

Editor's Introduction

LOUISE BOURGEOIS: AN OTHER VOICE

Alison Klairmont Lingo

*No ornament but truth, no reason but that of experience.*¹

The Writings

Louise Bourgeois (1563–1636), midwife to the French queen Marie de Médicis, was, in her own words, “the first woman of my art to take pen in hand to describe the knowledge God gave to me.”² With this statement, Bourgeois was claiming her place in the exclusively male domain of medical print culture.³ She published the first volume of an obstetrical and gynecological manual, *Observations diverses sur la stérilité, perte de fruit, et fécondité, accouchements, et maladies des femmes et enfants nouveaux nés* (*Diverse Observations on Sterility, Miscarriage, Fertility, Childbirth, and the Diseases of Women and Newborn Children*), in 1609; two editions followed in 1617 and 1626.⁴ Finally, in 1635, she published a collection of medical recipes, *Recueil des secrets*.

1. “Aussi ne lui ai-je donné pour tout fard que la vérité, pour raison que l’expérience.” “To the Reader,” in *Od*, 1:n.p. For an explanation of the system employed in the notes to reference Bourgeois’s *Observations diverses*, see “A Note on the Text” following the Translator’s Introduction. In this essay, all translations of Bourgeois and others from French to English are by Stephanie O’Hara unless otherwise noted.

2. *Od*, 1:aiiij. According to Monica H. Green, Trota de Salerno (fl. twelfth century) was one of two women who wrote in Latin on women’s health prior to the Renaissance. *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), viii; see also Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter, UK: University of Exeter Press, 1996), 1–2. Also according to Green, the Benedictine nun Hildegard of Bingen (1098–1179) was “the only other woman known to have written on aspects of women’s medicine.” “Traittié tout de mençonges’: The *Secrés des dames*, ‘Trotula,’ and Attitudes toward Women’s Medicine in Fourteenth- and Early-Fifteenth-Century France,” in *Women’s Health-care in the Medieval West: Texts and Contexts* (Aldershot, UK: Ashgate Variorum, 2000), VI: 177n75, 146–78. See also Green, *Making Women’s Medicine*, 239.

3. See Perkins, *Midwifery and Medicine*, 51.

4. This is a modernized French version of the abbreviated original title. In regard to the author’s name, see “A Note on the Text” following the Translator’s Introduction.

2 Editor's Introduction

Bourgeois's achievement—to have written and published a medical text in a distinctly female and learned voice—was all the more remarkable for being penned during a time of abundant writing on women's health by men. The growth of print culture and medical humanism, particularly in France,⁵ fueled an outpouring of publications that “formed part of the burgeoning market for medical works and textbooks in Western Europe” between the mid-sixteenth and early seventeenth centuries.⁶ This spate of new works came on the heels of the Renaissance recovery, redaction, translation, and publication of original manuscripts in Latin and Greek, including many Hippocratic and Galenic texts.⁷ Treatises on female reproduction and maladies inspired Renaissance physicians and surgeons—and, as we see, one midwife—to write their own.⁸ With the appearance

5. See Valerie Worth-Stylianou, *Les Traités d'obstétrique en langue française au seuil de la modernité: Bibliographie critique des Divers travaux d'Euchaire Rösslin (1536) à l'Apologie de Louyse Bourgeois (1627)* (Geneva: Droz, 2007), 27–29; and Andrea Carlino, “Style, langue, profession: quelques enjeux de l'irruption du vernaculaire dans la littérature médicale du XVI^e siècle,” in *Vulgariser la médecine: du style médical en France et en Italie (XVI^e et XVII^e siècles)*, ed. Andrea Carlino and Michel Jeanneret (Geneva: Droz, 2009), 9–31, esp. 10, and “Les fondements humanistes de la médecine: rhétorique et anatomie à Padoue vers 1540,” in *Littérature et médecine: approches et perspectives (XVI^e–XIX^e siècle)*, ed. Andrea Carlino and Alexandre Wenger (Geneva: Droz, 2007), 19–47; Georges Barraud, *L'Humanisme et la médecine au XVI^e siècle* (Paris: Vigot Frères, 1942); and Howard Stone, “The French Language in Renaissance Medicine,” *Bibliothèque d'Humanisme et Renaissance* 15 (1953): 315–46. For an assessment of Bourgeois's achievement, see François Rouget, “De la sage-femme à la femme sage: réflexion et réflexivité dans les *Observations* de Louise Boursier,” *Papers on French Seventeenth Century Literature* 49, no. 9 (1998): 483–85; Wendy Perkins, “Midwives versus Doctors: The Case of Louise Bourgeois,” *The Seventeenth Century* 3 (1988): 135–57; and Madeleine Lazard, “Médecins contre matrones au 16^e siècle: la difficile naissance de l'obstétrique,” in *Popular Traditions and Learned Culture in France from the Sixteenth to the Twentieth Century*, ed. Marc Bertrand (Saratoga, CA: Anna Libri, 1985), 25–41. See also Worth-Stylianou, *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons (1581–1625)* (Toronto: Centre for Reformation and Renaissance Studies, 2013), xvi–xx.

6. Worth-Stylianou, *Les Traités d'obstétrique*, 87–443. I estimate that twenty-eight works appeared in print between 1536 and 1627, based upon my review of the medical treatises and related works that Worth-Stylianou states were published in French between 1536 and 1627.

7. On medical humanism, see Carlino, “Style, langue, profession,” 9–31, esp. 10; Barraud, *L'Humanisme*; Carlino, “Les fondements humanistes,” 19–47; and Stone, “The French Language,” 315–36. For a discussion of the impact of the “rediscovery of the Hippocratic *Diseases of Women* treatises on medical scholarship in the Renaissance,” see Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998), 11–13.

8. Worth-Stylianou, *Les Traités d'obstétrique*, 21–29. According to Green, in 1449, just prior to the advent of the printing press, “the field of gynaecology was exploding into a fully fledged subdiscipline of medicine” so that “[b]y the end of the sixteenth century, it would be represented not only by dozens

of *Observations diverses*, Bourgeois became the first and only female medical author to contribute to this movement.⁹

Defense of the Text

Buoyed by Queen Marie de Médicis's favor and patronage, which the royal midwife accrued thanks to her successful delivery of the future Louis XIII and his siblings,¹⁰ Bourgeois wrote in a commanding style and with an assured rhetoric. But, as an "other"—that is, female—voice, she had to defend her right to publish. Bourgeois opens volume 1 with a short poem entitled "To the Slanderer," which claims that someone was attacking her writings. She reiterates this point in her preface "To the Reader," complaining that she was forced to finish the manuscript in a hurry so as "to shut the mouth of the slanderer who weighs my ability against the weight of his judgment." By raising the specter of a rival attempting to sully her good name, Bourgeois was not only following literary convention: she was also displaying a certain defensiveness about the book's reception and against the antagonism that she claimed to experience as the first woman seeking a place among serious medical authors in Paris's highly competitive medical scene.¹¹

But who might have wished to slander Bourgeois before she finished the manuscript? The royal surgeon Jacques Guillemeau (1550–1613), whose own obstetrical treatise appeared just a few months after Bourgeois's *Observations diverses*, might have attempted to delay publication of the latter so that his would come out first.¹² Then there is Madame Dupuis, a senior midwife long established

of newly published books...but by university lectures, a published list of authorities in the field, and even its own 'insider' controversies." *Making Women's Medicine*, vii, 246–65.

