



## Bourgeois (1563–1636): Transforming the Landscape of Medicine and Midwifery

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### Introduction

In *Midwiving Subjects in Shakespeare's England*, [Caroline Bicks](#) reminds us that when exceptional early modern midwives first published medical texts, they

expose[d] definite breaks with the male-authored medical narratives that attempted to define them. [...] By attending to the words of those women – varied to be sure – the “objective” foundation of knowledge constructed by their male contemporaries and predecessors becomes subject to interpretative shifts and critical cracks. (19)

This special issue of *Women's Studies: An Interdisciplinary Journal* attends to the printed words of the French midwife [Louise Bourgeois](#) (1563–1636), the first woman to publish a medical text in Europe. Volume one of her *Diverse Observations on Sterility, Miscarriage, Fertility, Childbirth, and Diseases of Women and Newborn Children* (*Observations diverses sur la sterilité, perte de fruit, fœcondité, accouchements, et maladies des femmes et enfants nouveaux naiz*) appeared in 1609, followed by additional volumes in 1617 and 1626. This expansive three-volume, multi-genre text includes case histories, obstetrical protocols, and pharmaceutical recipes, as well as separate autobiographical accounts of how Bourgeois became a midwife and then the queen's midwife – followed by a detailed, carnivalesque first-person narrative of how she delivered the future King Louis XIII and, in shorter form, descriptions of the births of his siblings. Toward the end of the volumes, another fascinating section contains moral and professional advice for her daughter Antoinette, who wanted to follow in her mother's footsteps as a midwife.<sup>1</sup>

Our scholarly edition and translation, the first complete presentation of Bourgeois in English, was published in 2017. In our work on the translated edition and in preparing this issue, we have been struck by the broad parallels between Bourgeois's groundbreaking seventeenth-century work and the

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<sup>1</sup>See Valerie Worth-Stylianou's website, <http://www.birthingtales.org/>, the online companion to her 2013 *Pregnancy and Birth in Early Modern France*, a critical edition and translation of excerpts from early modern physicians and surgeons Rousset, Liebault, Guillemeau, Duval, and de Serres. The site “offers non-specialists as well as Renaissance scholars a glimpse of the sheer variety and verve with which birthing tales are related in works which purport, at least, to be serious medical treatises.”

pioneering twentieth-century guide *Our Bodies Ourselves* – hence the cover we chose for this issue. Both women-authored texts sought to present and discuss women's reproductive health in an accessible style and format in order to teach women about how their bodies functioned. Both Bourgeois and the founders of the [Boston Women's Health Collective](#) envisioned their books as pedagogical tools: the subtitle of the original *Our Bodies Ourselves* was *A Course by and for Women*,<sup>2</sup> while Bourgeois described her book as a “school” (as explored in [Klaimont Lingo's](#) contribution to this issue). Both wanted their readers to become knowledgeable enough about their bodies to communicate their problems more effectively to their physicians. Both publications were revolutionary in their time in that each advised women *in print*, frankly and openly, about how to care for their bodies. Both questioned the wisdom of male medical authorities. Both believed that speaking woman-to-woman about reproduction and sharing one's experiences with other women allowed women to gain a modicum of control over their own bodies.<sup>3</sup> The breadth of accurate and detailed knowledge desired and needed by women – as well as her volumes' stated goal to be a practical guide for women and their health-care providers – is reflected by the full title of Bourgeois's volume: *Diverse Observations on Sterility, Miscarriage, Fertility, Childbirth, and Diseases of Women and Newborn Children. Discussed in Detail and Successfully Practiced by L. Bourgeois, called Boursier, Midwife to the Queen. A Work Useful and Necessary for All Persons.*

During the early modern period, the work of Bourgeois and others was still fundamentally reliant on the principles of Hippocratic-Galenic medical theory, which dated back to Ancient Greece. However, she and her late-sixteenth- and early-seventeenth-century peers began to call these authorities into question when these ancient dictates and protocols did not correspond with their own empirical observations – another matter alluded to by the full title of her work.<sup>4</sup> Over the *longue durée*, Bourgeois's voice, together with those of many others, male and female, were important contributors to the eventual transformation of medicine and its allied sciences into the complex bio-medical field of today. The essays in this issue focus on the early modern period to shed new light on the predisposition of the male-dominated medical establishment – and its publishers and translators – to ignore or erase the experience and contributions of female medical practitioners, authors, and innovators. We do not, of course, mean to say that no men

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<sup>2</sup>Published by New England Press in 1971, the original title of the first 193-page course booklet stapled on newsprint in 1970 was *Women and Their Bodies*. See <https://www.ourbodiesourselves.org/our-story>, accessed 9 Nov. 2019.

