GENERAL INTRODUCTION

Conception, Pregnancy and Childbirth in Early Modern France

Medical Treatises in French, c. 1550–1650

> … so that women of all stations may receive […] good support, and so that their cruellest mortal sufferings may be reduced, alleviated and ended; their illnesses cured; their lives saved and preserved; and their children, who would otherwise perish at birth, may be delivered more easily and safely while they enjoy good health and recovery.[1]

The sixteenth and earlier seventeenth centuries in western Europe are marked by the rising number of volumes circulating in both Latin and, increasingly, in vernacular languages on the subject of women's health in general, and on conception, pregnancy and childbirth in particular. France was at the forefront of the growth in such vernacular medical treatises: some twenty works were published in French between 1530 and 1630, and over seventy editions of these have been documented to date.[2] For this reason alone, the French treatises merit attention, but in addition a number of them were also translated into other languages, including English and even Latin, which remained the international language of medicine well into the seventeenth century,[3]

1. Jacques Duval, *On Hermaphrodites and Deliveries of Women* (1612): see 232.

2. I provide full bibliographical details of these French works in my volume *Les Traités d'obstétrique en langue française au seuil de la modernité: bibliographie critique des 'Divers Travaulx d'Euchaire Rösslin' (1536) à l''Apologie De Louyse Bourgeois sage femme' (1627)*, (Droz: Geneva, 2007). I draw on the pioneering study of the treatment of women in French Renaissance medicine by E. Berriot-Salvadore, *Un corps, un destin: la femme dans la médecine de la Renaissance* (Paris: Champion, 1993), and on the analysis of scholarly Renaissance debates and beliefs (in Latin and vernacular texts) about the female body and procreation in I. 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 other medical texts published in French, it is still useful to consult the census by H. Stone, 'The French Language in Renaissance Medicine', *Bibliothèque d'Humanisme et Renaissance* XV (1953), 315–343.

3. I. Maclean provides an analysis of trends in the composition, publishing and circulation of Latin medical works in the Renaissance in his chapter, 'The diffusion of learned medicine in the sixteenth century through the printed book', in eds. W. Bracke and H. Deumens, *Medical Latin from the Late Middle Ages to the Eighteenth Century* (Brussels, 2000), 93–114. He demonstrates (100–101) a particularly sharp increase in the production of medical works in Latin across Western Europe between 1570 and 1630.

and so their significance is extensive. The number of vernacular medical works published in French was significantly higher than that for other languages, a fact that admits no simple explanation.[4] We may conjecture that, in part, the success of the first treatises probably encouraged other French medical writers to follow suit.[5] Equally, the international reputation of the medical faculties in Montpellier and Paris attracted students from France and beyond who were eager to learn under leading physicians and anatomists, and the interest in conception, pregnancy and delivery shown by such distinguished figures as Ambroise Paré, André Du Laurens and Jean Riolan the younger undoubtedly fueled the energy of those who studied under them.

Who were the authors of these French vernacular treatises, and what do we know of their envisaged and actual readerships? All but one of the works were written by men, most often by physicians, and in a few cases by surgeons; the one exception was the royal midwife, Louise Bourgeois, who recorded her *Observations* based on her care and delivery of some 2,000 women in a series of three volumes appearing in 1609, 1617 and 1626.[6] These *Observations* apart, the

4. See *Les Traités d'obstétrique au seuil de la modernité*, p. 46. The treatment of women's health, pregnancy and childbirth in French medical texts also encouraged writers of fiction and poetry to take up some of these themes, as explored by H. Tucker in *Pregnant Fictions: Childbirth and the Fairy Tale in Early Modern France* (Detroit: Wayne State University Press, 2003), and by K. Read in *Birthing Bodies in Early Modern France: Stories of Gender and Reproduction* (Farnham: Ashgate, 2011).

5. See the number of French editions between 1536 and 1632 of Eucharius Rösslin's midwifery treatise (*A Rosegarden for Pregnant Women and Midwives*); and from 1549–1685 of Ambroise Paré's works concerning pregnancy and birth; and the run-away success from 1578–1608 of Laurent Joubert's *Popular Errors* [*Erreurs populaires*], largely concerned with women's sexual and reproductive health (*Les Traités d'obstétrique*, 96–117, 123–142, 194–233).

