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**Bleeding Flowers and Waning Moons:  
A History of Menstruation in France,  
c. 1495- 1761**

**by**

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**A thesis submitted in fulfilment of the requirements for the degree  
of Doctor of Philosophy in History**

**University of Warwick, Department of History**

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## **Declaration**

This thesis is my own work in its entirety and has not been submitted for a degree at another university. Appropriate reference is made in the footnotes to my published article which is based on research undertaken during the period of doctoral study.

‘The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe’, *Social History of Medicine*, 15, 2 (2002): 209-27.

## **Abstract**

### **Bleeding Flowers and Waning Moons: A History of Menstruation in France, c. 1495-1761.**

This thesis explores early modern perceptions of menstrual bleeding, demonstrating that attempts to understand menstrual bleeding extended beyond the early modern medical world and captured the imagination of an entire cross-section of French society revealing culturally- embedded concerns about marriage, progeny, the family, patrilineage and state formation.

The thesis draws on diverse sources including medical, casuistic and judicial texts, court records and private documents. Chapter One outlines the database of medical texts which forms a cornerstone of the thesis. The database includes texts printed between 1495, with the French edition of a medieval Latin work by Bernard de Gordon, and 1761, with Montpellier physician Jean Astruc's treatise on women's diseases which introduced the term 'menstruation' into French medical vocabulary. Chapter Two examines medical notions of menstrual bleeding within the context of attitudes to blood, blood-related fluids and the humoral and mechanical bodies. Sixteenth-century casuistic interpretations of Biblical taboos surrounding sex during menstrual bleeding and notions of menses as polluting are cross-referenced with medical notions of the relationship of menses to conception demonstrating the overriding concern for healthy progeny. Chapter Three explores the significance of concepts of time and periodicity, in the context of the merging of blood-related fluids in the humoral body, as a key to early modern perceptions of menstrual bleeding. Chapter Four examines early modern debates on the length of gestation and the calculation of a woman's time on the basis of the monthly menstrual cycle relating these to Sarah Hanley's model of the 'marital régime'. In Chapter Five, the ambivalent nature of menstrual bleeding in the medico-legal arena is investigated and the different cultural meanings ascribed to various bloody discharges emanating from the living female body are analysed. In the sixth and final chapter the role of menstrual bleeding in issues of sexual difference and hermaphroditism is discussed.

## Note on Presentation

All citations and book titles are given in the original French unless otherwise stated. Spelling and punctuation have not been modernised which means that certain verb endings and accents may appear unusual to the reader of modern French. For instance, the verb endings 'aient' and 'ait' are sometimes found as 'oient' and 'oit'. An 's' is often in the place of an 'ê' and an 'î', for example, 'arrest' and 'maistre' instead of 'arrêt' and 'maître'. The use of 'é' and 'è' was not standardised in early modern French either and where lacking they have not been added. Where the original text contained 'i' instead of 'j' this has not been altered either. Similarly 'z' is sometimes found in the place of an 's' in the plural, for example, 'plaidoyez' instead of 'plaidoyés'.

Latin titles, of both medical theses and texts, are also cited in the original. All dates of publication in references are of the edition consulted. Where this differs from the first edition, this information is given in the bibliography. Details of first editions of medical texts are also located in Appendix One. Where there are no publication details or there is a risk of confusion between judicial memoranda with similar titles, Library call-marks are given in the footnotes and the bibliography.



## Introduction

‘Qu’est-ce que le sang menstrual?’ and ‘à quoi sert le sang menstrual?’ asked Marguerite du Tertre de la Marche, *maîtresse sage-femme en chef* at the Hôtel-Dieu, Paris, of her apprentice midwives and other readers in 1710.<sup>1</sup> Following the question-and-answer format frequently used in classical and medieval works and more recently revitalised in the form of the catechism by the Council of Trent, du Tertre provided her own response to this problem.

Le sang menstrual est celui qui sort tous les mois par les voyes de la matrice aux femmes qui se portent bien et qui ne sont grosses ny nourrices [...] il est naturel à la femme de jeter du sang tous les mois, depuis l’âge de quatorze ou quinze ans, jusques à quarante-cinq ou cinquante ans, plus ou moins. Il est aussi naturel qu’elle en verse après l’accouchement, dans le temps des mois: cela s’appelle mois, ordinaires, fleurs ou menstruës, et après l’accouchement, vuidanges. Mais quand les vuidanges sont excessives, cela s’appelle perte de sang, comme aussi quand la femme est grosse.<sup>2</sup>

Du Tertre’s definition of menstrual blood and menstrual bleeding is a good place to begin this thesis. Female-authored medical texts were rare in early modern France, making surviving works even more important testimonies to women’s understandings of the female body and menstrual bleeding. From du Tertre’s answer it is possible to deduce how an elite seventeenth-century midwife perceived menstrual flux. The first point to be made concerns the role of menses in reproduction. The inclusion of this particular question in a guidebook for apprentice midwives reveals that du Tertre thought that her students needed to understand menstrual bleeding in order to read and interpret the signs of the female body. This seems to have been particularly important in terms of identifying the cause of bloody fluids expelled by the female body at various points during the reproductive process.

At first glance Du Tertre’s answer appears recognisable to the modern reader – menstrual blood is seen to flow monthly in non-pregnant, non-lactating women between the

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<sup>1</sup> Marguerite du Tertre de la Marche, *Instruction utile et familiere aux sages-femmes pour bien pratiquer les accouchemens, faite par demandes et réponses* (Paris, Laurent d’Houry, 1710), p. 19. The first edition was printed in 1677 and raised the same questions.

<sup>2</sup> *Ibid.*, pp. 19, 45.

ages of roughly fourteen and fifty. Things become more complicated with the inclusion of post-partum bleeding and bleeding during pregnancy, or spotting, in the generic definition of menstrual blood. According to du Tertre, a variety of bloody emissions were interpreted as menstrual blood. When these evacuations happened naturally on a monthly basis they were referred to as, 'mois, ordinaires, fleurs ou menstruës'. If they occurred after pregnancy, they were known as 'vuidanges' unless they were copious, or occurred during pregnancy at which point they were referred to as 'perte de sang'. These terms reveal a set of expectations about when and in what conditions the female body was expected to bleed and, more significantly, that the matter expelled in all these emissions was the same. Menstrual blood was thus a fluid expelled by the female body in a variety of ways – hence the variety of expressions to describe the flow of menses according to the stage in the reproductive process at which they occurred.

It might have been simpler for du Tertre to have asked her apprentices to define 'menstruation' as a process, rather than 'menstrual blood', however, this was not possible because the term 'menstruation' is not documented as having been used in the French language until a century later. The first occurrence of the term 'menstruation' in a French-language medical text dates from 1761 when it was most probably introduced by the physician Jean Astruc in his *Traité des maladies des femmes*.<sup>3</sup> Like du Tertre, Astruc used a series of interchangeable terms to signify 'menstruation' including 'les règles', 'le flux menstruel', 'les retours périodiques' and 'la menstruation'.

Social and cultural historians of medicine have shown recently that medicine and society are interchangeable and interdependent. Therefore, it follows that linguistic norms impact on cultural assumptions. Lexicographers have recently argued that the inclusion of a

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<sup>3</sup> Jean Astruc, *Traité des maladies des femmes, où l'on a taché de joindre à une théorie solide la pratique la plus sûre et la mieux éprouvée avec un catalogue chronologique des médecins qui ont écrit sur ces maladies* (6 vols., Paris, Guillaume Cavelier, 1761), vol. 1, Contents page, Ch. 2 'Du flux menstruel ou Règles des Femmes, V. 'Explication des symptômes de la menstruation'. VI. 'Usages de la menstruation.'

word in a dictionary should be seen as the final, not initial, stage in its acceptance into mainstream vocabulary.<sup>4</sup> Although Astruc's text is a medical work and not a dictionary, it is arguable that the term 'menstruation' may have been used for a period of time before being set into print. This fits in with the fact that Astruc's treatise was culled from a series of medical lectures on women's diseases he had given at least two decades prior to the publication of his treatise.<sup>5</sup>

The effect of the lack of a term such as 'menstruation' to describe the process of menstrual bleeding in medical literature before 1761, on medical understandings of menstrual bleeding is open to speculation. What it does suggest however, is that perceptions of menstrual blood and bleeding shaped, or were shaped by, the linguistic merging of various bloody, female flows into one substance. The plethora of terms available to describe menstrual blood emitted naturally every month outside pregnancy and lactation suggests that perceptions of the type of flow were heavily dependant on the circumstances and condition of the body when it flowed. The substance itself was seen as the same, although its emission had different consequences depending upon the context.

The French term 'menstruation' shares the same etymological stem as 'menstruës' and 'menstrual' (sic), which were used in French pre-1761. All these expressions derive from the Latin 'menstrual' and the Greek 'mens', indicating the monthly nature of the bleeding. It is striking therefore that 'menstrual' should have been common parlance long before 'menstruation'. This is even more interesting when compared with the extremely late entry of 'menstruation' into non-medical vocabulary. As fig. 1 shows, the word 'menstruation' did not appear in French-language dictionaries until 1932, following perhaps

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<sup>4</sup> Jean-Charles Sournia, *Langage médical français* (Paris, Privat, 1997), pp. 62-64.

<sup>5</sup> We know that Astruc was lecturing on this topic in the early 1740s because in 1743 one of Astruc's former students, an English physician, published his notes taken during these lectures. R. N., *A Treatise on all the Diseases Incident to Women* (London, [n. pub.], 1743).



the discovery of ovulation and hormones.<sup>6</sup> The discrepancy between medical and non-medical vocabulary suggests that perceptions and understanding of menstrual bleeding were narrowed and refined much earlier in medical than in lay circles. Whilst this is not in itself surprising, the length of time which elapsed between the medical and wider developments, is. What can be said about the pre-1761 existence of the myriad of terms to describe menstrual blood is that the linguistic emphasis on the material, physical substance, rather than the process, reflected contemporary cultural concerns regarding the nature and quality of the fluid, over and above what we would understand as the *process* of 'menstruation', involving ovulation, the thickening of the endometrium and its eventual shedding. It also detracted from the link between menses and vaginal bleeding in pre-menopausal women, which we would automatically make now. If the periodicity and bloody nature of the flow are accentuated, rather than the orifice or the process causing the flow, then it is easy to see how this ambivalence can be applied to various types of flow. Similarly, if the substance which was evacuated fitted certain criteria - appearance, quality, quantity, colour, timing and regularity of expulsion - then it could potentially be interpreted as menstrual bleeding regardless of the orifice or the gender/sex of the body from which it was evacuated. The merging of what we would recognise as different physiological processes into one also impacted on understandings of the link between menses and reproduction in the early modern period. Although it was a commonplace that menstrual bleeding ceased during pregnancy, exceptions to this rule were observed and referred to as emissions of menstrual blood, as du Tertre noted.

A historical study of early modern menstrual vocabulary has important implications for our understandings of contemporary perceptions of womanhood and the female gender.

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<sup>6</sup> Gianna Pomata has argued that the discovery of ovulation in the late nineteenth century, and of hormones in the 1930s, anchored 'menstruation' more firmly to the process of generation than was conceivable beforehand. See her 'Menstruating Men. Similarity and Difference of the Sexes in Early Modern Medicine', in Kevin Brownlee and Valeria Finucci (eds), *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity to the Renaissance* (Durham, Duke University Press, 2001): 109-52, p. 146.

Danielle Jacquart and Claude Thomasset, and later Thomas Laqueur, have argued that the lack of a specific nomenclature for the female genitalia in the pre-modern period contributed considerably to the development of the interchangeable one-sex model.<sup>7</sup> The existence of only one set of terms in Latin to refer to the (male) genitalia during the diffusion and translation of ancient and Arabic medical works to the medieval Latin West, shaped medical views of female anatomy as an inverted, incomplete mirror-image, of male genitalia. This began to change slightly in the later sixteenth and seventeenth centuries as physicians went back to the original Greek texts searching for separate terms to describe female genitalia.<sup>8</sup> Nevertheless, the use of terms such as 'testicules' to refer to the ovaries continued long after the discovery of embryology in the 1670s showing the extent to which such linguistic and cultural norms had become embedded.

A dramatic model of change, around 1750 to 1760, has to a large extent dominated the historiography of menstrual bleeding.<sup>9</sup> Advocates of the one-sex model have cited this paradigm shift.<sup>10</sup> Historians of European countries such as England, Germany and Italy have argued that there was a significant shift in medical perceptions of menstrual bleeding at this juncture and that henceforth the definition of menstrual bleeding was limited to the expulsion of blood from the vagina alone, ruling out the possibility of vicarious and male

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<sup>7</sup> Danielle Jacquart and Claude Thomasset, *Sexualité et savoir médical au moyen âge* (Paris, Presses Universitaires de France, 1985), pp. 15-25, 35; Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass., Harvard University Press, 1990), p. 96.

<sup>8</sup> Katharine Park, 'The Rediscovery of the Clitoris. French Medicine and the Tribade, 1570-1620', in David Hillman and Carla Mazzio (eds), *The Body in Parts: Fantasies of Corporeality in Early Modern Europe* (New York, Routledge, 1997): 171-93.

<sup>9</sup> See Londa Schiebinger, *The Mind has No Sex?: Women in the Origins of Modern Science* (Cambridge, Mass., Harvard University Press, 1989); *idem*, *Nature's Body: Gender and the Making of Modern Science* (Boston, Beacon Press, 1993); Laqueur, *Making Sex*.

<sup>10</sup> Laqueur, *Making Sex*; Alexandra Lord, '"The Great Arcana of the Deity": Menstruation and Menstrual Disorders in Eighteenth-Century British Thought', *Bulletin of the History of Medicine*, 73 (1999): 38-63. Other scholars such as Helen King and Chantal Beauchamp have demonstrated the longevity of the humoral economy based on Graeco-Roman medicine which favoured phlebotomy, a more-encompassing vision of menstrual bleeding and the occurrence of spontaneous, periodic male bleeding into the late eighteenth century and beyond. Chantal Beauchamp, *Le sang et l'imaginaire médical. Histoire de la saignée aux XVIIIe et XIXe siècles* (Paris, Desclée Brouwer, 2000), pp. 223-47; Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London and New York, Routledge, 1998), p. 15.



menstrual bleeding.<sup>11</sup> At this point, Enlightened understandings of anatomical evidence also shifted and female genitalia was no longer read as an inverted, incomplete version of the male genitals, but as a 'naturalised' and 'sexualised' marker of femininity and the fundamental biological difference between the sexes. Within this post-1750 natural, rather than cultural, paradigm, the newly defined process of 'menstruation' (in French at least) belonged to women only and symbolised their fertile potential. 'Menstruation' tied women more closely to their reproductive nature, introducing the notion of menstrual bleeding as a signifier of female gender, rather than one humoral fluid among many.

Historians do not uniformly accept this model. Gianna Pomata accepts the physiological homology of the humoral economy, which forms the basis of the one-sex model, arguing all the while that 'menstruation' was in a sense gendered female in the sixteenth and seventeenth centuries. She has equated woman's nature and menstrual bleeding with the classical emphasis on critical evacuation and presents early modern woman as a paradigm of health used as a measure for male bodies and male health.<sup>12</sup> This contrasts directly with the position of Gail Kern Paster and Patricia Crawford who have analysed how contemporary medical and biological ideas about menstrual bleeding and the nature of woman were used to justify women's socio-economic inferiority in early modern England.<sup>13</sup> Joan Cadden and Helen King, amongst others, have argued that menstrual bleeding was closely associated with womanhood in ancient and medieval medicine.<sup>14</sup> Both Cadden and King suggest that pre-modern understandings of the role of menstrual bleeding in sexual difference were more complex than Laqueur's model allows and that assimilations

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<sup>11</sup> Lord, "The Great Arcana of the Deity"; Michael Stolberg, 'The Monthly Malady: A History of Premenstrual Suffering', *Medical History*, 44, 3 (2000): 301-22.

<sup>12</sup> Pomata, 'Menstruating Men'.

<sup>13</sup> Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca, New York, Cornell University Press, 1993); Patricia Crawford, 'Attitudes to Menstruation in Seventeenth-Century England', *Past and Present*, 91 (1981): 47-73.

<sup>14</sup> Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science and Culture* (Cambridge, Cambridge University Press, 1993), p. 3; King, *Hippocrates' Woman*, pp. 7-11.

of male discharges with menstrual bleeding do not mean that menses were always perceived as being gender-neutral.<sup>15</sup>

Ludmilla Jordanova has criticised the concentration of women's history on reproductive capacity at the expense of women's socio-economic roles which, she has argued, has perpetuated the equation of woman with nature and man with culture.<sup>16</sup> Jordanova's comment reflects the tension in women's, gender, and body history, between 'essentialist' approaches equating woman with her natural, biological functions and 'constructivist' or 'de-essentialist' approaches analysing attitudes to women and the female body in the context of cultural rather than natural paradigms.<sup>17</sup> In this thesis I shall demonstrate that it is possible to write a history of menstrual bleeding which does not reduce woman to her menstrual capacity. By analysing the tension between the natural and cultural interpretations of menstrual bleeding and womanhood, it is possible to examine the wider socio-cultural relevance of the menstruating figure and the extent to which attitudes to menstrual blood were symbolic of deeper anxieties about general health, patient/practitioner dynamics, and male and female bodies and roles in reproduction. A study of this length has not yet been undertaken for early modern France.

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<sup>15</sup> This is discussed in greater detail in Chapter Six.

<sup>16</sup> Ludmilla Jordanova, *Sexual Visions. Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (London, Harvester, 1989), p. 15.

<sup>17</sup> Judith Butler, *Bodies that Matter: On the Discursive Limits of Sex* (New York, Routledge, 1993). A useful historical model of this critique is offered by Will Fisher, 'The Renaissance Beard: Masculinity in Early Modern England', *Renaissance Quarterly* 54 (2001): 155-87. The role of the body in gender theory has been problematised by Kathleen Canning, 'The Body as Method? Reflections on the Place of the Body in Gender History', *Gender and History*, 11, 3 (1999): 499-513. The disappearance of the physical body from history has been discussed by Roy Porter, 'History of the Body', in Peter Burke (ed.), *New Perspectives in Historical Writing* (Cambridge, Polity Press, 1991): 206-32.

The Biblical notion of taboo is central to early modern attitudes to menstrual blood.<sup>18</sup> The dichotomous nature of taboo encompassing the dual notions of purity and pollution is constituent of early modern lay and medical ambivalence towards menstrual bleeding.<sup>19</sup> Anthropologist Mary Douglas argues that taboos reveal the anxieties and concerns of a particular group, society or culture. She characterises taboo substances as ‘matter out of place’ because of the threat they pose to the order and structure of a particular group or society, arguing that they also serve to uphold the internal order and structure of the same groups.<sup>20</sup> Other anthropologists have shown that menstrual taboos are, on the whole, most strongly associated with the development of patrilineal societies reflecting the difficulty of proving paternity.<sup>21</sup> In the case of early modern France menstrual taboos point to underlying tensions with regard to reproduction and paternity or the male blood line which were expressed in attempts to contain and control a woman’s menstrual time and the length of pregnancy.<sup>22</sup>

Concerns regarding a woman’s menstrual time and the patriline were also reflected in contemporary fears about the duplicity of women and their bodies. Historians of the early modern body have sometimes argued that women were deceptive and deliberately sought to trick their medical practitioners by narrating false accounts of their body’s condition. This

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<sup>18</sup> Mary Douglas, *Purity and Danger. An Analysis of the Concepts of Pollution and Taboo* (London, Routledge, 1966). For an anthropological study of attitudes to menstrual bleeding in nineteenth-century France see Yvonne Verdier, *Façons de dire, façons de faire: la laveuse, la coutumière, la cuisinière* (Paris, Gallimard, 1979). See also the work of anthropologists Thomas Buckley and Alma Gottlieb (eds), *Blood Magic: The Anthropology of Menstruation* (Berkeley, University of California Press, 1988); Janice Delaney, *The Curse: A Cultural History of Menstruation* (Chicago, University of Illinois Press, 1988); Sophie Laws, *Issues of Blood. The Politics of Menstruation* (Basingstoke, Macmillan, 1990) and Chris Knight, *Blood Relations: Menstruation and the Origins of Culture* (New Haven and London, Yale University Press, 1991). For the theological history of menstrual taboo see the collection of articles in Kristin de Troyer, Judith A. Herbert, Judith Ann Johnson and Anne-Marie Korte (eds), *Wholly Woman, Holy Blood. A Feminist Critique of Purity and Impurity* (London and New York, Trinity Press International, 2003).

<sup>19</sup> On this point see Kathleen O’Grady, ‘The Semantics of Taboo: Menstrual Prohibitions in the Hebrew Bible’, in de Troyer et al. (eds), *Wholly Woman, Holy Blood*, pp. 1-28.

<sup>20</sup> Douglas, *Purity and Danger*, p. 4.

<sup>21</sup> Grietje Dressen, ‘The Better Blood: On Sacrifice and the Churching of New Mothers in the Roman Catholic Tradition’, in de Troyer et al. (eds), *Wholly Woman, Holy Blood*, pp. 143-64. Ethno-anthropologist Chris Knight has taken this further to argue that in both earlier and contemporary primitive societies, men have frequently sought to emulate the process of menstrual bleeding in order to appropriate the mystery and power of menses for themselves. Knight, *Blood Relations*.

<sup>22</sup> This is discussed in Chapters Three and Four.



has been applied to female pregnancy narratives in particular.<sup>23</sup> Although early modern concerns about the female narrative were most acute in relation to reproduction and female sexuality, masking concerns about control of paternity, I have shown elsewhere that women were often as uncertain about their body's truths as their midwives and physicians.<sup>24</sup>

Mistrust of the female narrative reflects the classical and early modern commonplace that a tube linked the mouth and womb in the female body. A loose tongue was also therefore equated with illicit sexuality in certain contexts.<sup>25</sup>

In many instances, particularly in the living body, where knowledge of the interior could only be gleaned from the patient's story, a medical practitioner's best diagnostic tool was his/her patient's narrative. Where possible, physical examinations could also provide medical experts with the means to verify patient narratives and to gauge the truth of the body. The role of physical examinations in diagnosis, of female patients in particular, has been under-estimated by historians of the medieval and early modern body.<sup>26</sup> A good early modern medical practitioner was required to read the physical evidence of the female body

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<sup>23</sup> See, for instance, Laura Gowing, 'Secret Births and Infanticide in Seventeenth-Century England', *Past and Present*, 156 (1997): 87-115; Linda Pollock, 'Embarking on a Rough Passage: The Experience of Pregnancy in Early Modern England', in Valerie Fildes (ed.), *Women as Mothers in Pre-Industrial England* (London, Routledge, 1990): 39-61 and *idem*, 'Childbearing and Female Bonding in Early Modern England', *Social History*, 22, 3 (1997): 287-306.

<sup>24</sup> See my 'The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe', *Social History of Medicine*, 15, 2 (2002): 209-27. Lisa Smith has demonstrated that male bodies and narratives could also deceive and that physicians often decided whether or not to trust a particular patient on the basis of the individual's behaviour and history of obedience, rather than on any presumptions about gender. Lisa Smith, "'To the Honour and Glory of the Doctor": Trusting the Patient in the Eighteenth Century", unpublished paper given at the American Association for the History of Medicine annual conference, Boston, March, 2003. I am grateful to Dr Smith for allowing me to read and cite from her manuscript. See also her 'Women's Health Care in England and France (1650-1775)', (unpublished doctoral thesis, University of Essex, 2001), ch. 4.

<sup>25</sup> The 'tube' image is described by King, *Hippocrates' Woman*, p. 69. The link between female speech and inappropriate sexual behaviour is explored in Laura Gowing, *Domestic Dangers: Women, Words and Sex in Early Modern London* (Oxford, Clarendon Press, 1996).

<sup>26</sup> Jacquart and Thomasset, *Sexualité et savoir médical*, p. 255; Mireille Laget has argued that early modern obstetrical literature suggests 'an unwillingness to perform an autopsy when a woman died in the early stages of pregnancy, and one senses that vaginal examinations were rare'. See her 'Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes', in Robert Forster and Orest Ranum (eds), *Medicine and Society in France: Volume Six. Selections from the Annales* (Baltimore, John Hopkins University Press, 1980): 137-76, pp. 139-40; Stanley Joel Reiser, *Medicine and the Rise of Technology* (Cambridge, Cambridge University Press, 1978), p. 1 and Roy Porter, 'The Rise of the Physical Examination' in W. F. Bynum and Roy Porter (eds), *Medicine and the Five Senses* (Cambridge, Cambridge University Press, 1993): 179-97.

in order to arrive at a diagnosis. Reading the ambivalent signs of the female body, including those of menstrual and other forms of bleeding and pregnancy was a measure of a practitioner's knowledge and expertise.<sup>27</sup> In the courtroom such evidence allowed medical practitioners to prove or disprove the already contested narratives and bodies of early modern women.

The multivalence of early modern perceptions of menstrual bleeding is highlighted throughout the thesis by the cross-referencing of medical, legal, casuistic and private documents. Particular attention has been paid to the juxtaposition of medical and legal sources. Historians of the early modern body have recently begun to apply this approach to their work, but it has not been employed in a study of this length on menstrual bleeding.<sup>28</sup> Medico-legal reports describing examinations of bleeding female bodies provide an invaluable resource for testing the juxtaposition of discourse and practice with regard to menstrual bleeding. An analysis of court records (for cases involving female blood, such as abortion, infanticide, rape and infant substitution) alongside the literature of jurisprudence, medical texts and guides to report-writing, reveals the complexity of early modern attitudes to menstrual bleeding and the female body in particular. Such cross-referencing of sources also gives a rare insight into women's perceptions of menstrual bleeding both from the point of view of female defendants and victims, and also expert midwives.<sup>29</sup>

The chronology of this study (c. 1495-1761) is largely determined by the sources and in particular my database of medical texts. The database is framed by two important medical

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<sup>27</sup> King, *Hippocrates' Woman*, pp. 40-53.

<sup>28</sup> Two examples are the excellent monographs by Sylvie Steinberg and Laura Gowing. See Steinberg, *La confusion des sexes: Le travestissement de la Renaissance à la Révolution* (Paris, Fayard, 2001) and Gowing, *Common Bodies: Women, Touch and Sex in Seventeenth Century England* (New Haven and London, Yale University Press, 2003).

<sup>29</sup> Court records must of course be used with caution owing to their lacunary nature, the obvious problems of bias and formulaic re-working of narratives on both sides. For a discussion of these problems and an account of the richness of French court records see Alfred Soman, 'Deviance and Criminal Justice in Western Europe, 1300-1800: An Essay in Structure', *Criminal Justice History*, 1 (1980): 3-28, reprinted in *idem*, *Sorcellerie et justice criminelle: le parlement de Paris (16e-18e siècles)* (Aldershot, Ashgate, 1992), pp. 3-28.



works for the history of menstrual bleeding in early modern France. In 1495 medieval physician Bernard de Gordon's medical text was translated into French and printed for the first time. His work is an important example of late-medieval medical practice and contains a significant section on women's diseases.<sup>30</sup> At the end of the period of study is the text by Astruc, which gave us the term 'menstruation'.

Early modern France witnessed changing, competing, co-existing and overlapping discourses of the ancients and moderns, reliable traditional authorities and new discoveries and the struggle between the Roman Law tradition and Gallic or French Law. It was also a period of religious and political upheaval and state formation, which witnessed the wars of religion (1562-1598) and the Fronde. In medical terms this period was also one of flux. Developments in the field of anatomy and dissection in the sixteenth century contributed to medical discussions about the cause, function and provenance of menstrual bleeding. Practitioners observed the condition of the womb and genitals in the corpses of women who had died whilst menstruating, pregnant or labouring. The famous Renaissance anatomist Andreas Vesalius (1514-1564), was one of the first physicians to study the state of the uterine and vaginal vessels in the corpse of a woman who had died during her menstrual period.<sup>31</sup> The early modern period was one of prolonged rivalry between Graeco-Roman medicine, based largely on the humoral theory, and the advent of new theories such as the circulation of the blood (1628) and the doctrines of Paracelsianism, iatrochemistry and iatromechanism.<sup>32</sup> The new embryology of the 1670s revived debates between the ancient

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<sup>30</sup> Although Bernard de Gordon's text would have been read in Latin by many physicians prior to its publication, printing ensured wider diffusion and easier accessibility than its previous manuscript form.

<sup>31</sup> The provenance and cause of menstrual bleeding is discussed in more detail in Chapter Two.

<sup>32</sup> See for example the iatromechanical text by John Friend, *Emmenologie, ou traité de l'évacuation ordinaire ou l'on explique les phénomènes, les retours, les vices et la méthode curative, qui la concernent selon les loix de la mécanique* (trans. Jean Devaux., Paris, Frères Osmont, 1730). Again these points are discussed in Chapter Two.



one and two seed theories of reproduction and the role of male and female responsibility for reproduction.<sup>33</sup>

Laurence Brockliss and Colin Jones have established a model of growing 'medical incorporation' in early modern France which fostered existing rivalries between competing practitioners.<sup>34</sup> The 'core' of the French medical world was formed of a tripartite hierarchical structure, with university-trained physicians at the top followed by surgeons and apothecaries. Within each branch of this tripartite structure were various degrees of practitioner. The figure of the midwife is somewhat anomalous – excluded from the tripartite hierarchy, she was nonetheless subject to licensing and incorporation within surgical guilds and performed significant medico-legal duties.

There were considerable differences between Parisian and provincial practitioners in terms of the length of training and formalities required for qualification. All three branches of medicine were subject to varying degrees of incorporation under the aegis of Medical Faculties, Medical Colleges in non-faculty towns and barber-surgeons' and apothecaries' communities based on the guild structure employed by artisans and craftsmen. Initially, in order to form a *communauté jurée* or corporation, a simple consensus alone was needed amongst the practitioners of a town. By 1636, incorporation had become obligatory.<sup>35</sup>

Early modern medicine was characterised by rivalries and encroaching of territories on many levels. Medical practitioners were not exempt from the effects of religious and political upheavals. In 1598, the edict of Nantes allowed Protestants to practise all forms of medicine, surgery and pharmacy. This right was revoked in 1669 however, and Calvinists were prohibited from belonging to any professional organization. Jurisdictional tensions between

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<sup>33</sup> Laurence Brockliss, 'The Embryological Revolution in the France of Louis XIV: The Dominance of Ideology', in G. R. Dunstan (ed.), *The Human Embryo: Aristotle and the Arabic and European Traditions* (Exeter, Exeter University Press, 1990): 158-86.

<sup>34</sup> On the hierarchical structure see Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford, Clarendon Press, 1997), pp. 590-605 and Scarlett Beauvalet-Boutouyrie, *La démographie de l'époque moderne* (Paris, Belin, 1999), pp. 290-95.

<sup>35</sup> Brockliss and Jones, *Medical World*, pp. 178-92, 180, 185.

faculties, colleges and towns restricted the geographical area in which graduates could practise. Practitioners wishing to practise elsewhere usually had to pass further examinations in front of the new faculty or company to whom they applied for rights to exercise their profession. Ostensibly graduates from the two most prestigious faculties of Montpellier and Paris were able to practise anywhere in the kingdom, however, frequent regulatory disputes arose between the two faculties.<sup>36</sup>

Early modern physicians were by definition, university-trained, elite practitioners, well-versed in Latin and the doctrines of the ancient medical authorities such as Hippocrates and Galen. There were twenty-six medical colleges in non-faculty towns by 1700.<sup>37</sup> Medical studies generally lasted six to seven years and were very expensive, particularly in Paris and Montpellier, although the sons of physicians were given special reduced rates. Outside the larger towns physicians trained in colleges of medicine and once examined would be licensed to practice in the surrounding area. In more rural areas without university or college facilities, physicians who had achieved the grade of licentiate could practice.<sup>38</sup>

Toby Gelfand has described a 'change in perception of surgery from craft to science' over the seventeenth and eighteenth centuries.<sup>39</sup> Surgeons were defined as practitioners who treated external ailments and who used their hands.<sup>40</sup> Historically they have been associated with lower status, dirty, manual work, and in particular with blood.<sup>41</sup> With the exception of the Parisian company of Saint-Côme, surgeons were not required to learn Latin and their knowledge was gained from apprenticeship and practical experience rather than book-

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<sup>36</sup> Territorial rivalries meant that from 1536, the Parisian faculty ruled that any outsider wishing to practise physic within its jurisdiction had to be examined by the faculty. Ibid., pp. 189-92.

<sup>37</sup> Ibid., p. 178.

<sup>38</sup> Beauvalet-Boutouyrie, *Démographie*, pp. 290-91.

<sup>39</sup> Toby Gelfand, *Professionalizing Modern Medicine. Paris Surgeons and Medical Science and Institutions in the Eighteenth Century* (Westport, Conn., Greenwood, 1980), p. 3.

<sup>40</sup> On the structure of the Parisian surgical community see Jeanne Rigal, *La communauté des maitres-chirurgiens jurés de Paris au XVIIe et XVIIIe* (Paris, Vigot Frères, 1936), pp. 94-109; Gelfand, *Professionalizing Modern Medicine*, pp. 67-76.

<sup>41</sup> Danielle Jacquart has convincingly deconstructed the clerical taboo associated with blood and surgery. See her *La médecine médiévale dans le cadre Parisien, XIVe-XVe siècles* (Paris, Fayard, 1998), pp. 26-27.

learning. Surgeons were far more numerous than physicians in early modern France and were likely to have been the practitioner of choice for many people – or at the very least, the most accessible practitioner.<sup>42</sup> There were however, sharp distinctions between the learned, university-trained *chirurgiens de robe longue* of Saint-Côme and the more artisanal, barber-surgeons or *chirurgiens de robe courte* who were trained through apprenticeship and did not generally speak Latin. There was much rivalry between surgeons and barber-surgeons and the faculty of medicine often intervened on behalf of the barber-surgeons. The surgical company of Saint-Côme and the barber-surgeons' guild were amalgamated between 1655 and 1743.<sup>43</sup> In 1660 the Parlement of Paris subordinated all surgeons to the medical faculty regardless of their qualifications, effectively removing the distinction between academic and artisanal surgeons. Outside Paris there was no equivalent of the community of Saint-Côme and only barber-surgeon guilds existed.

Apothecaries were ranked third in the hierarchy. Although there were no formal requirements for university training, many apothecaries had arts degrees and a small amount of Latin to decipher physicians' prescriptions.<sup>44</sup> A distinct group of medical practitioners flourished outside the corporate communities throughout the early modern period.<sup>45</sup> Brockliss and Jones have defined the medical 'penumbra' as the exact opposite of the disciplined and regulated core. They describe the world of charlatans and quacks as 'unstructured, ill-defined, and unstable, embracing full-and part-time healers, clerics as well as laymen, and women as well as men.'<sup>46</sup> Frequent attempts at regulation of irregular practitioners by the Parisian Faculty did not succeed in stemming the flow of itinerants.<sup>47</sup>

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<sup>42</sup> Gelfand, *Professionalizing Modern Medicine*, pp. 4-6.

<sup>43</sup> Ibid., pp. 10-30.

<sup>44</sup> Brockliss and Jones, *Medical World*, pp. 226-30.

<sup>45</sup> Ibid., p. 181.

<sup>46</sup> Ibid., p. 128.

<sup>47</sup> This is discussed in more detail in Chapter Five.



Another group of practitioners, who managed to side-step incorporation and regulation, existed within the royal household. Royal and court practitioners gained many privileges, not the least of which was a regular salary. Royal medical practitioners could often avoid many of the formal obligations of the profession, such as the letters of mastership for surgeons, midwives and apothecaries, and potentially held great power over the rest of the profession through the guild-structures and royal patronage.<sup>48</sup>

In Paris, midwives, like surgeons, were apprenticed for a fixed period, either to an existing *maîtresse* of the same company, or at the Hôtel-Dieu. They were then presented for examination by an existing member of the surgical community.<sup>49</sup> Midwives were not expected to learn Latin, and their examination consisted of a single appearance before a panel of senior members of the company. Once accepted, Parisian midwives, like surgeons, could hang a sign outside their abode and set up a boutique.<sup>50</sup> Midwives could also be elected *maîtresse sage-femme jurée de l'Hôtel-Dieu*. This was a prestigious, salaried position, usually held for life, unless the midwife decided to retire.<sup>51</sup> Outside Paris in smaller towns and rural areas midwives were not so incorporated and villagers elected matrons from amongst their members.<sup>52</sup> Rivalries between midwives and surgeons in particular were played out in the domain of women's diseases and also in the courtroom.<sup>53</sup>

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<sup>48</sup> Brockliss and Jones, *Medical World*, p. 181-82, 228, 241-45.

<sup>49</sup> A three-month apprenticeship at the Hôtel-Dieu in Paris cost 180 livres. There was a waiting list since only six or seven apprentices could be taken on at once. Marcel Fosseyeux, *L'Hôtel-Dieu de Paris au XVIIe et XVIIIe siècles* (Paris and Nancy, Berger-Leurault, 1912), p. 290-93. Beauvalet-Boutouyrie, *Démographie*, p. 163.

<sup>50</sup> Bibliothèque Inter Universitaire de Médecine (henceforth BIUM) ms. 2114, the commonplace book of Parisian surgeon Jérôme Delanoë (d.1628), 'Droits et privileges des chirurgiens', vol., 1, f. 175; Jean Verdier, *Essai sur la jurisprudence de la medecine en France, ou abrégé historique et juridique des établissements, reglemens, Police, Devoirs, Fonctions, Récompenses, Honneurs, Droits et privilèges des trois cours de médecine, avec les devoirs, fonctions et autorité des juges à leur égard* (Alençon, Malassis le jeune and Paris, Prault père, 1763), p. 275-76; Madeleine Coulon-Arpin, *La maternité et les sages-femmes de la préhistoire au XXe siècle* (2 vols., Paris, Roger Dacosta, 1981), vol. 2, pp. 46-47.

<sup>51</sup> Henriette Carrier, *Origines de la maternité de Paris. Les maîtresses sages-femmes et l'office des accouchées de l'ancien Hôtel-Dieu (1378-1796)* (Paris, Georges Steinheil, 1888), p. 19; Beauvalet-Boutouyrie, *Démographie*, pp. 169-70; Fosseyeux, *L'Hôtel-Dieu de Paris*, pp. 290-93.

<sup>52</sup> Beauvalet-Boutouyrie, *Démographie*, p. 159.

<sup>53</sup> On the rivalry between surgeons and midwives see Hilary Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe* (London and New York, Routledge, 1993); Adrian Wilson, *The Making of Man-Midwifery:*

The chronology covered by the thesis also encompasses a number of relevant legal and judicial developments which strengthened state intervention in the family and reflected the patriarchal structure of early modern French society.<sup>54</sup> The period from c. 1495 to 1761 was one of structural change within the judiciary. This period saw the development of forensic science and the codification of practice in civil and criminal procedure. The 1539 ordinance of Villers-Côtterets regulated the use of French, rather than Latin, for all administrative documents. In the sixteenth century cases concerning illegitimate pregnancy, inheritance disputes and infant substitution that were previously classed as civil were tried in criminal chambers and carried harsher penalties.<sup>55</sup> In 1556/7 an edict of Henri II obliged all unmarried women to declare their pregnancies before an official. The link with female duplicity is explicit in the language of concealment used in the judicial material regarding pregnancy declarations.<sup>56</sup> Concealment of pregnancy was linked to the assumption of guilt if the child died or was miscarried. Thus the onus of proof was transferred to the unwed, expectant, mother, who must prove both her pregnancy and her intention to safeguard her unborn child. Precedents regarding medical expertise in rape and injury cases were consolidated in the civil ordinance of 1667 and its criminal counterpart of 1670.<sup>57</sup> As a result the responsibility of the medical expert to determine the cause and meaning of bloody fluids in the female body was even greater, given that the life of the defendant was at stake.

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*Childbirth in England* (London, U. C. L. Press, 1995); Wendy Perkins, *Midwifery and Medicine in Early Modern France*, (Exeter, Exeter University Press, 1996); Jacques Gélis, *La sage-femme ou le médecin. Une nouvelle conception de la vie* (Paris, Fayard, 1988).

<sup>54</sup> See Sarah Hanley, 'Engendering the State: Family Formation and State Building in Early Modern France', *French Historical Studies*, 16, 1 (1989): 4-27.

<sup>55</sup> *Ibid.*, pp. 9-15.

<sup>56</sup> See, for example, *Arrêt de la Cour du Parlement qui condamne Marie Grinjean, servante domestique, a être pendue pour avoir celé sa grossesse* ([n. p., n. pub., n. d.]), call-mark: BNF F-23672 (626); *Arrest de la Cour du Parlement, qui condamne la nommée Françoise Roche a être pendue pour avoir celé sa Grossesse et son accouchement, et avoir causé la mort de l'Enfant dont elle est accouchée, 16 mars 1731 extrait des registres du Parlement* (Paris, Pierre Simon, 1731) and *Arrest de la Cour du Parlement qui condamne Anne Laudouze, a être battue et fustigée, nue, de verges, et marquée de deux fleurs de lys sur les deux epaules, par l'Executeur de la haute justice, pour avoir celé sa grossesse et son enfantement le 12 février 1731* (Paris, Pierre Simon, 1731).

<sup>57</sup> Arlette Lebigre, *La justice du roi: La vie judiciaire dans l'ancienne France* (Paris, Albin Michel, 1988), p. 184.



The early modern legal system was characterised by conflicting jurisdictional claims and competing canons of law. The whole of France was subject to royal law, but the various tribunals were also regulated by customary and written law and parliamentary *arrêts*.<sup>58</sup> The north followed customary law, and the south, written Roman Law tradition. In practice, points of Roman Law were often incorporated into local customs and royal law in the north of France.<sup>59</sup> The early modern judiciary was organised along a hierarchical system of *bailliages* or *sénéchaussées, présidiaux* (from 1552) and parlements in ascending order. Two main royal courts existed for the Paris region: the Châtelet *tribunal de la vicomté et prévôté de Paris* which served as the tribunal of first instance for all cases and the Parlement, or appeal court.<sup>60</sup> The early modern French legal system was based on the inquisitorial model. This meant that proceedings were conducted in secret and defendants were not tried by jury. The entire responsibility for the procedure lay with the *lieutenant criminel de bailliage*, the *conseiller* or judge, depending on the gravity of the offence and the level of the court at which it was tried.<sup>61</sup>

There were several ways in which a criminal proceeding could be opened: either the victim or a witness reported an incident, or alternatively the local *procureur général* collected evidence following a rumour or the discovery of a *corpus delicti*. A statement of all that the witness could remember having seen, or heard, concerning the events in question would be taken.<sup>62</sup> At this stage the case could be thrown out of court if the accused was presumed innocent, or there was insufficient evidence to proceed. At any moment a case

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<sup>58</sup> Lebigre, *La justice du roi*, pp. 87-91.

<sup>59</sup> Ibid., p. 88. Charles VII ordered the transcription of all regional customs in 1454 adding to the development of French legal doctrine.

<sup>60</sup> Jean-Pierre Royer, *Histoire de la justice en France: de la monarchie absolue à la République* (Paris, Presses Universitaires de France, 1995), pp. 42-47.

<sup>61</sup> Lebigre, *La justice du roi*, p. 182.

<sup>62</sup> Added to this were any requests for further witnesses or expert testimonies in the form of medical or other reports from the judge. See Gérard Aubry, *La jurisprudence criminelle du Châtelet de Paris sous le règne de Louis XV* (Paris, Pichon and Durand-Auzias, 1971). p. 88.

could be adjourned awaiting further information. This was known as *plus amplement informé*.<sup>63</sup>

The judge decided whether to proceed ordinarily or extraordinarily. If the crime were sufficiently serious to warrant an extraordinary procedure the trial would pass immediately to a higher court. In an ordinary procedure, and all civil cases, the defendant had access to spoken defence. However, following the inquisitorial procedure; extraordinary criminal trials were conducted in secret, with the accused interrogated alone by the procurator. Speed was of the essence and the 1670 criminal ordinance determined that the first interrogation of the accused must be held within twenty-three hours of incarceration.<sup>64</sup> This interrogation took the form of a series of questions noted *verbatim*. The defendant was free to add further details or to volunteer information and this was noted as such. The next step was a second stage of interrogation known as the *recollement*, when witnesses' statements were read out to them, and they were given the chance to add information if they wished to. The defendant was also given the opportunity to alter his or her testimony. A third step was known as *confrontation* which involved reading the witness depositions to the defendant, in the presence of the witness, in order that he or she may accept or dismiss the testimony and discredit the witness if possible.<sup>65</sup> At this moment, the most crucial in the trial for the accused, who finally heard the full extent of the charges against him/her, the physical presence of a lawyer was permitted. Finally, all the evidence was gathered together in a dossier and the judge summed up and pronounced sentence. If a capital or corporal sentence was passed, or what was known as *peines afflictives*, involving banishment and the galleys, the defendant automatically had the right to appeal to the Parlement where the initial judgement could be confirmed or infirmed. The *procureur* could also appeal if he felt that

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<sup>63</sup> The sentence *plus amplement informé* was often employed by judges to avoid the full severity of the law. Lebigre, *La justice du roi*, p. 220.

<sup>64</sup> *Ibid.*, pp. 182-83, 189.

<sup>65</sup> Aubry, *La jurisprudence criminelle du Châtelet*, p. 34; Benoît Garnot, *Crime et justice aux XVIIe et XVIIIe siècles* (Paris, Imago, 2000), p. 18.

the sentence was too lenient.<sup>66</sup> On appeal cases were not re-constructed from scratch, instead, the existing dossier was reconsidered.

The prohibition on spoken defence in criminal cases was clearly stipulated in the ordinances of 1539 and 1670 to prevent rich criminals hiring prestigious lawyers who might sway the judges.<sup>67</sup> In practice things are less clear. This is significant since an analysis of court records and judicial memoranda cannot be undertaken without a basic understanding of the role of lawyers in the early modern courtroom. Legislation did not prevent the engagement of legal defence. Indeed some courts named 'avocats d'office pour venir au secours de certains accusés', and lawyer Antoine Bruneau observed that, 'il ne serait pas juste de laisser périr un accusé, faute d'être défendu: cette grâce n'est jamais refusée à personne, mais ce secours ne vient qu'après la confrontation'.<sup>68</sup> Pleas were admitted in criminal cases in which issues of competence or of a civil nature were implicated. Thus in cases of infant substitution, tried in the criminal chamber, spoken defence may have been permitted owing to the involvement of civil inheritance claims.<sup>69</sup> Lawyers also had recourse to written or printed memoirs known generically as *factums* in order to plead criminal cases without contravening regulations.

*Factums* became increasingly important and numerous from the late seventeenth century and, although originally intended for the eyes of the judge only, were frequently widely distributed within legal and social circles.<sup>70</sup> Strikingly, they were not subject to censorship and the only requirements, brought into effect in 1708, were that the names of the lawyer and the printer be included.<sup>71</sup> Given the significant lacuna in original criminal records, particularly for sixteenth and seventeenth century Paris, such printed memoranda are often the only surviving documents attesting to the proceedings of trials. They can usefully be compared with surviving

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<sup>66</sup> Claude Ferrière, *Introduction a la pratique, contenant l'explication des principaux termes de pratique, et de coutume, avec les juridictions de France par ordre alphabetique* (Paris, Jean Cochart, 1679), p. 25.

<sup>67</sup> Lebigre, *La justice du roi*, p. 190.

<sup>68</sup> Royer, *Histoire de la justice en France*, p. 149.

<sup>69</sup> *Ibid.*, p. 150.

<sup>70</sup> *Ibid.*, p. 162.

<sup>71</sup> Sarah Maza, *Private Lives, Public Affairs: The Causes Célèbres of Pre-Revolutionary France* (Berkeley, University of California Press, 1993), pp. 30-32.



court records to provide an insight into the juxtaposition of theory and practice.<sup>72</sup> In the case of many *causes célèbres*, whole collections of memoirs and *factums* exist for individual trials documenting the entire process.<sup>73</sup> Such memoranda were also used by Parlements to diffuse important *arrêts* concerning, amongst other issues, infanticide, infant substitution, rape and concealment of pregnancy.<sup>74</sup>

Within the context of competing jurisdictional claims in early modern France, much attention was focused by medical and legal practitioners on the contents of the female belly. This thesis explores early modern understandings of menstrual bleeding in a range of different contexts across a variety of sources. The implications of the merging of menstrual blood with other humoral liquids for understandings of femaleness and reproduction in particular are examined in Chapters Two and Three. Chapter Two also looks at how the ambivalent role of menses in reproduction fed into taboos surrounding sex during menstrual bleeding. An analysis of how the absence of identification of menstrual blood as a separate linguistic and cultural phenomenon underpinned concerns of paternity and the patriline reveals the dissonance between women's views of their bodies and attempts by medical and judicial practitioners to control the female belly.<sup>75</sup> The blurring of menstrual and other types of bleeding also affected perceptions of sexual difference and masculinity as well as femininity and this is explored in the Sixth and final Chapter.

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<sup>72</sup> Ibid. Sarah Maza has exploited this source to trace the political scandals leading up to the French revolution. see her *Vies privées, affaires publiques*. They remain however, an under-investigated source for criminal history despite a preliminary study by Michel Porret, 'L'éloge du factum: autour des mémoires judiciaires genevois', *Schweizerische Zeitschrift für Geschichte*, 42, 1 (1992): 94-99. Such memoranda are also an under-investigated source for the social and cultural history of medicine.

<sup>73</sup> See for example the 1730 case of Catherine Cadière and Jean-Baptiste Girard accused of spiritual incest and faking the stigmata. This case is discussed in Chapter Three.

<sup>74</sup> See, for example, *Sentence de M. Le Lieutenant Criminel qui enjoint aux curez et vicaires des paroisses qui sont du ressort de la juridiction du Chastelet de publier [...]* (Paris, P. J Motte, Imprimeur de la Police, 1740).

<sup>75</sup> See Chapters Four and Five below.

Dictionary	Term								
	Mois	Règles	Menstrual	Menstruel	Menstruation	Fleurs	Ordinaires	Purgations	Menstruës
1606	yes	no	no	no	no	no	no	no	no
1694	yes	no	yes	no	no	no	no	yes	yes
1701	yes	no	yes	no	no	yes	no	no	yes
1762	yes	yes	no	yes	no	yes	no	no	yes
1787	no	no	no	no	no	no	no	no	no
1798	yes	no	no	yes	no	yes	no	yes	yes
1832	yes	yes	no	yes	no	yes	yes	yes	yes
1932	yes	no	no	yes	yes	no	no	no	yes
1992	no	yes	no	yes	yes	no	no	no	yes

Fig. 1 Dictionary Entries of Menstrual Euphemisms (1606-1992)

1606 – Jean Nicot, *Thrësor de la langue Françoÿse* (Paris, 1606)

1694 – *Dictionnaire de l’académie française* (1st edition, Paris, 1694)

1701 – Antoine Furetière, *Dictionnaire universel contenant généralement tous les mots François tant vieux que modernes, et les termes des sciences et des arts* (1st edition 1694., La Haye and Rotterdam, 1701)

1762 –*Dictionnaire de l’académie française* (4th edition, Paris, 1762)

1787 – Jean-François Féraud, *Dictionnaire critique de la langue française* (Marseille, Mossy, 1787-88)

1798 –*Dictionnaire de l’académie française* (5th edition, Paris, 1798)

1832 - *Dictionnaire de l’académie française* (6th edition, Paris, 1832-35)

1932 - *Dictionnaire de l’académie française* (8th edition, Paris, 1932-35)

1992 –*Le petit robert, dictionnaire de la langue française* (Paris, 1992)

Yes/NO – Indicates the presence or absence of an individual notice under that particular title in the body of the dictionary.

NB: Certain terms appearing within the body of a notice, but not bearing the title of a notice have not been marked as present in the dictionary. For example, in 1694, the term *ordinaires* does not appear as a separate entry (in the sense of menstruation) but does occur as part of an explanation of the term *mois*, ‘On dit, en parlant d’une femme qui a ses purgations, ses ordinaires, qu’elle a ses mois’.

## Chapter One: Menstrual Texts.

This chapter discusses the printed medical texts which form one of the cornerstones of this thesis. A particularly rich source for the discussion of menstrual knowledge, medical texts have been under-investigated in the historiography of menstrual bleeding in early modern France. The body of medical texts analysed here forms a colourful and wide-ranging corpus including authors from the whole spectrum of the medical world and incorporating numerous diverse types of text. It is useful to look at the kinds of practitioner writing about menstrual bleeding in early modern France and also the ways in which this knowledge was presented in order to explore the ownership of menstrual knowledge in early modern France. Chapter Two will develop medical ideas about the cause, function and role of menstrual bleeding drawing largely on the corpus of medical texts featured here. In this chapter I want to look at changes in the production and type of menstrual and other related texts. I will first outline my source base and methodological approach, highlighting the wide range of different types of text on menstrual bleeding before analysing the increased attention paid to menstrual bleeding as a topic worthy of separate study within medical circles and asking whether or not this focus on menstrual bleeding can be classified as the development of a medical specialism in early modern France.

A considerable number of medical texts treated the subject of menstrual bleeding in some form or other in the early modern period. My database (1495-1761) is framed by two important texts.<sup>1</sup> In 1495 Symphorien Champier's French translation of the early fourteenth century *Lilium medicinae* composed by Montpellier physician, Bernard de Gordon (1260-1318) appeared in print. This text affords the historian significant insight into late medieval perceptions of menstrual expertise and testifies to the heavy reliance of



late fifteenth and early sixteenth century medical humanists upon classical and scholastic inheritance in their quest for menstrual knowledge.<sup>2</sup> In 1761 the text, which gave us the French term 'menstruation', written by eighteenth-century Montpellier physician Jean Astruc (1675-1766) on the *maladies des femmes*, was printed.<sup>3</sup> This text is important because it includes a fairly comprehensive chronological catalogue of (mainly) Latin gynaecological treatises or texts on young girl and women's diseases dating from the Hippocratic corpus (432 B. C.) to the work of one of Astruc's contemporaries, Gerard Fitz-Gerald (d. 1748).<sup>4</sup>

Astruc's catalogue is a valuable document since it testifies to an eighteenth-century physician's perceptions of the state of menstrual knowledge within learned medical circles and it is, therefore, a significant first-hand account of early modern menstrual expertise. Astruc described his catalogue of 129 texts as a: 'Table Alfabétique des Auteurs, qui ont écrit des Traités particuliers sur les maladies des femmes, ou qui en ont fait mention expresse dans des Cours de médecine'.<sup>5</sup> 40% of the texts in his catalogue refer explicitly to women's diseases in the title.<sup>6</sup> Although Astruc did not claim to have read all the works

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<sup>1</sup> The database is outlined in full in Appendix One.

<sup>2</sup> Bernard de Gordon, *La fleur de chirurgie* (Paris, [n. pub.], 1509). The first edition was printed in 1495. See Luke Demaitre, *Doctor Bernard de Gordon: Professor and Practitioner* (Toronto, Pontifical Institute of Medieval Studies, 1980).

<sup>3</sup> Jean Astruc, *Traité des maladies des femmes, où l'on a taché de joindre à une théorie solide la pratique la plus sûre et la mieux éprouvée avec un catalogue chronologique des médecins qui ont écrit sur ces maladies* (6 vols., Paris, Guillaume Cavelier, 1761). An earlier version of Astruc's treatise was published from the lecture notes of an English physician (under initials J. R. N) who had attended his classes. See *A Treatise on all the Diseases Incident to Women* (London, [n. pub.], 1743).

<sup>4</sup> For the catalogue see Astruc, *Traité des maladies des femmes*, vol. 4, pp. 140-333. Fitz-Gerald was also professor of medicine at the University of Montpellier and his lectures on the diseases of women were printed in 1758. See Gerard Fitz-Gerald, *Traité des maladies des femmes* (Paris and Avignon, [n. pub.], 1758).

<sup>5</sup> Astruc, *Traité des maladies des femmes*, vol. 4, p. 339. 'Maladies des femmes' in this sense should be understood as the diseases of both young girls and mature women, encompassing what we would call gynaecology and obstetrics. I have differentiated between these texts and those I have classified as pregnancy texts. The latter are more practical and focused on childbirth and delivery and associated problems rather than female health and diseases in general.

<sup>6</sup> Ibid., vol. 4, pp. 140-333. One example is Martin Akakia, *Morbis mulierum* which was published in Israel Spach (ed.), *Gynaeciorum sive de mulierum tum communibus, tum gravidarum, parientum, et puerperarum affectibus et morbis, libri Graecorum, Arabum, Latinorum veterum et recentium quotquot extant* (Argentinae, L. B. Zetneri, 1597). The *Gynaeciorum* was a compilation of Greek, Latin and Arabic texts,

in his catalogue, he offered short commentaries on the lives and careers of many of the authors, followed by a few remarks on the texts he was familiar with.<sup>7</sup>

My own database is designed to complement and extend Astruc's catalogue.<sup>8</sup> The advantage of comparing Astruc's catalogue with my database is that a full range of early modern medical texts and practitioners dealing with menstrual knowledge emerges, covering both the 'core' of the medical world and the outlying 'penumbra'.<sup>9</sup> I consulted a much wider range of early modern medical texts than the 82 selected for the final sample. Many were discarded for the obvious reason that they did not contain any discussion of menstrual bleeding at all. The criteria for selection were very simple: the 82 texts included in the database were chosen because they contain significant sections on explanations for menstrual bleeding, discussions of the link between menses and reproduction, or remedies to regulate menstrual cycles. My database is thus largely impressionistic, but allows exploration of the diversity of ownership of early modern menstrual knowledge. Whilst the majority of the texts in my database are additions to Astruc's catalogue, there is inevitably an element of overlap in terms of certain key texts, particularly a small number of works devoted entirely to menstrual knowledge. These texts, which have been designated 'menstrual' texts, include specific reference to menses in the title, rather than

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from classical, scholastic and contemporary authors, which was printed in three editions in the sixteenth century. For the two earlier editions see Caspar Wolf (ed.), *Gynaeciorum, hoc est, de mulierum tum aliis, tum gravidarum, parientium et puerperarum affectibus et morbis, libri veterum ac recentiorum aliquot, partim nunc primum editi, partim multo quam antea castigaciones* (Basel, Thomas Guarin, 1566); Caspar Bauhin (ed.), *Gynaeciorum sive de mulierum affectibus commentarii Graecorum, Latinorum, Barbarum, jam olim et nunc recens editorum in tres tomos digesti* (Basel, Conrad Valdkirch, 1586-88). These texts have only been consulted fitfully and the reader is referred to Helen King, *Hipocrates' Woman. Reading the Female Body in Ancient Greece* (London and New York, Routledge, 1998) and *idem, The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty* (London and New York, Routledge, 2004).

<sup>7</sup> For instance, he admitted to not having read Marie Meurdrac's text: 'je ne connois que le titre de ce livre, de même que des autres Traités allemands [...] c'est pourquoy je ne puis rien dire de ce qu'ils contiennent.' See his *Traité des maladies des femmes*, vol. 4, p. 302.

<sup>8</sup> It should be stressed that my database is by no means exhaustive and was constrained by the limitations of the PhD and the holdings of accessible libraries, the BNF, BSG, BIUM, AM and the Wellcome Library.

<sup>9</sup> Laurence Brockliss and Colin Jones, *The Medical World in Early Modern France* (Oxford, Clarendon Press, 1997), Introduction.



to the more generic domain of women's diseases.<sup>10</sup> These texts circulated between 1554 and 1754 and were all composed in Latin, with one exception. A few were rapidly translated into the vernacular and became very influential in medical and lay circles. Others have never been translated and there are few extant copies. It is worthwhile listing these key texts because of the implications their existence has for the discussion of whether or not menstrual knowledge constituted a medical specialism. In 1555 Jacques Dubois (1478-1555), alias Jacobus Sylvius, who had obtained his medical doctorate from the University of Montpellier, composed his *De mensibus mulierum et hominis generatione commentarius*, which was translated into French in 1559 by Guillaume Chrestien as *De l'utilité des moys des femmes*.<sup>11</sup> In 1685 the English physician Nathanael Sprye (fl. 1685) authored, *Tractatus de fluxu menstruo*.<sup>12</sup> In the same year Walter Charleton (1619-1707), an Oxford graduate wrote *Inquisitiones medico-physicae de causis catameniorum*.<sup>13</sup> Neither Sprye's, nor Charleton's texts appear to have been translated into the vernacular. In 1703, the future royal physician and member of the Royal Society, John Friend (1675-1728) wrote his famous treatise *Emmenologia*, when he was only a bachelor of medicine, aged twenty-eight.<sup>14</sup> His text was translated into English

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<sup>10</sup> On medical texts on menstrual bleeding see the excellent article by Gianna Pomata, 'Menstruating Men: Similarity and Difference of the Sexes in Early Modern Medicine', in Valeria Finucci and Kevin Brownlee (eds), *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity to Early Modern Europe* (Durham and London, Duke University Press, 2001): 109-52 and also Michael Stolberg, 'The Monthly Malady: A History of Premenstrual Suffering', *Medical History*, 44, 3 (2000): 301-22; *idem*, 'A Woman's Hell? Medical Perceptions of Menopause in Pre-industrial Europe', *Bulletin of the History of Medicine*, 73 (1999): 404-28; Alexandra Lord, "'The Great Arcana of the Deity': Menstruation and Menstrual Disorders in Eighteenth-Century British Thought', *Bulletin of the History of Medicine*, 73 (1999): 38-63. Patricia Crawford has examined a range of texts printed in seventeenth century England, although she is criticised by Stolberg for not having included Latin texts. See her 'Attitudes to Menstruation in Seventeenth-Century England', *Past and Present*, 91 (1981): 47-73.

<sup>11</sup> This was bound with Chrestien's translation of Sylvius' *Livre de la génération de l'homme* (Paris, G. Morel, 1559).

<sup>12</sup> Unfortunately I have been unable to locate a copy of this text in any language for consultation. The reference is taken from Astruc, *Traité des maladies des femmes*, vol. 4, p. 308.

<sup>13</sup> Walter Charleton, *Inquisitiones medico-physicae de causis catameniorum, sive fluxus menstrui, necnon uteri rheumatismo, sive fluore albo, in qua etiam... probatur sanguinem in animal fermentescere nunquam* (1st edition 1685., Lyon, P. Vander, 1686).

<sup>14</sup> M. Eloy, *Dictionnaire historique de la médecine* (2 vols., Paris, Hochereau, 1756), vol. 1, p. 371.

in 1729 and into French in 1730.<sup>15</sup> It immediately became the subject of criticism in the form of a vernacular commentary by Le Tellier fils (fl. 1730), a provincial French physician, who published his *Réflexions critiques sur l'Emmenologie de M. Freind*, in the same year that the French translation appeared.<sup>16</sup> Jean-Dominique Santoni (fl. 1705), an Italian physician who was professor of medicine and demonstrator in anatomy at Venice University, published his own *Opuscula medica* in 1705, which included specific reference in the title to a section on *de catameniis*.<sup>17</sup> Flemish physician Pierre Fresart (fl. 1707), wrote his own version of *Emmenologia*, in 1707.<sup>18</sup> Jean-Gabriel Rudophe (fl. 1708), wrote *De iis, quae sunt observanda in mulieribus largiter menstruatis* in 1708.<sup>19</sup> In 1753 the English-born Robert Emmet (fl. 1753), who trained as a physician in Montpellier, produced a Latin text translated into French the following year, as *Essais de médecine sur le flux menstruel et la curation des maladies de la tête*.<sup>20</sup>

The most significant way in which my database differs from Astruc's catalogue is through the focus on vernacular, rather than Latin texts. Astruc's catalogue includes predominantly elite, learned Latin texts written by physicians - only 17% or 22 out of the 129 texts he cited are vernacular works.<sup>21</sup> As I have noted above 'menstrual' texts tended to be written in Latin by elite physicians. However, only 9 of the 129 texts, or 7% were 'menstrual' texts so this alone does not explain the preponderance of Latin texts in

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<sup>15</sup> John Freind, *Emmenologie, ou traité de l'évacuation ordinaire ou l'on explique les phénomènes, les retours, les vices et la méthode curative, qui la concernent selon les loix de la mécanique* (trans. Jean Devaux, Paris, Frères Osmont, 1730). Citations are from the French translation throughout.

<sup>16</sup> Le Tellier, *Réflexions critiques sur l'Emmenologie de M. Freind* (Paris, Frères Osmont, 1730).

<sup>17</sup> Jean-Dominique Santoni, *Opuscula medica de structurâ et motu fibrae, de nutritione animali, de haemorrhoidibus, de catameniis* (Venice, [n. pub.], 1705). This was reprinted in Rotterdam in 1719.

<sup>18</sup> Pierre Fresart, *Emmenologia, in qua fluxus muliebris menstrui phoenomena, periodi, vitia, cum medendi methodo ad rationes physico-medicas exiguntur. Accessit in fine caput peculiare de fluxu muliebri albo* (Leodii, G. H. Streel, 1707). This was reprinted by the same printer in 1712.

<sup>19</sup> Jean-Gabriel Rudolphe, *De iis, quae sunt observanda in mulieribus largiter menstruatis* (Lyon, [n. pub.], 1708). I have been unable to locate a copy of this text for consultation.

<sup>20</sup> Robert Emmet, *Essais de médecine sur le flux menstruel des femmes et la curation des maladies de la tête* (trans. Pierre-Thomas Hurtaut., Paris, J-B. Despillly, Jacques-Charles Chardon, 1754); *idem*, *Testamentia medica de mensium fluxu et de curatione morborum cephalicorum* (Paris, [n. pub.], 1753).

<sup>21</sup> Astruc, *Traité des maladies des femmes*, vol. 4, pp. 140-333.



Astruc's catalogue. In order to complement, rather than replicate Astruc's catalogue, therefore, I have focused on French-language texts written by a variety of medical practitioners: physicians, surgeons, midwives as well as non-medical authors. Although Latin remained important in the increasingly competitive world of early modern medicine, and was stressed, particularly by physicians and the Parisian medical faculty as a mark of competence and status, the impact of vernacularisation on menstrual knowledge should not be underestimated.<sup>22</sup> The rapid development of a corpus of vernacular French medical works in late sixteenth century and in seventeenth century France caused much concern for the faculty, anxious to preserve medical knowledge and secrets for the chosen few and to maintain control of medical practice.<sup>23</sup>

It is useful to compare the chronological spread of the texts in Astruc's catalogue and my database. Fig. 2 shows a decade-by-decade breakdown of the publication of texts in both studies. In order to allow an accurate comparison I have limited the data shown in Fig. 2 to the period 1489-1761 and therefore have not included the 14 texts Astruc cites from the preceding period (432 B. C. – 1489). Fig. 2 demonstrates the marked

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<sup>22</sup> Tensions within the medical hierarchy are illustrated by Brockliss and Jones, *Medical World*, pp. 590-605 and Alison Klairmont Lingo, 'Empirics and Charlatans in Early Modern France: The Genesis of the Classification of the "Other" in Medical Practice', *Journal of Social History*, 19 (1985-6): 583-603.

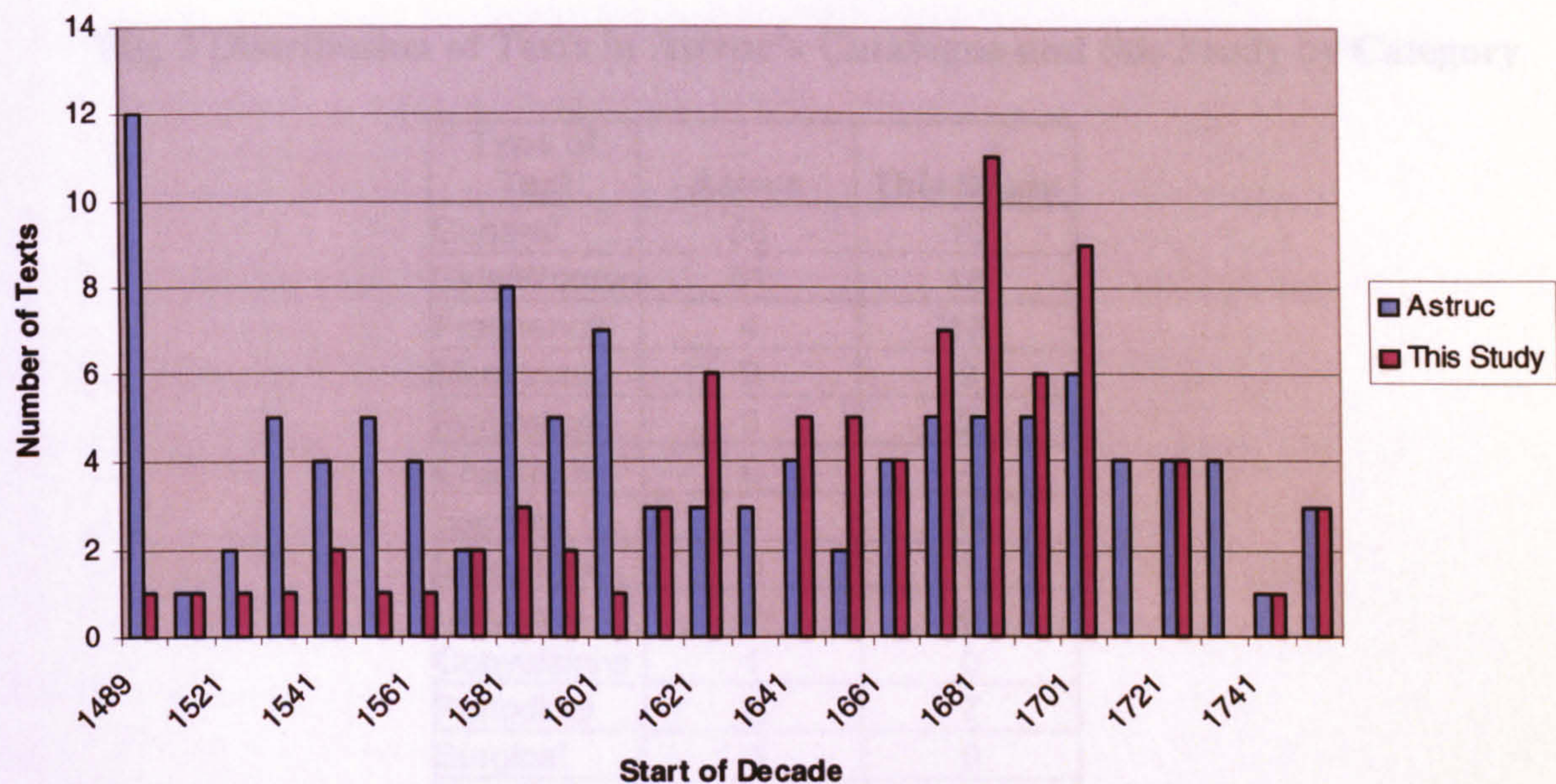
<sup>23</sup> Alison Klairmont Lingo, 'Print's Role in the Politics of Women's Health Care in Early Modern France,' in Barbara Diefendorf and Carla Hesse (eds), *Culture and Identity in Early Modern Europe (1500-1800)* (Ann Arbor, University of Michigan Press, 1993): 203-21, p. 207. It is not my intention here to discuss authorial motivation, choice of language or 'professional' rivalries as this has been amply documented in the secondary literature. On the evolution of vernacular medical texts in early modern France, see Howard Stone, 'The French Language in Renaissance Medicine', *Bibliothèque d'Humanisme et de la Renaissance*, 15 (1953): 315-46. On the vulgarisation of medical texts, see William Crossgrove, 'The Vernacularization of Science, Medicine and Technology in late Medieval Europe. Broadening our Perspectives', *Early Science and Medicine*, 5, 1 (2000): 47-63; Mary Fissell, 'Readers, Texts, and Contexts. Vernacular Medical Works in Early Modern England', in Roy Porter (ed.), *The Popularisation of Medicine 1650-1850* (New York and London, Routledge, 1992): 72-96; Paul Slack, 'Mirrors of Health and Treasures of Poor Men: the Use of Vernacular Medical Literature of Tudor England', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, Cambridge University Press, 1979): 237-73; Peter Murray Jones, 'Book Ownership and the Lay Culture of Medicine in Tudor Cambridge', in Hilary Marland and Margaret Pelling (eds), *The Task of Healing. Medicine, Religion and Gender in England and the Netherlands* (Rotterdam, Erasmus, 1996): 49-68. Mathew Ramsey situates this diversification of textual expertise within the movement to create separate medical literatures for lay and professional milieux. See his 'The Popularisation of Medical Texts in France 1650-1900', in Porter (ed.), *The Popularisation of Medicine 1650-1850*, pp. 97-133, see p. 99.



predominance of texts in Astruc's catalogue in the early part of the period under study. This is due to the concentration on Latin works in his catalogue and of course includes re-editions and translations of many classical and medieval works as well as new works produced by sixteenth-century physicians. The dominance of Latin is testimony to the influence of the legacy of classical medicine in sixteenth-century France. Fig. 2 also shows the increasing number of vernacular medical texts on menstrual bleeding printed over the seventeenth century (namely those in my database) – these outnumber the mainly Latin texts in Astruc's catalogue for the majority of the seventeenth century. Within Astruc's catalogue there are several decades of increased production such as the 1490s and the 1590s. From the 1620s onwards there are consistently more books per decade in my database than in Astruc's catalogue, with peaks in the 1670s, 1690s and 1700s. These distinctive patterns, can, I believe, be explained with reference to the types of practitioners/authors and the types of texts included in both lists. Astruc's catalogue is more limited in terms of the range of practitioner and the genre of text analysed. This is demonstrated in Figs. 3 to 5 below showing a breakdown by category of the types of text in Astruc's catalogue and my database.



Fig. 2. Decade-by-Decade Comparison of Publication of Texts in Astruc's Catalogue and this Study



Source: Appendix One and Astruc, *Traité des maladies des femmes*, vol. 4, pp. 140-333.

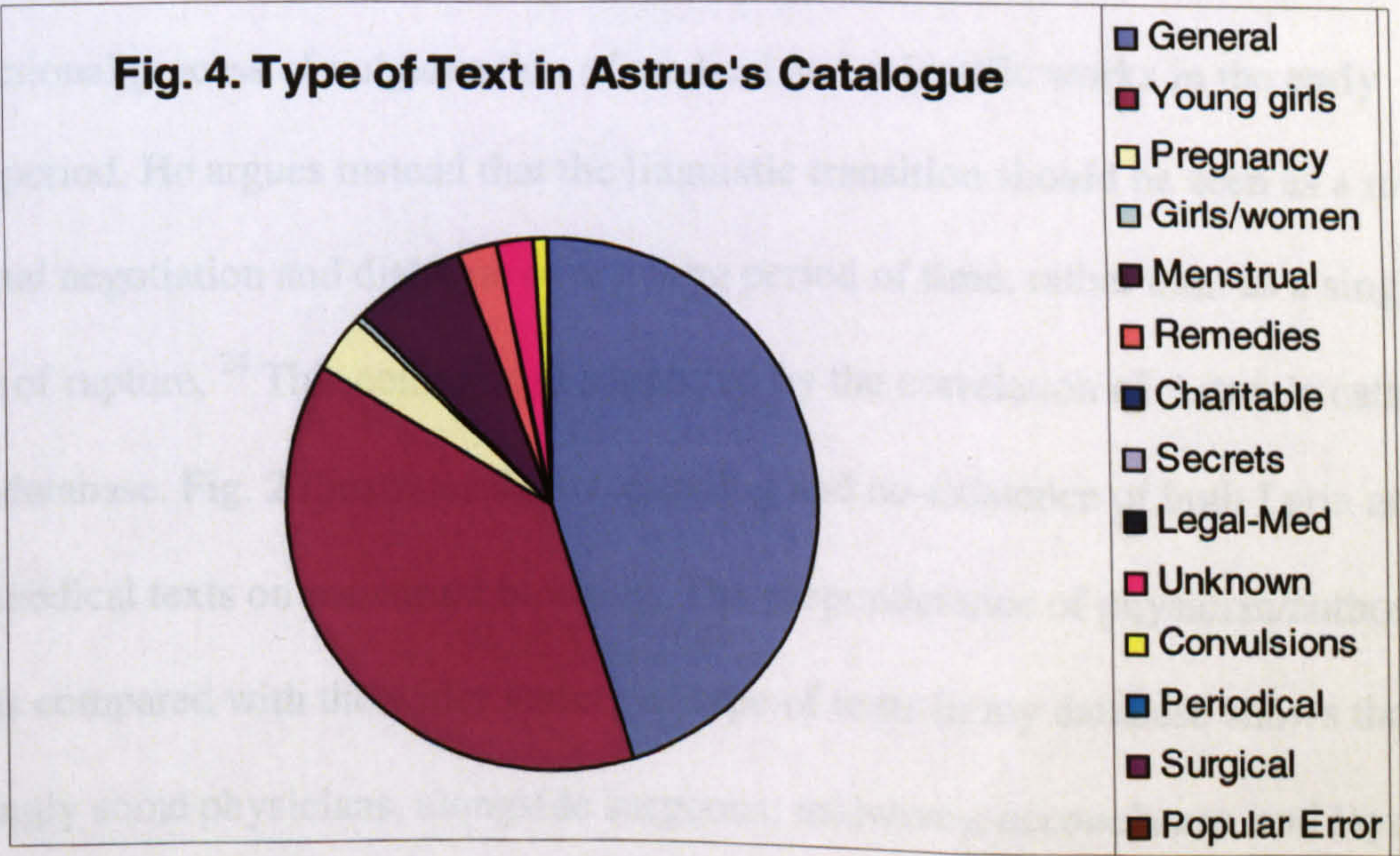
Again the categorisation of texts is largely impressionistic – I have divided the works in both lists by genre into those dealing with the illnesses of girls and women, texts specifically treating pregnancy or menstrual bleeding, as well as other categories of generalised medical works, surgical, medico-legal and anatomical texts. Others have been divided into the literature of secrets. Remedy texts were split, separating those specifying ‘charitable’ aims in the title from the rest. I have also included a separate category for medical periodicals or journals.



**Fig. 3 Distribution of Texts in Astruc's Catalogue and this Study by Category**

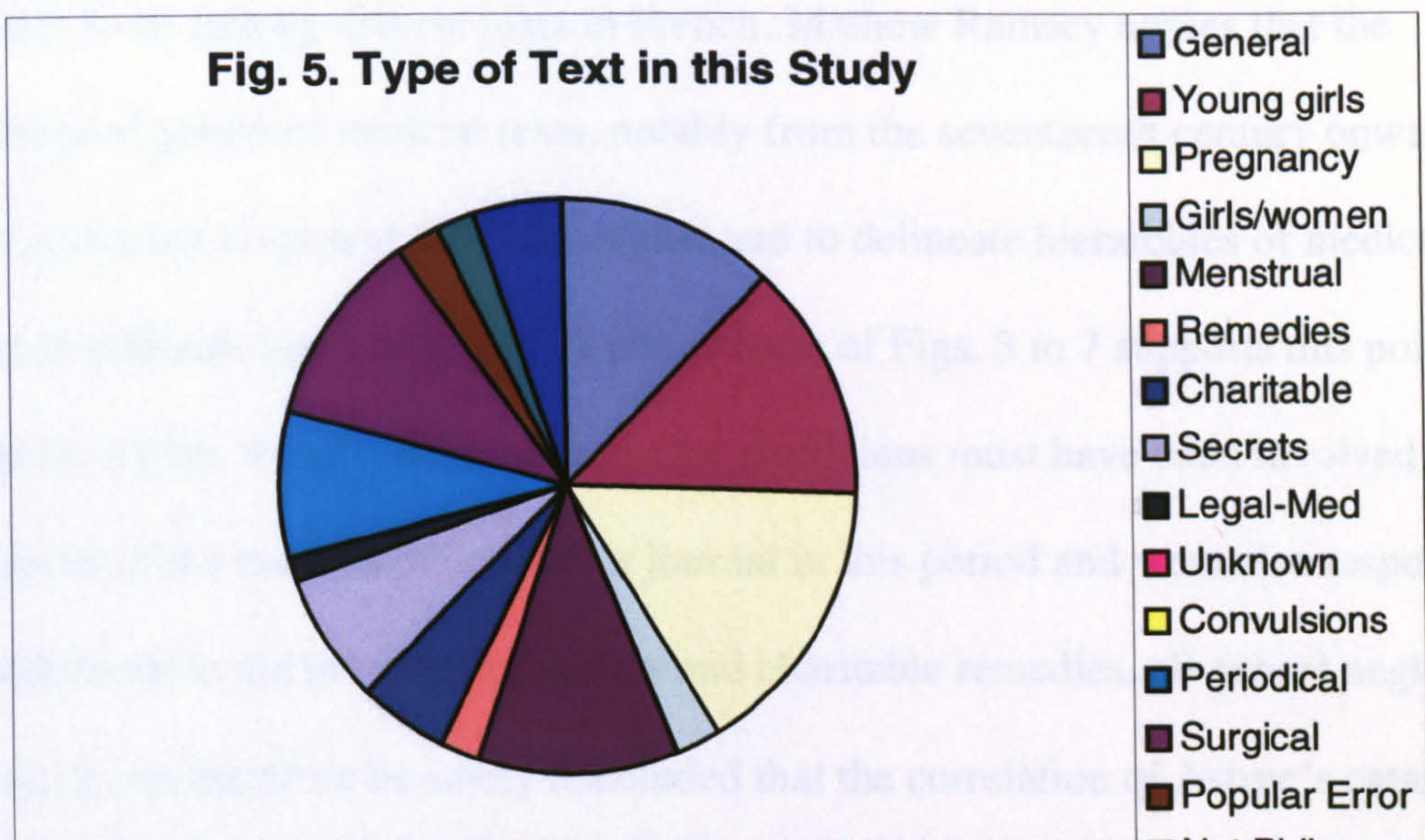
Type of Text	Astruc	This Study
General	58	10
Girls/Women	51	13
Pregnancy	4	13
Menstrual	9	9
Remedies	3	2
Charitable	0	4
Secrets	0	6
Legal-Med	0	1
Unknown	3	0
Convulsions	1	0
Periodical	0	7
Surgical	0	9
Popular Error	0	2
Nat Phil	0	2
Anatomy	0	4

Source: as in Fig. 2.



Source: as in Fig. 2.





Source: as in Fig. 2.

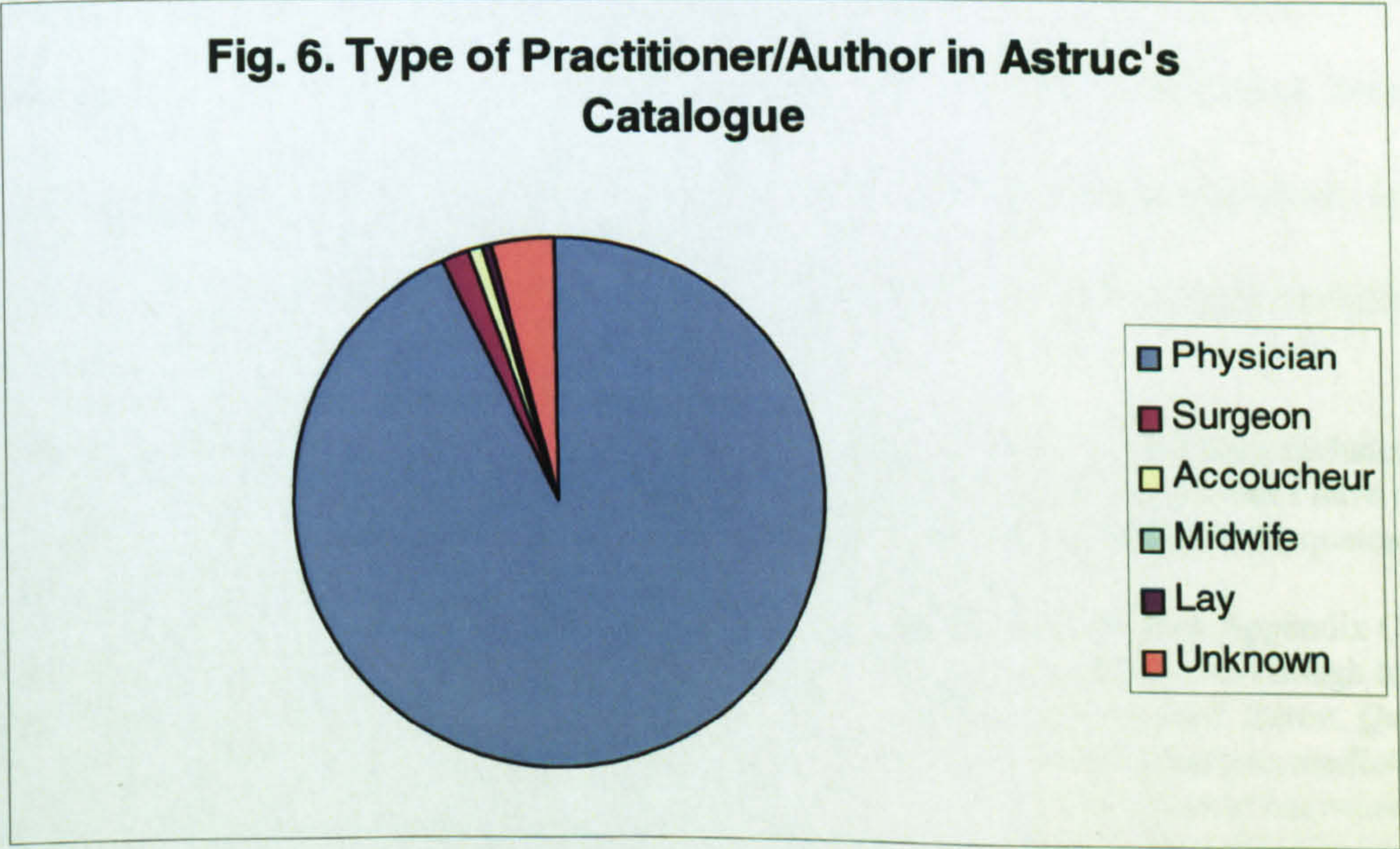
As Figs. 3 and 5 demonstrate, many early modern texts on menstrual bleeding discussed menstrual bleeding in the context of other related issues such as pregnancy, generation, blood, anatomy or women's diseases. This shows that interest in menstrual bleeding was not restricted to elite, learned medical circles in early modern France, but was a subject of concern for a much wider range of practitioners and lay people.

William Crossgrove has criticised the tendency of scholars to over-emphasise the uni-directional process of vulgarisation of medical and scientific works in the early modern period. He argues instead that the linguistic transition should be seen as a multi-directional negotiation and dialogue over a long period of time, rather than as a single moment of rupture.<sup>24</sup> This comment is supported by the correlation of Astruc's catalogue and my database. Fig. 2 illustrates the overlapping and co-existence of both Latin and French medical texts on menstrual bleeding. The preponderance of physician/authors in both lists compared with the wider variety of type of texts in my database shows that, increasingly some physicians, alongside surgeons, midwives, *accoucheurs*, and laymen

<sup>24</sup> Crossgrove, 'The Vernacularization of Science'.



and women were writing diverse texts in French. Mathew Ramsey argues that the proliferation of genres of medical texts, notably from the seventeenth century onwards, marked an attempt to control the print market and to delineate hierarchies of medical expertise in different types of text.<sup>25</sup> A comparison of Figs. 3 to 7 supports this point. A comparison of Figs. 4 and 7 also suggests that physicians must have been involved in the development of the medical periodical or journal in this period and were also responsible for contributions to the literature of secrets and charitable remedies, all genres neglected by Astruc. It can therefore be safely concluded that the correlation of Astruc's catalogue and my own research confirms that menstrual bleeding was of great interest to the wider medical community throughout the early modern period and did not simply concern early modern women and a handful of elite practitioners.

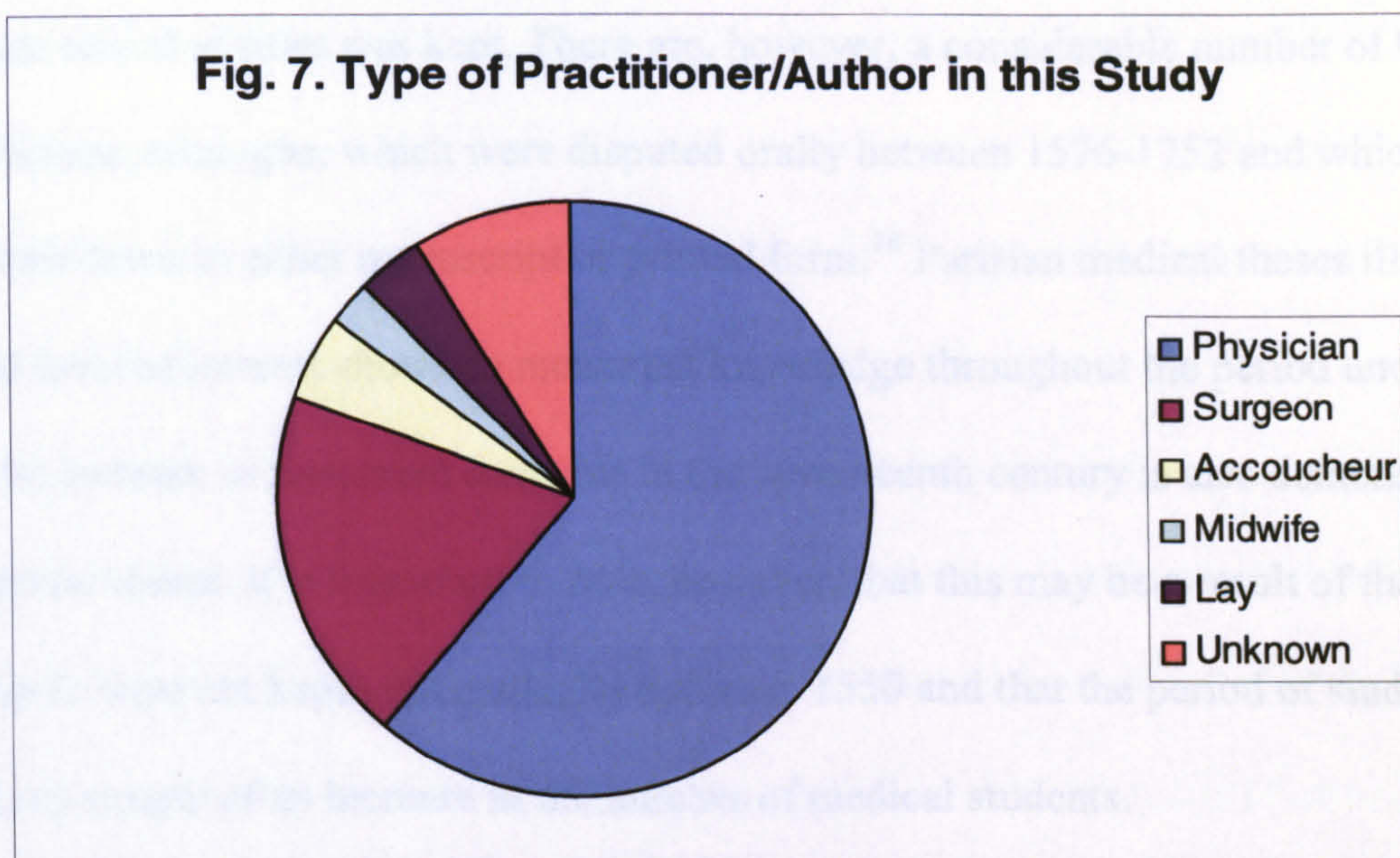


Source: as in Fig. 2.

