that suffering was beneficial, they still did not go directly to her relics even when they had reliable access to them. Their testimony reveals that negotiating a miracle through medicine continued after the death of the holy person.

Again the testimony of the draper’s widow, Alacasia Mesellano, provides interesting insight into negotiating the pursuit of miracle. Through her testimony we learn that her son Guimet had a painful ulcer on his shin, and several other witnesses recalled the ulcer, saying that it looked and smelled horrible. Guimet suffered with this ulcer for six years. During that time, Alacasia took him to doctors in Apt, Avignon, Forcalquier, and Montpellier. In the late fourteenth century, these cities would have had some of the best doctors in Europe.

35 Ibidem, p. 454: “Interrogata quomodo scit quod dicta communitas tractaret quod eiceretur extra villam, dixit quod plures de dicto loco dixerunt sibi quod tractabantur, et quod si non esset de tam bono genere, ipsa fuisset eiecta a dicto loco propter infirmitatem predictam”.

36 Ibidem, p. 455: “Et audivit a pluribus de dicto castro, quod murmurabant inter se quod expelleretur de dicto loco”.

37 This miracle stands in contrast to the usual treatment of lepers as vehicles of sanctity. In most canonization inquests, the holy person kisses or washes the feet of a leper in imitation of Christ or St. Francis. The leper is rarely, if ever healed. For a vivid example, see the canonization inquest of Louis of Toulouse, in Processus Canonizationis, pp. 95-96.
They certainly had the most expensive. Two of these doctors, George and John of Sanione, asked 80 florins for their treatment. Instead of paying the doctors, Alacasia’s son asked her to try Delphine’s veil. He explained that it had worked for Alacasia for an injury she had suffered, so it might work for him. Alacasia agreed and asked Delphine’s maid, Bertranda, for the veil. When it arrived, she laid it on Guimet’s shin, and he was freed of the ulcer38.

Alacasia’s testimony about the veil reflects on the one hand, the power of Delphine’s relics in the face of expensive medical care. But if we view this story as more than a trope, and turn our attention to what it reveals about the illness and injuries she and her son faced, we see a person who, for non-life-threatening illnesses, went to doctors first, and didn’t seek out a miracle until medical options failed or were too expensive. Even then, in this example, the idea was not hers, but her son’s. He had suffered for six years with a painful and offensive illness and sought medical treatment from doctors over one hundred miles away, before seeking a relic in his own hometown from people he knew. Alacasia presented this as the right way to get a relic. She and her son had to earn the miraculous cure, not just ask for it.

4. CONCLUSION

There were many things happening in these testimonies of miraculous healing. They were not one-dimensional stories. Even though they depicted miracles—a necessary element of sanctity—the witnesses were not simply giving an objective account of events. They were presenting their saint to the papacy for many reasons. For example, they were supporting a woman who was their family member, their friend, and even their lady in a feudal system. They were supporting an important Provençal family in a bid for a sanctified family line. They were showing their respect for a woman who had support from important Franciscan friars and even Pope Urban V’s brother and the

38 J. Cambell, *Enquête*, p. 436: “Item, dixit quod, cum Guimetus de Mesellano, filius ipsius testis loquentis, patetetur in tibia: nescit si in sinistra vel dextra, quendam morbum sive fistulam, secundum quod medici dicebant; et duravisset sibi bene per sex annos, et non posset liberari aliquo remedio medicorum, licet fuisset in cura ipsorum tam in Avinione quam in Montepessulano et in Forcalquerio, et nichilominus peterent ab eo LXXX florinos, videlicet magistri Georgius et Iohannes de Sanione; quadam die, cum habaret devocionem ad preces et merita dicte domine Dalphine, dictus Guimet dixit ipsi testi loquenti, matri sue, quod si haberet velum dicte domine Dalphine et poneret supra tibiam in loco ubi paciebatur infirmitatem sive morbum predictum, speraret a dicta infirmitate liberari, sicut et ipsa testis loquens, mater dicti Guiometi, fuerat aliter a quadam infirmitate liberata. Et ipsa testis loquens, mater dicti Guiometi, misit pro velo dicte domine Dalphine, et habuit et posuit supra dictum morbum, et fuit sanatus a dicta infirmitate dictus Guimetus”.

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highly influential cardinal, Philippe de Cabassoles. At the same time, witnesses were also expanding their social class as they testified. Someone like Raybaud Saint-Mitre, a draper and local official, was telling the commissioners (and anyone who read the testimony) that he interacted with Master Durand Andree and Countess Delphine. These are complex testimonies, some likely solicited long in advance of the inquest, and with a great deal at stake. But through testimonies like these we can still learn about how sufferers negotiated a miraculous cure. We certainly don’t see a tidy hierarchy of resort, in which sufferers sought the nearest or most affordable care first. Instead we see that getting a miraculous cure–something that was free and available from a woman who lived in the same city as most of the witnesses–was at times the most difficult option witnesses pursued. If we consider broad patterns, almost all of these witnesses at least considered medical care before seeking a miracle and most pursued it. In the cases of Pèire Aundenque and Raybaud Saint-Mitre, unsuccessful medical care provided a reason Delphine or her associates considered interceding on their behalf. But there is more going on here. By seeking a miracle only after seeking medical care, by not seeking a miracle at all, or by being willing to suffer with illness until circumstances made it impossible, witnesses were doing a number of things. While they were revealing the power of miracle, they also showed the commissioners they understood and respected Delphine’s ideas about illness and health. Perhaps in this way, they also showed that they were worthy of a miracle–the deserving sick–unlike those people who demanded healing without any thought to the health of their souls. At the very least, the testimonies show that receiving a healing miracle, especially from a living holy woman in the later Middle Ages, was not the easy healing option, even if she happened to live next door. In Delphine’s inquest, if a person could afford medical care and had the opportunity to use it, then seeking a miracle was not appropriate and might be denied. The same was true if sufferers could live with an illness and suffer on earth for their sins, as she recommended. These unstated rules influenced how people spoke about miraculous healing and likely how they sought miracles. Delphine’s witnesses suffered and went to great expense before turning to their local holy woman. Even then, sufferers like Pèire Aundenque were encouraged to live up to the Christian ideal of suffering on earth as an act of penitence. Negotiating a miracle, therefore, required knowledge and savvy. And witnesses like Alacasia, Raybaud, and Master Laurence let us in on their secrets.

39 For a discussion of the uses of canonization inquest testimony, see L. Smoller, *Miracle, Memory, and Meaning*. ANUARIO DE ESTUDIOS MEDIEVALES, 43/1, enero-junio 2013, pp. 7-25
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