6. Bourgeois was ahead of her counterparts in other European countries: see *Diverse Observations on Sterility, Miscarriage, Fertility, Childbirth, and the Diseases of Women and Newborn Children (1626)*, O'Hara, and Klairmont Lingo. (Toronto: Toronto University Press, forthcoming). In her introduction, Klairmont Lingo draws attention to Bourgeois's 'commanding style with an assured rhetoric that underlines her right to contribute to medical knowledge'. For an earlier study of Bourgeois's career, see W. Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter: University of Exeter Press, 1996). The first treatise published by a midwife in England was Jane Sharp's *The Midwives Book* of 1671, and in Germany Justine Siegemundin's *The Court Midwife* of 1690.

medical treatises offer only a masculine, professional perspective on the uniquely female activity of bearing children.[7] However, the male authors are often aware that they are addressing a mixed audience, comprising professionals and lay readers, the latter including men and women. Some of the treatises are clearly directed at fellow practitioners, sometimes physicians and often surgeons (who, as a group, could not be expected to have the physicians' ability to read Latin fluently). Occasionally they are directed at apothecaries, or midwives — an exclusively female group, which ranged from skilled, trained, literate women at the highest end (especially in major cities) to unskilled, untrained and illiterate practitioners, the least reputable of whom were typical figures of satirical humor.[8] Other texts are either primarily or partly directed at lay readers, especially literate women of childbearing age.

In most respects, historians of medicine would argue that the theoretical understanding and practical care of pregnancy and childbirth does not change markedly between the Middle Ages and the mid- to late-seventeenth century. Abraham Bosse's etching of a family scene of childbirth in 1633, and the accompanying (anonymous) verses, shown opposite, are representative of this continuum.[9] However, other areas of women's medicine — what today would be termed gynecology — did evolve. In particular, Monica Green has convincingly argued that 'the gendering of gynecology took a different path from that of obstetrics', so that, by the turn of the sixteenth century, 'while care of uncomplicated births remained in the hands of women, gynecological care (as well as certain aspects of emergency obstetrical care) had passed into the hands of men.'[10] It

7. Even literate women of this period do not often record in writing intimate details of their experiences of pregnancy and giving birth, judging by the various letters and journals I have perused without finding the autobiographical information a modern perspective might lead us to anticipate.

8. See for example the incompetent, avaricious midwives who swarm to attend Gargamelle in Rabelais's *Gargantua* (1534), ch. VI.

9. I would observe that it was unlikely a father would often be present at the birth; this is probably a rhetorical rather than realistic aspect of the representation, whereas most other details of the picture appear a very close reflection of contemporary social reality. On reading Bosse's image see: C. Goldstein, *Print Culture in Early Modern France. Abraham Bosse and the purposes of print* (Cambridge: Cambridge University Press, 2012), 59–68.

10. *Making Women's Medicine Masculine. The rise of male authority in pre-modern gynaecology* (Oxford: Oxford University Press, 2008), x.

2) Family scene of childbirth

Abraham Bosse, *L'Accouchement* (etching), Paris, 1633
(The Metropolitan Museum of Art, Harris Brisbane Dick Fund, 1926. 26.49.40 Image)

Alas! I can bear it no longer: the suffering
which grips me
Weakens me completely;
My body is dying and there is no cure
For the pains I feel.
THE MOTHER IN LABOR[11]

Madam, be patient,
Do not cry out in this way;
It's finished, and I swear
You are giving birth to a fine Boy.
THE MIDWIFE[12]

This news brings me relief,
Now all my grief is wiped away,
Come, my dear, be brave,
Your suffering will soon be over.
THE HUSBAND[13]

In this painful labor, to which no other
torment
Can be compared;
Deliver her, Lord, and keep her safe
In giving birth.
THE WOMAN PRAYING[14]

11. I have given an English translation of the four short (anonymous) poems which Bosse had printed beneath the etching. The French original reads: 'Hélas! Je n'en puis plus: le mal qui me possede / Affoiblit tous mes sens; / Mon corps s'en va mourant et n'est point de remede / Aux peines que je sens.' L'ACCOUCHÉE

12. 'Madame prenez patience, / Sans crier de ceste façon; / C'en-est faict, en ma conscience / Vous accouchez d'un beau Garçon.' LA SAGE FEMME. (In French, the lines spoken by the midwife and husband are markedly shorter than those of the mother or woman praying.)