<sup>25</sup> Ramsey, 'The Popularisation of Medicine in France, 1650-1900,' p. 99.



**Fig. 7. Type of Practitioner/Author in this Study**



Source: as in Fig. 2.

### Medical Theses.

Medical theses are another under-investigated resource for the history of menstrual bleeding which Astruc neglected to fully consider in his catalogue and which have informed this study.<sup>26</sup> I have examined medical theses defended at the Parisian medical faculty between c. 1550 – 1735.<sup>27</sup> Medical theses did not circulate in the same way as medical texts. They were relatively short documents answering precise questions in the affirmative or negative. Theses were printed from the mid-sixteenth century onwards and

<sup>26</sup> Astruc included one example of a medical thesis in his catalogue – this item has not been included in the 129 printed texts treated in the statistical analysis of his catalogue for the simple reason that I have classified theses as a separate corpus. (1702) G-E Stahl, 'Propempticum inaugurale de fluxus muliebris, quatenus menstrui causa'. Astruc, *Traité des maladies des femmes*, vol. 4, p. 320.

<sup>27</sup> These theses are not represented in the chronological table of printed works found in Appendix One, but have been tabulated separately in Appendices Two and Three because they are numerous enough to constitute a distinct corpus of 'menstrual' theses on their own. See Hyacinthe-Théodore, Baron, *Quaestionum medicarum, quae circa medicinae theoriam et praxim, ante duo saecula, in scholis facultatis medicinae Parisiensis agitatae sunt et discursae, series chronologica; cum doctorum praesidium et baccalaureorum propugnantium nominibus. Actibus vesperiarum doctoratûs, et regentiae apud medicos Parisienses agitatae sunt et discussae chronologica series altera* (Paris, Jean-Thomas Henrissant, 1752). A description of the medical thesis and its role in medical education can be found in Anna Delage, *Histoire de la thèse de doctorat en médecine d'après les thèses soutenues devant la faculté de médecine de Paris* (Paris, Ollier-Henry, 1913). Laurence Brockliss has used medical theses to gain insight into university debates surrounding



a separate record of titles was kept. There are, however, a considerable number of theses in the Parisian catalogue, which were disputed orally between 1576-1752 and which were not written down in either manuscript or printed form.<sup>28</sup> Parisian medical theses illustrate the solid level of interest shown in menstrual knowledge throughout the period under study. An increase in menstrual concerns in the seventeenth century is also demonstrated in menstrual theses. It is important to note, however, that this may be a result of the fact that records were not kept systematically before c. 1550 and that the period of study ends in 1761, or simply of an increase in the number of medical students.

The theses offer insight into the curriculum for would-be physicians as well as into the sorts of questions debated in the Parisian medical faculty. This impression is reinforced with regard to menstrual expertise when the evidence from medical theses is cross-referenced with a comment by Astruc in his chronological catalogue. Criticising the works of his contemporaries Jacques Lazerme (1676-1756) and Fitz-Gerald, he commented that 'on diroit que la médecine n'a point avancé depuis cent ans, car ces deux ouvrages dictés à Montpellier en 1750, ne valent pas ce que Rivière enseignait en 1640 dans la même faculté'.<sup>29</sup> He thereby demonstrated that menstrual bleeding was a subject taught in the medical faculty at Montpellier University in the seventeenth and eighteenth centuries and that menstrual knowledge was considered to be part of a physician's formal education.

When correlated with other forms of medical text, it can be seen that the same concerns regarding menstrual bleeding were evident. Parisian medical students debated the nature and function of menstrual bleeding, as well as the quality, quantity and aspect

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contentious points of medical doctrine. See his *French Higher Education in the Seventeenth and Eighteenth Centuries* (Oxford, Clarendon Press, 1987), pp. 400-30.

<sup>28</sup> See Appendix Three.

of menstrual fluid. Menstrual blood was frequently compared to semen, perspiration and haemorrhoids and the role of menstrual bleeding in reproduction was problematised. For instance, Guillaume Luffon defended the thesis that ‘an ut semen, sic menstruus sanguis benignum excrementum?’ in 1572.<sup>30</sup>

It was not unusual for the same question to be treated more than once in the same faculty, although the answers were not necessarily identical. For instance, Robert Raoult (1665) and Jacques Philippe Davier de Breville (1715) both responded positively to the question, ‘an statim a menstruorum effluvio concepti, firmioris valetudinis?’ Another example is worded slightly differently, but tackled the same issue: in 1579 Carnot Gerbault debated whether ‘an fluoris muliebris et mensis morbosi idem iudicium?’ and in 1611 Guillaume Gerbault asked ‘an fluoris muliebris et mensis morbosi affinitas quadem et dissimilitudo?’ The first responded negatively and the second affirmatively. We will see in the following chapter that these concerns were very much in evidence in other types of medical text.

### Menstrual Uncertainty.

One of the main thrusts of this thesis is the extent to which the lack of a general consensus concerning menstrual bleeding and in particular the relationship between menses and reproduction contributed to anxiety surrounding the female body. Competing, contradicting attitudes to menstrual bleeding stemmed from, and contributed to, a general expression of uncertainty and ambiguity with regard to menstrual blood and menstrual bleeding. I do not wish to suggest that medical knowledge of menstrual bleeding was any

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<sup>29</sup> Astruc, *Traité des maladies des femmes*, vol. 4, pp. 328-33. Jacques Lazerne, *Curationes morborum* (Montpellier, [n. pub.], 1751) translated as, *Méthode pour guerir les maladies* (Paris, [n. pub.], 1753). Lazare Rivière (1589-1655) was professor of medicine at Montpellier in the seventeenth century.

<sup>30</sup> The nature of menstrual knowledge will be discussed further in Chapter Two.



more or less certain than other areas of early modern medicine.<sup>31</sup> I shall, however, argue in Chapters Three and Four that medical ambivalence regarding menstrual bleeding coincided with judicial concerns about paternity and patrilineage, which increased from the sixteenth century onwards, and touched upon attitudes to the female role in reproduction. Jurists turned to medical practitioners for advice, obliging physicians to revisit their classical inheritance in an attempt to find solutions to contemporary problems, which were in keeping with the ancient and medieval medical authorities. In turn, the overlap between medical and judicial discourses highlighted areas of ambiguity within menstrual knowledge and fuelled rivalries within the tripartite hierarchical structure of the medical world.

The uncertainty of menstrual knowledge is a reoccurring theme evident in the early modern medical literature of menstrual bleeding. This is seen across different categories of text and practitioner/author, although elite physicians increasingly replicated it in the eighteenth century. The inadequacy of current medical knowledge and/or practice was, in part, a rhetorical device employed by early modern medical authors writing on general medical themes, alongside criticism of incompetent practitioners, to justify their entry into the public domain of the print world. Competing for patients and renown, practitioners showed their rivalries and jealousies in many areas of medicine. For example, the *médecin ordinaire* to the dowager duchess of Orléans, Jean Bernier declared in the preface to his *Essais* that ‘j’entreprends pour le bien public d’écrire de la médecine, et des abus qui s’y sont glissez, tant du côté des médecins, chirurgiens, apoticaire que du côté des malades.’<sup>32</sup> This device was particularly employed in texts dealing with childbirth, where rivalry

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<sup>31</sup> On medical uncertainty in general see Harold Cook, “‘Good Advice and a Little Medicine’: The Professional Authority of Early Modern English Physicians”, *Journal of British Studies*, 33 (1994): 1-31; Michael McVaugh, ‘The Nature and Limits of Medical Certitude in early Fourteenth-Century Montpellier’, *Osiris*, 2, 6 (1990): 62-84.

between midwives and surgeons was acute.<sup>33</sup> Surgeon Jacques Bury (fl. 1623), criticised his fellow surgeons for 'la peine et accident qui arrivent tous les jours par l'ignorance de la methode des accouchemens ausquels le plus parts des chirurgiens y travaillent comme a clore yeux sans discretion et jugement' in the preface to his midwifery text.<sup>34</sup>

Replication of the theme of menstrual uncertainty and the inadequacy of existing menstrual knowledge suggests that a core number of medical practitioners were perhaps attempting to define menstrual knowledge as a specialism within women's diseases. It can also be read as a reflection of growing concern with control of reproduction and patrilineage from the sixteenth century onwards and most definitely points towards recognition of the importance of the role of menstrual bleeding in generation, even if the exact nature of that role remained ambivalent.

In 1703 Freind bemoaned the poverty of contemporary medical knowledge of menstrual bleeding in the preface to his treatise.<sup>35</sup> He claimed that the application of 'des grands genies [...] des livres de tant d'auteurs, qui ont jusqu'à présent écrit des menstrues, meme jusqu'à l'ennui' had produced only 'fictions' rather than a true theory. Indeed, he argued that 'il y a point de question qui ait été plus agitée dans les livres de médecine, il

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<sup>32</sup> Jean Bernier, *Essais de médecine où il est traité de l'histoire de la medecine et des medecins* (Paris, Simon Langronne, 1689), Preface.

<sup>33</sup> For a sixteenth-century example of such rivalry, see Gervais de la Tousche, *La tres-haute et tres-souveraine science de l'art et industrie naturelle d'enfanter contre la moudicte et perverse impericie des femmes que l'on appelle saiges-femmes, ou belles meres lesquelles par leur ignorance font journellement perir une infinité de femmes et d'enfans à l'enfantement. Ad ce que desormais toutes femmes enfantent heureusement, et sans aucun péril ny destourbier, tant d'elles que de leurs enfans, estant toutes saiges et perites en icelle science* (Paris, Didier Millot, 1587). The 'professional nature' of midwifery and the rivalry between male and female practitioners is discussed in Hilary Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe* (London and New York, Routledge, 1993); Adrian Wilson, *The Making of Man-Midwifery: Childbirth in Early Modern England 1660-1770* (London, U. C. L. Press, 1995); Jacques Gélis, *La sage-femme ou le médecin. Une nouvelle conception de la vie* (Paris, Fayard, 1988); Waltraud Pulz, 'Aux origines de l'obstétrique moderne en Allemagne (XVIe-XVIIIe). Accoucheurs contre matrones?', *Revue d'Histoire moderne et contemporaine*, 43-4 (1996): 593-617 and François Rouget and Colette Winn (eds), *Louise Boursier. Récit véritable de la naissance de messeigneurs et dames les enfans de France, instruction à ma fille et autres textes* (Geneva, Droz, 2000), Introduction.

<sup>34</sup> Jacques Bury, *Le propagatif de l'homme et secours des femmes en travail d'enfant, utile et necessaires à toutes personnes* (Paris, Melchior Mondiere, 1623), p. 5.

<sup>35</sup> Freind, *Emmenologie*.



n'y en a point eu aussi dont la solution ait donné aux Lecteurs moins de satisfaction.'<sup>36</sup>

Undeterred, Freind was spurred on to confront this uncertainty and to construct a professional reputation and identity for himself in so doing. He added:

Il me semble que je n'aurai pas mal employé mon temps, si je fais ensorte de mieux expliquer la nature du flux menstruel dans les femmes qu'elle ne l'a été dans tous les livres des medecins qui ont jusqu'à présent écrit sur une matière si importante: et je prétens traiter ce sujet de manière que le lecteur ne trouvera rien de reservé dans ce petit ouvrage, ni rien qui soit éloigné de la plus commune intelligence.<sup>37</sup>

His remark reiterated the comments of earlier medical practitioners who too had attempted to grapple with the enigmatic nature of menstrual bleeding

The sixteenth-century physician André du Laurens (1558-1609), had noted in his general medical text, that medical knowledge of menstrual bleeding was hampered by much uncertainty. 'Ce sont choses qui excèdent la portée de l'entendement humain', he wrote.<sup>38</sup> At the beginning of the seventeenth century, surgeon-*accoucheur*, Jacques Guillemeau (1550-1613), expounded on the 'infinité de curieuses recherches et secrets nécessaires à la cognoissance des plus occultes maladies des femmes', in his obstetrical treatise.<sup>39</sup> Dutch physician Ysbrand van Diemberbroeck (1609-1674), echoed his concerns in turn. In 1670 Diemberbroeck, who had both studied and practised medicine in France, noted that menstrual knowledge remained problematic owing to the obscurity of the subject matter. He added that few authors felt competent to tackle this difficult subject.<sup>40</sup> In 1672, Regnier de Graaf (1641-1673), another Dutch physician, credited with the discovery

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<sup>36</sup> Ibid., Preface de l'auteur.

<sup>37</sup> Ibid., p. 24.

<sup>38</sup> André du Laurens, *Les œuvres de M. André du Laurens, sieur de Ferrieres, conseiller et premier medecin du treschrestien Roy de France et de Navarre Henry le Grand, et son chancellier en l'Université de Montpellier* (trans. Théophile Gelée., Paris, Mathieu Guillemot, 1646), p. 391.

<sup>39</sup> Jacques Guillemeau, *De la grossesse et accouchement des femmes et du gouvernement dicelles et moyen de survenir aux accidents qui leur arrivent ensemble de la nourriture des enfans* (Paris, Abraham Placard, 1620), p. 33.

<sup>40</sup> Ysbrand van Diemberbroeck, *The Anatomy of the Human Body* (trans. W. Salmon, London, 1695), p. 168.



of the ovaries, exclaimed that whilst 'no physician is ignorant of what the menstrual flow is, yet divisions and controversies – where, when, how?' abounded.<sup>41</sup>

Surgeon and prolific author, Nicolas de Blégny (1652-1722) sought to fill the lacuna in menstrual knowledge with the launch of his own medical journal, *Mercure savant*, in 1684. In the preface he accused the state-controlled publication, the *Journal des sçavans* of refusing to publish gynaecological and obstetrical material, including:

les plus beaux endroits de la Physique et de la Medecine, car il effaceroit la dignité de son caractere en parlant des parties genitales de l'un et de l'autre sexe, de la matière spermatique, de la generation de l'homme, ...des avortemens, des accouchemens, [...] des vuidanges qui se font pendant les couches, des ordinaires, des pertes blanches, de la generation du lait, [...] ni enfin d'une infinité de semblables choses dont on veut bien croire qu'il n'a jamais parlé.<sup>42</sup>

His accusation, however, appears to have been more of a marketing device, aimed to promote his own medical journal, than anything else. Although, the founding of the genre of the medical journal in France was attributed to Blégny, he was widely regarded by his contemporaries as a quack. De Blégny's earlier attempts at editing a medical periodical, *Les nouveautez journalieres* in 1682 had ended abruptly with the intervention of the Parisian Medical Faculty. The *Mercure savant* was printed in Amsterdam in an effort to avoid censorship, but was prohibited after only two months and in 1693 de Blégny was imprisoned for ten years following the Faculty's charge that his lectures and publications contained immoral material and attacks on the Faculty's position.<sup>43</sup>

Blégny's remark, nevertheless, draws attention to what appears to have been a constant in medical literature throughout the early modern period - the concern expressed

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<sup>41</sup> Jocelyn, H-D and Setchell B. P. (eds), *Régnier de Graaf on the Human Reproductive Organs? An Annotated Translation of 'Tractatus de Virorum Organis Inserventibus' (1668) and 'De Mulierum Organis Generationi Inserventibus Tractatus Novus' (1672)* (Oxford and London, Blackwell, 1972), pp. 118-19.

<sup>42</sup> Nicolas de Blégny, *Mercure savant du mois de janvier 1684 et du mois de février 1684* (Amsterdam, Henry Desbordes, 1684), Preface.

by medical practitioners over the state of menstrual knowledge and the necessity to confront this uncertainty. It is also emblematic of the widespread nature of such concern amongst different types of practitioner – even the most unorthodox opportunist. Despite the expression of the ambiguity of menstrual knowledge from the sixteenth century onwards, the situation had not changed much by the second half of the eighteenth century. The cluster of ‘menstrual’ texts and works on women’s diseases which appeared in the eighteenth century, instigated by Freind in 1703, and expanded upon considerably by the Montpellier physicians of the 1750s, Emmet, Fitz-Gerald and Astruc suggests that physicians were urging the study of menstrual knowledge.<sup>44</sup> It is evident that the first half of the eighteenth century saw an increase in the number of specifically ‘menstrual’ texts written in Latin by elite physicians. This suggests perhaps that, within elite medical circles, menstrual bleeding had assumed a higher profile as part of the steadily growing interest in women’s diseases in general. The overall consensus of the inadequacy of menstrual knowledge, amongst authors of medical texts, had not declined by the 1750s and 1760s; rather it had strengthened. For instance, in 1753, Emmet, attempted to address the ‘ténèbres et difficultés inexplicables’ surrounding menstrual bleeding with his own revolutionary theory of the cause and function of menstrual bleeding.<sup>45</sup> Astruc’s catalogue, ostensibly of texts on women’s diseases in general, belies his prevailing interest in menstrual bleeding. His comments on individual authors and texts included in the catalogue refer in general to his judgement of the author’s treatment of menstrual bleeding and his opinion on the cause and function of menstrual bleeding. For instance, Astruc criticised Lazerme for discussing the problems associated with menstrual bleeding ‘sans avoir dit ce qui cause leur cours

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<sup>43</sup> Michel Dupont, *Dictionnaire historique des médecins, dans et hors la médecine* (Paris, Larousse, 1999), p. 84.

<sup>44</sup> This is shown clearly in figure three where the two lists mirror each other.

réglé'.<sup>46</sup> Astruc rarely remarked on the quality of the discussion of sterility, hysteria or childbirth in these works beyond mentioning their inclusion in the text. In his remarks on surgeon-accoucheur François Mauriceau's (1637-1709) work he judged that his *Traité des maladies des femmes grosses* (1668) contained some useful practical observations, but added that it was 'un guide très-infidel, quand il se mêle de raisonner' about the cause of menstrual bleeding.<sup>47</sup>

Astruc's concern about the inadequacy of contemporary explanations of the cause and function of menstrual bleeding also explains the bias towards theoretical (in the sense of the display of knowledge, rather than case-notes and observations), predominantly Latin texts in his catalogue, at the expense of more generalised, and perhaps empirical works. It is also perhaps a reflection of the long-established rivalry between the medical faculties of Paris and Montpellier.

There is little evidence to support the establishment of a medical specialism in menstrual bleeding in the 1750s, however. The handful of texts that can be classified as 'menstrual' are insufficient in number to constitute a corpus or a specialism. Moreover, menstrual knowledge was not constructed any differently in these texts than in other more general medical texts or works on women's diseases. Authors of midwifery, anatomical treatises, and texts on human generation followed similar models. Admittedly, collections of secrets and remedies followed a very different literary and rhetorical style from the 'menstrual' texts. They were more inclined to focus on menstrual pathology and the means to resolve menstrual problems, such as suppression of the menses or immoderate flow of the menses, than to discuss the relationship between the cessation of menstrual bleeding in

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<sup>45</sup> Robert, Emett, *Essais de medecine sur le flux menstruel et la curation des maladies de la tete* (trans. Pierre Hurtaut, Paris, J-B. Despilly, J-C. Chardon, 1754), p. 4. The original text was printed as *Testamenia medica de mensium fluxu et de curatione morborum cephalicorum* ([n. p., n. pub.], 1753).

<sup>46</sup> Astruc, *Traite des maladies des femmes*, vol. 4, p. 329.

<sup>47</sup> *Ibid.*, p. 310.



a mature pre-menopausal woman and pregnancy. This can be explained by divergences in the aims and type of text. The differences between learned, doctrinal medical treatises and more empirical works based on case-notes and observation were the same regardless of the subject matter and were not in any way particular to the topic of menstrual bleeding.

Moreover, it was not beyond the scope of 'menstrual' texts by Dubois and Freind, for example, to include observations and remedies for certain menstrual pathologies as well as devoting long passages to discussing the cause and function of menstrual bleeding and its role within reproduction.

The conjunction of Astruc's catalogue and my research clearly demonstrates that a solid interest in menstrual knowledge existed throughout the early modern period, and particularly from the seventeenth century onwards. Astruc's catalogue and my database also reveal the expanding range of medical sub-disciplines touched by research into menstrual bleeding. Discussions of menstrual bleeding were included in numerous fields of medical study and texts and were particularly relevant to the growing domain of women's diseases and midwifery in the later seventeenth and eighteenth centuries. A possible explanation for this could be found in the rise of man-midwifery and the general appropriation of the previously female domains of childbirth and reproductive health during this period.<sup>48</sup> It is also plausible that a reassessment of the role of menstrual bleeding in reproduction was called for following the embryological developments of the 1670s. The discovery of the ovaries by de Graaf and of the spermatozoid by Antoin van Leeuwenhoek (1641-1723) may well have been partly responsible for increased discussion about male and female responsibility in reproduction and in particular, the role of

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<sup>48</sup> On the issue of male midwifery see Wilson, *The Making of Man-Midwifery*; Gélis, *La sage-femme ou le médecin*. It is also possible that the interest in menstrual knowledge in early modern France resulted from the development of Hippocratic gynaecology following the recovery in the early sixteenth century of the texts on *The Diseases of Virgins*.

menstrual blood in conception and pregnancy.<sup>49</sup> This may also in part be due to the increased encroaching of judicial concerns of paternity and patrilineage onto medical domains.<sup>50</sup> This view is supported by Alexandra Lord who argues that renewed interest in menstrual bleeding in England from the 1750s onwards was primarily located within the context of obstetrics and midwifery manuals, rather than the development of a specialist gynaecological field.<sup>51</sup>

The lack of adequate work on menstrual theory was not merely a convenient rhetorical convention willingly utilised by ambitious physicians eager to construct an image of medical expertise for themselves. It was also a reality which inspired a constant flow of texts as medical practitioners of all kinds sought to confront this uncertainty and to produce a great work of menstrual expertise. As a corpus these medical texts formed a rich and lively body of contentious, contradictory and conflicting menstrual knowledge, incorporating, both discourse and practice, theory and observation and exceptional case studies amongst general rules of menstrual norms. It is to a closer examination of the content of these texts and the discord and conflict between competing and overlapping theories of menstrual regularity and of the nature of menstrual blood and its relationship with conception and pregnancy that we now turn in the following chapter.

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<sup>49</sup> Laurence Brockliss notes that these discoveries had little practical application at the time, but gave rise to increased debates about reproduction. See his 'The Embryological Revolution in the France of Louis XIV: The Dominance of Ideology', in G. R. Dunstan, (ed.), *The Human Embryo: Aristotle and the Arabic and European Traditions* (Exeter, Exeter University Press, 1990): 158-86; The nature of late-seventeenth-and early-eighteenth century-debates on reproduction is outlined by Evelyn Fox Keller, 'Embryonic Individuals: The Rhetoric of Seventeenth-Century Embryology and the Construction of Early-Modern Identity', *Eighteenth-Century Studies*, 33, 3 (2000): 321-48.

<sup>50</sup> See Chapters Three and Four.

<sup>51</sup> Lord, "The Great Arcana of the Deity".

## Chapter Two: Menstrual Knowledge

Menstrual bleeding has often been portrayed as an essential signifier of the female gender in Hippocratic gynaecology – as Helen King notes, ‘to be a woman is to menstruate’.<sup>1</sup>

Following Graeco-Roman medicine, women were generally believed to be dominated by the womb and their menses, and an accurate reading of the signs of menstrual bleeding was perceived to be the key to female health.<sup>2</sup> Joan Cadden has argued that this was very much still the case in the Middle Ages:

Menstrual bleeding was the specific feature of the female constitution, which attracted the most attention amongst natural philosophers and medical writers. Although it was sometimes depicted as the equivalent of some male function, whether the production of semen or of sweat, menstrual bleeding was, like the womb, singularly and remarkably female. Like the womb in anatomy, the physiological fact of menstrual bleeding characterized the female and the feminine in two ways: first as an aspect of the reproductive function and second as a more general principle of the female constitution or temperament.<sup>3</sup>

This view seems to have existed in the early modern period too. Towards the end of his chronological catalogue of gynaecological works, the eighteenth-century physician Jean Astruc remarked:

Voilà bien des Traités sur l’Emmenologie, mais il ne faut pas être surpris; l’explication de la menstruation est comme la clef de l’explication des maladies des femmes, et l’on ne peut point esperer d’en rendre de raison solide, ni d’y remedier efficacement, qu’autant qu’on aura développé la véritable cause des règles, ce qui sert à déterminer l’état de la matrice dans chaque dérangement qui arrive.<sup>4</sup>

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<sup>1</sup> Helen King, *Hippocrates’ Woman: Reading the Female Body in Ancient Greece* (London and New York, Routledge, 1998), p. 76. See also Christine Bonnet-Cadilhac, ‘Traduction et commentaire du traité hippocratique, *Des maladies des jeunes filles*’, *History and Philosophy of the Life Sciences*, 15, 2 (1993): 147-63, p. 153.

<sup>2</sup> King, *Hippocrates’ Woman*, pp. 52-69.

<sup>3</sup> Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science and Culture* (Cambridge, Cambridge University Press, 1993), p. 173; Helen Lemay, ‘Antonius Guainerius and Medieval Gynaecology’, in J. Kirshner and S. F. Wemple (eds), *Women of the Medieval World* (Oxford, Oxford University Press, 1985): 317-36, p. 333.

<sup>4</sup> Jean Astruc, *Traité des maladies des femmes, où l’on a taché de joindre à une théorie solide la pratique la plus sûre et la mieux éprouvée avec un catalogue chronologique des médecins qui ont écrit sur ces maladies* (6 vols., Paris, Guillaume Cavelier, 1761), vol. 4, p. 320.



Astruc's comment reveals the longevity of Graeco-Roman medical ideology in Western Europe. It also suggests the perseverance of the Hippocratic view of menstrual bleeding in the female body. It would be overly simplistic, however, to deduce from this parallel that medical discourses about the body, and in particular the menstruating body, had remained constant between c. 432 B.C. and 1761, the date of Astruc's treatise. Indeed, in stark contrast to this, historians Alexandra Lord and Thomas Laqueur have argued that menstrual bleeding was not predominantly associated with femaleness before 1750 when a conceptual shift resulting in the naturalisation and sexualisation of woman occurred.<sup>5</sup>

As Cadden has argued with regard to the Middle Ages, menstrual bleeding both was, and was not, a signifier of the female gender in early modern France.<sup>6</sup> Menstrual bleeding cannot be completely separated from early modern ideas of femaleness. In certain contexts, the expulsion of menses necessitated the association with the female gender, namely in terms of fertility and reproduction.<sup>7</sup> At the same time, however, the exact nature of the link between pregnancy and the absence or presence of menstrual bleeding was highly ambiguous and undermined this gendered connection.<sup>8</sup> Hippocratic gynaecology acknowledged the difference of woman, and the necessity for different medical expertise to treat the female body and female illnesses. This does not mean that woman was reduced to her menstrual function.<sup>9</sup> Early modern medical practitioners were more concerned with the context and circumstances in which menstrual evacuation occurred than with the gender of the body from which it was emitted. Considerations of appropriateness,

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<sup>5</sup> Alexandra Lord, "'The Great Arcana of the Deity': Menstruation and Menstrual Disorders in Eighteenth-Century British Thought", *Bulletin of the History of Medicine*, 73 (1999): 38-63; Thomas Laqueur, 'Sex in the Flesh', *Isis*, 94 (2003): 300-6, p. 306.

<sup>6</sup> Cadden, *Meanings of Sex Difference*, p. 173.

<sup>7</sup> Susan Broomhall has argued that the monitoring of the menstrual cycles of sixteenth-century queens illustrates anxieties about reproduction and the preservation of dynasties. See her 'Women's Little Secrets': Defining the Boundaries of Reproduction in Sixteenth-Century France', *Social History of Medicine*, 15, 1 (2002): 1-15.

<sup>8</sup> For a discussion of the ambivalent relationship between the cessation of menses in a mature, pre-menopausal woman and pregnancy see my article 'The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe', *Social History of Medicine*, 15, 2 (2002): 209-27.

expectations, timing, health, fertility, morality and social status were significant factors in determining how menstrual bleeding was viewed. As King argues, 'Hippocratic gynaecology was about ensuring that blood is shed at the proper times, in the proper way.'<sup>10</sup>

In this chapter I address the problems of essentialism and constructivism in early modern menstrual knowledge and expertise. In order to un-pick the tangled cultural assumptions which have led to the pathologising of menstrual bleeding in some historical accounts of early modern medicine, it is helpful to look at the wider picture of humoralism and early modern bodies in general.<sup>11</sup> This effectively emancipates an analysis of attitudes to menses from the issue of gender and facilitates the exploration of attitudes to menstrual blood in terms of other kinds of bloody emission. A similar approach can be applied to menstrual taboos by situating casuistic concerns about sex during menstrual bleeding within the context of medical understandings of the connection between menstrual bleeding and conception. A discussion of medical explanations for the periodicity of menstrual bleeding reveals the close relationship between the perceived function of menstrual bleeding and attitudes towards the nature of menstrual blood. Although I pay careful attention to chronology and developments in medicine in this period, it is my contention that historians of the early modern world have under-estimated the role of continuity in menstrual knowledge. In order to illustrate the full complexity of the competing and overlapping discourses about menstrual bleeding and to avoid a linear

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<sup>9</sup> King, *Hippocrates' Woman*, pp. 11, 39 and ch. 2.

<sup>10</sup> *Ibid.*, p. 99.

<sup>11</sup> For examples of this approach see Patricia Crawford 'Attitudes to Menstruation in Seventeenth-Century England', *Past and Present*, 91 (1981): 47-73; Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England*, (Ithaca, New York, Cornell University Press, 1993); Lord, 'The Great Arcana of the Deity' and Michael Stolberg, 'The Monthly Malady: A History of Premenstrual Suffering', *Medical History*, 44, 3 (2000): 301-22.



teleological approach, I adopt a thematic, rather than strictly chronological approach in this chapter.<sup>12</sup>

## The Humoral Body

In the sixteenth century and beyond, Hippocrates was viewed by many as the father of medicine, in particular of women's diseases.<sup>13</sup> Approximately sixty works attributed to the figure of Hippocrates, now generally agreed to have been produced by a number of different authors, form the Hippocratic corpus.<sup>14</sup> Hippocratic medicine was principally transferred to the medieval west through the work of the Roman physician Galen, who positioned himself as the natural successor to Hippocratic ideology. The corner stone of Galenic medicine was the humoral explanation of the body which was transmitted to the west through Latin translations of Arabic texts.<sup>15</sup> The recovery in the early sixteenth century of original Greek Hippocratic documents, including the gynaecological text, *On the Diseases of Virgins*, led to a re-assessment of Galenism and in particular of Galen's

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<sup>12</sup> A similar methodology has been employed by Lorraine Daston and Katharine Park in their discussion of the monstrous. They privilege a thematic rather than chronological approach in order to elucidate better the complexities and parallels present in early modern perceptions of the wondrous. See their *Wonders and the Order of Nature* (New York, Zone, 1998), Introduction.

<sup>13</sup> Helen King, 'The Power of Paternity. The Father of Medicine meets the Prince of Physicians', in David Cantor (ed.), *Reinventing Hippocrates* (Aldershot, Ashgate, 2001): 21-36, see pp. 28-29; *idem*, *Hippocrates' Woman*. p. 12.

<sup>14</sup> On this point see King, *Hippocrates' Woman*, pp. 21-22.

<sup>15</sup> On the transmission of Galenic humoralism to the medieval west see Danielle Jacquart and Claude Thomasset, *Sexualité et savoir médical au moyen âge* (Paris, Presses Universitaires de France, 1985), p. 32. This mainly occurred through the Arabic centre, Toledo in Southern Spain and the Italian medical school of Salerno. A number of important medieval scholars and works emerged from Salerno. For example, the gynaecological texts attributed to a female midwife, Trotula, grouped under the title *Trotula* stem from the Salernitan school. Monica Green (ed.), *The Trotula. A Medieval Compendium of Women's Medicine* (Philadelphia, University of Philadelphia Press, 2001). On the identity of the author of the Trotula texts see the discussion by John Benton, 'Trotula, Women's Problems and the Professionalization of Medicine in the Middle Ages', *Bulletin of the History of Medicine*, 59 (1985): 30-53. On Salernitan medicine see Louis Landouzy and Roger Pépin (eds), *Le régime du corps de maître Aldebrandin de Sienne. Texte français du XIIIe siècle publié pour la première fois d'après les manuscrits de la Bibliothèque Nationale et de l'Arsenal* (Paris, Champion, 1911); Brian Lawn (ed.), *The Prose Salernitan Questions. An Anonymous Collection dealing with Science and Medicine written by an Englishman c. 1200. Edited from a Bodleian Manuscript (Auct F. 3. 10)* (Oxford, Oxford University Press, 1979).



interpretation of Hippocratic gynaecology.<sup>16</sup> The Aldine press produced a Latin edition of the entire Hippocratic corpus in 1525 and a Greek edition in 1526.<sup>17</sup> Renaissance humanists, such as the physician and cleric François Rabelais, had criticised the double process of translation into Arabic and then from Arabic into Latin and refuted the work of medieval glossateurs as corrupt. Rabelais was the first professor of medicine to teach from the original Greek Hippocratic texts at Montpellier University.

The early modern Galenic body was perceived to be ruled by the fluxes and flows of the four humours, blood, black or melancholic bile, yellow bile or choler and phlegm, of which blood was the most substantial. Within Hippocratic medicine in particular, blood was the most important, and the noblest, of the four humours, and itself the source of life and death.<sup>18</sup> Each humour corresponded to an element: fire, water, earth and air, and held similar properties on a sliding scale of hot - cold and dry - wet. They were also linked with specific seasons of the year. The periodic, spontaneous, expulsion of humoral liquids from the body at moments of crisis had led to the development of the theory of critical evacuation and underlined beliefs in the potency of nature which persisted in Western medicine until the second half of the seventeenth century when they were challenged by chemical and mechanical models of the human body and cosmos.<sup>19</sup> A healthy state equalled a free-flowing body whereas illness was often described in terms of blockages and stopped fluxes, resulting from an excess or deficiency in a particular humour.<sup>20</sup> Imbalance could be corrected and health restored naturally by expulsions of excess

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<sup>16</sup> Helen King, *The Disease of Virgins: Green-Sickness, Chlorosis and the Problems of Puberty* (London and New York, Routledge, 2004), pp. 10-11; Oswei Temkin, *Galenism. Rise and Decline of a Medical Philosophy* (Ithaca, New York, and London, Cornell University Press, 1973), p. 125.

<sup>17</sup> King, *Hippocrates' Woman*, p. 190.

<sup>18</sup> The differences between Galenic and Hippocratic humoralism are outlined by King, *The Disease of Virgins*, p. 12.

<sup>19</sup> Gianna Pomata, 'Menstruating Men: Similarity and Difference of the Sexes in Early Modern Medicine' in Valeria Finucci and Kevin Brownlee (eds), *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity to Early Modern Europe* (Durham and London, Duke University Press, 2001): 109-52, p. 143.

humours at optimum moments.<sup>21</sup> Blood was periodically expelled from the body in the form of nose-bleeds, haemorrhoids and menstrual bleeding, and of course wounds and injuries.

In an unhealthy body the accumulation of an excess of one particular humour was generally seen to be the cause of disease. In order to regain a healthy balance Graeco-Roman physicians and their descendants had recourse to various methods of extracting the superfluity. Bleeding was a particularly important treatment, since it was believed that the three remaining humours were contained in the blood and that the offending liquid could be identified through an examination of the colour and quality of the blood drawn.<sup>22</sup> Sufficient blood had to be drawn before the 'badness' could be extracted. If blood-letting was correctly administered it would result in the expulsion of an excess in the other humours. Of course, blood itself could also be responsible for the excess. Bleeding could also be used to attract and divert the flow of humours from specific areas of the body, depending on the location of the blockage.<sup>23</sup>

Each individual had a different constitution, consisting of a slightly different balance of the four humours; for instance, a phlegmatic person would be characterised as being cooler and moister than a sanguine person. In addition to such individual compositions, men and women were seen to be at different ends of the humoral scale, or hot-cold continuum. Men were regarded as being hotter, dryer and therefore more active, assertive and stronger than women who were represented as cooler, moister, and feebler

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<sup>20</sup> See Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, (Cambridge, Mass., Harvard University Press, 1991).

<sup>21</sup> On the concept of health see Luis Garcia-Ballester, 'Improving Health. A Challenge to European Medieval Galenism,' in John Woodward and Robert Jutte (eds), *Coping with Sickness. Perspectives on Health Care, Past and Present* (Sheffield, European Association for the History of Medicine and Health publications, 1996): 53-72.

<sup>22</sup> Jacques Léonard, 'A propos de l'histoire de la saignée (1600-1900)', in Arlette Farge (ed.), *Affaires de sang* (Paris, Imago, 1988): 73-94; Chantal Beauchamp, *Le sang et l'imaginaire médical. Histoire de la saignée aux XVIIIe et XIXe siècles* (Paris, Desclée Brouwer, 2000), p. 37.



than their male counterparts. Male bodies as well as female bodies were subject to the fluxes and flows of their humours and male health was an equally delicate balance of these four liquids. Male bodies, however, were believed to dispose of this heat more efficiently to turn excess humours into bodily hair in much the same manner that animals developed scales, feathers or fur. Humans were understood to be the only species in which the females menstruated to rid themselves of fluids they could not consume by other means.<sup>24</sup> Within Graeco-Roman and Salernitan concepts of medicine, menstrual blood was therefore understood to be a natural, healthy, cleansing process which occurred purely because of women's cooler and wetter nature. Men too were believed to have a parallel cleansing process in the form of *pollutio* or nocturnal ejaculation, which naturally rid them of excess humoral fluid not expelled through sweating or other means.<sup>25</sup> Two theses from the medical faculty in Paris reveal the resistance of ideas about the interchangeability of humoral liquids into the eighteenth century. In 1720 Antoine Casamajor defended the thesis 'an fluxûs menstrui et transpirationis matieres eadem?' in the affirmative. Thirteen years later, Henri-François Bourdelin also signalled this relationship in his thesis 'an quo uberius transpiratio, eo parcius fluxus menstruus?', also answered in the affirmative.<sup>26</sup>

## Engendering Taboo

The tendency of historians of sexuality, the body and menstrual bleeding to focus on the negative aspects of menstrual taboo has led to the production of what Charles de

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<sup>23</sup> Pedro Gil-Sotres, 'Derivation and Revulsion: The Theory and Practice of Medieval Phlebotomy', in Luis Garcia-Ballester, Roger French, Jon Arrizabalaga and Andrew Cunningham (eds), *Practical Medicine from Salerno to the Black Death* (Cambridge, Cambridge University Press, 1994): 110-55.

<sup>24</sup> Lawn (ed.), *The Prose Salernitan Questions*, Appendix V, p. 353, Q. 5, 'Queritur bruta animalia habeant pilos quam nos et quare menstruis carent?'; See also Jacquart and Thomasset, *Sexualité et savoir médical*, pp. 98-101; Charles de Miramon, 'La fin d'un tabou? L'interdiction de communier pour la femme menstruée au moyen âge. Le cas du XIIe siècle', in Michel Faure (ed.), *Le sang au moyen âge. Actes du quatrième colloque international de Montpellier III, Université Paul Valéry. Les cahiers de C.R.I.S.M.A.*, 4 (1999): 163-81, pp. 165-66.

<sup>25</sup> Helen R. Lemay (ed.), *Women's Secrets. A Translation of Pseudo-Albertus' 'De Secretis Mulierum' with Commentaries* (New York, New York State University Press, 1992), pp. 38-39.

Miramon has termed 'une histoire "grotesque" du tabou de la menstruation qui rassemblerait dans un même sac des textes d'époques différentes et de registres divers, en mettant en relief le plus outrancier'.<sup>27</sup> As a result, much of the historiography is skewed towards the negative aspects of menstrual taboos, eliding the full complexities of medieval and early modern medical perceptions of menstrual bleeding and the extent to which contemporaries regarded menses with ambivalence and uncertainty.<sup>28</sup> The concentration of much of the historiography of medieval and early modern attitudes towards menstrual bleeding on a single type of source, whether medical, theological or philosophical is, in part, responsible for this bias. Cross-referencing of theological and medical texts points to a more complex reality.

During the thirteenth century, a paradigmatic shift occurred in Western European medicine, and menstrual fluid, which had previously been regarded as generally anodyne and harmless, even positively, took on a more ambiguous role.<sup>29</sup> Henceforth medical texts presented the ambivalent nature of menstrual bleeding, re-tracing ancient arguments for both the purifying and polluting properties of menses. The dichotomous positioning of menstrual fluid derived from two main ideological sources: Graeco-Roman natural philosophy, notably in texts by Aristotle and Pliny the elder, and Judaeo-Christianity and

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<sup>26</sup> See Appendix Three.

<sup>27</sup> De Miramon, 'La fin d'un tabou?' p. 180. For some examples of the kind of analysis criticised by Miramon see Charles Wood, 'The Doctor's Dilemma: Sin, Salvation and the Menstrual Cycle in Medieval Thought', *Speculum*, 56 (1981): 710-27; Paulette L'Hermite-LeClerq, 'Le sang et le lait de la vierge', in Faure (ed.), *Le sang au moyen âge*, pp. 145-62; Claude Thomasset, 'The Nature of Woman', in Christiane Klapisch-Zuber (ed.), *A History of Women in the West. II. Silences of the Middle Ages* (Cambridge, Mass., and London, Harvard University Press, 1992): 43-69; Marie-Christine Pouchelle, 'Le sang et ses pouvoirs au Moyen Age', in Farge (ed.), *Affaires de sang*, pp. 17-41. Evelyne Berriot-Salvadore, 'The Discourse of Medicine and Science', in Natalie Zemon Davis and Arlette Farge (eds), *A History of Women in the West. III. Renaissance and Enlightenment Paradoxes* (Cambridge, Mass., and London, Harvard University Press, 1993): 48-88. On Graeco-Roman antiquity see Heinrich Von Staden, 'Women and Dirt', *Helios*, 19, 1-2 (1992): 7-29.

<sup>28</sup> Arlette Farge does allude to the ambiguous nature of menstrual fluid in her 'Signe de vie, risque de mort. Essai sur le sang et la ville au XVIIIe siècle', *Urbi*, 2 (1979): 15-22, see pp. 21-22; Winfried Schleiner argues that the 'medieval vilification of menstrual bleeding was changing in the Renaissance' but continues to cite its 'noxious tendencies'. *Medical Ethics in the Renaissance* (Georgetown, Georgetown University Press, 1995), pp. 110-11.

<sup>29</sup> This shift is situated in the thirteenth century by numerous medievalists. See de Miramon, 'La fin d'un tabou?', p. 166; Jacquart and Thomasset, *Sexualité et savoir médical*, pp. 104-8; Lemay (ed.), *Women's*



the Biblical interdictions of Leviticus.<sup>30</sup> Within Classical and Judao-Christian discourse a menstruating woman was deemed to be polluting and impure, and intercourse at this time was perceived to be dangerous and harmful for the man and any infant conceived. These taboos were repeated in the earlier Middle Ages, but to little effect.<sup>31</sup> In the thirteenth century, however, various factors, theological and medical, appear to have resulted in the widespread acceptance within medical literature that menstrual bleeding was predominantly polluting, and that impurity was by definition female. Historians have offered various explanations for this. The reintroduction to the West of Aristotelian natural philosophy, mainly through the writings of Albertus Magnus (1206-1280), and a desire to unite the separate disciplines of medicine, theology and natural philosophy led to the incorporation of theories about the impure biology of woman into mainstream medical doctrine.<sup>32</sup> Jean-Louis Flandrin has argued that the revival of theological discourse about sexuality in the twelfth century compounded this taboo.<sup>33</sup> Vern Bullough, Jacquart and Thomasset have noted that medical and theological discourses about menses became interchangeable in the thirteenth century demonstrating a shared vocabulary and ideology.<sup>34</sup>

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*Secrets*, p. 35 and Vern L. Bullough, 'Medieval Medical and Scientific Views of Women', *Viator*, 4 (1973): 485-501.

<sup>30</sup> Lesley Dean-Jones argues that menstrual bleeding was not taboo in ancient Greece. See her *Women's Bodies in Classical Greek Science* (Oxford, Clarendon Press, 1994), pp. 245-57. By contrast, Jennifer Schulz argues that Hippocratic medicine and Aristotelianism were responsible for menstrual taboos which were later re-worked by early theologians such as Hippolytus and Dionysus who did not refer to Judaic precedents. See her 'Doctors, Philosophers, and Christian Fathers on Menstrual Blood', in Kristin de Troyer, Judith A. Herbert, Judith Ann Johnson and Anne-Marie Korte (eds), *Wholly Woman, Holy Blood: A Feminist Critique of Purity and Impurity* (London and New York, Trinity Press International, 2003): 97-116, p. 115.

<sup>31</sup> In the sixth century Isidore of Seville (d. 636) repeated the noxious, polluting effects attributed to menses by Pliny, in his *Etymology*. Three hundred years later, Arab scholar Raban Maur discussed the Christian prohibition on sex during menstrual bleeding. Jacquart and Thomasset, *Sexualité et savoir médical*, pp. 17, 26; Lemay (ed.), *Women's Secrets*, p. 37.

<sup>32</sup> Lemay in particular singles out Albertus Magnus as being responsible for the 'development of scientific misogyny' in this period. See her *Women's Secrets*, pp. 37, 47.

<sup>33</sup> Jean-Louis Flandrin, *Le sexe et l'occident. Evolution des attitudes et des comportements* (Paris, Seuil, 1981), pp. 106-24; Pierre Payer, 'Confession and the Study of Sex in the Middle Ages' in Vern Bullough and James Brundage (eds), *Handbook of Medieval Sexuality* (London and New York, Garland, 1996): 3-31; James Brundage, 'Sex and Canon Law', in *ibid.*, pp. 33-49.

<sup>34</sup> Bullough, 'Medieval Scientific and Medical Views of Women'; Jacquart and Thomasset, *Sexualité et savoir médical au moyen âge*, pp. 101-6.



Whilst a more detailed analysis of this shift lies beyond the scope of this thesis it is worthwhile noting that early modern medical authors frequently refuted menstrual taboos, suggesting that by the sixteenth century the interpretation of menses as naturally sinful had become culturally embedded. In order to understand early modern ambivalence towards menstrual bleeding it is necessary to examine the original classical and Biblical taboos and the ways in which they were interpreted by sixteenth and seventeenth century authors.

Menstrual taboos in both Biblical and classical terms were ambivalent: negative and positive, polluting and purifying. Kathleen O'Grady has recently underlined the dual nature of taboo as something which must not only be excluded from society as 'matter out of place', but as something which also serves to protect the sacred.<sup>35</sup> The menstruating woman who is subject to taboo is thus an ambivalent figure, neither wholly excluded, nor wholly included.<sup>36</sup> O'Grady claims that Leviticus 15 has been misinterpreted by historians and that the positive elements of taboo have been elided.<sup>37</sup> O'Grady shows convincingly that Leviticus 15 is concerned with hygiene and cleanliness alone, and does not equate the menstruating woman with sinfulness.<sup>38</sup> This suggests that there have been cultural shifts in the way in which Leviticus 15 has been interpreted in particular historical contexts, and that a non-gendered text on hygiene has, at times, served as a medical, cultural, and theological basis for the social inferiority of woman. A brief look at a sixteenth-century French translation of the Biblical text itself confirms the gender neutral tone of the passage. The discussion of menstrual bleeding in Leviticus 15 is found within the wider context of both male and female bodily discharges. The chapter opens with a discussion of the ritual uncleanness of men suffering from either pathological seminal fluxes or regular

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<sup>35</sup> Kathleen O'Grady, 'The Semantics of Taboo: Menstrual Prohibitions in the Hebrew Bible', in de Troyer et al. (eds), *Wholly Woman, Holy Blood*, pp. 1-28. Mary Douglas, *Purity and Danger. An Analysis of the Concepts of Pollution and Taboo* (New York and London, Routledge, 1966).

<sup>36</sup> Many historians have elided this positive aspect of menstrual taboos in their accounts of early modern menstrual bleeding. See for example, Crawford, 'Attitudes to Menstruation'.

<sup>37</sup> O'Grady, 'The Semantics of Taboo', p. 1.



seminal discharge. It is not until L 15:19 that the issue of the menstruating woman is introduced. The same language is used with reference to male and female pollution and the majority of the text is devoted to male, rather than female fluxes. Both men and women were perceived to 'suffer' from various genital discharges and these were seen to make them 'immonde' and 'souillé(e)'. Cleansing rituals applied to both sexes.<sup>39</sup> After sexual intercourse and the emission of semen both man and woman were ritually unclean until vespers. Sexual intercourse was prohibited during regular menstrual bleeding and a man who broke this regulation was ritually unclean for the same length of time as the menstruating woman – seven days.<sup>40</sup> The ritual separation of the menstruating woman (and the unclean man) can thus be read within Mary Douglas' anthropological model, as a means of maintaining the sanctified order.<sup>41</sup>

An unnatural emission was defined in a man as a continuous 'flux de sa semence' which is differentiated from the regular 'sortie de la semence de generation'. For a woman 'qui endure le flux de son sang plusieurs iours (non au temps de ses fleurs) ou quand elle decoule apres ses fleurs, tout le temps quelle endure cette passion, elle sera souillee comme au temps menstrual.'<sup>42</sup> A man or woman suffering from such a pathological emission, seminal or menstrual, was considered unclean for seven days following the cessation of the flow, and on the eighth day must make atonement, and sacrifice two turtledoves or pigeons, as well as undergoing the usual ritual of bathing. Leviticus 15 closes with a summary of this:

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<sup>38</sup> Ibid., p. 27.

<sup>39</sup> I cite from a sixteenth century French Bible throughout, rather than a modern English version, in order to highlight the language used to describe menstrual taboo in early modern France. *La sainte bible contenant le vieil et nouveau Testament traduit de latin en français avec les argumens pour chaque livre declarans sommairement tout ce que y est contenu* (Anvers, C. Plantin, 1578), pp. 87-88. For a close analysis of the conceptual and grammatical structure of Leviticus 15 which supports this interpretation see Deborah Ellens, 'Menstrual Impurity and Innovation in Leviticus 15', in de Troyer et al. (eds), *Wholly Woman, Holy Blood*, pp. 29-44.

<sup>40</sup> *La sainte bible*, pp. 87-88.

<sup>41</sup> O'Grady, 'The Semantics of Taboo', pp. 6, 22, 28. Douglas, *Purity and Danger*, p. 30.

<sup>42</sup> *La sainte bible*, p. 88.



C'est la Loy de celuy qui a le flux de semence, et de celuy qui est pollue par compagnie de femme, et de celle qui est separee au temps menstrual, ou de celle qui iette son sang continuellement, et d'un chacun qui couche avec elle.<sup>43</sup>

Sixteenth-century casuists and physicians appear to have based their attitudes to menses and the menstruating woman on a closer reading of the text of Leviticus 15 than their medieval counterparts who emphasised the impurity of woman and menstrual blood. Sixteenth-century casuistry reflects the gender-neutral tone of Leviticus 15 and concerns male, as well as female, fluxes. As we shall see, sixteenth-century medical authors also rejected the association of menstrual blood and the menstruating woman with impurity and pollution, expressing concern for the generation of healthy children instead. The ambivalence of classical precedents for menstrual impurity must also be underlined here. Pliny the elder is credited with an elaborate account of the magical and maleficent properties of menstrual blood.<sup>44</sup> The therapeutic benefits of menstrual blood cited by Pliny are less familiar. Menses could also cure tumours and pathological emissions. The menstrual chiffon – decried in the bible - could cure paralysis, and intercourse with a menstruating woman was believed to be therapeutic for epileptics. The touch itself of the menstruant relieved tertian and quartan fevers.<sup>45</sup>

In striking contrast to historian Patricia Crawford's assertion that 'no {early modern} writer refers to the menstrual blood shed by a woman as the choicest part of her blood', many medical and lay writers dismissed claims that menstrual blood was impure with just such a statement, directly challenging the image of the menstruating woman as impure and immoral.<sup>46</sup> For instance, in the entry for menstrual bleeding in his

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<sup>43</sup> Ibid., p. 88.

<sup>44</sup> Emile Littré (ed.), *Histoire naturelle de Plin* (Paris, J-J Dubochet and Le Chevalier & Cie, 1848-50). L. 7, ch. 15, 23.

<sup>45</sup> Ibid. I am grateful to the late Jean-Louis Flandrin for sharing with me his translations of many sixteenth-century Latin discussions of sexual prohibitions. All translations from the Latin in this chapter are his. Pliny's positive view of menses was underlined by sixteenth-century jurist André Tiraqueau, *Ex commentariis in Pictionum consuetudines sectio de Legibus connubialibus et jure maritali, postrema hac editione* (Lyon, G. Rouillium, 1574), pp. 136-37.

<sup>46</sup> Crawford, 'Attitudes to Menstruation', p. 57.



*Dictionnaire universel* (1694), Antoine Furetière reiterated what he called 'la loi des juifs', according to which, 'tant que le sang menstrual couloit à une femme elle étoit immonde'.

He continued:

Quand l'Ecriture veut parler d'abomination et d'impureté, elle se sert de cette expression {le chiffon de la menstrueuse} c'est comme l'habit d'une femme qui a ses menstrues.<sup>47</sup>

He then dismissed the taboos surrounding menstrual bleeding as 'fabuleux, puis qu'il est certain que ce sang {menstruel} est le meme que celui qui est contenu dans les artères et dans les veines'.<sup>48</sup> Physician Jacques Duval (1555-1620) addressed both the pagan and Biblical taboos in his text from 1612. Duval argued that menstrual blood 'ne rend la femme immonde ny rejetable du temple, société, ou bains publics, il ne gaste les jeunes plantes et tendres burgeons, qu'il paroist plutost garder et favoriser'. He argued that menstrual bleeding was a natural process, entirely devoid of pathological connotations, which stemmed from 'du plus beau, pur, net et parfait {sang} qui soit au corps de la femme gaye, saine, gaillarde et de bonne habitude'. He claimed that menstrual blood was only corrupt when a woman was ill.<sup>49</sup> This was reiterated by professor of surgery and anatomy in Ghent, Jean Palfyn (1650-1730), who insisted that 'c'est une erreur grossiere d'avoir recours à la parole de Dieu en des matières physiques', also rejecting the Mosaic taboos.<sup>50</sup> Instead, he argued that menstrual blood:

n'est pas un excrement, ni un sang corrompu, et bien moins encore un sang tres-malin, comme bien des gens se l'imaginent, [...] etant

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<sup>47</sup> Antoine Furetière, *Dictionnaire universel contenant generalement tous les mots françois tant vieux que modernes, et les termes des sciences et des arts*. (3 vols., La Haye and Rotterdam, no publisher, 1701), vol. 2, n. p.

<sup>48</sup> Ibid.

<sup>49</sup> Jacques Duval, *Les hermaphrodits. Accouchemens des femmes, et traitement qui est requis pour les relever en santé et bien élever leurs enfans* (Rouen, David Geuffroy, 1612), pp.150-52. See also Jean Liébault, *Trois livres des maladies et infirmités des femmes pris du Latin de M. Jean Liébault, docteur medecin à Paris* (Rouen, Iean Bethelin, 1649), pp. 328-31, 339.

<sup>50</sup> Jean Palfyn, *Description anatomique des parties de la Femme qui servent à la Generation avec un traité des monstres, de leur causes, de leur Nature, de leurs differences et une description anatomique de la disposition surprenante de quelques parties externes et internes de deux enfans nés dans la ville de Gard, capitale de Flandres, le 23 avril 1703, lesquels ouvrages on peut considerer comme une suite de l'Accouchement des Femmes par Monsieur Mauriceau* (Leiden, Bastiaan Schouten, 1708), pp. 109-10, 123.



précisément de la même nature de celui qui circule dans le reste du corps, ou s'il arrive qu'il soit d'une mauvaise qualité, qu'il ait une mauvaise odeur, ou qu'il ait quelque malignité, cela doit procéder d'une cause malade.<sup>51</sup>

Theologians and casuists were also faced with the tension between two contradictory Biblical tenets: conjugal duty, intended to prevent fornication and adultery, and the prohibition on sex during menstrual bleeding. Conjugal duty was a very complex and serious problem which, preoccupied theologians from the Church Fathers through to the early modern period and, accounts for the vast amount of casuistic literature dealing with sexual prohibitions. Guides for confessors and priests required them to ask their parishioners if they had had sex during menstrual bleeding and to explain why this was a sin.<sup>52</sup> Control of sexuality through marriage was very important in the early modern Church.<sup>53</sup> The underlying basis for such control was a concern for the procreative aim of marriage and the generation of healthy infants. Healthy children were conceived in

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<sup>51</sup> Ibid., p. 122.

<sup>52</sup> See, for example, Jean Gerson, *L'instruction des curez pour instruire le simple peuple* (Paris, J. Kerver, 1575); *idem*, *Confessional, ou directoire des confesseurs* (Poitiers, [n. pub., n. d.]); Francisco de Toledo, *L'instruction des prestres, qui contient sommairement tous les cas de conscience* (Lyon, A. Pillehotte, 1628); Peter Binsfeld, *La théologie des pasteurs et autres prestres ayant charge des âmes* (trans. Phillippe Bernye, Rouen, L. Du Mesnil, 1640); Martin de Azpilcueta, *Abrégé du manuel de signalé et très sage docteur M. Azipicuelta* (trans. Robert Ségard, Paris, D. Langlois, 1602); Antonio Fernandes de Moure, *L'examen de la théologie morale, qui contient sommairement la moüelle de tous les poincts de conscience* (Rouen, T. Daré, 1638); Pedro de Ledesma, *Tractatus de magno matrimonii sacramento* (Salmanticae, J and A Renaut, 1592); Miguel de Palacios, *Disputationes theologicae* (Salmanticae, Neyla, 1577); Juan Azor, *Institutionum moralium, in quibus universae questiones ad conscientiam recte aut prave factorum pertinentes brevitur tractantur* (Lyon, H. Cardon, 1610-13).

<sup>53</sup> For the effect of religious and political change in sixteenth-century France on conceptions of marriage and the family see Sarah Hanley, 'Social Sites of Political Practice in France: Lawsuits, Civil Rights and the Separation of Powers in Domestic and State Government 1500-1800', *American Historical Review*, 102 (1997): 27-52; *idem*, 'Engendering the State: Family Formation and State Building in Early Modern France', *French Historical Studies*, 16, 1 (1989): 4-27; Sandra Cavallo, and Lyndan Warner (eds), *Widowhood in Medieval and Early Modern Europe* (London, Longman, 1999). For ecclesiastical attitudes to marriage and morality in both Catholic and Reformed communities in early modern France see James Farr, *Authority and Sexuality in Early Modern Burgundy (1550-1730)* (Oxford, Oxford University Press, 1995); *idem*, 'The Pure and Disciplined Body. Hierarchy, Morality, and Symbolism in France during the Catholic Reformation', *Journal of Interdisciplinary History*, 21, 3 (1991): 391-414 and Raymond Mentzer, 'Morals and Moral Regulation in Protestant France', *Journal of Interdisciplinary Studies*, 31, 1 (2000): 1-20. For a wider European context see Lyndal Roper, *The Holy Household: Women and Morals in Reformation Augsburg* (Oxford, Clarendon Press, 1989).



accordance with Christian precepts of morality.<sup>54</sup> Here the early modern medical and theological discourses overlap and can be seen to be inter-dependant.

Early modern discourses about menstrual taboo followed two patterns; those preoccupied with the nature of menses *per se* because of spiritual defilement, and the majority which revealed deeper anxieties about reproduction. The influential casuist Dominique de Soto (1494-1560) explained that 'l'accès à la menstrueuse est prohibé pour deux causes, c'est-à-dire pour l'immondicité légale [...] parce que par ce sang menstruel la progeniture avait souvent l'habitude de naître infecte.'<sup>55</sup> Continuing the logic that menses were naturally impure, Pliny had warned that 'le coït est funeste et mortel pour les mâles' if the woman was menstruating. Theologian Guillaume Pérault quoted from Leviticus 15 in 1614: 'si un homme coïte avec une femme au temps du sang menstruel, il sera immonde'.<sup>56</sup> The Biblical penalties for sex during menstrual bleeding alternated between exile and death.<sup>57</sup> The penalty was greater if the couple had committed the double sin of adultery or fornication outside marriage.<sup>58</sup> Although Leviticus 15 was concerned with symbolic uncleanness, rather than any actual physical harm, and does not state that the man who has intercourse with a menstruating woman will become ill or leprous, nor that any resulting progeny will be sickly or monstrous, early modern theologians expressed anxiety about the health of such progeny.

Concern was expressed for the health of the male who had sexual contact with a menstruating woman. Only rarely however, was this directed towards the literal, physical health of the male.<sup>59</sup> Concern was usually expressed for the spiritual, rather than physical,

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<sup>54</sup> Pierre Darmon, *Le mythe de la procréation à l'âge baroque* (Paris, Seuil, 1977), p. 127.

<sup>55</sup> Dominique de Soto, *In quartum sententiarum (Petri Lombardi) commentarii, nunc [...] summa theologorum duacensium fide ac diligentia recogniti et illustrati* (Duaci, P. Borremans, 1613), p. 2.

<sup>56</sup> Guillaume Pérault, *Summae virtutem ac vitiorum* (Paris, Rodolphe Clutius, 1614), p. 207.

<sup>57</sup> O'Grady, 'The Semantics of Taboo', pp. 9-13.

<sup>58</sup> Ibid.

<sup>59</sup> In sixteenth-century editions of the fourteenth-century pseudo-Albertus Magnus, *De secretis mulierum*, we find a rare, direct reference to the physical afflictions a man who had sexual contact with a menstruant risked. The 1508 commentary warned that sex during menstrual bleeding could cause cancer in the male member



health of the man who had intercourse with a menstruating woman, since through this act, he placed himself outside the sacred order. The immorality here was not located in contact with a toxic substance, but rather in the sin of having conducted intercourse at a time when procreation was most unlikely – therefore of having placed carnal pleasure before generation.<sup>60</sup> As we shall see below, sex was prohibited during menstrual bleeding because contemporary understandings of the association between menstrual bleeding and conception indicated that this was not the optimum moment for the generation of a strong, healthy infant.

Anxiety surrounding procreation can also be linked to the explosion of interest in monstrous births and the wondrous in sixteenth-century France.<sup>61</sup> Ottavia Niccoli has traced the first written account in a medical text of a link between sex during menstrual bleeding and the generation of a monstrous child to a Flemish text *Occulta naturae miracula* printed in 1559. Niccoli claims that monstrous births were not mentioned in a religious context before 325 at the Council of Nicae. She attributes the initial connection between menses and monsters to a possible scribal error and argues that its development in sixteenth-century medical texts reveals a socio-cultural shift in the nature of anxieties about progeny.<sup>62</sup> Whereas early Christians and medieval scholastics had been predominantly concerned with impurity, leprosy, and epilepsy, early modern physicians

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whilst the 1580 Lyonnais edition specifically stated that ‘a man should be especially careful not to have sexual intercourse with women who have their periods because by so doing he can contract leprosy and become seriously ill.’ Lemay (ed.), *Women’s Secrets*, pp. 88, 131.

<sup>60</sup> Bernard de Gordon, *Fleur de chirurgie*, n. p.; de Moure, *L’examen de la théologie morale*, p. 1,596; Ambroise Paré, *Les œuvres d’Ambroise Paré, conseiller et premier chirurgien du Roy* (Paris, G. Buon, 1585), p. 740.

<sup>61</sup> Dudley Wilson, *Signs and Portents. Monstrous Births from the Middle Ages to the Enlightenment* (London and New York, Routledge, 1993); Daston and Park, *Wonders and the Order of Nature*.

<sup>62</sup> Ottavia Niccoli, “Menstruum Quasi Monstruum”, *Monstrous Births and Menstrual Taboo in the Sixteenth Century*, in Guido Ruggiero and Edward Muir (eds), *Sex and Gender in Historical Perspective* (Baltimore, Md., and London, John Hopkins University Press, 1990): 1-25. Pérault and fellow causist Francisco de Vitoria attributed the link between menses and monsters to Saint Jerome. Pérault, *Summae virtutem*, p. 207; Francisco de Vitoria, *Relectiones morales duobus tomis comprehensae quarum seriem versa pagina indicabit antea ingolstadii editae nunc proptet exemplarium defectum et rerum nobilitatem recognitae et duplice indice ornatae opera job* (Cologne and Frankfurt, A. Boetii, 1696), p. 148.



and theologians focused on monstrous births.<sup>63</sup> It is perhaps worth saying that actual births of weak and sickly children would have reinforced the link between the 'menstruum' and the 'monstruum' in lay and medical imaginations.<sup>64</sup> The conception of moles or false growths was also often linked to menstrual blood in lay and medical imagination.<sup>65</sup>

The emphasis in early modern casuistry on conjugal duty and menstrual taboo was part of a wider concern with non-procreative sexual activity. Sex was also prohibited during Lent and other religious festivals, on Sundays as well as during pregnancy, post-partum bleeding and lactation. Prohibitions extended to sexual positions as well and were based on a series of teachings about the correct and natural way sexual intercourse should be conducted to ensure optimum conditions for the generation of a strong, healthy infant.<sup>66</sup> This included protecting the unborn foetus.<sup>67</sup> At the turn of the seventeenth century, casuist Antonio de Cordova clearly stated the importance of timing with regard to conjugal relations:

l'épouse n'est pas tenue de rendre le devoir [...] quand il y a peur probable au sujet de l'extinction du fœtus ou parce qu'il sera fait un avortement, ou parce qu'un enfant lépreux naîtra alors qu'autrement un enfant sain pourrait être engendré.<sup>68</sup>

The potential danger to future progeny was present not just during menstrual bleeding, but also if intercourse took place during pregnancy or post-partum bleeding or lactation, underlining the assimilation of these various emissions in the humoral economy and the gender-neutrality of the taboos. Former monk, Guillaume Letard wrote in his confessions

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<sup>63</sup> Niccoli, "Menstruum Quasi Monstruum", p. 10.

<sup>64</sup> See reactions to monstrous births in early modern Germany and Italy outlined by Philip Soergel, 'The Afterlives of Monstrous Infants in Reformation Germany', in Bruce Gordon and Peter Marshall (eds), *The Place of the Dead: Death and Remembrance in Late Medieval and Early Modern Europe* (Cambridge, Cambridge University Press, 2000): 288-309; Niccoli, *Prophecy and the People in Renaissance Italy* (trans. Lydia G. Cochrane, Princeton, Princeton University Press, 1990), pp. 33-35.

<sup>65</sup> See my 'The Hidden Truths of the Belly', pp. 220-21.

<sup>66</sup> Flandrin, *Le sexe et l'occident*, pp. 106-24. See below for discussion of the timing of conception and the menstrual cycle.

<sup>67</sup> Binsfeld, *La théologie des pasteurs*, p. 194.

<sup>68</sup> Antonio de Cordova, *Quaestionarium theologicum, sive sylva amplissima decisionum et variarum resolutionum casuum conscientiae* (Tarvisii, E. Deuchini, Venetiis, Baretii Baretii, 1604), pp. 183-86.



M'accuse que suis este avec une femme quand elle estoit en ses fleurs ou quand estoit enceinte [...] d'avantage suis esté avec elle avant quelle soit purifiée comme en la sainte et louable coutume. Cecy est defendu au Lévitique.<sup>69</sup>

Male discharge increasingly became a matter of contention and discussion in the sixteenth and seventeenth centuries, and casuists grappling with the paradox of conjugal duty and sexual prohibition dwelt at length on the issue of male seminal discharge and the effect that this could have on procreation. Casuist Miguel de Palacios directly compared menstrual and seminal emissions with regard to sexual taboo.<sup>70</sup> Following Leviticus 15, sixteenth-century casuistry assimilated menstrual and seminal flux along with leprosy as a condition prohibiting sexual relations and communion:<sup>71</sup> 'l'homme qui souffre d'un flux de semence, il sera immonde'.<sup>72</sup> A regulated, moderate, periodic seminal discharge was perceived to be a sign of health and therefore of fertility in a man. It was also taboo since the seed was not expelled for the purpose of procreation and therefore contravened scriptural and cultural concerns about sexuality and reproduction. This also meant that any remaining seed was weaker and less apt for generation.<sup>73</sup> Thus, since conditions were not optimum for the conception of a healthy foetus during, or after such a flow, sex was prohibited owing to the danger of conceiving a sickly infant. If, however, the seminal flow

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<sup>69</sup> Guillaume Letard, *Confession générale sur les dix commandemens de la Loy, composée et extraicte des Saintes Escriptions, par feu frère Guillaume Letard, quand vivoit religieux de la régulière observance Saint-François, au grand couvent de Tolose* (Tolose, G. Boudeville, 1555). n. p. Perinne Bipieu was asked whilst declaring her pregnancy whether the father of her unborn child 'ne l'a point connue charnellement depuis sa grossesse'. Archives Départementales des Côtes d'Armor, B1161, 30 August 1745, pregnancy declaration of Perinne Bipieu.

<sup>70</sup> Palacios, *Disputationes theologicae*, p. 710.

<sup>71</sup> Pierre de la Palud, *Exactissimi doctoris Petri de Palude quartus sententiarum liber, a F. Vincentio de Haerlem, recognitus, et ea quae venetianae impressioni deerant, ex scriptis codicibus solerter transsumpta, plenius hic sunt inserta. Venundatur a Claudio Chevallo, commorante ante collegium cameracense, in intersignio divi Christofori. Explicit exactissimum opus magistri Petri de Palude, recognitum a Fratre Vincentio de Haarlem* (Paris, Jean Biennayse and Jacob Ferrebouc, 1514).

<sup>72</sup> *La sainte Bible*, p. 87.

<sup>73</sup> Physicians recommended moderation in sexual activity, no more than three or four times a month, to ensure that there would be enough strong seed for conception to occur. See Nicolas Venette, *De la generation de l'homme ou Tableau de l'amour conjugal* (Paris, Claude Joly, 1702), p. 387; Palacios, *Disputationes theologicae*, p. 710.



was pathological and continuous, then the man was deemed to be unhealthy and sterile and thus any threat to progeny was removed and sex permitted:

Les flux perpétuels provenant de la maladie, ce n'est pas péché de rendre ni d'exiger [...] parce que autrement il faudrait que l'homme s'abstienne perpétuellement; et par une raison semblable on doit dire de l'homme qui subit un flux perpétuel de semence parce que lui non plus n'est pas tenu de s'abstenir de l'exaction du devoir.<sup>74</sup>

The demand or execution of conjugal duty during a natural, regular, periodic, flow whether seminal or menstrual, was taboo because it was not a propitious time for conception. Indulging in sexual activity at such a time represented a lack of self-control and the prioritising of carnal pleasure before the welfare of any resultant progeny.<sup>75</sup> The same conditions applied to female menstrual bleeding. If, however, the flux, seminal or menstrual, was permanent, rather than temporary, the prohibitions no longer applied because the continuous nature of the flux indicated the physical impossibility of conceiving.

Clearly therefore, early modern taboos surrounding sex during menstrual and seminal emissions were primarily dictated by procreative, rather than gendered, concerns. Douglas' definition of taboo and pollution as 'matter out of place' does not fit quite as well here as in other contexts. Douglas' anthropological model functions on the premise that pollution and taboo are disordered, unnatural, and threatening to social stability. If we take the social order to be the patriarchal, patrilineal state of early modern France, menstrual taboos can be seen to have existed in order to protect the process of procreation. Therefore it follows that factors prohibiting the generation of healthy progeny were considered taboo. In this sense, healthy, natural, regular menstrual and seminal flows were taboo and 'matter out of place'. By contrast, unnatural, unhealthy flows were not regarded

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<sup>74</sup> Bartolomé de Ledesma, *Summarium reverendissimi D. D. Fratris Bartholomaei a Ledesma additionibus auctum* (Salmanticae, M. Gastii, 1585), p. 1,599.

<sup>75</sup> Pedro de Ledesma, *Tractatus de magno matrimonii sacramento*, p. 622. See also Vitoria, *Relectiones morales*, p. 148.



as 'matter out of place' to the same extent, because they did not present the same threat to procreation and social stability. This is paradoxical since the flows in themselves were disorderly, unnatural and unhealthy, in the context of medical ideas about the body, and indeed induced sterility, however, this very disorder and its association with sterility was the factor which removed the threat to future progeny and the taboo. Thus, unnatural or pathological flows were exempt from taboo and did not constitute 'matter out of place' in terms of procreation but, conversely, natural, healthy, ordered flows, which as we shall see in Chapter Three were closely regulated in terms of individual health, were considered polluting in this particular context. This suggests that sixteenth-and seventeenth-century medical and theological interpretations of menstrual taboo do not fit easily into Douglas' general anthropological definition of pollution and taboo as unnatural 'matter out of place' - rather the definitions of what is natural and orderly are seen to be very flexible and to change with the context.<sup>76</sup>

In order to fully appreciate the basis of menstrual taboos therefore, we need to examine early modern attitudes towards blood and health in general, and to discern the respective roles allotted to menses and semen in the process of reproduction and the importance of timing with regard to the menstrual cycle and conception. This allows for consideration of the nature/culture polarity in a wider context whilst also temporarily emancipating menses from its role as an essential signifier of the female gender. It also accentuates the difference between essentialising menses as female, and equating the female, and thus menses, with impurity.

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<sup>76</sup> For a fuller discussion of this problem and the tension between conjugal duty and sexual interdictions see my 'Engendrer durant les menstrues: devoir conjugal et interdit sexuel à l'époque moderne', in Odile Redon and Jacques Gélis (eds), *Le désir et le gout: une autre histoire. Actes du colloque en hommage à Jean-Louis Flandrin à Paris VIII le 26-28 septembre 2003* (Paris, Odile Jacob, forthcoming 2004).



## Blood

The early modern French vocabulary of menstrual bleeding lends itself readily to the contextualisation of attitudes towards menses within wider perceptions of blood. Expressions such as 'le sang des règles', 'le sang menstruel', and 'le sang périodique' emphasise the association between menses and blood.<sup>77</sup> Counter-examples, such as 'les fleurs', or 'les menstruës', have different connotations which will be discussed below, but do not undermine the strong link between menses and blood in general.

Menses and blood were intrinsically linked in the hierarchical humoral economy of fluids. Early modern medical practitioners were in agreement about the importance of blood – the most vital of all the humours and the source of life itself. Blood and heat were closely associated in Graeco-Roman medicine. Heat served to 'cook' food, creating blood in the liver, which in turn nourished the body and formed the basis of flesh, bones and the other humours. There were believed to be at least two types of blood, nourishing venous blood, which was constantly re-generated from aliments, and the purer, hotter, arterial blood which contained the vital spirit or 'pneuma'.<sup>78</sup> The production of these two types of blood, and indeed other bodily fluids such as menses, semen, and milk, occurred during various stages of 'cooking'. Menstrual fluid was regarded as superfluous which explained why the body expelled it regularly. Menses stemmed from a lower state of digestion than other forms of bloody fluids, because they had been subject to less heat and a shorter length of 'cooking'. Following Aristotelian and Galenic philosophy, the male body was believed to produce semen from blood and the female, milk. Semen was perceived to be a purer liquid than milk because it had been 'cooked' for longer, owing to men's hotter, dryer temperaments. Milk was thought to be produced from the menses which rose from the uterus to the breasts in the latter stages of pregnancy to be 'cooked' further. The white

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<sup>77</sup> Venette, *De la generation de l'homme*, p. 387.

<sup>78</sup> Beauchamp, *Le sang et l'imaginaire médical*, pp. 46-48, 58-74.

colour of both semen and milk, was evidence of their higher state of 'coction' compared with blood.<sup>79</sup> Both milk and semen were valuable and salutary liquids. The German physician and alchemist, Heinrich Cornelius von Nettesheim Agrippa (1486-1535) declared in 1509 that 'le lait de la femme est le meilleur remede qu'on puisse donner, non seulement aux faibles et aux valétudinaires; mais à ceux que la mort menace de pres'.<sup>80</sup> Towards the end of the seventeenth century, French physician Nicolas Venette (1633-1698) wrote that the male seed was 'l'écume de notre meilleur sang [...] la plus pure et la plus delicate partie du cerveau [...] un elixir.'<sup>81</sup> In certain circumstances menses were also attributed with salutary, therapeutic powers alongside their natural purgative properties. Jurist André Tiraqueau (fl. 1535) argued that menses could cure epilepsy, paralysis and ease the pains of childbirth.<sup>82</sup> Menstrual bleeding was also widely believed to protect women from contracting the venereal disease syphilis.<sup>83</sup> Thus, menses, like other blood-related fluids, were an emotive liquid inspiring many different reactions, depending on the cultural, historical, and sometimes, medical context.

In 1682, surgeon Jean Devaux (1649-1729) described the ambivalent nature of blood: 'le trésor de la vie, est aussi la cause de la mort'. An excessive amount of blood in the body, or blood corrupted by illness was dangerous to the delicate balance of health.<sup>84</sup> As Jacquart and Margaret Pelling have argued, and we shall see in greater detail in the following chapter, blood-letting was an extremely common phenomenon in the medieval

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<sup>79</sup> Gianna Pomata, 'Blood Ties and Semen Ties: Consanguinity and Agnation in Roman Law,' in Mary Jo Maynes, Ann Waltner, Birgitte Soland and Ulrike Strasser (eds), *Gender, Kinship, Power. A Comparative and Interdisciplinary History* (New York & London, Routledge, 1996): 43-64, pp. 51-57. See also Emilie L. Bergmann, 'Language and "Mother's Milk": Maternal Roles and the Nurturing Body in Early Modern Spanish Texts', in Naomi J. Miller and Naomi Yavneh (eds), *Maternal Measures. Figuring Caregiving in the Early Modern Period* (Aldershot, Ashgate, 2000): 105-20.

<sup>80</sup> Heinrich Cornelius von Nettesheim Agrippa, *Sur la noblesse et excellence du sexe foeminin, de sa preeminence sur l'autre sexe, et du sacrement de mariage* (3 vols., trans. M. de Gueudeville, Leiden, Theodore Haak, 1726), vol. 1, p. 78. This text was originally composed in 1509 when Agrippa was 23.

<sup>81</sup> Venette, *De la generation de l'homme*, p. 360.

<sup>82</sup> Tiraqueau, *de Legibus connubialibus*, pp. 136-37.

<sup>83</sup> Winfried Schleiner, 'Infection and Cure through Women: Renaissance Constructions of Syphilis', *Journal of Medieval and Renaissance Studies*, 24, 3 (1994): 499-517.



and early modern periods.<sup>85</sup> Thus, the sight of blood and bloody fluids was not in itself unusual and was an everyday experience across a wide cross-section of society.<sup>86</sup> Blood-letting was the subject of many medical and surgical treatises and was also discussed in more general medical and surgical works on health, regimen and anatomy.<sup>87</sup>

The analysis of blood and bloody fluids provided an excellent means to diagnose health and the humoral equilibrium of the body.<sup>88</sup> Hence, the material used for the manufacture of surgical basins was carefully chosen to preserve the blood collected in optimum conditions for diagnosis. Eighteenth-century master-surgeon Long argued that basins should be made from silver plate, rather than copper, lead or iron which would react with the blood, preventing an accurate diagnosis of the quality and health of the blood.<sup>89</sup> Master-Surgeons won the right to display their palettes or basins outside their boutique once they were accepted into the Parisian Company. A full basin of blood provided proof of the surgeon's ability to open veins successfully and would surely have attracted more customers than an empty one. Coagulated blood more readily revealed which humour was lacking or was in excess. Similarly, dried menstrual blood also offered insight into the health of a female patient.<sup>90</sup>

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<sup>84</sup> Jean Devaux, *Le médecin de soi-même, ou l'art de se conserver la santé par l'instinct* (Leiden, Henry Drummond, 1682), p. 65.

<sup>85</sup> Jacquart, *La médecine médiévale*, pp. 26-27. Margaret Pelling, 'Basins of it: Barber-Surgeons, Blood-letting and the Meanings of Blood in Early Modern London', paper given at the 'Cultural Histories of Blood in Early Modern Europe' conference, Gonville and Caius College, Cambridge, 17 September 2001. See also Françoise Loux, *Pierre-Martin de la Martinière: un médecin au XVIIe siècle* (Paris, Imago, 1988), pp. 188-90.

<sup>86</sup> Brockliss and Jones, *Medical World*, pp. 155-58. See Chapter Three.

<sup>87</sup> See for example François Quesnay, *Traité des effets et de l'usage de la saignée* (Paris, d'Houry père, 1750); Léonard, 'A Propos de l'histoire de la saignée (1600-1900)'; Gil-Sotres, 'Derivation and Revulsion: The Theory and Practice of Medieval Phlebotomy', p. 151.

<sup>88</sup> Bibliothèque Inter-Universitaire de Médecine (henceforth BIUM) ms. 5089, 'Traité des principes de chirurgie de M. Long 3 janvier 1723, maître chirurgien juré de Saint-Côme a Paris tirez par Jean Sue étudiant en Chirurgie a Paris le 3 janvier 1723', ff. 225-68. A lengthy discussion of the examination of blood and the methods of blood-letting is found in this treatise.

<sup>89</sup> *Ibid.*, f. 251.

<sup>90</sup> Germain Courtin, *Leçons anatomiques et chirurgicales de feu me Germain Courtin, docteur regent en la faculté de medecine à Paris, recueillies par Estienne Binet, chirurgien juré à Paris* (Paris, Deny Langlois, 1612), p. 259; Louys de Serres, *Discours de la nature, causes, signes et curation des empeschemens de la conception, et de la sterilité des femmes mis en lumiere en faveur des ieunes Dames, ausquelles Dieu ne*

Practitioners differentiated between ‘bad’ and ‘good’ blood in terms of whether or not the substance itself was diseased, rather than the vein, artery, or orifice from which it stemmed. Pedro Gil-Sotres has suggested that the association of blood with pollution may have stemmed from the sight of old, congealed and putrefying blood in the streets, which had not been properly disposed of, rather than from encounters with fresh, healthy blood.<sup>91</sup> For instance, bloody surgical basins which were generally regarded as harmless, were targeted during epidemics, particularly of plague, to ensure that diseased and corrupt blood was disposed of immediately and not left to fester. These measures ensured that disposal was regulated and that blood was not thrown into rivers.<sup>92</sup> In such instances, it was not necessarily all blood which was viewed as ‘bad’ but, instead, such measures illustrated the fear of contact with diseased blood, or blood that had become corrupt and infected, as it was no longer fresh. Jacquart’s suggestion that medieval ordinances to this effect were more concerned that the blood should be disposed of immediately to prevent its use for magical or alchemical purposes can also be applied to the early modern period.<sup>93</sup> This is particularly relevant in the light of anti-Semitic discourses which circulated in medieval and early modern Europe. Rumours of Jewish conspiracies to procure fresh Christian blood for ritual sacrifices, and to replace blood lost through haemorrhoidal bleeding, were widespread from the fourteenth century onwards, in what historian Ronnie Po-Chia Hsia has termed, the ‘Jewish blood libel’.<sup>94</sup> At moments of crisis, such as the outbreak of the Black

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*donne point d'enfans en premieres années de leur mariage* (Lyon, Antoine Chard, 1625), pp. 248-49. This will be discussed in more detail in Chapter Three.

<sup>91</sup> Gil-Sotres, ‘Derivation and Revulsion’, p. 120.

<sup>92</sup> *Stile observé et gardé par devant le prevost de Paris tant es matieres beneficialles prophanes/civiles/mixtes que personnelles et matiere de proceder es criees fort stille et profitable à tous practiciens tant de ladicte prevoste a autres jurisdictions du royaume de France* (Paris, [n. pub.], 1538), p. fxix (v).

<sup>93</sup> Jacquart, *La médecine médiévale*, p. 28. Loux, *Pierre-Martin de la Martinière*, pp. 78-94.

<sup>94</sup> R. Po Chia-Hsia, *The Myth of Ritual Murder: Jews and Magic in Reformation Germany* (New Haven and London, Yale University Press, 1988). See also Willis Johnson, ‘The Myth of Jewish Male Menses’, *Journal of Medieval History*, 24, 3 (1998): 273-95, p. 293. For an account of the blood libel in sixteenth-century French polemic see Luc Racaut, ‘Accusations of Infanticide on the Eve of the French Wars of Religion’, in Mark Jackson (ed.), *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550-2000* (Aldershot, Ashgate, 2002): 18-34.



Death in 1348-50, Jews were accused of poisoning wells in order to cause and spread the disease. Jewish communities were also periodically associated with leprosy. Ordinances regarding the disposal of the contents of surgical basins can thus be read as both hygienic measures, and attempts to address popular fears that Jews, as well as practitioners of alchemy or the occult may have wished to obtain the blood for unchristian purposes. Thus initially anodyne, blood could become impure, depending on the circumstances: the substances to which it was exposed, the conditions in which it was kept and the uses to which it was put. It was not however, perceived to be intrinsically corrupt.

Similar debates existed with regard to menstrual blood. Menstrual fluid was not systematically perceived as impure *per se*. Rather, it depended on the health and condition of the menstruating individual. Many elite, learned physicians such as Jean Liébault (1535-1596) argued that the vices and malefic properties attributed to menses by the ancients resulted from 'le meslange de quelque humeur vicieux et corrompu, ou pour la mauvaise disposition de la matrice' rather than the condition of the menses, of which he declared 'il n'y a rien si bening es corps humain fust le sang mesme qui est le thresor de vie.'<sup>95</sup> Two medical theses from the Parisian faculty confirmed this idea that menses were a benign superfluity: in 1572 Guillaume Luffon defended the thesis that 'an ut semen, sic menstruus sanguis benignum excrementum' and in 1613, Aegidus le Blanc argued that 'an semen, menstruus sanguis excrementum benigna.' Menses were perceived to be 'bad' when the body in general was diseased – either physically or spiritually. This was a reflection of the diseased condition however, rather than of the nature of menstrual bleeding and suggests that menses *per se* were not perceived as polluting.

The Jewish Blood libel and the longevity of the myth of male Jewish menses could be interpreted as evidence of the impurity of blood in general, and of menstrual blood in

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<sup>95</sup> Liébault, *Trois livres*, pp. 536-38.

particular, as well as the biological inferiority of women and, by extrapolation, of Jews. The ancient belief that Jews were likely to suffer from haemorrhoidal bleeding owing to their melancholic temperaments was re-interpreted in the Middle Ages as a symbol of divine wrath and retribution following the crucifixion of Christ.<sup>96</sup> Spontaneous, genital or anal bleeding in males was often associated with Jewishness as part of the blood libel, but was not necessarily always interpreted as an indication of physical impurity, effeminacy or emasculation in early modern Europe.<sup>97</sup> Perceptions of male menses depended very much on the particular context. Peter Biller and Willis Johnson have shown convincingly that the medieval myth of male Jewish menstrual bleeding was not gendered, but stemmed from a tradition of ritual humiliation of traitors. Such bleeding was often linked to Easter and Good Friday as a somatic manifestation of divine retribution. This theological attitude to male Jewish menstrual bleeding is demonstrated in Arabic medical literature and also in the works of Western physicians, such as Bernard de Gordon.<sup>98</sup> Male Jewish menses were also linked to the belief that Jews did not practice blood-letting and so the body was obliged to find an alternative pathway for the expulsion of superfluous blood, either through anal or genital vessels.<sup>99</sup>

In contrast, John Beusterien has demonstrated how the myth of Jewish male menses was appropriated by royal physicians in 1630s Spain to give a new twist to the growing legal preoccupations with blood line and blood purity, creating a racialised discourse.<sup>100</sup> Beusterien argues that Jewish haemorrhoidal bleeding was gendered female in this specific context, and that male Jews were regarded as physiologically and spiritually inferior to Christian men since they needed to purge themselves of this impure blood. The royal

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<sup>96</sup> Peter Biller, 'Views of Jews from Paris around 1300: Christian or Scientific?', in Diana Wood (ed.), *Christianity and Judaism. Studies in Church History. Volume 29* (Oxford, Oxford University Press, 1992): 187-99; Johnson, 'The Myth of Jewish Male Menses'.

<sup>97</sup> John Beusterien, 'Jewish Male Menstruation in Seventeenth-Century Spain', *Bulletin of the History of Medicine*, 73, 3 (1999): 447-56. Johnson, 'The Myth of Jewish Male Menses'.

<sup>98</sup> Biller 'Views of Jews from Paris', p. 50.



physicians responsible for the diffusion of this discourse appropriated ancient and medieval ideas about the melancholic Jewish temperament and the impurity of menstrual bleeding. It appears however, that the discourse was primarily an expression of anti-Semitic, rather than misogynist anxiety and was concerned with spiritual, rather than physical health. Gianna Pomata has convincingly shown that the majority of seventeenth-century European medical literature treating male menstrual bleeding, authored by both Jewish and non-Jewish physicians, interpreted the phenomenon as a positive, healthy occurrence associated with longevity and fertility.<sup>101</sup> Moreover, the incidence of menstrual bleeding in non-Jewish men was regarded by contemporaries as evidence countering the Jewish blood libel. The inscription of male bleeding, Jewish or otherwise, within the humoral economy is thus very explicit and signifies the overriding association of male menses with a natural, healthy expulsion of excess blood. Again we might add, in the light of Douglas' model of taboo, that the Jewish blood libel was more concerned with protecting Christianity, and Christian blood from an external threat, than with the polluting nature of menses and blood *per se*.<sup>102</sup>

## Flowers and Fruit

In order to grasp fully the complexity of the early modern debate surrounding the taboo of sex during menstrual bleeding, it is necessary to outline contemporary understandings of the connection between menses and conception. A relationship of sorts between menstrual bleeding and conception was noted in Graeco-Roman medicine.<sup>103</sup> However, in the early modern period, the exact nature of this relationship remained

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<sup>99</sup> Ibid.

<sup>100</sup> Beusterien, 'Jewish Male Menstruation'.

<sup>101</sup> Pomata, 'Menstruating Men', pp. 122-25.

<sup>102</sup> We shall look further at the incidence of male menstrual bleeding within the humoral economy in Chapters Three and Six.

<sup>103</sup> Bullough, 'Medieval Scientific and Medical Views of Women', p. 489.

unclear. The interchangeability of blood and the humours, as well as semen and milk had a profound and lasting effect on medical perceptions of sexual difference, reproduction and paternity. Aristotle argued that procreation occurred as a result of the action of the male seed, or form on female menstrual fluid which represented the matter. This was explained in terms of a cheese analogy. Aristotelians denied the existence of a separate female seed arguing that this would raise the possibility of women conceiving on their own without any intervention from the male.<sup>104</sup> The one-seed theory also introduced the view that menstrual fluid was the result of a failed conception which may have influenced attitudes towards the substance itself.

In contrast, Graeco-Roman medical theory admitted the existence of two seeds, male and female, whilst attributing a higher value and more active role to male semen. The late seventeenth-and eighteenth-century debates about reproduction sparked by the discoveries of the ovaries in 1672 by Régnier de Graaf (1641-1673) and of the 'little animals in the semen' by Antoin von Leeuwenhoeck (1641-1723) later in the decade did little to calm this polemic.<sup>105</sup> In a re-working of the long-standing medical debate between the Aristotelians and the Galenists, the animalculists and ovists disagreed over the relative importance and role of the male and female in the process of generation. The animalculists argued that the male sperm was the major contributor in generation, and that in fact, the foetus was pre-formed inside the sperm and needed only the catalyst of the female matter. Late seventeenth-century ovists argued for the pre-formation of the foetus in the female egg contained in the ovaries, yet still ascribed a passive role to the egg.<sup>106</sup> Although these

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<sup>104</sup> Jacquart and Thomasset, *Sexualité et savoir médical*, p. 90. This anxiety was the subject of two medical theses at the Parisian faculty. Petrus Yvelin, 1633, 'Est-ne sola menstrualis foecunda?' Neg; Flor Langlois, 1637, 'An sola menstrualis mulier foecunda?', Aff. See Appendix Three.