9. Worth-Stylianou, *Les Traités d'obstétrique*, 324. For a discussion of the advantages that print publication offered over manuscript transmission, see Susan Broomhall, *Women and the Book Trade in Sixteenth-Century France* (Aldershot, UK: Ashgate, 2002), 99–100.

10. Louis XIII, son of Henri IV and Marie de Médicis, was the first direct male heir born to a French king and queen in half a century.

11. On the internal debates and rivalries among physicians and surgeons in early modern France, see Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005), 142–72. In regard to the role that gender played in medical polemics, see Lingo, "Empirics and Charlatans in Early Modern France: The Genesis of the Classification of the 'Other' in Medical Practice," *Journal of Social History* 19, no. 4 (1986): 583–603. See also L. W. B. Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 15–16, 174–75, 216–19, 220–21. On the history of authors taking a polemical stance in dedicatory prefaces, see Walter J. Ong, *The Presence of the Word* (New Haven: Yale University Press, 1967), 198–99.

12. The *Privilege du Roy* (royal permission to print) that appears in Bourgeois's 1609 *Observations diverses* was signed on December 24, 1608, while that of Guillemeau's *L'heureux accouchement* (Paris: Buon, 1609) was signed on March 23, 1609 (and his "Prefatory Epistle" even later, on April 1, 1609).

at court, whom Bourgeois replaced as royal midwife in 1601 (see below, “Competition and Rivalry”). If she had still been alive in 1608, Dupuis could have sought revenge by spreading rumors about Bourgeois. Or perhaps Monsieur Honoré, Bourgeois’s most important male rival and “the most celebrated man-midwife of the early seventeenth century,” was the scandalmonger.¹³

And while any early modern woman who published under her own name ran the risk of scandal, Bourgeois’s low occupational status in the medical hierarchy of Paris put her at greater risk: even male authors of gynecological or reproduction-related texts had found themselves under fire within medical circles. Thirty-five years before Bourgeois published, for example, two famous medical authors—the surgeon Ambroise Paré (c. 1510–1590) and the physician Laurent Joubert (1529–1582)—were attacked for publishing “medical secrets” and discussing human reproduction in French.¹⁴ While the moral and professional fires that fueled this vernacular debate had died down by the time Bourgeois first published, some members of the still conservative Faculty of Medicine in Paris might well have taken the opportunity to denounce her frank discussions of female infertility, menstrual disorders, and uterine distempers.¹⁵ Not only could such discussions have been construed as indecorous, but also they could have been perceived as an incursion into the professional territory of those (male)

See also Perkins, *Midwifery and Medicine*, 99–100; Bridgette Sheridan, “Whither Childbearing: Gender, Status, and the Professionalization of Medicine in Early Modern France,” in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Farnham, UK: Ashgate, 2010), 251–62. For an overview and selected translations of Guillemeau’s midwifery manual, see Worth-Stylianou, *Pregnancy and Birth*, 141–222.

13. Perkins, *Midwifery and Medicine*, 116, which also describes all the instances in the *Observations diverses* where Bourgeois mentions Honoré. The most notable is in her account of the fourth royal birth, where “Honoré’s assistance was offered to her by Henri IV because the child was emerging feet first.” But the midwife refused any help and claims that Honoré never entered the birthing chamber. *Od*, 2:185.

14. The Faculty of Medicine in Paris claimed that Paré’s and Joubert’s candid revelations posed a threat to the virtue of young female readers and undermined the physicians’ monopoly on medical knowledge. Lingo, “Print’s Role in the Politics of Women’s Health Care in Early Modern France,” in *Culture and Identity in Early Modern Europe: Essays in Honor of Natalie Zemon Davis*, ed. Barbara Diefendorf and Carla Hesse (Ann Arbor: University of Michigan Press, 1993), 203–22, esp. 208–9; and Worth-Stylianou, *Les Traités d’obstétrique*, 60–61. Paré is known as the father of modern surgery and as an obstetrical innovator. His writing shaped Bourgeois’s approach to childbirth; her husband also worked and lived with Paré for twenty years (discussed below).

15. On the vernacular debate, see Worth-Stylianou, *Les traités d’obstétrique*, 63–74.

physicians who specialized in these very aspects of women's health care in their own writing and practice.¹⁶

With the help of her publisher and, likely, of court poet S. Hacquin, Bourgeois employed a series of sophisticated rhetorical devices to preempt criticism, defend her honor, and provide any skeptics with proof of her authorial legitimacy.¹⁷ The unusually elaborate and complex title page, bathed in Catholic symbolism and containing likenesses of the king and queen, visually links the author with both the state religion and the monarchy. The allegorical figures allude to birth, fertility, religious orthodoxy, and political order—all themes that would have resonated with a French audience wearied by thirty years of religious civil wars and dynastic struggle.¹⁸

16. Green states that, as early as the medieval period, "Gynaecology (and even what we might call advisory obstetrics) had become a fairly normative part of many male physicians' practice." *Making Women's Medicine*, 23, 85–92. In the medical hierarchy of early modern Paris, midwives held the lowest position due to the kind of work they performed and to their lack of formal training. Above them stood the barber-surgeons and apothecaries who had formal training as apprentices, who sometimes took special classes at universities, and who enjoyed the privileges and status of being members of guilds. However, these medical practitioners ranked fairly low in the hierarchy because they engaged in manual labor. The surgeons ranked next: although they were often well-educated and, in Paris, mimicked the dress and professional rituals of the physicians, they were considered merely skilled craftsmen like the barbers, apothecaries, and midwives because they, too, engaged in the mechanical arts. Physicians ranked above all these other practitioners because, on the whole, they disdained manual labor or indeed any use of their hands. Their university training and knowledge of Latin separated them from the rank and file, allowing them to enjoy an authority and respect that the other members of the medical hierarchy did not. Bourgeois's claim to medical authority implicitly challenged this entire structure and paralleled challenges made by learned surgeons and apothecaries who sought to raise their status in the social and medical hierarchy of early modern France. Access to books written in the vernacular and rising literacy rates helped to loosen the rigid social boundaries that had characterized the medieval period. For more on the early modern French medical hierarchy (and challenges to it by the surgeons and barbers), see Brockliss and Jones, *The Medical World*, 170–283; and Lingo, "The Rise of Medical Practitioners in Sixteenth-Century France: The Case of Lyon and Montpellier" (PhD diss., University of California, Berkeley, 1980), 221–31.

17. One may surmise that Bourgeois had a hand in the construction of her volumes; for a full discussion of Bourgeois's portrait and poem, see McTavish, *Childbirth*, 81–111. See also Broomhall, *Women and the Book Trade*, 81, where she mentions that "women writers often provided lengthy justifications or apologies for their venture into print publications." Roger Chartier writes that "keen attention should be paid to the technical, visual, and physical devices that organize the reading of... a book." *The Order of Books: Readers, Authors, and Libraries in Europe between the Fourteenth and Eighteenth Centuries*, trans. Lydia G. Cochrane (Stanford: Stanford University Press, 1994), ix.