13. 'Cette nouvelle me soulage, / Voylà tout mon dueil effacé, / Sus, mon coeur, ayez bon courage, / Vostre mal est tantost passé.' LE MARY

14. 'Dans ce penible effort, à qui n'est comparable / Aucun autre tourment; / Delivrez-la, Seigneur, et soyez secourable / A son enfantement.' LA DEVOTE

was not, however, until 1650–1700 that the rise of the male-midwife or obstetric surgeon began to challenge the midwife's traditional role as the medical attendant at normal, uncomplicated births.[15] Similarly, it was not until the development of the microscope in the late seventeenth century that such fundamental discoveries as the existence of the ova and of the spermatozoa were made, which would gradually change key assumptions about the nature of generation. These significant developments lie beyond the temporal scope of the present volume,[16] but the preceding period leaves us with a different question. If the medical treatises in French on pregnancy and childbirth from the mid-sixteenth to the mid-seventeenth centuries were written by male authors, to what extent do they nonetheless find space for 'the other voice', that voice of protest raised in favor of women?

The 'Other Voice' in Male-Authored Treatises

The history of the emergence of the male surgeon specialized in childbirth, whose advent was often to reduce the laboring mother to a literally supine role, came to be traditionally presented as the heroic triumph of male skill over nature.[17] In such narratives, the woman risked being anonymized and relegated to the passive role of the vehicle from which the expert surgeon would seek to extract the child. It is true that authors of such accounts, including the most celebrated French obstetrician of the later seventeenth century, François Mauriceau, might express compassion for the women they treated,[18]

15. On the rise of the male-midwife or specialist surgeon in England, see the study by A. Wilson, *The Making of Man-Midwifery: childbirth in England 1660–1770* (London: UCL Press, 1995). For the same phenomenon in France, see J. Gélis, *La Sage-femme ou le médecin. Une nouvelle conception de la vie* (Paris: Fayard, 1988).

16. I do, however, highlight several early indications — well before 1650 — of male surgeons or physicians attending normal births without any apparent controversy. (See 143.)

17. L. McTavish offers a full account of this development over the mid-seventeenth to early-eighteenth centuries in France in *Childbirth and the Display of Authority in Early Modern France (*Aldershot: Ashgate, 2005).

18. Notably the moving account of the death of his own sister in childbirth, recorded in his *Treatise on the Diseases of Pregnancy and Childbirth* [*Traité des maladies des femmes grosses et de celles qui sont accouchées*], first published in 1668. See the analysis of this episode by L. McTavish: *Childbirth and the Display of Authority in Early Modern France*, 155–157.

but this was frequently counterbalanced, or outweighed, by the desire to promote their own achievements. A similar tension between professional male pride and pity for women's physical suffering is also present in many of the earlier birthing treatises, but I would suggest that prior to the rise to prominence of the male midwife (known in French as the *accoucheur*), French treatises more easily afforded space to what I shall identify as the 'other voice'.

In this volume, I have translated substantial sections of the works of five French authors, all of whom can be considered to merit the title 'caring' physicians or surgeons. In the introductions preceding each translation, I offer a more detailed overview of the authors in question, and of the works and their distinctive contribution to 'the other voice'. Here, I wish to draw attention to some of the most important common threads.

All five authors write because they are strongly motivated by a desire to save women from some of the worst horrors of pregnancy and childbirth, whether through their advocacy of particular techniques or operations, or through explanations of the principles of good care. François Rousset, physician to the Duke of Savoy and a lone voice in defending the viability of cesareans on living women, ascribes his desire to publish his work in 1581 to the need to change what he has witnessed:

> Above all, I have been led to do this by the pitiful sight of the agonies, helplessness, prayers and pitiful looks of those poor creatures who are so tortured, and cry murder, as they appeal only to us, begging with clasped hands for such help as we may be able to give them.[19]

Jacques Duval, a physician in Rouen, published a work in 1612 that combined a sensational report of his involvement in a case of transsexual identity with a treatise on generation, pregnancy and birth. Like Rousset, he affirms that one of his main reasons for writing was to prevent the agonies and deaths of mothers and newborn infants. His resolve sprang partly from his personal experience of losing his

19. See 23.

first wife after an obstructed labor,[20] and partly from his conviction that poorly instructed midwives in Rouen were responsible for the deaths of some 500 newborns a year.[21] Jacques Guillemeau, the only surgeon in the company of the four physicians translated here, specifically entitles his volume of 1609 *On the Safe Delivery of Women*, and his treatise advises both on how to avert the causes of mortal danger to mother or infant (such as untreated hemorrhage in labor), but also, in a fascinatingly modern approach, on the benefits of medical attendants heeding the individual mother's temperament and the powers of nature.[22]