<sup>3</sup>This text was published, revised, and updated every four to seven years until October 1, 2018, when the Boston Women's Health Collective decided, due to a lack of funds, to discontinue revising and updating the printed version of *Our Bodies Ourselves* as well as the updated digital and printed health information they had been providing. See <https://www.ourbodiesourselves.org/our-story>, accessed 6/7/19; <https://www.ourbodiesourselves.org/2018/04/a-message-about-the-future-of-our-bodies-ourselves>, accessed 11/9/19.

<sup>4</sup>A good introduction to this and to other aspects of the early modern medical world is Lindemann.

supported Bourgeois or agreed with her critiques; rather, the medics who made the regulations subordinating midwives to physicians and surgeons ultimately failed to take women's experience of their own bodies into account. Nor did they seem to consider, or consider important, the negative consequences of excluding midwives from formal instruction and basic anatomical education at the very moment when medicine was evolving from Hippocratic-Galenic theory into an empirically based science (Green, *Making Women's Medicine Masculine*; Johnson; Pitt; Dinges, in Huisman, Frank, and Warner; Thomas).

As history has demonstrated time and again, women's voices have been ignored, denigrated, and ridiculed simply because they are women's voices. The rise of the #MeToo movement, which began with Tarana Burke, an advocate for young women of color who were survivors of sexual violence, shows how far women still have to go to be taken seriously in fighting to have their bodily autonomy respected.<sup>5</sup> Another advocate for women's right to bodily autonomy, in the area of health care, is Dr. Jen Gunter, a board-certified OB-GYN; in August 2019, she published *The Vagina Bible: The Vulva and the Vagina – Separating the Myth from the Medicine*. Her voice, in the book and on social media, is that of a feminist and a scientist: straightforward and empowering, in the tradition of Bourgeois and *Our Bodies Ourselves*, with the benefit of evidence-based medicine.<sup>6</sup> Gunter insists that women learn about their own bodies and be wary of what have been called "popular errors" in the past, but which she and others now call myths (Klaimont Lingo 206).<sup>7</sup>

Current readers must remain aware, however, that in addition to her significant practical, hands-on experience, Bourgeois's writing was deeply informed by Catholic doctrine as well as by the principles of early modern academic medicine. She sought to save not only the bodies but also the souls of mothers and children by ensuring them safe passage from pregnancy to birth. She saw it as her Christian duty to protect the unborn from those who might seek abortion remedies or commit infanticide. At the time, it was also a midwife's duty to report to municipal authorities the names of those suspected of or known to have committed infanticide or attempted abortion.

<sup>5</sup>See <https://www.womenshistory.org/tarana-burke> and <https://metoomvmt.org/about/for> more information.

<sup>6</sup>Ariel Zimmerman, writing in the *AMA Journal of Ethics*, notes that "In 1992, only two article titles included the phrase [evidence-based medicine]. These were followed by a virtual avalanche of publications; in just 5 years, by 1997, more than 1,000 articles had used the new phrase." Zimmerman, "Evidence-Based Medicine: A Short History of a Modern Medical Movement." <https://journalofethics.ama-assn.org/article/evidence-based-medicine-short-history-modern-medical-movement/2013-01>, accessed 29 Nov. 2019.

<sup>7</sup>Gunter stated in a recent interview: "I don't know the forces, but I think that certainly a lot of women's anatomy has been neglected, a lot of women's physiology, a lot of women's symptoms have been neglected" (O'Leary). This echoes Bourgeois's now centuries-old insistence that midwives formally study female anatomy and that women, in general, know the symptoms of various gynecological conditions and understand their humoral physiology.

Bourgeois based her understanding of health and disease on standard medical theory – a paradigm within which disease resulted from an imbalance, blockage, or retention of one of the four cardinal humors – blood, phlegm, yellow bile, and black bile – as well as other fluids that she called humors, fluxes, fluxions, or vapors (Klaimont Lingo 18–19).<sup>8</sup> But Bourgeois balanced her grounding in academic, Hippocratic-Galenic medical theory with what she knew of the physical realities of her patients and their bodies, a process that had been gradually shifting her practice – along with those of other medical practitioners of the period – toward a more empirically based medical approach to disease founded upon what we now would call clinical experience (King 30–35; Nutton 281–291, 1993; Cook 3:407–434).