18. In email correspondence with Lingo (May 7, 2009), Worth-Stylianou mentions that the only other French obstetrical and gynecological text that sports as elaborate a title page is Louis de Serres's *Discours de la nature, causes, signes et curation des empeschemens de la conception, et de la stérilité des*

A portrait of Marie de Médicis (fig. 2), with an accompanying poem and dedicatory epistle, precedes a portrait of Bourgeois (fig. 3), reminding the reader that she had a most august patron.¹⁹ Bourgeois's portrait was engraved by an official court artist, Thomas de Leu (1560–1612). She is shown “adorned with signs of royal favour...wearing not only the high velvet collar and golden cross of the royal midwife, but also the velvet cap that formerly distinguished only the royal nurses.”²⁰ This image incorporates some of the key attributes long associated with the ideal of a good midwife, including a calm expression, an upright posture that suggested moral rectitude, and a physical form that projected physical and mental fortitude.²¹ It also prominently notes her age, not common practice by the seventeenth century, but used artfully here to make the point that while old enough to have passed her childbearing years, she was yet very young to have so many accomplishments to claim. The portrait thus explicitly reflects the embodied knowledge of a mature and experienced woman.²² Underneath it, we find a quatrain written by Hacquin, which casts the midwife-author as a *femme forte*²³—that is, a powerful woman with the traditionally masculine virtues of mental acuity and intelligence. In combination, the portrait and poem provide the foundation for Bourgeois's claim to authority.²⁴

Following the portraits and prefaces are seventeen encomiastic poems to Bourgeois's benefactors, supporters, colleagues, and other high-ranking individuals at the court of Henri IV. They include a sonnet to the queen and poems to some of the queen's most influential ladies-in-waiting, the royal governess, and other aristocratic women, followed by poems to university professors of medi-

femmes (Lyon: Antoine Chard, 1625). For biographical and analytical materials on de Serre and selected translations of his *Discours*, see Worth-Stylianou, *Pregnancy and Birth*, 295–348. My interpretation of the title page benefited greatly from the comments of Walter S. Melion and Cristelle Baskins.

19. Broomhall points out that “women with a few notable exceptions, sought the public support of other women. Few female authors appeared to use patronage for financial gains, but rather as elite support of their public enterprise.” *Women and the Book Trade*, 100.

20. McTavish, *Childbirth*, 93. See also *Od*, 2:181–82, where Bourgeois suggests that formerly only royal wet nurses wore the cap, until she was presented with one by the queen.

21. McTavish, *Childbirth*, 93. See Sarah E. Borrell, “What is a Good Midwife? Some Historical Considerations,” *Evidence Based Midwifery* (June, 2013): <www.rcm.org.uk/learning-and-career/learning-and-research/ebm-articles/what-is-a-good-midwife-some-historical>.

22. Notable are the striking similarities between the portrait and title page in *Observations diverses* and those in Vesalius's *De fabrica* as discussed in Park, *Secrets of Women*, 249–52.

23. See Margaret L. King, *Women of the Renaissance* (Chicago: University of Chicago Press, 1991), 188–93.

24. See McTavish, *Childbirth*, 95–97, for a discussion of the tension between portrait and poem and how this tension reflects a “hybrid identity that fluctuates between efficient female midwife and masculine writer.”

cine and royal physicians.²⁵ In them, Bourgeois—likely in collaboration with Hacquin²⁶—thanks those who helped her in her bid to become royal midwife; acknowledges and praises physicians with whom she consulted on difficult cases; and flatters others in the hope of keeping herself in good standing at court. Some of the poems intersperse praise of their subject with self-promotion and self-advertisement. In the poem addressed “To Madame de Monglas,” the “cultivated” governess of the royal children, who “has no second / In caring for the children who are the help of the French,” Bourgeois slips in a self-congratulatory phrase asserting that her *Observations diverses* “freely circulates in the world.” In other poems, she offers her midwifery services to a very close friend of the queen, Madame de Montpensier, and to the princesse de Conti, who in 1605 married a first cousin of the king.²⁷ In yet another, Bourgeois apologizes to the duchesse de Sully for being unavailable to serve her while attending the queen.²⁸ The poems to the physicians are also a mix of praise, thanks, self-congratulation, and self-promotion. For example, in “To Monsieur de Mayerne,” Bourgeois thanks Théodore Turquet de Mayerne, former physician to the king, for the “good things I received from you,” adding that hers is “the work of a woman who wants to bear witness / That she lived her life here on earth for others, not for herself.”²⁹ In “To the Blessed Remains of the Late Monsieur Marescot and Monsieur Ponçon,” she praises these two deceased physicians from the University of Paris Faculty of Medicine who had supported her bid for the position of royal midwife, remarking that they “approved [her] work.”³⁰

Three poems, now in direct praise of Bourgeois, follow the first seventeen. The first two were written by Hacquin, who, in the second (“The Same on Madame Boursier’s Engraved Portrait”), reiterates the sentiment expressed in his poem under Bourgeois’s portrait that extols her intelligence. In his poem “To

25. There are eighteen encomiastic poems in the 1609 and 1617 *Observations diverses*, but only seventeen appear in the 1626 Mondiere edition. Missing is the poem to Madame Concini (Leonora Galigai). For an explanation of this lacuna, see n21 in the translation (below); for the “missing” sonnet itself, see Appendix A.

26. Stephanie O’Hara and I agree that Hacquin was likely to have co-written with Bourgeois, to a greater or lesser extent, the formal poems included in her *Observations diverses*. For the sake of simplicity—and given that Bourgeois was ultimately responsible for her own writings and their publication—we refer to her alone as the poems’ author in our discussions of these probably collaborative paratexts. There are a total of twenty-two poems in the first edition of *Observations diverses*.

27. See nn15–16 in the translation for biographical information.

28. See n18 in the translation for biographical information about the duchesse de Sully.

29. See n30 in the translation for biographical information concerning Turquet de Mayerne.

30. See n32 in the translation for biographical information on Pierre Ponçon and Michel Marescot.

the Same," L. le Maistre also applauds Bourgeois's "learned writings."³¹ Finally, a poem entitled "The Book to the Readers" ends the encomiastic section of the first volume in a different register entirely, recalling the possibility of slander first raised in the opening poem and in the prefatory "To the Reader."

As with "To the Slanderer," "The Book to the Readers" speaks in Bourgeois's voice as we hear it in the *Observations diverses* itself: blunt and candid, stripped of the erudition and self-ingratiating platitudes that characterized the formal poems. This concluding poem complains about a scolding slanderer who almost suffocates the *Observations diverses* with falsehoods spread by a "malicious liar." The two poems that begin and end this prefatory material reinforce the hypothesis that Bourgeois's work was published despite an anonymous slanderer's efforts to delay or obstruct its dissemination in print and that she employed this defensive rhetoric to ward off later challenges.