<sup>105</sup> Evelyn Fox Keller, 'Embryonic Individuals: The Rhetoric of Seventeenth-Century Embryology and the Construction of Early Modern Identity', *Eighteenth-Century Studies*, 33, 3 (2000): 321-48, p. 346.

<sup>106</sup> See Scarlett Beauvalet-Boutoyrie, *La démographie de l'époque moderne* (Paris, Belin, 1999), p. 153; Keller, 'Embryonic Individuals'; Laurence Brockliss, 'The Embryological Revolution in the France of Louis XIV: The Dominance of Ideology', in G. R. Dunstan (ed.), *The Human Embryo: Aristotle and the Arabic and European Traditions* (Exeter, Exeter University Press, 1990): 158-86.



new theories had little immediate impact on menstrual knowledge, they did highlight the uncertainty of the role of menses in procreation and thus of ascertaining the optimum moment for conception within the menstrual cycle.

One of the many euphemisms for menstrual bleeding was 'fleurs'. An horticultural analogy, menstrual bleeding represented the flowers which come before the fruit. 'Arbre fertile fleurist avant que de porter fruit'.<sup>107</sup> Bernard de Gordon observed that 'les dames {qui} nul temps nont nulles fleurs ne nul temps ne peuvent concevoir' because women who did not menstruate did not have enough blood in the uterus to feed the foetus, thus any conception which might occur, could not grow.<sup>108</sup> The expression 'fleurs' proved resistant over the centuries and is found in many sixteenth-and seventeenth-century medical texts.<sup>109</sup> Despite reiterating this imagery, many early modern practitioners cited exceptions to the rule demonstrating the ambiguous role of menses in generation. Liébault recorded 'j'ay cogneu deux bourgeoises de ceste ville, l'une desquelles a porté six enfans, et l'autre dix, sans avoir oncques eu ny veu autre fluxion de mois, que celle qui leur survenoit à l'enfantement'.<sup>110</sup> Examples of similar cases were noted by physician Lazare Rivière (1589-1655) who conceded that 'il faut pourtant confesser que quelques femmes ont conceu, lesquelles n'avoient jamais eu leurs menstrues, ainsi qu'il est remarqué par les observations de plusieurs auteurs'.<sup>111</sup> Physician François Ranchin (1560-1641), also noted that ordinary experience provided examples of girls conceiving without ever having

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<sup>107</sup> Liébault, *Les trois livres*, p. 530.

<sup>108</sup> Bernard de Gordon, *Fleur de chirurgie*, n. p.

<sup>109</sup> Jacques Dubois, *De l'utilité des moys des femmes* (trans. Guillaume Chrestien, Paris, G. Morel, 1559), p.129; Laurent Joubert, *Erreurs populaires au fait de la medecine et régime de santé* (Bordeaux, S. Millanges, 1578), pp. 43-46, 'si une femme peut concevoir sans avoir eu ses fleurs', Liébault, *Les trois livres*, p. 530; Venette, *De la generation de l'homme*, p. 387.

<sup>110</sup> Liébault, *Les trois livres*, p. 531.

<sup>111</sup> Lazare Rivière, *La pratique de medecine avec la théorie* (2 vols., Lyon, Jean Certe, 1682), vol. 2, pp. 488-89.

menstruated.<sup>112</sup> In fact, this does not seem to have been perceived as a rare exception, but rather a common occurrence. Liébault argued that menstrual bleeding was not essential to conception as long as sufficient menstrual blood had collected in the uterus. Menses were not an active agent, but a catalyst which joined together the two seeds and enabled them to adhere to the uterine walls. Therefore a woman who had not menstruated could conceive if her menses had collected in the uterus, but had not yet fallen for the first time.<sup>113</sup> On the other hand, if too much menstrual blood had collected the embryo would drown and slip out of the womb.<sup>114</sup> Rivière's argument followed a similar line. Such women were able to conceive because sufficient menses had amassed in the uterus, but this quantity was not enough to fall as menstrual bleeding.<sup>115</sup> Ranchin agreed that 'quelquefois la generation anticipe le flux menstrual, lors que le sang se treuve disposé pour l'éruption, mais c'est toujours par la presence du sang, que la conception se faict'.<sup>116</sup> Following contemporary medical thought, Palacios noted that sometimes women who menstruated regularly did not conceive and argued that this did not excuse them from their conjugal duty:

Si le mariage est sterile, comme sont beaucoup de femmes ayant aussi ces purgations menstruelles avec stérilité, alors le droit d'exiger n'est pas supprimé, du moins est sans faute criminelle.<sup>117</sup>

Nor was the timing of conception within the menstrual cycle without problems. Medical practitioners did not agree on the optimum moment for conception, nor on whether conception was actually possible during menstrual bleeding. Dubois also remarked that some women conceived during their menstrual flow.<sup>118</sup> Pierre de la Palud and physicians Joubert and Dominique Reulin, along with jurist Tiraqueau, argued that

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<sup>112</sup> François Ranchin, *Questions françoises sur toute la chirurgie de M. Guy de Chauliac divisées en trois parties* (2 vols., Lyon, Simon Rigaud, 1627), vol. 1, p. 252. See also Venette, *De la generation de l'homme*, p. 387.

<sup>113</sup> Liébault, *Les trois livres*, pp. 530, 532.

<sup>114</sup> Ibid.

<sup>115</sup> Rivière, *La pratique de la medecine*, pp. 488-89.

<sup>116</sup> Ranchin, *Questions françoises*, p. 255. See also Dubois, *Les moys des femmes*, p. 124.

<sup>117</sup> Palacios, *Disputationes theologicae*, pp. 705-8.



conception was not possible during menstrual bleeding despite several exceptions cited by Aristotle:<sup>119</sup>

Il est impossible que durant le flux menstrual une femme conçoive, la semence ne peut s'attacher contre la matrice, pour y être retenue [...] car au contraire ce sang emporterait la semence.<sup>120</sup>

Joubert refuted the idea that menstrual taboos were based on the generation of monstrous infants, arguing that conception was not possible during the menstrual flow:

Non de peur que l'enfant conçu durant les menstrues fut lépreux ou sujet à laderies comme plusieurs cuident; mais au contraire parce que la femme pour lors est inapte à la conception, qui est la principale fin de la copulation.<sup>121</sup>

Various medical theses debated the extent to which a foetus conceived during menstrual bleeding would be sickly.<sup>122</sup> Dubois argued that the best time to conceive was immediately following menstrual bleeding, since the uterus was freshly cleansed and dilated.<sup>123</sup> Palud argued:

Il est criminel pour les conjoints de se mêler pour la seule volupté; sans raison légitime, dans les débuts de la purgation menstruelle. Par contre parce que après ses débuts le flux des menstrues s'apaise déjà et que celles qui restent sont déjà en voie de purification ce péril n'est plus imminent pour la descendance.<sup>124</sup>

Liébault also believed that the best moment for conception was post-menstrual bleeding. He wrote that a child conceived just before the onset of menstrual bleeding would be sickly because the uterine veins would be full of menses. Similarly a child conceived during

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<sup>118</sup> Ibid.

<sup>119</sup> The question of whether or not a menstruating woman could conceive was the subject of several medical theses: Jacobus Herault, 1583, 'an potest mulier cui numquam fluxerunt menses concipere?', Germain Clerselier, 1599, 'an fluentibus mensibus conceptio fieri posit?' and Antoine le Moine, 1665, 'an fluentibus menstruis concepti?'. See Appendix Three.

<sup>120</sup> Joubert, *Erreurs populaires*, p. 51.

<sup>121</sup> Ibid., p. 59.

<sup>122</sup> Germain Clerselier, 1599, 'an fluentibus mensibus conceptus foetus, leprosus aut leprae deditus?'; Robert Raoult, 1665, 'an statim menstruorum effluvio concepti, firmioris valetudinis?' Aff. Antoine le Moine, 1715, 'an tempore fluxus mensium concepti brevioris vitae?' and *idem*, 'an tempore fluxus mensium concepti infeliciores vitae?'. See Appendix Three.

<sup>123</sup> Dubois, *Les moys des femmes*, p. 29. See also Jean Fernel, *Les sept livres de la physiologie composez en latin par messire Jean Fernel* (trans. Charles de Saint-Germain, Paris, Jean Guignard, 1655), p. 611.

<sup>124</sup> Palud, *Quartus sententiarum liber*, L. 9, ch. 9, 3, art. 3.

menstrual bleeding itself risked being weak and sickly, not because of the nature of the menses themselves, but owing to the accompanying bad humours and the poor disposition of the matrix at that moment.<sup>125</sup> Surgeon and *accoucheur* Guillaume Mauquest de la Motte (1655-1737) agreed that an empty womb provided the best environment for conception which rarely occurred prior to the onset of menstrual flow.<sup>126</sup> Mauriceau, however, argued that conception could occur at any moment of the menstrual cycle and was not prejudicial, although the optimum time was four or five days after menstrual bleeding had ceased.<sup>127</sup>

Casuist Palacios followed the guidance of medical practitioners and advised that:

Selon ce qu'enseignent les medecins, le temps est après au coït, la purgation du mois étant fini, après deux ou trois jours, parce que le sang est pur et pourra concevoir avec bonheur ; mais pendant la purgation des mois ils enseignent que le temps n'est pas propice au coït.<sup>128</sup>

The exact manner in which the presence of menstrual fluid aided conception was not clear-cut. Some practitioners believed that menstrual fluid rendered the uterus ready for conception, dilating and opening the vessels and preparing the woman for the reception of the male seed.<sup>129</sup> Jean Fernel (1497-1558), Palfyn and Astruc agreed that menstrual bleeding aided foetal nourishment.<sup>130</sup> The question of whether menses were used to

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<sup>125</sup> Liébault, *Les trois livres*, pp. 536-38.

<sup>126</sup> Guillaume Mauquest de la Motte, *Traité complet des accouchemens naturels, non naturels et contre nature, expliqué dans un très grand nombre d'observations choisies, accompagnées de reflexions sur l'Art d'accoucher heureusement, l'on y enseigne aussi les moyens de remedier à tous les accidens qui arrivent dans la grossesse, et après l'accouchement* (Leiden, Jean Arnold, 1729), p. 43.

<sup>127</sup> Mauriceau, *Traité des maladies des femmes grosses et accouchées* (Paris, Jean Henault, 1668), p. 74; *idem*, *Aphorismes touchant la grossesse, l'accouchement, les maladies, et autres dispositions des femmes* (Paris, Laurent d'Houry, 1694), no. 74, p. 42.

<sup>128</sup> Palacios, *Disputationes theologicae*, pp. 705-8.

<sup>129</sup> John Freind, *Emmenologie ou traité de l'évacuation ordinaire ou l'on explique les phénomènes, les retours, mes vices et la méthode curative, qui la concernent selon les loix de la mécanique* (trans. Jean Devaux, Paris, Freres Osmont, 1730), p. 7; Astruc, *Traité des maladies des femmes*, vol. 1, p. 80.

<sup>130</sup> Fernel, *La physiologie*, p. 608; Freind, *Emmenologie*, p. 7; Astruc, *Traité des maladies des femmes*, vol. 1, p. 80.



nourish the foetus in utero was the subject of five theses. All except one answered in the affirmative.<sup>131</sup>

The difficulty of establishing a straightforward association between menstrual bleeding and conception was exacerbated by the fact that, not only were many women seen to conceive without ever having menstruated, but also that others menstruated during pregnancy.<sup>132</sup> Dubois explained this occurrence in plethoric, sanguine women who would otherwise risk miscarriage or need to be bled from the arm to avoid the foetus drowning in menstrual blood. He reasoned, following Hippocrates, that if the flow was moderate and occurred at the start of the pregnancy, then it was more likely to be healthy than otherwise. However, should the bleeding continue during the later stages of the pregnancy, then the child risked being non-viable or sickly since it would have been deprived of nourishment in the womb.<sup>133</sup> Mauriceau claimed in 1668 that 'selon la regle la plus generale et la plus naturelle, les menstrues ne doivent fluer quand la femme est grosse' because their natural passage is blocked and they are needed to feed the infant. Nonetheless, he observed that 'il se voit des femmes, qui encore quelles soient grosses, ne laissent pas d'avoir leurs ordinaires iusques au quatrième et cinquième mois'.<sup>134</sup>

The language of flowers separated female and male emissions in a way that no other cultural or linguistic tool did. The different cultural values attributed to male and female spontaneous, periodic bleeding, is clearly delineated in the use of 'fleurs' for menses. As we shall see in the next chapter, euphemisms of time and periodicity were used interchangeably to refer to both male and female emissions and designated the timing and regularity of the flow, rather than the orifice or the gender of the body from which it

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<sup>131</sup> Germain Clerselier, 1597, 'an foetus in utero sanguine menstruo nutriatur?' Aff. Bartholémy Boralis, 1615, 'an foetus per umbilicu nutriatur?' Aff. Gero. Joudouyn, 1626, 'An foetus nutriatur sanguine menstruo?' Aff. Thomas-Bernard Bertrand, 1711, 'an à sanguine menstruo mulieris foetus nutritio?', (oral thesis); Antoine de Jussieu, 1711, 'an foetus sanguis maternus alimento?' Neg. See Appendix Three.

<sup>132</sup> See Chapters Three and Four and my article 'The Hidden Truths of the Belly'.

<sup>133</sup> Dubois, *Les moys des femmes*, pp. 126-27.

stemmed. However, of all the expressions used to describe menstrual bleeding, the only one which remained singularly female was 'fleurs'. Men's bodies were not described as flowering or bearing fruit in the way that women's bodies were. As we have seen here, the relationship between menstrual bleeding and pregnancy was unclear, but a connection between regular menstrual bleeding and the potential to conceive was perceived in judicial and medical circles. This was expressed in the natural, horticultural imagery of the flower and the fruit and the woman was compared to a flowering plant, awaiting insemination and harvesting. The etymological link between female menstrual bleeding and fertility was reinforced by the equally widespread perception of the female genitalia as a flower. Hence the expressions 'defloration' of a virgin and of virginity as an un-plucked flower. Menstrual bleeding was perhaps not regarded as essentially female in early modern medicine and did not always signify the female gender, but it was inextricably linked with female fertility, however ambiguous that connection was.

### **Vicarious Menstrual bleeding.**

Not only were blood and semen and blood and milk linked in humoral theory, but various types of bleeding or bloody discharge were also indistinguishable in both real and cultural terms. As we have seen, many emissions we would now regard as entirely separate, such as post-partum bleeding and spotting during pregnancy were defined as menstrual blood. Blood was not sexed within the humoral economy of fluids, but was held to ebb and flow in both male and female bodies. Excess humour caused ill-health in male and female bodies and a body naturally tended towards the evacuation of such superfluous matter. If, however, the regular route used for evacuation was obstructed, the fluid risked remaining in the body. Vicarious menstrual bleeding was generally held to be a female

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<sup>134</sup> Mauriceau, *Traité*, p. 150.



condition, although it could also be applied to male bodies.<sup>135</sup> Long explained the dangers of such blockages with regard to menstrual blood:

Le sang trouvant quelquefois des obstacles qui l'empêchent de couler librement dans les veines de la matrice ou ne pouvant pas les percer par rapport à leur trop grande résistance il est obligé de passer par une autre route et de se mêler de nouveau dans toute la masse {du sang} dans laquelle il continue à mettre le trouble et la confusion.<sup>136</sup>

In some such cases the body would often attempt to evacuate the retained menstrual fluid via a different orifice. This could include the nose, the anus, the arteries, the pores and bloody fluxes.<sup>137</sup> Such emissions were assimilated linguistically and culturally with menstrual bleeding. Fourteenth-century physician and surgeon Guy de Chauliac (1300-1368) advised, following the Hippocratic corpus, that a woman might vomit blood in place of her menstrual bleeding and that if she began to menstruate, the vomiting would cease.<sup>138</sup> In cases of failed menstrual bleeding it was equally acceptable for the body to expel the matter via an alternative orifice as it was for this process to be induced by a physician or surgeon in the form of blood-letting or purging. In certain contexts therefore blood-letting was culturally assimilated to menstrual bleeding in the same way that a nose-bleed could represent a deviated spontaneous alternative:

A la femme qui vomit sang si les moys surviennent il s'en faict solution. Quand les moys desailent si le sang flue par les narines, c'est bonne chose mais encore s'il flue alors de quelconque partie, ou par l'emotion de nature, ou par l'operation du medecin, cela est salubre. Evacuation guerit les maladies faictes par repletion.<sup>139</sup>

Male menstrual bleeding or vicarious evacuation was generally perceived to occur through the anus or genitals, unless it was induced in the form of phlebotomy. Haemorrhoidal bleeding could provide relief and balance for the male humoral body unable

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<sup>135</sup> Vieda Skultans, 'Vicarious Menstrual bleeding', *Social Science and Medicine*, 21, 6 (1985): 713-14.

<sup>136</sup> BIUM ms 5089 'Chirurgie de M. Long', p. 237.

<sup>137</sup> Dubois, *Les moys des femmes*, p.134. An interesting anthropological account of vicarious menstrual bleeding in modern-day France is found in Virginie Moulinié, *La chirurgie des âges: Corps, sexualité et représentations du sang* (Paris, Maison des Sciences de l'Homme, 1998).

to evacuate excess liquid through other means such as perspiration or bodily hair. Saturnine or splenetic men who did not have regular haemorrhoidal fluxes suffered blockages in the spermatic vessels and in the veins in the thighs.<sup>140</sup> Nuns and widows were also thought to be subject to haemorrhoidal flux because the lack of conjugal activity caused obstructions to develop in the uterine and vaginal vessels forcing superfluities to exit elsewhere.<sup>141</sup>

Despite the obvious health-giving benefits, vicarious menstrual bleeding posed a serious problem for medical practitioners. Arguably, the most important thing to consider was that the body should be relieved of its excess blood or other humour. In certain cases it was preferable that the practitioner intervene and attempt to restore the natural course of the flow. Provincial physician Louis Guyon (d. 1630) argued that such flows indicated an over-abundance of blood in the body, particularly when they stemmed from the ears or nostrils. He advocated blood-letting to encourage the flow to return to its natural pathway and specific treatments depending on the location of the flow. If the right nostril was the source of flow for instance, then the patient should be bled from the arm and clysters applied to the liver.<sup>142</sup>

On the other hand, if the patient was plethoric, such measures could be dangerous, arresting the flow prematurely and causing it to stagnate in the body. It was the practitioner's responsibility to read the signs and to determine when to intervene and when to step back and let nature run its course. The practitioner should examine the quality and quantity of the expelled blood. If the patient was plethoric and the liquid was clear and

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<sup>138</sup> *Les fleurs du Grand Guidon. C'est à dire les sentences principales de certains chapitres traduit par M. Jean Canappe* (Niort, Thomas Poitou, 1595), p. 96.

<sup>139</sup> Dubois, *Les moys des femmes*, p. 160.

<sup>140</sup> Nicolas de Blégny, *Fragment d'un projet d'histoire concernant la chevalerie chrestienne, au sujet des remèdes exquis et des panacées charitables, envoyez à Cayenne l'an 1697 par les Hospitaliers du Saint-Esprit* (Angers, Veuve D. Avril, 1697), p. 35.

<sup>141</sup> *Les cours de medecine en françois, contenant le miroir de beauté et de santé corporelle par M. Louys Guyon, Dolois, Sr de la Nauche, docteur en médecine, et la théorie avec un accomplissement de la pratique par M. Lazare Meysonnier* (2 vols., Lyon, Daniel Gayet and Jacques Faeton, 1673, facsimile, Paris, Louis Pariente, 1987), p. 250.

<sup>142</sup> *Ibid.*, pp. 121-25.



pure then bleeding could be beneficial. If the flow was impetuous, rather than regular, this was a bad sign. If the quantity expelled exceeded four *livres* this too was dangerous and the practitioner should intervene to arrest the flow.<sup>143</sup> Such flows should not be interfered with:

ni a une fille qui n'eust ses mois, ou à une femme de mesme, et lors on ne s'essayera de faire revulsion par les parties dédiées de nature à ce faire [...] mais à ceux ou celles qui sont sujets à quelques purgations naturelles, on doit laisser fluer raisonnablement, comme à hémorroïdes, vomissement de sang, varices qui s'ouvrent, et autres certaines veines à certains quadrants de la lune ou saisons de l'année, ce que j'ay veu souvent.<sup>144</sup>

In February 1680, surgeon Nicolas de Blégny (1652-1722), published a letter from M. Belin, a provincial physician from Vasion, to royal physician abbot Bourdelot, in one of his medical journals.<sup>145</sup> This letter concerned a girl 'qui rendoit ses menstrues par les yeux'. At eighteen years of age the girl was short, thin and experienced 'une perte de sang par les yeux, qui sortant presque continuellement à la maniere des larmes y causait de la douleur et de l'inflammation' on a monthly basis. The bleeding lasted for four days at a time and returned the following month. Mr. Belin observed the phenomenon over two months, noting:

un retour periodique et réglé de cette indisposition, je ne doutay point que ce ne fust des menstrues qui pour avoir trouvé de l'obstacle du costé de la matrice, avoient reflué jusqu'au cerveau, d'où elles s'estoient ensuite ecoulees.

On learning that the girl had never menstruated in any other manner, M. Belin prescribed bleeding from the arm and foot followed by a herbal remedy. He proclaimed his successful diagnosis and intervention, recording that 'ses ordinaires luy furent si

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<sup>143</sup> Ibid., p. 207.

<sup>144</sup> Ibid., p. 126.

<sup>145</sup> Nicolas de Blégny, *Le temple Desculpe, ou le depositaire des nouvelles decouvertes, qui se font journellement dans toutes les parties de la medecine* (Paris, Claude Blageart and Laurent d'Houry, 1680), p. 69.

heureusement provoquez, quelle les a toujours eu depuis, à heure et à temps'.<sup>146</sup> In this case the physician was alarmed by the fact that the girl had only ever menstruated from her eyes and feared that if uncorrected the body would retain this habit into adulthood, prolonging the painful monthly symptoms she endured and seriously affecting her future fertility. In this sense, although the menstrual flow fitted perfectly the regular, orderly pattern of colour, quantity and timing, her monthly bleeding appeared to be permanently, rather than unusually diverted. Hence, the need to re-train the body's flows to take the path of genital menstrual bleeding so that she might later conceive and bear children.

A similar approach to the need to re-orient deviated menstrual evacuation was taken by the practitioner in a case cited by Palfyn. In this instance a fifteen-year-old girl was perceived to produce her menses 'par le sommet de la tete'. Palfyn was impressed by the abundant flow he described as 'une fontaine' from which, 'le sang couloit en si grande abondance, qu'une serviette en quatre doubles, en estoit trempée'.<sup>147</sup> After three months of remedies the girl was cured, the obstruction removed and her menstrual blood regained the usual exit route.

Practitioners did not always intervene to re-orient vicarious bleeding. The physician attending a girl who was perceived to menstruate from her hand, rather than divert the flow, sought instead to encourage it to continue. A vein in the girl's arm was opened, provoking the wounded hand to bleed more profusely. Ill with fever she sought the help of a surgeon to stop the bleeding and was advised to wait for it to stop of its own accord or to marry.<sup>148</sup> In his subsequent commentary Palfyn noted his astonishment at the ingenuity of Nature and the female body.<sup>149</sup>

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<sup>146</sup> Ibid.

<sup>147</sup> Palfyn, *Description anatomique*, p. 114.

<sup>148</sup> Ibid.

<sup>149</sup> Ibid., p. 115.



Graeco-Roman and especially Hippocratic medicine recommended marriage in cases of suppressed or deviated menstrual bleeding, as for green-sickness, since regular intercourse and pregnancy and childbirth would open the vessels, removing obstructions to the more usual channels of menstrual flow. This gradual loosening of tight young pre-pubescent flesh which occurred in three stages, menarche, defloration and pregnancy and childbirth allowed the transition from girl to mature adult womanhood.<sup>150</sup>

### Physiological models

Early modern medical and theological uncertainty surrounding menstrual blood is further illustrated by debates concerning the provenance of menstrual bleeding and the cause and explanation of the process. Early modern medical practitioners conceived of female and male physiology in an entirely different manner to the way in which we understand it today. Where we understand there to be a series of different and entirely separate physiological processes, producing different fluids, early modern medicine recognised one. For instance, as we have seen, various different types of bleeding were grouped together under the generic term menstrual. These included post-partum, spotting during pregnancy and the blood of miscarriage. Menstrual bleeding was also equated with a number of other spontaneous, natural, humoral emissions including sweat, vomiting and purging.

By contrast, there also existed a series of separate physiological models within the humoral economy to account for the flow of blood in the bodies of virgins, widows and pregnant women. The female body was thus perceived to have two potentially different physiological mechanisms which could be utilised according to the age and condition of the individual woman, although both were included in the linguistic and cultural category

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<sup>150</sup> King, *Hippocrates' Woman*, ch. 10; *idem*, *The Disease of Virgins: Greensickness, Chlorosis and the Problems of Puberty* (London and New York, Routledge, 2004), p. 17.

of menstrual bleeding. This notion stemmed from the belief that menses were stored in the uterus to nourish the foetus during pregnancy and that the body would seek to expel any superfluity without endangering the life of the foetus.<sup>151</sup> Thus during pregnancy, menstrual bleeding (or what we would understand as spotting today) was generally perceived to derive from the vagina, rather than the uterus. As we have seen with regard to menstrual bleeding in general, this physiological flexibility may have stemmed from a linguistic uncertainty and the lack of different terms to describe these different flows and their provenance and function. The discussion is complicated for the modern reader by the sometimes confusing anatomical terminology of the early modern medical world. Jacquart and Thomasset have explored this problem in medieval scientific texts with regard to the term 'vulva' and the anatomical area it denoted.<sup>152</sup> Similarly, in the early modern period, scientific, and particularly anatomical, vocabulary was still somewhat flexible and different terms could be used to mean the same thing, or a single term could be used with regard to several parts of anatomy. Such confusion exists for example in the expressions 'bouche de la matrice' and 'col de la matrice', which could be interpreted to signify either the cervix or the vagina itself. Similarly 'conduit de la vulve' is also ambiguous. Equally early modern medical practitioners wrote of 'orifices' in the depths of the uterus as well as at its entrance. It is not always clear, therefore, whether a practitioner was referring to the vaginal entrance, cervix or womb, in relation to the provenance of menstrual flow.

Dubois noted two different types of menstrual fluid originating from the two different areas of female genitalia; he observed that the darker fluid flowed from the depths of the womb whilst a lighter fluid originated from the vessels nearer to the vaginal entrance.<sup>153</sup> He also argued that virgins and post-partum women menstruated from the

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<sup>151</sup> This is noted by Claude Thomasset, 'Le corps féminin ou le regard empêché', *Micrologus, Nature, Sciences and Medieval Societies*, 1 (1993): 99-114.

<sup>152</sup> Jacquart and Thomasset, *Sexualité et savoir médical*, pp. 10, 25, 27.

<sup>153</sup> Dubois, *Des moys des femmes*, p. 136.



vessels in their thighs and legs which travelled to the matrix.<sup>154</sup> Liébault argued that there were two types of menstrual fluid, stemming this time from the hypogastric and the spermatic veins. Fluid from the hypogastric veins originated in the vagina and was expelled by virgins and pregnant women whereas fluid from the spermatic vessels came from the depths of the womb and was evacuated by fertile, non-pregnant women.<sup>155</sup>

De Graaf expressed a similar view the following century. He argued that menstrual fluid was more naturally discharged through the uterus than the vagina, otherwise miscarriage would not be such a problem.<sup>156</sup> Although he conceded that menstrual bleeding could sometimes take place from the vagina, as an example of vicarious menstrual bleeding.<sup>157</sup> His contemporary, midwife Marguerite du Tertre de la Marche (fl. 1677), made a similar distinction between the path taken by the menstrual flow of non-pregnant girls and women, and the preferred route of the menstrual fluid in expecting mothers. She argued that menstrual blood was contained in the veins and arteries of the uterus, as well as in the uterine cavity itself. These uterine vessels stemmed from the hypogastric and spermatic canals which fed into both the 'col de la matrice' and the uterine cavity:

Par les vaisseaux qui se jettent au fond de la matrice, le sang s'écoule aux filles et aux femmes qui ne sont pas grosses, et comme il arrive que des femmes grosses ont quelque-fois leurs mois, et pour lors le sang sort des rameaux qui se portent au col de la matrice.<sup>158</sup>

Miscarriage could occur if the preferred route in such circumstances (via the vaginal vessels) was obstructed in a pregnant woman and the blood had no option but to flow through the uterus.

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<sup>154</sup> Ibid., p. 158.

<sup>155</sup> Liébault, *Trois livres*, p. 333.

<sup>156</sup> H-D, Jocelyn and B. P. Setchell (eds), *Régnier de Graaf, On the Human Reproductive Organs. An Annotated Translation of 'Tractatus de Virorum Organis Generationi Inservientibus' (1668) and 'De Mulierum Organis Generationi Inservientibus Tractatus Novus' (1672)* (Oxford and London, Blackwell, 1972), p. 118.

<sup>157</sup> Ibid., p. 119.

<sup>158</sup> Marguerite du Tertre de la Marche, *Instruction familiere et utile au sages-femmes pour bien pratiquer les accouchemens, faite par demandes et réponses* (Paris, Laurent d'Houry, 1710), pp. 19-20.

Medical debates also concerned the quality and quantity of menstrual blood evacuated through the uterine or vaginal vessels and two different types of menses were described by early modern medical practitioners depending on the provenance of the flow. There were two methods of judging the provenance of the fluid. Midwives and *accoucheurs* tended to prefer internal cervical examinations and an analysis of the colour, texture and quality of the emission, whereas physicians, surgeons and anatomists relied more heavily on evidence from dissections of women who had died during menstrual bleeding or pregnancy.

Du Tertre described a means of testing whether the menstrual fluid stemmed from the 'col ou du fond de la matrice', which did not involve dissection, but instead, a careful internal examination of the vagina and cervix and an analysis of the quality of the fluid:

J'en jugeray par la couleur et consistance du sang, comme aussi par sa maniere de couler. Quand le sang sort du fond de la matrice, il est noir et coagulé à cause du séjour qu'il y a fait, et sort avec abondance, et l'orifice interne est ouvert; mais quand il sort immédiatement du col, il est vermeil et coulant, parce qu'il ne séjourne point dans cette partie, et ne sort point en abondance, et l'orifice interne est entierement fermé.<sup>159</sup>

Such a distinction was important to make since a pregnant woman could suffer from a 'perte de sang' which might prove fatal for her foetus.<sup>160</sup>

From the late-sixteenth century onwards, the debate concerning the provenance of menstrual fluid was increasingly peppered with references to anatomical evidence and dissections performed on the corpses of women who had been menstruating when they died. New anatomical evidence was cited by learned elite physicians to illustrate the path of menstrual bleeding. Duval quoted the findings of his contemporary Pineau, a Parisian master surgeon. Pineau dissected female cadavers 'au temps quelles estoient purgez de leurs

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<sup>159</sup> Ibid., pp. 47-48.



mois', whence he observed that the vessels in the vagina were 'pleines et gonflées de sang, les orifices de ces dites nymphes enflés et sanglans. Restant le corps de la matrice pur et net de cette moiteur et sanguine excretion.'<sup>161</sup> Duval concluded from this observation that menstrual blood 'ne provient de la capacité de la matrice, ains seulement l'anastomose ou dilation des orifices des vaisseaux, qui est faite en cette partie; du conduit de la vulve.'<sup>162</sup> He used this evidence to support the dual physiology of pregnant women and remarked that one should not be alarmed when a pregnant woman menstruated, as the vaginal flow was unlikely to harm the foetus, safely ensconced in the uterus.

In 1702 M. Littré exposed his own research in a letter to the *Académie Royale des Sciences*. In line with the growing emphasis on empiricism and anatomical proof, Littré accentuated his own first-hand experience and observations of the route taken by menstrual blood:

Je crois qu'on peut dire que le sang des regles coule des parois de la matrice et non pas de celles du vagin. De pareilles remarques que j'ai faites sur quelques filles et quelques femmes mortes pendant le tems de leurs regles me confirment dans ce sentiment. Mais les trois observations que j'ai faite sur une fille et deux femmes, mettent les choses hors de doute, toutes les trois avoient une descente du propre corps de la matrice, dans chacune l'orifice interieure se trouvait de niveau avec les levres de la grande fente. J'ai remarqué dans toutes les trois que tout le sang des regles sortait par l'orifice interieur de la matrice et qu'il n'en coulait aucune goutte de la propre cavité du vagin.<sup>163</sup>

Palfyn also argued, in the same decade, that menstrual fluid generally stemmed from the womb itself. To support this viewpoint he cited Mauriceau's observation of the dissection of a Parisian woman executed for infanticide at the time of her menstrual bleeding in January 1672. The autopsy recorded that:

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<sup>160</sup> *Le chemin fraye et infailible aux accouchements qui servira de flambeau aux sages-femmes pour les éclairer en leurs opérations, cachées dans les plus obscures cavernes de la matrice* (Lille, François Fievet, 1689), p. 12.

<sup>161</sup> Jacques Duval, *Les hermaphrodits. Accouchemens des Femmes, et traitement qui est requis pour les relever en santé et bien élever leurs enfans* (Rouen, David Geoffroy, 1612), p. 90.

<sup>162</sup> Ibid.

toute la cavité du fond de la matrice étoit enduite de petits Grumeaux de sang caillé, et ses vaisseaux étoient beaucoup plus gros que ceux du col, et même tout pleins de sang caillé vers les orifices qui se degorgent dans le fond de la matrice.<sup>164</sup>

Moreover, Palfyn contended that menstrual bleeding only rarely stemmed from the vagina when all other routes were obstructed or if the woman in question was pregnant. He reasoned that if menstrual bleeding derived from the depths of the uterus during pregnancy, women would constantly miscarry. Instead, during gestation menstrual bleeding could pass through the part of the uterus not touching the placenta, or through the vaginal canals, to ensure that the woman and her foetus were not inconvenienced.<sup>165</sup>

## Menstrual Theories

Medical practitioners' interest in menses extended beyond issues of purity and pollution to explanations of menstrual flow and regularity, as well as function in terms of reproduction and health. The body I have described hitherto was a humoral body inherited from the classical legacy of Graeco-Roman medicine. It follows therefore that the menstruating body was also primarily understood in humoral terms. The influence of humoral theory is clearly evident in the lunar and plethora theories of menstrual bleeding.<sup>166</sup> The later sixteenth century brought with it a new approach to medicine and natural philosophy developed by unorthodox thinker Paracelsus (1493-1542). Paracelsus rejected Graeco-Roman medicine and chose instead to explain the cosmos and the human body using a series of chemical products and reactions based on three constituent elements: salt, sulphur and mercury. Paracelsianism was further developed in the context of

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<sup>163</sup> M. Littré *Mémoire de l'Académie Royale des Sciences*, 1702, p. 208. Letter dated 22 February 1701. Cited in François Planque, *Bibliothèque choisie de médecine tirée des ouvrages périodiques, tant françois qu'étrangers* (10 vols., Paris, D'Houry pere, 1748-1770), vol. 1, pp. 139-40.

<sup>164</sup> Palfyn, *Description anatomique*, p. 112. This example was also cited by Astruc, *Traité des maladies des femmes*, vol. 1, p. 28.

<sup>165</sup> Palfyn, *Description anatomique*, p. 113.

<sup>166</sup> See below.



seventeenth-century iatrochemistry by Jan van Helmont (1579-1644) who introduced the concept of fermentation.<sup>167</sup> The chemical body was in turn challenged by mechanical philosophies in the seventeenth century. A survey of early modern medical literature reveals five main theories of menstrual bleeding which can be linked to developments in the humoral, chemical and mechanical bodies. These are lunar, plethora (sometimes referred to as catharsis), iatrochemical (fermentation), iatromechanical (a variation on the plethora theory) and what eighteenth century physician Robert Emmet (fl. 1753) termed ‘appétits amoureux’.<sup>168</sup> Rather than a series of succeeding theories, it is more useful to see these discourses as competing and overlapping. None emerged dominant at the end of the early modern period and one constant throughout this period was the lack of consensus when faced with explanations of the process of menstrual bleeding. It is possible to detect connections between explanations for menstrual bleeding and attitudes towards the nature of menstrual fluid, but there are no clear links between a particular type of medical practitioner and a specific theory.

In his remarks on Chauliac’s text in 1649, the Montpellier physician Jean Falcon (1491-1541), proffered a heterodox view of the lunar explanation of menstrual bleeding, reiterating Isidore of Seville’s etymological explanation of the term ‘menstrues’, derived from the Greek ‘mens’ for moon.<sup>169</sup> Lunar theory dictated that the waxing and waning of the moon affected the ebbing and flowing of the four humours within the human body. Women were particularly susceptible to the moon’s influence because of their cool, moist complexion. Partisans of the lunar theory included learned, elite physicians, Jean Fernel

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<sup>167</sup> On Paracelsus and iatrochemistry see Brockliss and Jones, *Medical World*, pp. 85-157 and Allen Debus, *The French Paracelsians. The Chemical Challenge to Medical and Scientific Tradition in Early Modern France* (Cambridge, Cambridge University Press, 1991).

<sup>168</sup> Robert Emmet, *Essais de medecine sur le flux menstruel et la curation des maladies de la tete* (trans. Mr. Hurtaut, Paris, J-B Despillly, J-C. Chardon, 1754), p. 4. Historian Michael Stolberg has designated this the ‘irritable uterus’. See Stolberg, ‘The Monthly Malady’, p. 309.

<sup>169</sup> Jean Falcon, *Remarques sur la chirurgie de M. Guy de Chauliac* (Lyon, Jean Radisson, 1649), p. 375. See Lesley Dean-Jones, ‘Menstrual Bleeding according to the Hippocratics and Aristotle’, *Transactions of the American Philological Association*, 119 (1989): 177-90.

(1497-1558), du Laurens, Dubois, Duval, Venette and Liébault, although most had some reservations about the extent to which the moon influenced the timing of the flow.<sup>170</sup>

Supporters of the lunar explanation of menstrual bleeding tended to reject the negative excremental associations of menstrual fluid, viewing it as a benign superfluity, rather than a noxious, impure substance.<sup>171</sup>

Younger and older women were perceived to menstruate at different points of the lunar cycle – younger women in the first quarter, and older women towards the end when the air was cooler. Some physicians, such as Ranchin following Chauliac, fully accepted the association between humoral theory and the lunar phases; others were less convinced. Dubois proclaimed that although menstrual bleeding did seem to be affected by the moon, it was not true that age dictated the point in the lunar cycle at which a woman menstruated. He dismissed this as ‘le vulgaire des medecins’.<sup>172</sup> Du Laurens was also of the opinion that the relationship between lunar phases and menstrual bleeding was more complex. He observed that some women menstruated twice a month and others only every forty days.<sup>173</sup> Similarly Venette remarked that ‘la lune n’est pas toujours maîtresse des regles. Elles coulent aussi bien du dernier quartier qu’au renouveau, ou au plein.’<sup>174</sup>

Freind also pointed out exceptions to the age rule:

les retours périodiques des menstrues ne s’accordent pas avec le cours de la Lune, puisque ce flux revient plus souvent dans le cours du mois qu’à la fin. De plus, si la Lune présidoit à cet écoulement, toutes les femmes du même país, du même âge et d’un même temperament auroient ce flux dans un même temps.<sup>175</sup>

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<sup>170</sup> Venette, *De la generation de l’homme*, p. 389.

<sup>171</sup> Duval, *Des Hermaphrodits*, pp. 153-54; Liébault, *Trois livres*, pp. 336-37.

<sup>172</sup> Dubois, *Des moys des femmes*, pp. 128-29.

<sup>173</sup> *Les œuvres de maitre André du Laurens, sieur de Ferrieres, conseiller et premier medecin du tres-chrestine Roy de France et de Navarre Henry le Grand, et son chancelier en l’Université de Montpellier* (trans. Théophile Gelée, Paris, Mathieu Guillemot, 1646), p. 391.

<sup>174</sup> Venette, *De la generation de l’homme*, p. 389.

<sup>175</sup> Freind, *Emmenologie*, pp. 13-14.



This proved to be a common criticism and was taken up by Palfyn and Emett.<sup>176</sup>

Admittedly, within the humoral theory, individual complexions were incredibly varied according to age, temperament, climate and humoral physiology. However, if the moon were the source of menstrual bleeding, logically it should have had a similar effect on women sharing a similar constitution; namely those subject to the same climatic conditions, of the same age and sharing a sanguine or phlegmatic complexion for instance. Nevertheless, the fact that this criticism was reiterated over the course of several centuries suggests that, far from proving fatal for the lunar theory of menstrual bleeding, it revealed the lack of a suitable replacement theory and the staying power of the lunar model despite its failings. The lunar theory was the subject of many medical debates and there is no clear moment at which a break with this theory can be pinpointed. Indeed, the lunar influence seems to have persisted beyond the development of new theories of menstrual bleeding.

The Graeco-Roman plethora theory held that menstrual bleeding was caused by an accumulation of excess blood within the female body. Following the principles of humoral physiology this excess was not used in the nourishment of the cooler, moister female whereas the hotter, dryer male could easily burn-up such superfluous blood or turn it into facial and bodily hair. The plethora theory was compatible with the lunar explanation of menstrual bleeding. Physician Germain Courtin (d. 1597), taught his students that the movements of the Galenic plethora of menstrual fluid were dictated by the rhythms of the moon and particularly by the cooling of the air and bodies at certain points in the lunar cycle.<sup>177</sup> Famous partisans of this theory included Bernard de Gordon, Fernel, Jean Riolan the elder (1539-1606), Loys Vasse (1500-1580), Mauriceau, Joubert, Liébault and Cosme

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<sup>176</sup> Palfyn, *Description anatomique*, p. 116; Emett, *Essais de medecine sur le flux menstruel*, pp. 122-36.

<sup>177</sup> Courtin, *Leçons anatomiques*, p. 257.

Viardel (fl. 1671-74).<sup>178</sup> Plethoric purgations usually appeared around the age of fourteen when the heat of puberty produced an excess of menstrual fluid and continued until a woman reached fifty years. However, the exact duration of this menstrual life-cycle depended entirely upon the individual woman's humoral complexion.<sup>179</sup>

Arguably, the association of menses with plethora and an unwanted excess could suggest impurity, however, most partisans of this theory did not view excess menses as excremental in the modern sense, but simply as no longer useful. Early modern physicians, such as Du Laurens, used the term excrement in a neutral way to describe menstrual bleeding in the sense of superfluity, rather than poison. Such excrement was produced by softer, idler and cooler female bodies, which did not need it to produce milk or to nourish a foetus. The presence of bad humours could provoke corruption (much the same as with other bloody fluids) but only if the menses were not evacuated regularly or the body was diseased.<sup>180</sup> It was an entirely natural product:

dite excrement, non parce qu'il ne puisse estre assimilé, ou qu'il ait en soy quelque qualité nuisible, comme ont les excemens inutiles. Mais par ce que etant en trop grande quantité, il est rejeté et vommy par les chairs deia remplies et comme saoulées [...] ce sang est donc louable et alimentaire comme remarque Hippocrate, il découle rouge et vermeil comme d'une victime et se fige incontinent pourveu que la femme soit saine.<sup>181</sup>

The perceived function of menses in relation to reproduction was often more responsible for attitudes to the fluid itself than were explanations of the cause of menstrual bleeding. The association of menstrual blood with foetal nourishment meant that by

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<sup>178</sup> Gordon, *La fleur de chirurgie*, L.7, ch. 8, n. p.; Fernel, *La physiologie*, p. 610; *idem*, *La pathologie de Jean Fernel* (Paris, Jean Guignard, 1655), p. 451; Jean Riolan, *Manuel anatomique et pathologique ou abregé de toute l'anatomie et des usages que l'on en peut tirer pour la connaissance, et pour la guérison des maladies* (Paris, Gaspar Methvras, 1653), p. 255; Loys Vasse, *Tables anatomiques du corps humain universel: soit de l'homme, ou de la femme* (trans., Jean Canappe, Paris, Michel Fezandat, 1555), p. 32; Mauriceau, *Traité*, p. 151 and Cosme Viardel, *Observations sur la pratique des accouchemens naturels, contre nature et monstrueux* (Paris, Jean D'Houry, 1674), p. 133.

<sup>179</sup> Fernel, *Pathologie*, p. 491.

<sup>180</sup> Courtin, *Leçons anatomiques* pp. 257-58.

<sup>181</sup> Du Laurens, *Oeuvres*, pp. 384-85.



definition it could not be corrupt. For instance, Falcon described menses as ‘utiles pour la conservation de l’espece’ and as having ‘quelques parties bonnes pour nourrir l’enfant’.<sup>182</sup>

One of the main principles of iatrochemistry was that ‘all physiological and pathological processes could be explained in terms of acid-alkali fermentation, effervescence, or putrefaction’.<sup>183</sup> Iatrochemical philosophy attributed the process of menstrual bleeding to the chemical build-up of corrupt and acrid blood within the female body and was by definition associated with more negative attitudes to menstrual bleeding. In terms of menstrual bleeding, this acrid blood, which collected in the matrix, was perceived to have fermented sufficiently to corrode the vessels and force its way out after twenty-five to thirty days. It was the subject of a thesis debated at the Parisian medical faculty in 1680 by Rodolphe Oren ‘an ab uterino fermento menstruorum fluxus?’, which was answered in the affirmative.

Partisans of the iatrochemical theory of menstrual bleeding were not agreed on the exact nature of the fermentation; whether it occurred locally in the uterus or whether the whole of the blood was affected. Neither did they agree on the nature of menstrual blood itself. Critics of the theory argued that it was incompatible with the role of menses in conception and pregnancy, since acrid blood would be detrimental to the health of the foetus rather than nourishing.<sup>184</sup>

Ysbrand van Diemberbroeck (1609-1674) and Venette advocated the acrid nature of menses. Diemberbroeck described menses as a ‘viscous slimy humour’ and Venette argued that the fermentation process accounted for the feverishness and pain women felt during their menstrual bleeding.<sup>185</sup> Venette did differentiate between healthy and unhealthy women revealing that the condition of the menses was dictated, not by the nature of the

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<sup>182</sup> Falcon, *Remarques*, pp. 375-76.

<sup>183</sup> Brockliss and Jones, *Medical World*, p. 144.

<sup>184</sup> Palfyn, *Description anatomique*, p. 118.

substance itself, but by the general state of the woman's body. In a healthy woman, whose blood was of optimum temperature, the fermentation process would be effected quickly and menstrual bleeding would last only three to four days. If, however, the blood were full of excrement, the process would be slower and more painful – particularly if the blood were full of yellow bile.<sup>186</sup> Venette described the fermentation process thus:

Le sang a une très grande disposition à se fermenter. Le levain naturel du coeur [...] agite le sang [...] la pituité depourvue le fait tous les jours d'une manière fascheuse, la bile de deux jours l'un, la bile noire le troisieme, et enfin la semence de la femme ne le fait fermenter qu'au bout de vingt-cinq ou trente jours.

The, 'semence fait bouillonner le sang', which would force open the vessels to exit the body.<sup>187</sup> De Graaf was also an exponent of the fermentation theory. He argued that the whole mass of blood fermented, not just that found in the uterus. He explained the phenomenon of vicarious menstrual bleeding by obstruction in the normal paths, which caused the fermenting blood to seek other exits.<sup>188</sup> However, he did not specify that this ferment was particular to female blood, nor why masculine blood did not ferment in the same way. Other practitioners supported the idea of a specific ferment in female blood. Master-surgeon Long lectured on the existence of 'un levain particulier qu'on peut appeller ferment actif' in female blood.<sup>189</sup> It is not clear though, whether the whole mass of blood was perceived to ferment, or simply that contained in the uterus. Palfyn argued that there was no proof of 'un ferment particulier à la matrice.'<sup>190</sup> Should the menses which gathered in the uterus become acidic, then there was a great risk of inflammation, ulcers and gangrene and if the menses were acidic, alkaline or salty, they would not

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<sup>185</sup>Ysbrand van Diemberbroeck, *The Anatomy of Human Bodies* (trans. William Salmon, London, [n. pub.], 1694), p. 169.

<sup>186</sup> Venette, *De la generation de l'homme*, pp. 393-94.

<sup>187</sup> Ibid., pp. 389-93.

<sup>188</sup> Jocelyn and Setchell (eds), *Régnier de Graaf: On the Human Reproductive Organs*, p. 120

<sup>189</sup> BIUM ms. 'Chirurgie de M. Long', p. 236.

<sup>190</sup> Ibid., p. 117.



provide a source of nourishment during pregnancy.<sup>191</sup> Instead, Palfyn affirmed that menstrual bleeding consisted of arterial blood, which went into the afterbirth to feed the foetus and thus was evacuated when the woman was not pregnant.<sup>192</sup>

Freind and fellow physician Le Tellier (fl. 1730), were particularly critical of the fermentation theory and the idea of an autonomous ferment in female blood: 'car où ce ferment est-il caché?' asked Freind, 'Où peut-il faire son séjour avec tant de sureté qu'il ne soit troublé, et même enlevé par les humeurs qui traversent continuellement ces viscères?'<sup>193</sup> Furthermore, the idea that the whole mass of blood fermented and agitated monthly contradicted the discovery of the circulation of the blood and flew in the face of hydraulics and the principles of the mechanical body. Friend and Le Tellier were especially critical of the fact that advocates of this theory could not seem to agree on whether the whole blood-mass fermented or simply the menses.<sup>194</sup> Freind dismissed this 'doctrine absurde des ferments' stating that it was no longer tenable and that 'les ecrivains les plus senses l'ont absolument bannie'.<sup>195</sup> The only possible justification was that some parts of the menses might appear to have a more active movement in the uterus than others.

Unsurprisingly iatrochemical explanations of menstrual bleeding did not replace theories based on the humoral body because they did not answer all the related anxieties associated with reproduction, foetal nourishment and femaleness. The chemical body was, in turn, challenged by a mechanical one based on mathematical principles and calculations. Mechanists conceived of the body as a series of machines or automata.<sup>196</sup> Mechanical principles were applied to the menstruating body in much the same way as the humoral

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<sup>191</sup> Lord cites the equation of fermentation theory with the malignant nature of menstrual fluid as the main reason for its rejection by medical practitioners. Lord, "The Great Arcana of the Deity", p. 44.

<sup>192</sup> Ibid., pp. 118-23.

<sup>193</sup> Freind, *Emmenologie*, p. 16. Le Tellier, *Reflexions critiques sur l'Emmenologie de Mr Freind par Mr le Tellier, fils, médecin de Peronne* (Paris, Freres Osmont, 1730), p. 3.

<sup>194</sup> Freind, *Emmenologie*, pp. 16-17.

<sup>195</sup> Ibid., p. 17.

<sup>196</sup> Andrew Gregory, *Harvey's Heart: The Discovery of Blood Circulation* (Reading, Icon Books, 2001), pp. 82-86.

theory underpinned the concept of mechanical plethora. The language and images had changed, but the basic principle of balance between the mass ingested by a body and the mass expelled, in terms of superfluities, remained the same.<sup>197</sup>

Freind's interpretation of the Galenic plethora was refracted through the lens of iatromechanism. In the preface to his work, Freind outlined his view of 'la machine du corps humain' and his belief that 'les loix que la mecanique a prescrites a ses mouvemens' were responsible for menstrual bleeding.<sup>198</sup> Freind used the laws of physics, and more precisely hydraulics, to explain the workings of menstrual bleeding. Freind argued that the quantity of matter expelled during menstrual bleeding was exactly equal to the amount of plethora, therefore a woman's weight would remain constant pre-and post-menstrual bleeding.<sup>199</sup> He reasoned further that if all other evacuations were less than the sum of aliments consumed, the resultant excess would equal the plethora which preceded menstrual bleeding. So far, this follows a Galenic line. He continued to argue that if, on the other hand, all other evacuations equalled the sum of aliments then menstrual bleeding could not be healthy, but instead would be the sign of disease. Therefore, other animals did not menstruate because the sum of their evacuations equalled the amount consumed.<sup>200</sup> Continuing on humoral lines he reasoned that women perspired less than men, that their blood vessels were narrower and that their pulse was slower and weaker.<sup>201</sup> However he noted that some very active women also menstruated regularly and that men could also produce plethora.

It is with the introduction of the concepts of velocity and mathematics that the mechanical philosophy begins to differ in theory, as well as in vocabulary, from the Galenic model. Freind argued that female anatomy showed that the descending aorta was

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<sup>197</sup> Ibid.

<sup>198</sup> Freind, *Emmenologie*, Preface.

<sup>199</sup> Ibid., pp. 23-24.

<sup>200</sup> Ibid., p. 25.



much larger in a woman than in a man. Thus, more blood was taken directly to the womb. This mass of blood in the vessels was compressed on all sides and was subject to lateral and perpendicular pressure. Since the velocity of the blood in the aorta was greater than the resistance of the vessels, this caused them to rupture, allowing the blood to force its way out of the uterus:

A l'occasion de la plénitude et du poids du fluide, qui coule perpendiculairement dans les artères et dans les veines, les côtes de ces vaisseaux se dilatent, et leurs fibres s'écartent de plus en plus les unes des autres, et à mesure que le tissu des fibres s'émincit, elles cèdent plus aisément au coup.<sup>202</sup>

Such plethora were generally local and concentrated in the uterine area, the laws of gravity dictating that the mass of blood would fall and collect there. However the plethora could also be general and occur throughout the body, leading to eruptions via different orifices, such as nose-bleeds and haemorrhoids. Hence mechanical plethora could equally well occur in male or female bodies, explaining vicarious bleeding.<sup>203</sup> The mechanical plethora theory had also been championed by Rivière who examined the consequences of male and female plethora in the same chapter of his text.<sup>204</sup>

Le Tellier agreed with Freind in principle, although he argued that instead of rupturing the vessels, the blood broke into the lymphatics and proceeded to exit that way.<sup>205</sup> Le Tellier argued that he could prove the superfluous nature of menstrual fluid. He praised Freind for having brilliantly exposed the plethora system and outlined a test, which would demonstrate that menstruating women lost only excess matter. He argued that:

il suffit d'observer qu'après avoir été purgées de cette manière assez longtemps, l'espace par exemple de cinq ans, elles n'en sont nullement incommodées, au contraire elles sont toujours les mêmes,

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<sup>201</sup> Ibid., pp. 26-28.

<sup>202</sup> Ibid., pp. 36-45.

<sup>203</sup> Ibid., p. 45.

<sup>204</sup> Stolberg, 'The Monthly Malady', p. 307.

<sup>205</sup> Le Tellier, *Réflexions*, pp. 26, 18-19.

se maintiennent dans le même état, jouissent de la même vigueur, et si on les pese on ne les trouvera point diminuées de poids. Cependant durant cet espace de temps elles ont perdu cent livres de sang tout pur; perte qui devoit non seulement les affoiblir, mais consommer presque toute leur substance.<sup>206</sup>

Mechanical plethora was not accepted outright and critics such as Palfyn remained unconvinced by Freind's account of a separate 'female temperament'. Palfyn countered that since women perspired in the same way as men, the argument for a build-up of a superior excess in the female body, necessitating menstrual bleeding was invalidated.<sup>207</sup>

In 1753 Emmet rejected all contemporary theories regarding the cause of menstrual bleeding and argued instead that he had developed his own entirely new explanation as a result of his practical experience in the anatomy of the uterus. His approach was based on several problems he raised with existing theories. For instance, he questioned the capacity of drops of blood to dilate uterine vessels sufficiently to provoke their expulsion, believing that if successful, the veins, once enlarged, would be unable to contract and menstrual bleeding would occur perpetually. He also contradicted the plethora theory with the evidence that poor, underfed, working women, menstruated as fully and as regularly as aristocrats.<sup>208</sup> He questioned 'pourquoi par une saignée assez copieuse, faite jusqu'à deux fois pendant la période, je n'ai pas pû l'arrêter dans une femme qui ne mangeoit pas beaucoup, et qui n'était pas non plus d'un tempérament pléthorique?'<sup>209</sup>

He maintained that the sexual development of a girl caused her womb to swell and blood to swamp the spongy tissue lining the uterus. The contraction of the nerves blocked the venous return route and the blood, trapped in the uterus, irritated the uterine muscles, causing them to expand and expel the blood. He claimed thus to have proved 'par plusieurs histoires (et) grand nombre d'observations', that 'le sang menstruel s'extravase et séjourne

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<sup>206</sup> Ibid., pp. 3-5.

<sup>207</sup> Palfyn, *Description anatomique*, p. 117.

<sup>208</sup> Emmet, *Essais de medecine sur le flux menstruel*, pp. 44-45, 48.

<sup>209</sup> Ibid., p. 56.



contre toutes les loix de la nature.’<sup>210</sup> He explained the menarche and the menopause according to the life-cycle of sexual appetite and desire and likened the effect of desire on a woman’s breasts and uterus to a male erection.<sup>211</sup> Although, Emmet’s name is rarely mentioned in later works, this theory fits exactly the explanation of the ‘irritable uterus’ expounded by Stolberg which he argues replaced the rejected iatrochemical and iatromechanical theories over the course of the eighteenth century. Stolberg notes the start of the pathologisation of menstrual bleeding and the association of menstrual and psychiatric disorders from this point onwards.<sup>212</sup>

## Conclusion.

In this chapter I have looked at menstrual bleeding as a signifier of the female gender within early modern medical knowledge, and in particular the legacy of Hippocratic gynaecology. I have also argued that menstrual bleeding was not simply a signifier of femaleness, but also a symbol of much deeper cultural resonance. Menstrual bleeding was integral to the humoral theory and to perceptions of health. It was also linked to fertility and reproduction and as such was a repository for cultural concerns about healthy progeny. Chronologically, developments in science and medicine led to newer and more detailed theories and attempts to confront the uncertainty of menstrual knowledge. The humoral body was challenged by a chemical and mechanical one in turn, but proved resilient.<sup>213</sup> The resistance of the humoral body to changing medical ideas is revealed in the longevity

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<sup>210</sup> Ibid., p. 4.

<sup>211</sup> Ibid., p. 77.

<sup>212</sup> Stolberg, ‘The Monthly Malady’, p. 309. This paved the way for the depiction of the link between emotional disturbance and menstrual bleeding in nineteenth-century images of hysteria, p. 312.

<sup>213</sup> Margaret Healey, *Fictions of Disease: Bodies, Plagues and Politics in Early Modern England* (Basingstoke, Palgrave, 2002), p.6. Healey is critical of historians who have represented the rise of competing medical philosophies as a straightforward switch from Galenism to Paracelsianism. This point has also been made by Temkin who dismisses the dichotomy between ancients and moderns as too simplistic. *Galenism. Rise and Decline*, pp. 175-77.

of the adherence of physicians to ideas about vicarious menstrual bleeding, male menstrual bleeding, phlebotomy and the separate physiology of pregnancy.<sup>214</sup> Female physiology underwent a dramatic modification during pregnancy so that excess menses, previously evacuated through uterine vessels were transferred to the vagina, safe-guarding the foetus.

Perceived as anodyne and health-giving in the Graeco-Roman and Salernitan concepts of female difference and the humoral economy, menses were also the focus of medical and theological anxieties about conception and sexual taboo. Sixteenth-century casuists and physicians went to great lengths to refute the negative connotations of menstrual taboo. In the spirit of Renaissance humanism, closer readings of the Bible and Leviticus 15 in particular, replaced scholastic commentaries on the dangers of menstrual hygiene. An important paradigm shift demonstrated in the renewed focus on the ambivalence of menstrual taboos is evident from the sixteenth century onwards. Drawing on medical uncertainties about the role of menses in conception and pregnancy, and concerns about the timing of conception in particular, early modern theologians emphasised the importance of healthy procreation above carnal pleasure in discussions of conjugal duty and sexual interdictions. The gender neutral tone of this polemic is clearly reflected in the equal attention paid by casuists to male fluxes in the context of generation and sexual intercourse. Physicians and casuists were more preoccupied with the optimum conditions required in both sexes for successful, healthy procreation than they were with issues of innate female sinfulness. Menstruating bodies, like those suffering seminal discharge were spiritually taboo and unclean, rather than physically contaminating because they were not apt for procreation. Wider socio-cultural concerns about patriarchy and the patriline were appropriated by physicians and theologians articulating the tension between

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<sup>214</sup> Beauchamp discusses other contemporary discoveries concerning the nature of blood, *Le sang et l'imaginaire médical*, p. 35. On the effects of the new theories on blood letting see: Peter H. Niebyl, 'Galen, Van Helmont and Blood-Letting', in Allen Debus (ed.), *Science, Medicine and Society in the Renaissance* (2



conjugal duty and sexual prohibition, the importance of the spiritual and physical health of progeny and the uncertainties of menstrual knowledge.

I have shown that the contextualisation of attitudes to menses with attitudes to blood and blood-related fluids in general reveals the full extent of early modern medical ambiguity with regard to menstrual bleeding. In line with the teachings of Hippocratic gynaecology and the humoral body, the timing and circumstances of the evacuation were of primordial importance. Menses, like blood, were not considered impure *per se* in early modern medical thought. They could, like blood, become corrupt and polluted if they were exposed to bad air and humours. Menstrual fluid, like blood, once drawn was a barometer for health and provided invaluable evidence about the condition of the body's interiority. In the following chapter I develop the similarities between menstrual bleeding and phlebotomy, and the significance of timing.

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vols., London, Heinemann, 1972) vol. 2, pp. 13-24; Aubrey B. Davis, 'The Circulation of the Blood and Chemical Anatomy', in *ibid*, pp. 25-39.

### Chapter Three: Cycles of Health.

Seventeenth-century surgeon and midwife, François Mauriceau (1637-1709) observed that:

les femmes ne sont ordinairement en bonne santé que lorsqu'elles sont bien réglées comme il faut et quand il faut dans l'évacuation de leurs menstrues, ainsi l'on peut dire que la matrice est l'horloge de leur santé.<sup>1</sup>

Although the imagery of the mechanical clock emerged in the late seventeenth century, Mauriceau's insistence on menstrual periodicity was not new.<sup>2</sup> Graeco-Roman medical traditions emphasised the importance of regularity. However, iatromechanism, discussed in the previous chapter, offered a new series of images and metaphors with which to explain existing bodily functions and concerns about them. Whilst the scientific revolutions did not wholly change perceptions of nature and the human body, they did provide a new language using geometry, physics and mathematics with which to explain these perceptions. Organic models were replaced by mechanical ones and images of the body as automata or mechanical clocks were widespread.<sup>3</sup> Medical practitioners were, as we saw in Chapter Two, divided as to the cause of menstrual bleeding, arguing over lunar influences, plethora, magical numerical properties, and theories of chemical fermentation and mechanical hydraulics. However, according to the sixteenth-century physician André du Laurens (1558-1609) and, later, surgeon Guillaume Mauquest de la Motte (1655-1737), medical practitioners did agree that menstrual bleeding should occur regularly at 'certaines

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<sup>1</sup> François Mauriceau, *Aphorismes touchant la grossesse, l'accouchement, les maladies, et autres dispositions des femmes* (Paris, Laurent d'Houry, 1694), p. 15, no. 26.

<sup>2</sup> The insistence on the womb as the seat of female health is derived from Hippocratic gynaecology. See Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London and New York, Routledge, 1998), p. 76; Christine Bonnet-Cadilhac 'Traduction et commentaire du traité hippocratique, *Des maladies des jeunes filles*', *History and Philosophy of the Life Sciences*, 15, 2 (1993): 147-63, p. 153. Sixteenth-century surgeon Alois Carsena referred to the heart as 'une horloge vivante' in his memoirs. See Michel Roisin (ed.), *Alohim. Chirurgien du XVI<sup>e</sup> siècle* (Paris, André Bonne, 1969), p. 19. On periodicity, see Etienne Van de Walle, 'Flowers and Fruits: Two Thousand Years of Menstrual Regularity', *Journal of Interdisciplinary History*, 28, 2 (1997): 182-203 and for an ethno-anthropological overview see *idem* and Elisha P. Rennes (eds), *Menstrual Regulation. Beliefs, Practices, Interpretations* (Chicago and London, Chicago University Press, 2001).

<sup>3</sup> Andrew Gregory, *Harvey's Heart. The Discovery of Blood Circulation* (Reading, Icon Books, 2001), pp. 82-86.



temps et periodes fixes', depending on the age, temperament and complexion of the woman.<sup>4</sup>

Menstrual bleeding was perceived to embody the passage of corporeal time in both the ancient and early modern worlds. As a spontaneous, natural emission it was frequently contrasted with carefully timed artificial evacuations afforded by phlebotomy and purging. Fourteenth-century Montpellier physician Guy de Chauliac (c.1300-1368) differentiated between natural and artificial humoral flows in his influential surgical manual written in 1363. Chauliac's numerous translators and editors in the sixteenth and seventeenth centuries reiterated this division. Accordingly, phlebotomy was defined as 'l'incision de veine {dont} l'evacuation de sang est fait *artificiellement* et ainsi sont exclues les evacuations *naturelles*, comme flux de sang du nez et du sang menstrual et des hemorroides faites par nature.'<sup>5</sup> Discursively, this model was used to separate natural from unnatural, or artificial, bloody emissions and to distinguish between spontaneous and induced bleeding. This can be defined in the sense that women did not choose to menstruate, as one does not choose to have a nose-bleed, whereas phlebotomy was voluntarily induced. In practice, the division between natural and cultural, or artificial, bloody emissions was far from clear cut in early modern medicine and was the subject of disputes between patients and practitioners. This tension is also revealed in recent

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<sup>4</sup> André du Laurens, *Les Oeuvres de maitre André du Laurens, Sieur de Ferrieres, conseiller et premier medecin du tres-chrestien Roy de France et de Navarre, Henry le Grand, et son chancellier en l'université de Montpellier, traduites de Latin en François par Maitre Théophile Gelée medecin ordinaire de la ville de Dieppe* (Paris, Mathieu Guillemot, 1649), pp. 365, 391; Guillaume Mauquest de la Motte, *Traité complet des accouchemens naturels, non naturels et contre nature, expliqué dans un très grand nombre d'observations choisies, accompagnées de reflexions sur l'art d'accoucher Heureusement, l'on y enseigne aussi les moyens de remedier à tous les accidens qui arrivent dans la Grossesse, et après l'Accouchement* (Leiden, Jean Arnold, 1729), p. 43.

<sup>5</sup> My emphasis. See the following editions: *Les fleurs du Grand Guidon. C'est à dire les sentences principales de certains chapitres* (trans. Iean Canappe, Niort, Thomas Poitau, 1595), pp. 68, 93; *La grande chirurgie de M. Guy de Chauliac, medecin tres-fameux de l'Université de Montpellier composée en l'an de grâce 1363* (trans. Laurent Joubert, Lyon, les Heritiers Simphorien Beraud, 1592), p. 365; Lazare Le Meyssonnier, *Les fleurs de Guidon, corrigées et augmentées de la pratique de chirurgie [...] et de la méthode de consulter pour les jeunes chirurgiens, extraicte des leçons de M. Le Meyssonnier* (Lyon, P. Anard, 1650), pp. 85-87. See also Chantal Beauchamp, *Le sang et l'imaginaire médical. Histoire de la saignée aux XVIIIe et XIXe siècles* (Paris, Desclée de Brouwer, 2000), pp. 81-117.

historiography. Literary critic Gail Kern Paster has developed the concept of the 'leaky vessel' to describe the emotional, open, bleeding early modern female body, which could spout humoral fluids at any moment. Paster represents phlebotomy as the cultural inversion of menstrual bleeding; masculine, disciplined, voluntary, and most of all controlled.<sup>6</sup> In direct contrast to this model, historian Gianna Pomata has elaborated the paradigm of female health, arguing that natural spontaneous emissions were viewed positively and were actively replicated by early modern men.<sup>7</sup> She argues that women were equated with the potency of nature and that this was anything but reductionist.

In this chapter I shall argue that early modern perceptions of menstrual bleeding were much more complex than simple binary oppositions allow. It seems that to some extent these divisions are the result of historian's own social concerns and that we should be careful not to confuse discourse with practice.<sup>8</sup> Such dichotomous approaches deny the potent ambiguity of perceptions of menstrual bleeding and the apparent similarities between menstrual bleeding and phlebotomy. It is therefore more useful to think in terms of models of health and time, and to pay more attention to the parallels between phlebotomy and menstrual bleeding. The condition of health depended on humoral equilibrium whether the body was male, female, old or young. Moreover, artificial means of evacuating excess humours were equally dependent on following cyclical, seasonal rhythms.

It is important to acknowledge the existence of the double bind here in the form of natural, bodily time, versus socio-cultural time. The terms and concepts of essentialism and constructivism cannot be entirely avoided in a discussion of early modern attitudes to

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<sup>6</sup> Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca, New York, Cornell University Press, 1993), p. 23.

<sup>7</sup> Gianna Pomata, 'Menstruating Men: Similarity and Difference of the Sexes in Early Modern Medicine', in Valeria Finucci and Kevin Brownlee (eds), *Generation and Degeneration. Tropes of Reproduction in Literature and History from Antiquity to Early Modern Europe* (Durham and London, Duke University Press, 2001): 109-52.



menstrual bleeding, even in an attempt to deconstruct the nature/culture dichotomy. Thus, this chapter necessarily focuses on menstrual bleeding as a signifier of the female gender in terms of women's time and regularity. The issue of whether menstrual bleeding is an essential signifier of femaleness or not is both a feature of early modern discourses about the body and a difficulty encountered in the process of this research. Early modern anxiety about the female body and female bleeding stemmed from the complexities and uncertainties surrounding the function of menstrual bleeding and the inherent contradictions between a humoral conception of individual regularity, and the desire of medical practitioners to incorporate female time within a cultural framework. This anxiety has perhaps been over-emphasised by scholars such as Paster with regard to female bleeding, whilst issues of time and the male body remain under-investigated.<sup>9</sup> I will show here that whilst all bodily evacuations (male and female) were subject to attempts to control them in early modern medicine – some emissions proved easier to discipline than others; menstrual time especially was not straightforward.

In order to reassess menstrual bleeding in the light of this nature/culture binary I shall analyse menses as one of many different types of bleeding or purging. In this chapter I first examine the similarities between the prescribed conditions for phlebotomy and menstrual bleeding in early modern medicine, concentrating on the insistence on timing in both cases, methods used to measure health, and means taken when 'natural' flows failed to materialise. Second, I examine the inherent difficulties of perceiving menstrual time in early modern France and the dissonance between bodily experience and attempts by practitioners to define and control a woman's time. Finally I will present a case study

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<sup>8</sup> Caroline Walker Bynum, *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York, Zone, 1991), pp. 204-5.

<sup>9</sup> The merging of menstrual and other types of bleeding in the humoral body has been noted by Thomas Laqueur and Gianna Pomata. What is original about my discussion is the analysis of conceptions of time with regard to menstrual bleeding and the re-assessment of the relationship between menstrual bleeding and

which plays out the clash between various perceptions of a woman's time in the judicial arena, raising the importance of distinguishing between different types of bloody discharge and contradicting Paster's model of the 'leaky vessel'.

## Phlebotomy

The importance accorded to the timing of bleeding in early modern medicine has been widely discussed in secondary literature.<sup>10</sup> Here I shall look at some examples of early modern concern with blood-letting which signify the parallels that can be drawn with the natural regularity of menstrual bleeding. Phlebotomy was performed for two reasons: elective bleeding was judged preventative and it enabled the patient to retain a healthy humoral balance. Necessary bleeding, on the other hand, was induced during an episode of ill health, in an attempt to restore harmony and balance to the patient's body.<sup>11</sup> An important component of Galenic therapeutics, phlebotomy was based on a series of assumptions about the humoral body discussed in the previous chapter.<sup>12</sup>

Strictly speaking then, William Harvey's (1578-1657) discoveries concerning the functioning and circulation of blood and the development of a new physiological model of health should have severely undermined the Galenic basis for phlebotomy in seventeenth-century medicine. These discoveries could also be expected to have had a knock-on effect

- on attitudes towards menstrual bleeding and divisions between natural and artificial

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phlebotomy and of natural and cultural evacuations. See Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass., Harvard University Press, 1990); Pomata, 'Menstruating Men'.

<sup>10</sup> See for example, Pedro Gil-Sotres, 'Derivation and Revulsion: The Theory and Practice of Medieval Phlebotomy', in Luis Garcia-Ballester, Roger French, Jon Arrizabalaga and Andrew Cunningham (eds), *Practical Medicine from Salerno to the Black Death* (Cambridge, Cambridge University Press, 1994): 110-55.

<sup>11</sup> Bibliothèque Inter-Universitaire de Médecine, Paris (henceforth BIUM), ms. 5089, 'Traité des principes de chirurgie de M. Long, maître chirurgien juré de Saint Cosme a Paris tirez par Iean Sue Etudiant en Chirurgie. A Paris le 3 janvier 1723', f. 251.

<sup>12</sup> Gregory, *Harvey's Heart*, pp.12-17. The humoral body is strongly evident in Barbara Duden's work on the eighteenth-century German physician Johann Storch. See her *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (Cambridge, Mass., and London, Harvard University Press, 1991).



evacuations.<sup>13</sup> Strikingly, however, there does not appear to have been a simple or straightforward transition at this point regarding phlebotomy. The advent of chemical and mechanical views of the body did not entirely replace the significance of phlebotomy. Rather, the varying physiological models appear to have co-existed, in part perhaps because Harvey did not completely overturn ancient medicine and philosophy. Harvey's status as a 'modern' is arguable, and many historians of science and medicine have drawn parallels between Harvey's methodology and Galenic principles, shedding doubt on the mechanical and hydraulic basis alone for Harvey's discovery.<sup>14</sup> Some critics of Harvey, as well as refuting certain elements of his hypothesis, were also careful to point out the similarities between Harvey's ideas and Galenism. Influential Parisian physicians Jean Riolan (1580-1657) and Gui Patin, (1601/2-1672) rejected Harvey's theory of the circulation of blood in the 1650s and strongly advocated phlebotomy.<sup>15</sup> Riolan and Harvey had corresponded in the 1640s and Riolan attempted to reconcile Harvey's discovery with Galenism by modifying the speed of circulation to allow for the generation of blood in the liver and maintaining the Galenic distinction between nutritive and vivified blood.<sup>16</sup> Thus, Galenic medicine and phlebotomy were able to maintain their appeal in the Parisian medical faculty long after the publication and general acceptance of Harvey's discoveries.<sup>17</sup> Although phlebotomy did lose some status at the Parisian faculty in the

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<sup>13</sup> The effect of Harvey's discoveries on Galenism is discussed in Gregory, *Harvey's Heart*, pp. 55, 57-66.

<sup>14</sup> For instance, Harvey's teleological view of nature and the human body fitted well with Aristotelian philosophy. Harvey, like Aristotle and Galen before him likened the heart to a pair of bellows and he also ascribed to the neo-platonic microcosm/macrocosm analogy of the relationship between the human body and the cosmos. The system of the transformation of crude, venous blood into perfected, arterial blood developed by Harvey also appropriated Aristotle's weather cycle analogy and the idea that the heart, as the sun, heated and cooled the liquids. See *ibid.*, pp. 76, 79-110; M. H. Shank, 'From Galen's Urethers to Harvey's Veins', *Journal of the History of Biology*, 18, 3 (1985): 331-55; Howard B. Burchell, 'Mechanical and Hydraulic Analogies in Harvey's Discovery of Circulation', *Journal of the History of Medicine and Allied Sciences*, 36, 3 (1981): 260-77.

<sup>15</sup> Françoise Loux, *Pierre-Martin de la Martinière. Un médecin au XVIIe siècle* (Paris, Imago, 1988), p. 94. See also *Lettres choisies de feu de M. Guy Patin docteur en médecine de la faculté de Paris, et professeur au collège Royal* (3 vols., Cologne, Pierre du Laurens, 1691), vol. 2, pp. 176, 181.

<sup>16</sup> Gregory, *Harvey's Heart*, pp. 111-39, esp. p. 120.

<sup>17</sup> Many post-Harvey medical treatises continued to advocate blood-letting. Some examples are: François Landrey, *Histoire notable pour les effets merveilleux de la saignée* (Paris, Pierre Variquet, 1648); François

1680s when the circulation theory was more widely accepted, medical theses were still presented testifying to the salutary effects of blood-letting in the early eighteenth century.<sup>18</sup> In the late seventeenth century, much emphasis was still placed on the conjunction of the moon and planets at the moment of incision.<sup>19</sup> With no serious therapeutic replacement, phlebotomy persevered long after the humoral body had been discredited.<sup>20</sup>

Annual, periodic bleeding was observed in medieval and early modern institutions including monasteries, convents, Hôtels-Dieux and colleges.<sup>21</sup> Moreover, in many households, phlebotomy appears to have been conducted with equal regard for regularity, timing and temperament, both pre-and post-Harvey. Entries from the journal of royal physician Jean Héroard, recording the health of the young Louis XIII, for the period 1609-1628, can be usefully compared with the accounts of the surgeon Flos of Bourg de Mossant, for bleedings conducted within the household of Monsieur de la Lussiere, *conseiller secrétaire du Roy*, which were reprinted in a guide to surgical reports.<sup>22</sup> These sources allow us to trace the regularity of such operations and the importance of inspecting the blood collected. Flos' accounts must be treated with caution however, since it is not

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Quesnay, *L'art de guérir par la saignée* (Paris, G. Cavelico, 1736); Arnoul Martin, *Traité de la phlébotomie et de l'artériotomie, recueilli des auteurs anciens et modernes, avec des remarques critiques sur les uns et sur les autres* (Paris, Le Mercier and Baudet, 1741); Taillard fils, *Elemens de l'opération de la phlébotomie, vulgairement dite la saignée* (Paris, D'Houry pere, 1749).

<sup>18</sup> Laurence W. Brockliss, *French Higher Education in the Seventeenth and Eighteenth Centuries* (Oxford, Clarendon Press, 1987), p. 430.

<sup>19</sup> See for example Nicolas de Blégnny, *Le messager céleste, contenant toutes les nouvelles découvertes qui ont esté faites dans les astres depuis l'invention de la lunette d'approche avec des reflexions sur les utilites qu'on en peut tirer pour la conservation de la vie* (Paris, Académie des nouvelles découvertes de médecine, Claude Blageart and Laurent D'Houry, 1681), p. 195; Georges Vigarello, *Le sain et le malsain. Santé et mieux-être depuis le moyen âge* (Paris, Seuil, 1993), p. 93. Loux, *Pierre-Martin de la Martinière*, pp. 150-54. Phlebotomy's status as a therapeutic was not threatened by the circulation of the blood since this knowledge had little practical application. Attempts to transfuse blood between animals and humans and from one human to another in 1660s Paris had fatal consequences, and transfusion as a practice was prohibited. See Pete Moore, *Blood and Justice: The Seventeenth-Century Parisian Doctor who made Blood Transfusion History* (Chichester, John Wiley and Sons, 2003).

<sup>20</sup> Beauchamp, *Le sang et l'imaginaire médical*, p. 13; King, *Hippocrates' Woman*, p. 15.

<sup>21</sup> The administrative records of the Hôtel-Dieu Paris, document regular phlebotomy sessions in the seventeenth century. See Léon Brièle (ed.), *Collection de documents pour servir à l'histoire des hôpitaux à Paris* (5 vols., Paris, Imprimerie Nationale, 1881-87), vol. 1 p. 180, entry for 1 July 1667. See also Vigarello, *Le sain et le malsain*, pp. 19, 93; Edmond Minivielle, *La médecine au temps d'Henri IV, médecins, maladies, autopsie du Roi. Thèse pour le doctorat en médecine* (Paris, J-B Baillière et fils, 1903), pp. 39-42; Beauchamp, *Le sang et l'imaginaire médical*, pp. 223-47.



known whether Flos was the only surgeon practising blood-letting for this household at this time. However, if additional research could prove that he was but one of many attending surgeons, this would strengthen my point further.

Regularly spaced, induced bleedings indicate a preventative measure, whilst those at close intervals more readily suggest illness. Although Héroard's diary covers a longer chronological timeframe, the bleedings are mostly concentrated in the period 1627-28 allowing comparison with Flos' accounts from 1675-76. For instance, Louis XIII was bled for the first time on 1 November 1616.<sup>23</sup> Thereafter he was not bled until 1627 when he received six bleedings between April and August of between three and seven ounces.<sup>24</sup> This concentration of bleedings suggests a period of illness. Lussiere's eldest son evidently suffered from a bout of ill health in September 1675 since he was bled on 18, 19, 20 and 21.<sup>25</sup> Similarly a valet was bled on the 12, 13, 14 and 16 September 1676.<sup>26</sup> In contrast, the elder daughter was bled at more regular intervals, 17 June 1675, 25 April 1676 and 30 August 1676.<sup>27</sup> M. de la Lussiere received the most bleedings, three per year,<sup>28</sup> compared with twice a year for his lackey.<sup>29</sup> An extreme example of regular bleeding is given by the seventeenth-century aristocrat Madame des Parcelles, who signed a contract with her surgeon Monsieur Parles to the value of either two *sommées* of wheat or ten silver *écus*, in exchange for which he bled her weekly.<sup>30</sup>

Rich clients could evidently afford to indulge more frequently in preventative medicine than their poorer counterparts. Therefore, it is important to stress some of the

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<sup>22</sup> Jean Devaux, *L'art de faire les rapports en Chirurgie* (Paris, Laurent D'Houry, 1703), pp. 545-49.

<sup>23</sup> Madeleine Foisil (ed.), *Journal de Jean Héroard* (2 vols., Paris, Fayard, 1989), vol. 2, p. 2,411.

<sup>24</sup> Ibid., p. 2,977, 12 April 1627, p. 2,992, 2 July 1627, p. 2,996, 15 July 1627, p. 3,001, 27 July 1627, p. 3,013, 21 August 1627 and p. 3,042, 23 January 1628.

<sup>25</sup> Devaux, *L'art de faire les rapports en Chirurgie*, p. 546.

<sup>26</sup> Ibid., pp. 548-49.

<sup>27</sup> Ibid., pp. 546, 548.

<sup>28</sup> Ibid. M. De la Lussiere was bled 25-26 April 1675, 27 August 1675, 13 September 1676, 13, 15 October 1676, see pp. 546, 548.

<sup>29</sup> M. De la Lussiere's lackey was bled at six-month intervals, October 1675, March 1676. See *ibid.*, p. 547.

<sup>30</sup> Vigarello, *Le sain et le malsain*, p. 93.

social differences evident in the sources. Although bleeding was common in rural, as well as urban France, and included poor as well as rich patients, the frequency with which a person was bled was often perceived as a sign of social status.<sup>31</sup> Consequently, blood-letting represented a division of social and physical health. Georges Vigarello has found that nuns at the fourteenth-century Hôtel-Dieu, Paris were bled six times a year, compared with three times for the washerwomen, which suggests an institutional and hierarchical division.<sup>32</sup> This is suggested by the difference in price in Flos' accounts. He regularly charged three *livres* for bleeding M. and Mme de la Lussiere and any of their children, compared with twenty *sols* for bleeding a domestic servant.<sup>33</sup> Equally striking is the marked increase in price for bleeding from the foot rather than the arm. This was charged at six *livres* and is only noted with reference to members of the Lussiere family following an apparently unsuccessful operation from the arm.<sup>34</sup>

Frequent blood-letting was equated with good morality in early modern France. A free-flowing, regular humoral body was seen as ordered and disciplined and therefore was a sign of spiritual health. Patients were bled until the 'bad blood' or 'bad humours' causing illness or erratic behaviour were expunged and the blood ran bright red. For instance, Marthe de Mornay wrote to her husband on 6 March 1615 to report on her health: 'j'ay esté saignée trois fois, la dernière le sang très beau, qui a remis Mr Disoudeau, qui auparavant avoit peur d'un renouvellement de mon ancien mal'.<sup>35</sup> There is no indication of what her 'ancien mal' was, however the good colour of the freshly-drawn blood persuaded the physician that she would not succumb to it on this occasion. 'Bad blood' and humours

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<sup>31</sup> Ibid., p. 19.

<sup>32</sup> Ibid., pp. 19, 117.

<sup>33</sup> See, for example, 'une saignée à un laquais de Mr. le 26 Octobre 1675, 20 sols'; Devaux, *L'art de faire les rapports*, p. 547 and 'une saignée à Mlle l'ainée le 25 Avril 1676, 3 livres'; ibid., p. 548.

<sup>34</sup> See, for example, the treatment of Madame in April 1676, 'une saignée du bras le 12, 3 livres. Une saignée du pied à Mme le 14, 6 livres'; ibid., p. 547.

<sup>35</sup> Madame de Witt (ed.), *Mémoires de Mme de Mornay. Edition critique revue sur les manuscrits, publiée avec les variantes et accompagnées de lettres inédites de Mr. et Mme. Du Plessis-Mornay et de leurs enfants* (2 vols., Paris, Veuve J. Renouard, 1868-69), vol. 2, p. 252.



were not associated with women alone. On 27 December 1609 Pierre de L'Estoile noted in his journal that he had had three palettes of blood drawn 'pour temperer les ardeurs et veilles de mon humeur mélancolique'.<sup>36</sup> Héroard's journal provides us with evidence of the condition of Louis XIII's blood. For example, in July 1627 it is described as 'impur, non corrompu', and the following January as 'fort bilieux et escumant de chaleur, rouge'.<sup>37</sup>

Despite the frequency and apparent banality of phlebotomy among the wealthy, it remained an occasion. Tallement des Réaux, the seventeenth-century chronicler, noted that in Spain, women of the nobility were given gifts when they had been bled.<sup>38</sup> He also remarked that Madame de Sablé, notorious for her hypochondria, took extreme precautions before allowing a surgeon to draw her blood:

Quand il la faut saigner, elle fait d'abord conduire le chirurgien dans le lieu de sa maison le plus éloigné de celui où elle couche. Là on lui donne un bonnet et une robe de chambre, et s'il y a un garçon, on fait quitter à ce garçon son pourpoint, et tout cela de peur qu'ils n'apportent du mauvais air.<sup>39</sup>

Evidently intended to ridicule Madame de Sablé, this account nevertheless contains echoes of advice on the conditions for blood-letting given by physicians and surgeons.

Circumstances under which blood was drawn were highly controlled both pre-and post-Harvey. Phlebotomy, although a cultural practice was subject to the same natural constraints as menstrual bleeding. Factors including the conjunction of the planets, in particular the moon, and an individual's humoral complexion, age and regimen were taken into account. Almanacs provided indications of optimum dates for bleeding according to dominant humoral characteristics.<sup>40</sup>

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<sup>36</sup> André Martin (ed.), *Pierre de L'Estoile. Journal pour le règne de Henri IV. Tome II. 1601-1609* (Paris, Gallimard, 1958), p. 563.

<sup>37</sup> *Journal de Jean Héroard*, pp. 3,001, 3,042.

<sup>38</sup> M. Monmerqué (ed.), *Les Historiettes de Tallement des Réaux. Mémoires pour servir à l'histoire du XVII<sup>e</sup> siècle publiés sur le manuscrit autographe de l'auteur* (6 vols., Paris, Garnier frères, [n. d.]), vol. 2, p. 83.

<sup>39</sup> *Ibid.*, vol. 4, p. 80.

<sup>40</sup> Beauchamp, *Le sang et l'imaginaire médical*, p. 94.

Chauliac had affirmed that the surgeon conducting the phlebotomy 'doit être jeune et bien voyant, coustumier de saigner' and this precedent remained important in the sixteenth and seventeenth centuries.<sup>41</sup> The corporeal regimen of the surgeon conducting the operation was as important as that of the patient.<sup>42</sup> Seventeenth-century physician Pierre-Martin de la Martinière (1634-1676?) advised on the seasonal conditions necessary for a successful treatment: 'il ne fait pas bon de purger ni saigner lorsque l'air est trop froid ou trop chaud, ainsi qu'il est coutume dans le mois de décembre et janvier, de juillet et d'aout, si ce n'est par grande nécessité'.<sup>43</sup> Bleeding temporarily weakened patients and rendered them more susceptible to external influences such as cold and heat. Precise instructions were given to students of surgery during the course of lectures on how to conduct phlebotomy, even into the eighteenth century.<sup>44</sup> For instance, in 1723, Parisian master-surgeon Long instructed his students that the patient should not sleep immediately following the operation, but should drink cold water and be confronted with strong smelling substances, such as vinegar.<sup>45</sup>

Phlebotomy, like natural humoral flows, was subject to the temperament of the patient. The age and humoral complexion of the patient determined how much blood should be drawn and indicated the optimum season and time for the operation.<sup>46</sup> 'Selon le bras, la seignée' recorded Jean Nicot's dictionary of 1606, 'les bons medecins et chirurgiens, esquels faisans seigner un malade, examinent diligemment ses forces et sa

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<sup>41</sup> Meyssonier, *Les Fleurs du Guidon*, p. 105.

<sup>42</sup> Ibid.

<sup>43</sup> Pierre-Martin de la Martinière, *L'Empiric Charitable* (Paris, chez l'auteur, 1665), p. 239. Cited in Loux, *Pierre-Martin de la Martinière*, p.189.

<sup>44</sup> Bibliothèque Inter-universitaire de Médecine, Paris (henceforth BIUM), ms. 5256, 'Reflexions faites sur les cours d'opérations de chirurgie, par M. Arnauld, maître chirurgien juré de Paris, 22 janvier 1710', f. 157; BIUM ms. 5089, 'Principes de chirurgie de M. Long', ff. 225-68.

<sup>45</sup> BIUM ms. 5089, 'Principes de chirurgie de M. Long', ff. 261-62; Meyssonier, *Les Fleurs du Guidon*, p. 107.

<sup>46</sup> BIUM ms. 5089, 'Principes de chirurgie de M. Long', f. 240.



portée, ne luy tirant du sang qu'autant qu'ils connassent le pouvoir endurer'.<sup>47</sup> Immoderate bleeding could often result in fatalities and popular, lay perceptions of the dangers of blood-letting are revealed in personal documents. L'Estoile noted the death of Madame Douaille, aged twenty-four, on 19 August 1609, owing to the excessive amount of blood drawn from her veins: ninety palettes of blood were taken on thirty different occasions over ten weeks.<sup>48</sup> Criticism of this nature was still being levelled at surgeons and physicians in the eighteenth century, suggesting that phlebotomy remained entrenched in medical practice and that the dangers of blood-letting were prevalent in the lay imagination. The diarist and lawyer at the Parlement of Paris, Edmond Barbier cited the death of the duchess of Orléans, aged twenty-two, on 8 August 1726 as an example of the dangers of blood-letting.<sup>49</sup> In the mid seventeenth century, the dangers of immoderate bleeding were hotly debated by physicians from rival medical faculties of Montpellier and Paris. Parisian physicians were heavily criticised for their immoderate and arbitrary use of phlebotomy as a therapeutic panacea without regard for the condition or strength of the patient.<sup>50</sup> On other occasions, frequent bleeding was cited as having cured a dangerous fever or disease.<sup>51</sup> Pregnant women were regularly accused of endangering the health of their unborn children if they did not undergo phlebotomy during gestation.<sup>52</sup>

Physicians and surgeons also urged the importance of respecting 'les jours de saignée et de purgation'.<sup>53</sup> La Martinière argued that 'les saignées faites dans les jours propres sont salutaires. Mais celles qui sont faites dans les jours impropres, elles brouillent

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<sup>47</sup> Jean Nicot, *Trésor de la langue française tant ancienne que moderne suivi de l'exact et facile acheminement à la langue française par Jean Masset et du recueil des vieux proverbes de la France* (Paris, David Douceur, 1606, Facsimile, Paris, Le Temps, 1979), p. 17.