By devoting volumes to the medical health of women, the authors I have translated had cause to reflect more broadly on the nature of women. Rousset's and Guillemeau's comments are mainly confined to women's roles during pregnancy and childbirth, with both authors expressing sympathy and sometimes admiration for the parturient mother, and giving a nuanced evaluation of midwives according to their individual skills (a position shared by all these authors). Duval's work is distinctive in treating procreation in at least as much detail as pregnancy and childbirth. He praises both male and female sexual anatomy (chapter 2), but has distinctly more to say about women (chapters 7–15) than about men (chapters 5–6). However, the treatises by the slightly earlier Parisian physician, Jean Liebault, and his continuer (Lazare Pena), and by the last author I present, a seventeenth-century physician from Lyons, Louis de Serres, contain significant sections of praise for women which go beyond the immediate subject of childbearing. Both Liebault's *Three Books*

20. See 287.

21. See 248. On the training of midwives in this period, see Klairmont Lingo's analysis in her introduction to Bourgeois's *Observations* (Klairmont Lingo and O'Hara), which gives a very full overview of developments in Paris from the Middle Ages to the mid-seventeenth century. However, other urban centers, such as Rouen, lagged behind the capital in terms of their organization. The broader context of women's roles in all fields of medical work in this period is the subject of S. Broomhall's monograph *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004). On the development of male (as well as female) medical roles over this same period, see also L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997).

22. It is tempting, even if only partly accurate, to see Guillemeau as an early advocate of some of the 'gentle birth' or 'natural birth' philosophies and practices of the later-twentieth century, such as those pioneered by Michel Odent.

Dealing with the Infirmities and Illnesses of Women (1582, revised and expanded by Pena in 1609) and de Serres's *Treatise on the Nature, Causes, Signs and Remedies concerning Failures to Conceive, and Sterility among Women* (1625) are indebted to the Italian neoplatonic tradition, which celebrated woman's dignity and civilizing influence. Silently drawing on one key Italian source, the humanist physician Marinelli,[23] Liebault praises the distinctive nature of the female sexual anatomy, while Pena goes much further in his praise of women's beauty and their power to allure men, concluding:

> All these wonders together teach us that woman is one of the great miracles of Nature, and a subject in which philosophy finds more to study than in all the other things in creation.[24]

Louis de Serres's defence of women appears initially to be rooted in a more practical concern, the consolation and encouragement of women not yet able to bear an heir. Yet in chapter III of his work, which purports to discuss 'whether women who bear only daughters should be called sterile?', he engages in a familiar but extraordinarily wide-ranging *pro et contra* debate on the equality of women, including their ability to hold temporal power, their part in the Christian mysteries of creation and redemption, and the Christian doctrine on their nature in the afterlife. His clear affirmation that to bear female children is in no way to be considered a form of sterility is one of the most resounding and unexpected examples of how early modern birthing treatises in French afforded space to the 'other voice'.

We should, nonetheless, not be overly surprised that medical texts make a contribution to the later-sixteenth-century reworking of the '*querelle des femmes*'. If the commonplaces and general ramifications of the debate had been explored, above all in works of

23. For a detailed discussion of Liebault's use of Marinelli, see 67-68. It should be noted that Giovanni Marinelli's daughter, Lucrezia Marinella, was herself an influential advocate of women's standing in her treatise *Nobiltà e eccellenza delle donne, coi difetti et mancamenti degli uomoni*, published in Venice in 1600 (translated into English and edited by A. Dunhill, with an introduction by L. Panizza: *The Nobility and Excellence of Women and the Defects and Vices of Men*, Chicago: Chicago University Press, 1999).

24. See 87.

literature and treatises such as Agrippa's seminal *Declamation on the Preeminence and Nobility of the Female Sex* (1529)[25] in the earlier part of the century, the increasing acceptance of a number of anatomical discoveries and revised theories affecting the medical perception of the female sex meant that by 1600, as Maclean concludes, 'many doctors are convinced that the notion of woman has changed, and that by the removal of the taint of imperfection she has attained a new dignity.'[26] Most critically, woman is rarely still held to be a monster or mistake of nature, an imperfect man; instead, she is believed to be equally perfect in her own sex. It follows that by the end of the century, female discharges, notably the menses, are thus conceived — when regular — as a harmless excrement rather than inherently noxious; and the existence and efficacy of female 'seed' are now rarely doubted.