Once published, honor prevailed, as "The Book to the Readers" predicts. *Observations diverses* was not only published and well received in 1609, but Bourgeois also went on to write two additional volumes with the queen's support. Nonetheless, Bourgeois seems to have shifted constantly between feeling self-assured and sensing herself insecure in relation to the male medical hierarchy, and ultimately took a very aggressive stand defending her own authority to correct medical errors, including those made by her male superiors (see below, "Fall from Grace").³²

Bourgeois's decision to invent a mythical genealogy for herself, replete with divine intervention and a high-profile adoption, reflects her continuing need to shore up her authorial identity.³³ This portion of her second volume appears in an open letter to her daughter entitled "Advice to My Daughter," in which Bourgeois recounts an earlier, traumatic period in her life when she and her family lost all of their possessions and property due to the ravages of the religious wars. At that moment, Bourgeois claims, the midwife Phaenarete, mother of Socrates, "took pity on me, consoled me, and advised me to embrace her learning. She [Phaenarete] said that all the disciples of her son Socrates would be well-disposed

31. The identity of L. le Maistre has not been established. See n34 in the translation. The absence of any mention of Jacques Guillemeau—who stood near Bourgeois, ready to intervene if necessary, at the birth of the dauphin and who, as mentioned above, wrote an obstetrical manual that appeared later in the same year as Bourgeois's first volume—suggests that tensions may have existed between them.

32. See Perkins, *Midwifery and Medicine*, 119–20.

33. Male medical authors traced their work to a pantheon that included the ancient Greek god Asclepius as well as the ancient medical authors—the founding fathers of learned medicine—Hippocrates, Soranus, and Galen. See, for example, Jacques Guillemeau, *De l'heureux accouchement des femmes* (Paris: Buon, 1609), "Epistre lumineuse au Lecteur," ē iii', where he praises Soranus and the "divine Hippocrates."

towards me because of her, since I would be her adoptive daughter."³⁴ Bourgeois also adds a Roman branch to her intellectual family tree by claiming that Lucina, the ancient goddess of childbirth, became envious of Phaenarete's adoption and insisted upon helping Bourgeois as well. Lucina ordered Mercury to guide her new charge to the most illustrious places in the kingdom of France so that she might deliver the royal children. With this distinguished lineage, Bourgeois lays claim to both the empirical learning of the midwife and the theoretical legacy of the great thinkers of the ancient world. She thus establishes herself as a key link between the past and the present in the history of childbirth and midwifery while publicly naming her daughter as a rightful successor to her own learning and experience. Bourgeois's legacy to the world, therefore, exists in her book as well as in her child. By means of this clever invention, she implies that her calling as a midwife and her identity as an author should require no further public validation.³⁵

The rhetorical apparatus that Bourgeois, her publisher, and Hacquin employed in order to reinforce the authority of the royal midwife was just that: rhetorical. In the final analysis, Bourgeois based her authority on her own vast experience and skill in the birthing chamber. Not only did she claim to have delivered over two thousand babies³⁶ before ever putting pen to paper; but she also asserted that her firsthand experience of pregnancy, childbirth, breastfeeding, and their accompanying woes gave her writing an authenticity that no male author could match.³⁷ In the process of thinking and writing, she recorded her search for the most efficacious diagnostic procedures, birthing techniques, and therapeutic methods. Her insistence on evidence and efficacy was characteristic of the growing empiricism of her day.³⁸ She encapsulates the results of her extensive and abundant experience in this three-volume masterwork.

34. *Od*, 2:198–99. See Rouget, "De la sage-femme," 483–96, esp. 490. For more details on the religious and moral dimensions of Bourgeois's "supernatural election," see Colette H. Winn, "De sage(-)femme a sage(-)fille: Louise Boursier, *Instruction à ma fille* (1626)," *Papers on French Seventeenth Century Literature* 24, no. 46 (1997): 67–69, 71–72.

35. Rouget, "De la sage-femme," 490–91.

36. *Od*, 1:111.

37. For some examples of Bourgeois's firsthand experience, see *Od*, 1:139, 210.

38. For an illustration of Bourgeois's commitment to efficacy, see *Od*, 2:57–58, 154, where she corrects recommendations she had offered in her first volume. For a discussion of similar processes employed by the princess-practitioners of early modern Germany, see Alisha Rankin, *Panaceia's Daughters: Noblewomen as Healers in Early Modern Germany* (Chicago: University of Chicago Press, 2013); and Rouget, "De la sage-femme," 491–92.

Intent, Audience, and Vision

Observations diverses, a novel contribution to medicine and literature in its own time, is startling to read even today given its wide-ranging focus, idiosyncratic presentation, and profusion of graphic and compelling case histories. Written by a midwife passionate in her mission to elevate her art and improve the care of women, this unique historical document is much more than a medical manual. Chronicle, mission statement, and self-advertisement, the three volumes together record the evolution of Bourgeois's life, practice, and beliefs; describe and comment on changing attitudes and practices related to reproductive health; critique the gendered elitism of the early modern medical hierarchy; and present scenes from everyday life set against the background of a city recovering from decades of conflict and disorder.

Bourgeois's intent, as stated in the dedicatory letter to the queen in her first volume, is to "make known the mistakes that can occur and the best way to practice this art [midwifery] well," and so the 1609 edition is implicitly addressed primarily to midwives and laywomen. Bourgeois urges midwives to improve their skills and knowledge of female anatomy, providing protocols and remedies for such vexing problems as complicated deliveries and infertility—areas traditionally handled by guild-based surgeons and university-educated physicians. She includes vivid case histories (*observations*) to illustrate and underscore her medical prowess and to correct fellow midwives, surgeons, and physicians.³⁹ Laywomen are implored to learn about their own constitution (*naturel*) in order to better care for themselves and provide the most accurate information to their health providers, who were often their physicians. Noteworthy in this first volume is Bourgeois's deference to physicians and her confidence in surgeons, both of whom she later comes to criticize. Her critique of fellow midwives, however, was a constant—as was her intolerance of the ineptitude and ignorance of lying-in nurses who meddled in what she considered the midwife's territory.

Volume 2 was written "to revise and enlarge the previous volume," in particular with a substantial chapter on uterine diseases.⁴⁰ To the 1609 edition

39. Gianna Pomata demonstrates the significance of the use of the term "observations" among early modern medical authors in her "Sharing Cases: The *Observations* in Early Modern Medicine," in *Early Science and Medicine* 15 (2010), 193–236, and "Observation Rising: Birth of an Epistemic Genre," in *Histories of Scientific Observation*, ed. Lorraine Daston and Elizabeth Lunbeck (Chicago: University of Chicago Press, 2011), 45–80. See also Peter Dear, "The Meanings of Experience," in *The Cambridge History of Science*, ed. Park and Daston (Cambridge: Cambridge University Press, 2006).

40. *Od*, 2:iiiia. See *Od*, 2:58–65, for two of her revisions. See also my essay, "Louise Bourgeois and the Emergence of the Medical Case History in Early Modern France," (Newark, DE: University of Delaware Press, forthcoming).