<sup>48</sup> Martin (ed.), *Pierre de L'Estoile. Journal pour le règne de Henri IV*, p. 505.

<sup>49</sup> *Journal d'un bourgeois de Paris sous le règne de Louis XV. Edmond-Jean-François Barbier* (Paris, Union Générale des Editions, 1963), p. 95.

<sup>50</sup> Brockliss, *French Higher Education*, p. 428.

<sup>51</sup> Patin, *Lettres*, p. 176, letter 395, 12 March 1666.

<sup>52</sup> *Ibid.*, p. 181, letter 396, 16 March 1666.

<sup>53</sup> Jean Riolan, *Chirurgie de Riolan, docteur en medecine de la faculté de Paris, traduite en français* (Paris, Rene Guignard, 1669), p. 8.

le sang, causent ou débilité de membres ou de goutte, et font perdre l'appetit'.<sup>54</sup>

Phlebotomy could not be performed *ad hoc*. The moon in particular was held to affect the movement of humours and thus François Ranchin (1560-1641) remarked that 'il est a propos et raisonnable d'observer l'estat de la Lune en la saignée'.<sup>55</sup> Martinière advised that individuals who were predominantly sanguine should be bled in the first quarter of the lunar phase, choleric in the second, phlegmatics in the third and melancholics in the fourth quadrant.<sup>56</sup> Advice on particular days for bleeding was still to be found in the *Almanach Royal* of 1694 and 1696.<sup>57</sup>

Thus, a number of similarities can be drawn between phlebotomy and menstrual bleeding. Although, an artificial process, phlebotomy was subject to the same natural constraints as menstrual bleeding – astrology, timing, humoral complexion, age and regimen of the individual. Regular blood-letting to remove excess or 'bad' blood or humours was also imbued with moral significance in much the same way as menstrual bleeding.

### Natural Regularity

In Paster's model of the female as a 'leaky vessel', the natural irregularity of menstrual bleeding is interpreted as a measure of immorality and lack of fortitude. The natural inversion of culturally regulated and ordered phlebotomy, menstrual bleeding, she argues, embodied female weakness. Pomata claims, on the contrary, that phlebotomy was modelled on the natural regularity of menstrual bleeding.<sup>58</sup> Nature was not synonymous with disorder, and natural spontaneity did not rule out order and regularity. Moreover, as

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<sup>54</sup> Loux, *Pierre-Martin de la Martinière*, p. 189.

<sup>55</sup> François Ranchin, *Questions en chirurgie sur le reste des oeuvres de maistre Guy de Chauliac deuxieme et troisieme parties* (Paris, Marc Orry, 1604), pp. 726-27.

<sup>56</sup> Loux, *Pierre-Martin de la Martinière*, p. 152.

<sup>57</sup> *Almanach ou Calendrier pour l'année 1694 exactement calculé sur l'elevation et le meridiem de Paris* (Paris, Laurent D'Houry, 1694), pp. 52v-53v.



we have seen, blood-letting itself could be highly dangerous if not carefully controlled, and if performed without due attention to the health of the patient. The timing of menstrual bleeding was as carefully monitored by medical practitioners and women themselves as that of blood-letting and both evacuations were subject to the influences of the seasons and the moon. The influence of time on the vocabulary of menstrual bleeding throughout the early modern period is striking. Menstrual bleeding was by definition a monthly event. Many of the French vernacular terms for menstrual bleeding derive from the Latin 'menstrua' which reiterates the monthly nature of the bleeding. For instance the terms 'temps' and 'mois' had multiple meanings in early modern French. They signified actual physical time and also the processes of purging, menstrual bleeding and delivery.

A survey of male and female-authored medical literature reveals that many of the euphemisms used to describe menstrual bleeding related to markers of time and indeed to months. For instance, 'les mois des femmes', 'les mois coulans', 'les temps', 'les ordinaires', 'le flux périodique', 'les épanchements périodiques', 'le flux menstrual', and even 'les périodes' recur frequently.<sup>59</sup> The importance accorded to the timing of menstrual bleeding did not diminish with the advent of chemical and mechanical theories of menstrual bleeding. In particular, English physician John Freind (1675-1728), emphasised the necessity of regularity and 'les retours périodiques'.<sup>60</sup> Similarly dictionaries and collections of proverbs reveal the stress placed on time. There are also many parallels

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<sup>58</sup> Pomata, 'Menstruating Men'; Beauchamp, *Le sang et l'imaginaire médical*, p. 94.

<sup>59</sup> Ambroise Paré, *Les oeuvres d'Ambroise Paré, conseiller et premier chirurgien du Roy* (Paris, G. Buon, 1585), p. 967; Louise Bourgeois Boursier, *Observations diverses sur la sterilité, perte de fruits, fecondité, accouchements, et maladies des femmes et enfants nouveau-nés* (Paris, Abraham Saugrain, 1617), L. 2, p. 24; Iean Liébault, *Trois livres des maladies et infirmités des femmes pris du Latin de M. Iean Liébault, docteur medecin à Paris* (Rouen, Iean Berthelin, 1649), p. 737; Jacques Dubois, *De l'utilité des moys des femmes* (trans. Guillaume Chrestien, Paris, G. Morel, 1559), p. 129; Giles Ménage, *Dictionnaire etymologique de la langue française* (2 vols., Paris, Briasson, 1750), vol. 1, p. 600; Nicolas de Venette, *De la generation de l'homme ou Tableau d'amour conjugal* (Cologne, Claude Joly, 1702), p. 397; Thomas Corneille, *Le Dictionnaire des arts et des sciences par MDC de l'Academie Française* (2 vols., Paris, Jean-Baptiste Coignard veuve, 1694), vol. 1, p. 446; John Freind, *Emmenologie, ou traité de l'évacuation ordinaire ou l'on explique les phénomènes, les retours, les vices et la méthode curative, qui la concernent selon les voix de la mécanique* (trans. Jean Devaux, Paris, Freres Dumont, 1730), p. 64.

<sup>60</sup> Freind, *Emmenologie*, p. 64.

between the medical literature and dictionaries. 'Males sepmanes' is just one example which occurs in physician Jacques Duval's (1555-1620) text on hermaphrodites, which is also found in Antoine Oudin's collection of curiosities from 1640, along with expressions such as 'la pluye des mois'.<sup>61</sup> Many dictionaries reflected the linguistic emphasis on months found in the medical term 'les mois des femmes'.<sup>62</sup> Rare exceptions to this trend are expressions such as 'les besongnes', 'les secrettes besongnes',<sup>63</sup> and 'les fleurs' or 'le sang des fleurs'.<sup>64</sup>

Other expressions related to the moon: 'le fourrier de la Lune a marqué le logis'; 'la Lune est sur le Bourbon'; and 'les menstrues lunaires'.<sup>65</sup> These reflect the belief that the lunar cycle dictated the flux of humours in the female body as it dictated the timing of phlebotomy. Perhaps the most striking image of the embodiment of time is that of the woman having 'son kalendrier [...] rubriqué'.<sup>66</sup> The use of the possessive article 'son' reinforces the image that it is her personal calendar and not the external social calendar, which is followed.

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<sup>61</sup> Jacques Duval, *Des hermaphrodits. Accouchemens des Femmes et traitement qui est requis pour les relever en leur santé et bien élever leurs enfans* (Rouen, David Geuffroy, 1612), p. 97. Antoine Oudin, *Curiositez Francoises pour supplement aux dictionnaires. Recueil de plusieurs belles proprietes, avec une infinite de proverbes et quolibets, pour l'explication de toutes sortes de livres* (Rouen, se vend a Paris chez Antoine de Sommaville, au Palais, 1656), pp. 332, 250. François Lebrun argues that dictionaries provide a useful source for popular culture, shedding insight on the attitude of the bourgeoisie towards the lower strata of society. See his 'La culture populaire en France au XVIIe siècle à travers le *Dictionnaire de Furetière*', *Croyances et cultures dans la France d'Ancien Régime* (Paris, Seuil, 2000): 200-11.

<sup>62</sup> Reference to 'les mois' was particularly common. See *Nouveau dictionnaire François-Latin augmenté des noms de marine, venerie, faulconnerie, arbres, herbes, plantes et fleurs avec leurs genres* (Lyon, Claude Morillon, 1608) p. 605; Guy Miège, *A Short Dictionary English and French with another French and English* (London, Thomas Basset, 1685), n. p.; Nicot, *Trésor*, p. 414; *Le petit dictionnaire royal pour ceux qui commencent de composer en Latin contenant les verbes et les noms Français et Latins*, (Lyon, Antoine Molin, 1667), p. 138; *Le dictionnaire royal, augmenté de nouveau et enrichi d'un grand nombre d'expressions* (Lyon, Louis Servant, 1716), p. 417; Philibert Monet, *Invantaire des deus langues, françoise et Latine: assorti des plus utiles curiositez de l'un et l'autre* (Lyon, Claude Obert, 1636, Facsimile, Geneva, Slatkine, 1973), pp. 378, 565.

<sup>63</sup> *Lettres de Catherine de Médicis* (10 vols., Paris, Imprimerie Nationale, 1880), vol. 1, p. 566; André Le Fournier, *La décoration d'humaine nature et ornement des dames* (Lyon, Gilles et Jacques Huguetan, 1541, Facsimile, [n. p.], Klincksiek, 1992), preface.

<sup>64</sup> Bernard de Gordon, *Les fleurs de chirurgie* (trans. Symphorien Champier, Paris, [n. pub. ], 1509), n. p.

<sup>65</sup> Oudin, *Curiositez Francoises*, pp. 242, 181; *Les cours de medecine en français, contenant le miroir de Beauté et santé corporelle par Mr. Louys Guyon, Dolois, Sieur de la Nauche, docteur en médecine, et la théorie avec un accomplissement de la pratique*, (Lyon, Daniel Cayet and Jacques Faeton, 1673, Facsimile, 2 vols., Paris, Pariente, 1987), vol. 2. p. 327.

<sup>66</sup> Oudin, *Curiositez Francoises*, p. 227.



The image of the *femme réglée* represents the continuity of images of time in menstrual expressions throughout the early modern period. Jean-Charles Sournia has interpreted the eventual supplanting of the word 'menstrues', evoking the monthly nature of menstrual bleeding, with 'règles', which he characterises as imprecise, as an act of social modesty.<sup>67</sup> This raises two issues: the extent to which the acceptance of the term 'règles' implies a social distancing from bodily functions and humoral concerns, such as that outlined by Norbert Elias and, secondly, whether in fact there was such a linguistic rupture in the early modern period.<sup>68</sup> If indeed such a rupture was substantiated it could be linked chronologically with the wider diffusion of Harvey's physiological model in the 1650s. However, the coexistence over an extended period, of various euphemisms for menstrual bleeding, including 'menstrues' and the expression 'règles', strongly suggests that there was no such break and that the idea of regularity, rather than *pudeur* was emphasised.<sup>69</sup> Moreover, although the term 'règles', which is first documented in the mid seventeenth century, was not used more generally until the eighteenth century, the expression 'réglé' is recorded much earlier.<sup>70</sup> It is worth noting that one of the early examples of the use of 'règles', found in Furetière's dictionary, occurs alongside more explicit, 'bloody' terms such as 'le sang menstruel', 'les fleurs rouges' and 'les menstrues'.<sup>71</sup> Similarly, dictionary sources mark the first use of the term 'réglé' in French

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<sup>67</sup> Jean-Charles Sournia, *Langage médical français* (Paris, Privat, 1997), pp. 62-3, 72. For a detailed discussion of early modern medical vocabulary see Bernard Quémada, *Introduction à l'étude du vocabulaire médical (1600-1710)* (Paris, Belles Lettres, 1955).

<sup>68</sup> Norbert Elias, *La civilisation de mœurs* (La Flèche (Sarthe), Calmann-Lévy, 2001).

<sup>69</sup> Jacques Gélis argues that the term 'règles' passed from learned medical discourse into popular language at the end of the seventeenth century and reflected the importance of menstrual regularity and balance. See his *L'arbre et le fruit: La naissance dans l'occident moderne aux XVIe-XIXe siècles* (Paris, Fayard, 1984), p. 32.

<sup>70</sup> Alain Rey, (ed.), *Le Robert. Dictionnaire historique de la langue française* (3 vols., Paris, Le Robert, 1998), vol. 2, pp. 3, 147-48 dates this to 1658. See also Antoine Furetière, *Dictionnaire universel (Dictionnaire universel contenant généralement tous les mots françois tant vieux que modernes et les termes des sciences et des arts* (3 vols., La Haye and Rotterdam, [n. pub.], 1701), vol. 3, n. p. 'Les médecins appellent regles la purgation ordinaire et naturelle des femmes'; Venette, *De la generation de l'homme*, p. 397.

<sup>71</sup> Furetière, *Dictionnaire universel*.

by Ambroise Paré in 1560 in the locution 'bien réglée dans ses mois'.<sup>72</sup> Again the expression is found alongside others including, 'le flux menstrual', 'les fleurs rouges' and 'le flux de sang par la matrice'.<sup>73</sup> However, since dictionaries serve to consolidate vocabulary already in use it seems plausible that the term pre-dates Paré's *Oeuvres*. Indeed, both the concept and the expression existed in medieval Latin and can be found in the fifteenth-century Parisian physician, Jacques Despars' commentary on Avicenna's *Canon* in which he equated health with menstrual regularity: 'muliere perfecte sana bene regulata'.<sup>74</sup> Sixteenth-and seventeenth-century medical practitioners continued to use the image of the *femme réglée* in much the same way. Du Laurens described as healthy 'celles, qui sont réglées de leurs mois'.<sup>75</sup> In 1612, Germain Courtin (d. 1597), referred to 'les femmes qui sont bien réglées de leurs mois' as healthy in his surgical lectures.<sup>76</sup> Such expressions were not restricted to Parisian practitioners either. The provincial physician Louys Guyon (d. 1630) also lectured on the importance of being 'réglée en ses purgations'.<sup>77</sup> The two expressions were used together as late as 1728 in the journal of the *Académie Royale des Sciences*.<sup>78</sup>

The concept of regularity and the *femme réglée* is also found in contemporary female-authored midwifery texts, such as that of Louise Bourgeois (1563-1636) in 1609 and in Madame de Sévigné's correspondence.<sup>79</sup> The association between regular bleeding, menstrual or otherwise, and health, social status and morality existed well into the

<sup>72</sup> Rey (ed.), *Le Robert*, vol. 2, p. 3,148. Paré, *Oeuvres*, p. 996.

<sup>73</sup> Paré, *Oeuvres*, p. 996.

<sup>74</sup> Jacques Despars, *Expositio supra librum canonis Avicenne* (Lyon, Jean Treschel, 1498), Livre 3, fen. 21, chs. 2-4. I am grateful to Danielle Jacquart for this reference.

<sup>75</sup> Du Laurens, *Oeuvres* p. 353. See also Devaux, *L'art de faire des rapports*, p. 435, 'une suppression de ses ordinaires sans aucune cause, ayant jusqu'alors été toujours bien réglée'; François Mauriceau, *Traité des maladies des femmes grosses et accouchées*, (Paris, Jean Henault, Jean d'Houry, Robert de Ninville and Jean Baptiste Coignard 1668), p. 62, 'ses mois s'arrestent sans qu'il en paroissent autre cause, ayant esté toujours bien réglée jusqu'alors'.

<sup>76</sup> Germain Courtin, *Leçons anatomiques et chirurgicales de feu M. Germain Courtin* (Paris, D. Langlois, 1612), p. 258.

<sup>77</sup> Meyssonier, *Les cours de médecine*, p. 323.

<sup>78</sup> François Planque, *Bibliothèque choisie de la médecine, tirée es ouvrages périodiques tant français qu'étrangers* (10 vols., Paris, D'Houry père, 1748-70), vol. 5, p. 688.



eighteenth century and beyond.<sup>80</sup> For example, the demoiselle de Brulle, imprisoned in the Bastille between 1761-62 who claimed to be a countess, insisted that the regularity and discipline of her bodily evacuations reflected her nobility and morality. She argued that from the age of seven, 'j'étais fille, réglée {in her menstrual bleeding} tous les quinze jours, ce qui ne m'a jamais manqué depuis ce temps, quoique j'ai trente-trois ans'.<sup>81</sup>

The concept of the *femme réglée* is also apparent in Mauriceau's image of the womb as a woman's biological clock with which I opened this chapter.<sup>82</sup> This is a potent image and reflects the importance accorded to menstrual regularity in early modern medicine. Equally forceful was the significance accorded to the disciplined, periodic functioning of this clock – far from 'leaking' uncontrollably, as Paster suggests, it was, as we have seen, represented as a highly disciplined organ in a healthy, moral body.

## Beginnings and Endings

So what did it mean to be 'régulé'? Generally it was perceived that all girls and women should menstruate regularly between what we would call the menarche and the menopause, or the ages of approximately fourteen to fifty. The figures fourteen and fifty appear to have taken on a conventional status and are cited in medical literature from Graeco-Roman antiquity through to the early modern period.<sup>83</sup>

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<sup>79</sup> Rey (ed.), *Le Robert*, vol. 2, p. 3, 148. Bourgeois, *Observations diverses*, L. 2, p. 52.

<sup>80</sup> Beauchamp, *Le sang et l'imaginaire médical*, p. 106.

<sup>81</sup> Cited by Deborah Cohen, 'Trois vies emprisonnées à la Bastille au XVIIIe siècle. Du discours du corps au discours sur les corps', *Hypothèses. Travaux de l'école doctorale d'histoire, Université Paris I Panthéon-Sorbonne* (2002): 69-78, p. 71.

<sup>82</sup> Mauriceau, *Aphorismes*, p. 15, no. 26.

<sup>83</sup> I will use the terms puberty and the cessation of menses due to old age to avoid anachronism. See Bernard de Gordon, *Les fleurs de chirurgie*, n. p.; Dubois, *De l'utilité des moys des femmes*, pp. 18, 122; Mauriceau, *Aphorismes*, p. 21, no. 41; Freind, *Emmenologie*, p. 2; Philibert Guybert, *Toutes les oeuvres charitables de Philibert Guibert* (Rouen, François Vaultier, 1667), p. 414. See also J.B. Post, 'Ages at Menarche and Menopause: Some Medieval Authorities', *Population Studies*, 25, 1 (1971): 83-87; Peter Laslett, 'Age at Menarche in Europe since the Eighteenth Century', in R. Rotberg and T. K. Rabb (eds), *Marriage and Fertility. Studies in Interdisciplinary History* (Princeton, Princeton University Press, 1980): 285-300; Colette Henriet and Henri Rozenbaum, 'L'âge survenu de la ménopause, varie-t-il à travers les siècles?', *Contraception, fertilité, sexualité*, 8, 1 (1980): 49-56.

Menstrual imagery was frequently used to situate these two moments in the female life cycle. For instance, it could be said of an immature girl that the ‘fourrier ne marque pas encore le logis’ and of an ageing woman that ‘elle ne marque plus’.<sup>84</sup> Associations with the life-span of fertility were also made. An old woman was said to have ‘la Boutique fermée’<sup>85</sup>, or to be ‘hors d’age’<sup>86</sup> to indicate that she was no longer fertile, and a young girl was said to have reached ‘l’age marriageable’ or ‘l’age d’engendrer’ when she began to menstruate.<sup>87</sup> It was a commonly-held perception, dating back to Graeco-Roman humoral medicine, that women in warmer climates began to menstruate at an earlier age. This persisted into the eighteenth century, despite the advent, and acceptance, of general circulatory theories.<sup>88</sup> Freind argued that the earlier a girl entered puberty, the more regular her menstrual bleeding would be in later life.<sup>89</sup> Similarly, Hippocratic medicine urged the marrying of young girls as soon as they reached puberty, to ensure that their veins would not be obstructed by the stirrings of unfulfilled sexual desire, and that they would henceforth be regular and healthy.<sup>90</sup>

However, as with prescribed ages for phlebotomy, there were many exceptions to these rules. Blood-letting was theoretically reserved for mature adults, unless a severe crisis called for drastic measures. Loosely associated with the years between puberty and the onset of old age and the cessation of menses, this theoretical dictum did not prevent the drawing of blood from the veins of both the very young and the very old on occasion. For instance, Madame de Sévigné recorded the bleeding of her three-year-old grandson on

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<sup>84</sup> Oudin, *Curiositez françoises*, p. 257.

<sup>85</sup> Ibid., p. 46.

<sup>86</sup> Louys de Serres, *Discours de la nature, causes, signes et curation des empeschemens de la conception, et de la sterilité des femmes* (Lyon, A. Chard, 1625), p. 151.

<sup>87</sup> *Nouveau dictionnaire françois-latin*, p. 21; Dubois, *De l’utilité des moys des femmes*, p. 124.

<sup>88</sup> Freind, *Emmenologie*, p. 5.

<sup>89</sup> Ibid., p. 4.

<sup>90</sup> J. Salem (ed.), *Hippocrate. Connaître, soigner, aimer, le serment et autres textes* (Paris, Seuil, 1999), p. 217; King, *Hippocrates’ Woman*, p. 199.



26 June 1675.<sup>91</sup> On the other hand, Patin argued that a colleague of his had only survived a severe lung inflammation at the age of seventy, because he had been subjected to sixteen 'bonnes saignées'.<sup>92</sup>

Medical texts abounded with examples of girls suffering precocious menstrual bleeding from as early as birth, reflecting both the increasing interest in fixing norms and the examination of the abnormal or extraordinary.<sup>93</sup> The emphasis on exceptional cases became increasingly important in medical literature as a means to prove or disprove the rules of normality and to combat uncertainty.<sup>94</sup> The replacement of theoretical with empirical case-note material in medical literature from the mid-sixteenth century onwards also contributed to this tendency. For instance, Langlade, a surgeon from Carcassonne wrote to the *Académie Royale des Sciences* in 1708 to report on the case of a girl born 8 February 1704, who had menstruated, according to reports, either eight days or three months after her birth. By the age of four-and-a-half she was described as being three-and-a-half feet tall and had 'les mammelles et les parties de la generation comme une fille de dix-huit ans, de sorte qu'elle paroissoit parfaitement nubile'.<sup>95</sup> Clearly, this girl was perceived as having reached a very premature puberty and the bleeding she experienced was described as 'règles'. The linguistic and cultural equation of such bleeding with menstrual bleeding represents an attempt to harness an exceptional occurrence within the realm of 'normal' or 'known' phenomena.

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<sup>91</sup> Vigarello, *Le sain et le malsain*, p. 93.

<sup>92</sup> Patin, *Lettres*, p. 176, letter 395, 12 March 1666.

<sup>93</sup> This can be linked to the Renaissance interest in monsters, prodigies and curiosities which gave rise to numerous texts on the subject of the abnormal. See Lorraine Daston and Katharine Park, *Wonders and the Order of Nature* (New York, Zone, 1998); Dudley Wilson, *Signs and Portents. Monstrous Births from the Middle Ages to the Enlightenment* (London and New York, Routledge, 1993).

<sup>94</sup> Ian Maclean, 'Evidence, Logic, the Rule and the Exception in Renaissance Law and Medicine', *Early Science and Medicine*, 3 (2000): 227-57.

<sup>95</sup> Planque, *Bibliothèque choisie*, vol. 1, p. 459. Bourgeois also cites a girl who from eight days was subject to 'une perte de sang comme menstrues, de dix ou douze jours provenant de la matrice'. *Observations*, L. 2, p. 23.

Other incidences of early puberty and menstrual bleeding were less extreme, but nonetheless received curious attention. In August 1679, surgeon Nicolas de Blégny (1652-1722), recounted the case of an eleven-year-old girl who had menstruated periodically between the ages of three and eight years, since when she had suffered an eye inflammation and total suppression of her menses. Prescribed bleeding from the arm and foot, her menstrual bleeding re-started and her eyes recovered.<sup>96</sup> Blégny praised the wonders of nature and this extraordinary 'anticipation de maturité'. He argued that the girl's premature menstrual bleeding was not an impediment since 'le mouvement du sang s'est soutenu si reglement et durant un si longtemps'.<sup>97</sup> Mauriceau also noted several cases of girls who had begun menstruating at the ages of nine and twelve years.<sup>98</sup>

The cessation of menstrual bleeding could also occur much later than the standard forty years of age.<sup>99</sup> Continued menstrual bleeding after the age of forty was often associated with ongoing fertility. For instance, the Dieppe physician Théophile Gelée, who translated the works of André du Laurens, noted a rare case in 1613. The woman aged forty-five was still 'tous les mois reglee de ses fleurs et menstrues [...] de sorte qu'il ne semble pas qu'il y ait rien qui la puisse garder de concevoir et porter enfants vivants à terme'.<sup>100</sup> An extraordinary case was reported by Mauriceau in 1686. A woman aged forty-six was pregnant with her nineteenth child after a period of three years during which she had not menstruated at all. The woman herself had assumed that the cessation of her menstrual bleeding was 'une entière privation de cette évacuation naturelle, à cause de

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<sup>96</sup> Nicolas de Blégny, *Les nouvelles decouvertes, sur toutes les parties de la medecine recueillies en l'année 1679* (Paris, Laurent d'Houry, 1679), p. 390.

<sup>97</sup> Ibid., p. 391.

<sup>98</sup> Mauriceau, *Observations sur la grossesse et l'accouchement des femmes, et sur leurs maladies et celles des enfans nouveau-nez* (Paris, chez l'auteur, 1694), p. 326, no. 392, June 1685; p. 435, no. 525, 7 May 1688; p. 309, no. 373, 1 December 1684.

<sup>99</sup> Little work has been done on menopause in the early modern period. See the general introductory texts by H. Rozenbaum and J-J. Peumery, *Histoire illustrée de la ménopause de l'Antiquité à nos jours* (Paris, Roger Dacosta, 1990); R. Arnaud, *La ménopause à travers l'histoire* (Rueil-Malmaison, Ciba-Geigy, 1995).



l'âge avancé où elle estoit, non obstant quoy ses menstrues après une si longue suppression estant revenues trois ou quatre fois, elle étoit devenue grosse'. Since she had only ever been 'peu réglée dans l'évacuation de ses menstrues' she had experienced little trouble during their absence.<sup>101</sup> Bourgeois had earlier noted an even more extreme case of two women aged eighty who continued to 'fleury', or to menstruate every month without fail. She remarked however, that this did not necessarily mean that they were still fertile.<sup>102</sup> It is evident from cases such as the above that the relationship between fertility and menstrual bleeding in early modern French medicine was highly ambiguous.

Although extant evidence shows that some women recognised the onset of the end of their menstrual lifecycle and the resulting sterility, many seemed unsure of what was happening to their bodies. Consequently medical practitioners were wary of trusting female narratives. Marguerite de Valois, wife of Henri IV provides us with an example of a sixteenth-century woman who was aware of the changes age was wreaking on her body. On 21 March 1599, she wrote to Diane de Valois of her inability to provide heirs for the new King of France: 'je suis hors de moyen d'avoir les enfans, qui lui sont nécessaires à sa majesté pour son contentement, et le bien de cet Etat'.<sup>103</sup> In contrast, some women became figures of ridicule because they did not believe, or would not accept, that they were menopausal. For instance Tallement des Réaux remarked that 'on se moquoit partout de (la) belle grossesse' of Madame de la Tabanère who, despite being of an age when her menstrual bleeding should have ceased, publicised her pregnancy at court. She died three months later of hydropsy.<sup>104</sup> Surgeon Guillaume Mauquest de la Motte (1655-1737), believed that there were two reasons why women often mistakenly claimed to be pregnant

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<sup>100</sup> Théophile Gelée, *Histoire rare et merveilleuse, mais véritable d'une femme du village de Neufville auprès de Dieppe, laquelle ayant porté son enfant mort en sa matrice l'espace de six mois et demy fut enfin heureusement delivree par une incision faite au costé du ventre* (Rouen, Raphael du Petit Val, 1613), p. 17.

<sup>101</sup> Mauriceau, *Observations*, p. 352, no. 426, 9 March 1686.

<sup>102</sup> Bourgeois, *Observations*, L. 2, p. 24.

when they were in fact too old. Women who had never borne children remained hopeful of conception, and others who were already mothers 'se flatent encore d'être grosses, quand leurs menstrues viennent à supprimer; plutôt que d'avouer que c'est l'âge avancé qui les rend stériles; tant elles ont la vieillesse en horreur'. <sup>105</sup> Sometimes women confused their last menstrual cycle with miscarriage. La Motte was called to examine two women aged over fifty in March 1689 who believed they were three to four months pregnant. He arrived to find both women suffering from blood loss so severe that they were 'baignées dans leur lits'. His examination proved that 'cet accident étoit la suite d'une suppression de leurs ordinaires, causées par leur âge avancé, qui étoit même le dernier tems où elles cessent de couler ordinairement, dont cette perte de sang étoit un présage'. <sup>106</sup> Another woman aged forty-five called La Motte to examine her following a fall from her horse which resulted in abdominal pains and slight bleeding. She claimed to be six or seven months pregnant and had indeed shown all the signs of being so. La Motte judged that the swelling had been caused by the retention of her menses, owing to her age and that the fall had dislodged the collected flux. He remarked, 'ce fut la dernière fois que ses menstrues coulèrent'. <sup>107</sup>

The symptoms of stopped menstrual bleeding and the cessation of menses due to old age were perceived to be very similar to those of pregnancy, which was another reason why medical practitioners felt that the female narrative could not be trusted. For example, in 1685, a woman 'digne de fois' claimed to be pregnant at the age of seventy-nine. The mother of ten children, she had not menstruated for eighteen years, then her periods had

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<sup>103</sup> Eliane Viennot (ed.), *Marguerite de Valois, mémoires et autres écrits 1574-1614* (Paris, Champion, 1999), p. 416, letter 307; p. 428, letter 317, 17 November 1599.

<sup>104</sup> Tallement des Réaux, *Historiettes*, vol. 2, pp. 229-30.

<sup>105</sup> La Motte, *Traité complet*, p. 37. For attitudes towards old women see J. Bailbé, 'Le thème de la vieille femme dans la poésie satirique du seizième et du début du dix-septième siècles', *Bibliothèque d'Humanisme*, (1964): 98-119; Lynn Botelho and Pat Thane (eds), *Women and Ageing in British Society Since 1500* (Harlow, Pearson Education, 2000).

<sup>106</sup> La Motte, *Traité complet*, p. 38, no. 19.

<sup>107</sup> *Ibid.*, p. 39, no. 21, 29 December 1685.



returned abundantly and soon afterwards she was beset with the signs of pregnancy 'comme nausée, vomissement, désir d'alimens extraordinaires [...] que cela avait duré plusieurs mois', she had even felt the movements of her foetus.<sup>108</sup> The author of this observation, Guillaume Cole, denounced the stupidity of the midwife who had examined the woman and found her to be pregnant. He also argued that 'personne amoureux de sa réputation n'osera avancer quelle est grosse, surtout depuis un si long espace de tems, et dans un âge où la seule Sara, selon les écritures saintes, nous laisse un pareil exemple.'<sup>109</sup>

The importance of regular menstrual bleeding is underlined by the fact that for some women, the cessation of menses due to old age brought ill-health. Although the majority of pre-pubescent and post-menopausal women would be considered healthy and not *déreglée* because of their absence of menstrual bleeding, this natural lack of regular evacuation did cause health problems in other cases. Mauriceau noted that:

on voit mourir beaucoup plus de femmes depuis l'âge de quarante-cinq jusqu'à cinquante ans ou environ, qu'en aucun autre âge de leur vie; à cause que la nature commence pour lors d'estre privée de l'évacuation menstruelle qui leur estoit salutaire.<sup>110</sup>

The prognosis was not always good in cases where the cessation of menstrual bleeding was followed by various inconveniences. Once the regular, cleansing and purgative process of menstrual bleeding had ceased, women were held to be more susceptible to ill-health caused by the retention of excess humours. These humours, previously evacuated on a regular basis, collected and could putrefy within the body. If the retained humours began to corrupt the woman could begin to suffer from headaches and other problems. For instance a fifty-year-old woman treated by Mauriceau in 1687, who had always menstruated abundantly, developed a hard lump in her right breast following

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<sup>108</sup> Planque, *Bibliothèque choisie*, vol. 1, pp. 395-96.

<sup>109</sup> Ibid., p. 397.

<sup>110</sup> Mauriceau, *Aphorismes*, p. 17, no. 32.

the total suppression of her menstrual bleeding.<sup>111</sup> In another case a fifty-year-old woman who had stopped menstruating the year before began to suffer from headaches, suppression around the heart, pains, insomnia and a general unease. She was bled and purged, but died shortly afterwards.<sup>112</sup> It was therefore important for regular phlebotomy or purging to replace the action of menstrual bleeding and to expel such potentially harmful superfluites. A good example of such a practice is provided by Madame de Sévigné who remarked in a letter to her daughter on 11 October 1679 that to maintain her health 'je me purgerai à la fin de toutes les lunes, ainsi que j'ai fait depuis deux mois'.<sup>113</sup>

Puberty and the cessation of menses due to old age were important transitional stages in the life of an early modern woman and required careful monitoring by medical practitioners and women themselves.<sup>114</sup> If menstrual bleeding had not begun by the time a girl reached the expected age of fourteen, practitioners and families had to decide whether or not to intervene and provoke the delayed flow or to wait and let nature run its course. Often this decision depended on the health of the girl and whether or not the absence of menses appeared to be causing any physical discomfort. If a girl should begin to menstruate precociously then her progress and health necessitated careful observation as well to ensure that the flow was not too copious and that the narrow pathways in the tight, young, virginal flesh did not become blocked causing a more serious condition. At the other end of the menstrual timeframe, women were endangered by the cessation of their menses. If recognised swiftly, adequate measures for replacement bleeding or purging following the usual constraints could be arranged. If, however, the symptoms of the cessation of menses due to old age mimicked those of pregnancy, and the woman in

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<sup>111</sup> *Idem*, *Observations*, p. 423, no. 510, 19 December 1687.

<sup>112</sup> Planque, *Bibliothèque choisie*, vol. 2, p. 557.

<sup>113</sup> Roger Duchene (ed.), *Lettres de Madame de Sévigné* (3 vols., Paris, Gallimard, 1977), vol. 2, p. 700, letter 698.

<sup>114</sup> On this point see, King, *Hippocrates' Woman*, pp. 58-75 and *idem*, *The Disease of Virgins: Green-Sickness, Chlorosis and the Problem of Puberty* (London and New York, Routledge, 2004).



question was not sufficiently aware of her own menstrual and sexual habits to know that this was not the case, or indeed if she did not wish to admit that her age was a stronger possibility than pregnancy, the risks of ill-health and even death were much higher.

## Regulating Health

Whilst perceived to be naturally regular in a mature pre-menopausal woman, menstrual bleeding was by no means always the paradigmatic fountain of health suggested by some historiographical accounts.<sup>115</sup> Furthermore, as I demonstrate in this section, menstrual bleeding could be controlled using external or cultural means. Natural regulation did not rule out a little artificial help from time to time. A woman out of time with her body clock was described as *déreglée*.<sup>116</sup> If health was the maintenance of a regular, periodic menstrual evacuation, then ill health was symbolised by a delay, a diminution or a suppression of this emission which could not be explained by pregnancy, lactation or age.<sup>117</sup> Irregular women suffered from inconsistent cycles, constantly changing in length or even disappearing altogether. Although some women were by nature irregular, dysfunction and irregularity were not the norm, but a symptom of disease.<sup>118</sup> Soranus was the only 'ancient' to argue that amenorrhea might be natural rather than pathological. His stance was reiterated by Avicenna in the eleventh century, nevertheless, the moderate, regular flow of menses was deemed preferential for the maintenance of health.<sup>119</sup> Not all women suffering from menstrual suppression were unhealthy, and those who did not

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<sup>115</sup> For example Pomata, 'Menstruating Men'.

<sup>116</sup> Le Sieur F \*\* C \*\*, *Recueil des meilleurs secrets, les plus rares et admirables que l'Art et la Nature sont capables de produire tiré des ouvrages des sieurs de Vecquel, d'Alecis, d'Agrippa, de Cardant, d'Aportal, de J. Belot, de magie naturelle le tout expérimenté de nouveau* (Lyon, Jean Viret, 1696), p. 52. Bourgeois, *Observations*, L. 2, p. 52; Paré, *Oeuvres*, p. 979.

<sup>117</sup> Freind, *Emmenologie*, avis du traducteur. Guyon, *Les cours de médecine*, p. 325. Lazare Rivière, *La pratique de la médecine avec la théorie* (trans. M. F. Deboze, 2 vols., Lyon, Jean Certe, 1682), vol. 2, p. 328.

<sup>118</sup> La Motte, *Traité complet*, p. 13. See also Paré, *Oeuvres*, p. 979.

<sup>119</sup> Helen Rodnite Lemay (ed.), *Women's Secrets. A Translation of Pseudo-Albertus Magnus' 'De Secretis Mulierum' with Commentaries* (New York, New York State University Press, 1992), pp. 36, 43. Etienne Van de Walle argues that Hippocrates, Galen and Soranus perceived the relationship between the suppression of

display any adverse symptoms were advised not to take remedies to provoke their menstrual flux, but to wait until nature restored the flow of its own accord.<sup>120</sup>

Many 'regular' women would suffer from occasional irregularities and some form of external regulation was often necessary to restore a healthy equilibrium, as well as to preserve certain social mores and female honour.<sup>121</sup> A recipe from 1679 attests to the discomfort caused by such irregularities and the importance of correcting them:

La suppression des reigles dans les filles et les femmes, cause grand nombre de différentes incommoditez habituelles, comme pales couleurs, langueurs, oppressions, maux de teste et d'estomach, pertes blanches, maux de reins, de cuisses et de jambes, vapeurs, degousts, indigestions.<sup>122</sup>

Medical literature abounds with recipes to correct dysfunctional female time. Various different factors were recognised as possible causes of suppressed or immoderate menstrual bleeding. It was important to identify the particular reason in order to ensure that an individual was given the correct remedy. The majority of factors described drew on humoral physiology. A commonly-cited method of testing for the cause of suppressed or immoderate menstrual bleeding in sixteenth-century France involved collecting a sample of menses from the patient on a piece of linen or some sand. Once dried the residue should reveal which humoral fluid was responsible for the imbalance. For instance, if the cloth was bright red, then the problem resulted from an abundance of blood. If the residue was white, then the patient suffered from an excess of phlegm, if yellow, from an excess of choler and, if brown, from a plenitude of black bile.<sup>123</sup> It is important to

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menstrual bleeding and disease very differently. See his chapter in *idem* and Renne (eds), *Regulating Menstrual bleeding*, pp. 3-21.

<sup>120</sup> Guyon, *Les cours de médecine*, p. 324. Dubois, *De l'utilité des moys des femmes*, p. 133.

<sup>121</sup> King notes the double-edged nature of green-sickness, characterised by the absence of menses in virgins, which was also a possible symptom of pregnancy. See her *The Disease of Virgins*, p. 9.

<sup>122</sup> Nicolas de Blégny, *Fragment d'un projet d'histoire concernant la chevalerie chrestienne, au sujet des remèdes exquis et des panacées charitables, envoyez à Cayenne en l'an 1697 par les Hospitaliers du Saint Esprit* (Angers, Veuve O. Avril, 1697), p. 32.

<sup>123</sup> Dubois, *De l'utilité des moys des femmes*, pp. 157-59. This linen test was also cited by Bernard de Gordon, *Les fleurs de chirurgie*; Jehan Goeuret, *Le sommaire de toute médecine et chirurgie contenant les remèdes plus speciaux et experimentez de toutes maladies survenantes quotidiennement au corps humain*



note that, as we saw in Chapter Two, similar methods were used to examine blood drawn from veins in order to determine the cause of ill health.<sup>124</sup> Remedies were tailor-made to treat each type of imbalance. For instance, if the menses proved to be too watery, then rose honey was prescribed on a morning for four to five days followed by purging.<sup>125</sup> If a plenitude of blood proved to be the cause, then bleeding from the liver vein and a cooling regimen was recommended.<sup>126</sup> To restrain the flow of menses, sympathetic ingredients such as red coral or red dragon's blood were often cited since it was believed that the redness would encourage the menses to remain in the body.<sup>127</sup>

Diet and lifestyle were recognised contributors to a healthy menstrual cycle as they were also to general health. Following the humoral economy and the plethora theory of menstrual bleeding it was widely believed that idleness and rich foods could cause a surfeit of blood leading to immoderate menstrual bleeding. Hard labour and a poor diet, on the contrary, could result in a diminution or total suppression of the menstrual flow.<sup>128</sup>

Humoral physiology proved tenacious and was still used in the late seventeenth century to explain menstrual suppression through over-work. The cleric De la Roque recorded in June 1683 that a thirty-five-year-old mother of five, who had not menstruated for two-and-a-half years, had suffered from such frequent nausea that she had at first believed that she was pregnant. The woman did not seek medical advice until it was too late and she died from a uterine tumour. Roque surmised that 'à la manière des pauvres qui attribuent tout à la misère et à leur mauvaise nourriture, elle avait négligé de faire aucun remède'.<sup>129</sup> This

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(Alençon, [n. pub.], 1530), p. xiii; Raoul du Mont Verd, *Les fleurs secrets de la medecine, contenant plusieurs remedes/receptes conservatoires pour le corps* (Paris, Alain Potrian, 1540), p. liiv.

<sup>124</sup> BIUM ms. 5089, 'Traité des principes de chirurgie de M. Long', ff. 225-68.

<sup>125</sup> Goeuret, *Summaire de toute medecine*, p. xiii.

<sup>126</sup> Ibid.

<sup>127</sup> Ibid., p. lxv.

<sup>128</sup> Bernard de Gordon, *Les fleurs de chirurgie*, n. p.; Rivière, *Toute la pratique*, p. 328; Jean Fernel, *La pathologie* (trans. A. D. M., Paris, Jean Guignard, 1655), p. 492.

<sup>129</sup> L'abbé de la Roque, *Journal de medecine ou observations des plus fameux medecins, chirurgiens, anatolistes de l'Europe, tirées des journaux des Païs étrangers et des mémoires particuliers* (Paris, Florentin Lambert and Jean Cvsson, 1683), p. 262. Also cited in Planque, *Bibliothèque choisie*, vol. 1, p. 113.

statement is suggestive of the hierarchical social structure associated with health care, and particularly phlebotomy, noted with regard to the Lussiere family at the start of this chapter. It is perhaps also a reflection of male attitudes towards female bodies and the relationship between social status, gender, regularity and health. The higher the social status of an individual then the more likely they were to have access to regular and comfortable health care with which to procure the state of healthy humoral regularity. Regularity can therefore be interpreted as an acquisition relative to social status and to gender. Roque's statement is also an example of contemporary concerns about the ownership of knowledge and in particular women's access to knowledge about their bodies and health care.

Prolonged illness was also perceived to deplete bodily resources to the extent that often there was no surplus left. This was especially true in the case of fevers.<sup>130</sup> In such instances, it was advised to coax the patient back to health before trying to provoke her menstrual bleeding.<sup>131</sup> Other causes of menstrual suppression commonly-cited in the medical literature included remedies used to fake virginity which narrowed the vagina preventing the issue of humoral fluids, uterine deformity, excessive sweating, nose-bleeds or bleeding haemorrhoids and the viscosity of the blood which could not pass through the veins.<sup>132</sup>

Myriad remedies for immoderate or absent menstrual bleeding can be found in a variety of medical texts ranging from Latin to vernacular and from learned treatises to more popular collections of secrets. Regardless of the genre or whether they were written by a man or a woman, these texts display a shared knowledge of menstrual remedies. The existence of cultural assumptions regarding menstrual health is evident in the use of the

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<sup>130</sup> Guyon, *Les cours de medecine*, p. 323; Freind, *Emmenologie*, p. 5.

<sup>131</sup> Mont Verd, *Les fleurs secrets*, p. liiiiv.

<sup>132</sup> See Guyon, *Les cours de medecine*, pp. 320-21; Freind, *Emmenologie*, p. 60; Fernel, *Pathologie*, pp. 135, 492; Rivière, *Toute la pratique*, p. 336 and Freind, *Emmenologie*, p. 59.



same expressions for provoking the monthlies or relieving excessive flux. A variety of remedies existed, from pessaries to fumigations, injections, plasters and herbal potions.<sup>133</sup> For example, Blégny cited forty-five different recipes to 'provoquez les mois supprimez' and thirty-three to 'arrester le flux menstrual immodéré'.<sup>134</sup> One particular recipe for tablets to relieve menstrual suppression was prefaced with the author's assurance that the remedy had been tried and tested and that it was effective and harmless:

Il y a trois mois qu'un particulier me donna la description de certaines tablettes qui servent à provoquer les menstrues aux femmes. Je vous l'aurois envoyé plutôt si je n'avais esté bien aise de l'éprouver avant de vous en faire part. Vous sçavez combien la suppression de ces évacuations apporte de dérèglement dans l'oeconomie naturelle et bien qu'on procure à celles qui en sont incommodés, quand on les délivre de cette indisposition; ainsi je ne doute pas que je vous fasse plaisir en vous décrivant un moyen qui peut produire cet effet sans estre susceptible de mauvaises suites.<sup>135</sup>

Remedies were frequently listed in order of strength, beginning with the mildest, and women and their practitioners were encouraged to follow this order, commencing with the most harmless remedies before progressing to those which were potentially more dangerous to the woman's health.<sup>136</sup> Extreme caution was urged when pregnancy was suspected.<sup>137</sup> For this very reason, particularly in the sixteenth century, many recipes for menstrual regulation were printed in Latin, even when the remainder of the text was in the vernacular.<sup>138</sup> The preservation of Latin denied unreliable women access to dangerous

<sup>133</sup> Dubois, *De l'utilité des moys des femmes*, pp. 162, 164-65, 177; Charles de Saint-Germain, *Le médecin royal ou le parfait médecin charitable divisé en trois parties* (Paris, Cardin Besangne, 1654), pp. 112-14, 298, 438, 454; Le Fournier, *Décoration d'humaine nature*, p. 30; Jean Jacques (ed.), *Marie Meurdrac. La chymie charitable et facile, en faveur des Dames* (1666, Facsimile, Paris CNRS, 1999), p. 161; Rivière, *Toute la pratique*, pp. 352-59.

<sup>134</sup> Nicolas de Blégny, *Secrets concernant la Beauté et la Santé recueillis et publiez par ordre de m. Daquin, conseiller du Roy et ses conseils, et premier medecin de sa majesté* (2 vols., Paris, Laurent d'Houry et veuve de seu Denision, 1688-9), vol. 1, p. 600. See also *idem*, *Fragment* p. 32; Anne-Marie d'Auvergne, *Secrets touchant la medecine* (Paris, Michel Vaugon et Pierre Prome, 1668), pp. 192-93; *Receuil des meilleurs secrets*, p. 52.

<sup>135</sup> Blégny, *Nouvelles decouvertes*, pp. 198-99. For a discussion of the ingredients used in such recipes see Riddle, *Eve's Herbs: A History of Contraception and Abortion in the West* (Cambridge, Mass., Harvard University Press, 1997); Van de Walle and Renne (eds), *Menstrual Regulation*, pp. xiii – xxxix, 3-21.

<sup>136</sup> Dubois, *De l'utilité des moys des femmes*, pp. 167-78.

<sup>137</sup> Paré, *Oeuvres*, p. 1,001.

<sup>138</sup> See, for instance, Bernard de Gordon, *Les fleurs de chirurgie*; n. p.; Paré, *Oeuvres*, p. 1,000; Dubois, *De l'utilité des moys des femmes*; p. 182; Rivière, *Toute la pratique*, p. 349.

knowledge about their bodies and medical remedies which male medical practitioners felt they might use deceitfully, or out of ignorance, to conceal or terminate a pregnancy.<sup>139</sup>

Menstrual bleeding was generally deemed to be naturally retained during the processes of pregnancy and lactation when the menstrual flux was converted into food for the infant. However, since the symptoms of suppression closely resembled those of pregnancy it was often difficult for women and their practitioners to tell the difference. The fine line between menstrual regulation and miscarriage caused uncertainty and distrust between medical practitioners and their patients. Such complexities have also led to a historiographical debate between historians John Riddle and Etienne Van de Walle who disagree over the interpretation of these remedies as menstrual regulators or abortifacients.<sup>140</sup> The widespread nature of these remedies and the importance accorded to regularity strongly suggests that they were primarily intended to restore menstrual flow and health. It was important to be well-regulated, but also to be aware of other possible reasons for menstrual suppression, such as pregnancy, and to exercise extreme caution in such situations.

Caution stemmed in part from the common anxiety amongst male and female medical practitioners that they would be duped by immoral women seeking an illicit abortion under the guise of a remedy for menstrual retention.<sup>141</sup> This anxiety extended to phlebotomy. Practitioners frequently advised that treatment should commence with bleeding from the arm or the foot to encourage the blood to flow to the matrix in cases of

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<sup>139</sup> On the ownership of medical secrets see William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Europe* (Princeton, Princeton University Press, 1994).

<sup>140</sup> See Van de Walle, 'Flowers and Fruits' and John Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge, Mass., Harvard University Press, 1992), *idem*, *Eve's Herbs*. See also Emmanuel Le Roy Ladurie, 'Famine Amenorrhoea, Seventeenth-Twentieth Centuries', in Robert Forster and Orest Ranum (eds), *The Biology of Man in History. Volume 6. Selections from the Annales, Economies, Sociétés* (Baltimore and London, John Hopkins University Press, 1975): 163-78. Riddle has been criticised by Helen King for 'arguing from silence' and assuming that botanicals which today are proven to have abortifacient properties were used for this purpose in previous epochs. See her *Hippocrates' Woman*, p. 135.



suppression, and to relieve plenitude in cases of excessive flux.<sup>142</sup> The threat to the foetus, particularly from blood-letting, was based on humoral physiology and the assumption that menses nourished the foetus during pregnancy. If the foetal food supply was withdrawn because menstrual bleeding was initiated then the infant would die and inevitably be miscarried. Despite the reliance of this anxiety on humoral theory, it became a commonplace which persisted into the eighteenth century. Not only was it felt that women could trick surgeons and physicians into administering such remedies for wrong reasons, it was also feared that some practitioners would not be able to detect pregnancy sufficiently well and would thus run a considerable risk of involuntarily procuring abortions. Therefore various measures were taken to ensure this did not happen. For example, the surgeons and physicians at the Hôtel-Dieu, Paris were cautioned by the administrators in 1699 following an incident whereby a woman pretending illness 'et qui a celé sa grossesse, s'est fait saigner du pied et donner des remèdes qui ont fait avorter son fruit [...] à terme de cinq mois ou environ'. All women aged between 18 and 35 entering the Hôtel-Dieu were henceforth to be examined for signs of pregnancy by a midwife, before any treatment could be administered by the surgeons or physicians.<sup>143</sup>

Fears over procured abortions led to an *arrêt* in Paris in 1700. This *arrêt* prohibited surgeons from drawing blood from women of any social status without authentic corroboration that they were not pregnant from 'leurs peres et meres ou maistre ou ordonnance de medecin'. On 12 June 1700 Marguerite Herault had been sentenced to be hanged by a tribunal of first instance. She was convicted of having concealed her pregnancy and arranged to be bled twice from the ankle and once from the arm, as well as having taken several abortifacients. The result was that one of her twins was still-born. The

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<sup>141</sup> Devaux, *L'art de faire les rapports*, p. 440.

<sup>142</sup> Ibid., p. 162. Meyssonier, *Fleurs de Guidon*, p. 93; Planque, *Bibliothèque choisie*, vol. 2, pp. 536-57.

<sup>143</sup> Brièle, *Collection de documents*, vol. 1, p. 249, 16 January 1699 and 7 March 1699.

master-surgeon François Gardé and master-apothecary Mallet the younger were also tried.

Gardé was found to have:

infidèlement, indiscrettement et sans aucune ordonnance de medecin pendant le cours de ce caresme dernier es dans le temps de la grossesse de ladite Herault lui avoit fait seigner de plusieurs parties à scavoir deux du pied et un du bras.<sup>144</sup>

He was initially fined fifty livres. On appeal to the Parlement of Paris, the sentences were reduced. Gardé was acquitted on account of his youth - he was nineteen-and-a-half years old; Herault was sentenced to be whipped, branded and banished. However the original prohibition, executed at the first hearing, stood. The *arrêt* was published and distributed within all surgical communities in the jurisdiction of the Parlement.<sup>145</sup>

Not only were women feared guilty of trickery, but surgeons could also abuse their knowledge and position to procure abortions in their own personal interests. Several months later on 5 October 1700 the case against Jeanne Tombais and surgeon Jean le Comte, judged in the first instance on 10 May, was heard at the appeal court in Paris. Tombais had originally been sentenced to whipping, branding and banishment for nine years, but was acquitted on appeal and released from prison. Le Comte, on the other hand, who was found not only to be responsible for Tombais' illicit pregnancy, but also to have abused his position as surgeon to bleed her twice and to give her an abortifacient remedy, was sent to the galleys for nine years.<sup>146</sup> The severity of his sentence was proportional to his breach of trust, as a medical practitioner and guardian of the secrets of the female body.

The ambiguous area between menstrual regulation and miscarriage caused uncertainty and mistrust between medical practitioners and their patients. Even when

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<sup>144</sup> Archives Nationales, Series X2a, Parlement of Paris, criminal registers (henceforth AN X2a) 506, 21 June 1700 Marguerite Herault. James Farr notes a similar case from the Parlement of Dijon in 1704. See his *Authority and Sexuality in Early Modern Burgundy (1550-1730)* (Oxford, Oxford University Press, 1995), p. 131. See also Raymond Mentzer, 'Morals and Moral Regulation in Protestant France', *Journal of Interdisciplinary Studies*, 31, 1 (2000): 1-20.

<sup>145</sup> AN X2a 506 Herault.

<sup>146</sup> AN X2a 509 Jeanne Tombais, 5 October 1700.



pregnancy was acknowledged, the fear of surgeons inadvertently provoking a miscarriage was all too widespread. In an inversion of the usual scenario of the medical practitioner's distrust of the female patient's narrative, a letter from Henriette de la Moussaye records her doubts about the health care her sister received during her pregnancy. In 1635, the marquise wrote to the dowager duchesse de Bouillon lamenting the premature delivery of Madame de Roucy. The marquise blamed the medical treatment given to her sister for the miscarriage:

Me semble [...] que le traitement [...] que l'on luy faisoit estoit plus propre à la faire accoucher que non pas de l'en empescher. Il y a des receptes que l'on fait quand l'on croy estre blessé quy sont bien meilleures que non pas d'estre tant seigné et purgé.<sup>147</sup>

Henriette accused the practitioner of having resorted to overly-strong or inappropriate remedies given her sister's condition and thus of having (inadvertently) provoked her miscarriage. Thus ambivalence and distrust were not uni-directional in the early modern patient/practitioner relationship. Neither were all women as ignorant of their own bodies and health care as early modern medical practitioners portrayed.

## Measuring Health

As I have shown already the anxieties surrounding menstrual regularity and the patient/practitioner relationship led to difficulties in knowing what was healthy or unhealthy. A woman and her practitioner needed to be sure that the remedies they were applying to ensure healthy menstrual bleeding were not going to produce adverse effects. It was difficult for medical practitioners to determine whether a woman was well-regulated or not, and whether and when intervention was necessary. Menstrual time was inherently paradoxical; encapsulating both the 'temps universel et particulier de cette purgation'.<sup>148</sup>

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<sup>147</sup>Jean-Luc Turbot (ed.), *Correspondance du Marquis et de la Marquise de la Moussaye (1619-1663)* (Paris, Champion, 1999), pp. 87-88, letter 26, 13 May 1635.

<sup>148</sup>Du Laurens, *Oeuvres*, p. 365.

Menstrual time, as we have seen, was subject to a desire for control. This was manifested in the creation of models of universal or uniform cycles of purging. On the other hand, it was recognised that, by definition, each woman would have her own internal model. Each woman should follow a regular cycle, but that cycle would be particular to her humoral make-up. What was normal for one woman was abnormal for another. Grappling with such complexities, medical theorists (male and female) attempted to define what was the norm and what were the possible limits of deviation within a healthy regimen, all the while respecting corporeal relativity. Paré wrote that 'il y a des femmes qui les ont trois fois en un mois [...] les autres ne les ont que de deux en trois mois'.<sup>149</sup> Mauriceau agreed that ideally menses should flow 'tous les mois, une seule fois, quoy qu'aucunes l'ayent tous les jours ou au bout de trois semaines'.<sup>150</sup> Neither specified whether they were referring to lunar or solar months. Ideally, the amount of menstrual fluid should be within certain proportions and should last between two to three or at most seven days.<sup>151</sup> However, as DuBois, remarked 'l'évacuation des menstrues [...] conserve les corps sains et entiers quand elle se faict modérément (mais à chacune sa modération)'.<sup>152</sup> In 1688, Venette declared that there was no 'right' or pre-determined time for menstrual bleeding, but that each woman menstruated differently.<sup>153</sup>

The emphasis on the timing of menstrual bleeding was not reserved for Galenic humoralists. Mechanists, such as Freind, also stressed menstrual regularity as the key to female health. He argued in 1703 that 'l'évacuation particulière au sexe féminin, maintient les femmes dans une santé parfaite quand elle se fait regulierement selon l'ordre naturel'.

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<sup>149</sup> Paré, *Oeuvres*, pp. 996, 1, 002; Mont Verd, *Les fleurs secrets*, p. v.

<sup>150</sup> Mauriceau, *Traité des maladies des femmes*, p. 46.

<sup>151</sup> Oswei Temkin, *Soranus' Gynecology* (Baltimore and London, John Hopkins University Press, 1956), pp. 17-18.

<sup>152</sup> Dubois, *De l'utilité des moys des femmes*, pp. 139, 130-31.

<sup>153</sup> Venette, *De la generation de l'homme*, p. 399.



<sup>154</sup> The problem was determining precisely the natural order for an individual woman in order to judge whether her menstrual bleeding was late or on time. Freind remarked that menstrual periodicity was highly relative:

il y a des femmes à qui cette évacuation revient le vingt-septième jour; à d'autres le vingt, et à quelques unes deux fois dans un mois et cela sans que leur santé s'y trouve intéressée. Il y en a enfin qui n'ont pas seulement une fois, mais qui l'ont fréquemment et plusieurs fois dans chaque mois.<sup>155</sup>

The mechanised, like the humoral body, was not uniform, but subject to individual variations.

A further and more intriguing difficulty arose when medical practitioners attempted to 'measure' menstrual time using external markers of socio-political time. Not only was a woman's body clock relative, but time itself was also culturally relative. Notions of time in early modern France were far from uniform and there were a number of variants which added to the general ambiguity surrounding menstrual time.<sup>156</sup> For example, the definition of a month was extremely problematic. Renaissance humanists were becoming increasingly aware of the multiplicity of methods of measuring time, and in particular, calendars.<sup>157</sup> Such changing perceptions of time meant that external divisions such as months and weeks were no longer accepted as universal. A month itself could be measured according to varying precepts which altered the number of days and when it was perceived to start and finish. Months were defined following 'astrological', 'medicinal', 'usual',

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<sup>154</sup> Freind, *Emmenologie*, Avis du traducteur.

<sup>155</sup> Ibid., p. 3.

<sup>156</sup> G. T. Moran, 'Conceptions of Time in Early Modern France: An Approach to the History of Collective Mentalities', *Sixteenth Century Journal*, 12, 4 (1981): 3-19; R. Quinones, *The Renaissance Conception of Time* (London and New York, Harvard University Press, 1972), pp. 4, 18; Natalie Zemon Davis, 'The Sacred and the Body Social in Sixteenth-Century Lyon', *Past and Present*, 90 (1981): 40-70, pp. 52-62; Jacques Le Goff, *Pour un autre moyen âge. Temps, travail et culture en Occident: 18 essais* (Paris, Seuil, 1977), pp. 48-68; Jérôme Delatour, 'Noël le 15 décembre: la réception du calendrier grégorien en France (1582)', in Marie-Clothilde Hubert (ed.), *Construire le Temps: Normes et usages chronologiques du moyen âge à l'époque contemporaine* (Paris and Geneva, Champion, Droz, 2000): 369-416.

<sup>157</sup> The relativity of calendars was noted by jurist Pierre Brillon, *Dictionnaire des arrests, ou jurisprudence universelle des parlemens de France, et autres tribunaux* (6 vols., Paris, Guillaume Cavellier, 1711), vol. 1, p. 120. See also J. de Brisbar, *Calendrier historique dans lequel sont expliqués les Heures, les jours, les semaines, les mois, les années, les cycles, les eres et les époques selon les diverses opinions et la pratique de toutes les nations anciennes et modernes* (Leiden, Frederic Haaring, 1694).

'periodic', or 'synodic', Jewish, Arabic, Roman or Pascal criteria, and were not necessarily the same.<sup>158</sup> Lunar and solar months varied in length and calendars could be lunar, solar or lunisolar. Therefore, a woman and her practitioner could not be sure that they were relying on the same perception of time. Menstrual bleeding was traditionally linked to the lunar cycle, whereas social time tended to be measured by the solar calendar. Competing, parallel systems of time measurement, based on ancient and new methods created ambiguities. Not only was bodily time unclear, but socio-political time was not uniform either. Thus the question of monthly menstrual bleeding, for both the historian and the early modern contemporary, is and was very ambiguous. This ambivalence did not overrule the importance of timing with regard to menstrual bleeding. In fact it accentuated the need to be aware of individual cycles in much the same way that the mysteries of humoral temperaments did not dissuade physicians and their patients from attempting to understand and regulate the fluxes and flows of health.

Menstrual time or menstrual health was measured following a woman's own body clock or calendar. The timing of the menstrual flow was used to judge the health of the body. The quality, quantity and colour of the discharge were all relevant markers. If the flow was early or late compared to a woman's usual pattern, it could be a sign of disease. Du Laurens compared the menses of a healthy woman to the blood which was found in her veins.<sup>159</sup> Only when corrupted by disease were menses foul and rotten and in such cases it

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<sup>158</sup> Corneille, *Dictionnaire*, vol. 2, p. 70; Blégnny, *Le messager celeste*, pp. 180-87. On medicinal months see Danielle Jacquot, 'Le temps médical au moyen âge, ou l'introuvable précision', in Hubert (ed.), *Construire le Temps*, pp. 157-70.

<sup>159</sup> Du Laurens, *Œuvres*, p. 387. This was reiterated by Dubois, *De l'utilité des moys des femmes*, p. 102; Duval, *Des hermaphrodites*, p. 150; Courtin, *Leçons anatomiques*, p. 259; H. D. Jocelyn and B. P. Setchell (eds), *Régnier De Graaf. On the Human Reproductive Organs. An Annotated Translation of 'Tractatus de Virorum Organis Generationi Inservientibus' (1668) and 'De Mulierum Organis Generationi Inservientibus Tractatus Novus' (1672)* (Oxford and London, Blackwell, 1972), p. 121; Venette, *De la generation de l'homme*, pp. 387, 395; Mauriceau, *Aphorismes*, p. 18, no. 33 and p. 107, no. 254; Freind, *Emmenologie*, pp. 2-5; Jean Astruc, *Traité des maladies des femmes où l'on a tâché de joindre à une théorie solide la pratique*



was not the menses *per se* which were regarded as impure, but the diseased condition which rendered them thus.

One means of measuring menstrual health, advocated by Bourgeois was close observation of an individual woman's menstrual habits in order to determine the reason for any deviation. She advised that:

Il se faut informer combien il y a qu'elle n'a eu ses mois, et si a la dernière fois qu'elle les eut, ce fut en pareille quantité et couleur que de coutume: d'autant que d'aucunes les perdent par indispositions, comme opilations de veines: celles-là comme leurs veines viennent à se boucher, diminuent de quantité et de couleur. Les autres les perdent de frayeur ou de facherie, c'est de quoi il les faut informer; cela étant il n'y a point apparence de grossesse, et d'autant qu'il y a des femmes déréglées sans aucun sujet ni indisposition.<sup>160</sup>

Thus women themselves were encouraged to carefully monitor their usual cycles to help determine reasons for irregularity, to confirm suspicions of pregnancy and to allay fears of ill-health. The female narrative, although distrusted to a certain extent as we have seen, was often the medical practitioner's optimum diagnostic tool.

Marguerite d'Angoulesme, sister of François I, wrote to her nephew in April 1527, that:

à vous parler privéement, je passe mon terme de plus de huit jours oultre mon mois, ce que je n'ay point accoustumé. Je n'en ousse faire bruit, de peur que ce ne soit riens: aussi je crains à me mettre en chemin, afin que à ce commencement ne me viegne inconvéniement.<sup>161</sup>

Unsure of the reason for the blockage, Marguerite did not know what action to take.

It was particularly important for a woman to be aware of her own menstrual cycle since remedies to regulate menstrual health were only advisable at precise moments in the 'normal' cycle. For example, sixteenth-century physician, André Le Fournier (fl. 1531), noted that 'on ne doibt point faire de aide es femmes pour avoir leurs fleurs sinon au temps

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*la plus sûre et la mieux éprouvée avec un catalogue chronologique des médecins qui ont écrit sur ces maladies* (6 vols., Paris, Guillaume Cavelier, 1761), vol. 1, p. 68.

<sup>160</sup> Bourgeois, *Observations*, L. 2, p. 56.

quelles ont coutume de les avoir'.<sup>162</sup> A century later, physician Charles de Saint-Germain (fl. 1654) recommended that a remedy to provoke menstrual bleeding be taken 'deux ou trois jours avant que les mois ont accoutumé de couler' for it to be effective.<sup>163</sup> Similarly, Blégny advised that a pessary to stay an excessive menstrual flux be inserted 'au temps que les menstrues ont accoutumé de fluer'.<sup>164</sup>

Reference was frequently made to the lunar cycle, and the timing of a patient's menstrual bleeding was often measured by the phases of the moon, even in the seventeenth century. For example, Guyon taught his students of surgery that they should never administer menstrual regulators *ad hoc* but, rather:

s'informer de la malade, du quadrat de la Lune auquel elle avait de coutume de fluer; car alors suivent l'ordre de la nature et de l'aage [...] on voit les femmes et filles bien réglées de la nature, qui estans jeunes se purgent à la nouvelle lune, les plus âgées et de moien age à la pleine lune, et les âgées de quarante au plus bas au dernier quadrat, ou approchantes.  
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Women themselves also followed the lunar cycle with regard to the timing of their menstrual flux. The first indication Mme de Saint-Mère had of any illness in 1682 was that 'elle fut plus d'une lune sans le secours de ses ordinaires'. Having not felt ill, and 'n'ayant jamais manqué d'estre bien réglée', this observation alerted her to the fact that her natural periodicity had altered.<sup>166</sup>

It is evident that lay and medical perceptions of menstrual periodicity were highly complex and ambiguous. Regularity was achieved as the result of compromise between a patient's own observations and the interpretations of their practitioners, counterbalanced

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<sup>161</sup> F. Guenin (ed.), *Lettres de Marguerite d'Angoulême, sœur de François I, reine de Navarre, publiées après les manuscrits de la bibliothèque du Roi* (Paris, Jules Renouard, 1841), p. 226, letter 57.

<sup>162</sup> Fournier, *Décoration d'humaine nature*, p. 30r & v.

<sup>163</sup> Saint-Germain, *Le médecin royal*, p. 494.

<sup>164</sup> Blégny, *Secrets*, p. 653.

<sup>165</sup> Guyon, *Cours de médecine*, pp. 324-25, 322. See also, Mont Verd, *Les fleurs secrets*, p. liiir.; Dubois, *De l'utilité des moys des femmes*, p. 204. This can be compared with the significance accorded to the position of the moon at the time of bleeding. This was held to be particularly important with regard to women since, as we have seen, phlebotomy could interfere with their intimate cycles. Ibid., p. 165.



against the various methods of conceiving of the passage of social and bodily time.

Perceptions of natural and social time were constantly negotiated and the rules redrawn accordingly. The following case study is an excellent example of the practical implications of this tension between bodily and cultural time, albeit in an exceptional situation.

### Menstrual time and the blood of stigmata

The case I want to look at involves a scandal which arose in Toulon when the religious novice Catherine Cadiere accused her confessor Jean-Baptiste Girard of spiritual incest over the period 1729-31.<sup>167</sup> I have chosen this case for a more detailed analysis because it is unusually rich in the discussion of the protagonist Cadiere's menstrual cycle and the wider socio-cultural and religious connotations of her perceived (ir)regularity. The multiple pamphlets and memoirs surrounding this famous trial offer an extraordinary insight into perceptions of the menstrual cycle and attempts to anchor menstrual time to cultural markers of time.<sup>168</sup> This incident has more frequently been studied within the context of the Jansenist miracles in Paris of the 1720s and 1730s and the convulsionary movement and the issue of menstrual bleeding has hitherto been neglected.<sup>169</sup> Girard was a

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<sup>166</sup> La Roque, *Journal de medecine*, p. 46.

<sup>167</sup> Spiritual incest refers to the crime of fornication between a spiritual priestly father/confessor and the nun or novice in his charge. It was also used to describe incest between godparents and godchildren.

<sup>168</sup> *Recueil des factums de la demoiselle Catherine Cadiere, du pere Jean-Baptiste Girard, jesuite, recteur du seminaire Royal de Toulon, du pere Estienne Thomas Cadiere, dominicain, du messire François Cadiere, prêtre et du pere Nicolas de Saint-Joseph, prieur des Carmes deschaussées de Toulon* (Aix, chez Joseph David, imprimeur du Roy et de la Ville, 1731). This recueil contains 23 factums. There are over 140 entries in the Bibliothèque Nationale de France catalogue alone for this case.

<sup>169</sup> For the Cadiere/Girard case specifically see B. Robert Kreiser, 'The Devils of Toulon: Demonic Possession and Religious Politics in Eighteenth-Century Provence', in R. M. Golden (ed.), *Church, State and Society under the Bourbon Kings* (Kansas, Coronado Press, 1982): 173-221; Jules Michelet, *La sorcière* (Paris, Garnier-Flammarion, 1966), pp. 225-283; Grégoire Madjarian, *La passion de Marie Cadiere* (Paris, Ramsey, 1990). For a background to the Jansenist movement see: William Doyle, *Jansenism. Catholic Resistance to Authority from the Reformation to the French Revolution* (New York, St. Martin's Press, 2000) and for the struggle for religious supremacy see Peter Robert Campbell, *Power and Politics in Old Regime France, 1720-1745* (London, Routledge, 1996). For the convulsionary movement in Paris see Kreiser, *Miracles, Convulsions and Ecclesiastical Politics in Early Eighteenth-Century Paris* (Princeton, Princeton University Press, 1978); Catherine-Laurence Maire, *Les convulsionnaires de Saint-Médard: miracles, convulsions et prophètes à Paris au XVIIIe siècle* (Paris, Gallimard, 1985); Daniel Vidal, *Miracles et convulsions jansénistes au XVIIIe siècle: le mal et sa connaissance* (Paris, Presses Universitaires de France, 1987).

Jesuit, rather than Jansenist priest, which has led scholars to analyse the scandal in the context of the ecclesiastical struggle for supremacy between the two sects, played out in a war of miracles.<sup>170</sup> Putting aside the political and religious aspects of the discussion in which the Cadiere/Girard case is usually framed, I shall set the case up differently here, focusing instead on Cadiere's menstrual cycle and the ways in which this was used by both parties in the ensuing court case. As we shall see in more detail in Chapter Five the problem of differentiating between different types of bloody flow frequently arose in the judicial arena. Understandings of perceptions of the menstrual cycle could help elucidate investigations into abortion for instance. The Cadiere/Girard case not only involved accusations of faked stigmata using menstrual blood, but also of illicit pregnancy and suspected abortion.

Over a substantial period of time Cadiere suffered from convulsions and bleeding stigmata. Cadiere declared that Girard had bewitched her and taken advantage of her during her moments of religious ecstasy.<sup>171</sup> Weakened from fasting, convulsions, and illness, Cadiere was bedridden in her parents' home when Girard's daily, unchaperoned visits to her room from December 1729 onwards resulted in 'une cessation de ces marques exclusives à la grossesse pendant trois mois, ce qui emportait deux suppressions de ces marques'.<sup>172</sup> Girard, argued Cadiere's defence, was so afraid that he persuaded the penitent that she had hot blood and that to cool it she must drink water he had prepared with a refreshing powder for eight days. Girard took care that he alone prepared the drink and

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<sup>170</sup> Michelet argues that the Jesuits were anxious to compete with the Jansenist miracles and Girard thus took advantage of Cadiere to this end. His work is highly partisan and judgemental and must therefore be treated with caution. *La sorcière*, p. 225.

<sup>171</sup> *Factum Cadiere – Memoire instructif pour Demoiselle Catherine Cadiere de la ville de Toulon [...] 19 mai 1731 contre le pere Jean-Baptiste Girard* (Aix, [n. pub.], 1731), pp. 1-4.

<sup>172</sup> *Ibid.*, p. 6.



served it to her everyday.<sup>173</sup> As a result of this concoction, Cadiere suffered ‘une grande perte de sang, qui dura plusieurs jours, et lui fit faire une petite masse de chair ou de sang caillé; et en quelques jours elle avoit fait un plein pot de sang’.<sup>174</sup> On two occasions Girard carefully examined the contents of this chamber pot and became angered when Cadiere asked her servant to throw the contents out of the window, arguing that she should not confide such a secret. Girard refused to allow her to be visited by any medical practitioner and sent her to the Convent of Saint Claire.<sup>175</sup> On subsequent visits Girard questioned the abbess to determine whether Cadiere’s menstrual cycle had resumed its usual pattern. He inquired whether she had suffered any ‘perte de sang’ explaining that ‘la demoiselle Cadiere, lorsqu’elle etait à sa maison, avoit perdu plus de vingt livres de sang’.<sup>176</sup> On July 30 1730 Girard wrote to the Abbess to ask whether Cadiere’s ‘regles lui sont revenues’, insisting ‘marquez-moi quand et comment les Biens sont revenus’.<sup>177</sup>

In his defence Girard’s lawyer argued, using Cadiere’s journal, that she had never ceased to menstruate during the period February to October 1730 and thus could not have been pregnant, nor have aborted.<sup>178</sup> In addition, Girard declared that Cadiere was using her menstrual fluid to fake her stigmata.<sup>179</sup> His argument for this was that each transfiguration occurred periodically around the seventh to the eleventh of each month. The *factum* prepared in his defence detailed the exact dates and nature of Cadiere’s bloody emissions. On 8 March (which was the fourteenth day of her lent diary) she suffered ‘un crachement

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<sup>173</sup> Ibid., pp. 6, 48.

<sup>174</sup> Ibid.

<sup>175</sup> Ibid., p. 7. *Mémoire instructif pour Delle Catherine Cadiere de la ville de Toulon appellante comme d’abus contre Jean-Baptiste Girard, jésuite* (Aix, Joseph David, 1731), p. 6. Call-mark: BMLR 1128A.

<sup>176</sup> Ibid., pp. 7-8. See also *Precis des charges pour Demoiselle Catherine Cadiere* (Aix, Imprimerie de la Veuve de Joseph Senz, 1731), p. 21.

<sup>177</sup> Ibid. See also *Response au memoire instructif du Pere Jean-Baptiste Girard* (Aix, Imprimerie de la Veuve de Joseph Senz, 1731), p. 74.

<sup>178</sup> *Mémoire instructif pour le pere Jean-Baptiste Girard contre Marie-Catherine Cadiere* (Paris, Gissey, 1731), p. 41.

<sup>179</sup> Ibid., p. 42. *Response au memoire instructif du pere*, p. 68. It was also suggested that Girard was deliberately opening Cadiere’s scrofula sores on her hands, sides and feet, encouraging them to bleed to imitate stigmata. Ibid., p. 8.

et une perte de sang très-considerable'. This was followed on 7 April and 8 May by a 'transfiguration avec même barbouillement de sang'. On 11 June she wrote to Father Girard describing 'un grand crachement et une grande perte de sang'. On 7 July, her diary recorded that she suffered from a transfiguration and 'barbouillement de sang'. She wrote again to Father Girard on 8 August to complain that her medicine had caused her to cough blood so violently that she was bed-ridden. The community, returning from mass, had found her, 'toute couverte de sang'. Finally she noted that on 9 September, her hands and feet 'furent tout à la fois ensanglantez'.<sup>180</sup>

In reply to the accusation that Cadiere was using her menstrual fluid to fake such emissions, her lawyer argued that this was not possible since women only menstruate once a month and Cadiere had displayed continuous signs of stigmata:

Comment veut-il persuader que ces transfigurations, et par conséquence celle de vendredi saint, eussent ete faites avec un sang périodique, puisqu'il est prouvé par ses propres avis que la Cadiere eut cette grande perte de sang de plus de vingt livres [... ] trois ou quatre jours après Pacques? Comment aurait-elle pû se barbouiller de son sang périodique, depuis le jeudi saint jusqu'à samedi?<sup>181</sup>

Similarly, a letter from Cadiere to Girard was cited claiming that she suffered such transfigurations on 7 and 20 of July. Again the lawyer referred to common perceptions of menstrual time: 'les femmes et les filles ont-elles leur incommoditez ordinaires deux fois par mois?'<sup>182</sup> According to Cadiere's defense, if the heavy blood loss after Easter was an abortion, then Cadiere could not have been menstruating on Maundy Thursday and Good Friday: this could not therefore be the explanation for her bloody emissions. If the heavy blood loss was her period she could not have had her period twice in eight days, therefore either way it was not possible that she had faked her transfigurations with menstrual

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<sup>180</sup> *Response au memoire instructif du pere*, p. 8.

<sup>181</sup> *Ibid.*, pp. 7-8.

<sup>182</sup> *Ibid.*, p. 69.



blood.<sup>183</sup> Equally the lawyer argued that the earlier occurrences of bleeding on the first and fourteenth days of Lent were not negligible evacuations, nor:

une perte de sang qui procedât ses règles, mais bien une espèce de sueur de sang. Etoient-ce là ses regles? Sont-elles continuelles et journalieres? Le sexe auroit de la peine à se soûmettre à une pareille incommodité? L'accusé auroit été des premiers à s'en plaindre.<sup>184</sup>

This is an extremely complicated case and evidently the issue of blood is only one amongst many others. I am not interested here in whether Cadiere actually did fake stigmata using her menstrual blood or whether she was telling the truth. What is revealing is the importance attached to the regularity of menstrual bleeding and the difficulty of differentiating between various bloody emissions. On a simplistic level this case shows that menstrual bleeding was believed to be periodic and to occur once a month, but that in reality it was more difficult to judge. What is more interesting is that the arguments used by both sides regarding the provenance and nature of the blood stem not from examinations of the wounds themselves, nor of the colour and quality of the emissions, but from the dates of the flows. Medical norms regarding the periodicity of menstrual bleeding were used in a judicial arena to prove or disprove Cadiere's alleged abortion and bleeding stigmata. Although we have seen that such norms rarely corresponded to reality and that female regularity was often naturally varied, such issues of relativity are not touched upon here. Instead, it is argued that timing separated menstrual from other types of emission. Although witness depositions confirm Cadiere's heavy blood loss around the time of the alleged abortion and the fact that Girard had insisted on preparing her drinks and had refused to let her be seen by anyone else, these facts are not emphasised in the pamphlets I have studied.<sup>185</sup> Instead, the lawyers focused on links between this event and Cadiere's menstrual cycle. Drawing on the ambivalent nature of menses, Cadiere's lawyer suggested

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<sup>183</sup> Ibid.

<sup>184</sup> Ibid.

that Girard did not suspect Cadiere's bloody discharge to be menstrual fluid, since he drank from the water used to wash her bloodied face.<sup>186</sup>

Il étoit si loin de regarder ces transfigurations comme un barbouillement fait avec un sang périodique, que non-seulement le jour de la transfiguration du 7 juillet, il dit aux Religieuses de garder soigneusement l'eau avec laquelle on avait lavé le visage de la Cadiere parce quelle feroit des miracles, mais encore lors de ses transfigurations, après lui-même lui avoir lavé le visage, il buvait la moitié de cette eau mêlée de sang, et faisait boire l'autre moitié à la Cadiere.<sup>187</sup>

The lawyers' concentration on the dates and periodicity of the emissions, highlights the difficulties of reading a woman's menstrual time and the tensions between cultural models and corporeal relativity.

Both Cadiere and Girard appear to have hoped she would be recognised as a saint and many parallels can be drawn between this extraordinary case and earlier incidences of female sainthood and stigmatics. The replication of the wounds of Christ's passion, particularly during the period of Lent and Easter, has been predominantly gendered female in the medieval and early modern Worlds.<sup>188</sup> Moreover, saintly women who fasted did not in fact menstruate or excrete in the manner of ordinary women.<sup>189</sup> However, as we have seen, it was widely recognised by a variety of medical practitioners that malnutrition caused the cessation of menstrual bleeding. Caroline Walker Bynum and Colette Beaune

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<sup>185</sup> For the testimony of the servant Claire Bernarde, see, *Memoire instructif pour Demoiselle Catherine Cadiere*, pp. 48-50; *Memoire instructif pour le pere Girard*, p. 40.

<sup>186</sup> *Response au memoire instructif du pere*, pp. 8, 69.

<sup>187</sup> *Response au memoire instructif du pere Jean-Baptiste Girard pour Delle Catherine Cadiere contre le pere Girard* ([n. p., n. pub., n.d.]), p. 69, call-mark, BMLR 1137A.

<sup>188</sup> Caroline Walker Bynum, 'Fast, Feast and Flesh. The Religious Significance of Food to Medieval Women', *Representations*, 11 (1985): 1-25, pp. 3-4; *idem*, 'Bodily Miracles and the Resurrection of the Body in the High Middle Ages', Thomas Kselman (ed.), *Belief in History: Innovative Approaches to European and American Religion* (Indiana, University of Notre-Dame Press, 1991): 68-105, p. 69. Bynum has been criticised for her female gendering of stigmata by Kathleen Biddick and David Aers who argue that she has internalised contemporary male discourse about 'leaky female vessels'. See Kathleen Biddick, 'Genders, Bodies, Borders: Technologies of the Visible', *Speculum* 68 (1993): 389-418; David Aers and Lynn Staley (eds), *The Powers of the Holy: Religion, Politics and Gender in Late Medieval English Culture* (University Park, Pennsylvania State University Press, 1996) Introduction.



have argued that in the case of saintly women, menstrual bleeding was replaced by a vicarious sanctified emission in the form of 'periodic stigmatic bleedings or mystical lactation'.<sup>190</sup> Far from bleeding haphazardly, Cadiere's defence argued that her cycle was highly regular and consistent, suggesting her moral stability and corporeal aptitude to receive the holy marks of the stigmata. It was also evidently conceivable that Cadiere should both menstruate and subsequently bleed from the stigmata in the same month. Her stigmatic bleeding was itself highly periodic and disciplined, coinciding at times with the religious festivals of Lent and Easter. It is worth noting that despite the prolonged nature of Cadiere's transfigurations and fasting, the period of Lent and Easter was focused upon in the trial.

Accusations of spiritual incest between novices and their spiritual confessors were not altogether unusual in the early modern period, especially during moments of religious and political strife. For instance, the superior of the Ursuline Convent at Loudun, Soeur Jeanne des Anges, accused the priest Urbain Grandier of bewitching and impregnating her in 1632-34. Her menstrual bleeding was suppressed for several months and she suffered from bloody fluxes, coughing blood and a bleeding cross on her forehead, which lasted for three weeks in November 1635.<sup>191</sup> These signs were eventually attributed to the trickery of demons or to vicarious menstrual bleeding or hysteria provoked by Jeanne's irregular menstrual cycle.<sup>192</sup> In a similar case at Louviers 1633-47, a lay sister Madeleine Bavent

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<sup>189</sup> Bynum, 'Fast, Feast and Flesh', p. 11; *idem*, 'Bodily Miracles', p. 71; Colette Beaune, 'Jeanne la Pucelle', *Perspectives médiévales*, 27 (2001): 21-35, p. 24.

<sup>190</sup> Bynum, 'Bodily Miracles', p. 71; *idem*, *Fragmentation and Redemption*, p. 186; Beaune, 'Jeanne la Pucelle', p. 25.

<sup>191</sup> Michel de Certeau (ed.), *Soeur Jeanne des Anges, supérieure du couvent des ursulines de Loudun: Autobiographie de 1644 suivie de Jeanne des Anges par Michel de Certeau* (Grenoble, Jérôme Millon, 1990), pp. 86, 88, 157, 178. See also Michel Carmona, *Les diables de Loudun: sorcellerie et politique sous Richelieu* (Paris, Fayard, 1988); Frédéric Pottecher (ed.), *Nous, Urbain Grandier, Martin Guerre, condamnés, exécutés: chroniques de François Gayot de Pivotal* (Vendôme, Cherche-Lune, 1987) and Robert Rapley, *A Case of Witchcraft: the Trial of Urbain Grandier* (Manchester, Manchester University Press, 1998).

<sup>192</sup> Certeau, *Soeur Jeanne des Anges*, p. 86. The physician Du Chesne visited Jeanne and confirmed her pregnancy. An eyewitness account by Jacques Bouteux suggested that Jeanne's symptoms could be explained on material grounds, rather than with recourse to demonology, see p. 166.

was believed to have been abused on several occasions by her protector, priest Picart, who had subjected her to diabolic Sabbaths and numerous pregnancies, including abortions.<sup>193</sup> Royal surgeon to the Queen, Yvelin, who examined Madeline and fifty-two nuns from the same convent, adduced that they were well-regulated but hysterical.<sup>194</sup> Jeanne des Anges survived the incident to write her autobiography, whereas Madeleine Bavent languished in prison in Rouen.<sup>195</sup> It is not known what happened to Cadiere after a motion to execute her was rejected by the Parlement of Aix and instead her memoirs and factums were sentenced to public burning.

I chose the Cadiere/Girard case for a more detailed analysis, despite the fact that it falls nearer the end of the period under study in this thesis, rather than the earlier examples of female stigmata, because of the particular attention paid to her menstrual cycle. Cadiere was not accused of being irregular, or hysterical, like Jeanne des Anges and Madeleine Bavent, but she was accused of using her menstrual fluid to fake the symptoms of stigmata. Another difference between this and the previous cases, perhaps owing to the post-1682 interdiction on cases of witchcraft brought by the Parlement of Paris, was that Girard was acquitted of all charges and freed to leave the area - he died in Dôle in 1733. In contrast, Urbain Grandier had been burnt at the stake for witchcraft in 1634, and although Picart was already dead when the investigations began, his corpse was exhumed and his bones burnt in August 1647 as punishment for his actions.

In Loudun and Louviers, the association between female sainthood, fasting, periods of menstrual suppression and vicarious bleeding was prominent. Strikingly, in 1730, the basis for Cadiere's claims to sainthood lay in the regularity of her menstrual cycle which

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<sup>193</sup> Michelet, *La sorcière*, pp. 209-12.

<sup>194</sup> Ibid., pp. 213-15. Roger Dubos (ed.), *Les possédées de Louviers: Histoire de Magdeleine Bavent d'après les documents de l'époque* (Condé-sur-Noireau, Corlet, 1990); Daniel Vidal, *Critique de la raison mystique: Benoît de Canfield: possession et dépossession au XVIIe siècle* (Grenoble, Jérôme Millon, 1990).

<sup>195</sup> Jeanne des Anges' autobiography is discussed by Elizabeth C. Goldsmith, *Publishing Women's Life Stories in France, c. 1647-1720* (Aldershot, Ashgate, 2001), pp. 42-70.



was perceived to prove that she was not faking her stigmata. Cadiere's lawyer, Chaudon, argued that her transfigurations were entirely separate from her menstrual bleeding and thus could not be interpreted as diverted menstrual bleeding or the symbolic faking of the wounds of passion with menstrual blood. Menstrual bleeding was another type of bleeding alongside the stigmata.

Whilst the Cadiere case does not assimilate menstrual bleeding with phlebotomy, it does problematise Paster's model of the menstruating woman as a 'leaky vessel'. Cadiere's menstrual cycle was inspected and shown to be unfailingly regular; her stigmatic 'leakiness' stemmed not from a natural female weakness, but from divine, male intervention. This 'leakiness' was something quite apart from her natural, female, menstrual state, and rather than essential was non-gendered. Cadiere's lawyers argued that her natural menstrual regularity imbued her with a moral significance making her disciplined, ordered and cleansed body an ideal recipient for the stigmata. This also made her an ideal candidate for Girard's attentions. Her transfigurations were even regulated and timed to coincide with specific religious festivals. The assimilations and contrasts between the regularity and order of the stigmatic transfigurations, and the menstrual cycle, reveal the dual nature of early modern perceptions of menstrual bleeding as both a non-gendered bloody emission amongst other types of bleeding and also as an essentialist signifier of the female gender.

## Conclusion

I have argued that perceptions of menstrual bleeding in early modern France were extremely complex and cannot be reached via simple binary oppositions. My contention is that the key to early modern interpretations of menstrual bleeding lies in the understanding of notions of health and time. In much the same way that phlebotomy was based on a

disciplined model of health; balance, moderation and above all periodicity were vital in terms of healthy menstrual bleeding. The timing of a flow revealed whether it was healthy or diseased as readily as its colour or quantity, just as an examination of venous blood revealed the humoral condition of a phlebotomised patient. Suppression and immoderation were problematic for bodies subject to regular menstrual bleeding and/or blood-letting.

In contrast to Paster and Pomata I have shown that perceptions of a bleeding woman were neither a 'leaky vessel' nor a paradigm of health, but rather a result of the tensions between such natural and cultural extremes. Menstrual time was ambiguous because humoral and mechanical bodies experienced the passage of time in a way which was relative to their age, sex, condition and lifestyle. The co-existence of the expressions *réglé* and *mois* from the sixteenth century onwards is revelatory of these tensions and the multiplicity of changing perceptions of time. It marks a response to the uncertainty of bodily time and a modification of the 'monthly' association of menstrual bleeding. The result emphasises the specific regularity and periodicity of each individual woman, yet retains the possibility of normative categories.

This tension between the cultural relativity of social time and the humoral relativity of menstrual time forced medical practitioners into an uneasy partnership with their female patients. Reliant to a certain extent on the female narrative for precisions concerning an individual's menstrual cycle, practitioners were obliged to acknowledge women's epistemological advantage. Female midwives could be equally scathing of lay women's knowledge of their bodies and corporeal narratives, suggesting that such issues were not necessarily related to gender. Rather, it was a matter of who controlled the discourse about women's bodies. Medical practitioners attempted to fix norms, and to discipline the unknown and uncertain aspects of female interiority. It was also a question of occupational pride and ownership of knowledge. The discrepancy between discourse



and practice is also significant. Practitioners recognised the tension between the theoretical norms of menstrual bleeding and tried to reconcile these with empirical evidence of case-notes and exceptional incidents. It was vital to examine the extraordinary, alongside the ordinary, in order to confront menstrual uncertainty, to understand why the rules had exceptions and to explain these anomalies in ways which did not undermine the rules themselves. In the face of such uncertainty, menstrual time was measured by careful observation of individual corporeal habits and was regulated by herbal remedies. In the end the well-regulated woman menstruated according to her own body's perception of the 'monthly' cycle, whether that was every three weeks or every two months.