Hence we can agree with Maclean's assertion that it is 'possible to argue that there is a feminist movement in the medical spheres, where in theology there is little evidence of one'.[27] However, he rightly reminds us of the twists and turns these debates took, and particularly of the general reluctance among most physicians to accept women as equal to men in the workings of the mind and passions. Precisely because of the specificity of their bodily organs (notably the uterus) and the balance of their humoral temperament, they were still often depicted as intellectually inferior, their minds subject to the forces of the emotions and the imagination.[28] Although none of the five authors presented in this volume radically challenges conventional views of male/female difference in the way Pomata has shown the Spanish author Oliva Sabuco to do in *The True Medicine* of 1587,[29] Liebault (and his continuer, Pena) and de Serres argue explicitly

25. See the translation and critical edition by A. Rabil, *Henricus Cornelius Agrippa: Declamation on the Preeminence and Nobility of the Female Sex* (Chicago: University of Chicago Press, 1996).

26. *The Renaissance Notion of Woman*, 44.

27. *The Renaissance Notion of Woman*, 29.

28. Note, however, that in the section of her introduction to Bourgeois's *Observations* treating 'Bourgeois and the Querelle des femmes', Klairmont Lingo argues convincingly that Bourgeois makes the case for women being able to control their emotional state through the exercise of their mental faculties.

29. Pomata argues that Oliva Sabuco (or the author writing under Oliva Sabuco's name) 'put deeply into question the axiom that was the cornerstone of woman's inferiority — the

against misogynist stereotypes. Their celebration of women's physical and mental powers provides significant examples of the 'other voice' being raised in defence of women in a medical context.

I have found no evidence that the five authors translated in this volume were personally acquainted with each other, although it is possible that Liebault's and Guillemeau's activities overlapped in Paris. However, there is evidence that they had some familiarity with each other's writings.[30] In addition, they can be seen to share a commitment to the general principle of defending and improving the medical care of women and infants in childbirth through the circulation of knowledge in the vernacular. In this, they are indeed representative of a professional, masculine 'other voice', which should be read alongside the exceptional contribution by the one professional woman writer, the midwife Louise Bourgeois.[31] On many key aspects of obstetrical care, the five authors are readily in agreement, such as the importance of diet and regimen throughout pregnancy to prepare the mother for an easier labor, or the need for the medical attendants to encourage the mother and offer psychological as well as physical support throughout the delivery. Yet there are some differences, indicative both of evolving medical debates and of the writers' individual commitments to continue to search for the best practices.[32] I shall conclude this general introduction with comments on the significance of two such divergences.

First, as indicated above, there is a very sharp dissension between advocates and opponents of cesareans on living women. Rousset and Duval fall into the former camp, whereas Guillemeau refuses to subscribe to their arguments.[33] That Rousset and Duval ultimately won the day, in the light of subsequent medical history, is less important

---

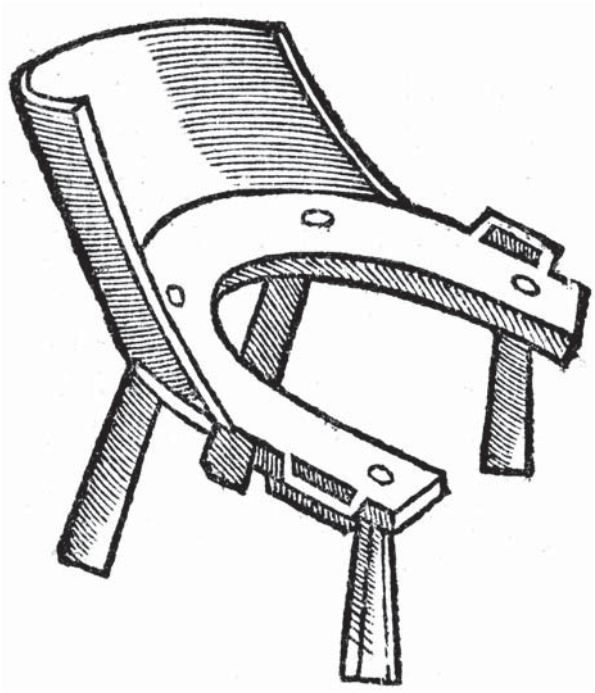
centrality of blood and of innate heat' (*The True Medicine*, 63), thus undercutting the conventional measure by which women could be judged inferior to men.