Bourgeois added narrative accounts of her life and, by popular demand, of her service to the queen. These narratives reflect a change in tone and style: from medical advisor and expert midwife to autobiographer, essayist, and chronicler—one with privileged access to royalty. As mentioned briefly above, in answer to her daughter Antoinette's request for instruction in midwifery, Bourgeois added to this volume a didactic letter entitled "Advice to My Daughter," which Winn considers the first manual of professional conduct written by a woman.⁴¹ In the letter, via a series of cautionary tales meant to ensure moral and religious probity, Bourgeois critiques the character and practices of other midwives and wet nurses, as well as the mores of the younger generation of well-to-do Paris matrons. Here she laments the growing fashion of devaluing the midwife and preferring the services of male practitioners, even in normal deliveries. She also offers instruction on the midwife's duties prior to birth and how a midwife should relate to her client.⁴² While she encouraged the use of surgeons in complicated births, by the time she wrote this 1617 volume, Bourgeois had accumulated enough experience and self-confidence to put forth criticisms not only of incompetent midwives (whom she had criticized in volume 1) but also of unskilled surgeons, who were endangering the lives of women and children.⁴³

Volume 3, published in 1626, is prefaced by Bourgeois's publisher, who assures readers that it contains everything the author has learned since her last volume and is "better laid out, more learned, and more exact."⁴⁴ This briefest of the three volumes conveys a growing confidence in orally transmitted and experiential knowledge over book learning, a confidence first articulated in volume 1 and with an increasing sense of certainty and urgency thereafter.⁴⁵ Bourgeois presents three case histories that reveal an emerging contempt for incompetent physicians who privilege theory over experience.⁴⁶ While such case histories are found scattered through the three volumes, it is here that Bourgeois transforms her criticism and ridicule into advocacy by arguing passionately for a division of labor in medicine that would allow midwives to have an authority equal to that enjoyed by physicians and surgeons, each in their own areas of expertise.⁴⁷

Throughout the volumes, Bourgeois exhorts her readers to keep learning: "There has never been perfect mastery in medicine, nor in any of the dependencies

41. Winn, "De sage(-)femme," 62.

42. On the history of midwives and their duties, see Guillemeau's *The Safe Delivery of Women* in Worth-Stylianou, *Pregnancy and Birth*, 189–94.

43. *Od*, 2:39–46.

44. *Od*, 3:ii.

45. *Od*, 3:31.

46. See Perkins, *Midwifery and Medicine*, 114–15, for an analysis of the most important of these cases.

47. *Od*, 3:31–32.

that stem from it. You must keep learning all the way up to the last day of your life.”⁴⁸ As early as her volume 1 preface “To the Reader,” Bourgeois describes her book as a school, but it is in volume 3 where she insists that one must learn not only from her, but also from anyone who might have a bit of knowledge—whether trained in medicine or not.⁴⁹ Bourgeois saw her own words—published and spoken—as part of a discourse that cut across gender and professional boundaries, and that connected domestic with academic medicine, oral learning with written doctrine.⁵⁰

In “To the Reader,” Bourgeois contrasts her embodied and intimate knowledge of women with the limited understanding of her male counterparts. She tells us that she wrote her book based on the testimony of women, who would understand from their own experience that what she said was true. Bourgeois asserts that male authors padded their writings with classical references (a “labyrinth of words”) in order to obscure their limited experience of the vicissitudes of pregnancy, childbirth, and the postpartum period. She claims that, in contrast, her book is “a sample of my practice [and] a school that teaches everyone the admirable effects of the divinity of Medicine married to the midwife’s industriousness.”⁵¹ In other words, from its very beginning *Observations diverses* is a lesson in the ways embodied, experiential, and theoretical knowledge can and must work together. As such, it is a landmark text in the history of medicine.

In line with Bourgeois’s intent to make medical knowledge and experience available to all, the book is filled with a wide range of recipes for medical remedies, including many that would have been too expensive for most people to buy from an apothecary. These recipes could be found in other medical books, but were often written in Latin because their authors wished to protect their monopoly on prescribing and compounding drugs.⁵² In contrast, Bourgeois aligned herself

48. *Od*, 3:37–38.

49. See, for example, *Od*, 3:34–35, 58.

50. See Jenny Cook-Gumperz and John J. Gumperz, “From Oral to Written Culture: The Transition to Literacy,” in *Variation in Writing: Functional Written Communication*, ed. Marcia Farr Whiteman (Hillsdale, NJ: Lawrence Erlbaum Associates, 1981), 90–92.

51. As used here, “Medicine” refers to the Hippocratic-Galenic theory that provides Bourgeois with the rational framework required to be taken seriously by other published authors. See Perkins, *Midwifery and Medicine*, 51, 96–97, for a discussion of the importance of the rational framework Bourgeois gives to her text.

52. See Laurent Joubert, *Popular Errors*, trans. and ed. Gregory de Rocher (Tuscaloosa: University of Alabama Press, 1989); as well as Davis, “Proverbial Wisdom and Popular Errors,” in *Society and Culture in Early Modern France: Eight Essays* (Stanford: Stanford University Press, 1975), 227–70. Bourgeois provided her recipes for various prescription remedies in French. The surgeons Ambroise Paré and Jacques Guillemeau wrote their obstetrical manuals in French, but Paré put almost all of his recipes in Latin, whereas Guillemeau provided his recipes for strong medicaments in Latin and

with authors who were publishing self-help medical manuals in the vernacular, such as a fellow Parisian and neighbor Dr. Philibert Guybert, who instructed his intended audience of lay readers on how “to prepare in your own home remedies for all types of illnesses.”⁵³

Bourgeois also portrays herself as charitable, devout, and humble—certainly her compassion, especially toward women suffering in childbirth, is evident throughout *Observations diverses*. She explains that she was called to serve women at the behest of God, to whom she defers as the “sovereign physician.”⁵⁴ She explains that her practice acts “First according to God, and then according to Nature”; only then does she call for human intervention.⁵⁵ On a more personal level—and as has already been noted—there is a strain in her writings of self-aggrandizement and self-promotion that fueled her determination to create her own medical dynasty and defend herself against slander (see above, “Defense of the Text”).⁵⁶ Whatever her ambition, in the final analysis Bourgeois’s thirst for truth—accurate, first-hand, and shareable knowledge about women’s health and childbirth—is her enduring legacy.

Intellectual Context: The Querelle des femmes

Bourgeois’s work engages with a longstanding scholarly debate that questioned women’s morality, intellectual capacity, and physical abilities. Called the *querelle des femmes*, it began during the medieval period and addressed women’s assumed inferiority to men from ethical, moral, legal, theological, philosophical, and medical perspectives. Medical writers discussed women’s inferiority in terms of

kept the rest in French. Self-taught healers also published “books of secrets” that included recipes in vernacular tongues for a popular audience who sought self-cures. See also William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medical and Early Modern Culture* (Princeton: Princeton University Press, 1994), 138. On women and recipes in the early modern period, see Pomata, “The Recipe and the Case: Epistemic Genres and the Dynamics of Cognitive Practices,” in *Wissenschaftsgeschichte und Geschichte des Wissens im Dialog (Connecting Science and Knowledge)*, ed. Kaspar von Greyerz, Silvia Flubacher, and Philipp Senn (Göttingen: Vandenhoeck & Ruprecht, 2013), 141–42.