## Chapter Four: The Moons of Pregnancy.

On 24 July 1540, physician, jurist and author, François Rabelais (1494-1563), was approached by his friend Guillaume Pellicier, French Ambassador to Venice, to give an expert opinion in a case of both medical and legal significance. Philippus Saccus, president of Milan, was seeking counsel from the Colleges of Physicians in Bologna and Venice regarding the premature birth of his daughter. Saccus was concerned that the prematurity of the infant (born at less than seven months) meant that she would not survive and, more significantly, that he could not be the father. Saccus had meticulously recorded the timing of the consummation of his marriage, presumably for astrological reasons, following three methods of measuring time: the secular calendar, the lunar cycle and the new mechanical clock. He recorded the first conjugal union as having taken place in ‘1539 le 25 octobre à quatres heures de nuyct avant la pleine lune’. The infant girl was born five and a half months later on 13 April 1540. Pellicier recounted that:

tous les docteurs se travaillent, mais en somme sont quasi la plus grant partye se incline à l’oppinion qu’elle ne soynt point de sept moys; par quoy ne pourroyt survivre, et advenant d’aventure qu’elle survesquist ne l’estiment point legitime ne de sept moys, ains de neuf.<sup>1</sup>

This case provides a very good example of contemporary medical and judicial controversies regarding the definition of legitimacy and foetal viability, and expectations and uncertainties concerning the timing of pregnancy. Whilst it was generally recognised in ancient and early modern medicine, that the most usual term for pregnancy was nine months, there was much uncertainty surrounding the possible minimum and maximum duration of gestation. Physicians’ estimates varied and sometimes extended from seven to eleven months. Medical discourse was concerned with fixing ‘norms’ and assessing the probability of eleven-month pregnancies and the optimum way to measure a woman’s time

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<sup>1</sup> This letter is reprinted in Alexandre Tausserat-Radel (ed.), *Correspondance politique de Guillaume Pellicier, ambassadeur de France à Venise 1540-1542* (2 vols., Paris, Félix Alcan, 1899), vol. 1, pp. 30-31.



– from the cessation of menstrual bleeding or the moment of intercourse. Jurists on the other hand tried to define and determine the limits of legitimacy to preserve family order and patrilineage. Medico-legal controversies regarding gestation and foetal legitimacy and viability, like the Saccus case, stemmed largely from the very real uncertainty surrounding menstrual bleeding and the mistrust of female narratives and the female body which occurred as a result of this uncertainty. Such judicial wrangling sprang from the conjunction of a series of processes seeking to redefine masculinity, marriage, legitimacy, patrilineage and time. Pregnancy was the most obvious focus for all these anxieties and at the heart of perceptions of the duration of gestation were concerns about menstrual bleeding. The important question of just how much early modern women and their physicians knew about the physiology of menstrual bleeding and its role in conception and pregnancy remains under-investigated.

Pellicier sought Rabelais' advice on the grounds that he was well-placed to judge whether the doubts of the Italian physicians, regarding the likelihood that an infant of five-and-a-half months could survive, and indeed of whether the girl could be judged to have been legitimately conceived within wedlock, and to be Saccus' daughter, were founded or not.<sup>2</sup> Pellicier and Rabelais had previously corresponded about Greek texts and herbal remedies and Rabelais had been the first physician to teach Hippocrates from the Greek originals at Montpellier University in the 1530s. In addition, Rabelais had contributed to the contemporary debate about the possible minimum and maximum limitations to gestation in his work of 1535, *Gargantua*, in which Gargamelle's gargantuan pregnancy was curtailed at eleven months, owing to a surfeit of tripe and dancing at a banquet. Rabelais used Gargamelle's extended gestation as a vehicle for a discussion of the sections

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<sup>2</sup>Pellicier appealed to Rabelais to provide a sound medical opinion 'que me semble appartenyr pour vostre proffession et suffisence à vous'. Ibid., p. 31.

of the *codex Justinianus* (529) on legitimacy and its subsequent interpretations by medieval glossators, such as the Italian legal scholar and jurist Francesco Accursius (1182-1260).<sup>3</sup> Rabelais drew on the writings of his friends and peers, jurists, Andrew Alciati (1492-1550) whose *Problemata* was published in Basel in 1531, and André Tiraqueau (1480-1558) whose commentary on the Justinian code was printed in 1535 in Paris. Rabelais argued for a return to the original documents and satirised the possibilities for female manipulation left open by the glossators' flexible rendering of Justinian codes.<sup>4</sup>

The sections of the Roman Law tradition derived from the *codex Justinianus* on legitimacy were intended to regulate the problem of posthumous paternity. However, the principles were applied to exceptionally long or short terms of pregnancy within wedlock as well. It is worth noting that whilst Gargamelle's exceptional pregnancy occurred within wedlock, Rabelais used the incident to comment primarily on the problem of posthumous paternity and widowhood in the light of the contemporary polemic or *querelle des femmes*.

<sup>5</sup> Justinian had fixed the earliest point of viability and legitimacy at seven months and the absolute limit at ten months after the death of a spouse. On the contrary, commentators

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<sup>3</sup> Accursius, who was professor of law at Bologna University, was the last in a series of medieval legal glossators of the *Codex Justinianus* and his *Glossia ordinaria* or *magistralis* was an extremely comprehensive commentary. Claude Ferrière, *La jurisprudence du code justinien conferee avec les ordonnances royaux, les coutumes de France et les decisions des cours souveraines* (2 vols., Paris, Jean Cochart, 1684), vol. 1, p. 609. See also the discussion of this case in the following critical editions of Rabelais: Abel Lefranc (ed.), *Oeuvres de François Rabelais* (6 vols., Paris, Honoré et Edouard Champion, 1913), vol. 1, p. 40, no. 25; Gérard Defaux (ed.), *Gargantua* (Paris, Livre de Poche, 1994), pp. 106-8; Floyd Gray (ed.), *Gargantua* (Paris, Champion, 1995), pp. 64-65 and Michael A. Screech (ed.), *Gargantua* (Geneva, Droz, 1970), pp. 32-34.

<sup>4</sup> On the influence of these two authors on Rabelais' work see M. A. Screech, 'Eleven-Month Pregnancies: A Legal and Medical Quarrel à Propos of Gargantua, Chapter Three. Rabelais, Alciati and Tiraqueau', *Etudes rabelaisiennes*, 8 (1969): 93-106. For Rabelais' medical reputation see Jean Plattard, *François Rabelais* (Paris, Boivin, 1932), pp. 212-27 and Felix Bremond, *Rabelais médecin: Gargantua avec notes et commentaires* (Paris, [n. pub.], 1879), pp. 27-34.

<sup>5</sup> For Rabelais' misogynist stance see Amy Staples, 'Primal Scenes/ Primal Screens. The Homosocial Economy of Dirty Jokes', in Kathleen P. Long (ed.), *High Anxiety. Masculinity in Crisis in Early Modern France* (Kirkville, Missouri, Truman State University Press, 2002): 37-54. The *querelle des femmes* was originally sparked off in the fifteenth century by Christine de Pisan's reaction to the medieval text by Jean Meung, *Le roman de la rose*, but was renewed in the 1530s by the involvement of eminent male scholars such as Heinrich Cornelius Agrippa von Nettesheim, Tiraqueau, Rabelais, Gratien Dupont and Aymery Bouchard. On the *Querelle des femmes*, see Emile V. Telle, *L'œuvre de Marguerite d'Angoulême, reine de Navarre, et la querelle des femmes* (Geneva, Slatkine reprints, 1969); Constance Jordan, *Renaissance Feminism: Literary Texts and Political Models* (Ithaca, New York, University of Cornell Press, 1990).



using the solar calendar, such as Accursius, had interpreted the codex to mean into the eleventh month, making eleven-month pregnancies a legal possibility.<sup>6</sup> Rabelais argued that this allowed widows to fornicate freely for two months after the death of their husband and still be eligible to receive their share of his estate. He therefore did not accept the possibility of pregnancies of longer than nine months. Screech points out that this was an error on Rabelais' part, since elsewhere he upheld the authority of Hippocrates – who accepted eleven months – all the while rejecting the commentaries of medieval scholars such as Accursius.<sup>7</sup> Tiraqueau on the other hand, whilst criticising the medieval commentators, accepted eleven months as the upper limit since this had been advocated by ancient Graeco-Roman medical and philosophical authorities, including Aristotle, Hippocrates and Pliny the Elder.<sup>8</sup>

The Italian physicians consulted by Saccus were faced with a very difficult and contentious problem. They not only had to deal with the ambiguity of female bodily time, but they also had to take account of Saccus' reputation and the scandal that the stigma of illegitimacy would create in Milanese political circles. In search of a favourable solution for Saccus, the physicians had recourse to the ancient and medieval medical authorities of Hippocrates, Pliny the Elder, and Avicenna (980-1037), who all stated that a seven months' child, and particularly one conceived at a full moon, could be viable and legitimate. A solution for Saccus was thus found in the argument that the ancients had measured the passage of months by the lunar and not solar cycle. Since seven new moons had passed between the conjugal union and the birth, the girl could be a seven months'

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<sup>6</sup> Screech, 'Eleven-Month Pregnancies', p. 102; *idem*, *Rabelais* (London, Duckworth, 1979), p. 32, n. 20.

<sup>7</sup> *Idem*, 'Eleven-Month Pregnancies', p. 102.

<sup>8</sup> *Ibid.*, pp. 97-98.

child and therefore could be legitimately declared Saccus' daughter.<sup>9</sup> As we saw in the previous chapter, a month was not a uniform measure of time and lunar and solar months differed in length, complicating the already contentious issue of the possible limits to generation.

## Patriline

The Saccus case did not occur in isolation. From the early sixteenth century onwards, pregnancy length and the calculation of a woman's time became the subject of renewed interest in medical and judicial arenas and the subject of a series of judicial *causes célèbres*.<sup>10</sup> This can be explained in the context of the increasing emphasis on patrilineage and legitimacy noted by historians Sarah Hanley, Scarlett Beauvalet and Danielle Haase-Dubosc.<sup>11</sup> Political and religious developments in sixteenth-century France brought increased pressure to bear on the institution of marriage and stemmed in part from a struggle between the Church and State for control of the 'marital régime'.<sup>12</sup> The Church defined marriage as a contract binding two mutually consenting adults, whereas the State required parental and particularly patriarchal permission for the marriage to be deemed valid.<sup>13</sup> Hanley has convincingly argued that judicial perceptions of marriage, the family,

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<sup>9</sup> See for example Lefranc (ed.), *Œuvres*, vol. 1, p. 40; Defaux (ed.), *Gargantua*, pp. 106-8; Gray (ed.), *Gargantua*, pp. 64-65.

<sup>10</sup> Lindsay Wilson has analysed a serious debate which arose in 1760s France concerning late-births. See her, *Women and Medicine in the French Enlightenment. The Debate over 'Maladies des Femmes'* (Baltimore and London, John Hopkins University Press, 1993), pp. 34-75.

<sup>11</sup> See Sarah Hanley, 'The Monarchic State in Early Modern France: Marital Regime, Government and Male Right', in Adrianna Bakos (ed.), *Politics, Ideology and the Law in Early Modern Europe* (Rochester, University of Rochester Press, 1994): 107-26; Scarlett Beauvalet-Boutouyrie, *Etre veuve sous l'Ancien Régime* (Paris, Belin, 2001), pp. 182-94; *idem*, *La démographie de l'époque moderne* (Paris, Belin, 1999), pp. 110-18, 124-26; Danielle Haase-Dubosc, *Ravie et enlevée: De l'enlèvement des femmes comme stratégie matrimoniale au XVIIe siècle* (Paris, Albin Michel, 1999), and Arlette Farge, 'Familles. L'honneur et le secret', in Roger Chartier (ed.), *La vie privée. III. De la Renaissance aux lumières* (Paris, Seuil, 1986): 565-600, pp. 572-76.

<sup>12</sup> This term is borrowed from Hanley, 'The Monarchic State in Early Modern France'.

<sup>13</sup> This point is also made by Haase-Dubosc for the seventeenth century. See her *Ravie et enlevée*, pp. 24-25. For the influence of the Protestant and Catholic Reformations on marriage from a pan-European perspective see Lyndal Roper, *The Holy Household: Women and Morals in Reformation Augsburg* (Oxford, Clarendon Press, 1989). For a recent discussion of patriarchy and marriage see Julie Hardwick, *The Practice of*



and the role of the state underwent important parallel changes between 1550-1660.<sup>14</sup> A series of legislative measures formalised state involvement in the family, and particularly, marital affairs, leading to a parallel emphasis on the patriarchal state and on the husband as head of the household. Hanley's argument has evolved from her original model of the 'family-state compact' whereby the father as patriarch was the ultimate representative of the king's authority in the household, to the 'marital régime' model, which allots this role to the husband. The impact of the 'marital régime' model and the ultimate authority of the husband in matters of paternity, adultery and inheritance is evidenced by the anxiety over pregnancy lengths illustrated in this chapter.<sup>15</sup>

The measures cited by Hanley in the formation of the 'marital régime' include the edict of Henri II in 1556/7 which regulated clandestine pregnancy, obliging all unmarried or widowed women to declare their pregnancies to a municipal or ecclesiastical official to escape the presumption of infanticide should their infant be still-born or die shortly after birth. Women were also required to name the father of their child in their declaration so that he could be obliged to pay childbed fees and for the child's upkeep, removing the burden from the parish and state coffers. This edict also criminalised clandestine marriage.<sup>16</sup> This intervention was extended by Henri III in 1579 when the ordinance of Blois equated the crime of rapt, whether through seduction or violence, with rape.<sup>17</sup> A third set of legislative measures restricted the division of property in second marriages.<sup>18</sup> A

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*Patriarchy. Gender and the Politics of Household Authority in Early Modern France* (Pennsylvania, University of Pennsylvania Press, 1998), ch. 3.

<sup>14</sup> Hanley, 'The Monarchic State', p. 113; Haase-Dubosc, *Ravie et enlevée*, pp. 25-28.

<sup>15</sup> See her articles 'Engendering the State: Family Formation and State Building in Early Modern France', *French Historical Studies*, 16, 1 (1989): 4-27; 'Social Sites of Political Practice in France: Lawsuits, Civil Rights and the Separation of Powers in Domestic and State Government 1500-1800', *American Historical Review*, 102, 1 (1997): 27-52; 'The Jurisprudence of the Arrêts: Marital Union, Civil Society and State Formation in France, 1550-1650', *Law and History Review*, 21, 1 (2003): 1-40 and 'The Monarchic State'.

<sup>16</sup> Hanley, 'Engendering the State', pp. 9-15.

<sup>17</sup> Rapt was the crime of abduction of a minor without parental consent, usually for the purposes of marriage. It could also mean marriage without patriarchal consent. See Haase-Dubosc, *Ravie et enlevée*.

<sup>18</sup> Beauvalet, *La démographie*, pp. 111-12. See also Lyndan Warner, 'Widows, Widowers and the Problem of "Second Marriages" in Sixteenth-Century France', in *idem* and Sandra Cavallo (eds), *Widowhood in Medieval and Early Modern Europe* (New York, Longman, 1999): 84-107.

significant judicial shift also occurred, allowing cases concerning illegitimate pregnancy, inheritance disputes and infant substitution, that were previously classed as civil, to be tried in the criminal chamber and thus carry corporal and capital penalties.<sup>19</sup> The regulation of parish registers from 1539, documenting births, deaths and marriages, which were to be checked annually by royal officers, also highlighted similar concerns and thus perhaps emphasised the relationship between the length of marriage and the length of pregnancy.<sup>20</sup> The cases that came to judicial attention involved inheritance disputes arising out of suspicions surrounding the length of pregnancy and threats to patrilineage.

Existing natural philosophical and medical theories stressing the importance of the male blood-line, or patriline, in reproduction were harnessed by jurists to support their investigations into legitimacy and the marital economy.<sup>21</sup> Following the Aristotelian view of generation and the one-seed model, discussed in Chapter Two, paternity was perceived to be passed down through the male seed derived from the best part of male blood whereas the female provided a receptacle for the incubation of future patrimony. Discourses such as these devalued the role of female menses and blood in the process of reproduction whilst elevating the role of the male bloodline and ultimately control of the patriline. Aristotelian teleology thus fitted very well with sixteenth-century patrilineal theories. The biological predominance of the male seed in procreation was exploited by jurists to defend the Salic Law tradition and the exclusive male right to rule.<sup>22</sup> The sixteenth century has been cited

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<sup>19</sup> Hanley, 'Engendering the State', pp. 9-15.

<sup>20</sup> Ibid., p. 14. Beavalet-Boutouyrie, *La démographie*, pp. 8-14.

<sup>21</sup> See Hanley's discussion of the 'biogenetic seminal theory' in her 'The Monarchic State', pp. 116-17 and *idem*, 'Mapping Rulership in the French Body Politic: Political Identity, Public Law, and The King's One Body,' *Historical Reflections/Réflexions Historiques*, 23, 2 (1997):1-21; Gianna Pomata, 'Blood Ties and Semen Ties: Consanguinity and Agnation in Roman Law', Mary Jo Maynes, Ann Waltner, Birgitte Soland and Ulrike Strasser (eds), *Gender, Kinship, Power: A Comparative and Interdisciplinary History* (New York and London, Routledge, 1996): 43-64.

<sup>22</sup> Salic law was a civil and criminal code allegedly introduced by the Franks in the fifth century. Included in this law was a clause refuting the right of women to inherit lands and property. Although monarchy was not mentioned in the original text, Salic law was invoked in fourteenth and sixteenth century France to prevent women from inheriting the throne. See Hanley, 'The Monarchic State', p. 116; *idem*, *Les femmes dans l'histoire. La loi salique* (Paris, Indigo, 1994); *idem*, 'Identity, Politics and Rulership in France: Female



by many scholars as a period of increasing anxiety concerning the fragility of masculinity. The unofficial power of Catherine de Médicis following the death of Henri II in 1559 and the minority of Charles IX was depicted as an emasculation, or castration of the monarchy and male power. The re-invocation of Salic law in the later sixteenth century prevented any claims of Elisabeth of France, wife of Philip II of Spain, to the throne and thus the annexing of the kingdom of France to Spain.<sup>23</sup>

The general context of patrilineal theories and tensions surrounding the position of women and their inferior roles in procreation thus served to turn the spotlight onto issues of paternity, illegitimacy and inheritance, accentuating in turn anxieties about lascivious women, fornicating widows and the deceptive nature of the female body. In the light of contemporary stereotypes of female sexuality, it was important to be as certain as possible about paternity and the origin of the particular male seed which took hold in the womb. Increasing surveillance of patrilineage, legitimacy and progeny all served to focus attention on the female belly and menstrual bleeding as a means of certifying paternity. Discourses about menstrual bleeding, and concerns regarding false female testimony, can therefore be seen as an important part of the general context of anxiety about patriline and masculinity. In this instance, discourse and practice seem to have coincided, and legislative measures and judicial test cases enabled such (male) anxiety to be enacted in the legal arena.

As we saw with the Saccus case, physicians anxious to avoid disruption and lengthy legal wrangles, often sought to explain early and late births in terms which safeguarded concepts of legitimacy and patriline. It is probably fair to say therefore that medical and judicial debates regarding the duration of gestation peaked during moments of

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Political Place and the Fraudulent Salic Law in Christine de Pisan and Jean de Montreuil', in Michael Wolfe (ed.), *Changing Identities in Early Modern France* (Durham, Duke University Press, 1997): 79-84.

<sup>23</sup> Salic law was also cited on a more general basis in the context of the *querelle des femmes* concerning the place of women in society in early modern France. See Catherine Randall, 'Masculinity, Monarchy and Metaphysics. A Crisis of Authority in Early Modern France', in Long (ed.), *High Anxiety*, pp. 211-32; Stephen Murphy, 'Catherine, Cybele and Ronsard's Witnesses' in *ibid.*, pp. 55-70.

crisis in perceptions of legitimacy, patrilineage and family honour. Strikingly, anxiety regarding the possible minimum and maximum limitations to the duration of pregnancy discussed at length by Graeco-Roman medical authorities is not as apparent in written medical sources from the medieval period. Whilst it would be rash, and almost certainly inaccurate, to suggest that such issues were not of concern throughout the Middle Ages, it is probable that the renewed legal interest in issues of paternity and legitimacy in the sixteenth century led to increased demand for medical expertise and thus reliance on ancient medical and judicial precedents which suited both early modern legal and medical practitioners. It is important to examine this lack of interest in the length of pregnancy in the Middle Ages in order to understand the reasons for the renewal of this discourse in the sixteenth century.

A variety of different factors are implicated in this dramatic chronological and cultural rupture, although patrilineal theories remain the most singularly convincing. The conjunction of the rise of medical humanism and the re-discovery and treatment of original, ancient texts, rather than through Arabic or Latin translations, which began in Renaissance France, alongside internal developments within the disciplines of law and medicine provoked new discussions of existing debates and problems. Increasingly complex notions of time added to the ambiguity surrounding the measurement of a woman's time. Long-standing astrological practices of noting the time of conception and birth in order to provide horoscopes revealed discrepancies between the actual length of pregnancy, the moment of conception and norms of a woman's time. The culmination of these developments was a marked shift in perceptions of pregnancy and female time.

My survey of influential medieval medical texts reveals the absence of concern about a woman's time and eleven-month pregnancies. A very brief discussion of the timing of foetal development appeared in an early thirteenth-century text *Anatomica Vivorum* that



drew on Aristotle, Rhazes, Avicenna, Galen and Hippocrates. This text recognised variations in the time of delivery following variations in the time of formation. However, the author extended this to seventh, eighth and nine months' children only.<sup>24</sup> An equally cursory glance at the debate surrounding pregnancy length is found in the late-thirteenth or early-fourteenth century compilation work known as the pseudo-Albertus Magnus treatise *De secretis mulierum*. In spite of the extensive astrological influences present in this text, which is assimilated from a variety of sources and includes a discussion of the planetary effects on embryological formation, the classical debate on viability, legitimacy and pregnancy length is not developed.<sup>25</sup> The wider debate over pregnancy lengths is markedly absent from much of the literature associated with the medical School of Salerno, such as the *Prose Salernitan Questions*, the thirteenth-century text by Aldebrandin of Sienna and the heavily gynaecologically-oriented Trotula treatises.<sup>26</sup> Moreover, the thirteenth-century mystic and herbalist, Hildegard of Bingen (1098-1179), who paid a great deal of attention to the timing of conception for the generation of a healthy child, did not discuss the problem of the duration of pregnancy and late-births in her medical works.<sup>27</sup> Eminent medieval physicians and authors of influential medical texts such as Henri de Mondeville (c. 1260-c 1320) Guillaume de Salicet (1245-1277) professor of medicine at the

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<sup>24</sup> G. W. Corner (ed.), *Anatomical Texts of the Earlier Middle Ages. A Study in the Transmission of Culture with a Revised Latin Text of 'Anatomia Cophonis' and Translations of Four Texts* (Washington, Carnegie Institute, 1927), pp. 105-6.

<sup>25</sup> Helen Rodnite Lemay (ed.), *Women's Secrets. A Translation of Pseudo-Albertus Magnus' 'De Secretis Mulierum' with Commentaries* (New York, State University of New York Press, 1992), pp. 80-95. The commentaries are taken from two sixteenth century printed editions, Venice 1508 and Lyon 1580. See also *Les admirables secrets d'Albert le Grand, contenant plusieurs traités sur la conception des femmes, et les vertus des herbes, des pierres precieuses et des animaux* (Cologne, Chez le dispensateur des secrets, 1703).

<sup>26</sup> Claude Thomasset, *Une vision du monde à la fin du XIIIe siècle. Commentaire du dialogue de Placides et Timéo* (Geneva, Droz, 1982), pp. 116-17; Brian Lawn (ed.), *The Prose Salernitan Questions: Edited from a Bodleian Manuscript (Auct. F. 310) An Anonymous Collection dealing with Science and Medicine Written by an Englishman c. 1200, with an Appendix of Ten Related Collections* (Oxford, Oxford University Press, 1979); Louis Landouzy and Roger Pépin (eds), *Le régime du corps de maître Aldebrandin de Sienna. Texte français du XIIIe siècle publié pour la première fois d'après les manuscrits de la Bibliothèque Nationale et l'Arsenal* (Paris, Honoré Champion, 1911); Monica Green (ed.), *The Trotula. A Medieval Compendium of Women's Medicine* (Philadelphia, University of Pennsylvania Press, 2001).

universities of Venice and Bologna, Bernard de Gordon (1260-1318) and Guy de Chauliac (1300-1368)) did not mention this issue.<sup>28</sup> Furthermore, the works of natural philosopher Albertus Magnus (1103-1280) and surgeon Albucasis (936-1013) are also equally silent on this subject.<sup>29</sup>

It seems unlikely that this conceptual shift in perceptions of pregnancy can be wholly explained by the timing of the recovery and diffusion in the western world of key medical and philosophical texts from Graeco-Roman antiquity. Although initially many recovered texts were simply incomplete or fragmented and translations were selective, this in itself is not sufficient to explain such a remarkable rupture between the Classical and early modern periods. Even though Latin translations of the Galenic corpus from the eleventh century were incomplete, more comprehensive editions were available in the thirteenth and fourteenth centuries.<sup>30</sup> It is possible that the recovery of original Hippocratic texts in the early sixteenth century had an impact on discussions of the length of pregnancy, however, Hippocrates was not the only ancient to have tackled this topic. Avicenna alone, drawing on Graeco-Roman texts, broached this problem at any length in the late tenth and early eleventh centuries. His *Canon* was rendered into Latin by Gerard of Cremona at the Toledo school of translation in the late twelfth century and was generally

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<sup>27</sup> Pierre Monat (ed.), *Hildegarde de Bingen. Les causes et les remèdes* (Grenoble, Jérôme Millon, 1997), pp. 98-123, 259-65; Laurence Moulinier, *Le manuscrit perdu à Strasbourg. Enquête sur l'oeuvre scientifique de Hildegarde* (Paris, Presses Universitaires de Vincennes, 1995).

<sup>28</sup> Marie-Christine Pouchelle, *Corps et chirurgie à l'apogée du moyen-âge. Savoir et imaginaire du corps chez Henri de Mondeville, chirurgien de Philippe le Bel* (Paris, Flammarion, 1983); A. Bos, *La chirurgie de maître Henri de Mondeville. Traduction contemporaine de l'auteur publiée après l'unique manuscrit de la Bibliothèque Nationale* (2 vols., Paris, Firmin Didot et cie, 1897); Guillaume de Salicet, *La cyrurgie de maistre Guillaume de Salicet* (Paris, Geoffroy de Marnef and Durand Gerlier, 1505); Bernard de Gordon, *La fleur de cirurgie* (trans. Symphorien Champier, Paris, [n. pub.], 1509); *La grande chirurgie de me Guy de Chauliac medecin tres-fameux de l'université de Montpellier composée en l'an de grace 1363, traduit par Laurens Ioubert medecin ordinaire du Roy et du Roy de Navarre, premier docteur regent stipendie chancellier et lude de ladicte université* (Lyon, les heritiers Simphorien Beraud, 1592); *Les fleurs du grand Guidon. C'est-à-dire les sentences principales de certains chapitres, traduit par M. Jean Canappe* (Niort, Thomas Portau, 1595).

<sup>29</sup> Jean Grimaud and Robert Lafont (eds), *La chirurgie d'Albucasis (ou Albucasin) texte occitan du XIVe siècle* (Montpellier, Centre des Etudes Occitanes, 1985).

<sup>30</sup> Lemay (ed.), *Women's Secrets*, Introduction.



available to Latin scholars from the beginning of the thirteenth century.<sup>31</sup> And perhaps most strongly of all, evidence of borrowing from Avicenna and Galen is found in medieval texts suggesting that it was not a question of access to knowledge, but rather that medieval medical authors actively selected which aspects of this Graeco-Roman tradition to draw upon.<sup>32</sup>

## The Eight Months' Child

The evidence for a paradigmatic shift in the sixteenth century regarding perceptions of pregnancy length is further illustrated by discussions of a second, related, debate concerning the viability of seven and eight month pregnancies which is also implicated in the Saccus affair. The debate surrounding seven and eight month pregnancies marks a constant theme in medical literature, including during the Middle Ages and is found in many of the above-mentioned texts, whose authors did not dwell on the issue of a woman's time and the patriline.<sup>33</sup>

Graeco-Roman medical and philosophical tradition maintained that infants born at seven months were perfectly viable, whereas those delivered at eight months were more likely to be weakly.<sup>34</sup> The most common explanation for this was that the foetus, once perfected at seven months, attempted to free itself from the prison of the womb. If successful on the first attempt, the foetus would probably survive. If, however, the foetus failed and tried again the following month, he or she would not have recovered sufficiently

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<sup>31</sup> In addition, Michael Scott translated Aristotle's text on animals from the Arabic in the early thirteenth century. See *ibid.*, pp. 43, 22.

<sup>32</sup> Bernard de Gordon drew heavily on existing classical and Arabic medical sources and his work is often cited as an excellent example of fourteenth-century medical knowledge and practice. See Luke Demaitre, *Doctor Bernard de Gordon, Professor and Practitioner* (Toronto, Pontifical Institute, 1980).

<sup>33</sup> See, for example, Lawn (ed.), *Prose Salernitan Questions*, pp. 15-16; Bernard de Gordon, *La fleur de chirurgie*, n. p.

<sup>34</sup> Claude Expilly, *Les plaidoyez* (Paris, Abel l'Anglier, 1612), pp. 95-97; Jean Liébault, *Trois livres des maladies et infirmités des femmes pris du Latin de M. Jean Liebaut docteur medecin à Paris* (Rouen, Jean Berthelin, 1649), pp. 807-8; Marguerite du Tertre de la Marche, *Instruction familiere et utile au sagesfemmes pour bien pratiquer les accouchemens, faite par demandes et réponses* (Paris, Laurent d'Houry, 1710), p. 61.

from the previous struggle for deliverance and would thus be sickly and weakened.<sup>35</sup>

Unusually Pellicier remarked that the physicians attending in the Saccus case were dubious about the viability of a seven months' foetus and thought that only an infant born at nine months was likely to survive. This may be due to a transcription error on the part of Alexandre Tausserat-Radel, the editor of Pellicier's correspondence, or simply the fact that the physicians believed that the infant was full-term and thus had been conceived out of wedlock. Despite this seeming contradiction of a long-standing medical belief, the same physicians had recourse to the ancients in their search for the means to declare the infant girl viable and legitimate.

Although the anxieties associated with eight months' children were a commonplace within medical literature and were reiterated throughout the medieval and early modern periods, the basis on which they were explained did evolve during these periods. Ancient Hippocratic practitioners used numerology to explain the special properties of the number seven and the dangers of the eighth month. From the tenth century onwards an astrological 'planet-month correlation' developed in Arabic texts and was diffused in the West.

Astrologers such as Michael Scott in the early thirteenth century and Pietro d'Albano in the late fourteenth century ascribed the month-by-month development of the foetus to corresponding planetary influences. This correspondence was used to explain the non-viability of the eight month's infant: the seven months' child fell under the benevolent influence of the moon but the eight months' infant was dominated by the melancholy Saturn.<sup>36</sup>

In contrast to the continuity of the problem of the eight months' child, the wider issue of the possible limits to the length of pregnancy appears to have been more sensitive

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<sup>35</sup> J. Salem (ed.), *Hippocrate. Connaître, soigner, aimer. Le serment et autres textes* (Paris, Seuil, 1999), pp. 227-33.



to particular contexts and to have experienced a number of chronological shifts. Highly-debated in antiquity by a range of authorities such as Aristotle, Hippocrates, Galen, Pliny and Plutarch, pregnancy length was treated with less frequency and less consistency in medieval medical literature. It seems possible therefore that the two issues - of eight month births and the minimum and maximum lengths of pregnancy - were often viewed, in the Middle Ages, as two quite separate problems, which did not carry the same implications for social and familial order. Ann Ellis Hanson has argued that Greek physicians exploited popular concerns about eight months' children to alleviate their responsibility if a newly-delivered infant appeared weak and unlikely to survive. In this way, parents more readily excused midwives and other practitioners of blame for the death of their new-born offspring.<sup>37</sup> Declarations that a sickly child had been born at eight months and therefore could not be expected to survive did not carry moral judgements or stigma (unless the mother had been found to have indulged in activities believed dangerous to the health of the foetus). On the contrary, such decisions offered an explanation, which was convenient for all parties, and ensured that the honour of both parents, and practitioners remained intact. The labelling of a sickly, even monstrous, child as an eight month's child meant that he or she was fully legitimate and neither parent had cause to feel guilty that they had indulged in disordered or prohibited sexual acts which could have resulted in the generation of a weak and unhealthy infant.<sup>38</sup> Admittedly, eight months' children could be a source of anxiety if the infant had been much desired. For instance, Madame de Sévigné advised her daughter Madame de Grignan in 1676 to prepare herself for the death of her

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<sup>36</sup> Charles Burnett, 'Planets and the Development of the Embryo', in G. R. Dunstan (ed.), *The Human Embryo. Aristotle and the Arabic and European Traditions* (Exeter, Exeter University Press, 1990): 95-112, pp. 95-101.

<sup>37</sup> Ann Ellis Hanson, 'The Eight Months' Child and the Etiquette of Birth: *Obsit Omen!*', *Bulletin of the History of Medicine*, 61 (1987): 589-602.

<sup>38</sup> See Chapter Two for a discussion of medical and theological concerns regarding the control of sexual practices and taboos to ensure the procreation of healthy infants.

eight-months' son.<sup>39</sup> In stark contrast to the assumed legitimacy of an eight months' child, the calculation of a six-month or eleven-month pregnancy could have serious consequences for the conjugal unit, particularly if there was doubt over the paternity of a child born shortly after marriage, following spousal absence, or as a result of a posthumous pregnancy.

## Astrology

Another possible factor in this shift is the changing status and application of astrology in the medieval and early modern periods. The commonplace practice of noting the time of conception, and sometimes birth of an infant, in order to calculate the future child's horoscope, may have contributed to changing perceptions of a woman's time and the length of pregnancy. The science of nativities or genethliology was used to predict the health and progress of pregnancy and the characteristics and destiny of the infant from the Classical era through to the early modern period.<sup>40</sup> The prediction of a future infant's horoscope depended on the correspondences between the moment of conception and birth. If the timing of conception was unknown, it could be calculated from the hour of birth using mathematical formulae based on astrological correspondences and the premise that pregnancy generally lasted nine months.<sup>41</sup> The moment of conception was especially important and various practitioners advised couples on the most propitious dates to

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<sup>39</sup> Roger Duchêne (ed.), *Madame de Sévigné: Correspondance* (3 vols., Paris, Gallimard, 1972-78), vol. 2, p. 258, letter 493, 24 March 1676.

<sup>40</sup> William J. Tucker, *L'astrologie de Ptolémée. Commentaire du Tetrabiblos de Ptolémée* (trans. Janine Reigner, Paris, Payot, 1981), pp. 110-13. Ann Geneva, *Astrology and the Seventeenth-Century Mind. William Lilly and the Language of the Stars* (Manchester and New York, Manchester University Press, 1995), pp. 162-64; Charles Burnett, 'Hildegard of Bingen and the Science of the Stars', in *idem*, and Peter Dronke (eds), *Hildegard of Bingen. The Context of her Thought and Art* (London, Warburg Institute, 1998): 111-20, pp. 116-19.

<sup>41</sup> Emmanuel Poulle and Antoine Desmet (eds), *Les tables astronomiques de Louvain de 1528 par Henri Baers ou Vekenstyl* (Brussels, Culture et Civilization, 1976), pp. 7-37. The perception of nine months as the norm was so persuasive that sixteenth-century Florentine couples regularly placed wagers on the date of birth of their own and other people's children. See Paul Renucci, 'Fille ou garçon? Un singulier jeu de hasard florentin', *Revue des études italiennes*, 24, 1-3 (1978): 164-73, p. 167.



consummate marriage in order to conceive a healthy child. Indeed, the Holy Roman Emperor Frederick II (1194?-1250) was advised by his court astrologer Michael Scott to delay consummation of his marriage until the astral influences were optimal.<sup>42</sup> Wives and mothers-to-be were regularly advised to note the day, month and hour on which they believed to have conceived.<sup>43</sup>

The long-standing practice of noting the timing of births was often also associated with the drawing of horoscopes, even if not always explicitly. This was usually the case when details of the hour, as well as the date of delivery, as in the Saccus example, were recorded.<sup>44</sup> In certain cases the astrological reasons for noting the timing of birth were clearly signalled. For example, in 1492, Louise de Savoie recorded the birth of her daughter Marguerite 'l'unzième jour d'avril à deux heures du matin, c'est à dire le dixième jour à quatorze heures dix minutes en comptant à la manière des astronomes'.<sup>45</sup> Even when astrological purposes were not explicitly stated, the recording of the date and time of birth appears to have been a common practice. For instance, in the early sixteenth century, Parisian lawyer Nicolas Versoris noted the date and time of the births of all members of his extended family and the royal family. There are seventeen entries in his journal covering the period between 1519 and 1530.<sup>46</sup>

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<sup>42</sup> Danielle Jacquart, 'La physiognomie à l'époque de Frederick II: le traité de Michel Scott', *Micrologus II. Sciences at the Court of Frederick II* (Turnhout, Brill, 1994): 19-38, see pp. 33-35.

<sup>43</sup> Burnett, 'Hildegard of Bingen and the Science of the Stars', pp. 116-19.

<sup>44</sup> *Hildegard of Bingen. Les causes et les remèdes*, pp. 32, 98, 118. For a general overview of astrological practices see Charles Burnett, 'Astrology and Medicine in the Middle Ages', *Bulletin of the Society for the Social History of Medicine*, 37 (1985): 16-18 and Roger French, 'Astrology in Medical Practice', in *idem, Ancients and Moderns in the Medical Sciences. From Hippocrates to Harvey* (Aldershot, Ashgate, 2000): 30-59.

<sup>45</sup> M. Pettitot (ed.), *Collection complète des mémoires relatifs à l'histoire de France. Journal de Louise de Savoye, duchesse d'Angoulesme, d'Anjou et de Valois, mère du Grand roi François I* (30 vols., Paris, Foucault, 1820), vol. 15, p. 390; Regine Reynolds-Cornell, 'Of Stars and Kings; Three Horoscopes', *Manuscripts* 38, 4 (1986): 299-313.

<sup>46</sup> Philippe Joutard (ed.), *Journal d'un bourgeois de Paris sous François Ier. Nicolas Versoris, avocat au Parlement de Paris, livre de raison (1519-1530)* (Paris, Union Générale de l'Edition, 1963). In the 'Hours of Isabel Stuart', wife of François I de Bretagne, there is a register of births in the Isambert family, the manuscript's subsequent owners, with entries such as the following, 'le Dimanche vii jour d'octobre [...] ma femme accoucha d'une fille a deux heures du matin'. See Cambridge, Fitzwilliam Museum ms. 62, ff. 232v-33r. I am grateful to Dr Elizabeth L'Estrange for this reference.

In the Saccus case, the date of conception was also presumed to be the date of the consummation of marriage.<sup>47</sup> Pellicier's account signals the maximum possible length of the pregnancy from the moment of the first sexual encounter within wedlock. The calculation of a horoscope was generally carried out using a fixed formula however and comparisons between the two dates, of conception and birth, were not made directly.<sup>48</sup> Presumably if astrologers, physicians, and lay men and women had been looking to measure the length of pregnancy in the Middle Ages, the noting of the timing of conception could have been used to this effect. Since this connection does not seem to have been frequently made until the sixteenth century, it appears that a long-standing practice was actually put to a different use in the early modern period, signalling a remarkable change in perceptions of pregnancy in the intervening period.

The changing status of astrology in the early modern period does not explain the increased surveillance of the duration of gestation from the sixteenth century onwards. The chronological continuity of the practice of noting the dates and time of conception and birth in order to draw horoscopes, from antiquity to the early modern period, does not account for the renewed interest paid to the length of pregnancy in the sixteenth century at a time when astrology was going into decline. This decline of astrology in learned elite society, did not eradicate popular recourse to astrological practices. For instance, although Louis XIV did not have an official royal astrologer, this did not prevent the publication of astrological information in royal almanacs.<sup>49</sup> Nor did it stop the practice of noting the timing of conception and birth which could point to problems regarding the length of pregnancy. Thus rather than astrological practices influencing attitudes to the duration of gestation it appears that the reverse happened. Astrological practices were harnessed by

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<sup>47</sup> Pellicier is very explicit about this. Tasseraut-Radel, *Correspondence politique*, pp. 30-31.

<sup>48</sup> Poulle and Desmet, *Tables astronomiques*.



jurists and physicians from the sixteenth century onwards as part of the growing interest in calculating the length of pregnancy. Shifts in the application of astrological practices thus occurred as a result of conceptual shifts in attitudes to a woman's time.

## Time

Another possible contributing factor to the shift in perceptions of pregnancy was the change in conceptions of time which I have already touched upon in chapter Three. Changing concepts of time and calendars served to emphasise the problematic nature of menstrual time and the female narrative. The precision with which Saccus noted his first conjugal union can be read as emblematic of what historians have called the 'discipline' of time which extended into everyday life with the technological advances and inventions of the early Renaissance.<sup>50</sup> The mechanisation of instruments of time-keeping meant that astrolabes, clepsydras and sand-timers, used in the classical and medieval periods, were replaced by church clocks and watches. Although not necessarily more accurate, this did mean that measures for telling the time were more accessible to greater numbers of the population. Jacques Le Goff has ascribed this process to the change from feudal to urban time.<sup>51</sup> Certainly, the emergence of town clocks marking the hours led to an increased attention to the passing of time and how it was used.<sup>52</sup> A similar phenomenon is evidenced by the appearance of clocks and watches as luxury goods and status symbols in sixteenth and seventeenth century portraiture.<sup>53</sup> Family records kept by seventeenth-century Angevin

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<sup>49</sup> René-Guy Guérin, 'Les horoscopes au XVII<sup>e</sup> siècle', *Dix-septième siècle*, 200, 50, 3 (1998): 5-14.

<sup>50</sup> David Landes, *Revolution in Time: Clocks and the Making of the Modern World*, (Cambridge, Mass., and London, Harvard University Press, 1983), p. 7.

<sup>51</sup> Jacques Le Goff, *Pour un autre moyen âge. Temps, travail et culture en Occident. 18 essais* (Paris, Gallimard, 1977).

<sup>52</sup> Carlo Cipolla, *Clocks and Culture* (London, [n. pub.], 1967), pp. 41, 103; Daniel Roche, *France in the Enlightenment* (Cambridge, Mass., London, Harvard University Press, 1998), p. 78, 'everyday time'.

<sup>53</sup> Alfred Chapuis, *De Horlogiis in Arte. L'horloge et la montre à travers les âges d'après les documents du temps* (Lausanne, Scriptor, 1954); Samuel L. Macey, 'Hogarth and the Iconography of Time', in R. C. Rosbottom (ed.), *Studies in Eighteenth Century Culture. Volume Five* (Madison, University of Wisconsin Press, 1976): 41-53.

lawyers Pierre (1641-1712) and Jean Andouys (1673-1730) reveal a similar picture to Vesoris' sixteenth-century journal. In both cases the date and time of family births were noted. The Andouys' journal is notable however for the two occasions on which the timing of birth was related to the chiming of a clock. Pierre's daughter was born on 20 May 1683 'les neuf heures sonnant', and Jean's son was delivered 25 January 1713 at 'quatre heures du matin lorsque l'horloge sonnait'.<sup>54</sup>

The extent to which tensions over new ways of measuring time impacted on the kinds of issues brought up by physicians and jurists with regard to pregnancy length is debatable. Although people's private perceptions of time may not have changed dramatically following the increased ownership of clocks and watches in the sixteenth and seventeenth centuries, it is possible that the uncertainty surrounding the plurality of civil time contributed to debates about pregnancy and legitimacy. At the very least, the existence of greater flexibility about the measuring of time provided a useful vehicle with which jurists and their clients could contest, or throw doubt onto paternity. The incidence of anxiety surrounding early and late births in the sixteenth century does correlate with the more general tension between an increased desire to control and quantify time and the difficulties of translating such theoretical knowledge into the practical arena.

The mechanisation of time-keeping instruments and the Calendar reforms instigated by Charles IX in 1563/4 and Pope Gregory III in 1582 focused attention on the cultural relativity of time and highlighted the existence of differing concepts of time: natural, agricultural, ecclesiastical, urban and merchant. The decision to fix the start of each new year on 1 January, rather than the moveable feast of Easter was adopted by the majority of the French Parlements in the 1560-70s.<sup>55</sup> This resulted in a short year of eight

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<sup>54</sup> François Lebrun, 'Une famille angevine sous l'ancien régime d'après son "papier mémorial"', in *idem*, *Croyances et cultures dans la France de l'ancien régime* (Paris, Seuil, 2001): 265-97, see pp. 290-91.

<sup>55</sup> Sylvie Daubresse, 'Le premier janvier, premier jour de l'année en France (1564)', *Revue de la Bibliothèque Nationale de France*, 4 (2000): 65-69. Pierre Brillon, *Dictionnaire des arrêts, ou jurisprudence*



months and seventeen days in 1566.<sup>56</sup> In 1582 the adoption of the Gregorian Calendar resulted in the loss of ten days.<sup>57</sup> Concerns about the inaccuracies of the Julian calendar had been raised previously to little effect, suggesting that tensions about the measurement of time were exacerbated in the sixteenth century.<sup>58</sup> The widespread recourse to almanacs and calendars as commodities and diaries also increased awareness of the multiplicity of methods of time measurement.<sup>59</sup> In turn the sixteenth century saw a heightened awareness amongst jurists and medical practitioners of the cultural relativity of time, that ‘les années ont été diversement comptées, selon la différence des Nations et des Temps’.<sup>60</sup> As we saw in the previous chapter, a multiplicity of parallel systems of time measurement and division co-existed in the early modern period.<sup>61</sup> Unsurprisingly given such contradictory notions of socio-political and cosmological time – changing calendars, losing days and competing methods of quantifying time - the complexities of measuring bodily time were not resolved.

Medical concerns regarding female health, regularity and the monthly nature of menstrual bleeding depended largely on perceptions of the measurement of a calendar month. We have seen that a month was not a uniform measure of time and multiple variations on the length of a month existed. We have also noted that women and their medical practitioners could have very different interpretations of the passage of a month,

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*universelle des parlements de France, et autres tribunaux* (6 vols., Paris, Guillaume Cavellier, 1711), vol. 1, p. 120.

<sup>56</sup> Daubresse, ‘Le premier janvier’, p. 67.

<sup>57</sup> Ibid. For a discussion of popular reactions in England to the adoption of the Gregorian Calendar in 1752 see Robert Poole, *Time’s Alteration: Calendar Reform in Early Modern England* (London, UCL Press, 1998).

<sup>58</sup> Adrien-Joseph Michau, *Modifications apportées à partir du XVI<sup>e</sup> siècle au Calendrier Julien* (Avesnes, Dubois-Viroux, 1859), pp. 4-6.

<sup>59</sup> Alison Chapman, ‘Now and Then: Sequencing the Sacred in Two Protestant Calendars’, *Journal of Medieval and Early Modern Studies*, 33, 1 (2003): 91-124, see p. 116.

<sup>60</sup> Brillon, *Dictionnaire des arrests*, vol. 1, p. 120.

<sup>61</sup> G. T. Moran, ‘Conceptions of Time in Early Modern France: An Approach to the History of Collective Mentalities’, *Sixteenth Century Journal*, XII, 4 (1981): 3-19, pp. 3, 5, 14-15, 18. Ecclesiastical time in itself was complex as Natalie Zemon Davis’ study of different interpretations of time in Catholic and Calvinist communities in sixteenth-century Lyon demonstrates. See her ‘The Sacred and the Body Social in Sixteenth-

their menstrual cycle and the means of calculating pregnancy length. Therefore, decisions regarding the legitimacy of a six month's or eleven month's child were often the result of a compromise between medical and judicial perceptions of a woman's time.<sup>62</sup> Changing conceptions of the measurement of time and the lack of uniformity affected perceptions of menstrual cycles as we saw in the previous chapter. The uncertainty and opacity surrounding a woman's time permitted a certain amount of flexibility and manipulation in judging individual cases. This, in turn, allowed physicians and jurists to foreground concerns of morality, reputation, family order and stability in their decision-making process. Discrepancies between different calendars could also be exploited by physicians, jurists and lay men and women seeking to avoid scandal. As we saw in the Saccus case, six solar months were not considered viable, but seven lunar months could be. Similarly, eleven solar months may have been considered too long, but eleven lunar months was more acceptable.<sup>63</sup> Certainly, the whole issue was rendered highly problematic by the fact that no one established definitely whether lunar or nonlunar months should be used as a general rule to judge such cases.

### Defining Legitimacy

The sample of cases from the seventeenth-century Parlement of Paris to which I want to turn now, suggests that perceptions of legitimacy were far more complicated than the existing historiography of pregnancy indicates. Early modern civil concepts of legitimacy were also far more fluid and flexible in practice than either the Roman Law or Canon Law discourses prescribed. Hanley has interpreted women's efforts to subvert this

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Century Lyon', *Past and Present*, 90 (1981): 40-70, see pp. 52-62. This is well-demonstrated for Reformation England by Chapman, 'Now and Then'.

<sup>62</sup> This phrase is borrowed from Julia Kristeva, 'Women's Time', *Signs*, 7, 1 (1981): 13-35.

<sup>63</sup> Claude Gaultier, *Les plaidoyez* (2 vols., Paris, Theodore Girard, 1662-1669), vol. 1, p. 539.



system as 'counterfeiting culture'.<sup>64</sup> She argues that the wives and widows accused by their husband's heirs of substituting infants, or faking pregnancies, were guilty and were attempting to invert power dynamics to maintain their legacy and social status. Another view is offered by Lindsay Wilson who argues that such cases stemmed initially from the struggle for ownership of medical knowledge between female patients and their practitioners, which culminated in a general mistrust of the female body and the female narrative.<sup>65</sup> There is undoubtedly some truth in both Hanley and Wilson's stances. The situation is more complex however and also involves perceptions of menstrual time and cultural time in general. Test cases existed, but were controversial precisely because a serious medical debate about the possible limits to pregnancy length was also in force. Not only did discourse and practice cohabit; extensive overlap between medical and legal disciplines was evident.<sup>66</sup>

There is much discrepancy between the discourses of legitimacy and the practical reality found in court judgements. No one strict definition of legitimacy prevailed in early modern French civil law. Each case was assessed on its own merits and norms, although fixed, were not always applied. Here jurists encountered problems of a similar nature to physicians trying to contextualise a woman's natural time within external norms of cultural time. As with classical definitions of an eight months' child, early modern concepts of legitimacy were flexible. The Roman Law tradition was based on the presumption of legitimacy within wedlock:

Un enfant né pendant le mariage ne peut être contesté, sous prétexte que la mère est devenue enceinte dans le tems que le mari était absent, à moins qu'il ne fut justifié qu'il y a impossibilité physique que le mari en soit le père.<sup>67</sup>

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<sup>64</sup> Hanley, 'Engendering the State', pp. 6, 20-26.

<sup>65</sup> Wilson, *Women and Medicine*, pp. 6, 24-30.

<sup>66</sup> Hanley highlights the role of judicial decisions in the forming of law and discourse. See her 'The Jurisprudence of the Arrêts'.

<sup>67</sup> Claude-Joseph Ferrière, *Dictionnaire de droit et de pratique contenant l'explication des termes de droit, d'ordonnance, de coutume et de pratique* (Paris au palais, Joseph Saugrain, 1758), pp. 238-39; *idem*,

In practice however things were not so clear. A comparison between cases, from a modern-day perspective, suggests, probably erroneously, that judgements were often arbitrary and that they did not follow any prescriptive codes. This appearance owes much to the discrepancies between local legal codes, the different Parlements and modes of inheritance, and reflects the lack of a general, coherent legal system in early modern France.<sup>68</sup> Whilst no single, uniform principle can be applied to explain all the cases, a closer examination shows that individual cases did follow an internal logic.

The desire to maintain family order often co-existed with that to control patrilineage and blood lines. In the words of physician Nicolas Venette (1633-1698),

Les medecins et jurisconsultes agitent cette meme question, les jurisconsultes veulent estre asseurez d'un temps fixe pour la naissance des enfans, afin de partager justement un patrimoine et de n'en pas faire hériter un enfant qui ne serait pas légitime.<sup>69</sup>

Whilst many jurists followed Venette's description and tried to fix norms, there were many others who recognised the difficulty of such a task.<sup>70</sup> This was a double-sided problem. As seventeenth-century jurist Claude Ferrière reasoned, it was impossible to regulate the minimum and maximum lengths of pregnancy without exception and, yet, some kind of measure was necessary:

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*Introduction à la pratique, contenant l'explication des principaux termes de pratique et de coutume avec les iurisdicions de France par ordre alphabétique* (Paris, Jean Cochart, 1679), pp. 161-62; Nicolas Nupied, *Journal des principales audiences du Parlement* (5 vols., Paris, compagnie des Libraires associés, 1757), vol. 5, p. 665.

<sup>68</sup> On this see Esther Cohen, *The Crossroads of Justice. Law and Culture in Late Medieval France* (Leiden, Brill, 1993), ch. 3; Julie Hardwick, 'Women "Working" the Law: Gender, Authority and Legal Process in Early Modern France', *Journal of Women's History*, 19, 3 (1997): 28-49; James Traer, *Marriage and the Family in Eighteenth-Century France* (Ithaca, New York, Cornell University Press, 1980): 40-45.

<sup>69</sup> Nicolas Venette, *De la generation de l'homme ou Tableau de l'amour conjugal* (Cologne, Claude Joly, 1702), p. 120.

<sup>70</sup> See, for example, Laurent Bouchel, *La bibliothèque ou tresor du droict françois auquel sont traictees les matieres civiles, criminelles et Beneficiales tant réglées par les Ordonnances et coustumes de France, que décidées par Arrests des cours souveraines* (2 vols., Paris, veuve Nicolas Buon, 1629), vol. 1, p. 1,159; See Mathieu Augeard, *Arrests notables des différens tribunaux du Royaume* (2 vols., Paris, Huart, 1767), vol. 1, p. 838.



autrement ce serait se jouer tout ensemble de la nature et de la loi, et jeter une incertitude affreuse sur l'état des personnes et des familles et sur le droit des successions.<sup>71</sup>

The sample of cases I look at here entered the literature of jurisprudence and set legal precedents for future debates. They provide a good means to explore further the renewed interest paid to the counting of menstrual cycles and the moons of pregnancy in the early modern period within the context of Hanley's model of the 'family-state compact' or 'marital régime'. She has argued that legists 'created law case by case' in early modern France.<sup>72</sup> I want to push Hanley's model further and apply it to changing attitudes towards a woman's time and pregnancy length from the sixteenth century onwards. As we have already seen in the Saccus case, the fluidity and uncertainty of medical and legal discourses surrounding pregnancy allowed for the boundaries of the length of gestation to be moved according to the context. The following cases are taken from the series of printed *Journaux des Audiences* covering the Parlement of Paris, as well as the provincial parlements. These were re-edited frequently between the sixteenth and eighteenth centuries and particular cases also appeared in collections of pleas and sentences published by lawyers and jurists. This literature represents a body of law-making decisions and highlights the concerns of physicians and jurists in the pursuit of the truths of the belly.

Two cases from the Parlement of Paris in the 1630s demonstrate opposing interpretations of legitimacy within wedlock. Jean Rode and Marie Cousin were married on 12 December 1605 and Cousin was delivered of a child in April 1606. Rode complained to the justice of Poitiers that the 'accouchement prématuré, n'était de ses oeuvres, mais de quelqu'un d'autre' and Cousin herself admitted that the child had been fathered by André

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<sup>71</sup> Ferrière, *Dictionnaire*, p. 25.

<sup>72</sup> Hanley, 'Engendering the State', p. 13 for citation.

Ladrelin. The child was declared illegitimate and when he tried to appeal as an adult in June 1638, the initial ruling was upheld.<sup>73</sup>

A more ambiguous judgement was accorded in the case of Claude Morin and Jeanne Bouvard. They had been married for four-and-a-half months in 1632 when Bouvard gave birth to a son. Morin contested paternity and argued that Jacques Charnier was responsible for impregnating his wife before their wedding. However, despite fining Charnier thirty *livres*, the judge ruled that the child was legitimate since he had been born within wedlock.<sup>74</sup>

Legally only husbands could accuse their wives of infant substitution. Accusations made by other relatives did not carry the same authority. The flip side was that if a husband accepted paternity, his heirs could not contest.<sup>75</sup> In this sense, the 'marital régime' prevailed over and above the extended family and threats to patrilineage, supporting Hanley's adjustment of her 'family-state compact' into the 'marital régime' model. A further consequence of the authority ascribed to the husband in cases of contested paternity was that decisions did not always follow strict blood lines (or patriline) but the husband's choice of whether or not to accept his wife's account of her bodily time. The husband or 'father' was responsible for endorsing the paternity of a child born to his wife. For example, after twenty-two years of childless marriage a couple baptised a girl as their own daughter in June 1638. Despite the opposition of the wife's relatives, who argued that the child had been substituted to deprive them of their inheritance, she was declared legitimate

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<sup>73</sup> Pierre Bardet, *Recueil d'arrests du Parlement de Paris pris des memoires de feu maître Pierre Bardet avec les notes et les dissertations de maître Claude Berroyer* (2 vols., Paris, Augustin Besoigne, 1690), vol. 2, p. 458.

<sup>74</sup> *Ibid.*, p. 62. See also the case of Sieur Delastre and Dame Courtois who were married 16 July 1695. Courtois delivered three months later and Delastre contested paternity. However, a lawyer intervened for the child, who was legitimated through marriage despite suspicions that Courtois had had an affair with a Sieur de Romanville before her marriage. Nupied, *Journal des audiences*, vol. 5, p. 780.

<sup>75</sup> Jehan Papon, *Recueil d'arrests notables des cours souveraines de France* (Paris, Jacques Macé, 1566), p. 489.



by the court, since the husband fully supported his wife and legally recognised paternity.<sup>76</sup>

The relatives were ordered to withdraw their accusations and not to trouble the marital regime.

The slightly later case of Jean Pellars and Magdeleine Bernard from 1652 provides another good example of this twist of the law. Bernard delivered a girl ten months and nine days after her husband's departure to the spas. Pellar's heirs claimed that the child was illegitimate, but before his death, Pellars had lived with Bernard in their marital home for four months, without contesting paternity. Bernard was delivered of a second child three months after her husband's death, thus seven months and several days since his return to the marital bed. Both children were legitimated since Pellar alone was legally capable of accusing his wife of adultery and he had not done so. Moreover, Bernard produced letters at the trial testifying to Pellar's joy and pleasure upon hearing the news of his wife's pregnancy and the birth of their daughter during his absence.<sup>77</sup> Bernard's late and early births were both recognised as legitimate because her husband had not protested otherwise during his lifetime and, on the contrary, appeared to all extents and purposes happy with the course of events.

There was also much uncertainty with regard to what constituted 'physical impossibility of paternity'. Physicians and legists were not always in agreement concerning the minimum and maximum ages of male fertility. Venette claimed that individual diversity proved that men could father children from the age of ten years to sixty-five. He was sceptical, however, of judicial rulings which counted the conception of an infant from the day of their father's death and ridiculed judgements which legitimated children conceived during a serious illness:

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<sup>76</sup> This may have been a reaction to the birth of Louis XIV in 1637. Jean du Fresne, *Journal des principales audiences du Parlement avec les arrêts qui y ont été rendus, 1622-1661* (Paris, Marc Bordelet, 1733), p. 233.

<sup>77</sup> Ibid., pp. 555-57; Gaultier, *Les plaidoyez*, vol. 1, pp. 523-28.

Comme si un homme estoit en estat d'engendrer dans une fièvre aigue, dans une longue maladie, et dans quelque autre incommodité qui afflige les parties principales ou amoureuses.<sup>78</sup>

A husband's accusations of adultery owing to his own physical incapacity were not always sufficient to contest the paternity of a child born within wedlock. In certain cases of jurisprudence the interests of the child took priority over the husband's ensuring that, whilst blood lines and patrilineage were not necessarily observed, the child could legally inherit the estate of his or her mother's husband. This suggests that the consequences of illegitimacy for the child were seen as rather more serious than those of adultery or supposition for the parents. The following case provides an excellent example. Sieur de Vivante married Marie-Anne de Laurie in 1664 and they had several children. However, from 1690 onwards, Vivante 'ne couchoit plus pour lors avec sa femme à cause de quelque indisposition à ce qu'il prétendoit'. In April 1690 Laurie declared her pregnancy whilst absent from the family home and was delivered in February 1691. The child was baptised without mention of the father's name and in July 1691 Vivante accused his wife of adultery with a certain Quinquel. Laurie was found guilty and was imprisoned in the *Châtelet*. Quinquel was fined and banished. Vivante was then sued on behalf of the child, whose lawyer argued that the rights of the child to legitimacy were not affected by the parental paternity dispute. The judge ruled that Vivante should have been more attentive to his wife and was thus responsible for her adultery. His absence and declaration of physical impossibility were disregarded and the child was legitimated on 15 June 1693.<sup>79</sup> Vivante, having failed in his marital duty was punished by the usurpation of his patrilineage and blood line in the name of social order and the legitimate interests of the child.

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<sup>78</sup> Venette, *De la generation*, p. 544.

<sup>79</sup> Nupied, *Journal des audiences*, vol. 5, p. 665. A similar judgement was pronounced on 15 February 1712. See Antoine Bruneau, *Observations et maximes sur les matieres criminelles avec des remarques tirees des auteurs* (Paris, Guillaume Cavelier, 1715), p. 408.



A previous sentence in July 1655 legitimated a child despite statements from both the husband and wife attesting to the child's illegitimacy: the father's declaration of impotence and the mother's confirmation of an extra-marital affair. What mattered was that the timing of the conception and birth occurred within the timeframe of marriage, even if there was no doubt that the husband was not the blood father. After thirteen years of childless union, Pierre Nau's wife brought a charge of impotence against him.<sup>80</sup> The first medical examination proved inconclusive so the couple were temporarily separated and a new trial convened. On this occasion Nau admitted his impotence and the marriage was declared null and void. By this time his former wife had begun an affair with another man and sought to marry for a second time. Upon hearing that she had conceived, Nau's brother appealed and the court sentenced her to remain with Nau, rather than the child's biological father, and declared the infant the legitimate heir of Nau's estate since he had been conceived, and would be born, within wedlock.<sup>81</sup> In another instance, a child conceived when the husband was on his death-bed was also judged to be legitimate. Jacqueline du Bois declared that she had had intercourse with her husband on the night of 2-3 February 1624 and had conceived a daughter. René, her husband, died on the 4 February and his heirs insisted that it was physically impossible for him to have impregnated Jacqueline so close to his death. Nonetheless the child, Renée, was finally vindicated on 6 September 1653.<sup>82</sup>

Posthumous paternity was another problem in itself and was generally decided depending on the circumstances of each individual case. The first or vidual year of mourning had been constituted to prevent doubt in cases of posthumous paternity. If a widow had conducted herself chastely during the period of viduity this supported her claim

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<sup>80</sup> On the topic of impotence trials see Pierre Darmon, *Le tribunal de l'impuissance: Virilité et défaillances conjugales dans l'ancienne France* (Paris, Seuil, 1986).

<sup>81</sup> du Fresne, *Journal des audiences*, p. 632.

<sup>82</sup> *Ibid.*, p. 562.

to her late-husband's estate on the child's behalf. If, however, the widow had visibly fornicated during the year of mourning, as Rabelais feared was often the case, then the court was more likely to reject her claim of paternity in favour of the late-husband's heirs. Theoretically a child born more than ten months after the husband's death was deemed to be illegitimate. However, in certain cases this definition was stretched. On 8 June 1632 the Parlement of Paris declared that a child born to a widow two days into the eleventh-month after her husband's passing was illegitimate. In a contradictory move the judge restored the widow's dowry to her, on the grounds that she was of impeccable morality.<sup>83</sup> Surgeon Guillaume Mauquest de la Motte (1655-1737) also argued that such judgements depended on the widow's comportment and morality. For instance if she revealed nothing for four months after her husband's death or if he were to return after an absence of thirteen months to find her in childbed, then his paternity was highly improbable.<sup>84</sup>

### Menstrual Moons.

In the rest of this chapter I will argue that the uncertainties surrounding menstrual bleeding and the menstrual cycle were central to much of the confusion regarding a woman's time and the possible limits to pregnancy length. There are three inter-linking issues here: the ambiguous nature of the links between maternity and the cessation of menstrual bleeding within the context of a woman's time, the role of the non-appearance of menstrual bleeding and the problems caused by the fact that women could continue to

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<sup>83</sup> Brillon, *Dictionnaire*, p. 190. This can be compared to the decision of judge Jean de Coras in the infamous case of the imposture of Martin Guerre. The child conceived to the imposter Arnaud de Tilh was legitimated and allowed to inherit de Tilh's estate and the wife Bertrande de Rolles, who had ostensibly committed adultery was not charged. See Natalie Zemon Davis, *The Return of Martin Guerre* (Cambridge, Mass., London, Harvard University Press, 1983).

<sup>84</sup> Guillaume Mauquest de la Motte, *Traité complet des accouchemens naturels, non naturels et contre nature, expliqué dans un très grand nombre d'observations choisies, accompagnées de réflexions sur l'Art d'accoucher Heureusement, l'on y enseigne aussi les moyens de remédier à tous les accidents qui Arrivent dans la Grossesse, et après l'accouchement* (Leiden, Jean Arnold Langerate, 1729), p. 19.



menstruate during pregnancy and the unreliable status of menstrual bleeding as forensic evidence in the court-room.

As we saw in the introduction and Chapter Three, early modern medical understandings of the relationship between the cessation of menstrual bleeding and pregnancy were highly ambivalent in comparison to the 'biological window' that modern medicine provides into the body's interiority.<sup>85</sup> The phenomenon of late and early births offers a unique insight into the conjunction of early-modern medical and legal discourses about the female body and the role of menstrual bleeding in perceptions of a woman's time. There was much overlap and cross-referencing between the various discourses, as well as many contradictions and tensions. The seemingly infinite possible variations of a woman's time were explained by various factors: the quality and quantity of the seed, the influence of the planets, and particularly the moon at the moment of conception, the condition of the mother and her uterus, the foetus' desire to be born, the humoral economy and quality of the blood, and maternal imagination.<sup>86</sup>

As noted earlier, the initial problem faced by jurists, physicians and ordinary men and women was dating the moment of conception and thus the start of pregnancy. Subsequently they had to agree on how to count the passage of corporeal time and pregnancy. The 'normal' length of gestation was generally agreed by medical authors to be nine months, however the possible variation on either side of this figure was much disputed. Similarly the 'normal' span of the menstrual cycle was one month, but it was acknowledged that this could vary. The difficulty faced by medical practitioners, jurists,

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<sup>85</sup> Barbara Duden, *Disembodying Women: Perspectives on Pregnancy and the Unborn* (Cambridge, Mass., and London, Harvard University Press, 1993). Duden argues that the reverse has now happened and that foetal rights outweigh those of pregnant women as a result of the fact that we can 'picture' the unborn.

<sup>86</sup> G. D. de Rocher (ed.), *Laurent Joubert. Popular Errors* (Tuscaloosa and London, University of Alabama Press, 1989), pp. 145-47; Ambroise Paré, *Les œuvres d'Ambroise Paré, conseiller et premier chirurgien du Roy* (Paris, G. Buon, 1585), p. 949; François Bayle, *Histoire anatomique d'une grossesse de vingt-cinq ans avec les recherches des causes de ce qu'on a observé de considerable, tant dans le corps de la mere, que dans celui de l'enfant, qui a esté trouvé hors de la matrice attaché à l'épiploon* (Toulouse, B. Guillemette, 1678), p. 25.

and women themselves was establishing the nature of the link between menstrual time and the length of pregnancy. Maternal time was largely held to depend on perceptions of an individual woman's time and thus was itself relative, as we saw in Chapter Three. Since menstrual time was variable, with each woman following her own periodicity, and the link between menstrual bleeding and conception was at best blurred, fixing the length of pregnancy was not an easy task. Practitioners and women had to determine what conclusions could be drawn concerning the length of pregnancy and the number of missed menstrual cycles. For instance, a woman who menstruated every three weeks would ostensibly miss more cycles in a pregnancy than a woman who menstruated twice every three months. Who was pregnant for longest? The confusion surrounding the measuring of months and years, noted in Chapter Three, added to the debate. Medical practitioners and jurists debated whether the limits should be fixed with regard to lunar or solar months and whether an extension of a few days was acceptable.

It was an early modern medical commonplace deriving from Graeco-Roman textual traditions that the cessation of menstrual bleeding was associated with pregnancy in a mature, pre-menopausal woman. This theme was reiterated throughout the period 1500-1761 in both learned and vernacular medical literature. For instance, physician Raoul du MontVerd (fl. 1530) claimed 'ne vient plus tel flux de sang si la femme est grosse d'enfant'.<sup>87</sup> Male and female authors, learned physicians, surgeons and midwives alike repeated this leitmotif.<sup>88</sup> This also appears to have been shared by many women

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<sup>87</sup> Raoul de Mont Verd, *Fleurs secrets de medecine, contenant plusieurs remedes/receptes conservatoires pour le corps* (Paris, Alain Potrian, 1540), p. 5.

<sup>88</sup> For instance sixteenth-century Montpellier physician Laurent Joubert, Parisian physician Jacques Dubois, alias Sylvius, Ambroise Paré's student, surgeon Jacques Guillemeau, royal midwife Louise Bourgeois, *maîtresse sage-femme à l'Hôtel-Dieu* Marguerite du Tertre de la Marche, surgeon and *accoucheur* François Mauriceau and surgeon Jean Devaux all pronounced this connection in their printed texts. See Rocher (ed.), *Laurent Joubert: Popular Errors*, pp. 99, 109; Jacques Dubois, *De l'utilité des moys des femmes* (trans. Guillaume Chrestien, Paris, G. Morel, 1559), p. 182; Jacques Guillemeau, *Les oeuvres de chirurgie de Jacques Guillemeau, chirurgien ordinaire du roy et iure à Paris avec les portraits et figures de toutes les parties du corps humain, et de instruments necessaires au chirurgien* (Rouen, Iean Viret, François Vaultier, Clement Malassis and Jacques Besongne, 1649), p. 232; Louise Bourgeois Boursier, *Observations diverses*



themselves who cited missed menstrual bleeding as a sign of pregnancy. For example, Jeanne Labert, aged thirty-two, wife of Joseph de la Masse, was examined by the *médecin ordinaire* of Saint-Malo, René Balthazar, on 3 September 1698, for a suspected miscarriage. He noted that she had been three months pregnant ‘n’ayant été retardé, suivant ce qu’elle nous dit, que depuis trois mois’.<sup>89</sup> In the medical report compiled for Jean Dupas’ wife, who complained on 13 October 1733 of having been assaulted, it was noted that she was pregnant, ‘nous assurant être arrêtée de ses règles depuis quatre ou cinq mois’.<sup>90</sup>

Despite the frequency with which references to links between conception and the cessation of menstrual bleeding are found in early modern texts, there is however a large body of evidence which points overwhelmingly to the uncertainty of this relationship and to the unreliability of menstrual bleeding as forensic evidence. Following the edict of Henri II, 1556/7, all unmarried girls and widows were obliged to make official declarations of their pregnancies.<sup>91</sup> Far from representing a watershed in legislation, historians have interpreted this edict as the consolidation of existing practices.<sup>92</sup> Neither does it seem to have been particularly effective. The edict was regularly repeated with little or no additions into the eighteenth century and was frequently cited by parliamentary judges dealing with appeals of infanticide cases, exhorting all priests to promulgate the edict from their pulpits every three months so that no one could claim ignorance of the necessity of making a

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*sur la sterilité, perte de fruit, fécondité, accouchements et maladies des femmes et enfants nouveaux naiz* (Paris, Abraham Saugrain, 1617), p. 51; du Tertre de la Marche, *Instruction utile et familière*, p. 19; François Mauriceau, *Traité des maladies des femmes grosses et accouchées* (Paris, Jean Henault, 1668), p. 62; Jean Devaux, *L’art de faire les rapports en chirurgie* (Paris, Laurent d’Houry, 1703), pp. 435-36.

<sup>89</sup> Marie-France Rotureau, ‘La médecine légale dans la région de Saint-Malo aux XVIIe et XVIIIe siècles’, unpublished medical thesis, University of Rennes (1972), p. 39.

<sup>90</sup> Ibid., p. 57. See also Susan Broomhall, ‘Women’s Little Secrets’: Defining the Boundaries of Reproductive Knowledge in Sixteenth-Century France’, *Social History of Medicine*, 15, 1 (2002): 1-15.

<sup>91</sup> L’Ange, *La nouvelle pratique civile, criminelle, et beneficiale, ou le nouveau praticien françois reformé suivant les nouvelles ordonnances* (Paris, Jean Guignard, 1687), pp. 611-12; *Le code des décisions forenses contenant un recueil des plus notables arrests, mesme de ceux qui n’ont encore esté mis en lumière* (Collogny, I. A. Sarrasin and Alex Pernet, 1612), p. 248; Noel du Fail, *Memoires des plus notables et solennels arrest du parlement de Bretagne* (Paris, Jean Vatar, 1653), p. 1,185.

pregnancy declaration. This suggests that whilst the institutional anxiety regarding clandestine pregnancies remained acute, the legislation was not uniformly enforced.<sup>93</sup> The chronological discrepancy between the date of the edict and the date of the majority of surviving archival records also suggests that the measure was not particularly well-observed. The majority of extant pregnancy declarations date from the eighteenth century and the bulk from after 1750.<sup>94</sup> Moreover, it is unclear from the wording of the edict, at what stage of pregnancy the declaration should be made, whether the woman's word should be taken at face value and what constituted judicial proof of pregnancy. An *arrêt* from the Parlement de Toulouse in July 1635 specified that 'une fille n'est pas recevable à venir faire sa declaration en justice qu'elle est enceinte, si elle ne paroît l'estre, ou quelle n'en puisse donner des preuves'.<sup>95</sup> Once an unmarried woman was certain of her pregnancy, or could present her child to the court, then she was deemed fit to make her declaration. Evidently this subsequent ruling which entered jurisprudence stemmed from distrust of the female narrative and the fear that some women would use the edict to obtain husbands when they were not actually pregnant.<sup>96</sup> However, it also posed a serious medico-legal problem. It was unclear exactly how women were expected to prove their pregnancy to the court, and more precisely whether it was possible to prove the cessation of menstrual bleeding. No particular signs were alluded to in either the 1556 edict or the 1635 *arrêt*. This lack of specificity in itself demonstrates the uncertainty of the signs of

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<sup>92</sup> Marie-Claude Phan, 'Les déclarations de grossesse en France (XVI<sup>e</sup>-XVIII<sup>e</sup> siècles): essai institutionnel', *Revue d'histoire moderne et contemporaine*, 22, 1 (1975): 61-88.

<sup>93</sup> A comprehensive list of all the versions of this edict is given by Claude-Joseph Prevost, *Principes de la jurisprudence sur les visites et rapports judiciaires des medecins, chirurgiens, apoticaire et sages-femmes* (Paris, Guillaume Desprez, 1753), pp. 82-150.

<sup>94</sup> This point is made by Phan, 'Déclarations de grossesse en France', pp. 61-62. It is unlikely that the concentration of extant declarations after 1750 is a reflection of the selective survival of *ancien régime* archives alone.

<sup>95</sup> Edme de la Poix de Fréminville, *Dictionnaire ou traité de la police generale des villes, bourgs, paroisses et seigneurs de la compagne* (Paris, Gisse, 1758), p. 274. See also Brillon, *Dictionnaire des arrests*, vol. 1, p. 536.

<sup>96</sup> Fréminville, *Dictionnaire ou traité de la police*, p. 274.



pregnancy until sufficiently advanced for it to be visible externally.<sup>97</sup> Since the cessation of menstrual bleeding would be difficult for a girl to prove and was considered unsure, it seems more probable that a swollen belly, quickening, or the presence of breast milk would constitute the required evidence.<sup>98</sup> This suggests perhaps a different interpretation of what was considered to be absolute proof of pregnancy for medico-legal experts, and in this case judicial evidence, from that held by women themselves whose mothers and mistresses were reputed to have scoured their linen for signs of regular menstrual purging.<sup>99</sup> It is also unclear whether child-bed preparations and arrangements for a midwife's services constituted sufficient judicial proof of a woman's intentions to safe-guard her pregnancy. A case from the Paris Police records in 1728 suggests that laymen and women at least considered failure to do so a dangerous presage. François Saphar and Madeleine Belot, grand-parents of Marguerite Madeleine Chapé, aged twenty-one, wrote to the *Lieutenant Général de Police* on several occasions petitioning for the incarceration of their granddaughter who was seven to eight months pregnant and was leading a life of debauchery.<sup>100</sup> On 17 May 1728, the officer Guillote, charged with verifying the grand-parents' statements, recommended the issuing of a *lettre de cachet* to intern Chapé on the grounds that 'la grand mere l'a voulu engager de se rendre chez une sage femme pour faire ses couches et elle n'y a voulu entendre'.<sup>101</sup> Chapé was incarcerated in La Salpêtrière on 30 June 1728 where she remained for two and a half years.<sup>102</sup>

It is also significant that many pregnancy declarations appear to have been accompanied by medical examinations, suggesting that the word of the expectant mother

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<sup>97</sup> On the difficulties of diagnosing pregnancy see my article 'The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe', *Social History of Medicine*, 15, 2 (2002): 209-27.

<sup>98</sup> Fréminville, *Dictionnaire ou traité de la police*, p. 273.

<sup>99</sup> Georg'ann Cattelona, 'Control and Collaboration: The Role of Women in Regulating Female Sexual Behaviour in Early Modern Marseille', *French Historical Studies*, 18, 1 (1993): 13-33.

<sup>100</sup> Arsenal, Archives de la Bastille (henceforth Ars, Arch Bast) 11003, *lettre de cachet* Madeline Chapé, ff. 200-208.

<sup>101</sup> Ibid., f. 200v.

<sup>102</sup> Ibid., ff. 206r, 207r.

was not enough. This is especially true in cases where the pregnant woman was charging a man with physical assault or if the named father denied paternity and the stage of pregnancy had to be determined. However the two women mentioned above, Jeanne Labert and Jean Dupas' wife were examined by medical practitioners to confirm their pregnancy, despite the fact that they were both married women and that generally the testimony of married women was considered more trustworthy than that of unmarried women.<sup>103</sup>

The ambivalence surrounding female testimony and the female body is demonstrated in the case of Marguerite Lafalle. On 10 October 1725 she declared that she was not sure whether she was pregnant, but that if she was she could only be roughly six months pregnant, having had sexual intercourse with Estienne Lafaurie at Easter.<sup>104</sup> The court was not willing to take her word for it however, and she was examined for further signs of pregnancy by a medical practitioner. This was confirmed in a marginal note by the attending medical practitioner who wrote 'elle est enceinte depuis le mois d'avril dernier apres avoir coité [...] depuis elle n'est pas venue dans ses regles [...] et ayant connu.[...] l'embrion est en vie.'<sup>105</sup> As an unmarried woman she perhaps had good reason to be hesitant about confirming her pregnancy whilst awaiting a marriage promise. However her statement also indicates her awareness that the cessation of menstrual bleeding alone was not always a certain sign of pregnancy. Although the cessation of menstrual bleeding is clearly significant here it was not the only, nor necessarily the deciding, factor in the determination of Marguerite's pregnancy for her or the court. The date of sexual intercourse and the incidence of quickening added weight to Marguerite's testimony and to the medical practitioner's report.

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<sup>103</sup> On the separation of the experience of pregnancy between married and unmarried women and the weight given to their testimonies see Laura Gowing, 'Secret Births: Infanticide in Seventeenth-Century England', *Past and Present*, 156 (1997): 87-115 and her *Common Bodies: Women, Touch, Sex and Power in Seventeenth-Century England* (New Haven, Yale, 2003), ch. 4.

<sup>104</sup> Archives Départementales des Landes, 3B, 1360 Marguerite Lafalle vs Estienne Lafaurie, October 1725.

<sup>105</sup> Ibid.



In the slightly earlier case of Marie Le Poulichet, from Gourin, not only was her testimony judged insufficient, but she was ordered to be examined by two different practitioners, master-surgeon Jacques Charpentien and midwife Catherine Le Mape. Both certified on 7 November 1720 that she was pregnant and that her foetus was alive and had quickened, but they disagreed about the stage of Poulichet's pregnancy. Charpentien declared that she was between five and six months, whereas Le Mape found her to be further on, at six-and-a-half to seven months pregnant.<sup>106</sup> These differences of opinion demonstrate the material difficulties of ascertaining pregnancy in the female body for medical practitioners, as well as for women themselves.

The timing of the majority of pregnancy declarations made towards the end of the period of gestation is in itself suggestive of the uncertainty of menstrual bleeding as a sign of conception in both a personal and legal context. As with the case of Marguerite Lafalle above, pregnancy declarations cannot always be taken at face value and concerns of honour, marriage promises, and financial needs must be accounted for. Even if the 1556/7 edict was concerned with enforcing paternal financial responsibility, rather than marriage, once named, the 'father' would often have been subjected to considerable social pressure to marry the mother of his unborn child.<sup>107</sup> However my findings from a sample of surviving declarations from the departmental archives of Vienne, clearly demonstrate a propensity to wait as long as possible before making a pregnancy declaration. In a series of eighteen declarations from 1739-1742, only one woman was noted as being four-months pregnant at the time of her statement. Four were recorded as being five-months pregnant, seven as six-months pregnant, four as seven-months, one as eight-months and in only one

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<sup>106</sup> Archives Départementales du Morbihan, B2, 329, Marie Le Poulichet, déclaration de grossesse.

<sup>107</sup> On the role of family honour in such situations see Sandra Cavallo and Simona Cerrutti, 'Female Honour and the Social Control of Reproduction in Piedmont between 1600 and 1800', in E. Muir and G. Ruggiero

case was no estimation of the length of pregnancy at the time of the declaration given.<sup>108</sup>

The relative tardiness of such declarations appears to have been widespread throughout early modern France.<sup>109</sup> It is possible that women waited until their pregnancy could no longer be easily concealed or explained away before approaching an official to make their statement. It is more probable however that they waited until they themselves were certain of the meaning of changes in their body.

It is particularly interesting to note, with reference to pregnancy declarations, the increasing insistence in the legislation on an exact estimation of the stage of pregnancy which also applied to cases of suspected infanticide and autopsies performed on abandoned infant or foetal cadavers. This insistence, which dates from a century after the original edict of 1556, was intended to determine whether women were near 'term' or not and whether infants had been born full-term (that is at nine months) and thus were viable, or had been still-born or premature. Emphasis was placed on signs such as the presence of hair and nails, the size of the infant's body, and general appearance. Although the hydrostatic lung test entered into use in the late-seventeenth century as a means of determining whether an infant had breathed or not before death, and therefore been born alive or dead, much emphasis was still placed on the presence or absence of hair and nails well into the

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(eds), *Sex and Gender in Historical Perspective* (trans. Margaret Gallucci, Baltimore and London, John Hopkins University Press, 1990): 73-109.

<sup>108</sup> Archives Départementales de la Vienne B6, 257, siège royal de Luisignan, déclarations de grossesse (1729-1742).

<sup>109</sup> See Phan, 'Les déclarations de grossesse en France'; Jean Alibert, "'Tu ne feras pas d'autre mort': Violence sous l'ancien régime dans la prévôté royale de Langeac', *Cahiers de la Haute-Loire. Revue d'études locales* (1994): 157-204; Philippe Bonetti, 'Abandon d'enfants et niveaux de culture à Bayonne au XVIIIe siècle', *Annales du midi*, 99, 178 (1987): 157-76; Isabelle Paresys, *Aux marges du royaume, violence, justice et société en Picardie sous François I* (Paris, Publications de la Sorbonne, 1998); Annabel Sousa-Pinto, 'Amours illégitimes dans le comté de Forbach au XVIIIe siècle' *Les cahiers lorrains*, 3 (1998): 275-92; Véronique Demars-Sion, *Femmes séduites et abandonnées au XVIIIe siècle, l'exemple du Cambrésis* (Lille, Presses de l'Université de Lille III, 1991); François Lebrun, 'Naissances illégitimes et abandon d'enfants en Anjou au XVIIIe siècle', *Annales d'économie, société et culture* (1972): 1183-89; Alain Lottin, 'Naissances illégitimes et filles mères à Lille au XVIIIe siècle', *Revue d'histoire moderne et contemporaine*, 17 (1970): 278-322.



eighteenth century.<sup>110</sup> Such concerns demonstrate an increasing awareness of the physical marks of the passage of time and the developmental appearance of both a foetus and a pregnant woman during the stages of gestation.

In cases of disputed paternity and inheritance, the medical authority of the attending practitioner was called into play. If menstrual evidence was difficult to read, the utmost confidence in a practitioner's discernment was vital. Just as it was feared that unmarried women or widows could manipulate the uncertainty of the cessation of menstrual bleeding in their declarations in order to trap an honest man into marriage, or to fake a miscarriage, it was equally important that families (and men in particular) could trust the judgement of physicians and jurists defending their patrilineage and their blood honour. It is important to remember here that discourses of anxiety about female narratives existed primarily because of a very real, practical medical uncertainty concerning menstrual bleeding. The *cause célèbre* of the demoiselle de Saint-Cyr, in early eighteenth-century Paris, is a good example of how this uncertainty was played out at the other end of the social scale. Aged twenty-six, the demoiselle claimed that she was the fourth child of Monsieur et Madame de Choiseul born in 1697 and that she was entitled to civil recognition of her status and to her inheritance. The case was long and drawn-out with both parties resorting to pamphlets and *factums* to put forward their points of view. Much of the wrangling centred on the diary of the man-midwife who had allegedly delivered Madame de Choiseul of the demoiselle de Saint-Cyr. The *accoucheur* Monsieur Le Duc had passed away and his diary was in the hands of his son who was reluctant to publish his father's medical secrets. He consented however to reveal the entries concerning the scandal and it

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<sup>110</sup> This was repeated annually from 1672. See Prevost, *Principes de jurisprudence*, pp. 82-150. For examples of autopsy reports on infant and foetal cadavers see the medical reports in the morgue records, Archives Nationales, Châtelet, Criminal Chamber Y 10637. On the hydro-static lung test see R. P. Brittain, 'The

was noted that, 'certain signe {menstrual bleeding} a cessé le 28 decembre 1696, d'où il conclut quelle est grosse de ce jour là'. Lawyers for the Choiseul family claimed that this was mere conjecture and that M. le Duc had been mistaken over the timing of conception:

Ce n'est qu'une conjecture, et il n'y a point de naturaliste, tel qu'il soit, ni même de femme, quelque expérience quelle puisse avoir, qui par rapport à elle même, et à plus forte raison par rapport à une autre, puisse jamais déterminer avec certitude l'époque d'une conception.<sup>111</sup>

Le Duc had noted in two different entries the timing of conception and pregnancy and his belief, along with that of Madame de Choiseul, that this could be dated from the cessation of her menstrual bleeding. Further discussion in the pamphlets remarked that the cessation of menstrual bleeding was in itself an uncertain sign of pregnancy and that its interpretation depended on whether Madame de Choiseul had had intercourse with her husband at this time and whether the word of Le Duc could be trusted.<sup>112</sup> After much deliberation the demoiselle de Saint-Cyr was declared the legitimate daughter of Monsieur and Madame de Choiseul.

In other instances women and their practitioners dated pregnancy from the timing of sexual intercourse and no mention of menstrual bleeding was made. A case from seventeenth-century Troyes illustrates this point. Victor Perrin, curé of Grange, near Troyes was forced by the ecclesiastical court to pay the childbed fees of the widow Marguerite Hytier de Masangit and to contribute towards the upkeep of her unborn child. Marguerite accused Perrin of rape on 6 May 1614. Perrin attempted to deny the charges insisting that he did not believe that the first few sexual encounters could result in

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Hydrostatic and Similar Tests of Live Birth: A Historical Review', *The Medico-Legal Journal*, 31 (1963):189-93.

<sup>111</sup> *Memoire pour Demoiselle Augustine-Françoise de Choiseul contre M. le Duc de la Valliere* (Paris, André Knapen, 1726), p. 21.

<sup>112</sup> *Plaidoyer pour M. le Duc de la Valliere défendeur contre la Demoiselle de Saint-Cyr, demanderesse* (Paris, Pierre Simon, 1726), pp. 134-35.



pregnancy. Marguerite retorted that ‘il eut à trois reprises des rapports charnels avec elle’ and that he was the father of her child born in January 1615.<sup>113</sup>

In a later case Françoise Simon declared her pregnancy on 8 November 1709 dating it from a sexual act that took place on the feast day of Saint-Jean.<sup>114</sup> In 1720 Marie Le Poulichet declared that she had been pregnant since ‘les derniers jours d’avril ou les premiers jours de may jour de feste solennel auquel jour le dit la connue charnellement’.<sup>115</sup> In the case of Marie Begue, 27 October 1707, the dating of the moment of conception was taken to extremes. Visited in her house by the judge and court scribe after her delivery she attested to having given birth ‘cette nuit passee environ les dix heures du soir d’ung garçon’. She was asked who had fathered the child and when ‘environ elle a este engrossee et a quelle heure’. She replied that she had had sex with Jean de la Prairie at ‘dix heures du soir au mois de fevrier dernier’ and had conceived at that time.<sup>116</sup> This reflects the common perception found throughout the medical literature that the hour of birth often coincided with the hour of conception.<sup>117</sup> Laura Gowing has noted cases of seventeenth-century paternity disputes whereby men denied any physical possibility of having fathered the child based wholly on the dates of birth and conception given by the expectant mother. In one instance, the accused had kept a diary of the dates and times of his sexual encounters, which he used to protect himself from false paternity claims.<sup>118</sup> Such evidence shows the common perception that pregnancy generally lasted nine months and also that it could be

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<sup>113</sup> Archives Départementales de l’Aude, Série G, 4192, 26 April 1615, ff. 27v – 28r. Marguerite, veuve de Jean Hytier de Masangid vs Victor Perrin, curé de Grange, printed in H. d’Arbois de Jubainville and M. F. André (eds), *Inventaire sommaire des archives départementales antérieures à 1790. Aube. Archives ecclésiastiques, série G, épiscopat de Troyes* (2 vols., Paris, Archives Départementales de Troyes, 1896), vol. 1, p. 356.

<sup>114</sup> Archives Départementales des Côtes d’Armor, B, 600, 8 November 1709, déclaration de grossesse, Françoise Simon.

<sup>115</sup> Archives Départementales du Morbihan, B2, 329, 14 September 1720, déclaration de grossesse, Marie Le Poulichet.

<sup>116</sup> Archives Départementales des Landes, 3B, 1360, 27 October 1707, déclaration de grossesse, Marie Begue.

<sup>117</sup> Venette, *De la generation de l’homme*, p. 124.

<sup>118</sup> Gowing, *Common Bodies*, ch. 4.

dated precisely from the moment of sexual intercourse, rather than the cessation of menstrual bleeding or the first missed period.