30. In the material in this volume, for example, Liebault cites Rousset (74), Guillemeau alludes to him (214), and Duval cites Liebault (251) and draws extensively on him.

31. On Bourgeois's subtle presentation of midwives as at once needing to learn from surgeons and physicians, yet on occasion more skilful than inept or arrogant male practitioners, see Klairmont Lingo's section 'Authorizing the Text' in her introduction to Bourgeois's *Observations* (Klairmont Lingo and O'Hara).

32. See the Table (xxviii) detailing the treatment of key subjects by the five authors.

33. See 214 and 287.



3) Birthing chair

Eucharius Rösslin, *Des divers travaulx et enfantemens des femmes*, Paris, 1539
(Library of Royal College of Obstetricians and Gynaecologists, London)

than the fact that both sides vigorously defend the positions they espouse because of their deep-rooted concern to recommend the best care for a woman struggling to deliver her child.

Less immediately divisive, yet suggestive of fierce debates to follow, are the comments of three of the authors concerning the best position for an unobstructed delivery. Liebault inclines, in 1582, for the traditional birthing chair because, as a physician with a keen interest in anatomy, he believes it favors easier dilation; nonetheless, he permits the woman to choose to deliver lying on a bed if she will 'be more at [her] ease'.[34] Guillemeau, writing in 1609, is equally liberal in recording that the woman should have a choice of positions, enumerating standing, sitting, kneeling or lying, before he

34. See 118.

expresses his own preference: 'But the best and safest way for them to give birth is in bed (this is what I advise).'[35] We might assume that this recommendation was in part explained by the fact that he had obtained most of his professional experience as a surgeon summoned to difficult deliveries, were it not for the fact that it closely accords with the advice of the midwife Louise Bourgeois. Bourgeois also allows the woman to move around and adopt the position of her choice, but concludes that for uncomplicated labors, which do not last too long, the woman will be more comfortable in bed. Only in the case of difficult protracted labors does she recommend that the woman would be aided by adopting a standing or sitting position so that the weight of the child (i.e. gravity) aids the delivery.[36] Duval's advice, three years later in 1612, is far closer to Liebault's, again based on anatomical observations: a preference for a standing or seated position, with some use of kneeling to encourage the woman to bear down through contractions. He reserves delivery on a bed for cases when 'a woman is so weak that she cannot remain in a sitting position'.[37]

These divergences were to be at the center of major changes in childbirth in France over the course of the next century, yet Liebault, Guillemeau and Duval, while advocating different practices, still respect the need to suit the physician's or surgeon's preferences to the wishes and physical state of each mother. The expression of concern for women as individuals is as central to the distinctive 'other voice' of these caring physicians and surgeon as it is to that of the midwife Bourgeois.

35. See 195.

36. See *Diverse Observations*, O'Hara and Klairmont Lingo, I. 10.

37. See 272.

Table of Key Subjects Treated by the Five Authors

The following table highlights the chapters translated in this volume that deal in detail with the key stages of pregnancy and delivery. Its purpose is to facilitate comparisons between the different authors.[38] In addition, I indicate in square brackets some chapters from the works which are not translated in this volume, but which may be of further interest.

	Rousset	Liebault	Guillemeau	Duval	Serres
Conception and early miscarriage	VI	[I. 25, II. 2, 5, 7, 41]	[I. 1, 20]	XV	3, 10, 14
Regimen in pregnancy		III. 20, 32	I. 5–7	XV, XVIII	
Regimen in preparation for delivery		III. 45	I. 6	XVIII	
Choice of midwife		III. 45	II. 3	XIX	
Normal delivery		III. 45	II. 1,5–7	XIX	
Difficult, obstructed labor	I	III. 45–46	[II. 10–15]	XX	14
Assisted delivery		III. 46	II. 16	XXII-XXIII	
Foetal death in utero	IV	[III. 49]	II. 16	XXII	14
Cesarean delivery	I	[III. 49]	II. 28	XXII	
Care after delivery		[III. 50]	II. 9, III. 1	[XXV]	

38. For a detailed list of all subjects treated by each author, see the Index.