53. See Guybert’s self-help manual, *Le Médecin charitable* (Paris: Jean de Bordeaux, 1623), 3. Guybert and Bourgeois each owned half of the same building in Paris on the rue Saint-André des Arts and so must have known each other. See Perkins, *Midwifery and Medicine*, 149n34.

54. *Od*, 3:2.

55. *Od*, 2:247.

56. This strain of self-interest and self-promotion was not uncommon among early modern authors and is associated with the emergence of Renaissance individualism in a time of growing social fluidity. See, for example, Stephen Greenblatt, *Renaissance Self-Fashioning: From More to Shakespeare* (Chicago: University of Chicago Press, 1980). On Bourgeois’s insecurity, see Perkins, *Midwifery and Medicine*, 116–17.

female physiology and anatomy. In this quarrel, women had both defenders and detractors.⁵⁷ The latter claimed that women's alleged cold and moist humors; their mobile, temperamental womb; and their soft, porous flesh made them inconstant, impressionable, and lustier, as well as more irrational than men.⁵⁸

During the Renaissance, physicians began to critique the Aristotelian argument that women were "imperfect males." Although they argued that women were "the equal of men in the perfection of their sex,"⁵⁹ these authors, as Ian Maclean points out, never questioned the belief that a woman's physiology made her unreliable and incapable of controlling her emotions.⁶⁰ Such arguments provided secular and religious authorities with a rationale to maintain women's subordinate status vis-à-vis men.

In *Observations diverses*, Bourgeois takes on the question of women's inferiority directly. She states that "if not for the illnesses that the womb causes, women would be equal to men in health, as much in bodily health as in health of mind."⁶¹ Believing that an "unruly" womb is responsible for reproductive maladies, she exhorts women "to keep command of themselves" in order to keep uterine illnesses at bay, and she provides several examples of patients who were

57. For information on aspects of this quarrel seen through the lens of medicine and other disciplines, see Ian Maclean, *The Renaissance Notion of Woman: A Study in the Fortunes of Scholasticism and Medical Science in European Intellectual Life* (Cambridge: Cambridge University Press, 1980). For a more extensive analysis of the debate, see Gianna Pomata, "Was There a *Querelle des femmes* in Early Modern Medicine?," *Arenal: revista de historia de las mujeres* 20, no. 2 (2013): 313–41.

58. On women's problematic personality overall, see Davis, "Women on Top," in *Society and Culture*, 124–25. On the womb's vagaries, see Jean Liebault, *Trois livres appartenans aux infirmités et maladies des femmes* (Lyon: Veyrat, 1598), 5; *De la génération*, in Ambroise Paré, *Les Œuvres d'Ambroise Paré divisées en vingt huit livres* (Paris: Gabriel Buon, 1585), 990; and *Od*, 2:75–76. Also see Pomata, introduction to *The True Medicine*, by Olivia Sabuco de Nantes Barrera (Toronto: ITC and CRRS, 2010), 57–62. For background information on the question of sexual difference, see Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA: Harvard University Press, 1990); and Helen King, *The One-Sex Body on Trial: The Classical and Early Modern Evidence* (Farnham, UK: Ashgate, 2013).

59. Maclean, *Renaissance Notion*, 43. See also the general introduction to Worth-Stylianou, *Pregnancy and Birth*, xvi–xxvii, as well as her introductions (at 4–15, 66–74, 142–53, 224–36, 295–302) to each selection from the writings of five early modern French male medical authors, each of whom displayed compassion toward women as the childbearing sex. One of these authors, Jean Liebault, lauds (at xxviii) "women's distinctive sexual anatomy."

60. Maclean, *Renaissance Notion*, 42–46, and "The Notion of Woman in Medicine, Anatomy, and Physiology," in *Feminism and Renaissance Studies*, ed. Lorna Hutson (Oxford: Oxford University Press, 1999), 141–44. For a discussion of various ancient writers' opinions about the origins of male and female difference, see Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge: Cambridge University Press, 1993).

61. *Od*, 2:75–76.

able to do so. By insisting that women “carry the true remedy within themselves,” specifically by controlling their anger, Bourgeois implicitly challenges their detractors in the *querelle des femmes*. She insists that women’s humoral physiology does not have to determine physical or spiritual health: self-control is the true remedy.⁶²

Bourgeois engaged in a related debate concerning the intellectual and moral capacities of midwives. This debate took place between the covers of about ten of the twenty-eight or so works published between 1536 and 1627 that treated midwifery, gynecology, pediatrics, and related subjects.⁶³ The authors asked: Are midwives capable of learning from or even reading their books? Are midwives to be trusted with the lives and souls of mothers and the unborn? Are they competent to testify as expert witnesses in cases involving contested virginity, seduction, and male potency?⁶⁴ Are they too impatient, greedy, and generally ignorant to be trusted in their medical assessments?

Bourgeois, the first woman to comment in print on these highly charged issues, warns in “Advice to My Daughter”: “You must not be surprised to see the profession of midwifery held in contempt,” a contempt that led capable midwives to fear exercising their own good judgment.⁶⁵ And while *Observations diverses* does include instances in which a midwife or a lying-in nurse bungled a procedure and caused injury or death, Bourgeois makes it a point to provide detailed case histories in which uninstructed surgeons were as likely to botch births as were ignorant midwives.⁶⁶ While all agreed that midwives needed instruction,

62. *Od*, 1:35. For Bourgeois, an angry womb was a womb filled with retained menses (which heat up the blood) or an excess of humors inflamed by a woman’s excessive emotions. She believed that strong emotions contributed to reproductive problems. In *Od*, 2:93, she reports that a woman with a tumorous womb, “stopping herself from getting angry, became much better, feeling that the womb was smaller and suppler. And as soon as she became angry she felt it noticeably swell up.” For more on self-control, see *Od*, 1:71, 72, 207–11.

63. Ten of the seventeen authors of these treatises addressed midwives and educated laywomen in their prefaces—despite the widely held notion that midwives were intellectually inferior and likely incapable of reading or understanding the works. See Worth-Stylianou, *Les Traités d’obstétrique*, 90, 145, 154, 178, 188, 190–91, 262–63, 303, 319, 321, 323, 364, 433. Fifteenth- and sixteenth-century satirical texts portrayed the traditional midwife as an irreverent crone who used magic, prayer, and home-grown remedies to perform abortions, conceal pregnancies, make love philters, swap babies, and otherwise aid women in providing male heirs, avoiding dishonor, and securing lovers. See Evelyne Berriot-Salvadore, *Les Femmes dans la société française de la Renaissance* (Geneva: Droz, 1990), 252–54, 270.

64. On male potency, see Darmon, *Le Tribunal de l’impuissance: virilité et défaillances conjugales dans l’ancienne France* (Paris: Seuil, 1979).

65. *Od*, 2:230. See also *Od*, 1:157. For a discussion of midwives, see *Od*, 1:32–33, 47–48, 50.