In cases involving married women the first conjugal union or the date of the consummation of marriage could be used to measure the length of pregnancy as we saw above in the Saccus case. In an inheritance dispute in 1652 physicians discussed the viability of a foetus of less than five months. The infant was born four months and thirteen days after marriage and was delivered following the mother's death. The attending midwife claimed to have felt a heart beat and to have seen the child move its arm. However, the lawyer Talon declared that an infant could not be viable at less than five months. The fact that, in this case, four months and thirteen days was the oldest possible age of the foetus – the foetus could in fact have been conceived later on in the marriage and therefore been considerably younger – rendered the judgement more problematic.<sup>119</sup> The infant was declared inviable and the husband was therefore deprived of his wife's inheritance, which was returned to her parents.

The cessation of menstrual bleeding, even if it did coincide with sexual activity, could, as we saw in the previous chapter, stem from a number of causes. A case from the jurisdiction of Vert, near Chartres, in 1703, in which Hilaire Challenge was accused of fornication with his servant Michelle Mabilie, demonstrates awareness of the uncertainty of menstrual bleeding as a concrete sign of pregnancy. The alleged affair was held to have resulted in pregnancy and infanticide. In a *factum* drawn up by Challenge's lawyer attesting to his innocence, Mabilie herself was reported as having said to a witness, Marie Gregoire 'tu me crois grosse, mais ce n'est qu'un retardement, et j'ay presentement mes mois'.<sup>120</sup> Challenge's defence was based on the medical premise that the cessation of menstrual bleeding was not universally associated with conception and pregnancy and in

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<sup>119</sup> du Fresne, *Journal des audiences*, p. 259.



itself did not constitute sufficient judicial proof for his conviction. The lawyer continued, arguing that 'ce qui a fait paroistre la Mabilie grosse, et ce qui luy a pû faire croire à elle-même qu'elle l'estait, n'estait qu'un dérangement dans le cours ordinaire de la nature, et une maladie qui arrive tres-souvent aux femmes'.<sup>121</sup>

Uncertainty of pregnancy extended not only to the dating of the moment of conception but to the issue of whether a woman had actually conceived or not. Devaux outlined two sets of symptoms for determining first conception and then pregnancy.<sup>122</sup> Even outside the context of the court-room, women with seemingly less at stake hesitated to declare their pregnancies, sometimes in spite of all the signs, at other times because they had no symptoms. Marguerite d'Angoulesme wrote to her cousin on 30 December 1541 of her hopes of pregnancy:

Depuis dix ou douze jours, j'ay eu aultant de mal de coeur, foiblesse et vomissement que j'eus oncques; qu'est une maladie que j'ay toujours accoustumé d'avoir sur la fin du troisième mois que je suis grosse, et que mon mal est continué jusques à la fin desdits trois mois.

Early in 1542 she wrote again to lament that 'ne me suis trouvée grosse' and that she had in fact suffered from a mole or false conception.<sup>123</sup> The Marquise de la Moussaye wrote on 4 June 1630 of her fear at being mistaken in her diagnosis:

La crainte que j'avais de dire une chose quy ne se trouve pas vray, m'a empesché d'estre hastée de dire l'estat auquel j'estois, n'ayant pas voulu que l'on en parle que je n'en fut assurée, et ce fust Madame de la Moussaye quy le menda, sans que j'en seusse rien; et sy je pouvois le nier encore, je le ferois, me semblant qu'il n'y paroist guère; et puis je me porte sy bien que cella me fait imaginer quasy que ce n'est qu'imagination tout ce que l'on en dit.<sup>124</sup>

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<sup>120</sup> *Factum Challenge Hilaire: A nosseigneurs de Parlement en la chambre de la tournelle criminelle*, (Paris, P. Gissey, 1703), p. 25.

<sup>121</sup> *Ibid.*, p. 26. See also my 'Hidden Truths of the Belly', pp. 217-18.

<sup>122</sup> Devaux, *De l'art de faire les rapports*, pp. 433-46.

<sup>123</sup> F. Guenin (ed.), *Lettres de Marguerite d'Angoulême, soeur de François I, reine de Navarre publiée d'après les manuscrits de la Bibliothèque Nationale du Roi* (Paris, Jules Renouard and cie, 1841), pp. 377, 381.

<sup>124</sup> *Ibid.*, p. 70, letter 15, 4 June 1630.

The problem of knowing whether a woman was pregnant or not was complicated by the fact that many physicians observed women who continued to bleed throughout their entire pregnancy. This confusion was exacerbated by the fact that physicians, midwives and laymen and women did not always differentiate physiologically or linguistically between vaginal bleeding and menstrual bleeding. Physician Jacques Dubois (1478-1555) remarked in 1554 that 'nous avons veu les purgations avoir flué bien règlement à beaucoup de femmes grosses'.<sup>125</sup> He did not find this at all strange, but noted that menstrual bleeding post-conception was usually well-regulated and would occur every thirty days if a girl had been conceived and every forty if the infant was a boy.<sup>126</sup> An example of this is provided by a twenty-year-old woman who, having fallen pregnant in April 1685 two months into her marriage, 'douta quelque temps de sa grossesse, parce quelle avait ses ordinaires, mais non plus en si grande quantité'.<sup>127</sup> In another case Catherine Crepien, aged thirty-seven, suffered from a twenty-two month pregnancy and recorded that 'pendant tout ce temps, elle n'a cessé de perdre de sang en quantité par la matrice.'<sup>128</sup> The knowledge that pregnant women could continue to bleed regularly was not restricted to women. Diarist Pierre de L'Estoile noted in January 1602 the incidence of 'plusieurs femmes ayant leurs purgations ordinaires pendant leurs grossesses [...] non obstant lesquels elles ne laissaient pas de deurer grosses'. He also cited the case of Marie Cordin of Paris who had been delivered of a boy and a false conception and had suffered daily vicarious menstrual bleeding from a variety of orifices throughout the gestation period:

Pendant les neuf mois de sa grossesse, elle eut eu souvent ses purgations, voire même qu'il ne se passait pas de jour quelle ne se vidât de son sang ou

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<sup>125</sup> Dubois, *De l'utilité des moys des femmes*, p. 125.

<sup>126</sup> Ibid., p. 126.

<sup>127</sup> François Planque, *Bibliothèque choisie de medecine, tirée des ouvrages périodiques, tant français qu'étrangers* (10 vols., Paris, veuve d'Houry, 1759-1770), vol. 1, p. 121.

<sup>128</sup> Ibid., p. 359.



par la bouche, ou par le nez, ou par en bas, chose contre le cours de la nature et toutefois véritable.<sup>129</sup>

Bleeding moderately and regularly during the early stages of pregnancy was not deemed to be harmful for the foetus who at this stage did not need all the retained menses as nourishment. Bleeding in the later months however could be cause for alarm since the larger the foetus grew, the more menses he/she would need to consume. If at this point in gestation some of the menses were expelled, less nourishment was available and the foetus might attempt to exit the womb earlier than expected in search of food.

Where a difference between various types of female bleeding was recognised it was not expressed linguistically. Surgeon and *accoucheur* François Mauriceau (1637-1709) and physician Jacques Duval (1555-1620) did differentiate between irregular bleeding and regular menstrual bleeding in terms of the type, colour, periodicity and origin (vaginal or uterine) of the flow.<sup>130</sup> However, linguistically no difference was made and the vocabulary of menstrual bleeding was still used to describe such emissions as we saw in Chapter Two. For example, surgeon Jacques Guilleméau (1550-1613), remarked that ‘c’est plustost une marque et souvenance de la purgation, qu’une vraye purgation menstruelle, toutefois il se trouve qui se purgent tous les mois encore qu’elles soient grosses.’<sup>131</sup>

Instead of a linguistic difference, the means of differentiating between various types of bleeding depended on intimate knowledge of a woman’s usual menstrual cycle and habits – and whether she was generally regular or not. If well-regulated, it was easier for the medical practitioner to determine conception and also the stage of pregnancy.

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<sup>129</sup> André Martin (ed.), *Pierre de l’Estoile, journal pour le règne d’Henri IV* (2 vols., Paris, Gallimard, 1958), vol. 2, p. 61.

<sup>130</sup> Mauriceau, *Traité*, p. 46; Jacques Duval, *Des hermaphrodits, accouchemens des femmes, et traitement qui est requis pour les relever en santé et bien élever leurs enfans* (Rouen, David Geuffroy, 1612), p. 90.

<sup>131</sup> Jacques Guilleméau, *Les oeuvres de chirurgie de Jacques Guilleméau, chirurgien ordinaire du Roy et jure à Paris avec les portraits et figures de toutes les parties du corps humain, et des instruments nécessaires au chirurgien*, (Rouen, Jean Viret, 1649), p. 231; This is taken almost word for word from Germain Courtin, *Leçons anatomiques et chirurgicales de feu maître Germain Courtin docteur regent en la faculté de medecine à Paris recueillies par Estienne Binet, chirurgien juré à Paris* (Paris, Denys Langlois, 1612), pp.

Paternity was also easier to attribute in such instances. However, if a woman was not well-regulated then the situation was much more complicated and the possibility of deception and 'counterfeiting culture' arose.

It is evident that menstrual bleeding was deemed unreliable since medical practitioners sought other external, physical signs of conception that were more certain. Evidence drawn from female depositions and medical reports suggests that other signs were looked for, and were even prioritised by women and medical practitioners. Jean Dupas' wife for instance not only told the physician that she had not menstruated for four or five months, but also that she had felt her infant quicken. The conjunction of these two signs persuaded both her and the physician of her condition.<sup>132</sup> Medical texts stressed the importance of examining the whole body and taking a range of signs into account before diagnosing pregnancy. For instance, Mont Verd's text on medical secrets, detailed nine different ways to tell if a woman was pregnant without mentioning menstrual bleeding once.<sup>133</sup> These included a frisson or chill near the kidneys and lower abdomen, the changing size and colour of the nipples and the reddening of the whites of the eyes. Freckles appeared on the face and the breasts, the appearance of urine changed and contained white blobs, and finally the stomach would swell. The whole body therefore, not simply the womb, underwent various transformations marking the progress of the conception and pregnancy. Similarly, early modern surgeons and midwives such as Louise Bourgeois (1563-1636), Guillemeau, and Mauriceau relied upon quickening (that is the

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259-60. See also de La Motte, *Traité complet des accouchemens naturels*, p. 43 and Planque, *Bibliothèque choisie*, vol. 1, pp. 357, 401.

<sup>132</sup> Rotureau, 'La médecine légale', p. 57. On the importance of quickening see my 'The Hidden Truths of the Belly', pp. 214-18.

<sup>133</sup> Mont Verd, *Les fleurs secrets*, p. 66.



internal foetal movements) as a certain sign of pregnancy, rather than the cessation of menstrual bleeding.<sup>134</sup>

Unsurprisingly perhaps, given the complexities of menstrual time and the problems of relying on a patient narrative that could rarely be verified externally, the role of menstrual bleeding in determining the length of pregnancy was by no means the deciding factor in cases of disputed legitimacy. Guillemeau argued that the timing of delivery depended on the force and growth-rate of the infant and outlined a system to calculate the length of pregnancy following the moment of quickening taken from Avicenna. The timing of quickening was multiplied by three: for example an infant which moved at four months was weak and lazy and would be born at twelve months, whereas a foetus which moved at two months was stronger and would be born at six months. This of course depended on an accurate perception of the moment of quickening which was not always easy to determine either.<sup>135</sup> However the practitioner could observe and 'experience' the quickening of an infant by placing a hand on the belly in a way in which he or she could not experience the absence or presence of menstrual bleeding.<sup>136</sup>

### Menstrual Miscalculations

When the role of menstrual time was called upon in cases of late births, early modern physicians and judges still could not agree. Mauriceau and Jean Devaux (1649-1729) believed that women were often mistaken about the length of their pregnancies, having miscalculated following their menstrual cycle. Devaux cautioned that, although 'le temoignage des femmes peut beaucoup contribuer au jugement du tems de la grossesse, quand elle se croit tres seure de s'être observee avec beaucoup d'exactitude' this was not

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<sup>134</sup> Mauriceau, *Traité*, p. 77; Guillemeau, *De la grossesse et accouchement des femmes du gouvernement dicelles et moyen de survenir aux accidents qui leur arrivent* (Paris, Abraham Pacard, 1620), p. 9. Bourgeois, *Observations*, p. 9.

<sup>135</sup> Guillemeau, *Oeuvres*, pp. 211-12

always the case.<sup>137</sup> Although both he and Mauriceau accepted the possibility of unusually short or long pregnancies, they desired to fix nine months as the norm, explaining the majority of exceptions by mistaken perceptions of menstrual and maternal time on the part of the woman or an ignorant practitioner. Neither Mauriceau nor Devaux explained the exact relation between the timing of a woman's menstrual cycle and the length of her pregnancy, as they perceived it. Yet both agreed that menstrual time was relative. At no point did they state the number of menstrual cycles a woman should expect to miss. Nor did they tackle the issue of lunar or solar months with regard to the timing of menstrual bleeding and reproduction. Mauriceau conceded that some women were delivered into the eleventh-month, but he added that this was rare and 'il y en a bien qui se trompent au compte de leur grossesse' owing to menstrual bleeding in the early months of pregnancy or indeed menstrual suppression preceding conception.<sup>138</sup> Venette also argued that physicians should not 'établir un sentiment, sur ce que les femmes nous disent du nombre de mois de leur grossesse' as they were likely to be wrong or to seek to deceive.<sup>139</sup>

Mauriceau was critical of women who seemed to date their pregnancy from the non-appearance of menstrual bleeding rather than from an act of copulation.<sup>140</sup> They believed themselves 'estre grosses depuis le temps de la retention de leurs menstrues, les ayant eues durant les deux premiers mois de la grossesse, ou mesme quelquefois plus longtemps', which led to the perception of a premature delivery or a short pregnancy. 'Et d'autres pareillement s'y mécomptent, ausquelles elles estoient supprimées deux mois avant que de concevoir' which explains the perception of an eleven-month pregnancy.<sup>141</sup> He went on to describe cases involving his own patients and he actually calculated the

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<sup>136</sup> See my 'The Hidden Truths of the Belly', pp. 214-18.

<sup>137</sup> Devaux, *De l'art de faire les rapports*, p. 443.

<sup>138</sup> Mauriceau, *Traité*, p. 197. See also Guillemeau, *Oeuvres*, p. 212.

<sup>139</sup> Venette, *La generation de l'homme*, p. 122.

<sup>140</sup> Mauriceau, *Traité*, p. 82.



length of pregnancy using the menstrual cycle. A woman consulted him on 12 March 1688 believing herself to be ten-months pregnant, not having menstruated since 28 April 1687. Instead, Mauriceau estimated that she had conceived around 28 May 1687, the time when she would normally have menstruated and thus had carried her child for nine and a half, not ten months, which explained the larger size of the infant.<sup>142</sup> Another patient believed herself to be eleven-months pregnant on 23 July 1689 ‘à cause quelle n’avait pas eû ses menstrues depuis le 5 août de l’année précédente’. Again Mauriceau reasoned that she was mistaken.<sup>143</sup>

In another case, Mauriceau argued that the treatment prescribed for a woman had contributed to her perception of her extraordinarily long pregnancy. Mauriceau was consulted by a forty-two year-old woman who was pregnant for the first time on 10 August 1683. She claimed that she was eleven- and-a-half months pregnant since she had not menstruated for this amount of time and previously ‘elle avait toujours été très-parfaitement réglée’. She had been bled three times during this period, suffering from incommodities, which she explained through the fact that she was pregnant. Instead, Mauriceau argued that the phlebotomy had exacerbated the symptoms of menstrual retention and that she had not actually conceived until two and a half months after the initial suppression of her menstrual bleeding.<sup>144</sup>

It was not just hopeful women who were mistaken. In some cases husbands were also misled by bodily signs. On 30 November 1674 a husband and wife consulted Mauriceau believing that she was eleven-months pregnant:

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<sup>141</sup> Ibid., p. 87; *idem*, *Aphorismes touchant la grossesse, l’accouchement, les maladies, et autres dispositions des femmes* (Paris, Laurent d’Houry, 1694), p. 56, no. 85.

<sup>142</sup> *Idem*, *Observations sur la grossesse et l’accouchement des femmes et sur leurs maladies et celles des enfans nouveau-nez* (Paris, Chez l’auteur, 1694), p. 429, no. 517, 12 March 1688.

<sup>143</sup> Ibid., p. 429, no. 517, p. 461, no. 556.

<sup>144</sup> *Idem*, *Observations*, p. 281, no. 339.

Comptant du jour que l'évacuation de ses menstrues estoit finie la dernière fois, ou à tout du moins dix mois, en comptant seulement du temps que cette évacuation auroit dû revenir, si elle n'avoit pas été grosse.

In fact she was approximately nine-and-a-half months pregnant judging by the large size of the infant according to Mauriceau.<sup>145</sup>

Not all medical practitioners were as sceptical about women's ownership of corporeal knowledge as Mauriceau. Surgeon Jacques Bury (fl. 1623) considered that if a woman 'estant bien disposée et soubs le reglement de nature, c'est-à-dire quelle soit réglée en ses purgations menstrualles, de bon regimen' then it was easier for her to determine pregnancy. Should her bodily habits change after sexual intercourse and notably :

vers le trente-cinquième jour apres que ces mois luy sont arrestez, il est vray qu'il y a des femmes si visitées en faict, que des le septième ou neuvième jour apres avoir esté embarrassée {sic} iugent incontinent de leur grossesse.<sup>146</sup>

Bury was more trusting of the female narrative than some of his contemporaries, particularly if the woman in question carefully monitored her menstrual and sexual habits.

Other experts claimed that eleven-month pregnancies did indeed occur and were not the result of mistaken perceptions of menstrual time or confusions over lunar and solar months. Instead, given the shame attached to irregularity, many women may have preferred to pretend that they had miscalculated their menstrual cycle, and thus the length of their pregnancy, rather than admit to menstrual irregularities. In the celebrated case of Renée de Villeneuve, legitimated by the Parlement of Paris in 1653 after a record twenty-nine year-long court battle, the lawyer for the defence pleaded the following:

Une quantité de femmes s'estiment tous les jours grosses dès un certain terms n'accouchent bien souvent qu'au dixième ou onzième mois après; imputant néanmoins à un mauvais calcul (de crainte de ne paroître pas bien réglée) ce qui arrive par un ordre naturel et ordinaire, ce qui confirme la

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<sup>145</sup> Ibid., p. 120, no. 98

<sup>146</sup> Jacques Bury, *Le propagatif de l'homme et secours des femmes en travail d'enfant, utile et necessaires à toutes personnes* (Paris, Melhior Mondiere, 1623), pp. 43-44.



naissance des enfans à dix ou onze mois non seulement est possible, mais qu'elle est naturelle et legitime.<sup>147</sup>

Menstrual miscalculations could therefore be manipulated to protect female honour and the image of the *femme réglée*. La Motte also believed that longer-than-usual pregnancies did occur, which were not the result of mistaken perceptions of the passing of time, but rather that the women had known they were pregnant from the early stages. He wrote in 1715 that:

le terme de neuf mois est le plus ordinaire; je n'ai pas prétendu dire que la grossesse ne puisse aller au delà; mais les observations que je reporte prouvent suffisamment que les femmes qui ont passé ce terme, ont su être grosses dès le premier mois, ce qui a été justifié par les mouvemens de l'enfant plus ou moins fort, mais continuellement redoublez, et capables de faire juger non seulement quelles ne sont pas trompées dans le tems quelles se sont cru grosses, mais aussi sur le tems que leur enfant a commencé de se faire sentir, qui est pour l'ordinaire, depuis quarante jours jusqu'à quatre ou cinq mois.<sup>148</sup>

However, he did not believe that a woman's word alone could be trusted simply because the nature of pregnancy, and particularly the moment of conception, were so uncertain. He argued that out of the infinite number of women he had delivered in over thirty years of medical practice 'je n'en ai jamais vu qu'une qui m'ait dit précisément le jour quelle accoucherait et qui ne se trompa que de douze heures'.<sup>149</sup> Like Guillemeau, La Motte based confirmation of such perceptions on the timing of quickening rather than menstrual bleeding.

A further problem concerned the counting of menstrual cycles in relation to socio-political calendars and methods of time-measurement. As we saw with the Saccus case, much of the debate surrounding the legitimacy of early and late births hinged on perceptions of the passage of lunar or solar months and which calendar was deemed appropriate for measuring a woman's time. Lunar theorists, Laurent Joubert (1529- 1583)

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<sup>147</sup> Du Fresne, *Journal des audiences*, p. 564.

<sup>148</sup> De la Motte, *Traité*, p. 19

<sup>149</sup> Ibid., p. 17.

and Jean Liébaut (1535-1596), posed the question openly: 'quel mois doit estre employé ou solaire ou lunaire, pour mesurer le temps de la groisse et le temps de l'enfantement?'<sup>150</sup> Both argued that the lunar calendar should be followed to measure pregnancy since the moon controlled a woman's menstrual rhythms.<sup>151</sup> They also argued that the ancients had followed lunar, rather than solar calendars in their prescription of the 'normal' limits of pregnancy length. Hippocrates, for instance had accepted eleven lunar months as legitimate.<sup>152</sup> Complications did not end there however, as Liébaut argued that there were many variations on a lunar month and it was impossible to tell which conventions should be adhered to.<sup>153</sup>

An excellent example of the application of the lunar calendar to the duration of pregnancy is found in the correspondence of Madame de Sévigné and her daughter Madame de Grignan. Madame de Grignan had given birth to a weakly boy in the eighth month of her pregnancy and was seeking reassurance that he might survive. On 22 March 1676, Mme de Sévigné wrote to her daughter, beseeching her: 'compter les lunes pendant votre grossesse. Si vous êtes accouché un jour seulement sur la neuvième le petit vivra; sinon n'attendez point de prodige'. Two days later the plea was reiterated: 'comptez les lunes de votre grossesse; c'est une resource pour espérer la vie du petit garçon'.<sup>154</sup> The infant boy Jean-Baptiste survived for sixteen months.<sup>155</sup>

Lay women also testified themselves to their concern regarding the duration of their pregnancies, whether it be desire that they deliver promptly, or matter-of-fact recognition of the variable time of pregnancy. Madame de Sévigné had written to her daughter on 6 June 1672 to dismiss her anxieties regarding the length of another, earlier,

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<sup>150</sup> Liébaut, *Trois livres*, p. 828.

<sup>151</sup> Joubert, *Popular Errors*, p. 148; Liébaut, *Trois livres*, p. 809.

<sup>152</sup> Liébaut, *Trois livres*, pp. 809, 825-27; Gaultier, *Plaidoyez*, p. 539.

<sup>153</sup> Liébaut, *Trois livres*, p. 829.

<sup>154</sup> Duchêne (ed.), *Madame de Sévigné*, vol. 2, p. 255, letter 492, p. 258, letter 493.

<sup>155</sup> *Ibid.*, vol. 1, p. 362.



pregnancy. 'Votre comparaison est plaisante d'une femme grosse de neuf, dix, onze ou douze mois. Non, ma bonne, vous accoucherez enfin heureusement, votre enfant ne sera point pétrifié'.<sup>156</sup> Four years later she wrote again satirising contemporary debates about extraordinary pregnancies: 'je fonde donc toute mon espérance sur les contes à dormir debout que l'on vous fait à Aix: je les trouve extrêmement plaisants, et la rareté des enfants de neuf mois m'a fait rire'.<sup>157</sup> In contrast, Madame Charlotte-Elisabeth de Bavière, duchesse of Orléans, was not at all surprised by news of late births and remarked in 1717 on the regularity with which the Princess of Wales' pregnancies ran to ten months and beyond.<sup>158</sup>

## Conclusion

Anxieties about patrilineage and the possibilities for manipulation and slippage afforded by the uncertainty of menstrual bleeding and pregnancy were revealed in fabulous stories which circulated in early modern France recounting exceptional births. Joubert, like Rabelais was sceptical of the authority and accuracy afforded to the female narrative and sought to ridicule those husbands, jurists and physicians who ascribed any weight to such tall tales. An excellent example of this is the anecdote of the Florentine matron who was delivered twelve months after intercourse with her husband. The matron told her spouse that she had seen an ass on the day she conceived and thus had carried the child for the same length of time as an ass. As far as Joubert was concerned the ass in this tale was the husband who allowed his wife to trick him so easily.<sup>159</sup>

Another equally extraordinary anecdote circulated in the form of a printed *arrêt* pertaining to be a judgement from the Parlement of Grenoble in February 1637. The

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<sup>156</sup> Ibid., vol. 1, p. 531, letter 280.

<sup>157</sup> Ibid., vol. 2, p. 247, letter 486.

<sup>158</sup> Cited by Gustav-Joseph Witkowski, *Anecdotes et curiosités historiques sur les accouchements*, (Paris, G. Steinheil, 1892), p. 69.

pamphlet claimed that Dame Magdelaine d'Autremont, wife of Jérôme-August de Montleon, had conceived and given birth during a four-year period in which she had not seen her husband, nor had commerce with any man. The infant, conceived through the force of her imagination was supposedly declared 'légitime et vrai héritier' by the court.<sup>160</sup> This fraud was discovered by the *procureur general* of the Parlement of Paris who launched an investigation and published a response condemning the false *arrêt* for supporting 'la desbauche et libertinage parmy les femmes'.<sup>161</sup> The fact that the false *arrêt* caused such a flurry of concern and was documented in the literature of jurisprudence suggests the seriousness of falsehood. It is also testament to the level of anxiety surrounding the safeguarding of paternity and the fears of usurpation of patriline by unscrupulous women and ignorant medical and judicial practitioners.

Commenting on the difficulties of normalising a woman's time, Bourgeois stated prudently that: 'il n ya pas de règle qui n'ait pas d'exception'.<sup>162</sup> I have demonstrated that in the context of changing perceptions of time and multiple parallel systems of time measurement, anxieties about the embodiment of a woman's time were accentuated. The opacity of menstrual time in general complicated understandings of conception and reproduction. The link between the cessation of menstrual bleeding in a mature premenopausal woman and pregnancy was tenuous. Since menstrual bleeding could be suppressed or irregular for a number of reasons this was not reliable. The reliability of menstrual bleeding was further affected by the assimilation of menstrual bleeding with the

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<sup>159</sup> Joubert, *Popular Errors*, p. 145.

<sup>160</sup> Ferrière, *Dictionnaire*, p. 697.

<sup>161</sup> *Arrest de la cour de Parlement, sur le pretendu arrest du Parlement de Grenoble, daté du 13 février 1637* (Paris, A. Estienne, P. Mettayer, C. Prevost and P. Racolet, 1637), pp. 7-8; *Arrest veritable du Parlement de Grenoble par lequel le faux arrest supposé donné au mesme Parlement au proffit d'une Demoiselle, sur la fausse naissance d'un sien fils quatres ans apres l'absence de son mary, sans avoir eu cognoissance d'aucun homme, a esté condamné d'estre lasséré et bissé et mis au feu par la main de l'exécuteur de la haute justice, le 13 du mois de juillet 1637* (Paris, Gervais Alliot, 1637); Ferrière, *Dictionnaire*, p. 698; Brillon, *Dictionnaire*, vol. 1, p. 535; Monmerque (ed.), *Tallement des Réaux, 'Historiettes'*, p. 93.



female narrative. The absence of menstrual bleeding was not easily proved. As a result, menstrual bleeding was seen as unreliable and medical practitioners preferred other more tangible and certain signs such as quickening and a swollen belly, fearing that women were often mistaken themselves, especially if they were naturally irregular. Tension existed between medical and judicial conceptions of what constituted proof of pregnancy and the weight accorded to the absence or presence of menstrual bleeding in the living female body as forensic evidence.

Contradictory notions of how to count the length of pregnancy from the cessation of menstrual bleeding or the sexual act itself were common. In addition, once the moment of conception had been accounted for, the problem of measuring the duration of gestation remained. Patients and practitioners sparred over the different possible ways of counting the passage of pregnancy and corporeal time, vying for epistemological superiority and control of the female belly. Which calendar should be used and which system of months followed? Should the length of pregnancy be expressed in terms of missed menstrual cycles or lunar months? Or should it conform to socio-political notions of time and solar calendars? A similar desire to establish norms was expressed and debates ensued regarding possible deviations from nine months.

The length of pregnancy became an important polemic in early modern medicine and jurisprudence, one which was not resolved in the Enlightenment or during the 'medicalisation' of the nineteenth century. It was thrown into relief in the sixteenth to eighteenth centuries following a renewed interest in paternity and more significantly the transfer of blood-line. Parallel developments in state formation, involvement in family and particularly marital affairs meant that exceptional pregnancies were scrutinised more closely. Physicians and legists juggled socio-economic problems of inheritance, family

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<sup>162</sup> Bourgeois, *Observations*, L. 2, p. 22.

stability and medical expertise. They turned to Graeco-Roman medical authorities, legal precedents and the female narrative in an attempt to confront corporeal uncertainty and provide answers for individual cases.



## Chapter Five: Menstrual Mysteries and Medical Expertise

On Monday 9 November 1665, Catherine Thaives, was condemned to death by the Parlement of Paris.<sup>1</sup> At this point Thaives 'pleaded the belly', declaring that she was pregnant. The judge sent for the Châtelet medico-legal experts to examine Thaives and determine whether her testimony was accurate.<sup>2</sup> It was customary, long before the criminal ordinance of 1670 rendered it mandatory, to examine women before execution to ensure that they were not with child. This dates from the Roman Law tradition and was confirmed by an *arrêt* from the Parlement of Paris as early as 1451 and by the Parlement of Grenoble in 1460.<sup>3</sup> If pregnancy was confirmed, execution was postponed so that innocent, unborn children did not perish along with their criminal mothers. For the same reason pregnant women were exempt from torture.<sup>4</sup>

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<sup>1</sup> The original records have not survived so the crime for which she was executed is unknown.

<sup>2</sup> On this case and the procedure of 'pleading the belly' see my article 'The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe', *Social History of Medicine*, 15, 2 (2002): 209-27; James Oldham, "'On Pleading the Belly': A History of the Jury of Matrons", *Criminal History*, 6 (1985): 1-64, especially p. 24; T. R. Forbes, 'A Jury of Matrons', *Medical History*, 31 (1988): 23-33 and Erwin Ackerknecht, 'Midwives as Experts in Court', *Bulletin of the New York Academy of Medicine*, 52, 2 (1976): 1224-28.

<sup>3</sup> *Le code des decisions forenses contenant un recueil des plus notables arrests, mesme de ceux qui n'ont encore esté mis en lumiere* (Collogny, I. A. Sarrasin and Alex Pernet, 1612), p. 335; Jean Papon, *Recueil d'arrestz notables des courtz souveraines de France* (Paris, Jacques Macé, 1566), p. 509b. This theme was also developed by later jurists: Laurent Bouchel, *La bibliotheque ou tresor du droict françois auquel sont traictees les matieres civiles, criminelles, et beneficales, tant reglées par les ordonnances, et coustumes de France, que decidées par Arrests des cours souveraines* (2 vols., Paris, Veuve Nicolas Buon, 1629), vol. 1, p. 652; Pierre-Jacques Brillon, *Dictionnaire des arrests, ou jurisprudence universelle des parlemens de France, et autres tribunaux* (6 vols., Paris, Guillaume Cavellier, 1711), vol. 3, pp. 275, 539 and Claude-Joseph de Ferrière, *Dictionnaire de droit et de pratique contenant l'explication des termes de droit, d'ordonnances, de coutume et de pratique avec les jurisdictions de France* (Paris, Joseph Saugrain, 1758), p. 609. Ferrière was a lawyer at the Parlement of Paris as well as a doctor and professor of law. This judicial point was also noted in northern customary law. See, for example, *Coutume de Normandie avec l'ordonnance de 1667 et celle de 1670 augmentée d'une instruction sur la marche de la procedure civile et criminelle* (Bayeux and Caen, Charles Briard and Charles Chalopin, 1673), p. 34. On the influence of Roman Law on customary law in northern France see Lisa Silverman, *Tortured Subjects: Pain, Truth, and the Body in Early Modern France* (Chicago and London, Chicago University Press, 2001), pp. 6-7, 54. Alfred Soman argues that judicial ordinances represented the culmination of long periods of reflection, rather than a moment of inspired innovation. See 'Aux origines de l'appel de droit dans l'ordonnance criminelle de 1670', *XVIIe siècle*, 32 (1980): 21-35, reprinted in *idem, Sorcellerie et justice criminelle: le Parlement de Paris, 16<sup>e</sup>-18<sup>e</sup> siècles* (Aldershot, Ashgate, 1992): 21-35, see pp. 21-22.

<sup>4</sup> M. L'Ange, *La nouvelle pratique civile, criminelle, et beneficale, ou le nouveau Praticien François reformé suivant les nouvelles ordonnances* (Paris, Jean Guignard, 1687), p. 758; *Les Plaidoyez et harangues de M le Maistre donnez au public par M. Jean Issali* (Paris, Pierre Petit, 1660), pp. 278-79.

Unusually, in this case neither the physicians, surgeons, nor midwives appointed to conduct such examinations could be found. The judge thus requested that the former office-holder, midwife Marie Boursier, perform the examination instead.<sup>5</sup> Boursier had given her verbal report when one of the current office-holders, or *jurée matronne du Châtelet*, Marie Garnier, appeared. Both Boursier and Garnier concluded that the external physical signs suggested that Thaives was not pregnant and the execution was carried out immediately.<sup>6</sup>

On 31 December 1665 the physicians and surgeons of the Châtelet, accused Boursier and Garnier of having delivered false reports. The autopsy by the King's first surgeon, Félix, had revealed that Thaives had been four-months pregnant.<sup>7</sup> As a result of a preliminary judicial hearing, both midwives were forbidden to practise their art, under pain of exemplary punishment, whilst the judge adjourned the proceedings to allow for more information to be gathered.<sup>8</sup> At this point Boursier and Garnier disappear from the surviving sources, although Garnier reappeared ten years later, in February 1676. On this occasion Garnier was charged with having ignored the prohibitions of the 1665 ruling. She had continued to hold office at the Châtelet and to attend the reception of new midwives

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<sup>5</sup> A similar example of a non-titled midwife being sworn-in to take a pregnancy declaration is cited by Véronique Demars-Sion, *Femmes séduites et abandonnées au XVIIIe siècle. L'exemple du Cambrésis* (Lille, Presses de l'Université de Lille III, 1991), p. 127, n. 72.

<sup>6</sup> *Factum, Thaives Catherine, 1665? Pièces relatives à un faux rapport fait par Marie Boursier, veuve de Pierre Loudier, et Marie Garnier, femme de Pierre Bureau, jurées matrones du Châtelet de Paris, concernant la grossesse de Catherine Thaives, condamnée à mort et exécutée le 9 novembre 1665* ([n. p., n. pub.], 1676). See also my 'The Hidden Truths of the Belly', pp. 209-14.

<sup>7</sup> The autopsy was conducted on the 14 and the report dictated on the 18 November 1665. *Factum, Thaives Catherine*, p. 2. Louise Bourgeois cites a similar, much earlier case: 'une femme fut defaite grosse de cinq moys ou plus, qui fut porté aux escholes de medecine, que l'on avoit jugée ne l'estre pas. Je crois aussi que ceux qui la jugèrent ne l'estre pas le croyoient ainsi, bien qu'ils fussent trois hommes et deux femmes'. See her *Observations diverses sur la stérilité, perte de fruct, fecondité, accouchements et maladies des femmes et enfants nouveau naiz* (Paris, Abraham Saugrain, 1617), L. 2, p. 242.

<sup>8</sup> *Factum, Thaives Catherine*, p. 2. Arlette Lebigre argues that the sentence, *plus amplement informé* was regularly invoked as a means of avoiding the severity of the law. *La justice du roi. La vie judiciaire dans l'ancienne France* (Paris, Albin Michel, 1995), p. 220.



into the Parisian surgical company of Saint-Côme.<sup>9</sup> Despite the jurisprudential attention this case attracted, Garnier's punishment appears to have been unsuccessful.

François Mauriceau (1637-1709), Parisian master-surgeon, and renowned man-midwife who had trained at the Hôtel-Dieu, surmised that Boursier and Garnier had mistaken a bloody discharge for 'quelques menstrues', and had declared Thaives not with child as a result.<sup>10</sup> Jean Devaux (1649-1729), twice provost of the Parisian master-surgeons' company also remarked that the presence of 'flux menstrual avoit trompé celles qui firent aux juges un rapport de son état contraire'.<sup>11</sup> As we saw earlier the connection between pregnancy and the cessation of menstrual bleeding was ambiguous in early modern medicine. Mauriceau and Devaux were particularly critical of Boursier and Garnier, not simply as a result of rivalry between practitioners, although this certainly played a part, but also because as expert midwives, they were expected to be aware of the

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<sup>9</sup> *Factum, Thaives Catherine*, p. 4. *Table chronologique de tous les edits, declarations, lettres patentes, arrests du conseil, statuts, et reglemens concernant les medecins, chirurgiens, accoucheurs, apoticaire, herbiere, sages-femmes, recommanderesses, nourrices, barbiers, perruquiers, baigneurs et etuvistes du Royaume* (Paris, [n. pub.], 1723), p. 48. Garnier continued to be very active for several decades and to call herself *jurée matronne du roi au Châtelet*. In 1693 she attended the reception of a midwife at Saint-Côme and was herself referred to as 'l'une des maîtresses sages-femmes jurées au Châtelet'. See Léon Brièle (ed.), *Collection de documents pour servir à l'histoire des hôpitaux de Paris* (5 vols., Paris, Imprimerie Nationale, 1881-87), vol. 1, p. 373. The original document has not survived. Nicolas de Blégny cited her and her daughter as the, 'officiers sages-femmes du Châtelet,' in 1692. See his *Livre commode, contenant les adresses de la ville de Paris et le trésor des almanachs pour l'année bissextile 1692* (2 vols., Paris, Veuve de Denis Nion, 1692), vol. 2, p. 53. She conducted and signed a medical report for the morgue at the Châtelet in 1675, Archives Nationales, Châtelet, Chambre Criminelle (henceforth AN Y), Y 10637-10644 *Registres des rapports de medecins* (1673-1791), register 10637, 26 March 1675. She appears frequently in the archives of the Hôtel-Dieu following repeated complaints by apprentice midwives that she was demanding payment and making things difficult for them. See Archives de l'Assistance Publique, Hôtel-Dieu (henceforth AAP HD), *Délibérations du Bureau*, 1674, register 42, f. 172v. and AAP HD, register 44, f. 91v, 8 May 1676. These documents are reprinted in Brièle, *Collection de documents*, vol. 1, pp. 202-4. Another complaint was lodged in 1678, see *ibid.*, p. 373, (the original has not survived). Moreover, in 1691, Garnier nominated herself for the position of *maîtresse sage-femme* at the Hôtel-Dieu. Unsurprisingly perhaps, they turned her down. AAP HD, register 60, f. 116r, 24 November 1691; Brièle, *Collection*, vol. 1, p. 133.

<sup>10</sup> François Mauriceau, *Traité des maladies des femmes grosses et accouchées* (Paris, Jean Henault, 1668), pp. 65-66.

<sup>11</sup> Jean Devaux, *L'art de faire les rapports en chirurgie* (Paris, Laurent D'Houry, 1703), p. 438. See also Nicolas Venette, *De la generation de l'homme, ou tableau d'amour conjugal* (Cologne, Claude Joly, 1702), p. 90. Other accounts did not mention menstrual blood, but cited the tragedy as a turning point in criminal jurisprudence. See Claude-Joseph Prevost, *Principes de jurisprudence sur les visites et rapports judiciaires des medecins, chirurgiens, apothicaires et sages-femmes* (Paris, Guillaume Desprez, 1753), p. 86 and Jean Verdier, *La jurisprudence de la medecine en France, ou traité historique et juridique des etablissements, reglemens, police, devoirs, fonctions, honneurs, droits et privilege des trois corps de medecine* (Alençon, Malassis le jeune, 1763), pp. 332-33.

difficulties of detecting pregnancy, of the ambiguity of menstrual bleeding, and above all the necessity for caution in such cases.

Chapters Two, Three and Four paid particular attention to the physical and cultural similarities between various types of bloody flow, regardless of the orifice from which the fluid stemmed. They emphasised the merging of these diverse emissions and pointed towards a homogeneous mass of bodily humours. This highlights the need for a reassessment of menstrual bleeding as one of a number of types of bleeding, rather than as a specifically female-gendered substance. Here, I examine a range of circumstances, in particular the legal arena, when it was essential to distinguish between the blood of menstrual flow, childbirth and defloration. In such instances, these different types of bleeding were no longer assimilated but, instead, held extremely different cultural connotations, and could not be interpreted in the same way. The blood of rape, for instance, carried a very different meaning to that of menstrual fluid (for both the bleeding female body and the accused perpetrator of violence). Equally, the blood of menses carried a different significance to that of gestational spotting. As we saw in Chapter Three with reference to Cadiere and Girard, menstrual blood did not have the same connotations as the blood of stigmata. Medical practitioners feared that menses might be used to simulate very different types of bleeding. In Cadiere's case, she was accused of faking the stigmata. Other women were accused of faking the bleeding of miscarriage, defloration and childbirth with their menstrual fluid.

The paradox of mistrust and reliance lies at the heart of early modern patient/practitioner relationships. Ambivalence towards the patient narrative also included the physical signs of the female body. Physical examinations were extremely important in diagnosing young girls' and women's diseases and were actively encouraged by eminent



early modern practitioners and authors.<sup>12</sup> A good early modern medical practitioner should be able to read the physical evidence of the female body and, combined with the patient's narrative, arrive at an accurate diagnosis. Reading the ambivalent signs of the female body, including those of menstrual and other forms of bleeding and pregnancy, was a measure of a practitioner's knowledge and expertise.<sup>13</sup> Physical examination was an integral part of legal medicine which rose in scope and prestige from the sixteenth century onwards.<sup>14</sup> First-hand observation of the *corpus delicti* by the medico-legal expert charged with reporting to the judge in criminal and civil proceedings, was imperative. Probing the female body was a way of refining the narrative and determining the manifest signs of rape, defloration, virginity, pregnancy and childbirth. Menstrual blood was an unreliable witness, and could easily be mistaken for, or disguised as, other types of bleeding, such as miscarriage, or the tearing of the hymen. On the other hand, a readiness, amongst early modern medical practitioners, to equate all female genital bleeding with menstrual bleeding was also problematic as we have seen. Printed medical and judicial literature stressed the difficulties faced by the practitioner and advised him or her to favour doubt and uncertainty when assessing ambiguous cases. However, once such debates were transferred to the courtroom, the context changed dramatically. A new urgency was conferred upon the medical expert to reach a decision, upon which the life of the defendant may have depended. In sharp contrast to the discursive format of printed report-writing guides, the medical witness had to follow the short, concise, and formulaic model of the expert report, which allowed less room for discussion or doubt, but demanded a definitive,

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<sup>12</sup> Mauriceau, *Traité*, pp. 151-52.

<sup>13</sup> Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London and New York, Routledge, 1998), pp. 40-53.

<sup>14</sup> See the emphasis on the surgeon's assessment of the patient's physical condition in Ambroise Paré, *Les oeuvres d'Ambroise Paré, conseiller et premier chirurgien du Roy* (Paris, G. Buon, 1585), L. 28, 'Traité des Rapports'.

on-the-spot response.<sup>15</sup> In the course of civil and criminal trials the expert could not afford to hesitate or to talk of ‘obscurity’, but was pressed upon to answer with gravity, and certainty, questions about the body’s secrets and interiority. Cross-referencing of trial records and the theoretical guidelines and jurisprudential literature highlights the inconsistencies between medico-legal theory and practice. Various different levels and types of expertise can be discerned, ranging from the medico-legal expert, to the lay witnesses and even the victim or defendant. Such a methodology also reveals the extent to which concerns about female sexuality, deviance and reproduction found in prescriptive literature focused on blood and particularly menstrual blood.

This chapter traces interpretations of menstrual bleeding evidenced in medico-legal treatises and court records. I argue that the uncertainty surrounding menstrual bleeding heightened the difficulties faced by the medico-legal expert assessing the physical condition of a living, bleeding, female body. First, it is important to outline early modern perceptions of expertise, and to determine who constituted this body of experts. I look briefly at the procedures for medico-legal physical examinations, before turning to two case studies which demonstrate extremely well how male anxiety about female bleeding was played out in the early modern courtroom. The increasing insistence on legal medicine and the evidence provided by the *corpus delicti* from the sixteenth century onwards can thus be read, not only as the rise of forensic science, but also as a considerable attempt to confront the mysteries of the female body, which did not always give up its secrets easily.

## Authority and Expertise

The term expert is found in the first French-language dictionary, Jean Nicot’s *Thrésor de la langue française* (1606).<sup>16</sup> Expertise existed in various domains: art, money,

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<sup>15</sup> See below for a description of medico-legal reports.

<sup>16</sup> <http://www.lib.uchicago.edu/efb/artfl/project/dicos>, [accessed 1 March 2004].



and handwriting for instance, as well as medicine and surgery and experts were primarily a recognised body of venal officials.<sup>17</sup> The *Académie Royale des Sciences* (1666) housed a ‘tribunal de la science et de la technique’ which met regularly to assess the basis of all new inventions, machines and texts for publication. In the early eighteenth century architectural experts were employed by the administration of the *Bâtiments du Roi* to verify building estimates. Only once approved could the funds be released and work commence.<sup>18</sup>

Experts were defined in seventeenth-century French jurisprudence as ‘des gens connoissans sur le fait dont il est question entre les parties’.<sup>19</sup> Persons ‘experimentez dans un art’<sup>20</sup> were chosen by a judge to ‘faire les visitations et rapports des choses qui en dependent et à iceux on adiousté foy’ in both civil and criminal cases.<sup>21</sup> Problems of differentiating between various bloody fluids in order to establish the condition of the *corpus delicti* were potentially exacerbated by jurisdictional contradictions within the medico-legal system. Two parallel perceptions of medical expertise existed in early modern France: an influential witness and an authority. This in turn reflected the parallel medical worlds of the tripartite medical community divided into physicians, surgeons and apothecaries, with the sub-division of midwives following last, and the surrounding ‘medical penumbra’ and the royal household.<sup>22</sup> The basic difference between the small

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<sup>17</sup> *Dictionnaire de l'Académie Française* (1694) notes under expert: ‘le juge a nommé des experts pour visiter l'ouvrage des Maçons, des Couvreur etc’. <http://www.lib.uchicago.edu/efb/artfl/project/dicos>, [accessed 1 March 2004].

<sup>18</sup> Lucien Bély, *Dictionnaire de l'Ancien Régime* (Paris, Presses Universitaires de France, 1995), pp. 15-18, 140-42.

<sup>19</sup> Claude-Joseph de Ferrière, *Introduction à la pratique, contenant l'explication des principaux termes de pratique, et de coutume, avec les juridictions de France par ordre alphabetique* (Paris, Jean Cochart, 1679), p. 110. Jurist Prevost attested to the provision of experts in the customs of Anjou and Maine, citing the Brittany ordinance of 1536 and the Parisian edicts of 1542, 1566, 1600 and 1603. See his *Principes de jurisprudence*, p. 7.

<sup>20</sup> Ferrière, *Dictionnaire*, vol. 2, p. 91.

<sup>21</sup> Bouchel, *La bibliothèque*, vol. 1, p. 1,325. I concentrate here on criminal cases owing to the sixteenth century judicial shift noted in Chapter Four which allowed inheritance disputes, rapt and infant substitution cases to be tried in criminal rather than civil courts. This shift accentuated the body of the defendant/victim and thus the need for medical expertise. See Sarah Hanley, ‘Engendering the State: Family Formation and State Building in Early Modern France’, *French Historical Studies*, 16, 1 (1989): 4-27.

<sup>22</sup> Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford, Clarendon Press, 1997), p. 230.

official body of medico-legal experts attached to the courts and the larger number of unofficial expert practitioners appears to have been one of venality and oath. Official experts held venal offices. The *fonction publique* or civil service was created by Louis XI in 1467.<sup>23</sup> Venality was initiated by François I and was expanded by Henri IV in 1604 and later by Louis XIV.<sup>24</sup> Venal offices were sold to suitable individuals to raise money for the Crown and were not restricted to medico-legal positions. Venal offices were common within the entire judiciary.<sup>25</sup>

An official expert was 'jurez en titre d'office pour avoir été pourvus de la commission aux Rapports dans quelque jurisdiction.'<sup>26</sup> The titles themselves add to the confusion surrounding the early modern medico-legal system. A master-surgeon for example would be known as a *maître-chirurgien juré* of whichever corporation he belonged to, whereas a medico-legal expert was described as *maître-chirurgien juré de Châtelet*, or the court to which he was attached. In order to become a medico-legal expert it was necessary first to belong to a medical corporation and thus to be a master practitioner. Regulations for obtaining letters of mastership were neither chronologically nor geographically homogenous throughout early modern France and varied greatly between Paris and the provinces. This has been well documented in secondary literature for both surgeons and midwives.<sup>27</sup> It is vital, however, to note the significance of the differences in titles and to whom practitioners swore their oaths as these are indicators of expert status.

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<sup>23</sup> Lebigre, *Justice du roi*, pp. 58-79.

<sup>24</sup> Jean-Pierre Royer, *Histoire de la justice en France* (Paris, Presses Universitaires de France, 1995), pp. 108-16.

<sup>25</sup> Ibid. and Lebigre, *La justice du roi*, pp. 58-79.

<sup>26</sup> Blégné, *Doctrine des rapports en chirurgie, fondée sur les maximes d'usage et sur la disposition des nouvelles ordonnances* (Lyon, Thomas Arnauld, 1684), p. 8.

<sup>27</sup> For details of these examinations see Verdier, *La jurisprudence particulière de la chirurgie en France, ou Traité Historique et Juridique des établissemens, Réglemens, Police, Devoirs, Fonctions, Honneurs, Droits et Privilèges, des sociétés de chirurgie et leurs supots, avec les devoirs, fonctions et autorité des juges à leur égard* (Paris, D'Houry and Didot le jeune, 1764), pp. 220-333; Scarlett Beauvalet-Boutouyrie, *La démographie de l'époque moderne* (Paris, Belin, 1999), pp. 292-93; Brockliss and Jones, *Medical World*, pp. 190-92, 488-89; Henriette Carrier, *Origines de la maternité de Paris. Les maîtresses sages-femmes et l'office des accouchées de l'ancien Hôtel-Dieu 1378-1796* (Paris, George Steinheil, 1888), pp. 94, 117; Toby



Any licensed master medical practitioner could offer a medical opinion, but the title of expert and the authority of judicial expertise, were limited to those in possession of the legal office. Members of surgical guilds who had achieved master status could examine patients within their jurisdiction and produce reports at their request; usually to obtain compensation or to support an application to pursue another party in court. These were known as *rapports à l'amiable*, or *dénonciatifs* and did not carry the authority of a *rapport judiciaire* ordered by a judge and executed by a titled office-holder.<sup>28</sup>

Inevitably perceptions of 'expertise' were also linked to the prestige and reputation of the medical corporation to which a practitioner belonged. Thus a master-surgeon from the Parisian company was regarded as more expert than his provincial equivalent. This reflects the rigour, length and expense of the examinations for mastership in Paris compared with the rest of France. In theory, influential royal practitioners could also be summoned at the judge's discretion to deliver a counter-expertise, although it is debatable how often this actually occurred.<sup>29</sup> The hierarchy of medical reports, which could be used by various parties in court cases, is also a reflection of this dual perception of expertise as celebrity and official legal authority.<sup>30</sup> In the later seventeenth century the concept of medical specialities was growing, and more and more medical practitioners were seeking recognition in particular areas of medical or surgical expertise, although this was still looked down upon by orthodox physicians. Nicolas de Blégny's *Livre commode* (1691-92), which recommended a variety of practitioners renowned for phlebotomy, midwifery and other surgical operations, provides a good example of this.<sup>31</sup> It is probable that plaintiffs

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Gelfand, *Professionalizing Modern Medicine. Paris Surgeons and Medical Science and Institutions in the Eighteenth Century* (Westport, Conn., Greenwood, 1980), pp. 21-30, 45-64.

<sup>28</sup> Verdier, *Jurisprudence de la medecine*, vol. 2, pp. 260-61, 276.

<sup>29</sup> Catherine Crawford, 'Legalizing Medicine. Early Modern Legal Systems and the Growth of Medico-Legal Knowledge', in *idem* and Michael Clark (eds), *Legal Medicine in History* (Cambridge, Cambridge University Press, 1994): 89-116, pp. 102-3.

<sup>30</sup> See the accusation of rape recounted by Brillon, *Dictionnaire des arrests*, vol. 3, p. 872-73.

<sup>31</sup> Blégny, *Livre commode*, vol. 1, p. 159, vol. 2, pp. 68-69.

would seek reports from practitioners specialised in their type of injury, or with a prestigious reputation in order to sway the judge.<sup>32</sup>

Sixteenth-century lawyers and medical practitioners stressed that medico-legal experts should be honest, moral and competent. Lawyer Jean Imbert complained that ‘il se comet un grand abus au rapport de plusieurs medecins et chirurgiens, qui ne font point conscience de faire faux rapports [...] et croient que signer faux rapport est peu de choses.’ He argued that such examinations should only be performed by ‘barbiers, chirurgiens et gens experimentez, qui en feront bon et loyal rapport par serment.’<sup>33</sup>

Ambroise Paré (1510-1590) is credited with authoring the first French-language medico-legal treatise in 1575, in which he noted his intention to instruct ‘le chirurgien à bien faire rapport en justice’. The importance of this responsibility was underlined in his entreaty that surgeons be god-fearing, serious and precise, ‘parce que les iurisconsultes iugent selon ce qu’on leur rapporte’.<sup>34</sup> A century later the provincial surgeon, René Gendry (fl. 1650) advised that ‘la justice depend du veritable rapport des tesmoings, le chirurgien sera tousjours un veritable temoing, quand il sera bien exercé à bien rapporter’.<sup>35</sup> As we have seen, in certain circumstances, false testimony, whether erroneous, or deliberately deceitful, could be damaging. It also amounted to the crime of ‘faux’ which was punishable by death.

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<sup>32</sup> Fabrice Bernard, ‘Le rôle et la place des médecins et des chirurgiens dans la procédure de l’établissement du corps de délit en matière d’atteinte contre les personnes entre 1750-1759 ou “l’art de rédiger des procès-verbaux de visitations au présidial de Poitiers”’, (unpublished master’s dissertation, University of Poitiers, 1998); Crawford, ‘Legalizing Medicine’, p. 103.

<sup>33</sup> Jean Imbert, *La pratique judiciaire tant civile que criminelle, receue et observee par tout le royaume de France, illustree et enrichie par M. Pierre Guenois et M. Bernard Automne* (Paris, au Palais par la société, 1624), L.3, Ch.3, art. 2, n. p.

<sup>34</sup> Paré, *Oeuvres*, p. 1,197. See also Catherine Crawford, ‘Medicine and the Law’, in W. Bynum and R. Porter (eds), *Companion Encyclopaedia to the History of Medicine* (2 vols., London, Routledge, 1992), vol. 2, pp. 1619-40.

<sup>35</sup> René Gendry, *Les moyens de bien rapporter à Iustice les indispositions et changemens qui arrivent a la santé des hommes* (Angers, Pierre Avril, 1650), p. 65.



Jurists identified the crime of 'faux' as, 'le faux par parole, par écriture, ou par fait'.<sup>36</sup> It could be implicated in both civil and criminal proceedings and involved physical imposture as well as false testimony. Thus a written or verbal report could be false, or an individual could be declared an impostor for assuming the role of another.<sup>37</sup> It was not necessary therefore, to be a recognised expert to be accused of the crime of 'faux'. An office-holder could be accused of 'false report', but a medical practitioner who pertained to hold the office of expert and delivered a report could also be accused of 'faux'.<sup>38</sup> Garnier was thus doubly guilty, since she had given a false report and subsequently assumed a role and charge, which were no longer hers.<sup>39</sup> It is easy to imagine therefore, the effect of the 1665 tragedy on such calls for gravity and sobriety in the making of surgical and medical reports. For over a century, medical practitioners and jurists alike recounted the tale as a warning to future medico-legal experts. Mauriceau and Devaux condemned the irreparable errors made by Garnier and Boursier, and urged prudence and circumspection.<sup>40</sup> For Devaux, the art of good reporting lay in the advocacy of uncertainty. The expert must not rush judgement, but rather 'mettre la chose en suspens, en embarrassant son pronostique sous des termes équivoques', rather than risk signing away a future life for reasons of

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<sup>36</sup> Daniel Jousse, *Traité de la justice criminelle de France* (4 vols., Paris, Debure père, 1771), vol. 3, p. 341, cited by Sylvie Steinberg, *La confusion des sexes. Le travestissement de la Renaissance à la Révolution* (Paris, Fayard, 2000), p. 19.

<sup>37</sup> The crime of 'faux' was implicated in the prosecution of transvestites who hid their true sex and adopted the role allotted to the opposite sex, Steinberg, *La confusion des sexes*, p. 19. It was also invoked in the famous case of Arnaud du Tilh who took the place of Martin Guerre. See Natalie Zemon Davis' reconstruction of this incident, *The Return of Martin Guerre* (Cambridge, Mass., Harvard University Press, 1983).

<sup>38</sup> Frequent attempts were made to tighten regulation of this body of medico-legal experts. See, for example, the frequent statutes and ordinances forbidding anyone other than the titled jurés to conduct and present reports in court. On the 15 October 1513 the *Parlement* of Paris decreed that the two named *chirurgiens jurés du Châtelet* were the only surgeons permitted to draw up judicial reports. This was renewed on 15 November 1597 and in December 1675. *Table chronologique*, p. 5. The 1699 statutes for Parisian surgeons stated that 'les rapports des personnes non approuvées, ne pourront faire aucune foi en justice, non-obstant tous arrêts, brevets, lettres-patentes, privilèges, édicts ou autres titres à ce contraires, qui seront à cet effet revoqués, et il sera défendu à tous juges d'y avoir égard'. Similarly physicians and surgeons who were not holders of the office of medical expert were reminded that they could be prosecuted for conducting unauthorised reports and autopsies by an *arrêt* of 22 July 1722. See Verdier, *Jurisprudence de la médecine*, vol. 2, pp. 219, 242.

<sup>39</sup> Royer, *Histoire de la justice*, p. 57. That false testimony was equivalent to 'faux' is attested by the title of the *factum* written for the physicians and surgeons of Châtelet versus Boursier and Garnier. *Factum, Thaives Catherine, 1665? Pièces relatives à un faux rapport*.



professional pride.<sup>41</sup> The physician and jurist Jean Verdier, writing in the 1760s credited the legacy of Garnier's error with bringing about the reforms of the 1670 criminal ordinance.<sup>42</sup> Garnier was a rare example of the conjunction of these two worlds, since she was both protected by royal patronage and had been an official legal expert. It may well have been this patronage which saved her from the full severity of the law.<sup>43</sup> Indeed Garnier may have manipulated the contradictions within competing jurisdictions of expertise for her own benefit.

The 1670 Criminal Ordinance has been described by historians as a watershed in medico-legal procedures.<sup>44</sup> Articles 1-3 of title 5 stated the right of all injured parties to an impartial surgical report to be conducted by an appointed medical expert.<sup>45</sup> In actual fact the ordinance served to codify existing practices and reiterated points laid out by François I

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<sup>40</sup> Mauriceau, *Traité*, pp. 65-66; Devaux, *L'art de faire les rapports*, p. 437.

<sup>41</sup> Devaux, *L'art de faire les rapports*, p. 439. See also the warnings in Blégnny, *La doctrine des rapports* p. 31, Nicolas Venette, *De la generation de l'homme ou tableau de l'amour conjugal* (Cologne, Claude Joly, 1702), p. 90; Prevost, *Principes de jurisprudence*, p. 86; Verdier, *La jurisprudence de la medecine* vol. 2, pp. 332-33.

<sup>42</sup> Verdier, *Jurisprudence de la medecine*, vol. 2, p. 333.

<sup>43</sup> Garnier was named in the 1664 *lettres patentes* of Louis XIV. 'En mettant en considération les services que nostre bien aimée Marie Garnier, femme de nostre cher ami Pierre Bureau, a rendu en qualité de première nourrice retenue de nostre très cher et très aimé fils le Dauphin. Nous lui avons de notre grâce et autorité faict et faisons dons par ces dites présentes desdites deux charges de sage-femmes jurées, ensemble de la première finance d'icelles, à laquelle elles pourront estre taxées en nostre conseil, leur ayant fait dons et remise'. Cited in Madeleine Coulon-Arpin, *La maternité et les sages-femmes de la préhistoire au XXe siècle* (2 vols., Paris, Roger Dacosta, 1981), vol. 2, p. 46. On early modern systems of patronage in general, see Sharon Kettering, *Patrons, Brokers, and Clients in Seventeenth-Century France* (New York, Oxford, Oxford University Press, 1986) and Yves Durand (ed.), *Hommage à Roland Mousnier: clientèles et fidélités en Europe à l'époque moderne* (Paris, Presses Universitaires de France, 1981). With regard to the medical world see Lisa Smith, 'Women's Health Care in England and France (1650-1775)', (unpublished doctoral thesis, University of Essex, 2001), ch. 5 and Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550-1640* (Oxford, Oxford University Press, 2003). On the venality of offices within and outside the royal household in early modern France see Roland Mousnier, *La venalité des offices sous Henri IV et Louis XIIIe* (Paris, Presses Universitaires de France, 1971).

<sup>44</sup> Michel Porret, 'Viols, attentats aux mœurs et indécences: les enjeux de la médecine légale à Genève (1650-1815)', *Equinoxe: revue romande de sciences humaines*, 8, (1992): 23-43, pp. 27, 42. The actual impact of this ordinance has been the subject of historiographical debate, see Benoît Garnot, *Crime et justice aux XVIIe et XVIIIe siècles* (Paris, Imago, 2000), p. 65; Gérard Aubry, *La jurisprudence criminelle du Châtelet de Paris sous le règne de LXVe* (Paris, Pichon and Durand-Auzias, 1971), p.16; Soman, 'Aux origines de l'appel de droit'.

<sup>45</sup> Physicians and surgeons who were also lawyers and procurators could not undertake medical or surgical reports for parties they were representing in court. Counter-expertises could be ordered by the judge at the request of one or more parties. Verdier, *Essais sur la jurisprudence de la medecine en France ou abrégé historique et juridique des establissmens, reglemens, police, devoirs, fonctions, récompenses, honneurs, droits et privilèges des trois cours de médecine; avec les devoirs, fonctions et autorité des juges à leur égard* (Alençon, Malassis le jeune, Paris, Prault père, 1763), p. 73.



in the Brittany Ordinance of 1536 and the 1539 Ordinance of Villers-Côtterets.<sup>46</sup> The positions of two *chirurgiens jurés au Châtelet* along with two *ventrières* or *matrones jurées*, are documented from the fourteenth century.<sup>47</sup> These positions were distributed by royal patronage and from 1492 the king's first barber (later the first surgeon) was given the right to name lieutenants in each surgical community in the kingdom who would act as medical officers.<sup>48</sup> From 1606 the king's first physician named two surgeons in each town and one in each village to conduct physical examinations.<sup>49</sup> Between 1692 and 1723 these offices were sold to each surgical community for distribution amongst their members.<sup>50</sup> Companies held annual elections of two *jurés*, who would act as *lieutenant* and *greffier* of the corporation, taking charge of the accounts, minutes, and general running of the surgical company for that year.<sup>51</sup> In 1723 the privilege of naming the office-holders reverted to the first surgeon and to a system of patronage.<sup>52</sup> One of the aims of the 1692 edict had been to end the quarrel between physicians and surgeons for control of medico-legal expertise by

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<sup>46</sup> This point is made by Verdier, *Jurisprudence de la medecine*, p. 258. For instance, a list of 'officiers ordinaires du Chastellet de Paris' in 1538 included, '1 médecin juré, 2 chirurgiens jurés, 1 barbier juré, les matrones jurées', *Stille observé et gardé par devant le prevost de Paris tant es matieres beneficialles, prophanes, civiles, mixtes que personnelles et matiere de proceder es criees fort stille et profitable à tous praticiens tant de ladicte prevost a autres juridictions du royaume de France* (Paris, [n. pub.], 1538), p. fxiii (v). Provision for medico-legal reports was also included in the Carolina of 1532. See Carol Jones, *Expert Witnesses. Science, Medicine and the Practice of Law* (Oxford, Clarendon Press, 1994), p. 27.

<sup>47</sup> Delanoë compiled a list of all the surgical office-holders of Châtelet from 1311-1605. Bibliothèque Inter-Universitaire de Médecine (henceforth BIUM) ms. 2114, Jérôme Delanoe, 'Droits et privileges des chirurgiens', vol. 1, ff. 159r-160v; Jeanne Rigal, *La communauté des maîtres-chirurgiens jurés de Paris au XVIIe et XVIIIe siècles* (Paris, Vigot frères, 1936), p. 16; Alfred Franklin, *La vie privée d'autrefois: Variétés chirurgicales* (Paris, Plon, 1894), p. 59; Coulon-Arpin, *Maternité et sages-femmes*, pp. 38-41; Lebigre, *La justice du roi*, pp. 177-78, 184; Gelfand, *Professionalizing Modern Medicine*, p. 30.

<sup>48</sup> Verdier, *La jurisprudence de la chirurgie*, pp. 302-7.

<sup>49</sup> *Idem*, *Essai sur la jurisprudence*, p. 69. *Table chronologique de tous les édits*, p. 12. This privilege was transferred to subsequent royal physicians Pierre Milon in 1609, Jean Héroard in 1610, Vaultier in 1646 and Vallot in 1656. *Ibid.*, pp. 13-32; *Arrest du Grand Conseil du Roy, du 2 may 1610, enregistrement des lettres patentes du 30 novembre 1609 qui permet à Pierre Milon, premier médecin du roi, de commettre es villes lesquelles y a Parlement ou siege Presidial, deux chirurgiens des plus capables et experimentez, pour faire [...] tous rapports et visitations des morts, blessez, prisonniers, et autres qui se feront par autorité de Justice, aux droicts, charges et conditions contenues en l'Edit de ianvier 1606* (Paris, [n. pub.], 1610).

<sup>50</sup> Verdier, *Essais sur la jurisprudence*, pp. 56-58.

<sup>51</sup> A. Germain, *Les maîtres chirurgiens et l'école de chirurgie de Montpellier. Etude historique d'après les documents originaux* (Montpellier, Boehm et fils, 1880), pp. 39-40. The rotation of such posts can be traced for the surgical company of Metz, the minutes of which survive for the seventeenth century. See Académie de Médecine (henceforth AM) ms. 45, 'Livre de la Reception des Maîtres chirurgiens jurés de Metz de 1603 jusqu'en 1715'.

<sup>52</sup> Verdier, *Jurisprudence de la chirurgie*, pp. 302-7.



creating a *médecin ordinaire* in each locality and enforcing their inclusion in the delivery of reports.<sup>53</sup>

In 1666, the expert midwives at the *Châtelet* were accorded the same status and privileges as their surgical counterparts.<sup>54</sup> In August 1674, two further offices were created at the *Châtelet*, bringing the total to four.<sup>55</sup> These positions were held for five years initially, after which period, a new examination and election were held by the *lieutenant criminel*.<sup>56</sup> Catherine Crawford argues that one of the reasons for the growth of forensic medicine on the continent, much earlier than in England, was the prestige and financial privilege attached to such posts.<sup>57</sup> Surgical officers and midwives presided over assemblies at the college of Saint-Côme and received honorary fees at the reception of new members. A surgeon or physician present at a physical examination was paid three *livres* for a report in April 1694, which rose to six for an autopsy.<sup>58</sup> This of course was offset by the fee paid to purchase the office.<sup>59</sup>

Evidently, not every master, or mistress, practitioner was capable of obtaining an office of medico-legal expertise. A certain level of experience, and period of master status within a respected corporation were required. The morality and character of a surgeon were important. Gendry described a surgical officer as:

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<sup>53</sup> *Idem*, *Jurisprudence de la medecine*, vol. 2, p. 224.

<sup>54</sup> BIUM ms. 2114, 'Droits et privileges des chirurgiens', f. 175r; *Table chronologique de tous les édits*, p. 34; Coulon-Arpin, *Maternité et sages-femmes*, p. 46. From 1560 all Parisian midwives had been exhorted to present themselves at Saint-Côme for licensing. However, this was based more on control of morality and illegal practice than the full integration of midwives into the company. The edict of December 1581 obliged all midwives to pass the master's examination and be integrated into their local surgical corporation. This was enforced sporadically. In April 1587, nineteen midwives were denounced for illegal practice of midwifery. *Ibid.*, p. 42. The 1666 *arrêt* was yet another attempt to enforce this integration. Previously the posts had not benefited from the privileges enjoyed by the equivalent offices for surgeons.

<sup>55</sup> *Table chronologique de tous les édits*, p. 47.

<sup>56</sup> Coulon-Arpin, *Maternité et sages-femmes*, p.46. A recently activated data-base at the Archives Nationales entitled *Provision des Offices (1730-1790)* enables the historian to check the length of tenure of the offices of *jurées matrones de Châtelet*.

<sup>57</sup> Crawford, 'Legalizing Medicine', pp. 93-94.

<sup>58</sup> Jean-Baptiste Denisart, *Actes de notoriété donnés au Châtelet de Paris, sur la jurisprudence et les usages qui s'y observent, avec des notes* (Paris and Savoie, Le Clerc, 1759), p. 124.

<sup>59</sup> On the principle of venality, see Mousnier, *La venalité*. With reference to legal offices see Royer, *Histoire de la justice*, pp. 108-16 and Lebigre, *La justice du roi*, pp. 58-79.



un homme sage et d'un age moyen pour bien pratiquer et donner des salutaires conseils, affable pour estre recherché, secret pour estre employé, et liberal afin d'estre souvent recompensé.<sup>60</sup>

Theoretically, these positions were distributed according to a hierarchy of expertise. In practice, social status and patronage were immensely significant in the securing of such posts. Medical offices were not only a sign of expertise in the sense of being qualified to deliver medical reports, but also conferred authority. The offices themselves functioned according to the tripartite system of medical hierarchy. The attendance of a physician at the physical examination and delivery of the report was mandatory (in theory).<sup>61</sup> At the very least, a physician should be present to monitor the proceedings when a surgeon gave a report and a surgeon when the expert in attendance was a midwife.<sup>62</sup> The tensions between the different members of the tripartite medical world were played out in a bid for authority in the domain of judicial reports. For example, Verdier was extremely critical of Devaux whom he believed placed too much emphasis on the role of surgeons at the expense of physicians.<sup>63</sup>

Experts were only permitted to report on injuries within their domain of expertise. Thus, surgeons 'ne doivent être admis aux rapports, que, lorsqu'il est besoin de temoingnage des mains',<sup>64</sup> and midwives were only summoned to report on the female body.<sup>65</sup> Physicians argued that these restrictions protected the modesty of the female

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<sup>60</sup> Gendry, *Moyen de faire les rapports*, p. 64. See also BIUM ms. 5089, 'Traité des principes de Chirurgie de M. Long tirez par Jean Sue etudiant en Chirurgie a Paris le 3 janvier 1723', f. 61. For restrictions on who could purchase legal offices, see Lebigre, *La justice du roi*, p. 73 and Royer, *Histoire de la justice*, p. 108. Devaux condemned the patronage system, arguing that the first surgeon or physician sold offices to the highest bidder rather than to the candidate with the most experience. See BIUM ms. 2116, 'Liste funebre des chirurgiens de Paris qui sont morts depuis l'année 1315 jusqu'à l'année 1722', ff. 176-81.

<sup>61</sup> A medical report by the surgeon Guillaume Imbert certified to his having treated Jean Daney on 11-18 September 1667 in the presence of M. Benoist, physician. In another example from 21 September 1667, a physician attested to the authenticity of a master surgeon's report and to his good conduct and treatment of the patient. Archives Départementales de la Vienne, (henceforth AD Vienne), B7, 27, (1667). See Brockliss and Jones, *Medical World*, p. 10.

<sup>62</sup> Prevost cited article 3 from the 1670 ordinance stipulating that at least one surgeon 'commis de notre premier medecin' should attend all visits and reports. See his *Principes de jurisprudence*, p. 52.

<sup>63</sup> Verdier, *Jurisprudence de la medecine*, vol. 2, p. 223.

<sup>64</sup> Ibid., pp. 221-24; Blégny, *Doctrine des rapports*, pp. 29-30.

<sup>65</sup> Verdier, *Jurisprudence de la medecine*, vol. 2, p. 229.

practitioner as well as of her patient.<sup>66</sup> Contrary to all the theoretical and prescriptive literature, neither a surgeon nor a physician were present in November 1665 at the physical examinations of Catherine Thaives. Moreover, Blégny observed that in practice, surgeons were often absent from such visits, precisely because they wanted to distance themselves from ‘des personnes qui tombent souvent dans l’erreur par l’ignorance, par malice, ou par opiniâtré’, and preferred to present their reports separately.<sup>67</sup> The example he gave of midwives’ errors was that of Garnier and Boursier, the expert midwives in the Thaives case.<sup>68</sup>

### ‘Voir et Visiter’

Medico-legal reports were required in a large variety of cases, not all of which involved bloody discharge, or female bodies. However, the types of report focused on here were predominantly concerned with perceptions of the origin, nature and consequences of various bloody flows from the female body. Examinations were undertaken to determine virginity, whether a marriage had been consummated, to ascertain pregnancy, to uncover faked illness and to authenticate miraculous cures.<sup>69</sup> They had numerous objectives including details of the condition of the wounded, who and what instrument had caused the injuries, the cause of death, and verification of whether an accused had already appeared before the courts and bore as a result, ‘les stigmates de la justice’.<sup>70</sup> The standard format included the time, date and place of the examination and the court order requiring it. The

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<sup>66</sup> It is probable that midwives had little knowledge of general anatomy outside the domain of childbirth. Ibid., p. 233; Blégny, *Doctrine des rapports*, p. 29; Prevost, *Principes de jurisprudence*, p. 43. The competence of midwives to judge male virility was hotly contested by physicians such as Charles Guillemeau and Vincent Tagereau. See Pierre Darmon, *Le tribunal de l’impuissance. Virilité et défaillances conjugales dans l’Ancienne France* (Paris, Seuil, 1979), p. 183.

<sup>67</sup> Blégny, *Doctrine des rapports*, pp. 30-31.

<sup>68</sup> Rhetoric aside, reports were to be written and presented separately to prevent bias or complicity on the part of the midwife with the female victim or defendant. Ibid., p. 234; Prevost, *Principes de jurisprudence*, p. 238; Verdier, *Jurisprudence de la médecine*, vol. 2, p. 234.

<sup>69</sup> Verdier, *Jurisprudence de la médecine*, vol. 2, pp. 293-342.

<sup>70</sup> Signs of branding.



age of the patient, the reason for the examination along with the position in which the patient was found were given. Reports described the type of injury received, the number, location and size of the wounds along with information regarding their gravity, whether they were considered fatal, and regimen and treatment.<sup>71</sup> This conventional formula was widely respected and seemingly rigid.

The medical expert was required to examine all the evidence, and report 'la vérité de ce qu'il a veu et touché'.<sup>72</sup> The exact manner in which such an examination should be carried out was not specified in the jurisprudential literature. It is possible, however, to surmise from the insistence on the formula, 'voir et visiter' noted in extant reports, that experts were expected to both look at, and touch the body they were examining.<sup>73</sup> The 1560 midwifery regulations required that midwives remove their rings and wash their hands before an examination.<sup>74</sup> A midwifery manual from 1689 specified that nails should be kept short to aid the examination of pregnant women.<sup>75</sup> A judge presiding over a case of disputed virginity at the Parlement of Dijon in 1627, referred to such visits as 'la jurisdiction de l'oeil ou de la main, visible ou palpable', and spoke of the dexterity of the

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<sup>71</sup> Antoine Bruneau, *Observations et maximes sur les matieres criminelles avec des remarques tirees des auteurs* (Paris, Guillaume Cavelier, 1715), pp. 59-60, Henry Basnage, *La Coustume Reformée du pais et duché de Normandie* (Rouen, veuve d'Antoine Maury, 1694), p. 22; Ferrière, *Dictionnaire*, p. 467.

<sup>72</sup> Gendry, *Les moyens de bien rapporter*, pp. 60-64.

<sup>73</sup> See, for example, the following medical reports in which the refrain 'voir et visiter' is repeated. AN Y 10637, 26 July 1679; 'veu et visité un fœtus féminin'; Archives Nationales U\*1071, (henceforth AN U\*1071) 'Extraits des registres de la Tournelle (1649-1709) by Charles-Marie Fevret de Fontette, conseiller at the Parlement of Bourgogne', 6 May 1677, Francoise Jeffroy 'visitée' by Jean Fabarel, Chirurgien ordinaire de la conciergerie following suspicions of pregnancy. AN U\* 1072\* 'Extraits des registres de la Tournelle (1709-1737)', 24 January 1710, Martine Girrardot 'veue et visitée' by Midon, chirurgien de la conciergerie du palais. AD Vienne, B7, 14, 20 September 1674, Surgeon Derien ordered to 'voir et visiter' Paul Cailleau; AD Vienne, B7, 57, 7 July 1683, surgeon Louis Soreau, called to 'visiter, traiter, et medicamenter' Angelique Brusle; AD Vienne B1<sup>2</sup>, Greffe de la Police de Poitiers, 214, 16 July 1703, medical officers Brionnot and Dumont certified having 'veu, visité' Mme Doussin. See also Brillon, *Dictionnaire*, vol. 6, p. 872.

<sup>74</sup> BIUM ms. 2114, 'Droits et privileges des chirurgiens', f. 174v.

<sup>75</sup> *Le chemin fraye et infailible aux accouchements qui servira de flambeau aux sages-femmes pour les éclairer en leurs opérations cachées dans les plus obscures cavernes de la matrice* (Lille, François Fievet, 1689), p. 2.



experts.<sup>76</sup> Despite historiographical accounts to the contrary, internal physical examinations formed an important part of regular medical practice.<sup>77</sup> Mauriceau, in particular, argued strongly that *pudeur* should not be an obstacle to physical examination and that it was necessary for the midwife or surgeon to insert several fingers into the vagina in order to ascertain its condition and that of the uterus.<sup>78</sup> Royal midwife, Louise Bourgeois (1563-1636) warned against women trying to self-examine, however, as she argued that they could inadvertently provoke a miscarriage through their inexperience.<sup>79</sup>

Whilst such visits were judged vital in determining pregnancy, examinations of virgins were generally more controversial and were not ordered systematically before 1670. It was also feared that certain practitioners might exploit their authority to conduct unnecessary examinations, or even abuse their patients.<sup>80</sup> The registers of the administration of the Hôtel-Dieu, Paris, contain many such complaints of indecency. It was recommended that a woman over fifty-years of age be hired to accompany surgeons on their rounds to protect female patients.<sup>81</sup> Fears of harming a girl's virginity were often obstacles to such visits.<sup>82</sup> Not only was virginity fiercely protected, the right to order visitations was also subject to jurisdictional disputes. The case of Nicole Perrot brought

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<sup>76</sup> *Arrêt de la cour du Parlement de Dijon du 18 Janvier 1627 de l'examen des matrones en matiere de virginité contestée en la cour ecclesiastique*, ([n. p., n. pub., n. d.]), p. 24. BSG call-mark: D 4 suppl. 2 pièce 1. Res.

<sup>77</sup> See for example Danielle Jacquart and Claude Thomasset, *Sexualité et savoir medical au moyen âge* (Paris, Presses Universitaires de France, 1985), p. 255; Mireille Laget, argues that obstetrical literature suggests 'an unwillingness to perform an autopsy when a woman died in the early stages of pregnancy, and one senses that vaginal examinations were rare'. See her 'Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes', in Robert Forster and Orest Ranum (eds), *Medicine and Society in France: Volume Six. Selections from the Annales* (Baltimore, John Hopkins University Press, 1980): 137-76, pp. 139-40; Stanley Joel Reiser, *Medicine and the Rise of Technology* (Cambridge, Cambridge University Press, 1978), p. 1.

<sup>78</sup> Mauriceau, *Traité*, p. 152.

<sup>79</sup> Bourgeois, *Observations diverses*, L. 1, p. 32.

<sup>80</sup> This was a common theme. See, for example, Philippe Hecquet, *De l'indécence des hommes d'accoucher les femmes*, (Paris, J. Etienne, 1708), pp. 37, 44.

<sup>81</sup> Brièle, *Collection de documents*, pp. 147, 203. 18 Feb 1661, 12 July 1675. The dangers of such abuse were highlighted a century earlier by physician André du Breil, *La Police de l'art et science de medecine, concernant la refutation des erreurs, et insignes, abus, qui s'y commettent pour le iourdhuy: tres-utile et necessaire à toutes personnes, qui ont leur santé et vie en recommandation* (Paris, Leon Cavellat, 1580), p. 11.

<sup>82</sup> Blégny, *Doctrine des rapports*, p. 78.



before the appeal court of Dijon in 1627 provides a good example. Perrot had pleaded for an annulment of her marriage to Benoist Chambéry on the grounds that it was contracted when she was eleven. The earliest marriageable age for girls was twelve.<sup>83</sup> Perrot argued that the marriage had not been consummated and that she was a 'fille d'honneur et vierge'. Chambray protested and insisted that Perrot be examined.<sup>84</sup> After much discussion of the utility or not of such an examination to prove virginity, the Parlement ruled that the Church court had overstepped the limits of its jurisdiction in ordering such a procedure: declaring 'l'ecclésiastique competent et capable de prononcer sur l'estat de la virginité *in abstracta*, ce serait luy rehausser la jurisdiction par dessus celle des anges.'<sup>85</sup>

The 1670 ordinance did clarify some cases where the appropriateness of a medical examination was in doubt.<sup>86</sup> Problems continued to occur however, when local judicial officers became over-zealous in the pursuit of the law, particularly with regard to concealed pregnancies. This arose despite a ruling in March 1625 regulating such visits.<sup>87</sup> In 1687 an unmarried woman aged between twenty-seven and twenty-eight was accused by the *procureur général* of Montreuil of having secretly delivered and disposed of a baby. He ordered her to be visited despite her protests of innocence. She was examined by a

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<sup>83</sup> Jean du Fresne, *Journal des principales audiences du Parlement avec les arrêts qui y ont été rendus, 1622-1661* (Paris, Marc Bordelet, 1733), p. 480; Jean Nicot, *Thésor de la langue françoise tant ancienne que moderne suivi de l'exact et facile acheminement à la langue francaise par Jean Masset et du recueil des vieux proverbes de la France* (Paris, David, Doveur, 1606) (Paris, Le Temps, 1979), p. 1.

<sup>84</sup> *Arrêt de la Cour de Parlement de Dijon du 18 janvier 1627*, p. 12.

<sup>85</sup> *Ibid.*, p. 36. This should be read in the light of the dispute between the Church and the State for control of marriage in the sixteenth and seventeenth centuries noted in Chapter Four. See Sarah Hanley, 'The Monarchic State in Early Modern France: Marital Regime Government and Male Right', in Adrianna Bakos (ed.), *Politics, Ideology and the Law in Early Modern Europe* (Rochester, University of Rochester Press, 1994): 107-126; *idem*, 'Social Sites of Political Practice in France: Lawsuits, Civil Rights and the Separation of Powers in Domestic and State Government 1500-1800', *American Historical Review*, 102, 1 (1997): 27-52; *idem*, 'The Jurisprudence of the Arrêts: Marital Union, Civil Society and State Formation in France, 1550-1650', *Law and History Review*, 21, 1 (2003): 1-40; Scarlett Beauvalet-Boutouyrie, *Etre veuve sous l'Ancien Régime* (Paris, Belin, 2001), pp. 182-94; *idem*, *La démographie de l'époque moderne* (Paris, Belin, 1999), pp. 110-18, 124-26; Danielle Haase-Dubosc, *Ravie et enlevée: De l'enlèvement des femmes comme stratégie matrimoniale au XVIIe siècle* (Paris, Albin Michel, 1999).

<sup>86</sup> The ordinance was interpreted to include the examination of girls claiming to have been deflowered. Ferrière, *Dictionnaire*, p. 580. This was confirmed by an arrêt 20 June 1671. Verdier, *Jurisprudence de la medecine*, vol. 2, p. 318.

<sup>87</sup> Verdier, *Jurisprudence de la medecine*, vol. 2, p. 334.



midwife and a surgeon and found to be a virgin.<sup>88</sup> A similar case was heard in the criminal chamber of the parlement of Dijon in 1715. Master Antoine Genviere claimed that Jeanne Mathieu, who was dangerously ill, had in fact concealed a pregnancy and given birth. He obtained an *arrêt* to have her examined and the physician and surgeon found that not only had she not delivered an infant, but that she had never been pregnant. In this case mother and daughter pursued the matter and the judge and Genviere were both fined and prevented from overseeing such cases in the future. Consequently, a further *arrêt* was passed condemning the indiscretion of judicial officers in such matters and prohibiting the examination of girls and women without firmer evidence of a crime.<sup>89</sup>

The timing of examinations was highly problematic and remained unresolved after the 1670 legislation. How long could a body reasonably be expected to bear the marks of a crime, before bleeding stopped and nature began the task of healing and effacing? Timing was generally important in legal contexts. Lebigre notes a general insistence on the speed of investigations in ordinances (1539, 1670). The 1670 ruling stipulated that the initial interrogation must occur within twenty-three hours of the reporting of a crime.<sup>90</sup> A speedy interrogation would have given witnesses less time to construct narratives or to forget details. In contrast, the subsequent procedure of additional interrogations, confrontations of witnesses and the repetition of the same questions three or four times may have allowed defendants the time and space to construct narratives and draw on cultural stereotypes in their depositions, although if a witness changed his or her statement during *recollement* or *confrontation*, they could be charged with perjury or 'faux'. Soman argues that the delay between the sighting of a *corpus delicti* and the opening of a criminal inquiry suggests that

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<sup>88</sup> Brillon, *Dictionnaire des arrests*, vol. 3, p. 51; Edme de la Poix de Fréminville, *Dictionnaire ou traité de la Police generale des villes, bourgs, paroisses et seigneurs de la compagne* (Paris, Gisse, 1758), p. 276.

<sup>89</sup> *Arrêts notables de Dijon recueillis par M. François Perrier substitut de M. Le Procureur General avec des observations sur chaque question par Guillaum Raviot escuyer, avocat au Parlement et conseil des Etats de Bourgogne* (2 vols., Dijon, Arnould-Jean-Baptiste Auge, 1735), vol. 1, p. 247.

<sup>90</sup> Lebigre, *La justice du roi*, pp. 182-83, 189.



a system of infra-judiciary at village or neighbourhood level was in place whereby the community decided whether or not the suspect was guilty before reporting the incident.<sup>91</sup>

Theoretically the visitation of the *corpus delicti* should be conducted immediately.<sup>92</sup> However, this was not always possible. If the victim or plaintiff refused an examination, or the crime itself was not reported straight away, there would inevitably be a delay before the medico-legal evidence was collected and documented. This posed specific problems in cases of alleged rape and childbirth where the signs were judged to be ‘equivokes et incertains’, and traces of bloody fluid could be lost.<sup>93</sup> Physician Nicolas Venette (1633-1698), argued that if examinations for rape were not conducted ‘au mesme instant, il n’ y a guere de moyen de connoitre sa defloration, car si l’on attend quelque temps, tous les signes qui l’accuseroient alors, ne paraitront plus.’<sup>94</sup> Similar fears were expressed in cases dealing with faked pregnancy and infant substitution. An important case from 1631 illustrates this point. Demoiselle de Nery declared herself pregnant eight days after her husband’s death in 1631. His heirs protested that this was false and demanded a physical examination. Nery refused and went into hiding until after the birth of her child six months later on 20 January 1632, a fact she hid from her relatives until the 9 February. Thus, her opponents declared that it would be impossible to detect whether or not she had been delivered of the infant and when.<sup>95</sup>

Master Harcouet de Saint Vincent emphasised the importance of the ‘manière, le temps et ceux à qui la justice confie le plus sacré de tous les mystères’, in his defence of François de Mongrenat, chevalier seigneur de la Fage. Fage was appealing against his conviction for the rape of Christine Puesche on 13 January 1705. Harcouet’s defence rested

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<sup>91</sup> Alfred Soman, ‘Le témoignage maquillé. Encore un aspect de l’infra-justice à l’époque moderne’, in *Les archives du délit: empreintes de société* (eds) Yves-Marie Bercé and Yves Castan (Toulouse, Editions Universitaires du Sud, 1990), pp. 99-109, reprinted in Soman, *Sorcellerie et justice criminelle*, pp. 99-109.

<sup>92</sup> Venette, *De la generation de l’homme*, p. 82.

<sup>93</sup> *Ibid.*, p. 86.

<sup>94</sup> *Ibid.*, p. 87.

primarily on the errors made by the medical experts in the initial trial and is worth quoting at length. He began by accentuating the role of physical evidence in criminal cases:

ce n'est pas la plainte qui fait le corps du délit, elle le désigne simplement. Dans un meurtre, le cadavre assure le crime, constat de corpore delicti, dans une accusation de viol, quel est le corps du délit? Ce sont les marques certaines d'une defloration présente; il faut, pour n'en pas douter, des vestiges sanglantes qui conduisent à la découverte de la violence soufferte, il faut le dérangement [...] des parties,

He emphasised the necessity of speed given that such signs were harder to detect in a young woman than in a pre-pubescent girl:

dont l'examen n'est pas fort décisif, ni fort assuré à vingt-trois ans, parce que la nature à cet age commence à perdre de sa force, ou de sa fermeté, et que plus on s'éloigne de sa jeunesse, moins il paroît des marques d'une résistance vaincue.<sup>96</sup>

Harcouet also criticised the nomination of a male rather than female medical expert for the examination. He argued that the bloody marks found could have been caused by other factors, a fall, an accident and blamed the 'impudique expert [...] s'il en a paru du sang à cette horrible experience, le medecin seul n'en est-il pas coupable? Le procès verbal prouve à la cour une violence certaine est présente, faite par ce visiteur inhumain'.<sup>97</sup> In contrast to the delay of eighteen days in the case of Demoiselle de Nery, Puesche was examined only four days after the alleged rape. However, this was deemed sufficient for the authority of the medico-legal evidence to be undermined and the case to be adjourned for further information.

## Cultural Meanings of Blood

Having looked at early modern definitions of expertise and the procedures for conducting expert reports I now turn to the issue of blood in the judicial arena. I argued in

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<sup>95</sup> *Les Plaidoyez et harangues de M. le Maistre*, pp. 606-16; Jean du Fresne, *Journal des principales audiences du Parlement depuis l'année 1623 jusqu'à présent* (Paris, Gervais Alliot, 1652), p. 225.

<sup>96</sup> Brillon, *Dictionnaire des arrests*, vol. 3, p. 873.