The *querelle des femmes*, an early modern cultural debate about the status of women (Maclean), had an equally important influence on Bourgeois's work (Klaimont Lingo 13–18; Pomata 313–34). Involved in this debate were those who argued that women were inferior to men in every possible way as well as those who defended women against all detractors and their charges, namely that women were immoral, untrustworthy, lacked intelligence, and were physically weak. Bourgeois, like many women of her era, agreed with those in the *querelle* who argued that women were the weaker sex and who attributed this weakness to their choleric temperament and consequent propensity to suffer uterine illnesses. Ancient and early modern European medicine was based on humoral theory, according to which our bodies were regulated by the four humors of blood, phlegm, black bile, and yellow bile. Each humor was associated with a corresponding temperament: sanguine, phlegmatic, melancholic, and choleric (for more on this, see Klaimont Lingo, "Louise Bourgeois's Approach to Health and Disease," in; Bourgeois 58–65; see also Lindemann 13, 17–19). Although humoral theory applied to both men and women – and although emotions were part of this system – the fact of having a womb made women more susceptible than men to imbalances in their humors. As Natalie Zemon Davis reminds us:

every physician knew in the sixteenth century [that] the female was composed of cold and wet humors (the male hot and dry), and the coldness and wetness meant a changeable, deceptive and tricky temperament. Her womb was like a hungry animal; when not amply fed by sexual intercourse or reproduction it was likely to wander about her body, overpowering her speech and senses. (Zemon Davis 124)

These rather frightening attributes and the demands of an unpredictable womb strengthened contemporary arguments that viewed men as the more capable and rational sex. And some, like Bourgeois, argued that female inferiority was, in fact, intentional and on some level, in the interest of women. Bourgeois writes: "God wanted to make women lesser in this way

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<sup>8</sup>The humoral model was primarily based upon the work of the Greek physician Galen, who embraced and codified the ideas he found in the Hippocratic treatise *Nature of Man*. See King, 47, 2013.

in order to avoid the jealousy that one sex might have felt toward the other and move man to pity and love woman, knowing that she suffers for his survival” (Bourgeois 223). However, whatever its origin, women’s being the more delicate and disorderly sex does not absolve them of responsibility for controlling their emotions nor does their vulnerability deny them the ability to do so. She writes that women who are not of an overly sanguine constitution, whose blood is nevertheless thin must avoid getting angry or will easily suffer miscarriages. Such women can have control over their bodily functions Bourgeois submits. A combination of restricting themselves to a special diet that thickens their blood as well as “keep[ing] command of themselves, remembering that those who cannot keep command of themselves are not worthy to command others” will prevent them from losing a baby (117). Here Bourgeois implies that if women subject to womb-related illnesses were able to control their anger (as she had seen happen in her practice), they could become equal to men in mind and body: “Without the illnesses this part of the body [the uterus] causes them, women could equal men in health, as much in bodily health as in health of mind” (223). Through their observations of how their patients handled their uterine distempers and emotional vacillations, Bourgeois and other authors, both men and women, implicitly (and at times explicitly) questioned and challenged the intellectual, medical, and religious rationales that justified women’s inferior status.

The essays that constitute this issue provide us with a deeper understanding of Louise Bourgeois and her times, as well as how she speaks to our own. Several of the essays, including those by Valerie Worth-Stylianou and Alison Klairmont Lingo, demonstrate how Bourgeois made her voice heard in areas of women’s reproductive medicine – such as fertility – that beginning in the fifteenth century, male medics began to appropriate for themselves; how she argued for midwives to have as much training in anatomy as male medical practitioners; and how she innovated in her approach and recommendations while staying (for the most part) within the bounds of accepted medical doctrine.<sup>9</sup> Lisa Forman Cody and Lianne McTavish explore the phenomenon by which Bourgeois’s authority, identity, and contributions to medicine came to be distorted, erased, or not recognized at all. McTavish and Klairmont Lingo document Bourgeois’s commitment to teaching laypeople, other midwives, and medics while also learning from them. Valorizing home remedies through sharing was another way of destabilizing, however slightly, the hegemony that physicians and apothecaries tried to maintain over medicine and healing in early-seventeenth-century France. All of the essays explicitly or implicitly examine the authority of Bourgeois’s voice – as that of a woman and midwife who knew that

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<sup>9</sup>On male medics’ appropriation of women’s health care, including fertility and other gynecological matters, see Green, *Making Women’s Medicine Masculine*, 23, 71, 85–91, 119, 139, 247, 273–75.

her words and her person could be dismissed due to her gender. Stephanie O'Hara's essay, which concludes our issue, intersects with the topics of infertility, home remedies, and authority at a micro level, showing how a close reading of selected words can vividly evoke for the modern reader the materiality of the birthing chamber as seen in *Observations diverses*. Overall these essays illustrate how Bourgeois contributed to transforming the early modern landscape of medicine and midwifery as well as to the dialogue that continues today about the status of women.

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