66. On inept surgeons, see *Od*, 1:47, 113; 2:39–45.

both practical and moral, Bourgeois was the only author among midwives' critics who not only offered instruction but also pleaded with physicians "to oblige the public and permit midwives to attend anatomy courses and to pay fees, since this subject concerns them. I promise to do this first, since I recognize that it is extremely necessary."⁶⁷ Her plea, however, fell on deaf ears.

Among the most articulate and outspoken critics to write in French on the subject of childbirth and midwifery, apart from Bourgeois, were Gervais de la Tousche (fl. 1550s?), Laurent Joubert, and Jacques Duval (1555?–1615?). La Tousche, an ardent Catholic and the only layman among these critics, argued that intervention on the part of *any* medical practitioner was dangerous and unnecessary, though he held a very special contempt for midwives: "They are a heap of poor deprived little women."⁶⁸ He railed against their ineptitude and counseled all to avoid them. In the interest of saving babies' souls and lives, La Tousche recommended that women give birth with no professional intervention.⁶⁹ At most, a woman in labor should call upon neighbors and friends who, like themselves, knew how to give birth naturally, "like animals."⁷⁰ According to La Tousche, a woman's natural understanding of her own body eliminated the need to seek instruction.⁷¹ He viewed childbirth as almost a sacrament that warranted no other guidance than the divine. This perspective was unique, but the fact that he criticized midwives was not.

Laurent Joubert, physician and chancellor of the Faculty of Medicine at the University of Montpellier, drew attention to midwives' ignorance, greed, and superstitious beliefs.⁷² He attacked the inadequate techniques they used in the birthing room, where, for example, lacking knowledge of anatomy, they resorted to breaking a woman's pubic bone during delivery in order to avoid pain in future births.⁷³ He decried dangerous misidentifications of the female genitalia that midwives made in their capacity as court-appointed experts charged with

67. *Od*, 1:183.

68. Gervais de la Tousche, *La Très-haute et très souveraine science de l'art et industrie naturelle d'enfanter* (Paris: Millot, 1587), fol. 3r. Translation in Broomhall, *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004), 33.

69. La Tousche, *La Très-haute*, fol. 19r. See also Worth-Stylianou, *Les traités d'obstétrique*, 60, which points out that La Tousche's Catholicism shaped his belief that women should receive no comfort or aid in childbirth in order to expiate Eve's sin.

70. La Tousche, *La Très-haute*, fol. 5v. See Broomhall, *Women's Medical Work*, 33–34; and Lingo, "Print's Role," 212.

71. See Broomhall, *Women's Medical Work*, 33–34; and Lingo, "Print's Role," 212.

72. See Lingo, "The Fate of Popular Terms for Female Anatomy in the Age of Print," *French Historical Studies* 22, no. 3 (1999): 335–49.

73. Laurent Joubert, *Popular Errors*, 167–68.

determining whether or not a woman was a virgin. “Midwives can be gravely mistaken in [matters related to the identification of a virgin], especially since they are not well-versed in the anatomy of the shameful parts.”⁷⁴

Joubert was equally critical of those midwives who “meddled [in medicine] in order to cut in on a portion of the profession”—that is, to profit from it financially, although surgeons who came to specialize in obstetrics often did so for the same reason.⁷⁵ Above all, he disparaged those who perpetuated what he called “popular errors,” such as the idea that the number of knots on the umbilical cord of a newborn could predict the number of children the birthing mother would ultimately deliver.⁷⁶ Due to these concerns, Joubert asserted that midwives should “be instructed by physicians and know the reasons for what they do....Indeed, in a well-governed realm, physicians need to teach midwives...anatomy.”⁷⁷ Although he acknowledged the need to provide instruction for midwives, no practical changes were to follow.

In 1612, the physician Jacques Duval wrote *Des hermaphrodits*.⁷⁸ While his treatise focused primarily on the controversial topic of hermaphroditism, Duval was also greatly concerned that five hundred newborns “die each year in this city of Rouen without reaching the fountains of Holy Baptism...due to the ignorance of some midwives.”⁷⁹ In his preface to the reader, he states that he wrote in part to improve midwives’ poor birthing techniques and in part to sharpen their ability to make determinations of sex and related issues in legal proceedings. Although he provided them with guidelines, he doubted the likelihood of bringing about positive change by dint of his efforts and wondered whether midwives were “capable of reading...[or] understanding books of the greatest importance.”⁸⁰

These debates, stereotypes, concerns, and pleas provide us with a distorted view of the real strengths and weaknesses of the seventeenth-century midwife. For a more accurate understanding, we will examine the origins and changing status of midwifery from the early Middle Ages through the mid-seventeenth century in Paris. The following sections will trace the emergence of midwifery as

74. Joubert, *Popular Errors*, 11, 208–10. This passage refers to court cases that involved contested seduction, impotency, defloration, pregnancy, and the like.

75. Joubert, *Popular Errors*, 69.

76. Joubert, *Popular Errors*, 176.

77. Joubert, *Popular Errors*, 172.

78. Jacques Duval, *Des hermaphrodits, accouchemens des femmes, et traitement qui est requis pour les relever en santé* (Rouen: Geoffroy, 1612). For biographical information on Duval as well as analysis and translations of his *Des hermaphrodits*, see Worth-Stylianou, *Pregnancy and Birth*, 223–94.

79. Duval, *Des hermaphrodits*, “Au lecteur.” My translation. Duval criticizes not only midwives but also barbers and surgeons who sometimes “injure more than help” women about to give birth.

80. Duval, *Des hermaphrodits*, “Au lecteur.” My translation.

a distinct occupation and illuminate the historical context that gave rise to *Observations diverses* and Bourgeois's passionate advocacy for improving midwives' skills and morals, and for instructing laywomen in how best to protect the health of mothers and their unborn children.

Social and Institutional Context

The emergence of the midwife

Between the sixth and fourteenth centuries, midwifery evolved from a mutual support system made up of kin and neighbors into a fully-fledged occupation whose practitioners possessed a specific status, identity, and set of skills that religious and secular authorities shaped and monitored.⁸¹ With these changes, the words used to describe and define the midwife changed accordingly. Until the fourteenth century, one finds in French literary, legal, and medical discourse references to matrons (*matrones*); good women (*bonnes femmes*); mothers-in-law or stepmothers (*belles mères*); decent, virtuous women (*honnêtes femmes*); and housewives (*mères de famille*), all of whom might help pregnant and parturient women and their families as one among many domestic responsibilities. Sometimes a particular woman known to be exceptionally skilled in handling deliveries—or more generally in practicing the healing arts—would be identified and called upon by birthing mothers or their friends and families to attend to a delivery, but such a woman did not have a special name or enjoy a distinct occupational identity. Monica Green suggests that the “terminological fluidity” that made the words “wet nurse,” “godmother,” and even simply “woman” interchangeable with other words for “midwife” “reflects that most of women’s medical practices came out of their daily activities *as women*.”⁸² Eventually, these diffuse and multifunctional terms were replaced by more specific ones that conformed to a growing body of rules and regulations that religious and secular authorities had begun to implement as early as the fourteenth century.