Chapter Two that the sight of blood and a bleeding body was common in early modern France, to both medical practitioners, au fait with the theory and practice of phlebotomy, and to lay men and women regularly faced with the sporadic bleeding of bodies subjected to violence, therapeutic incisions and the rhythms of life. This does not mean however, that the sight of blood was always interpreted as banal. On the contrary, anomalous bleeding and bloody staining were often noted, gossiped about and even reported. Bleeding was anticipated in certain circumstances, and if it was not evident, questions about a woman's chastity were raised. In other cases, unexpected bleeding raised suspicions. Blood was perceived to be the most telling sign of childbirth and rape by jurists, medical practitioners and lay men and women. Along with a new-born infant corpse or violated genitalia, blood provided the *corpus delicti* of the crime. Interrogations, witness depositions and medical reports frequently focused on blood as the overriding proof of a crime of this nature. In the case of Anne Huyard, tried for infanticide at the Châtelet and the Parlement of Paris in 1731, much of the witness testimony concerned the vast quantities of blood on the steps outside the house where she was lodging, a trail of blood leading to, or from, the latrines, and the observation by five separate witnesses that her fellow servant had carefully swept away the blood. On 12 March 1731 Jean-François Maclot described having seen 'beaucoup de sang sur les montées jusqu'aux latreines' three weeks earlier on 19 February. Jean Grillon had inspected the 'latreine ou il vit du sang sur la lunette et sur le planché que meme il jeta du papier allumé dans le tuau mais ne vit rien'.<sup>98</sup> Marie-Florence Le Clerc, the servant responsible for cleaning the bloodied steps, testified that Anne Huyard 'perdoit tout son sang' and that she had 'en a vuider plus que son poing dans un pot de chambre'.<sup>99</sup> True, this information was only reported once a new-born infant corpse had been found in

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<sup>97</sup> Ibid. This was a charge usually reserved for midwives.

<sup>98</sup> Archives Nationales Y 10040, Anne Huyard (henceforth AN Y 10040) prosecuted for Infanticide. Deposition of Jean Grillon, 12 March 1731, and additional information by Jean-François Maclot, 23 March 1731.

a nearby ditch three weeks later, and the unusual occurrence of so much blood was linked in the minds of the spectators with that of childbirth and child murder. Nevertheless, it was the evidence of bloodied steps, bloodied clothes and a bloodied package, which pointed to Anne Huyard as the newly-delivered mother and led to her trial. The evidence of the medical report which described her 'vagin fort dilaté, d'où s'échappe encore un reste de vuidange', confirmed the suspicions of the witnesses and sealed her conviction and ultimately her execution.<sup>100</sup>

Bloodied sheets and clothes were frequently cited as arousing suspicions of rape prior to an examination of the victim's genitalia.<sup>101</sup> For example, the conviction of Marin Blanchard, a journeyman cobbler, for the rape of nine-year-old Geneviève Voillon in July 1729, was supported by the testimony of several neighbours who described having seen blood on Blanchard's bed and the clothes of the little girl.<sup>102</sup>

Not all cases involving bloody discharge were so straightforward however. Anxiety about female bleeding and female narratives was expressed in the insistence on the *corpus delicti* in the courtroom. Jurists and medical practitioners were worried about the possibility of deception and trickery. They greatly feared that women might indulge in the exchange, or even sale of their blood in order to fake the signs of violence and crime.

Worries concerning concealed pregnancies and deliveries, false accusations of rape and 'la

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<sup>99</sup> Ibid., Interrogation of Marie-Florence Le Clerc, 9 March 1731.

<sup>100</sup> Ibid., Medical Report, 10 March 1731. *Sentence de mort rendue par Monsieur le Lieutenant du Chastellet de Paris confirmée par Arrest de la cour du Parlement contre Anne Huyard pour infanticide 24 avril 1731* ([n. p., n. pub., n. d.]), BNF call-mark: F-23715 (354). Soman argues that the three week delay between the sighting of the blood and the interrogations suggests that Huyard was tried and convicted by the community before the matter was reported to the authorities. See his 'Le témoignage maquillé'. In contrast to the Néry case a century earlier, three weeks did not pose a problem for the medico-legal report.

<sup>101</sup> Porret, 'Viols, attentats aux mœurs', pp. 31, n. 44, 37-39.

<sup>102</sup> Archives Nationales Y 10037, Rape, Marin Blanchard, 28 June-21 July 1729. Interrogation of Blanchard, 30 June, *recollement* of Louise Pacquet, widow of Camus, 12 July and the medical report dated 2 July 1729. See also the medical report presented to the Présidial of Laon on 24 December 1704 testifying to the rape of fifteen-year-old Magdeleine Genouille reprinted by Marie-France Rotoreau, 'La médecine légale dans la région de Saint-Malo aux XVIIe et XVIIIe siècles', (unpublished medical thesis, University of Rennes, 1972), p. 82 and Charles Desmaze, *Histoire de la médecine légale en France d'après les lois, registres et arrêts criminels* (Paris, Charpentier, 1880), p. 123.



virginité fardée',<sup>103</sup> were expressed throughout the period under study. Such concerns focused as much on the women themselves, as the expertise and authority of those designated to examine them. In particular midwives were criticised for their lack of anatomical knowledge and their willingness to collaborate with female criminals. A good example of this inherent distrust is documented in the responses within the medical community to a series of supposed midwives' reports in cases of alleged rape, which circulated from the sixteenth century onwards. These reports were included in medical texts written by physician Laurent Joubert (1529-1583), in 1578 and a century later by Venette.<sup>104</sup> They also circulated as pamphlets and have formed the subject of recent studies by Alison Klairmont Lingo and Françoise Fery-Hue.<sup>105</sup> The authenticity of these reports is unclear, and Fery-Hue has suggested that they may well have been fakes intended solely for the denigration of midwifery. Klairmont Lingo on the other hand, has used them to trace the development of language, highlighting the differences between the words chosen by midwives and the standardisation of medical vocabulary by male physicians. Joubert and Venette included the reports in their attacks on the incompetence and inexperience demonstrated by midwives conducting medico-legal examinations. Similar concerns were noted by male practitioners attacking the trial by *congrès* used in impotence cases.<sup>106</sup> The ambivalence of early modern medicine towards female practitioners also reflects anxieties surrounding female bodies and secrets and fears that midwives actually had their own

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<sup>103</sup> Venette, *De la generation de l'homme*, p.90. See Tassie Gwilliam, 'Female Fraud: Counterfeit Maidenheads in the Eighteenth Century', *Journal of the History of Sexuality*, 6, 4 (1996): 518-48.

<sup>104</sup> Venette, *De la generation de l'homme*, pp. 87-90; *La médecine et le regime de santé des erreurs populaires et propos vulgaires refute et expliqué par Laurent Joubert* (ed.), Madeleine Tiollias (2 vols., Paris, Montréal, L'Harmattan, 1997), vol. 2, pp. 233-48; Laurent Joubert, *Erreurs populaires* (Bordeaux, S. Millanges, 1578), pp. 465-72.

<sup>105</sup> Alison Klairmont Lingo, 'The Fate of Popular Terms for Female Anatomy in the Age of Print', *French Historical Studies*, 22, 3 (1999): 335-49; Françoise Fery-Hue, 'Une expertise pour viol au XVI<sup>e</sup> siècle: pratique médico-légal et vocabulaire gynécologique', in *Actes du 114<sup>e</sup> congrès national des Sociétés Savantes, Paris, Histoire médiévale et philologique, violence et contestation au moyen âge* (Paris, C.T.H.S., 1990): 321-43. Two of these texts appear in translation in Ackerknecht, 'Early History of Legal Medicine', in Chester R. Burns (ed.), *Legacies in Law and Medicine* (New York, Science History Publications, 1977): 249-71, see pp. 267-68.

<sup>106</sup> Darmon, *Le tribunal de l'impuissance*, pp. 223-28.



language and understanding of the body to which male practitioners were denied access. A commonplace reaction was to ridicule the 'popular' vocabulary women used to describe their corpus of secrets revealing underlying patriarchal anxieties about reproduction.

In incidences of alleged rape, jurists and medical practitioners cited three possible signs of defloration: a torn hymen, a stretched vagina, and the appearance of blood and pain during the first encounter.<sup>107</sup> Model medical reports published by Blégny and Devaux emphasised the bloody, separated genitalia. For instance, the report of a visit of nine-year-old Antoinette in the village of Arcy, on 19 May 1682 found 'les carnuculles mirtiformes sanglantes, escoriees et considerablement escartées [...] le pucelage entierement rompue et dilacerée'.<sup>108</sup> All of these signs were controversial. It was for instance widely believed that the use of astringents and herbal remedies could restore a semblance of virginity to an enlarged vagina.<sup>109</sup> This was generally associated with prostitution and stemmed in large part from classical sources.<sup>110</sup> I will, however, concentrate on the presence of blood in order to demonstrate how menstrual fluid could alter the visibility of the other signs. Once a girl had begun to menstruate, matters were more complicated. Menstrual fluid could interfere with the integrity of the hymeneal membrane. It could obscure the blood of defloration or rape or enlarge the vaginal passage so that the narrowness of virginity was not perceived.<sup>111</sup> The legal penalty for rape was harsher the younger the victim, and a capital sentence could only be issued if the victim had previously been a virgin.<sup>112</sup>

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<sup>107</sup> See Jean Palfyn, *Description anatomique des parties de la Femme qui servent à la generation avec un traité des monstres* (Leyden, Bastiaan Schouten, 1708), p. 4; Jacques Duval, *Des hermaphrodits. Accouchemens des femmes, et traitement qui est requis pour les relever en santé et bien élever leurs enfans* (Rouen, David Geoffroy, 1612), pp. 80-86, 121-26; Devaux, *L'art de faire les rapports*, p. 420; Venette, *De la generation de l'homme*, pp. 20, 67, 70, 78-82; André Du Laurens, *Toutes les œuvres recueillies et traduites par Théophile Gelée* (Paris and Rouen, Raphael du Petit Val, 1615), pp. 364-65; René Bretonnayau, *La generation de l'homme et le temple de l'ame* (Paris, Abel l'Angelier, 1583), p. 24; *La médecine et le régime de santé*, p. 241; Joubert, *Erreurs populaires*, pp. 455-98.

<sup>108</sup> Blégny, *Doctrine des rapports*, pp. 185-88. See also Devaux, *L'art de faire les raports*, p. 421.

<sup>109</sup> Jean Riolan, *Manuel Anatomique et pathologique ou abregé de toute l'anatomie et des usages que l'on en peut tirer pour la connaissance, et pour la guerison des maladies*, (Paris, Gaspar Metvras, 1653), p. 244.

<sup>110</sup> On this issue see Gwilliam, 'Female Fraud'.

<sup>111</sup> Blégny, *Doctrine des rapports*, p. 78; Devaux, *L'art de faire les rapports*, p. 426.

<sup>112</sup> Ferrière, *Dictionnaire*, p. 749.



In order to preserve virginity, some practitioners, for example, Venette, advised fathers to have their daughters examined at the age of nine or ten to ensure that the hymen was intact and that there were no blockages which could later hinder the flow of menstrual bleeding or the consummation of the marital act.<sup>113</sup> Joubert had earlier approved the radical option of sewing together a girl's outer genitalia, leaving a small hole for urine and menses to pass through. He argued that this would not only protect chastity, since if a girl fornicated before marriage she would have to endure the painful sewing up a second time before her wedding night, it would also ensure that the blood of defloration was produced during the first marital act.<sup>114</sup>

The appearance and quantity of blood produced by the act of defloration depended as much on the age of the woman and the size of her genitalia as the force with which she was entered. The younger the girl, the more likely it was that she would bleed copiously.

<sup>115</sup> Biblical tradition held that the woman's blood-stained wedding shirt and linen should be preserved as proof of her honour. Joubert cited the Spanish ritual whereby matrons would display such sheets from the chamber window to passers by in the street below.<sup>116</sup>

Absence of blood did not necessarily mean that a woman was not a virgin. The size and compatibility of the male and female genitalia were important. A small male member would not always cause bleeding in an older, larger vagina for instance.<sup>117</sup> Blégné argued that a bride who had had her menstrual flux just before her wedding could more readily accept her husband's attentions since the menses would have moistened and opened the

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<sup>113</sup> Venette, *De la generation de l'homme*, p. 70.

<sup>114</sup> *La médecine et le régime de santé*, p. 251; Joubert, *Erreurs populaires*, pp. 495-96. There is no evidence that these practices were actually carried out other than in the imaginations of physicians.

<sup>115</sup> Palfyn, *Description anatomique*, p. 49.

<sup>116</sup> *La médecine et le régime de santé*, p. 248; Joubert, *Erreurs populaires*, pp. 489-90. See also Duval, *Des hermaphrodites*, p. 86. Verdier, *La jurisprudence de la médecine*, p. 3; Venette, *De la generation de l'homme*, p. 67.

<sup>117</sup> Venette, *De la generation de l'homme*, p. 84.

passage way.<sup>118</sup> Similarly, the flow of menstruation on the actual wedding day could mean that a young girl accepted the attentions of a man as readily as a woman who had delivered a child, all the while being a virgin.<sup>119</sup> Indeed, Devaux argued that the excitement of marriage would often bring forward a young girl's menstrual cycle.<sup>120</sup> Physician Jacques Duval (1555-1620) recounted the story of a lawyer and a merchant who married two virtuous young girls who happened to be menstruating on their wedding night. The simultaneous deflorations occurred with such facility that both men were doubtful as to their wives' honour. However, several days later they discovered that they had far more trouble and realised that the presence of menses had considerably eased their passage on the previous occasion.<sup>121</sup>

Medical experts were also called upon to witness childbirth or to report on recent deliveries in order to protect women from charges of disputed maternity or in the case of widows, substitution of an infant in order to inherit their husband's estate. Here the expert looked for signs of post-partum bleeding or 'vuidanges', along with a wrinkled vagina, enlarged stomach, and lactating breasts. Devaux provides a good example. On 30 May 1698 he was called to the house of the mistress midwife Madame Prévôt to examine a woman aged between twenty and twenty-two years. He was shown the baby and the afterbirth by the midwife along with the linen used to mop up the blood of the delivery. This linen was described as 'teints et imbibez du sang des vuidanges'. After the preliminary analysis he proceeded to examine the woman's genitalia for signs of childbirth. 'Ayant découvert la vulve qui était bouchée par des linges à l'ordinaire, nous l'avons trouvée aussi bien que lesdits linges, baignée du sang des vuidanges.' He introduced his finger into the vagina and found that the parts were as dilated as was

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<sup>118</sup> Blégny, *Nouveautés journalières concernant les sciences et les arts, qui font partie de la medecine* (Paris, Claude Blageart and Laurent D'Houry, 1680), pp. 78-79.

<sup>119</sup> Duval, *Des hermaphrodits*, p. 80.

<sup>120</sup> Devaux, *L'art de faire les rapports*, p. 426.



customary after such a recent delivery and were moistened, 'par l'écoulement actual du sang des vuidanges.'<sup>122</sup> Despite the brevity of the report Devaux conveyed a good deal of information about the woman's genitalia and the amount of bloody fluid emitted. He examined both the used linen and also the material currently blocking the vaginal entrance in order to ensure that the post-partum blood was still flowing freshly and had not been diverted from another source. His internal examination proved beyond a shadow of a doubt that the blood-flow was real and not fake and was not menses for instance. He observed not only the baby but also the state of the afterbirth to be sure that this too was fresh and had not been tampered with.

The onus was therefore very much on the medical expert to differentiate between various types of bloody discharge and to ensure that he/she was not deceived by the words and physical condition of the patient.<sup>123</sup> Not only was the female body difficult to read, the female narrative was also highly distrusted. Such mistrust led to an increasing emphasis on the physical evidence of the body, sometimes to the detriment of the individual's deposition. For instance, Duval stressed the importance of the physical examination of the female body, insisting that 'vous ne gagnerez rien d'examiner de bouche une fille'.<sup>124</sup> Equally, the surgeon Barthélémy Saviard (1656-1702), did not believe the protestations of virginity proffered by a woman who sought the enlargement of her vagina at the Hotel-Dieu, Paris in 1693. He observed 'je ne doutay point que cette pretendue fille ne se fut servie de semblables astringents pour reparer les breches de sa virginité'.<sup>125</sup> Medical experts faced with the uncertainty and opacity of physical evidence also had to contend

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<sup>121</sup> Ibid, p. 81.

<sup>122</sup> Ibid., p. 451.

<sup>123</sup> Gendry, *Moyen de faire les rapports*, pp. 93-97, 104-5.

<sup>124</sup> Duval, *Des hermaphrodites*, p. 121.

<sup>125</sup> Barthélémy Saviard, *Nouveau recueil d'observations chirurgicales avec quelques remedes particuliers dont il s'est servy au traitement des maladies qui le composent* (Paris, Jacques Collombat, 1702), pp. 149-50.

with the possibility of deception and the faking of certain marks of virginity, rape or childbirth. Limited measures were available to counter such possibilities. For example, it was customary in impotence trials that women should take warm baths prior to the visitation to reduce the effects of herbal and astringent remedies.<sup>126</sup> There was little the medical expert could do regarding the enigma of menstruation. The superficial homogeneity of bloody fluids rendered the medical experts' task all the more difficult. Menstrual flux could be cited to thwart experts' attempts at examination. For instance, in 1587, Marie de Corbie who had launched an impotence suit against her husband Etienne Bray repeatedly used her menstrual flow as an excuse to cancel physical examinations of her genitalia for signs of virginity.<sup>127</sup>

Mauriceau and Verdier warned against women who used their menstrual fluid to fake miscarriage after having been assaulted in order to claim damages from their attacker. 'Si par cas fortuit, il arrive que ce soit au temps de leurs mois, elles tâchent de faire croire que c'est une perte de sang, en quoy il ne faut pas se laisser decevoir'.<sup>128</sup> Repeatedly medical and judicial experts accentuated the importance of differentiating between menses and the bloody emissions discharged during pregnancy and miscarriage in order to prevent such deception.<sup>129</sup>

Fears of the substitution of one sort of blood for another were repeated in medico-legal literature. Women could not always have expected an assault or physical examination to coincide with their menstrual cycle and so might have collected various types of bloody fluid and secreted them about the body. Venette was highly suspicious of the appearance of blood as a sign of defloration:

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<sup>126</sup> *Factum du proces d'entre maistre Etienne de Bray, conseiller du Roy, contrerolleur general, et intendant des finances, et Damoysselle Marie de Corbie sa femme* ([n. p., n. pub., 1576), pp. 5v, 17v, 18r, call-mark BNF 4-FM-21108 (BIS, 140).

<sup>127</sup> *Ibid.*, p. 11r.

<sup>128</sup> Mauriceau, *Traité*, p. 66; Verdier, *Jurisprudence de la medecine*, vol. 2, p. 333.

<sup>129</sup> See, for example, Gendry, *Des moyens de faire les rapports*, pp. 93-97.



le sang qui coule des parties naturelles d'une fille n'est pas non plus un signe de sa vertu; l'artifice faisant quelque fois paraître un sang étranger, qui auroit esté auparavant mis dans une petite vessie de mouton, et renfermée ensuite adroitment dans le conduit de la pudeur.<sup>130</sup>

In a general warning to surgeons Blégny reiterated the necessity of ruling out the presence of menstrual or other diverted blood when investigating female bodies since it could obscure or replicate the marks of a variety of crimes. He stressed that 'toutes précautions possibles pour s'empescher d'estre déceus par du sang seringué, des contusions en peinture, et par d'autres apparences fausses et artificieuses' must be taken.<sup>131</sup>

### **Female Bleeding, Falsehood and the Exchange of Blood.**

I now turn to a detailed analysis of two case studies from the Châtelet and Parlement of Paris archives in which anxieties about female bleeding and clandestine traffic in the exchange of blood, or the disguising of one type of bleeding for another, were evident. Both occur fairly late owing to the lack of inventories for pre-1700 criminal records and the poor survival rate of such documents for the earlier period.<sup>132</sup> Notably, they demonstrate that the 1670 criminal ordinance did not rectify all procedural problems and that as late as the 1730s, experts were facing the same problems with regard to the bleeding female body that had been outlined in seventeenth-century medico-legal texts. These case studies also elucidate the discrepancy between medico-legal theory and practice and the extent to which male patrilineal anxieties were embedded in jurisprudence and influenced attitudes towards the bleeding, menstruating female body.

The first case involves the alleged rape of an eleven to twelve year-old girl. As we have seen, theoretical guidelines for medical reports emphasised the ambiguous role of

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<sup>130</sup> Venette, *De la generation de l'homme*, p. 84.

<sup>131</sup> Blégny, *Doctrine des rapports*, p. 32.

<sup>132</sup> My research was also affected by the problems of accessibility at the Archives Nationales in 2001 owing to strike action, closure and relocation.

menses with regard to the condition of the hymen and the presence of the blood of defloration. Manuals for medical experts emphasised the importance of clarifying the source of blood to determine whether it was hymeneal, menstrual or had occurred as a result of physical injury to the vulva. The prolonged court case led by Angélique Perrotin and her mother against her alleged attacker is listed as 'rape and false accusation of rape' in the Chatelet archives. Angélique was on the cusp of the average age of menarche cited in the medical and judicial literature. This element was not invoked in the surviving documents.

Angélique's mother noticed a change in her daughter's body and confronted her, claiming that she had not been herself for about six months, had had no appetite, had regularly touched her lower abdomen, and had had difficulty walking. To confirm her suspicions of defloration she examined her daughter's genitalia, which she found swollen and inflamed.<sup>133</sup> Forcing her to confess she sought religious and medical counsel, talking firstly to the priest, and then to midwives at the Hôtel-Dieu. Angélique was examined by two midwives and one surgeon at the Hôtel-Dieu who agreed that she had been raped. They suspected pregnancy, but could not be sure at this stage. Madame Perrotin testified that she had sought the advice of the practitioners at the Hotel-Dieu in order to obtain 'un certificat ou rapport de leur visites', but that a young midwife had explained to her 'que leur officier de l'Hostel-Dieu ne donnoit point cette sorte de certificat et qu'il falloit qu'elle s'adressait a la Dame de la Marce jurée sage femme au Chatelet'.<sup>134</sup> Angélique was then visited by expert midwife, Helene Pasquier, who concurred and reported that she had found 'une grande inflammation [...] l'hymen brisee et que l'introduction avoit este

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<sup>133</sup> Archives Nationales Y 10050, (henceforth AN Y 10050) Tulles/Perrotin, Rape and false accusation of rape. Deposition of Catherine Couteille, widow of François Perrotin, 11 December 1735. See also the depositions of Angélique Therese Perrotin, daughter of above, domestic servant, Michelle Francoise Perrotin, daughter of widow Perrotin aged 16 and Perrine Chalumeau, wife of Jean Quentin Marie Payancier, aged 28 taken on the same day.

<sup>134</sup> Ibid., Deposition of Catherine Couteille, 11 December 1735.



faitte dans toute son etendue'. Upon questioning, Angélique told Pasquier that she had been raped by an eighteen-year-old journeyman sculptor in August.<sup>135</sup> The next step involved a formal examination by surgeons in Pasquier's presence. A report was compiled which mentioned only:

un peu de rougeur aux parties naturelles ce qui peut provenir de quelques frottemens sans qu'il y a eu d'intromission de partie naturelle de l'homme. Pour raison de quoy nous estimons que la ditte Angélique n'a pas été déflorée.<sup>136</sup>

Angelique's own account of her corporeal experience was very knowledgeable, suggesting perhaps that the theoretical literature was based on the common features of such cases. She described the pain she felt and the subsequent discomfort, as well as the presence of blood. She even included a reference to the narrowness of her vagina stating that her aggressor once entered had had great difficulty in retreating. Her discussion of the varying examinations was also detailed. She recounted the careful attention paid to her physical state at the Hôtel-Dieu and that she had been 'visitée par deux sages-femmes et un accoucheur: que les sages-femmes luy ont trouée dans ses partyes le petit doigt et ont dit qu'elles se doutoient qu'elle estoit grosse'. The surgeon-accoucheur had placed his index finger inside her but hesitated to add his middle finger fearing he might cause her pain. Angélique also elaborated on the theme of blood describing how after the incident 'elle s'estoit apperceu qu'il coulais du sang sur ses cuisses qu'elle s'estait essuyé avec un mouchoir qu'elle avait jetté dans la commoditez de la maison'.<sup>137</sup>

Owing perhaps to the lengthy delay between the alleged rape and the reporting of the incident, no mention of blood is found in any of the medical reports. The blood of rape, as we have seen, was a temporary, transient sign which was most certain immediately after defloration. Once the moment had passed, blood was no longer a reliable proof of crime.

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<sup>135</sup>Ibid., Rapport dénonciatif of Helene Pasquier, wife of Sieur Pierre de la Marce, jurée sage femme en titre d'office du Chastelet, 45, 7 December 1735.

<sup>136</sup>Ibid., Medical report, 9 December 1735. See also the deposition of Helene Pasquier, 12 December 1735.

Thus, the depositions of Angélique's colleagues in Madame Faverolle's sewing workshop who witnessed her arrival covered in blood on the day of the alleged rape are all the more significant. They testified that in July 1735 she had appeared with blood on her undershirt and when they asked who had done this to her she recounted that she had been raped by Tulle an apprentice-sculptor living in the same building as her mother.<sup>138</sup>

This was a very lengthy and complicated case and unfortunately, as with many early modern judicial archives, the dossier is incomplete. The depositions of the journeyman sculptor Louis Tulle are missing, as are those of Madame Faverolle. There is also a chronological gap in the records between 11 December 1735 and 19 April 1736. In an additional testimony delivered on 21 April 1736, Angélique confirmed suspicions raised by witnesses that she had been having an affair with a certain Chartier, a friend of her mistress Madame Faverolle whom she had been warned not to name. On 21 June 1736, six months after the initial complaint, and nearly a year after the alleged rape, sentence was pronounced by the *lieutenant criminel* of the Châtelet. Angélique was incarcerated in the *hôpital-général* for three years for false accusation. Tulle and Madame Faverolle were released from prison whilst further information was gathered regarding their roles in the affair. Chartier had absconded.

In a sense it is not important to uncover whether Angélique was raped or not, or whether she was having an illicit affair. What is more interesting to my purpose is the account of her physical condition, the varying expert reports and the role of blood. Unfortunately the issue of the source, type and cause of blood does not reappear in the surviving records. This may well be contained in the missing interrogations, or perhaps such questions were not asked. Given Angélique's age it was possible that she had reached the menarche. However, she was not questioned about her menstrual cycle. Her sexual

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<sup>137</sup>Ibid., Depositions of Angélique and Michelle Perrotin, 11 December 1735.



development had bearings on the possibility of pregnancy, which could have occurred without her having menstruated according to the contemporary medical literature, and on the possible sources of the blood on her undershirt. All of the witnesses from the sewing workshop testified that the blood on Angélique's shirt was the blood of rape. This suggests perhaps that laymen and women differentiated more readily than medical and judicial practitioners between various types of bloody fluids. They perhaps had less reason than medico-legal practitioners to believe that women might use menstrual blood to fake other types of bleeding, or to worry about the reliability of female testimony and the female body. It is also possible that Angélique's fellow apprentices were complicit in the plot to protect Chartier and accuse Tulle.

The lack of consensus between the medical practitioners who examined Angélique is also enlightening. The accounts of the visitation made by the midwives and surgeon at the Hotel-Dieu differed greatly from the official report ordered by the court. Although the expert midwife, Pasquier, concurred with the findings of the Hotel-Dieu practitioners, she was overruled by the surgeons and physicians of the Châtelet who conducted the official examination in her presence and found that Angélique had not been deflowered. In contrast to the openness of the visits performed at the Hôtel-Dieu and by Pasquier, neither Angélique nor her mother were privy to the opinions expressed by the physicians and surgeons in the court-ordered visit. Also noteworthy is the fact that this lack of consensus was extreme. On the same day, different medical experts, all holding judicial office, reported signs of virginity and violent rape in Angélique's body. It is unlikely that her physical condition had changed so extensively in the interim. Having delivered a *rapport dénonciatif* to the court to instigate proceedings, Pasquier was perhaps prohibited from any involvement in the official report on the grounds that she was no longer impartial.

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<sup>138</sup> Ibid., Depositions of Marie Mazau, aged 16, 27 April 1736 and Margeurite Testaud, widow of Pierre Peiller, 40 and Marie Anne La Maile, wife of Nicolas Mazz, 36, taken 12 May 1736.

However, following the procedure laid out by the texts of jurisprudence, another of the titled midwives should have been called to replace her.

Many of the lay participants in this case pertained to own expert knowledge about the female body. Moreover, it is striking that such knowledge was expressed so explicitly. The extensive detail regarding the visitations recounted by Angélique's mother and elder sister is remarkable. In direct contrast to this openness, the findings of the official report were kept secret and did not form part of the body of knowledge Angélique possessed. It is impossible to say whether Angélique had been coached. Her initial testimony certainly fitted various important aspects of the cultural stereotype of a young pre-pubescent rape victim. She accurately described the signs of virginity looked for by medical experts: pain, blood, discomfort and the narrowness of her vagina. Angélique was prodded and poked by a variety of examiners, from her mother and sister, to medical practitioners and medico-legal experts and eventually her story of rape by a young journeyman broke down.<sup>139</sup> Her story was unravelled by the proceedings and it was proved to have been a construction of sorts – Tulle had not raped her, but she had been either abused or having an affair with another older man. Angélique was interned because she had given false testimony about her body.

Another case from the Châtelet and Parlement archives, in 1728-30, which was also documented in six printed *factums*, this time for the substitution of an infant, illustrates patrilineal anxieties related to reproduction and blood. Sarah Hanley examines this case briefly in the light of her 'family-state compact' as an example of 'counterfeiting culture'.<sup>140</sup> Although menstrual blood as such was not mentioned in this complex case,

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<sup>139</sup> On the subject of rape narratives see the exchange by Miranda Chaytor and Garthine Walker in *Gender History*. Chaytor, 'Husband (ry): Narratives of Rape in the Seventeenth Century', *Gender History*, 7 (1995): 378-407; Walker, 'Rereading Rape and Sexual Violence in Early Modern England', *Gender History*, 10 (1998): 1-25. See also Georges Vigarello, *Histoire du viol XVIe-XXe siècles* (Paris, Seuil, 1998), pp. 70-71 for a cursory treatment of the Tulle/Perrotin case.

<sup>140</sup> Hanley, 'Engendering the State', pp. 6, 20-26.



much attention was paid to the bloody and milky discharges of the women involved.

Bleeding orifices and bloody linen were examined and re-examined and the theoretical and practical difficulties of certifying maternity were revealed. The supposed mother's vulva was not examined until two months after the date of birth, leaving room for suspicions that the blood was acquired from another source, indeed, that it had been acquired from another woman. The stereotype of women using menstrual blood to fake *corpus delicti* was not relegated to theoretical literature, but could be found in actual trial records, as this case amply demonstrates.

Claude Ferdinand de Foucheron died on 9 April 1728. Three months later his widow Barbe D'Igard declared her pregnancy. She was delivered on 5 January 1729. Barbe was accused by her sister-in-law, Marie de Pleine and the Sieur de Malon, of faking her pregnancy and procuring an infant from Marie Laverfin who had originally been preparing to deliver at the Hôtel-Dieu.<sup>141</sup> Her alleged accomplice, the Sieur Leonard de Bergeron was accused of having received from the true mother, the infant, the afterbirth, some stained linen and 'une vessie remplie de sang [...] pour donner à la fourberie une image de verité'. He had then supposedly rushed these items to the house where the fake birth scene was staged.<sup>142</sup> This was contested by D'Igard's lawyer, Garnison, who argued that it would be impossible for Bergeron, who was not an expert in childbirth, to transport a new-born infant in such a manner 'sans perdre tout son sang'.<sup>143</sup>

The local midwife Marie Hervé, wife of Pierre Gastaignalde, had arrived an hour after the birth and testified that she had examined 'le delivre, qui se trouva tout frais et bien conditionné'. She had retied the umbilical cord, which had been badly knotted and was

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<sup>141</sup> AN Y 10037 (henceforth AN Y 10037) Infant Substitution, Barbe-François Digard, 1729. Interrogation of Barbe-Françoise Digard des Meulettes, 5 March 1729.

<sup>142</sup> *Factum Du Piquet de Foucheran, Barbe-Françoise d'Igard des Meulettes, veuve de Claude-Ferdinand, 1729, Memoire pour Dame Marie de Pleine* (Paris, L'aisnel, 1729), pp. 3, 7.

causing the baby to lose much blood.<sup>144</sup> Hervé certified that she had supplied Barbe with fresh linen to mop up her post-partum emissions. This linen was sent back to her 'tout naturellement dans un état qui marquait la disposition de la personne qui s'en était servie', that is covered with bloody discharge.<sup>145</sup> Hervé had not examined Barbe's genitals at the time of her visit since both Barbe and her attendants assured her that everything had gone well. Instead she had tucked the linen more firmly around Barbe's vulva and had even warmed some fresh cloth by the fire since it was bad for a newly-delivered woman to be cold.<sup>146</sup> This over-sight, or judgemental or procedural error meant that there was no physical proof that Barbe herself had given birth to the infant in question.<sup>147</sup> Hervé claimed however, that she had acted as a midwife helping a new mother. Hervé was not an official expert. She pleaded that: 'comme toute autre sage-femme n'en auroit pas douté; elle voulait seulement sçavoir, si on lui avait bien mis les linges'. She was charged with having provided Barbe with the infant, afterbirth and stained linen in order for her to successfully fake the birth scene.<sup>148</sup>

Barbe claimed to have asked to be examined both during her pregnancy and within one month of her delivery.<sup>149</sup> Her lawyer argued that Barbe's body provided firm evidence that she was not guilty of faking a pregnancy:

La preuve la plus certaine qu'une femme n'est pas coupable de ce crime, c'est lorsqu'elle represente les traces que cette même operation produit necesssairement. Ces signes sont des témoins muets et

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<sup>143</sup> *Memoire signifie pour Dame Barbe-Françoise d'Igard des Meulettes, veuve de M. Claude-Ferdinand du Piquet. Appelante contre Mr. J-F H Berure, Sieur de Malon et encore contre Dame Marie de Pleine* (Paris, Paulus-du-Mesnil, 1730), p. 22.

<sup>144</sup> *Memoire signifié pour Marie Hervé, femme de René-Louis Gastaigalde, exempt de la prévôté générale des monnays et maréchaussée de France: elle maîtresse sage-femme à Paris accusée, contre M. J-F-H de Berure, Sieur de Malon, Brigadier des Armées du Roy, accusateur* (Paris, André Knapen, 1729), p. 2.

<sup>145</sup> *Factum Gastaigalde (Marie Hervé sage-femme) A Nosseigneurs de Parlement les Grand'Chambre et Tournelle assemblées* (Paris, Paulus-du-Mesnil, 1730), p. 2 and *Mémoire pour Marie Hervé*.

<sup>146</sup> *Memoire pour Marie Hervé*, p. 2.

<sup>147</sup> It was not unusual for midwives to arrive after the birth if they had to travel, or were attending at another birth.

<sup>148</sup> *Memoire pour Marie Hervé*, p. 2. She was acquitted on the grounds that there was no proof and that a midwife of her status would not have committed such an act for such a low fee.

<sup>149</sup> *Memoire pour Barbe-François d'Igard*, p. 8.



irreprochables qui doivent servir à l'entière conviction de la réalité, le phantome ne laissant après lui aucuns vestiges.<sup>150</sup>

The court-ordered visitation was not carried out until two months after the birth of her son. This delay raised the questions of up to what point it was possible to tell whether a woman had given birth and how long the body retained the marks of maternity.<sup>151</sup> The surgeons and midwives of the Châtelet who examined Barbe on 2 March 1729 declared that the scars of childbirth were present, but that they were older than two months and that the pregnancy had not gone full-term.<sup>152</sup> After having initially testified to the presence of milk and the 'suites ordinaires d'un accouchement', surgeon Tripier declared that 'son lait était comme de l'eau, et qu'il ne croit pas que ce fut de lait'. The concierge's wife also testified that Barbe's 'lait était comme de l'eau rousse'.<sup>153</sup> Appealing against her initial condemnation on 24 November 1729, Barbe argued that the chagrin of her imprisonment and separation from her infant had altered the appearance, colour and quantity of her milk.<sup>154</sup> She also claimed that her husband's heirs and the Sieur de Malon, even the laundress who had whitened some of the linen from her childbed, had conspired against her.<sup>155</sup>

Marie Laverfin was charged with providing the infant boy. Her story was that she had come to Paris from Amiens to work and had renewed contact with an acquaintance, Jean Marquant. She became pregnant by him in late March or early April 1729 and was delivered on 2 February 1730.<sup>156</sup> Laverfin was imprisoned and visited on several occasions by a group of midwives and surgeons in May 1729. In order to analyse her condition they picked a selection of girls and women who were also incarcerated in the

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<sup>150</sup> Ibid., p. 19.

<sup>151</sup> *Arrest important de la Cour du Parlement rendu en la Grand Chambre le 11 mars 1730 par lequel une veuve qui a supposé avoir été enceinte et être accouchée 9 mois après le décès de son mary, a été déclarée atteinte et convaincue du crime de supposition de part condamnée à faire Amende-Honorable, et bannie à perpétuité, privée de toutes ses reprises et conventions matrimoniales* (Paris, L'aisnel, 1730), p. 5.

<sup>152</sup> Ibid., p. 19.

<sup>153</sup> *Memoire pour Barbe-Françoise d'Igard*, p. 12.

<sup>154</sup> *Arrest important de la Cour du Parlement*, p. 5.

<sup>155</sup> *Memoire pour Barbe-Françoise d'Igard* p. 5.

Châtelet prisons and examined them at the same time so as to be able to make comparisons.<sup>157</sup> Nevertheless, these medical experts could not reach agreement. One midwife in particular was reported by Laverfin as having become so angry at the inability of the group to decide that:

l'ayant sur le champ visitée de nouveau, elle lui fit une si grande violence en la touchant que la douleur qu'elle en ressentit fut si vive, qu'après avoir jetté un si grand cri elle demeura évanouie et baignée dans son sang.<sup>158</sup>

Laverfin claimed that the violence was so great that 'pendant près d'un mois elle n'a pas pû se mouvoir sans de grandes douleurs, et que sans les secours charitables de la femme du concierge, elle aurait couru risque d'en demeurer estropiée toute la vie.'<sup>159</sup> When the medical report was issued there were many inconsistencies. It was signed by a variety of experts, not all of whom had been present at the visit, and Laverfin claimed that the date did not correspond with the actual timing of the visitation.<sup>160</sup> She objected that the experts had failed to notice her pregnancy when they examined her and that they also stated that she had delivered a child four months previously.<sup>161</sup> In contrast the midwife who delivered Laverfin in February 1730 declared that this was her first pregnancy and first labour.<sup>162</sup>

The author of the factum concluded that

suivant les meilleurs auteurs de la chirurgie, et de l'avis de plusieurs célèbres chirurgiens de Paris que son défenseur a consulté, il n'y a que des signes très-équivoques de virginité et de maternité. Ces signes ne forment que des conjectures et non une science, et n'établissent par conséquent qu'une opinion, et non une certitude.<sup>163</sup>

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<sup>156</sup> *Arrest important de la Cour du Parlement*, p. 8; *Memoire pour Barbe-Françoise d'Igard*, pp. 20-21.

<sup>157</sup> *Arrest important de la Cour du Parlement*, p. 9.

<sup>158</sup> *Ibid.*, pp. 9-11.

<sup>159</sup> *Ibid.*, p. 10.

<sup>160</sup> *Ibid.*, p. 9.

<sup>161</sup> *Ibid.* Both of which were possible. Laverfin's point that she knew she was pregnant when the expert did not was perhaps an attempt to undermine their authority and to reveal her superior bodily knowledge.

<sup>162</sup> *Ibid.*, p. 10.

<sup>163</sup> *Ibid.*



The marks, it was also suggested, could have been caused by the violence of the physical examinations, as a result of mishandling or another such cause, rather than childbirth.<sup>164</sup>

This case exemplifies early modern anxieties about female bleeding. The prosecution focused on the lack of definitive evidence that the blood staining the sheets and linen of the childbed scene stemmed from Barbe's vulva. Fears of the exchange or sale of blood and afterbirth between women to deceive heirs and medico-legal experts were acute. The lack of consensus between the medico-legal experts is also striking. In contrast to the Tulle/Perrotin case, the tripartite hierarchy of expertise is not revealed here. Instead it was a midwife, who frustrated by colleagues, sought to take matters into her own hands, performing a violent and perfunctory examination of Laverfin, causing bleeding which obscured any previous signs. Also revealing is the fact that the timing of the examinations, although cause for concern, was not deemed to be a sufficient obstacle to the conviction of D'Igard for faking pregnancy and attempting to pass off Laverfin's child as her own. As a result of two years of charges and counter-proceedings and appeals, Barbe was found guilty of substitution of a child on 11 March 1730. The midwife was released and awarded damages from Marie de Pleine. Bergeron and Laverfin were to remain in prison for a year so that the court could be *plus amplement informé* and that Laverfin could be visited again.<sup>165</sup>

## Conclusion

Perrotin, D'Igard and Garnier were all found guilty of 'faux' or false testimony and physical imposture to varying degrees and with varying outcomes. Perrotin and D'Igard were accused of faking the signs of *corpus delicti* using blood from a source other than that which was claimed. They committed imposture by portraying their bodies as other than

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<sup>164</sup> Ibid., p. 11.

<sup>165</sup> Ibid., p. 11.

they were, and playing the roles of deflowered rape victim and parturient new-mother. They gave false verbal testimony in court. Garnier misinterpreted the physical *corpus delicti* presented by Thaives and in good faith gave false testimony. She compounded this by posing as a legally-titled sworn medical expert and midwife when she had been stripped of these functions. All three women were found guilty of 'faux' to varying extents and yet none received the full severity of the law. Perrotin was incarcerated in the *hôpital-général* for three years, D'Igard's execution was commuted to exile, and Garnier continued to practise.

The rise of forensic science and the importance of the *corpus delicti* and physical examinations from the sixteenth century onwards was a double-edged sword which served to exacerbate existing patrilineal anxieties. These patriarchal concerns were reinforced in medico-legal contexts. The *corpus delicti* held the key to many aspects of civil and criminal justice – in cases of eleven-month pregnancies and infant substitution it directly touched upon the authenticity of the patriline. The story, and especially the body of the female defendant/victim had to be disciplined and brought under judicial control. Measures regarding timing and the procedure of examinations, the hierarchy of experts which existed to prevent conspiracy between midwives and other women, and rigorous comparisons of different types of blood all enabled experts to 'read' and diagnose the physical condition of the living female body and attempt to preserve the patriline. Medical and judicial practitioners were concerned that they only had a woman's word that the blood issuing from her body was post-partum, stigmatic, hymeneal or menstrual exposing the fragility of their external expertise. Hence the significance accorded to the stereotypes of trafficking menstrual blood in the medico-legal literature and the recycling of the Thaives/Garnier scandal which served as reminders of the uncertainty of the menstruating female body and accompanying narrative.



The contradictions between medico-legal discourse and practice are further reiterated in the case studies. Although these cases are exceptional, they reveal deep-seated patrilineal concerns consistent with anxieties about eleven-month pregnancies and menstrual cycles examined in Chapters Three and Four. Early-modern masculinity was expressed through paternity, and family stability was an important component of maleness. Varying levels of expertise, jurisdictional disputes and differing legal codes can all be evoked to a certain extent to account for the discrepancies and contradictions in the prescriptive literature and the archival documents. This led to uncertainty about what medical expertise actually was, to whom it belonged and what kind of authority it provided. Such uncertainties were expressed in mistrust of the female narrative and female body, more so than with the male counterpart because of the association of the female belly and menses with reproduction and hence paternity. As with menstrual time, attempts by medical and judicial practitioners to fix norms contradicted the reality of the relativity of the female body, creating dissonance.

In the Perrotin/Tulle case, one set of stereotypes about rape was collapsed to reveal another about the female narrative and body which was upheld. Perrotin's knowledgeable account of rape and the fleshy signs of defloration was transmuted into false testimony and false accusation. In the D'Igard case the stereotypes remained in place. Hervé was perceived as a distrustful, conniving midwife and yet was released. Barbe was found guilty of false testimony and imposture and the other defendants were held in prison for their part in the plot to substitute an infant and fake a pregnancy.

Increasing insistence on the *corpus delicti* and the physical signs of rape, defloration and childbirth were codified by legislative reform between the sixteenth and eighteenth centuries, but this did little to rectify procedural problems regarding physical examinations and medico-legal reports. Blood formed a significant, but elusive proof. The

timing of visitations was primordial, in no small part because of the transience of bloody emissions. The ultimate marker of a crime, it was perhaps also the most difficult to interpret. The homogeneous nature of bloody fluids rendered the medico-legal experts' task all the more difficult. Menstrual, post-partum, hymeneal and venous blood may have merged in the humoral body, however, the medico-legal expert could not afford to assimilate them in a criminal investigation.



## Chapter Six: Bleeding Hermaphrodites and Menstruating Men

As we have seen early modern judicial and medical experts were greatly preoccupied with the conundrum of procreation. It was a short step from this to the issue of what constituted male and female reproductive organs, the nature of their functions and role in conception, and what defined masculinity and femininity. Commensurate with investigations into 'normal' generation, the same experts were intrigued by the 'exceptional normal', the extraordinary and the *contre-nature*.<sup>1</sup> Such discussions extended to the figure of the hermaphrodite. Jurists and medical practitioners alike were divided on the tricky question of whether or not 'true' hermaphrodites actually existed, what they would look like if they did, and how this condition could be diagnosed. Authors of medical texts oscillated between 'naturalised' views of hermaphrodites as individuals with genital deformities, or 'monstrous' or prodigious creatures embodying portents.<sup>2</sup> This was closely linked to the general uncertainty surrounding the fecundity of hermaphrodites and the issue of whether or not they could marry. It is therefore plausible to assume that medical and judicial

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<sup>1</sup> The majority of early modern medical texts covering generation followed the classification of 'naturel', 'contre-nature' and 'monstrueux' in their discussion of conceptions, pregnancies and births. See, for instance, Guillaume Mauquest de la Motte, *Traité complet des accouchemens naturels, non naturels et contre nature, expliqué dans un très grand nombre d'observations choisies, accompagnées de réflexions sur l'Art d'accoucher Heureusement, l'on y enseigne aussi les moyens de remédier à tous les accidents qui Arrivent dans la Grossesse, et après l'accouchement* (Leiden, Jean Arnold Langerate, 1729). On the 'exceptional normal' see Carlo Ginzburg, 'Micro-History: Two or Three Things that I Know About It', *Critical Inquiry*, 20 (1993): 10-35, p. 33. The sixteenth-century fascination with inversion and the abnormal as a means to either subvert or reinforce the 'normal' has been widely discussed in historiography. The work of reference for France remains Natalie Zemon Davis, 'Women on Top', in her *Society and Culture in Early Modern France* (Stanford, Stanford University Press, 1965): 124-151. On the use of the exceptional to define the normal in early modern France see Ian Maclean, 'Evidence, Logic, the Rule and the Exception in Renaissance Law and Medicine', *Early Science and Medicine*, 3 (2000): 227-257.

<sup>2</sup> On this see Lorraine Daston and Katharine Park, 'Hermaphrodites in Renaissance France', *Critical Matrix*, 1, 5 (1985): 1-19; *idem*, *Wonders and the Order of Nature* (New York, Zone, 1998); *idem*, 'The Hermaphrodite and the Orders of Nature. Sexual Ambiguity in Early Modern France', in Carla Freccero and Louise Frandenbug (eds), *Premodern Sexualities* (New York and London, Routledge, 1996): 117-36; Palmira Fontes da Costa, 'The Meaning and Visualization of Human Hermaphrodites in Diderot's Encyclopédie', paper presented at the 72<sup>nd</sup> Anglo-American Conference of Historians, Institute of Historical Research, University of London, 2-4 July 2003. I am grateful to Dr Fontes da Costa for allowing me to cite from her unpublished work. Patrick Graille, *Les hermaphrodites aux XVIIe et XVIIIe siècles* (Paris, Les Belles Lettres, 2001); Sarah Bakewell, 'Images of Bodily Transformation', *Medical History*, 42, 2 (1998): 503-517. For an excellent account of later discussions of hermaphroditism see Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge, Mass., Harvard University Press, 1998) and Michel Foucault, *Herculine Barbin. Being the Recently Discovered Memoirs of a Nineteenth-Century French Hermaphrodite* (trans. Richard McDougall, Brighton, Harvester Press, 1980).



experts would seek to discover whether hermaphrodites could be expected to menstruate, and if they were found to, what this should mean for their sexed and gendered identity as well as their ability to procreate. In actual fact, the discussion of the absence or presence of menstrual bleeding in such investigations was largely ambiguous, if it occurred at all. It is this uncertain role ascribed to menstrual bleeding in the context of sexual and gender difference (both in contemporary and modern literature) which forms the subject of this chapter.

A handful of cases of alleged hermaphroditism came to trial between the sixteenth and eighteenth centuries in France. On a scale perhaps out of proportion with their number they were treated as *causes célèbres* and generated an astonishing amount of medical and judicial literature, entering jurisprudence and medical theory. These cases have been well-covered in the historiography, yet the issue of menstrual bleeding is almost entirely absent from these discussions.<sup>3</sup> Before we turn to an examination of the complex relationship between menstrual bleeding and hermaphroditism, it is worth looking more closely at the historiography in order to account for this under-investigation.

Recent scholarship on early modern hermaphroditism has situated accounts of gender ambiguity and transformation within a number of different contexts.

Hermaphroditism has been studied within the context of early modern attitudes towards wonders, prodigies, and the monstrous.<sup>4</sup> It has also been looked at in terms of false

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<sup>3</sup>Strikingly, menstrual bleeding is also largely absent from much scholarship on transvestism. This suggests that menstrual bleeding was not commonly a factor in the uncovering of the true identity of female to male transvestites. A full discussion of early modern transvestism lies outside the scope of this thesis. See for example the work of Rudolf M. Dekker and Lotte C. van de Pol, *The Tradition of Female Transvestism in Early Modern Europe* (London, Macmillan, 1989), p. 15; Sylvie Steinberg, *La confusion des sexes. Le travestissement de la Renaissance à la Révolution* (Paris, Fayard, 2001), p. 138. Steinberg found only 2 cases out of 300 in which menstrual bleeding was mentioned.

<sup>4</sup>Dudley Wilson, *Signs and Portents. Monstrous Births from the Middle Ages to the Enlightenment* (London and New York, Routledge, 1993); Daston and Park, 'Hermaphrodites in Renaissance France'. For an account of the mythology of hermaphroditism and its uses in Renaissance literature see Lauren Silberman, 'Mythographic Transformations of Ovid's Hermaphrodite', *Sixteenth Century Journal*, 19, 4 (1988): 643-52.



appearance and imposture and the transformation of the figure of the hermaphrodite from a depersonalised monster to a pathological female condition.<sup>5</sup> The phenomenon has been investigated in the context of Renaissance perceptions of the 'other', and in terms of a crisis of masculinity, particularly related to phallic insecurity.<sup>6</sup> Hermaphroditism has also been examined in the context of the sixteenth century rediscovery of the clitoris and the anxiety about female sexuality this provoked.<sup>7</sup> Perhaps the most significant of these discussions for our purposes is Thomas Laqueur's influential one-sex model which has located the question of hermaphroditism within the larger issue of sexual difference.

Laqueur's one-sex model has been resolutely attacked for over a decade with varying degrees of success and yet it remains a corner-stone of the historiography of sexual difference in the early modern world.<sup>8</sup> Laqueur has argued that the political and cultural lens through which sixteenth-and seventeenth-century anatomists perceived the interiority of the human body dictated that only one sex, but two genders were 'seen'.<sup>9</sup> Basing his theory on the Graeco-Roman hot-cold continuum in which male and female were held to be matters of degrees and temperature, rather than solid, corporeal entities, and on the competing one and two seed theories of reproduction and the role of the female orgasm in procreation, Laqueur has mapped early modern perceptions of the body onto a

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<sup>5</sup> Fontes da Costa, 'Meaning and Visualization'.

<sup>6</sup> Carla Freccero, 'The Other and the Same: The Image of the Hermaphrodite in Rabelais', in Margaret Ferguson et al (eds), *Rewriting the Renaissance: The Discourses of Sexual Difference in Early Modern Europe* (Chicago, University of Chicago Press, 1986): 145-58; Patricia Parker, 'Gender Ideology, Gender Change: The Case of Marie Germain', *Critical Inquiry*, 19 (1993): 337-64.

<sup>7</sup> Katharine Park, 'The Rediscovery of the Clitoris. French Medicine and the Tribade, 1570-1620', in David Hillman and Carla Mazzio (eds), *The Body in Parts: Fantasies of Corporeality in Early Modern Europe* (New York, Routledge, 1997): 171-93.

<sup>8</sup> Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass. and London, Harvard University Press, 1990), p. 66. Medieval notions of the one-sex model are noted by Danielle Jacquart and Claude Thomasset in their *La médecine et la sexualité au moyen âge* (Paris, Presses Universitaires de France, 1985). It is Laqueur who is credited with coining the phrase 'one-sex model'. For critiques of the one-sex model see Winfried Schleiner, 'Early Modern Controversies about the One-Sex Model', *Renaissance Quarterly*, 53 (2000): 180-91; Michael Stolberg, 'A Woman down to her Bones. The Anatomy of Sexual Difference in the Sixteenth and Early Seventeenth Centuries', *Isis*, 94 (2003): 274-99; Karen Harvey, 'The Substance of Sexual Difference: Change and Persistence in Representations of the Body in Eighteenth-Century England', *Gender and History*, 14, 2 (2002): 202-23; Katherine Park and Robert Nye, 'Destiny is Anatomy', *The New Republic*, February 18 (1991): 53-57.

<sup>9</sup> Laqueur, *Making Sex*, p. 66.



paradigm of male perfection and inverted female imperfection. Female genitalia, he has argued, were singularly interpreted as an inversion of male genital anatomy until the advent of the Enlightenment in the second-half of the eighteenth century incurred the 'naturalisation' of the body.<sup>10</sup> In this process, cultural paradigms took a back seat and two natural biological sexes were identified. Paradoxically, prior to this shift, what we would now regard as gendered or cultural features were considered 'natural' and not 'constructed'. If Laqueur is right about this, then it is perhaps not surprising that menstrual bleeding was not associated unequivocally with women and that it was not interpreted as a sign of sexual or even gender difference prior to 1750.<sup>11</sup> Laqueur himself has recently argued that 'the history of menstrual bleeding in the sixteenth and seventeenth centuries fits neatly into a one-sex model'.<sup>12</sup> Certainly, the physiological homology Laqueur describes is undeniably evident in early modern medicine. Menstrual flow, blood and semen were indisputably linked and interchangeable within the humoral economy as we have seen in Chapters Two and Three. However, physiological homology did not entail, nor rely upon, an anatomical sameness. Neither does this model entirely explain the full complexity of early modern perceptions of menstrual bleeding. Whilst it is not the primary aim of this chapter to re-visit Laqueur's model, it has important repercussions for the

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<sup>10</sup> For a similar model of the 'naturalisation' of woman see Londa Schiebinger, *The Mind has no Sex?: Women in the Origins of Modern Science* (Cambridge, Mass., Harvard University Press, 1989); *idem*, *Nature's Body: Gender and the Making of Modern Science* (Boston, Beacon Press, 1993); *idem*, 'Skeletons in the Closet: the First Illustration of Female Skeletons in Eighteenth-Century Anatomy', *Representations*, 14 (1986): 42-82. Judith Bennett has criticised the tendency in women's history to prefer grand narratives of transition and change, arguing instead that we should concentrate on features of continuity and stability. See her articles 'Feminism and History', *Gender and History*, 1, 3 (1989): 251-72; 'Medieval Women, Modern Women across the Great Divide' in David Aers (ed.), *Culture and History 1350-1600. Essays on English Communities, Identities and Writings* (New York and London, Harvester Wheatsheaf, 1992), pp. 147-76 and in particular her 'Confronting Continuity', *Journal of Women's History*, 9, 3 (1997): 73-94 and the debate with Bridget Hill, 'Women's History: A Study in Change, Continuity or Standing Still?' *Women's History Review*, 2, 2 (1993): 173-84.

<sup>11</sup> This is also argued by Alexandra Lord, "'The Great Arcana of the Deity": Menstrual bleeding and Menstrual Disorders in Eighteenth-Century British Thought', *Bulletin of the History of Medicine*, 73 (1999): 38-63.

<sup>12</sup> Thomas Laqueur, 'Sex in the Flesh', *Isis*, 94 (2003): 300-6, p. 306.



framing of early modern debates about the role of menstrual bleeding in generation, and the definition of womanhood, which are central to this thesis.

Laqueur's model of culturally-constructed interpretations of menstrual bleeding and sexual difference is not the only plausible one however. As we saw in Chapters Two and Three scholars Patricia Crawford, Joan Cadden, Helen King, Christine Bonnet-Cadilhac and Gail Kern Paster argue that menstrual bleeding was strongly associated with womanhood before 1750.<sup>13</sup> They demonstrate that in some contexts menstrual bleeding was ascribed a determinate biological function and was used to justify the socio-economic inferiority of women.<sup>14</sup> Furthermore, Gianna Pomata has convincingly turned Laqueur's one-sex model on its head, arguing that the female, not the male, body provided the paradigm of health in the early modern medical world.<sup>15</sup> Pomata has inverted the nature-culture model evoked by Laqueur, arguing as we saw in Chapter Three, that medical authors equated menstrual bleeding with longevity, well-being, fertility and the critical healing power accorded to nature. The cyclical female body which cleansed and purged itself spontaneously was interpreted as a 'natural' standard of health to which men also strived to adhere. If this were the same as the interpretation of menstrual bleeding as an 'essential' aspect of femaleness, one could expect much greater attention to have been paid to the absence or presence of menstrual bleeding in medical examinations and court cases pertaining to alleged hermaphrodites. Menstrual bleeding would have held a

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<sup>13</sup> Patricia Crawford 'Attitudes to Menstruation in Seventeenth-Century England', *Past and Present*, 91 (1981): 47-73; Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science and Culture* (Cambridge, Cambridge University Press, 1993), p. 173; Helen King, *Hippocrates' Woman. Reading the Female Body in Ancient Greece* (London and New York, Routledge, 1998); Christine Bonnet-Cadilhac 'Traduction et commentaire du traité hippocratique, *Des maladies des jeunes filles*', *History and Philosophy of the Life Sciences*, 15, 2 (1993): 147-63, p. 153 and Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca, New York, Cornell University Press, 1993), p. 23.

<sup>14</sup> See in particular Crawford, 'Attitudes to Menstruation' and Paster, *The Body Embarrassed*.

<sup>15</sup> Gianna Pomata, 'Menstruating Men: Similarity and Difference of the Sexes in Early Modern Medicine', in Valeria Finucci and Kevin Brownlee (eds), *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity to Early Modern Europe* (Durham and London, Duke University Press, 2001): 109-52, p. 138.

significant, if not pivotal, role in the determination of dominant sexual organs and function, ability to procreate, and in the attribution of gender and civil status. If, however, as I have argued in this thesis, menstrual bleeding was perceived as more complex, and not ‘essentially’ female, then this stance is also untenable. Moreover, Pomata’s theory is a version of the one-sex model based on a paradigmatic gendered hierarchy with the female at the top. The result is another example of the nature/culture double bind. The historiographical debate appears to have come full circle and returned to the inevitability of the tension between nature/culture, female/male in a vertical, power relationship. Pomata’s paradigm, which is a natural, rather than culturally-based one, becomes a ‘cultural’ construct when applied to male bodies in the same way that Laqueur’s culturally-constructed one-sex model based on the male, was used to signify the ‘natural’ inferiority of women. There is undoubtedly truth in both these ‘natural’ and ‘cultural’ models of the history of menstrual bleeding in early modern France. However, it is also equally probable that neither model reveals the whole story and that a fuller picture can only be gained by examining the tension between the two polarities and the reasons why both concepts co-existed.

Laqueur touches upon an answer to this quandary in his recognition of the cultural discrepancy which existed between early modern medical and legal discourses.<sup>16</sup> In this chapter I want to push Laqueur’s interpretation further and suggest that the gap between medical and judicial discourses extended to the role of menstrual bleeding in sexual difference. Furthermore, I want to argue that this tension was played out in the dynamics of the courtroom when a decision regarding the sex and gender of an individual was made. It is my contention that the answers to the conundrum of sexual difference and menstrual bleeding lie in this very juxtaposition of judicial and medical narratives re-told in the legal

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<sup>16</sup> Laqueur, *Making Sex*, p. 132.



arena. Moreover, the key to understanding such debates lies perhaps in the concerns surrounding procreation which surfaced during these cases.

### ‘Menstruating Men’

Medical authors were divided on the theoretical role attributed to menstrual bleeding in the ascription of a sexed and gendered identity to an alleged hermaphrodite. Sixteenth-century surgeon Ambroise Paré (1517-1590) and his contemporary, physician Jean Liébaut (1535-1596), mentioned the importance of judging whether ‘la vulve est bien composée, par laquelle jette la semence et leurs mois’. <sup>17</sup> Menstrual bleeding was certainly not the only sign to be considered for either practitioner. It was more important for procreation, that the vagina be large enough to accommodate a penis. Liébaut repeated that it was necessary to determine whether ‘le sexe féminin est propre en ses dimensions pour recevoir le membre viril, et si par iceluy fluent les menstrues’. <sup>18</sup> Both insisted on the importance of the position of the genital orifice, whether seed and urine were expelled from it, and whether indeed there was a functioning penis or merely the vestiges of ‘un membre viril situé au dessus de la dite vulve sans prepuce – sans erection’. <sup>19</sup> Liébaut also noted that it was important to consider the whole body, the face, the amount of body hair and the voice. <sup>20</sup>

A century later, physician Nicolas Venette (1633-1698), defined a male-dominant hermaphrodite by the absence of menstrual bleeding: he described the lack of functioning male genitalia and the ‘fente pour urination [...] les règles ne coulent jamais par là et cette

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<sup>17</sup> Ambroise Paré, *Les œuvres d'Ambroise Paré, conseiller et premier chirurgien du Roy* (Paris, G. Buon, 1585), ‘traicté des monstres’, pp. 1,039-50; Jean Céard (ed.), *Des monstres et des prodiges* (Geneva, Droz, 1971), p. 24; Jean Liébaut, *Trois livres des maladies et infirmités des femmes pris du latin de M. Jean iebaut docteur en medecin a Paris* (Rouen, Iean Berthelin, 1649), p. 631.

<sup>18</sup> Liébaut, *Trois livres*, p. 635.

<sup>19</sup> Ibid., pp. 631, 636.

<sup>20</sup> Ibid., p. 636.

espece d'Hermaphrodite est un veritable homme'.<sup>21</sup> Similarly he distinguished between 'tribaudes' or women with enlarged clitorises and men, by the presence of menstrual bleeding: 'la seule marque que ce sont des filles, c'est qu'elles souffrent tous les mois l'écoulement de leurs règles'.<sup>22</sup> According to Venette an imperfect hermaphrodite could be discerned by the lack of function in the male member and the absence of menstrual bleeding.<sup>23</sup> However, the presence of menstrual bleeding did not make the woman and the absence of menstrual flow did not make the man. In Venette's own words:

Je ne pretends point parler icy de ces femmes à qui les règles manquent, pour quelque cause que ce soit; on est aisément persuade quelles ne changent pas de sexe, et que les parties naturelles demeurent toujours les memes, mais on sait aussi qu'elles peuvent changer de temperament et prendre celui d'un homme.<sup>24</sup>

Early modern efforts to locate tangible, material sexual difference were thwarted by the equivocal nature of menstrual matter. Whilst the material substance of menstrual fluid could be observed, studied and measured along with the physical process of menstrual bleeding, it was also locked in an ambivalent relationship with other bloody fluids. In Chapter Three I demonstrated that the cultural significance attached to menstrual and other types of bloody flux depended on the circumstances in which they were evacuated. In humoral terms, menstrual bleeding, post-partum bleeding, phlebotomy and haemorrhoidal emissions all served the same purpose – ridding the body of excess fluid - and thus were assimilated. In other contexts, such as the courtroom however, the blood of defloration or rape could not be interpreted in the same way as menstrual fluid. Rather than being a singularly 'natural' female process, the phenomenon of 'menstrual bleeding' was equally a cultural construction, applicable to men and women according to the context. As such,

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<sup>21</sup> Nicolas Venette, *De la generation de l'homme ou Tableau de l'amour conjugal* (Cologne, Claude Joly, 1702), p. 584.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid., pp. 584, 595.

<sup>24</sup> Ibid., p. 587.



attitudes towards menstrual bleeding, which embody the tension between nature and culture, provide a good way into analysing the early modern quandary of sexual difference.

Before taking a closer look at the problem of hermaphroditism itself, it is important to examine the phenomenon of 'male menstrual bleeding'. Menstrual bleeding was not associated with women alone in the early modern period – rather as we have seen, when it occurred regularly, it was viewed primarily in terms of health rather than gender.<sup>25</sup> This means that male bleeding, both spontaneous and natural and culturally-induced, by procedures such as phlebotomy, was considered normal and healthy as long as it adhered (like female menstrual bleeding) to a set of specific criteria, including quality, quantity and timing of the flow. Men too were subject to spontaneous regular purging of excess blood and blood-related fluids. Such emissions could be expelled via the nose, seat, arteries, blood-letting or sweating, a stomach flux or weeping, pus-filled boil. Regarded as a masculine phenomenon, few women suffered from varicose veins, piles or nose-bleeds because generally the blood fell and was discharged as menses.<sup>26</sup> Men who 'menstruated' were not immediately regarded as impure or effeminate, but on the contrary as pertaining to an ideal of health and vitality.<sup>27</sup> Such views were not those of unorthodox medical practitioners at the fringes of the 'medical world', but rather as Pomata points out were held by some of the most prominent physicians and anatomists of the period, such as Andreas Vesalius (fl. 1543). Indeed the majority of her sources are elite Latin medical texts printed in a number of European countries.<sup>28</sup> In 1615, the health-giving benefits of regular

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<sup>25</sup> For attitudes to menstruating men in Antiquity see Dale Martin, 'Contradictions of Masculinity: Ascetic Inseminators and Menstruating Men in Greco-Roman Culture', in Finucci and Brownlee (eds), *Generation and Degeneration*, pp. 81-108.

<sup>26</sup> Jacques Dubois, *De l'utilité des moys des femmes* (trans. Guillaume Chrestien, Paris, G. Morel, 1559), pp. 134, 140. This point was reiterated by the physician François Planque, see his *Bibliothèque choisie tirée des ouvrages périodiques, tant françois qu'étrangers* (10 vols., Paris, la veuve d'Houry, 1759), vol. 5, p. 348 and by Freind, *Emmenologie ou traité de l'évacuation ordinaire des femmes où l'on explique les phénomènes, les retours, les vices et la méthode curative, qui la concernent selon les loix de la mécanique* (trans. Jean Devaux, Paris, Jacques Clouzier, 1730), p. 99.

<sup>27</sup> Pomata, 'Menstruating Men', p. 115.

<sup>28</sup> *Ibid.*, p. 111.

bleeding from haemorrhoids in the prevention of melancholy were debated in a thesis at the Parisian medical faculty by Claude de Pois.<sup>29</sup>

The vocabulary of menstrual bleeding was directly appropriated to describe such male emissions, again stressing the gender neutral status of such flows. The emphasis on time found in expressions used in the context of male emissions such as 'évacuation critique', 'crise périodique', 'flux de sang périodique', 'flux réglé d'hémorroides', and even 'hémorroides réglées', is an exact replica of the image of female regularity.<sup>30</sup> Male periodic evacuations were discussed by authors of specialist treatises on menstrual bleeding, such as Jacques Dubois (1478-1555) and John Friend (1675-1728). In 1703 Friend likened periodic male discharges to menstrual bleeding.

Il n'est pas hors d'oeuvre de parler de ce flux de sang périodique qui arrive quelquefois aux hommes: il y en a qui ont un flux réglé d'hémorroides; d'autres qui ont un crachement de sang périodique et d'autres qui tendent en certains temps reglez du sang par les urines: Car ce flux réglé chez les hommes est causé par la pléthore, comme celui des femmes, et est fort propre à les maintenir en santé; et si ces évacuations sont supprimées il en arrive une maladie.<sup>31</sup>

Male bleeding could be seen to follow regular, periodic patterns and to simulate the female cycles of menarche and menopause. Sixteenth-century physician Jean Fernel (1497-1558) remarked, following Hippocrates, that at the age of puberty 'aux males le flux de sang du nez arrivent et aux filles leurs purgations menstrualles (sic)'.<sup>32</sup> Freind wrote that 'la même cause produit dans les sujets qui sont parvenus à l'age de la puberté, des saignemens de nez'.<sup>33</sup> In 1668 François Mauriceau (1637-1709) noted that many men

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<sup>29</sup> Claude de Pois, 'An melancholis haemorrhides salutare?' (1615). See Appendix Three.

<sup>30</sup> Freind, *Emmenologie*, pp. 73, 103; Bibliothèque Inter-Universitaire de Médecine (henceforth BIUM), ms. 5089, 'Traité des principes de chirurgie de M. Long, maître chirurgien juré de Saint Cosme a Paris tirez par Jean Sue etudiant en chirurgie a Paris le 3 janvier 1723', f. 229.

<sup>31</sup> Freind, *Emmenologie*, p. 103.

<sup>32</sup> Jean Fernel, *Les sept livres de la physiologie composez en latin par messire Jean Fernel, premier medecin du Roy Henry II traduits en françois par Charles de Saint-Germain, escuyer, docteur en la faculté de medecine, conseiller et medecin ordinaire du Roy, Parisien* (Paris, Jean Guignard, 1655), p. 609.

<sup>33</sup> Planque, *Bibliothèque choisie*, vol. 5, p. 92.



experienced great relief from a regular, moderate haemorrhoidal flux.<sup>34</sup> Others made the link more explicit, in 1683 the cleric de la Roque (fl.1683), commented that ‘les hémorrhagies périodiques ont beaucoup de rapport avec les ordinaires des femmes, et elles semblent dépendre des mesmes causes’.<sup>35</sup> Other physicians, cited by Planque in his mid-eighteenth-century overview, reported cases where male cycles followed the waxing and waning of the moon. One man suffered from bleeding piles between the ages of twenty-four and fifty every new moon. A M. Musgrave, whose case was documented in 1702, had suffered from a periodic haemorrhage from his left thumb at the new moon for twenty-four years. It was remarked that his emission was rarely a day early or a day late.<sup>36</sup> A mason and a shepherd both had ‘tous les mois des hémorroides comme les règles viennent aux femmes’; a gentleman was noted as having suffered from a regular haemorrhoidal flux every month from his student days to the age of sixty, and a physician experienced a flux which had lasted for several days a month over eighteen years.<sup>37</sup> As with women, the timing and regularity of male fluxes depended on the individual’s complexion and did not always correspond exactly to the calendar month. Physician Louys Guyon (d. 1630) observed that,

il y a des flux hemorroidaux qui viennent tant aux hommes, qu’aux femmes par certains temps, comme de mois en mois, de trois mois en trois mois, ou demi an en demi an, ainsi qu’il plaist à nature de décharger sa bonté.<sup>38</sup>

This linguistic and cultural assimilation of spontaneous, periodic male bleeding and female menstrual bleeding was not restricted to the pre-1750 period. Pomata has found

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<sup>34</sup> François Mauriceau, *Traité des maladies des femmes grosses et accouchées* (Paris, Iean Henault, Iean d’Houry, Robert de Ninville and Iean-Baptiste Coignard, 1668), p. 140.

<sup>35</sup> L’abbé de la Roque, *Journal de medecine ou observations des plus fameux medecins, chirurgiens et anatomistes de l’Europe, tirées des journaux des païs étrangers et des memoires particuliers envoyez à l’abbé* (Paris, Florentin Lambert and Iean Cvsson, 1683), p. 30, cited by Planque, *Bibliothèque choisie*, vol. 5, p. 315.

<sup>36</sup> Planque, *Bibliothèque choisie*, vol. 5, p. 314. See also pp. 346-47.

<sup>37</sup> *Ibid.*, p. 349.

<sup>38</sup> Louys Guyon, *Les cours de medecine en françois contenant le miroir de Beauté et santé corporelle par M. Louys Guyon, Dolois, sieur de la Nauche, docteur en médecine et la théorie avec un accomplissement de pratique par M. Lazare Meysonnier* (Lyon, Daniel Cayet and Jacques Faeton, 1673), p. 250.

incidences of terms such as 'vir menstruatus' or 'vir menstruus' and in the French vernacular, 'homme réglé' as late as the 1780s.<sup>39</sup> Historian Chantal Beauchamp has demonstrated the persistence of such beliefs in medical theory well into the nineteenth century.<sup>40</sup>

Whilst free-flowing, periodic haemorrhoidal fluxes brought relief and good health, suppression provoked similar symptoms to those experienced by women suffering from menstrual irregularities. Seventeenth-century physician Philibert Guybert (d. 1633) who wrote a book of charitable remedies covering a variety of ailments ostensibly for the poor to self-medicate, included the following comment about male menstrual bleeding through bleeding piles:

les flux des hemorroides quand il est modéré, il ny faut point toucher. Ces soins de cette évacuation qui soit l'ouvrage de la nature, en les supprimant, ont des desordres semblables à ceux qui sont la suite de la suppression des regles dont le cours est si avantageux au beau sexe.  
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Several decades later Freind noted that:

Il faut observer que l'évacuation periodique étant supprimée dans ces hommes, non-seulement elle leur ôte la santé, mais qu'il leur arrive encore les mêmes symptômes, qui ont coutume d'arriver aux femmes qui sont privées de leurs menstruës, de maniere que si cette suppression dure trop longtemps; ils deviennent réellement et de fait histeriques.<sup>42</sup>

The surgeon Nicolas de Blégny (1652-1722) provides us with a case in point. In 1683 he was called upon as medical 'expert' in the case of a brother and sister who had been incarcerated in the hospital of La Salpêtrière in Paris following charges of demonic

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<sup>39</sup> Pomata, 'Menstruating Men', p. 118. The reference is taken from an entry in the *Histoire et mémoires de la Société Royale de Médecine* (1780-81), p. 287.

<sup>40</sup> Chantal Beauchamp, *Le sang et l'imaginaire médical. Histoire de la saignée aux XVIIIe et XIXe siècles* (Paris, Desclée de Brouwer, 2000), pp. 89-93.

<sup>41</sup> Philibert Guybert, *Le médecin charitable enseignant la manière de faire et de préparer la maison avec facilité et peu de frais les remedes propres à toutes maladies, selon l'avis du médecin ordinaire* (Lyon, [n. pub.], 1625), p. 419.

<sup>42</sup> Freind, *Emmenologie*, pp. 103-4.



possession. After twelve visits he dismissed the claims of possession and diagnosed hysteria in both cases. Each of the siblings he claimed had a naturally atrabilious or melancholic temperament. In the man this had degenerated into a suspension of his haemorrhoids whilst his sister's menses were suppressed and had transformed into 'whites' over the past three years. He judged that in both siblings the symptoms of convulsions, vomiting, cries, shouts, and irregular pulse had been caused by the retention and change of their previously natural and regular purgations.<sup>43</sup> For Blégný the suppression of bleeding haemorrhoids held the same consequences as the retention of the menses for the well-being of the person. Thus the bloody discharge from haemorrhoids was objectively equated with menstrual flow. Both were necessary for a healthy balance and should be periodic in nature and quantity. The formal decriminalisation of witchcraft by the Parisian Parlement in 1682 may have contributed to the search for a medical, rather than supernatural explanation for such symptoms.<sup>44</sup> However, there is strong evidence in pre-1680 medical sources to suggest that male periodic bleeding was deemed essential to health. For instance, Guyon's medical lectures printed in 1659 listed melancholy amongst the problems caused by the suppression of such fluxes. He warned that 'on prendra garde aux hemorroides qu'avoient accoutumé de fluer, si elles s'arrêtent, ou sont arrêtées mal à propos, et que l'on mene une vie oisive, sans faire aucune évacuation; cela sera cause souvent de beaucoup de maladies dangereuses.'<sup>45</sup> A change in the amount of fluid emitted was also potentially dangerous to the fragile balance of male health. Too much or too little fluid could provoke constipation, lassitude, heat waves and a tightening of the chest. Just like its female counterpart, the male body clock could be out of time provoking ill-health. In an earlier work, Blégný had

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<sup>43</sup> Nicolas de Blégný, *La doctrine des rapports de chirurgie, fondée sur les maximes d'usage et sur la disposition des nouvelles ordonnances* (Lyon, Thomas Arnaulry, 1684), pp. 260-66.

<sup>44</sup> Alfred Soman, 'La décriminalisation de la sorcellerie en France', *Histoire, économie, société*, 4 (1985): 179-203 reprinted in *idem, Sorcellerie et justice criminelle: le parlement de Paris, 16<sup>e</sup> - 18<sup>e</sup> siècles* (Aldershot, Ashgate, 1992): 179-203, see p. 198. Soman argues that witchcraft was rarely prosecuted after 1624 see pp. 196-97.

<sup>45</sup> Guyon, *Les cours de medecine en françois*, p. 251.

warned that men who did not purge regularly through the haemorrhoidal veins, particularly those of Saturnine or Splenetic temperament, would often find that the left spermatic vein became blocked and dilated to form a venous hernia requiring the regular application of ointment to reduce the swelling.<sup>46</sup>

The treatment of haemorrhoids depended on whether they were internal or external and the regularity with which they bled.<sup>47</sup> Blégny specified one remedy containing roses, egg white and saffron to be applied three-hourly as a plaster to ‘hemorrhoides qui ne sont pas ouvertes, ou qui ont cessé de couler’ in order to stimulate the emission.<sup>48</sup> Recipes to restore hemorrhoidal flux often contained similar ingredients to those designed to stimulate menstrual bleeding stressing the physiological homology of the humoral economy. Physicians Dubois and Lazare Rivière (1589-1655) noted that remedies for immoderate menstrual bleeding could also be used to stem excessive haemorrhoidal flux.<sup>49</sup>

Despite the fact that different orifices were generally pin-pointed for male and female menstrual bleeding, it was also held, as we have seen in Chapters One and Two, that women could ‘menstruate’ vicariously from much the same locations as men, namely the nose, fingers and anus. As we saw in Chapter Two, it was also widely believed in medical and lay circles that the humours sought the nearest and easiest exit, so that if the natural pathway was blocked they would be discharged via an alternative route. It is perhaps not surprising therefore, given the strength of the associations between female

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<sup>46</sup> Nicolas de Blégny, *Fragment d'un projet d'histoire concernant la chevalerie chrestienne, au sujet des remèdes exquis et des panacées charitables, envoyez à Cayenne l'an 1697 par les hospitaliers du Saint-Esprit* (Angers, veuve d'Avril, 1697), p. 35.

<sup>47</sup> Anne-Marie d'Auvergne, *Secrets touchant le medecine* (Paris, Michel Vaugon and Pierre Prome, 1668), p. 47.

<sup>48</sup> Nicolas de Blégny, *Les nouvelles decouvertes sur toutes les parties de la medecine recueillies en l'année 1679 par Nicolas de Blégny, chirurgien du Roy, maistre juré à Paris* (Paris, Laurent d'Houry, 1679), p. 125.

<sup>49</sup> Dubois, *De l'utilité des moys*, p. 211. On this see also Lazare Rivière, *La pratique de medecine avec la théorie traduite nouvellement en françois par M. F. Deboze docteur en medecine et maître chirurgien juré à Lyon* (2 vols., Lyon, Jean Certe, 1682) vol. 2, p. 352.



genital menstrual bleeding and male bleeding from haemorrhoids or the penis, that such flows were not deemed reliable proof of sexed and gendered identity.

## Defining Hermaphroditism

Paré identified four types of hermaphrodite in the later sixteenth century. This classification is found in his work on human generation, and more specifically in the section on monsters and prodigies. The four categories were: male-dominant, female-dominant, imperfect and perfect hermaphrodites. This classification appears to have been fairly standard and is evident in the works of physicians Liébaut and André du Laurens (1558-1609).<sup>50</sup> Venette added a fifth category of girls with enlarged clitorises or ‘tribaudes’.<sup>51</sup> Paré defined a predominantly male hermaphrodite as:

celuy qui a le sexe de l’homme parfait et qui peut engendrer et a au perinaeum un trou en forme de vulve, toutefois non penetrant au dedans du corps, et d’iceluy ne sort urine ne semence.<sup>52</sup>

A predominantly female hermaphrodite not only had a perfectly-formed vulva from which her seed and menses would be expelled, but also a small penis:

sans prepuce, mais une peau delice, laquelle ne se peut renverser ne retourner, et sans aucune erection, et d’iceluy ne sort urine ny semence, et ne s’y trouve vestige de scrotum ne testicules.<sup>53</sup>

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<sup>50</sup> Liébaut, *Trois livres*, pp. 630-33; André du Laurens, *Les œuvres de maitre André du Laurens sieur de Ferrieres, conseiller et premier medecin du tres-chrestien Roy de France et de Navarre, Henry le Grand, et son chancelier en l’université de Montpellier, traduites de Latin en François par M. Théophile de Gelée medecin ordinaire de la ville de Dieppe* (Paris, Mathieu Guillemot, 1646), p. 397. See also *La grande chirurgie de Mr. Guy de Chauliac medecin tres fameux de l’université de Montpellier composée en l’an de grace 1363 traduit par Laurens Ioubert medecin ordinaire du Roy et du Roy de Navarre, premier docteur regent stipendie chancelier et juge de ladicte université* (Lyon, les héritiers Simphorien Beraud, 1592), p. 592; Thomas Corneille, *Le dictionnaire des arts et des sciences par M. D. C. de l’Académie Française* (2 vols., Paris, Jean-Baptiste Coignard veuve, 1694), vol. 1, p. 531; Jacques Duval, *Des hermaphrodits, accouchemens des femmes, et traitement qui est requis pour les relever en santé et bien élever leurs enfans* (Rouen, David Geoffroy, 1612), p. 360.

<sup>51</sup> Venette, *De la generation*, p. 584. The five types he cited were, male hermaphrodites with functioning genitalia, male hermaphrodites with non-functioning genitalia, girls with enlarged clitorises, imperfect and perfect hermaphrodites. On the merging of hypertrophied clitorises and tribadism or female homosexuality see Park, ‘The Rediscovery of the Clitoris’.

<sup>52</sup> Paré, *Des monstres et prodiges*, p. 24.

<sup>53</sup> Ibid.

Imperfect hermaphrodites were classed as neither male nor female with both sets of malformed genitalia situated side by side, or one above the other, serving only to urinate. Imperfect hermaphrodites were considered to be completely sterile since neither set of genitals functioned entirely correctly. In contrast, perfectly-formed hermaphrodites possessed two complete sets of genital organs and posed much more serious problems to gender 'norms'. Such hermaphrodites were considered to be fertile and capable of engendering both within and outside their bodies. They can be located exactly in the middle of the humoral sliding scale of hot-cold.

The superficial assimilation of hermaphrodites with monsters found in works such as Paré's is belied by the importance attached to their civil status in both medical and judicial texts. The basis of personhood and civil status in early modern France was heavily gendered. Sexed identity existed as a precursor to the more significant role of gender and the appropriate functions, appearance and behaviour associated with this. In other words, as Laqueur has argued, gender can be seen to have taken priority over sex – culture supplanted nature.<sup>54</sup> Theoretically, it almost mattered less to which gendered identity an individual adhered, as long as they remained consistent in their choice and did not pertain to be more than one gender at once, or to enjoy the rights and status accorded to both genders:

For hermaphrodites the question was not 'what sex they really are', but to which gender the architecture of their bodies more readily lent itself. The concern of magistrates was less with corporeal reality – with what we would call sex – than with maintaining clear social boundaries, maintaining the categories of gender.<sup>55</sup>

Once their sex had been legally determined, a hermaphrodite had the same civic rights as any other individual within the boundaries ascribed to their gender. For instance, questions

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<sup>54</sup> Laqueur, *Making Sex*, p. 135.

<sup>55</sup> Ibid.



regarding the capacity of hermaphrodites to inherit and hold positions of authority within society also entered jurisprudence.<sup>56</sup> Eighteenth-century jurist François Richer noted that:

aucun texte de droit ne met l'état d'hermaphrodite au nombre des vices qui opèrent l'incapacité de posséder des benefices, et nous voyons que toutes les loix civiles admettent ceux qui ont ce défaut.<sup>57</sup>

And yet, hermaphrodites were not merely assigned a gender identity, but also a sexed identity depending on their physical characteristics and appearance. If it had been a simple question of gendered identity alone, that is appearance, dress and behaviour, then transvestism, as long as consistent, would perhaps have been regarded with greater leniency. However, it was important for the sexed identity and the civil gender to coincide.

The problem of legal sexual identity was particularly acute with regard to the fourth type of hermaphrodite - perfect hermaphrodites. It was of this category that Paré wrote:

Et à ceux cy les loix anciennes et modernes ont fait et font encore eslire duquel sexe ils veulent user, avec defense, sur peine de perdre la vie, de ne se servir que de celui duquel ils auront fait election, pour les inconveniens qui en pourroyent advenir.<sup>58</sup>

The problem was exacerbated by the lay and medical belief that perfect hermaphrodites could procreate. Diarist Pierre de l'Estoile included an account of a perfect hermaphrodite who returned home from the army to his wife and gave birth to a baby girl in 1601:

un mien ami me montra des lettres de Strasbourg, de M. Bangars, agent du roi en Allemagne, datées du septième de ce mois, par lesquelles il lui donnait avis d'un soldat de la compagnie du capitaine Guichart, de Liebenau, qui, ayant servi aux Pays-Bas, et étant de retour en sa maison, au mois de mai dernier, étant couché auprès de sa femme, avec laquelle il y avait sept ans qu'il était marié, se senti assailli d'une forte colique, et au bout d'une heure accoucha d'une fille. Sa femme l'ayant déferé à la justice, il confessa qu'il avait les

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<sup>56</sup> See the case of Angélique de la Motte d'Apremont discussed below. Hermaphrodites were forbidden from holding office as judges or lawyers. On the legal status of hermaphrodites see Daston and Park, 'Hermaphrodites in Renaissance France', pp. 6-7.

<sup>57</sup> Jean-Paul Bouchon (ed.), *François Richer, Le procès d'Angélique de la Motte, religieuse prétendue hermaphrodite, d'après François Gayot de Pitaval, extrait des causes célèbres et intéressantes, avec les jugements qui les ont décidées, rédigées de nouveau par M. Richer, ancien avocat au Parlement* (Amsterdam, Marc-Michel Rey, 1772-1788, Facsimile, Poitiers, Paréiasaure théromorphe, 1995), p. 21. Sister Damilly was not instated as abbess of the convent since she belonged to a different order.

<sup>58</sup> Paré, *Les œuvres*, p. 25



deux sexes dès sa naissance, qu'il avait été baptisé garçon et nommé Daniel et qu'il avait couché, aux Pays-Bas, avec un Espagnol, une seule fois, et en était devenu gros. Son enfant fut baptisé et nommé Elisabeth. La cérémonie fut faite à la soldatesque, avec trompettes et tambours, en compagnie de 500 soldats. Il allaitait son enfant de la mamelle droite, et avait la gauche mâle, qui ne donnait pas de lait : aussi, était-ce au côté gauche qu'il avait les instruments de virilité, par lesquels il rendoit son eau comme un mâle.<sup>59</sup>

Venette remarked that 'il s'en est vu qui étoient capables d'engendrer dans les deux sexes, et qui avoient la mamelle droite d'homme et la gauche de femme'.<sup>60</sup>

Jurists called upon medical experts to declare the dominant sex and therefore to ascribe the relevant gender to an alleged hermaphrodite, in order that he or she could fulfil society's expectations of gendered appearance and behaviour. The 1704 *Dictionnaire de Trévoux* recorded the following entry:

Celui qui a les deux sexes ou deux natures d'homme, et de femme. La marque de l'un et de l'autre sexe est d'ordinaire imparfaite. Les intepretes du Droit pretendent que l'Hermaphrodite lequel a choisi le sexe viril qui prevaloît en lui, ne peut plus faire l'office de femme, et rapportent un arrêt du parlement de Paris, par lequel un jeune hermaphrodite fut condamné à être brûlé pour cela.<sup>61</sup>

The responsibility for deciding which sex and gender an individual belonged to fell heavily on the shoulders of the medical 'expert'.<sup>62</sup> Paré outlined the role of the medical 'expert' in examining the hermaphrodite and attributing the correct sex and gender. He listed a detailed series of primary and secondary sexual characteristics which the medical expert should check when making his/her decision. Nonetheless, such a responsibility

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<sup>59</sup> André Martin (ed.), *Pierre de L'Estoile, journal pour le règne de Henri IV* (2 vols., Paris, Gallimard, 1958), vol. 2, p. 34, Monday 16 July 1601.

<sup>60</sup> Venette, *De la generation*, p. 587, 594. Long argues that concerns over hermaphrodites masked deeper anxieties about reproduction in general, see her 'Jacques Duval on Hermaphrodites', in *idem* (ed.), *High Anxiety: Masculinity in Crisis in Early Modern France* (Kirkville, Missouri, Truman State University Press, 2002): 107-38, pp. 114-24.

<sup>61</sup> *Dictionnaire universel de français et latin contenant la signification et la definition, tant des mots de l'une et de l'autre langue, avec leurs differens usages* (3 vols., Trévoux, Estienne Garceau, 1704), vol. 2, n. p. This is also mentioned by Pierre-Jacques Brillion who gives the date of the *arrêt* as 1603. See his *Dictionnaire des arrests, ou jurisprudence universelle des parlemens de France, et autres tribunaux* (6 vols., Paris, Guillaume Cavellier, 1711), vol. 2, pp. 366-67.

<sup>62</sup> Venette, *De la generation*, p. 605.



presupposed some concept of the physical manifestations of masculinity and femininity as well as a grasp of contemporary perceptions of male and female personalities. Great importance was also attached to the disposition of the genitals in relation to the overall appearance of the body:

Les medecins et chirurgiens bien experts et advisez peuvent cognoistre si les hermafrodites sont plus aptes à tenir et user de l'un que de l'autre sexe ou des deux, ou de rien. Et telle chose se cognoistra aux parties genitales, à sçavoir si le sexe feminin est propre en ses dimensions pour recevoir la verge virile et si par iceluy fluent les menstrues; pareillement par le visage, et si les cheveux sont deliez ou gros, si la parole est virile ou gresle, si les tetins sont semblables à ceux des hommes ou des femmes; semblablement si toute l'habitude du corps est robuste ou effeminee, s'ils sont hardis ou craintifs, et autres actions semblables aux masles et aux femelles. Et quant aux parties genitales qui appartiennent à l'homme, faut examiner et voir s'il y a grande quantité de poil au penil et autour du siège, car communément et quasi toujours les femmes n'en ont point au siège [...] la verge virile est bien proportionnée en grosseur et en longueur et si elle se dresse et d'icelle sort semence, qui se fera par confession de l'hermaphrodite, lors qu'il aura eu la compagnie de femme.<sup>63</sup>

This was an extremely important task, since mistakes could have undesirable, if not tragic, consequences for the individual concerned and society as a whole. Writing slightly later than Paré, du Laurens reiterated the significance of such decisions. He blamed ignorant midwives who misinterpreted genital malformations at birth, such as a short or hidden penis or testicles, which resulted in the infant being baptised into the wrong sex and vitally, the wrong gender. Surgeon Pineau cited a case of just such a mistake in Saint-Denis, Paris in 1577 when a newborn baby baptised as a girl was later found to be a boy.<sup>64</sup> Inevitably, such confusion did not exist with regard to newborn infants alone, but also applied to pubescent and mature adults. In such instances, the danger posed by the transgression of gender 'norms' was evidently far greater, and held severe consequences for the individual and social order. Indeed one of the greatest early modern concerns reflected in such

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<sup>63</sup> Paré, *Les oeuvres*, p. 26. See also Venette, *De la generation*, p. 605.