In 1311, religious authorities in France, motivated by a desire to “deliver a Christian identity” to all newborns, enacted legislation to effectuate this goal in the archdiocese of Paris.⁸³ Their concern was motivated by the belief that a

81. See Jacques Gélis, *La Sage-femme ou le médecin: une nouvelle conception de la vie* (Paris: Fayard, 1988).

82. Monica Green, *Making Women's Medicine*, 135. See also Montserrat Cabré i Pairet, “Nacer en relation,” in *De dos en dos: las practicas de creación y recreación de la vida y de la convivencia*, ed. Marta Beltrán i Tarrés (Madrid: Horas y Horas, 2000), 15–32.

83. See Kathryn Taglia, “Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200–1500,” in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York, UK: York Medieval Press, 2001), 77–90.

child who died unbaptized would remain in Limbo for eternity.⁸⁴ Every city was required to retain midwives trained to perform emergency baptisms in the absence of a priest.⁸⁵ These midwives had to secure a “‘certificate’ of approval after an examination and an oath-taking ceremony” at the bishop’s court.⁸⁶ The skill so required was not obstetrical but sacerdotal; that is, it required prayer and the anointment of a dying newborn. Eventually, the church implemented a system whereby a jury of respectable women from every parish chose one woman from among themselves to be the official midwife.⁸⁷ Ecclesiastical records refer to these juried birth attendants as *obstétrices* (derived from the Latin word for “midwife”).⁸⁸ The 1311 legislation served to reinforce the church’s “universal claims... about the ordering of the cosmos, the plan of salvation, and... [its] necessary role in the creating and recreating of western Europe’s cultural system.”⁸⁹

After 1311, the church continued to enact legislation that more and more precisely refined and defined a midwife’s duties and skills. For example, midwives were urged to refrain from aiding desperate unmarried women who tried to rid

84. See Jacques Le Goff, *The Birth of Purgatory*, trans. Arthur Goldhammer (Chicago: University of Chicago Press, 1986). On the continuing concern in the early modern period, see Worth-Stylianou, “Telling Tales of Death in Childbirth: The Interface between Fiction and Medical Treatises in Early Modern France,” *Women: A Cultural Review* 17, no. 3 (2006): 330.

85. Taglia, “Delivering,” 83. See also *Recueil des actes, titres, et mémoires concernant les affaires du clergé de France, augmenté d’un grand nombre de pièces & d’observations sur la discipline présente de l’Église* (Paris: Desprez, 1768–71), 5:71–78. For further details on women who practiced medicine in France during the early modern period, see Broomhall, *Women’s Medical Work*, 16–95; on midwives in particular, see *ibid.*, 31–39. Green, *Making Women’s Medicine Masculine*, 136n55, includes details related to the history of the licensing of midwives in other European cities.

86. Taglia, “Delivering,” 84.

87. Green finds it notable that a “midwife can be ‘made’ by election (as opposed to years of apprenticeship) but that, like churchwardens or town officials, everyone in the predetermined group of ‘citizens’ (in this case, all the women of the parish) are not simply empowered to choose, but also to be chosen.” *Making Women’s Medicine*, 137. See also 136. Significantly, women themselves did not usually attempt to formalize their roles as birth attendants or create their own guilds. On midwives in particular, see Broomhall, *Women’s Medical Work*, 16–95, esp. 31–39.

88. *Le Grand Robert de la langue française* (1998), s.v., “obstétrice,” gives the Latin derivation as the following: “*obstetrix*, *obstetricis*, meaning *sage-femme*, derived from *obstare*, ‘to stand in front of.’” This derivation implies that a midwife stood before the woman in labor to catch the baby (“*dérivé de obstare*, ‘se tenir devant,’ car la sage-femme se tient devant l’accouchée pour recevoir l’enfant”).

89. Taglia, “Delivering,” 81. Ecclesiastical legislation concerning the importance of infant baptism continued for the next three hundred years. See also Gélis, “Sages-femmes et accoucheurs: l’obstétrique populaire aux XVIIe et XVIIIe siècles,” *Annales ESC* 5 (1977): 927–57.

themselves of unwanted pregnancies or who committed infanticide;⁹⁰ they were instructed on how to save the soul of a baby by performing an emergency caesarean section on a mother who had died in labor.⁹¹ Thus began a gradual process that defined a birth attendant by her moral probity and religious orthodoxy and, most surprisingly, by her surgical skills, rather than by her experience as a mother, counselor, confidante, and facilitator during a pregnancy and birth. Regulations continued to proliferate throughout the 1300s. Annie Saunier, who has studied small parishes outside Paris, describes “a gradual spread of ecclesiastical appointments of midwives” that resulted in the creation of a “specialist identity” among those elected by their peers and sanctioned by the church to attend women in childbirth.⁹²

This process of regulation—and the accompanying specialization—took place in the institutions of Paris and other urban centers, where authorities sought to ensure that the midwives they hired were upright and skilled.⁹³ In 1394, the administrators of the Châtelet (Paris’s trial court) began to hire what they called *ventrières* or *matrones jurées du Roy* (sworn royal matrons). To acquire the status of a sworn royal matron, a woman first apprenticed herself to an experienced and skilled *ventrière*. After the apprenticeship, the *ventrière* would provide the applicant with a “certificate of morality and of capacity that [she in turn] presented to the first barber of the king, his lieutenant, or the local priest of their parish.”⁹⁴ The certificate allowed her to testify in court as to whether a woman guilty of a capital

90. On infanticide, see Lingo, “Midwifery,” in *Women's Studies Encyclopedia*, ed. Helen Tierney (New York: Peter Bedrick Books, 1991), 1:237.

91. A Caesarean section was believed to prevent the baby’s soul from going to Limbo and enable it to enter Heaven. Taglia, “Delivering,” 87. It would be interesting to research further under whose aegis midwives were empowered and taught these skills.

92. Green, “Documenting Medieval Women’s Medical Practice,” in *Women's Healthcare*, 2:338, translated and paraphrased from Annie Saunier, “Le Visiteur, les femmes et les ‘obstetricues’ des paroisses de l’Archidiaconé de Josas de 1458 à 1470,” in *Santé, médecine et assistance au Moyen Âge. Actes du 110e Congrès National des Sociétés Savantes, Montpellier, 1985* (Paris: CTHS, 1987). Also see Tiffany D. Vann Sprecher and Ruth Mazo Karras, “The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499–1504,” *Bulletin of the History of Medicine* 85, no. 2 (2011): 171–92.

93. In Amiens, the midwife’s appellation changed from “meraleresse” to “matrone” between the fifteenth and sixteenth centuries, the latter term being more pejorative. The *meraleresses* of Amiens were assumed to have “scientific” training, while the *matrones* conceded these duties to surgeons, who had become their overseers. Julie Pilorget, “‘Comment meraleresse se doit contenir en ladite science’: Le statut de sage-femme à Amiens à la fin du Moyen Âge,” in *Enfanter: discours, pratiques et représentations de l’accouchement dans la France d’Ancien Régime*, ed. Adeline Gargam (Artois: Artois Presses Université, 2017).

94. Ernest Wickersheimer, *La Médecine et les médecins en France à l’époque de la Renaissance* (Paris: Maloine, 1906), 188–89.