<sup>64</sup> Du Laurens, *Les oeuvres*, p. 358. The importance of attributing the correct sex to a new-born was underlined by Guyon, *Les cours de medecine en françois*, p. 366.

judgements was the fear of false appearance, or imposture and the usurping of roles or behaviour assigned to others.<sup>65</sup> Moreover, such concerns were exacerbated when transgressive behaviour threatened not guild restrictions or the gendered division of labour, but more importantly the patriline and the marital regime. The threat of disordered sexuality and inappropriate sexual activity and the consequences this entailed for procreation were uppermost.

In the mid seventeenth century an inheritance squabble between two nuns concerning the ownership and title of the convent of the Filles-Dieu at Chartres, exploited common concerns about sexual mores and 'normative' sexed as well as gendered boundaries.<sup>66</sup> The procedure was later presented within the literature of jurisprudence as a test-case in the debate about the civil status of a hermaphrodite and, more precisely whether a hermaphrodite could inherit property and be admitted as an abbess.<sup>67</sup> In actual fact however, the affair reveals more about society's reactions to the transgression of gendered identity and sexual behaviour.

On 29 December 1661, the *Grand Conseil* of the Parlement of Paris heard the case brought by Sister Damilly against Sister Angélique de la Motte d'Aprement, abbess of the priory of the Filles-Dieu of Chartres. Apremont had received the convent and title in a legacy left to her by a maternal aunt. Damilly, who herself wished to be abbess of the convent, accused Apremont of hermaphroditism, of sexually abusing men and women, and of incurring several pregnancies herself.<sup>68</sup> Apremont was fifty-five at the time of the accusations and had lived all her life as a woman (having been declared female at birth) and the previous thirty-six years as a nun.<sup>69</sup> Given the severity of the accusations, it was eventually decided that Apremont should be subjected to medical expertise, despite the

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<sup>65</sup> This was also reflected in the concern over transvestism, see Steinberg, *La confusion des sexes*, p. 19.

<sup>66</sup> Bouchon (ed.), *Richer, le procès d'Angélique de la Motte*, p. 21.

<sup>67</sup> *Ibid.*, pp. 14-16.

<sup>68</sup> *Ibid.*, pp. 17-19. See also Graille, *Les hermaphrodites*, pp. 119-24.

<sup>69</sup> Bouchon (ed.), *Richer, le procès d'Angélique de la Motte*, p. 22.



sacrilegious nature of such a violation of a bride of Christ. The ensuing examination conducted by four physicians, four surgeons and four midwives found that Apremont was equipped with the genitals of both sexes.<sup>70</sup> The report stated that the experts:

furent tous d'avis qu'elle avoit les deux sexes; mais ils ne furent pas d'accord sur celui qui prévaloit. La plus grande partie jugeoit néanmoins que c'était le masculin, et tous convenoient qu'elle ne pouvoit ni engendrer, ni concevoir par les défauts essentiels de son organisation.

Apremont had followed the dictates of the law and assumed a clearly gendered identity all her life and yet she was found guilty of having 'plus abusé du sexe de l'homme' and was stripped of her religious status and sentenced to flogging and a prison term.<sup>71</sup> She was convicted of having used her position of authority as abbess and her ambiguous sexual identity to have sexual relations with both men and women. In particular, it is suggested that her relationships with women may have entailed the assumption of an active, penetrative male role on her part. Apremont was not being punished for her indeterminate sexual and gendered identity, but rather for the abuse she had made of this position and the discrepancy between her public and private roles. Clearly, it was not Apremont's ambiguous gender which caused concern here since her public and civic gender role had remained constant, but rather the ambiguity of her private sexed identity and sexual orientation which was brought to trial and the threat of disorder this posed.

### Spontaneous Transformations

The ambiguous nature of sexual difference was exacerbated by cases such as that of Marie Germain who appeared to spontaneously transform into a man from one moment to the next having previously been regarded as entirely female despite the presence of a

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<sup>70</sup> Ibid., p. 25.

<sup>71</sup> Ibid.

ginger beard. Recounted by Paré, essayist Michel de Montaigne, and humanist Guillaume Bouchet (1513-1594), the story of Marie Germain took on legend-status in sixteenth-century France. Paré and Montaigne differed over details concerning Marie Germain's age at the time of her transformation, but otherwise their stories are consistent. In an entry to his *Journal de Voyage* in 1580-81, Montaigne described his encounter with Marie Germain in the town of Vitry-le-François: 'un homme encore vivant nommé Germain [...] a été fille jusques à l'âge de vingt-deux ans'. Wholly accepted as a girl, Marie wore female clothes and kept female company, the only remark being that:

elle avait un peu plus de poil autour du menton que les autres filles: et l'appeloit-on Marie la barbue. Un jour faisant un effort à saut, ses outils virils se produisirent, et le cardinal de Lemoncourt, évêque pour lors de Châlons, lui donna nom Germain.<sup>72</sup>

The girls of the village subsequently, 's'entr'avertissent de ne plus faire de grandes enjambées, de peur de devenir mâles comme Marie Germain'.<sup>73</sup> Ten years after the event, Germain could be seen with a thick beard, but had not married or had children. No mention of his menstrual habits (or lack of) was recorded in any of the surviving accounts.

The role of menstrual bleeding in cases of spontaneous transformation was highlighted by practitioners, not because it defined the sexed identity of the individual, but on the contrary because the force of the first flow at menarche could push out the hidden, internal genitals, revealing the true sex. This entirely contradicts the equation of menstrual flow with womanhood since menses could serve to push out a penis rather than to indicate the capacity to conceive. Moreover, the presence of menses in such explanations does not appear to have affected attributions of maleness to the newly-transformed individual. Thus menses and penis could co-exist in the same body. Bouchet accounted for the case of Marie Germain in just this manner:

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<sup>72</sup> Michel de Montaigne, *Journal de Voyage* (Paris, Librairie Générale, 1974), p.24; *idem*, *Essais* (Paris, Garnier-Flammarion, 1979), III, 31, p. 263.

<sup>73</sup>Ibid.



Il advient qu'une partie charnue de la fille s'augmente de peu à peu, si bien que par un grand effort ce qui se cache par dedans peut sortir dehors; ou bien par l'impétuosité de leurs fleurs, quand elles commencent à leur sortir, ou bien quand on les marie, et le plus souvent il arrive aux femmes qui n'ont jamais eu leurs fleurs, ou qui les ont perdues lesquelles dégenèrent en nature virile, et sont appelées hommases et des latins viragines; parce quelles sont robustes, audacieuses et superbes, devenans barbues et values par tout le corps, à cause du sang quelles perdoient chacun mois, qui est retenu; et plus fortes à cause quelles approchent du sexe viril. Et se change de fille devenir garçon, se fait du genre féminin en masculin.<sup>74</sup>

Such phenomena were explained using the Graeco-Roman hot-cold continuum on which Laqueur has based his one-sex model. Following the plethora theory, a female suffering from retained menses could develop male physical characteristics such as a beard and body hair.<sup>75</sup> A frequently quoted example was the case of Phaetusë, taken from the Hippocratic corpus, who suffered the suppression of her menses following her husband's exile, resulting in the growth of a beard and the deepening of her voice.<sup>76</sup> Rivière was of the opinion that the only way to cure such transformations was to procure the return of regular menstrual bleeding.<sup>77</sup> By restarting the menstrual flow, Rivière hoped to divert the menses (which had provided the matter for extra bodily and facial hair) back to their usual outlet. Guyon following the advice of Albucasis and Guy de Chauliac (1300-1368) advocated a surgical incision to remove the excess flesh and unblock the path for the menstrual flow to resume its normal course.<sup>78</sup>

By the beginning of the seventeenth century the theory of spontaneous sex change was under attack. Physician Jacques Duval (1555-1620) argued that such transformations

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<sup>74</sup> Guillaume Bouchet, *Les serées de Guillaume Brochet de Bouchet divisées en trois livres* (Lyon, Pierre Rigaud, 1617), p. 84.

<sup>75</sup> On this see Brian Lawn (ed.), *The Prose Salernitan Questions. An Anonymous Collection dealing with Science and Medicine written by an Englishman c. 1200. Edited from a Bodleian Manuscript (Auct F. 3. 10)* (Oxford, Oxford University Press, 1979), p. 222, Q. 42 quare mulieres non habent barbum sicut viri?, Q. 43. quare eunuchi barbum non habent?, p. 233, Q. 73. quare, mulieres postquam senescunt barbum producunt?, p. 221, Q. 37, quare mulieres habent menstrua et non viri?

<sup>76</sup> Duval, *Des hermaphrodits*, p. 369.

<sup>77</sup> Rivière, *Pratique*, p. 497.

<sup>78</sup> Guyon, p. 322.

were not possible. Instead of a sex change occurring because of the retention of menses and increased heat, the true, existing sex was revealed. Duval claimed that menstrual bleeding was not a reliable sign of the female sex, but that it permitted the descent of male genitalia and thus girls could be seen to turn into boys. He cited the contemporary example of Marie Pachea who 'estant parvenue à l'aage auquel les filles commencent à avoir leurs purgations naturelles, au lieu des menstrues luy sortit un membre viril'.<sup>79</sup> Unusually, Duval also argued that the same transformation could happen in the reverse situation; a boy could become a girl.<sup>80</sup> The majority of medical authors refuted this possibility arguing that nature always tended towards perfection and thus would strive to achieve the male, rather than female sex.<sup>81</sup> It is this Aristotelian contention which forms the basis for Laqueur's interpretation of hermaphroditism as part of the hot-cold continuum and one-sex model. Nonetheless, Duval contended that this indeed could and did happen. He claimed that 'la partie muliebre est cachée [...] puis venant l'aage que les menstrues coulent aux filles sur le quatorzième ou quinzième an, le sang redondant, rompt l'obstacle, et se faict voye par ces parties qui ne vont iamais en diminuant'.<sup>82</sup> He cited the cases of a pregnant priest which was unfolding as he wrote and a novice at the abbey of Sainte Genevieve in Paris, 1575 to support his claim. The novice had lived in the abbey as a boy since the age of twelve, but after having been sentenced to a public, naked flogging for a crime, he admitted that he had felt himself to be a girl for the previous four or five years. A medical examination revealed the existence of female genitalia and the novice later married and bore children.<sup>83</sup> Duval accounted for both versions of transformation male-female and the

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<sup>79</sup> Duval, *Des hermaphrodits*, p.369. This case was also noted by Paré. See Céard (ed.), *Des monstres et prodiges*, p. 29 and Bouchet, *Les serées*, p. 84.

<sup>80</sup> Duval, *Des hermaphrodits*, p. 353.

<sup>81</sup> Bouchet, *Les serées*, p. 84.

<sup>82</sup> Duval, *Des hermaphrodits*, p. 354.

<sup>83</sup> *Ibid.*, pp. 351-52.



more common female-male, arguing that a sex-change was not spontaneously engendered, but rather that the hidden parts and true sex were revealed.<sup>84</sup>

Will Fisher has accused Laqueur of 'genitocentrism' and of failing to analyse the parallel transformations in facial and bodily hair which are evident in cases of alleged hermaphroditism.<sup>85</sup> Fisher argues that beards as well as genitals materialised sexual difference in the Renaissance. He cites the case of Marie Germain claiming that her facial hair thickened from a few hairs on her chin to a full beard at the same time her male genitals were pushed out.<sup>86</sup> Following the humoral continuum Fisher seeks to demonstrate the existence of more than two genders in the early modern period. Men were differentiated from boys, in much the same way that women were distinguished from girls; men primarily from the appearance of facial hair and women following the commencement of menstrual bleeding.<sup>87</sup> Boys in this sense fitted into a similar gender category to smooth-chinned eunuchs. The lack of facial hair was equated with an inability to procreate and thus boys, like eunuchs were forbidden from marrying.<sup>88</sup>

In reality, the appearance of facial hair as a marker of sexual difference, was, like the commencement of menstrual bleeding, problematic. Like menses, a beard was not always a certain sign of sexual difference, nor of the capacity to engender. Early modern medical practitioners warned against misinterpreting the development of male secondary sexual characteristics as a sign of sex-change. Du Laurens was sceptical of the view of bearded women as men: 'toutes celles à qui il vient de la barbe, qui ont la voix plus grasse, et le corps comme celui d'un homme ne doivent pas estre tenues pour hommes, ny croire

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<sup>84</sup> Ibid., p. 372. For a discussion of the concept of the 'true sex' see Foucault, *Herculine Barbin*, Introduction.

<sup>85</sup> See Will Fisher, 'The Renaissance Beard: Masculinity in Early Modern England', *Renaissance Quarterly*, 54 (2001): 155-87, p. 158.

<sup>86</sup> Ibid., pp. 157, 166.

<sup>87</sup> Laurence Moulinier, 'Le corps des jeunes filles dans les traités médicaux du moyen age', in L. Buit-Zaidman, et al. (eds), *Le corps des jeunes filles de l'antiquité à nos jours* (Paris, Perrin, 2001): 80-109.

<sup>88</sup> Fisher, 'The Renaissance Beard', pp. 176-78.

que leurs parties genitales pendent dehors'.<sup>89</sup> Taking up the much-cited case of Phaetüsë from antiquity he argued that despite the fact that she 'eut de la barbe et devint toute velue, toutefois nous ne lisons point, qu'il y eut rien de changé en la situation de ses parties genitales'.<sup>90</sup> Jean Riolan (1580-1657) also warned against attributing the male sex to an individual who appeared to have a beard, arguing that 'le poil des levres ne peut tesmoigner la virilité parfaite, il devoit en l'aage de vingt ans paroistre manifestement; joinct qu'il s'est veu des femmes barbues comme des hommes'.<sup>91</sup> Fearful of the deceptive female narrative, Venette argued that beards were unreliable and that ability to procreate should be measured 'lors qu'un homme peut jeter de la semence, et que les regles paroissent à une fille', rather than by the appearance of a beard.<sup>92</sup> He argued that a beard denoted nothing more than a hot, dry temperament and that women having 'quelque poil au menton, et par le corps, et qui ont la voix un peu grasse ne sont que de veritables femmes'.<sup>93</sup>

As Fisher himself points out, a bearded lady was not viewed as masculine or unfeminine, but rather as a monstrous aberration.<sup>94</sup> Similarly a menstruating man did not become a woman. The appearance of menstrual blood in a girl signalled the onset of puberty and her potential for conception, yet it was recognised that the onset of regular periodic bleeding in a man did not affect his ability to procreate, although it may have been deemed beneficial to his general health and well-being.<sup>95</sup> Indeed as Pomata demonstrates, cases of menstruating men were not linked to hermaphroditism – a menstruating man was not deemed effeminate.<sup>96</sup>

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<sup>89</sup> Du Laurens, *Les œuvres*, p. 358.

<sup>90</sup> Ibid.

<sup>91</sup> Jean Riolan, *Discours sur les hermaphrodits, ou il est démontré contre l'opinion commune qu'il n'y a point de vrais hermaphrodits* (Paris, Pierre Ronier, 1614), p. 38.

<sup>92</sup> Venette, *De la generation*, p. 108.

<sup>93</sup> Venette, *De la generation*, p. 598.

<sup>94</sup> Fisher, 'The Renaissance Beard', p. 169.

<sup>95</sup> Pomata, 'Menstruating Men', p. 124.

<sup>96</sup> Ibid., p. 119.



Rather than fixed signs of sexed identity, beards and menstrual flow were viewed as fluid, changing expressions of a fluctuating physiological homology in male and female bodies. Although noted, they could not be relied upon alone as absolute proof of sex. Instead, in contrast to Fisher's criticism of Laqueur, much evidence points to the importance of the primary sexual characteristics or genitals which were less ambiguous. Although the one-sex model locates the internal and external positioning of the female and male genitals on a scale of hot and cold, many early modern medical practitioners argued that the genitals were less likely to undergo dramatic changes related to humoral or temperamental developments than other parts of the body. Early modern medical practitioners focused on the appearance, function and capacity to engender of genitals, not simply their positions within or without the body in order to decide which sex prevailed. Riolan argued convincingly that:

les signes que l'on tire de la voix, du visage, des mammelles, de la corpulence et force du corps sont incertains [...] on donnera le sexe convenable à l'hermaphrodite, selon les parties genitales qui sont les mieux formées, et par où l'urine s'écoulera, qui desontre que l'urethre y est terminée et arrestee.<sup>97</sup>

A number of other eminent seventeenth-century anatomists, surgeons and physicians strongly countered the one-sex model;<sup>98</sup> for instance, du Laurens argued that:

les parties genitales des hommes et des femmes ne different pas seulement en situation mais aussi en nombre, en forme et en composition [...] en quelque maniere donc que tu renverses le col de la matrice, elle ne representera jamais le membre viril.<sup>99</sup>

Riolan and Venette specifically addressed the issue of the one-sex model condemning the short-sightedness of those who followed the teachings of Galen and Fallopius. They both argued that men and women had such different genitalia that they could not possibly change from one sex to the other, despite Galen's model. Riolan added that

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<sup>97</sup> Riolan, *Discours sur les hermaphrodites*, pp. 124-29.

<sup>98</sup> Stolberg, 'A Woman Down to her Bones'.

<sup>99</sup> Du Laurens, *Les œuvres*, p. 358.

un bon Anatomiste jugera facilement, qu'en quelque façon et manière on puisse tourner et figurer, même avec les mains, la matrice et ses dépendances jamais ne ressemblera à la structure et composition du membre viril.<sup>100</sup>

Venette was even more categorical in his dismissal of this model:

Quelque savans anatomistes qu'ils soient, auroient de la peine à soutenir cette opinion, car si l'on observe la différente structure des parties des deux sexes, si l'on en examine le nombre et la figure; enfin si l'on en compare l'action et l'usage, on verra bientôt quelles sont tout à fait différentes les unes des autres [...] leur parties genitales sont fortes différentes.<sup>101</sup>

Daston and Park have argued convincingly that 'genital functions prevailed over all other signs, no matter how strong their conflicting testimony [...] It was sex, and sex defined even more narrowly along anatomical lines, rather than gender, that located the boundary between men and women.'<sup>102</sup> Laqueur himself states that 'Renaissance doctors and lay-people differentiated between the genital organs of males and females, and those with a penis were designated men', suggesting that physical attributes, and in particular genitalia, were indeed related to gender.<sup>103</sup> Although attention was paid to the general aspect of the body, the deciding factor appears to have been the disposition, appearance and function of the genital organs. Beards, like menstrual bleeding could not be relied upon alone, but needed to be accompanied by other verifiable, material signs, in order for a decision about the sexed and gendered identity of an individual to be made accurately. What was hidden could be revealed, but it could not be spontaneously generated. When other characteristics were uncertain, physicians, surgeons, midwives, jurists and lay men and women turned to genitalia to measure sexual difference.

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<sup>100</sup> Riolan, *Discours sur les hermaphrodites*, pp. 67, 103.

<sup>101</sup> Venette, *De la generation*, pp. 17-18, 597.

<sup>102</sup> Daston and Park, 'Hermaphrodites in Renaissance France', pp. 4, 14.

<sup>103</sup> Laqueur, *Making Sex*, p. 139.



## Hermaphrodites in the Courtroom

The full complexity of early modern perceptions of sexual difference and, in particular, the role of the absence or presence of menstrual bleeding in definitions of masculinity and femininity and the reliance on genital evidence is best demonstrated by a closer examination of a number of key cases. For instance, on May 4 1601, twenty-one year-old Marie or Marin le Marcis was convicted by the court of Monstievillier, Normandy, of having:

mal pris l'habit, usurpé le nom et voulu mendier fausement le sexe d'homme. Et sous ce prétexte commis avec laditte Jeanne Le Fevre, un crime de Sodomie, et luxure abominable. Et pour abuser plus librement de sondit sexe, voulu couvrir ce détestable péché, du manteau du sacré mariage.<sup>104</sup>

It is interesting to note the judge's choice of expression here: Marie was accused of having usurped both the male role and 'le sexe d'homme'. This can be read on two levels. It suggests that the judge was as concerned by the physical imposture of Marie as a man, as by the gendered role this entailed, and also that this deception extended to the very core of male sexuality; the penis itself. Marie was guilty of having pretended to possess male genitalia and having performed the male sexual role. Ironically what eventually saved her from the gallows was the intimation that this penis might indeed be real and could quite possibly serve to procreate.

Marie le Marcis had lived as a female until the age of twenty when she had taken the name Marin and begun to dress as a man.<sup>105</sup> Marin and Jeanne had met at the home of Daniel Fremont where Marin was in service and Jeanne was attending Madame Fremont in childbed. Their request before the civil authorities to marry sparked the controversy and

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<sup>104</sup> Duval, *Des hermaphrodites*, p. 396. This case has been discussed by Daston and Park, 'Hermaphrodites in Renaissance France', See also Graille, *Les hermaphrodites*, pp. 113-17; Steinberg, *La confusion des sexes*, pp. 117-20; Long, 'Jacques Duval on Hermaphrodites', in *idem* (ed.), *High Anxiety*, pp. 107-38; Joseph Harris, "'La Force du Tact': Representing the Taboo Body in Jacques Duval's *Traité des Hermaphrodites* (1612)", *French Studies*, 57, 3 (2003): 311-22.

<sup>105</sup> Duval, *Des hermaphrodites*, pp. 383-84.

subsequent trial, as a result of which, Marie/Marin was sentenced to be burnt at the stake and Jeanne to public flogging. The judge of Monstiervillier recorded that Marie/Marin had:

offensé Dieu et la Iustice de s'estre dit homme, veu qu'on n'en avoit trouvé aucuns indices, mais au contraire tous les signes de fille, non seulement par la formation de ses parties qui estoient toutes feminines mais aussi pour le faict des fleurs ou menstres lesquelles n'ont accoustumé paroistre sinon aux filles et femmes.<sup>106</sup>

During the trial, Marie/Marin's mother and Madame Fremont, testified that Marie/Marin had had 'ses purgations naturelles par plusieurs et diverses fois'. Marie/Marin disputed this and claimed that the women's testimonies were false and that Madame Fremont hated her/him. Two court-ordered medical visits, initially performed by two surgeons, and subsequently by a physician, an apothecary and a further two surgeons, revealed no obvious signs of virility, but did not comment on the absence or presence of menstrual bleeding in Marie/Marin's body either.<sup>107</sup> This may have been due to the brevity of the examination and the fact that it was perhaps not the right moment in Marie/Marin's menstrual cycle. It is however, striking that the experts did not remark on whether there were any signs that Marie/Marin did menstruate given that the judge had cited this evidence in the previous hearing. Marie/Marin and Jeanne appealed to the Parlement of Rouen and another medical examination was ordered. This time Marie/Marin was inspected by six physicians; two surgeons and two midwives. Their report included a description of the general aspect of Marie/Marin's body and concluded that she was a woman, despite the under-development of certain female characteristics:

L'ovale ou sein de pudicité {est} un peu plus étroit qu'aux filles de pareil aage, aucun hymen ny vestige d'iceluy, mais bonne quantité de poil roux et poil noir qui sortait de la levre superieure au dessus de l'os pubis, environ le lieu de la situation de la vulve, nous sentions quelque chose ferme et dur de la longueur et grosseur du poulce.<sup>108</sup>

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<sup>106</sup> Ibid., p. 394.

<sup>107</sup> Ibid., p. 393.

<sup>108</sup> Ibid., pp. 399-401.



Again, no mention of Marie/ Marin's menstrual habits, or lack of, was made by the medical experts.

Duval, having heard of the case, intervened and conducted a further two examinations of Marie/Marin himself in search of the truth of sexual difference. In such cases, as with the incidences of female bleeding we looked at in the previous chapter, the responsibility of life and death hung heavily on the medical experts. In this instance the attribution of the male sex and genitalia to Marie/Marin was necessary to save her/him from the gallows. A proponent of the existence of true hermaphrodites, Duval sought to prove that the hardness found in previous examinations was actually a functioning penis. Duval inserted two fingers into the conduit which passed for a vagina and reported the presence of 'un membre viril assez gros et ferme'. On the second visit, Duval stimulated Marie/Marin to the point of ejaculation whereby he recorded the masculine nature of the seminal matter produced by Marie/Marin's penis. Specifically this semen was described in contrast to a counter-model of female seed, as 'non aqueuse en qualité tant fluide ny sereuse comme la femme a accoustumez rendre'.<sup>109</sup> The importance of the quality and consistency of male seed had been noted in numerous medical texts, not only in the context of hermaphroditism. For example, Dubois specified in 1554 that male seed should be white, glutinous, 'globuleuse comme la gresle, splendide et claire [...] de l'odeur de fleur de palme ou de sureau', and produced in moderate quantities.<sup>110</sup> A century later Venette wrote that the male seed should be 'épaisse et gluante [...] son odeur [...] vireuse est une marque de sa fecondité'.<sup>111</sup> Significantly Duval argued that an analysis of male seed could be used to differentiate between cases of genital malformation and actual

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<sup>109</sup> Ibid., p. 404.

<sup>110</sup> Dubois, *De l'utilité des moys*, p. 21.

<sup>111</sup> Venette, *De la generation*, p. 361.

hermaphrodites. Women with deformed genitals would not ejaculate properly, but would only render 'une sanie puante qui n'a rien de semblable à la semence genitale'.<sup>112</sup>

Duval emphasised not only the importance of the existence of a functioning male member with the ability to procreate in his report, but also the deposition of the widowed Jeanne LeFevre who testified to the authenticity of their sexual relations. Jeanne had likened the actions and size of Marin's member to that of her dead husband. Duval stressed that Jeanne was no 'novice ou apprentie, mais une femme experimentee en cet art naturel, pour avoir esté neuf ans mariée, et porté enfans en son ventre'.<sup>113</sup> Jeanne had not been an inexperienced virgin when she copulated with Marie/Marin, but rather a fully-functioning, fertile woman well-versed in the arts of conjugal duty and procreation. Moreover, her status as a widow and a mother meant that she had achieved full civic status within the marital regime. In Duval's opinion, Marie/Marin was a true hermaphrodite and the existence of a penis relieved him/her of the charges of having usurped the active male sexual role. The Parlement of Rouen was less easily persuaded; however, and passed an ambivalent judgement, releasing Marie/Marin and Jeanne from prison, but obliging Marin to dress as a woman until she reached the age of majority at twenty-five. This effectively acquitted Marie and Jeanne of the charges of sodomy and relieved Marie of the death penalty, however she was obliged to retain the civil status of the female gender and therefore the couple could not marry.<sup>114</sup> Marie was also forbidden from having sexual relations with either sex until after her twenty-fifth birthday when she would attain the legal age of majority. This seemingly unusual prescription suggests that the court was anxious to prevent Marie from marrying and procreating until her sex and

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<sup>112</sup> Duval, *Des hermaphrodits*, pp. 16-17.

<sup>113</sup> Ibid., p. 423.

<sup>114</sup> Ibid., p. 441. Sodomy was a generic term that encapsulated any non-procreative sexual act. Female sodomy was used to denote the usurpation of the male sexual role through the insertion of an enlarged clitoris or dildo into the vagina. See Harris, "La Force du Tact", pp. 312-14.



gender were more firmly established, either through the physical consolidation of certain characteristics with age, or the attainment of the age of civil majority.

Ambiguity surrounding the corporeality of men and women under the age of legal majority was a common theme in early modern jurisprudence.<sup>115</sup> This highlights the importance of puberty and the attainment of physical and legal maturity or adulthood in terms of sexed and gendered identity. It is perhaps not a coincidence that many of the cases of hermaphroditism in early modern France occurred when the individual was on the cusp of an important corporeal or civic transition, be it the onset of puberty, menstrual bleeding, or the legal age at which one could marry without parental consent. This may in part be due to the extraordinarily ambiguous nature of the attention paid to the role of menstrual bleeding in the process of determining the dominant sex and thus gender of an alleged hermaphrodite in the early modern courtroom. This ambivalence is particularly well-illustrated by the case of Marie/Marin and Jeanne. Marie/Marin's menstrual habits were not discussed by medical experts, but rather were introduced into the proceedings in the depositions of Madame Marcis and Madame Fremont. Marie/Marin's denial of their evidence was neither affirmed nor infirmed by the medical experts who examined her. . The judge ruling in the first instance had attributed Marie's female sex largely to her menstrual bleeding. Duval, on the contrary, concentrated on the presence of male semen in a bid to prove that Marie had not usurped the male role in her relations with Jeanne LeFevre. At no point in his account did Duval address the contradiction posed by the evidence of menstrual and masculine seminal fluids in the body of Marie/Marin le Marcis.

The seemingly arbitrary nature of the judgement in the face of the prodigious and unattainable truth of Marie/Marin's sexual identity echoes the marvel expressed by

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<sup>115</sup> See also the case of Michel-Anne Drouart examined on 9 December 1749 by the royal surgeon Morand who reached a similar decision and suggested that it would be better to wait for nature to reveal his/her true sex with maturity. See Graille, *Les hermaphrodites*, pp. 76-84.

Toulouse judge, Jean de Coras several decades earlier, commenting on the imposture of Arnaud de Tilh in the *cause célèbre* of Martin Guerre.<sup>116</sup> Reflecting upon the wondrous nature of the Martin Guerre incident, his contemporary, Michel de Montaigne had argued that it would be preferable in such instances for the judge to declare that 'la court n'y entend rien', rather than to award the death penalty.<sup>117</sup> Seemingly arbitrary and contradictory judgements, such as in the above example, suggest that both medical experts and the courts were aware of the impossibility of verdicts of absolute certainty and of the necessity of reconciling judicial and medical discourses of sexual difference. Rather than condemn Marie to death, the court preferred a more ambiguous sentence which neither condoned her situation nor condemned it, but reflected the ambivalence of her status and the inadequacy of medical and judicial expertise faced with such decisions. This could perhaps be compared with Soman's findings with regard to the role of the Parlement of Paris in the seventeenth-century witchcraft craze. Soman argues that the Parlement demonstrated greater leniency than the lower courts of first instance, overturning many capital sentences on appeal, long before the 1682 legislation banned the charge of witchcraft. He interprets this as a reflection of the obscurity and problematic nature of proving the charges and a way of demonstrating leniency in the face of uncertainty.<sup>118</sup>

Another case of alleged hermaphroditism, this time from Southern France, almost a century after the Rouen affair, presented similarly uncertain attitudes towards the role of menstrual bleeding in defining sexual difference and gendered status. The *cause célèbre* of Marguerite Malaure, was documented by the surgeon Barthélémy Saviard (1656-1702), who worked at the Hôtel-Dieu, Paris, and in a legal *factum* in which Malaure petitioned for the restitution of her civil status as a woman. It is useful to compare both these

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<sup>116</sup> Natalie Zemon Davis, *The Return of Martin Guerre* (Cambridge, Mass., Harvard University Press, 1983).

<sup>117</sup> Montaigne, *Essais*, III, 11, p. 242.

<sup>118</sup> Soman, 'La décriminalisation de la sorcellerie en France'.



accounts and to analyse the differences between the medical and judicial discourses of hermaphroditism. According to Saviard's account, Malaure arrived in Paris in 1693 dressed as a man and displaying her genitals to the public for a fee. Saviard conducted a public examination of Malaure and reported the following:

Je commençay par son sein qui estoit fort gros comme celui d'une fille de trente ans [...] ensuite j'examinay la descente de matrice qui sortait lors de sa vulve de la longueur de huit à dix pouces. L'on voyait l'orifice interne de la matrice *par où sortait alors du sang menstruel*. Je la fis uriner devant l'assemblée, sur ce qu'elle disoit que son urine sortait par les deux endroits; et pour faire voir le contraire, j'ecartay pendant qu'elle urinoit les deux levres de sa vulve, au moien dequoy je fis apercevoir aux spectateurs le tuyau urinaire d'où l'urine sortait uniquement.<sup>119</sup>

Unlike his predecessor Duval, Saviard had not set out to prove the existence of hermaphrodites.<sup>120</sup> Instead, he was persuaded that the affliction to which Malaure was subject was a prolapsed uterus, often mistaken by ignorant practitioners for a phallic growth. Saviard's account suggests that Malaure was menstruating during the examination, but this was not elaborated upon. Instead, Saviard concentrated on the orifice from which Malaure urinated. The urine, Saviard claimed, followed the length of the uterine protuberance, which she had been led to believe was a penis, and thus gave the impression that Malaure did indeed urinate through a virile member.<sup>121</sup> Saviard prescribed blood-letting from the arm, purging twice over five days, compresses and bed rest to reduce the tumour, which he later claimed to have successfully achieved.

The judicial factum petitioning for the restitution of Marguerite's female status presented a slightly different version. Malaure's lawyer argued that she had 'toujours eû

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<sup>119</sup> Bathélémy Saviard, *Nouveau recueil d'observations chirurgicales avec quelques remedes particuliers dont il s'est servy au traitement des maladies qui le composent* (Paris, Jacques Collombat, 1702), pp. 70-74, no. 15. Emphasis mine. See also Graille, *Les hermaphrodites*, pp. 124-28.

<sup>120</sup> Saviard, *Nouveau recueil*, p. 359, no. 83, 15 September 1697

<sup>121</sup> Saviard, *Nouveau recueil*, p. 74.

la taille, le visage, les inclinations et les *maladies meme des femmes* ' (my emphasis). <sup>122</sup>

Having obtained, a certificate from the Hôtel-Dieu in Paris in October 1693, confirming that she belonged to the female sex, Mālaure proceeded to plead for the right to be recognised as a woman. What unfolded was a tale of mistaken identity caused by the incorrect diagnosis of a prolapsed uterus as a penis.<sup>123</sup> In February 1686, aged twenty-one, Marguerite had been taken to the Hôtel-Dieu in Toulouse for medical treatment where she was examined by various practitioners and labelled a hermaphrodite. Marguerite's prolapsed uterus was diagnosed as male genitalia and she was ordered to assume a male identity under the name of Arnaud and to wear men's clothes. Unable to find work as a man, Marguerite later returned to her native Bordeaux to live and work as a woman. She was recognised however, and was brought before the courts again in 1691 when she was sentenced to resume the appearance and identity of Arnaud. Malaure complained that she did not know any male crafts and could not earn a living as a man. She demanded that her true sexual identity be endorsed by the civil court. <sup>124</sup>

The contradictory and ambivalent status of menstrual fluid as judicial proof of sexual identity is again underlined in this extraordinary case. In contrast to the 1602 Rouen incident, in 1693 both Malaure herself and medical expert, Saviard, commented on her menstrual bleeding. Maleure argued through her lawyer, that she could not be a hermaphrodite because she had the secondary sexual characteristics of a woman and had

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<sup>122</sup>There are three copies of this *factum* at the BNF with different publication details and different call-marks, however the text remains the same. *Factum Marguerite Malaure pretendue hermaphrodite* (Paris, C. Hugier, 1708) BNF call-mark: 4-FM-20319; see also 4-FM-20318 ([n. p., n. pub., n. d.]) and 4-FM-20320 (Paris, V. L. Rondet, [n.d.]), p. 2.

<sup>123</sup> Physician Jean Riolan remarked that such conditions were often mistaken for male members. See his *Manuel anatomique et pathologique de toute l'anatomie et des usages que l'on en peut tirer pour la conaissance, et pour la guerison des maladies* (Paris, Gaspar Metvras, 1653), p. 245. 'On void quelquefois paroistre en dedens du col de la matrice une surcroissance de chair, qui va iusques au bout des levres, et par delà, ce qui est très-incommode et villain, et approche en quelquefaçon de la figure du membre viril.'

<sup>124</sup> *Factum Marguerite Malaure*. See also the account of this case in François Gayot de Pitavol, *Causes célèbres et intéressantes* (18 vols., Amsterdam, 1734-41), vol. 4, pp. 421-32. This contradicts the assertions of Dekker and van de Pol who argue that female-male transvestism can be explained by the greater economic and work opportunities available to men in early modern Europe. See *The Tradition of Female Transvestism*, pp. 32-35.



always menstruated regularly. It is also worth noting the different weighting attached by various medical and judicial experts to these narratives of menstrual bleeding. In 1601 the depositions of Marie/Marin's mother and Madame Fremont were considered sufficient evidence for the judge from Monstiervillier to rule that Marie/Marin was female, despite his/her claims to the contrary. In 1686 and 1691, however, Malaure's testimony to her menstrual habits was not considered reliable evidence of her sex by either the Hôtel-Dieu or the Parlement of Toulouse. Moreover, in 1693 when petitioning for the restitution of her civil status as a woman, having been medically certified female, the judicial memoir in which her male legal representative endorsed her view of her menstrual habits, did not dwell at length upon her menstrual bleeding as proof of her femininity, but rather stressed her inability to find work as a man and thus her intrinsically gendered identity. The intimation being that her gendered identity was innate and therefore inextricably linked to her sexed identity. An inability to work and be self-sufficient also meant that Malaure posed a potentially considerable financial burden to the state and to her local parish and had forced her to assume a dissolute life of public exhibition to support herself.

The comparison between the cases of Marie/Marin and Malaure suggests that lay women perceived a link between sexual identity and menstrual bleeding which was not borne out by the medical and legal experts in the same way owing perhaps to the difficulties of proving the absence or presence of menstrual bleeding in the judicial arena. It also suggests that a change in medical perceptions of menstrual bleeding and sexual difference had taken place in the course of the seventeenth century. Although Saviard witnessed Malaure's menstrual flow, his report concentrated on the existence of a prolapsed uterus, over and above menses as medical proof of her sex and it could have been pure chance that Malaure was menstruating on the day when Saviard examined her. Rather than a general shift in medical and judicial discourse, the evidence of Marie/Marin

and Malaure suggests that change had begun on a smaller, individual level. As we saw in Chapter Four the ambiguous status of the cessation of menstrual bleeding as uncertain proof of pregnancy remained well into the eighteenth century. Thus, whilst menstrual bleeding could still not be relied upon in court as definite evidence of sexual difference in 1693 because of the wider ambiguity surrounding menstrual flux and the problems of proof, some individual practitioners, like some lay women, recognised that the presence of menses could, along with other signs, be regarded as an indication of female sex.

In contrast to Duval's account of the Rouen case, his rival, physician Jean Riolan the younger (1577-1659) was much more sceptical of the existence of hermaphrodites and likened Marie/Marin instead to a female with a genital deformation.<sup>125</sup> The pathologisation of hermaphrodites as malformed females removed them from the domain of the monstrous and portentous and instead associated them with the 'naturalised' female.<sup>126</sup> Historians have situated the decline of the marvellous in the context of the Enlightenment and the post-1750 shift highlighted by Laqueur and Schiebinger. The pathologisation of hermaphrodites as genitally-deformed females, rather than monsters has been linked to this shift. Riolan's discussion of the Rouen hermaphrodite in 1614 suggests that a modification of the chronology of this transition is necessary. This is supported by Saviard's diagnosis of Malaure's condition as a prolapsed uterus, which could be cured medically, rather than a case of hermaphroditism. It also intimates the co-existence of both natural and cultural discourses of sexual difference at the beginning of the seventeenth century. Rather than two entirely distinct (in time and essence) discourses

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<sup>125</sup> Jean Riolan (fils), *Discours sur les hermaphrodits ou il est démontré contre l'opinion commune qu'il n'y a point de vrays hermaphrodits* (Paris, Pierre Ranier, 1614).

<sup>126</sup> Fontes, da Costa, 'The Meaning and Visualization of Human Hermaphrodites'.



of nature and culture, I would argue that they co-existed forming parallel, over-lapping and often interchangeable narratives long before 1750.<sup>127</sup>

Riolan surmised in Marie/Marin's case that the fleshy penis was in fact a malformation and questioned its late appearance in the trial.<sup>128</sup> Neither did he believe it possible that a functioning penis could retract within the vagina.<sup>129</sup> A final expertise conducted after Duval's visits and recorded by Riolan bears some resemblance to previous reports, but apparently drew different conclusions:

elle avait le corps trappe, fourny, bien ramassé, la teste assez ronde, la chevelure assez courte, de qualité entre dure et molle, de couleur quelque peu roussatre, quelle disoit avoit toujours portée telle depuis cinq ans ou environ, quelle avoit resenty plus exact indice de sa virilité. La levre superieure noirassante par le poil copieux et noir qui commence à paroistre, la voix claire et fort semblable à la feminine, les epaules mediocrement deprimees, la poictrine large, armée des tetins gros et glanduleux en forme de mammelles, soubz les aisselles y avoit bonne quantité de poil roux en couleur, le ventre estoit assez grand et bien fourny, les fesses larges et fort charnues, les cuisses et iambes à l'equipollent, le pied gros et court, l'ovale ou sein de pudicité un peu plus etroit qu'aux filles de pareil aage, et tendant à plus grande rotundité, orné au surplus d'oreilles dictes plerigomata, de nymphes, d'un petit clitoris, d'une petite forme de conduit urinaire, par lequel elle affermoit n'avoir jamais rendu son urine.<sup>130</sup>

Riolan affirmed that this detailed description of Marie's body, including primary and secondary sexual characteristics, demonstrated that she was more feminine than masculine.<sup>131</sup> Riolan continued, arguing that despite the appearance of male seed, the hardness beneath the pubic bone, and the beard, Marie could not be declared a true hermaphrodite. None of the signs was unequivocal – bearded women were observed

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<sup>127</sup> Stolberg argues that Laqueur's model of sexual difference also needs modifying to place greater emphasis on seventeenth century texts which recognised genital sex difference. See, 'A Woman Down to her Bones'. In response, Laqueur and Schiebinger argue that the few anomalies he cites do not suffice to counter the sizeable conceptual shift they trace. See Laqueur, 'Sex in the Flesh' and Schiebinger, 'Skelettesreit', *Isis*, 94 (2003): 307-13.

<sup>128</sup> Riolan, *Discours sur les hermaphrodits*, pp. 40, 44.

<sup>129</sup> *Ibid.*, p. 45.

<sup>130</sup> *Ibid.*, pp. 32-33.

<sup>131</sup> *Ibid.*, p. 36.

regularly, men without testicles or with small penises had been seen to engender, and women with closed vaginas who possessed functioning internal female organs could not be classed as hermaphrodites.<sup>132</sup> Genital formation remained the most reliable of a series of uncertain signs; however, great importance was also attached to the orifice from which the individual urinated.<sup>133</sup> In a response to Riolan's attack, Duval reiterated his judgement of Marie la Marcis as a hermaphrodite, underlining the role of the penis, male seed and the testimony of Jeanne Le Fevre.<sup>134</sup>

Riolan presented a naturalised view of hermaphrodites as deformed females in a general discussion emanating from this case study. Nevertheless, he did not mention menstrual bleeding with regard to this phenomenon. Moreover, it is worth noting that despite the frequency with which medical experts reported Marie/Marin to be female, it was the lone voice of Duval which appeared to cause enough doubt for an ambiguous sentence to be passed. Although Duval obviously played on this in his text, it does not detract from the fact that greater significance was attached by the Parlement of Rouen to the possible existence of a functioning male penis and male seed than to any secondary female sexual characteristics and indeed to the possibility of menstrual bleeding.

The emphasis on male seed and the ability to ejaculate and thus procreate found in Duval's text were also paramount in the case of Anne Grandjean over a century later. Born in Grenoble, in 1732, Anne Grandjean was identified as a girl. Around the age of fourteen however, she began to take pleasure in the company of other females and was sent by her father to confession. The local priest urged Anne to assume the identity of a man in order not to commit any sin. Grandjean was married to Françoise Lambert, on 24 June 1761 who 'connu tout ce que Grandjean pouvoit être, et Grandjean lui paroissoit être

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<sup>132</sup> Ibid., pp. 38, 110-13.

<sup>133</sup> Ibid., pp. 125, 129. Jacques Duval, *Responses au discours fait par le sieur Riolan contre l'histoire de l'Hermaphrodit de Rouen* (Rouen, Julian Courant, 1614), p. 65.

<sup>134</sup> Duval, *Responses*, pp. 16-17, 39, 61, 72.



tout ce qu'il falloit'. The suggestion is that Françoise found Grandjean's sexual capacity to conform to her expectations of a husband, just like Jeanne LeFevre, a century earlier. It was the issue of procreation which caused problems between the two spouses. The marriage remained childless, and Lambert, upon learning from one of Grandjean's previous girlfriends that he was a hermaphrodite, reported him to the authorities. A trial ensued and a physical examination was conducted, in which:

les chirurgiens dans leur procès-verbal, après avoir rendu compte de ce qu'ils avoient trouvé chez lui appartenir au sexe masculin, crurent devoir attester que son sexe prédominant étoit celui de femme.<sup>135</sup>

Grandjean was described as having 'tous les attributs de la masculinité' including a certain 'développement qu'il éprouvait en leur présence {women} et dans le désir de leurs caresses'.<sup>136</sup> Moreover, it was reported that 'il n'avoit point éprouvé ces tems périodiques qui annoncent qu'une jeune fille devient propre à la fécondité'.<sup>137</sup> Grandjean therefore had never menstruated and was not considered to be capable of conceiving and carrying a child as a pre-menopausal mature woman. On the other hand, he was seen to develop and sustain erections in the presence of desirable women. Nevertheless, Grandjean and Lambert's marriage was annulled by the court and Grandjean was sentenced to live and dress as a woman and to refrain from contact with Lambert and other women.<sup>138</sup>

The court's decision to attribute the female sex and gender to Grandjean in the face of his masculine characteristics and lack of menstrual habits suggests that the absence of menses did not preclude womanhood. However, it appears on closer examination that there was another, perhaps more significant reason for the ruling in this instance. The only

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<sup>135</sup> *Memoire pour Anne Grandjean, connu sous le nom de Jean-Baptiste Grandjean, accusé et appellant contre monsieur le procureur general, accusateur et intimé. Question, un hermaphrodite qui a épousé une fille peut-il etre réputé profanateur du sacrement de mariage, quand la nature qui le trompoit, l'appelloit à l'état de mari?* (Paris, Louis Cellot, 1765), p. 8. See also Graille, *Les hermaphrodites*, pp. 129-44.

<sup>136</sup> *Memoire pour Anne Grandjean*, p. 20.

<sup>137</sup> *Ibid.*

<sup>138</sup> Sterility was grounds for annulment. See Pierre Darmon, *Le tribunal de l'impuissance: virilité et défaillances conjugales dans l'ancienne France* (Paris, Seuil, 1979).

male attribute which Grandjean was recorded as missing was the ability to ejaculate and to produce male seed:

De tous les attributs de la masculinité, il n'en manque qu'un seul à l'accusé, attribut qui existe moins dans l'organisation extérieure, que dans le jeu des ressorts internes propres à l'expulsion du fluide, sans lequel toutes les autres parties ne peuvent servir à la propagation.<sup>139</sup>

This meant that he could not engender outside his body by impregnating a woman, and therefore could not be considered to be a fully-functioning man. Once Grandjean had been pronounced a woman, she was vulnerable to the charge of sodomy and the usurping of the male role and sexual organ and could have been sentenced to death. Unlike Marie/Marin, Grandjean was not accused of sodomy or of having usurped the male gender, suggesting that a change in perceptions of hermaphrodites had indeed occurred in the intervening period. Nevertheless, the equation of masculine seed with maleness had not changed and Grandjean was denied recognition as a 'man' because he failed to produce the ultimate material proof of his sexed identity. Arguably, the lack of masculine seed identified the female more readily than the presence of menstrual bleeding. Despite Laqueur's claim that 'the arrival of a penis bestowed male gender' upon the (previously female) individual, it was not enough to have a penis; it had to be fully-functioning and be capable of ejaculation and procreation. Venette remarked:

Jouir d'une femme hardiment n'est pas une marque de virilité, les Eunuques se portent avec ardeur dans les plaisirs charnels et l'on a souvent vû de mariez; mais à dire le vrai, ils ne reussissent pas dans l'ouvrage de la generation.<sup>140</sup>

In order to be allowed to marry and procreate it should be determined whether they have a hidden, functioning testicle or not.<sup>141</sup>

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<sup>139</sup> Ibid., p. 20.

<sup>140</sup> Venette, *De la generation*, p. 554.

<sup>141</sup> Ibid., p. 636.



## Conclusion

Civil and canon law concepts of marriage and sexuality centred on the engendering heterosexual coupling. Homosexuality was frequently assimilated with heresy in Renaissance France and whilst impotence was grounds for the annulling of a conjugal union, sterility prohibited the contracting of marriage in the first instance.<sup>142</sup> Hermaphroditism was often held to be synonymous with homosexuality, and fears of sodomy and tribadism frequently surfaced in judgements surrounding ambiguous sexual differentiation.<sup>143</sup> In many trials for transvestism or hermaphroditism, the prosecuting impetus focused on the nature of the sexual activities within the couple and the possibility that the penis, and thus the active male role, had been usurped by an enlarged clitoris or a fabricated dildo.<sup>144</sup> For similar reasons early modern jurisprudence carefully differentiated between hermaphrodites and eunuchs. Whereas a hermaphrodite might be found to have both male and female genitals to varying degrees, a eunuch was held to be sexless and genderless.<sup>145</sup> Seventeenth-century jurist Pierre Brillon cited a ruling from the Parlement of Paris, on 8 January 1665 in which it was maintained that a eunuch could not marry. The definition of a eunuch given in this legislation was,

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<sup>142</sup> On the equation of sodomy with heresy in early modern Europe see E. William Monter, 'La sodomie à l'époque moderne en Suisse romande', *Annales: économies, sociétés, civilisations*, 29, 4 (1974): 1023-33; *idem*, *Judging the French Reformation. Heresy Trials by Sixteenth Century Parlements* (Cambridge, Mass., Harvard University Press, 1999), pp. 10, 79, 111; Park and Nye, 'Destiny is Anatomy'; Park, 'The Rediscovery of the Clitoris'.

<sup>143</sup> Brillon, *Dictionnaire des arrests*, vol. 2, p. 366-67; Steinberg, *La confusion des sexes*, p. 359; Riolan, *Manuel anatomique*, p. 245; James Saslow, *Ganymede in the Renaissance. Homosexuality in Art and Society* (New Haven, Yale University Press, 1986), p. 77; Daston and Park, 'Hermaphrodites in Renaissance France', p. 8; Emma Donaghue, 'Imagined more than Women: Lesbians as Hermaphrodites, 1671-1766', *Women's History Review*, 2 (1993): 199-216.

<sup>144</sup> Dekker and van de Pol, *The Tradition of Female Transvestism*, p. 78; Steinberg, *La confusion des sexes*, pp. 40-49.

<sup>145</sup> A detailed discussion of the early modern debates surrounding marriage and eunuchs is beyond the scope of this thesis. For an overview see Piotr O. Scholz, *Eunuchs and Castrati. A Cultural History* (Princeton, Markus Wiener, 2001).

ceux qu'un vice de conformation, soit de naissance, ou d'autre cause, rend incapables d'engendrer, et par conséquent de contracter mariage.<sup>146</sup>

In 1707 jurist Charles Ancillon (1659-1715) defined a eunuch as 'une personne qui n'a pas la faculté d'engendrer par la faiblesse, ou par la froideur de la nature, ou à qui on a retranché les parties propres à la generation.'<sup>147</sup> A sexless eunuch could not fulfil one of the most important requirements of male and female genders which was to procreate within or outside his/her body and therefore could not achieve the pinnacle of civic recognition gained through marriage.<sup>148</sup> To all intents and purposes therefore, eunuchs constituted a separate or third gender to which imperfect hermaphrodites, also unable to procreate and thus to marry could also be ascribed. Ancillon described them as 'une troisième sorte d'hommes'.<sup>149</sup>

Early modern French society dictated that individuals follow specific gendered roles and prohibited the usurpation or imposture of the opposite gender. Gender norms were important because they upheld social institutions such as marriage and heterosexual intercourse. Nonetheless, gender and sexed identity were not unrelated. In practice, jurists and medical experts took great care to correctly ascertain the sex of the individual and ascribe the appropriate gender, particularly since it was greatly feared that persons of indeterminate sex might perform functions ascribed to both male and female genders without compunction.<sup>150</sup> Concerns regarding procreation were closely linked with the

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<sup>146</sup> Brillon, *Dictionnaire*, vol. 2, p. 115. The issue of whether hermaphrodites and eunuchs could marry and procreate was discussed by papal legist and physician Paolo Zacchias, *Quaestiones medico-legales* (3 vols., Lyon, Anisson and J. Portal, 1701), vol. 1, pp. 241-42.

<sup>147</sup> Charles Ancillon, *Traité des eunuques, présenté par Dominique Fernandez, texte conforme à l'édition de 1707* (Paris, Ramsay, 1978), p. 51.

<sup>148</sup> Ancillon, *Traité des eunuques*, pp. 170-72. On the importance of marriage for civic recognition see Lyndal Roper, *The Holy Household: Women and Morals in Reformation Augsburg* (Oxford, Clarendon Press, 1989). This was not restricted to Protestant Europe, but was also widespread in Catholic Reformation France. See James Farr, *Authority and Sexuality in Early Modern Burgundy (1550-1730)* (Oxford, Oxford University Press, 1995).

<sup>149</sup> Ancillon, *Traité des eunuques*, pp. 170-72.

<sup>150</sup> Cadden, *Meanings of Sex Difference in the Middle Ages*, p. 212.



fabric of society and the growing importance attached to patrilineage from the sixteenth century onwards. The potential for disorder posed by an individual who could ostensibly both engender and conceive progeny, within and outside their body, should not be underestimated in the context of the early modern imagination. The relationship between hermaphroditism and procreation formed a considerable part of the discussions regarding sexual difference and in particular the role of bodily discharges in the determining of gender, sex and fertility, or the potential to engender. It might be argued that given all the emphasis on procreation, sterility negated gender and civic status in much the same way that a eunuch was regarded as a third category precisely because of his inability to generate. This can be seen in the insistence on preventing those who were known to be sterile from marrying and the attention focused on impotency trials.<sup>151</sup> The havoc wrought on concepts of parenthood, maternity and especially paternity by this threat, literally and metaphorically, was significant. It is therefore easy to see how this translated into fears of homosexuality, transvestism and gender transformation, particularly when in some instances this ascribed gender clashed with the individual's own perceptions of their sexed identity.<sup>152</sup>

Medical practitioners and jurists held different views of the role and status of menstrual bleeding as forensic proof. As we saw above and in Chapter Two, menstrual bleeding in women was often assimilated with other types of vicarious spontaneous bleeding in both male and female bodies. Humoral physiology and the economy of fluids dictated that a healthy, balanced body would attempt to evacuate any superfluous matter, initially through a specified orifice or, should that orifice be blocked for any reason, via the nearest exit. This principle, on which health and illness pivoted, was not gendered *per*

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<sup>151</sup> See, for instance, Darmon, *Le tribunal de l'impuissance*. Patricia Parker has located her analysis of hermaphrodites and female/male imperfection within the context of a more generalised anxiety about the uncertainty of masculinity and in particular impotence and the degeneration of the male member in sixteenth century France. See her 'Gender Ideology, Gender Change', pp. 346-48.

<sup>152</sup> Cadden, *Meanings of Sex Difference in the Middle Ages*, p. 225.

se. Rather, the regularity and moderation of the flow were perceived to be of primary importance. In a healthy female body such flows would tend naturally to exit via the vaginal or uterine vessels in the form of menstrual bleeding. In a healthy male body, superfluous matter would more naturally tend to flow out of the nose or haemorrhoidal veins.

Menstrual bleeding was a measure of potential fertility in women. It was neither singularly feminine, nor entirely ungendered in early modern France. Instead it was both an essential and constructed part of sexed and gendered identity. This ambiguous and fluid position meant that it could not be relied upon alone when decisions about life and death were being made. The attribution of a sexed and gendered identity to an alleged hermaphrodite was a very serious and weighty task. Medical experts exploited the opportunity to further their careers, contributing to a debate which was very much at the forefront of medical ideology, and intervening to save the lives of ordinary and extraordinary individuals. Menstrual habits were considered briefly on such occasions, but could not be accorded the responsibility of defining the sex and gender of an alleged hermaphrodite. Other, fleshy, substantial and material signs were taken into account. The whole body, facial and body hair, voice, face, breasts, the distribution of the genitals, in particular the penis and the urethra, along with the capacity to engender within or outside of the body were considered at length. Distinctive differences were recognised between the male and female genital organs, despite the adherence to a system of physiological homology. Nature and culture, sex and gender were intertwined and intersected in a variety of complex ways, which without destroying the efficacy of the one-sex model demands a more nuanced and multivalent approach to the enigma of sexual difference, and in



particular menstrual bleeding, male seed and procreation. In the words of Montaigne 'nous appellons contre nature ce qui advient contre la coustume'.<sup>153</sup>

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<sup>153</sup> Montaigne, *Essais*, II, 30, p. 374.

## Conclusion

Some of the ambiguities faced by early modern women and their medical practitioners in interpreting the paradoxical nature of menstrual blood are shared by modern historians. Barbara Duden, in particular, has argued that the early eighteenth-century body was extremely different from the notion of body employed today; this is especially true with regard to the early modern menstruating body.<sup>1</sup> As a result a study of perceptions of menstrual bleeding in early modern France is not without methodological problems of its own. The first of these is the problem of language - how can the historian talk of early modern menstruation when the vocabulary of menstruation did not exist in the same form? As we have seen, the term menstruation was not recorded in French until 1761, and even then remained a technical medical term which did not enter the vocabulary endorsed by the *Académie Française* until 1932.<sup>2</sup> Whilst both these dates signify the written recording of the term in specific contexts only, and reveal much less about everyday usage, which we can surmise occurred earlier in both cases, they do demonstrate the tardiness of the institutional incorporation of 'menstruation' in medical and linguistic circles. On the one hand we cannot say that early modern French women did not menstruate because the word 'menstruation' did not exist in their vocabularies. On the other, however, we can surmise that they conceived of their menstrual bleeding in an entirely different way because of the absence of the notion of 'menstruation'. Whilst the biological phenomenon remains inevitably unchanging, perceptions of biology and body are more relative and fickle. It is this lack of a precise notion of 'menstruation' in early

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<sup>1</sup> See above, Chapter Four, pp. 177-95. Barbara Duden, *The Woman Beneath the Skin. A Doctor's Patients in Eighteenth-Century Germany* (Cambridge, Mass., and London, Harvard University Press, 1991). See also Helen King, *Hippocrates' Woman. Reading the Female Body in Ancient Greece* (London and New York, Routledge, 1998); Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass., Harvard University Press, 1990); Gianna Pomata, 'Menstruating Men: Similarity and Difference of the Sexes in Early Modern Medicine', in Valeria Finucci and Kevin Brownlee (eds), *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity to Early Modern Europe* (Durham and London, Duke University Press, 2001): 109-52.

<sup>2</sup> See Introduction and Fig. 1.



modern France which accounts for the diversity of interpretations of menstrual bleeding, and perhaps, paradoxically, the generic understanding of many different bloody emissions as menstrual blood.

The complexities of early modern understandings of menstrual blood and menstrual bleeding have thrown up a series of points which I have used as interweaving threads to connect the diverse aspects of the discussion in this study. One of the most significant of these aspects has been the sheer diversity of early modern French attitudes to menstrual bleeding and the range of socio-cultural issues raised. Menstrual blood figured in early modern debates in domains ranging from casuistry to patriarchy, from the biblical origins of menstrual taboo to state intervention in the 'marital régime', and from attitudes to womanhood and the female role in society to male health and fertility, to name but a few. This thesis clearly demonstrates, therefore, that early modern perceptions of menstrual blood and menstrual bleeding cannot be reached through medical sources alone, but that a whole range of resources must be studied if we are to attempt to understand the extent to which attitudes to menses penetrated different levels of early modern French society.

One of the most methodologically problematic points has been the nature/culture impasse. Even whilst attempting to deconstruct this binary opposition and suggest more useful ways of viewing the ambiguity of early modern menstrual bleeding and sexual difference, it has not been possible to completely avoid reasserting the double bind. The nature/culture double bind can be likened to the chicken and the egg conundrum – raising the question of whether the natural periodicity of menstrual bleeding was recorded primarily or whether a cultural model of periodicity was constructed onto which all bloody evacuations were transposed. As we saw in Chapters Three and Four, medical and judicial practitioners attempted to map natural time onto markers of socio-cultural and patriarchal

time. Conversely, a similar desire for control was expressed in the assimilation of cultural forms of bleeding, such as phlebotomy, onto the natural models provided by menstrual bleeding. The cultural control medical practitioners (male and female) attempted to exert over a woman's natural menstrual periodicity could also be seen as an attempt to align it with other forms of (cultural) bleeding and purging, notably phlebotomy. Yet again this line of analysis brings us back to the binaries of male/female, nature/culture, which this thesis has aimed to transcend.

There is a subtle difference between the association of menstrual bleeding with women and the claim that menstrual bleeding was perceived to be essentially female in the early modern period. Acknowledging this allows the historian to counter the effects of the double bind. On a discursive level, early modern medical and judicial authors consistently defined menstrual bleeding as something which happened to, or belonged to women. This is very different from defining woman as the menstruant, however, and does not preclude the linguistic and cultural assimilation of menstrual bleeding with male spontaneous-periodic-bleeding. Moreover, my research suggests that womanhood was closely, and more significantly, explicitly associated with the capacity for marriage and procreation than with menstrual bleeding. Marriage and the capacity to engender appear repeatedly in early modern medical, judicial, casuistic and personal documents as the standards by which masculinity and femininity were judged and which full participation in societal norms required. Chapter Six demonstrated that the primordial signifier of maleness was not only the possession of a functioning penis, but also the capacity to ejaculate male seed and thus the potential to engender. It was this, which separated eunuchs, boys and imperfect hermaphrodites from men. In the case of women, Chapter Six also highlighted medical and judicial ambivalence towards menstrual bleeding and the recognition that one did not need to menstruate to be a woman and conversely, that the capacity to menstruate did not



necessarily mean that a woman was capable of conceiving and carrying a child. A woman was also identified by the appearance of her genitals and her capacity to receive the male member in order to be impregnated. Thus Will Fisher and Laurence Moulinier have argued that beardless boys and pre-pubescent girls were defined as 'other' than the male and female genders in medieval and early modern culture.<sup>3</sup> Fisher and Moulinier's suggestion that we need to think of pre-modern society in terms of multiple genders, rather than binaries underlines my own findings presented in this thesis, although I have insisted on the conformation of the genital anatomy as a recognised sign of sexual difference in early modern France. Menses were not always defined as essentially male or female in pre-modern Europe –men could menstruate and pre-pubescent girls were not deemed masculine because of their lack of menses. Instead the first occurrence of menses signified a different degree of femininity and most importantly the possibility of other, concurring signs which indicated potential fertility. Thus the appearance of menses suggested that an adolescent girl was becoming a woman and could possibly bear children in the future if the other conditions were right. Menses alone were insufficient proof of this transition and needed to be confirmed by other supporting evidence.

All of the above points to an underlying insistence on the ability to procreate as proof of adult maturity and adherence to a particular sex and gendered identity, depending on whether one engendered internally or externally. Hence, the extreme anxiety surrounding the incidence of perfect hermaphrodites believed to be capable of conceiving and bearing a child as a woman and also impregnating another. Again, this reinforces my point that much of the discussion surrounding menses, as well as hermaphrodites for

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<sup>3</sup> See above, Chapter Six, pp. 269-72.

instance, stemmed not from an anxiety regarding sex and gendered identity as such, but rather from concerns about procreation.

Healthy generation and preservation of the male blood-line or patriline were of the utmost importance in sixteenth-through to eighteenth-century France. Concerns about menstrual blood and menstrual bleeding were thus not only about women and womanhood, but also, and perhaps more importantly, about relationships between men and women, the family, the 'marital régime' and healthy procreation. Chapter Two demonstrated how menstrual taboos can be read as evidence of deeper concerns about the optimum conditions for procreation. Sixteenth-and seventeenth-century casuistry returned to the Biblical source of menstrual taboos, and discussions of the text of Leviticus 15 show that ideas of ritual uncleanness stemmed from the need to protect future progeny. Casuistic and medical documents from the sixteenth century onwards emphasised the fact that menstrual taboos were not the result of concerns about the substance of menstrual blood itself. Eminent lay and medical authors reiterated classical and medieval interpretations of menstrual taboos to refute them, arguing that menses were the same as the blood that flowed in the rest of the body, that they served to nourish the foetus in-utero and were not toxic or contaminating. Concentration in early modern casuistry and Leviticus 15, on seminal emissions also suggests that sexual taboos were not gendered. The extension of such taboos to sex during pregnancy, sexual positions, time of the day and year and frequency of intercourse as well as sex during menstrual bleeding reveals that the prohibitions were intended to protect future progeny and derive from a series of medical notions about the optimum conditions for healthy generation.

Underpinning early modern attitudes to menstrual bleeding is the inherent paradox between the association of menses with conception and the uncertain nature of this relationship which meant that the cessation of menses was not considered a reliable sign of



pregnancy unless it was accompanied by other, more tangible evidence. A grasp of early modern attitudes to menstrual blood and to menstrual bleeding is therefore imperative if we are to begin to understand perceptions of reproduction in general. It is also vital in the particularly ambiguous area of stopped menses when recourse to menstrual stimulants was recommended by lay and medical practitioners to ensure regular purging. As the historiographical debate between Riddle and van de Walle, touched on in Chapter Three, demonstrates, how menstrual stimulants were viewed by both contemporaries and historians (as either early-term abortifacients or menstrual regulators), depends largely on how menstrual bleeding was/is interpreted.<sup>4</sup> Inevitably, as many historians including Gianna Pomata, Thomas Laqueur, Alexandra Lord and Helen King, have pointed out recently, understandings of menstrual bleeding were also a reflection of perceptions of the nature and process of reproduction.<sup>5</sup>

In Chapters Two, Three and Four I demonstrated the ambiguous nature of the connection between menses and pregnancy. Laymen and women and medical practitioners (male and female) disagreed over the exact relationship between menses and conception; the role of menses in conception and pregnancy, when during the menstrual cycle conception was most likely to occur, whether a young girl needed to have begun to menstruate in order to conceive and the status afforded to the absence of menses as proof of pregnancy, and thus to the presence of menses as proof of non-pregnancy. These uncertainties surfaced in disputes regarding the monitoring of a woman's time and in particular the length of gestation. They are also relevant to concerns expressed in the literature discussed in Chapter Five concerning the practical consequences of the merging of fluids in the humoral economy. Much of the anxiety about falsehood, faking, and the

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<sup>4</sup> See above, Chapter Three, p. 129.

<sup>5</sup> See above, Introduction, p. 6 and Chapter Two, esp. p. 69, Chapter Four, pp. 177-95.

exchange of blood, expressed by medical and judicial practitioners with regard to women derived from medical and judicial perceptions of the ambiguity of menstrual bleeding. The full enigma of menstrual blood emerged in the judicial arena, when medical and judicial experts were forced to differentiate between the various possible sources of bloody flow in the living female body in order to determine her condition. Uncertainty about menstrual blood was transferred to the female body and female narrative in particular. As menstrual bleeding could conceal the truth of pregnancy, it was also believed that women might have recourse to menstrual (or other kinds of) blood to fake the signs of violence, rape and childbirth. As we have seen, post-partum bleeding, gestational spotting, 'pertes de sang', nose-bleeds and haemorrhoids merged with menses in the generic mass of menstrual matter. Thus, the enigma of menstrual bleeding lay at the heart of early modern cultural expectations of when and how a woman (and indeed a man) should bleed. This emphasis on the duplicity of the female body is revealed in the language of falsehood and concealment found in the judicial sources outlined in Chapter Five. Patrilineal theories were also expressed in concerns about infant substitution as well as late births. Menstrual blood, in the widest sense, was therefore an inadequate judicial proof of the body's interiority. An ambiguous witness, unlike other *corpus delicti*, it could not be relied upon unless it was fresh and the exact source could be pin-pointed by a physical examination.

One of the main aims of this thesis in moving beyond the nature/culture binary has been to embrace the early modern inclination to perceive menstrual bleeding in terms of the humoral economy of fluids, blood, and blood-related emissions in general. Menstrual blood has previously been analysed in the context of other humoral emissions but always within the nature/culture, gendered framework.<sup>6</sup> By emphasising the importance of the

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<sup>6</sup> See above, Chapter Three, pp. 99-103.



concepts of time and periodicity which were common to both sexes my intention has been to go beyond gender and explore menstrual blood as a truly ungendered substance interpreted primarily according to the circumstances and context of the flow. The primordial significance of timing in relation to bloody emissions superseded any sexed or gendered notions associated with reproductive function and temperament to the extent that the orifice from which the flow originated was secondary to the periodicity and quality of the flux. A natural consequence of this logic was the linguistic and cultural assimilation of various evacuations and the complex interpretation of diverse physiologies belonging not only to the male and female, but also to the pre-pubescent male and female, and the mature, pregnant woman in contrast to her mature, but never pregnant counterpart. A non-menstruating woman remained a woman and a menstruating man remained a man; however, a mature, menstruating woman had achieved a different social status from that of a pre-menarche girl.

The second methodological point that I make in this thesis is the emphasis on continuity rather than change. This is primarily because of the consistency, throughout the period under study, of the humoral body and attitudes to blood and menses within this framework. Although menstrual blood has been analysed in the context of changing explanatory theories, following the developments of the chemical and mechanical bodies, and modifications in attitudes to menses have been noted, the evidence I have presented points overwhelmingly to a continuity of perceptions of menses.

The third and final methodological suggestion which I put forward in this thesis is the adoption of an early modern approach to menstrual bleeding – defining the normal within the realm of the exceptional. At various points in this thesis, the dissonance between medical and judicial practitioners and their patients has been privileged. I have explored case studies derived from court records, medical case histories and accounts of the

marvellous as a means of understanding early modern reactions to the enigma of menstrual bleeding. Discrepancies between external, socio-political time and a woman's time have been emphasised within the context of the importance accorded to timing and periodicity, but also in the general back-drop of fixing norms and regulating the exceptional also seen in the explosion of interest in monsters and increased state intervention in the 'marital régime' during the sixteenth century. Hermaphrodite *causes célèbres*, eleven-month pregnancies, diverted or vicarious and male menstrual bleeding are all examples of exceptional instances which reinforced the norms of the humoral body. Exceptions were examined case by case and subjected to medical and often judicial scrutiny. The humoral body was culturally and physiologically relative and highly adaptable to individual complexions and external circumstances. The humoral body was thus in and of itself, both the rule and the exception, - the normal and the exceptional. The early modern figure of the menstruant thus incarnated the 'exceptional normal'.<sup>7</sup>

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<sup>7</sup> See above, Chapter Six, p. 247.



Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable) <sup>1</sup>	Translator (Editor)	Place of Publication (of edition consulted)	Year of Publication (of edition consulted.)	First Edition (Latin) <sup>2</sup>	Type of practitioner	Place of training	Type of Text
Bernard de Gordon	1260-1318	La fleur de chirurgie (Lilium medicinae)	Symphorien Champier	Lyon	1509	1495 (1303)	Physician	Montpellier	General
Jacques Despars	1385-1458	Expositio supra librum canonis Avicenne	-	Lyon	1498	1498	Physician	Montpellier Paris	General
Jean Goeuret	fl. 1530	Summaire de toute medecine et chyrurgie contenant les remedes plus speciaux et experimentez de toutes maladies survenantes quotidiennement au corps humain	-	Alençon	1530	1530	Physician	Paris	Remedies
Raoul du Mont Verd	fl. 1530	Fleurs secretz de la medecine contenant plusieurs remedes/receptes conservatoires pour le corps	Jehan Goeuret	Paris	1540	1530	Physician	?	Girls' and Women's diseases
André le Fournier	fl. 1531	La déclaration de l'humaine nature et ornement des Dames, compilé et extrait des tres excellens docteurs et plus experts medecins tant anciens que modernes	-	No place	1541	1531	Physician	?	Girls' and Women's diseases
Charles Estienne	1504-1564	La dissection des parties du corps humain divisée en trois livres faictz par Charles Estienne docteur en médecine avec les figures et declarations des incisions composees par Estienne de la Riviere	Estienne de la Rivière	Paris	1546	?	Anatomist Physician	Paris	Anatomy

<sup>1</sup> The majority of texts consulted are French-Language originals, however vernacular translations of important Latin texts are also included – these are indicated in brackets. In a few cases a French translation could not be traced, hence only the Latin text is included.

<sup>2</sup> The date of the first Latin edition (where applicable) is given in brackets, otherwise the date refers to the first edition of the French-Language original (or translation) consulted.

*Chronological Table of Printed Vernacular Medical Works Concerning Menstruation (1493-1761)*

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Jacques Dubois alias Sylvius	1478-1555	De l'utilité des moys des femmes (De mensibus mulierum et hominis generatione commentarius )	Guillaume Chrestien	Paris	1559	1559 (1556)	Physician	Montpellier	Menstrual
Euchaire Rhodion	d. 1526	Des divers travaux et enfentemens des femmes et par quel moyen lon doit survenir aux accidents qui peuvent eschoir devant et apres iceux travaux (Der swangern frawen und hebammen rosgarten)	Paul Bienassis	Paris	1563	1536 (1513)	Physician	Worms Frankfurt	Midwifery
Roch, le Baillif, sieur de la Rivière	?	Le demosterion auquel sont contenuz 300 aphorismes Latins et François. Sommaire veritable de la medecine Paracelsique extraict de luy en la plus part par le dict Baillif	-	Rennes	1578	?	Physician	Paris ?	General
Laurent Joubert	1529-1583	Erreurs populaires au fait de la medecine et régime de santé	-	Bordeaux	1578	1578	Physician	Montpellier	Popular Errors
Dominique Reulin	fl. 1580	Contradicts aux erreurs populaires de L. Joubert où sont déduites plusieurs belles questions fort récréatives et profitables	-	Montauban	1580	1580	Physician	Montpellier	Popular Errors
René Bretonnayau	fl. 1583	La generation de l'homme et le Temple de l'ame	-	Paris	1583	1583	Physician and Author	Paris?	Pregnancy
Ambroise Paré	1517-1590	Les Œuvres divisées en vingt-huit livres avec les figures et portraits, tant de l'anatomie, que des instruments de chirurgie, et de plusieurs monstres. (Opera omnia latinitate donata)	Jacques Guillemeau	Paris	1585	1575	Surgeon	Paris Hôtel-Dieu	Surgical



Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Jacob Rueff	1500-1558	(De conceptu et generatione hominis de matrice et eius partibus)	-	Frankfort	1587	(1554)	Surgeon	Zurich	Pregnancy
Guy de Chauliac	1300-1368	La grande chirurgie de Guy de Chauliac medecin tres-fameux de l'université de Montpellier composée en l'an de grace 1363	Laurent Joubert	Lyon	1592	1592	Physician	Toulouse, Montpellier & Paris	Surgical
Ibid	1300-1368	Les fleurs du grand Guidon c'est-à-dire les sentences principales de certains chapitres	Jean Canappe	Niort	1595	1595	Physician	Toulouse Montpellier & Paris	Surgical
Ibid	1300-1368	Questions en chirurgie sur le reste des œuvres de maistre Guy de Chauliac par François Ranchin, médecin du Roy et de Monseigneur le Connestable, docteur regent en la tres-fameuse université de médecine de Montpellier	François Ranchin	Paris	1604	1604	Physician	Toulouse Montpellier & Paris	Surgical
Jacques Duval	1555-1620	Les hermaphrodits. Accouchemens des Femmes et traitement qui est requis pour les relever en santé et bien élever leurs enfans	-	Rouen	1612	1612	Physician	Rouen	Girls' and Women's diseases
Germain Courtin	d. 1597	Leçons anatomiques et chirurgicales de seu me Germain Courtin docteur regent en la faculté de medecine à Paris	Etienne Binet	Paris	1612	?	Physician	Paris	Anatomy
Guillaume Bouchet de Brocourt	1513-1593	Les serées divisees en trois livres	-	Lyon	1618	?	Jurist	?	General

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Jacques Guillemeau	1550-1613	De l'heureux accouchement des femmes du gouvernement dicelles et moyen de survenir aux accidents qui leur arrivent ensemble de la nourriture des enfans	-	Paris	1620	1609	Surgeon	Paris Hôtel-Dieu	Pregnancy
Jacques Bury	fl. 1623	Le propagatif de l'homme et le secours des femmes en travail d'enfant utile et necessaires à toutes personnes	-	Paris	1623	1623	Surgeon	?	Pregnancy
Philibert Guybert	d. 1633	Le medecin charitable enseignant la manière de faire et de preparer la maison avec facilité et peu de frais les remedes propres à toutes maladies selon l'advis du medecin ordinaire	-	Lyon	1623	1623	Physician	Paris	Charitable Remedies
Louys de Serres	fl. 1625	Discours de la nature causes signes et curation des empeschemens de la conception et de la sterilité des femmes mis en lumiere en faveur des ieunes Dames ausquelles Dieu ne donne point d'enfans en premieres années de leur mariage	-	Lyon	1625	?	?	?	Girls' and Women's diseases
Louys Guyon, sieur de Nauché	d. 1630	Le miroir de la beauté et santé corporelle : contenant toute les difformitez et maladies, tant internes qu'externes qui peuvent survenir au corps humain	-	Lyon	1625	1615	Physician	?	Girls' and Women's diseases
Louise Bourgeois	1563-1636	Observations diverses sur la sterilité, perte de fruits, fécondité, accouchements et maladies des femmes et enfans nouveau naiz	-	Paris	1626	1609	Midwife	Paris	Pregnancy
François Ranchin	1560-1641	Questions françoises sur toute la chirurgie de M. Guy de Chauliac divisées en trois parties	-	Lyon	1627	1627	Physician	Montpellier	Surgical



# *Chronological Table of Printed Vernacular Medical Works Concerning Ncustration (1495-1761)*

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
André Du Laurens	1558-1609	Les œuvres de M. André du Laurens, sieur de Ferrieres, conseiller et premier medecin du treschrestien Roy de France et de Navarre Henry le Grand, et son chancelier en l'université de Montpellier	Théophile Gelée	Paris	1646	1613	Physician	Montpellier	General
Jacques Guillemeau	1550-1613	Les œuvres de chirurgie de Jacques Guillemeau chirurgien ordinaire du Roy et iuré à Paris avec les portraits et figures de toutes les parties du corps humain et de instruments necessaires au chirurgien	Charles Guillemeau	Rouen	1649	1649	Surgeon	Paris Hôtel-Dieu	Surgical
Jean Liébault	1535-1596	Trois livres des maladies et infirmités des femmes pris du latin de M. Jean Liébault, docteur en medecine à Paris	?	Rouen	1649	1582	Physician	Paris	Girls' and Women's diseases
Jean Falcon	1491-1541	Remarques sur la chirurgie de M. Guy de Chauliac	-	Lyon	1649	1559	Physician	Montpellier	Surgical
Lazare Meysonnier	1602-1672	Les fleurs du Guidon corrigées et augmentées de la pratique de chirurgie avec plusieurs experiences et secrets de la methode de consulter pour les jeunes chirurgiens extraite des leçons de M. L. Meysonnier	-	Lyon	1650	?	Physician	Montpellier	Surgical
Jean Riolan	1580-1657	Manuel anatomique et pathologique ou abrege de toute l'anatomie et des usages que l'on en peut tirer pour la connaissance et guerison des maladie (Encheridium anatomicum et pathologicum)	François Sauvin	Paris	1653	1648	Physician	Paris	Anatomy
Charles de Saint-Germain	fl. 1654	Le médecin royal ou le parfait médecin charitable divisé en trois parties	-	Paris	1654	1654	Physician	Paris	Charitable Remedies

# Chronological Table of Printed Vernacular Medical Works Concerning Menstruation (1495-1761)

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Jean Fernel	1497-1558	Les sept livres de la physiologie composez en latin par messire Jean Fernel, premier medecin du Roy Henri II traduits en François par Charles de Saint-Germain, docteur en la faculté de medecine, conseiller et medecin ordinaire du Roy, parisien (La medicina: physiologica, pathologica therapeutice seu medendi ratio)	Charles de Saint-Germain	Paris	1655	1655 (1554)	Physician	Paris	General
Pierre Erresalde	fl. 1652	Nouveaux secrets rares et curieux donnés charitablement au public par une personne de condition	-	Paris	1660	?	?	?	Secrets
Marie Meurdrac	fl. 1666	La chymie charitable et facile en faveur des Dames	-	Paris	1666	1666	Lay?	?	Charitable Remedies
Anne-Marie d'Auvergne	fl. 1668	Secrets touchant la médecine	-	Paris	1668	1668	Lay	?	Secrets
François Mauriceau	1637-1709	Traité des maladies des femmes grosses ou accouchées	-	Paris	1668	1668	Surgeon Midwife	Paris Hôtel-Dieu	Pregnancy
Digby Chevalier	1603-1655	Receuil des remedes et secretz tirez des memoires de M. le Chevalier Digby, chancelier de la Reyne d'Angleterre. Avec plusieurs autres secrets et parfums tous experimentez	Jean Malbec de Trefel	Paris	1669	1668 ?	Physician	?	Secrets
Regnier de Graaf	1641-1673	(De mulierum organis generationi inservientibus tractatus novus)	-	Lugduni	1672	(1672)	Physician Anatomist	Holland	Girls' and Women's diseases



# *Chronological Table of Printed Vernacular Medical Works Concerning Menstruation (1495-1761)*

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Louys Guyon	d. 1630	Les cours de medecine en François contenant le Miroir de Beauté et de Santé corporelle par M. Louys Guyon, Dolois, Sieur de Nauche, docteur en medecine et la théorie avec un accomplissement de la pratique par M. Lazare Meysonnier	Lazare Meysonnier	Lyon	1673	1659	Physician	Montpellier	Girls' and Women's diseases
Cosme Viardel	fl. 1671-1674	Observation sur la pratique des accouchemens	-	Paris	1674	1671	Surgeon Midwife	Paris	Pregnancy
Paul Dubé	fl. 1669	Le medecin des pauvres qui enseigne le moyen de guerir les maladies par des remedes faciles à trouver	-	Paris	1676	1669 ?	Physician	?	Charitable Remedies
Nicolas de Blégny	1652-1722	Les nouvelles decouvertes sur toutes les parties de la medecine recueillies en l'année 1679	-	Paris	1679	1679	Surgeon	Paris	Periodical
Nicolas de Blégny	1652-1722	Le Temple Desculpe ou le depositaire des nouvelles decouvertes qui se font journellement dans toutes les parties de la medecine	-	Paris	1680	1680	Surgeon	Paris	General
Nicolas de Blégny	1652-1722	Nouveautez journalières concernant les sciences et les arts qui font parties de la medecine recueillies par Nicolas de Blégny chirurgien ordinaire du corps de Monsieur pendant les années 1680-1681	-	Paris	1680-1681	1680-81	Surgeon	Paris	Periodical
Nicolas de Blégny	1652-1722	Journal des nouvelles decouvertes concernant les sciences et les arts qui font partie de la medecine	-	Paris	1681	1681	Surgeon	Paris	Periodical

# *Chronological Table of Printed Vernacular Medical Works Concerning Menstruation (1495-1761)*

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Nicolas de Blégny	1652-1722	Le messager céleste contenant toutes les nouvelles découvertes qui onet este faites dans les astres depuis l'invention de la lunette d'approche avec des reflexions sur les utilites qu'on en peut tirer pour la conservation de la vie. Premier extraordinaire du journal de medecine publié le premier octobre 1681	-	Paris	1681	1681	Surgeon	Paris	Periodical
Lazare Rivière	1589-1655	La pratique de medecine avec la théorie (Praxis medica)	M. F. Deboze	Lyon	1682	(15?)	Physician	Montpellier	General
L'abbé de la Roque	fl. 1683	Journal de médecine ou observations des plus fameux médecins, chirurgiens et anatomistes de l'Europe, tirées des journaux des pais étrangers et des memoires particuliers	-	Paris	1683	1683	Lay	?	Periodical
Nicolas de Blégny	1652-1722	Mercure savant du mois de janvier 1684 et du mois de février 1684	-	Amsterdam	1684	1684	Surgeon	Paris	Periodical
Emery sieur de	fl. 1685	Nouveaux recueil de curiosité secrets empiriques	-	Leiden	1685	1684?	?	?	Secrets
Nathanael Sprye	fl. 1685	Tractatus de fluxu menstruo	-	Patayii	1685	1685	Physician	?	Menstrual
Gualteri Charletoni	1619-1707	Inquisitiones medico-physicae de causis catameniorum, sive fluxus menstrui, necon uteri rheumatismo, sive fluore albo, in qua etiam... probatur sanguinem in animali fermentescere numquam	-	Lyon	1686	1685	Physician	Oxford	Menstrual



# *Chronological Table of Printed Vernacular Medical Works Concerning Incontinuation (1495-1761)*

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Nicolas de Bléigny	1652-1722	Secrets concernant la Beauté et la Santé recueillis et publiez par ordre de Mr. DAQUIN conseiller du Roy en ses conseils et premier medecin de sa majesté	-	Paris	1688-1689	1688-89	Surgeon	Paris	Secrets
Anonymous	?	Le chemin fraye et infaillible aux accouchements qui servira de flambeau aux sages-femmes pour les éclairer en leurs operations cachées dans les plus obscures cavernes de la matrice	-	Lille	1689	?	?	?	Pregnancy
Jean Bernier	1622-1698	Essais de medecine où il est traité de l'histoire de la medecine et des medecins	-	Paris	1689	1689	Physician	Montpellier	General
François Mauriceau	1637-1709	Observations sur la grossesse et l'accouchement des femmes et sur leurs maladies et celles des enfans nouveau-nez	-	Paris	1694	1694	Surgeon Midwife	Paris Hôtel-Dieu	Pregnancy
François Mauriceau	1637-1709	Aphorismes touchant la grossesse l'accouchement les maladies et autres dispositions des femmes	-	Paris	1694	1694	Surgeon Midwife	Paris	Pregnancy
Ysbrand van Diemerbroeck	1609-1674	L'anatomie du corps humain composée en latin et traduit par M. J. Post (Anatome corporis humane)	M. J. Post	Lyon	1695	1695 (1670)	Physician	Netherlands	Anatomy
Anonymous	?	Recueil des meilleurs secrets les plus rares et admirables que l'Art et la Nature sont capables de produire tiré des ouvrages des sieurs Vecquel, D'Alexis, d'Agrippa, de Cardant, d'Aportal, de J. Belot, de la magie naturelle. Le tout expérimenté de nouveau par le Sieur F. C.	-	Lyon	1696	?	?	?	Secrets

# Chronological Table of Printed Vernacular Medical Works Concerning Menstruation (1495-1761)

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Nicolas de Bléigny	1652-1722	Fragment d'un projet d'histoire concernant la chevalerie chrestienne au sujet des remèdes exquis et des panacées charitables envoyez à Cayenne l'an 1697 par les Hospitaliers du Saint-Esprit	-	Angers	1697	1697	Surgeon	Paris	Remedies
Claude Brunet	fl. 1685	Progrès de la médecine, contenant un recueil de tout ce qui s'observe de singulier par rapport à sa théorie et à sa pratique : avec un jugement sur toute sorte d'ouvrage de physique, et de nouvelles explications des principaux phénomènes de la nature pour l'année 1697	-	Paris	1697	1695	Physician	Paris	Periodical
Nicolas de Venette	1633-1698	De la generation de l'homme ou Tableau de l'amour conjugal	-	Paris	1702	1688	Physician	Paris	Girls' and Women's diseases
Batholémy Saviard	1656-1702	Nouveau recueil d'observations chirurgicales avec quelques remèdes particuliers dont il s'est servy au traitement des maladies qui le composent	-	Paris	1702	1702	Surgeon	Paris (Hôtel-Dieu)	Surgical
Anonymous	?	Les admirables secrets d'Albert le Grand contenant plusieurs traités sur la conception des femmes et les vertus des herbes des pierres precieuses et des animaux	?	Cologne	1703	?	?	?	Natural Philosophy
Jean Devaux	1649-1729	L'art de faire les rapports en chirurgie	-	Paris	1703	1703	Surgeon	Paris	Legal Medicine
Jean-Dominique Santoni	fl. 1705	Opuscula medica de structura et motu fibrae, de nutritione animalium, de haemorrhoidibus, de catamenis		Venice	1705	1705	Physician	Venice	Menstrual



*Chronological Table of Printed Vernacular Medical Works Concerning Menstruation (1495-1761)*

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
Pierre Fresart	fl. 1707	Emmenologia, in qua fluxus muliebris menstrui phenomena, periodi, vitia, cum medendi methodo ad rationes physico-medicas exiuntur. Accessit in fine caput peculiare de fluxu muliebri albo	-	Leodii	1707	1707	Physician	?	Menstrual
Jean-Gabriel Rudolphe	fl. 1708	De iis, quae sunt observanda in mulieribus largiter menstruatis	-	Lyon	1708	1708	Physician	?	Menstrual
Jean Palfyn	1650-1730	Description anatomique des parties de la Femme qui servent à la generation avec un traité des monstres de leur causes de leur Nature de leurs differences et une description anatomique de la disposition surprenante de quelques parties externes et internes de deux enfants nés dans la ville de Gand, capitale de Flandres, le 23 avril 1703, lesquels ouvrages on peut considerer comme une suite de l'Accouchement des Femmes par M. Mauriceau	-	Leiden	1708	?	Physician	Ghent	Girls' and Women's diseases
Marguerite de la Marche du Tertre,	fl. 1677	Instruction familiere et utile aux sages-femmes pour bien pratiquer les accouchemens faite par demandes et réponses	-	Paris	1710	1677	Midwife	Paris Hôtel-Dieu	Pregnancy
Henri Corneille de Nettesheim Agrippa,	1486-1535	Sur la noblesse et excellence du sexe feminin de sa preeminence sur l'autre sexe et du sacrement de mariage	M de Gueudeville	Leiden	1726	(1509)	Physician	?	Natural Philosophy
Guillaume Mauquest de la Motte,	1655-1737	Traité complet des accouchemens naturels non naturels et contre nature expliqué dans un très grand nombre d'observations choisies et accompagnés de reflexions sur l'Art d'accoucher heureusement l'on y enseigne aussi les moyens de remedier à tous les accidens qui arrivent dans la grossesse et après l'accouchement	-	Leiden	1729	1715	Surgeon	?	Pregnancy

Author	Dates	Vernacular Title of Printed Work (Latin Title in Brackets where applicable)	Translator (Editor)	Place of Publication (of edition consulted.)	Year of Publication (of edition consulted.)	First Edition (Latin)	Type of practitioner	Place of training	Type of Text
John Freind	1675-1728	Emmenologie, ou traité de l'évacuation ordinaire où l'on explique les phénomènes, les retours, les vices et la méthode curative, qui la concernent selon les loix de la mécanique (Emmenologia, in qua fluxus muliebris menstrui phaenomena, periodi, vitia cum medendi methodo ad rationes mechanices exiguntur)	Jean Devaux	Paris	1730	1730 (1703)	Physician	?	Menstrual
Le Tellier fils	fl. 1730	Réflexions critiques sur l'Emmenologie de M. Freind	-	Paris	1730	1730	Physician	?	Menstrual
François Planque	1696-1765	Bibliothèque choisie de médecine. Tirée des ouvrages périodiques, tant français qu'étrangers	-	Paris	1748-62	1748-62	Physician	?	General
Jacques Lazerne	1676-1756	Méthode pour guérir les maladies (Curationes morborum)	?	Montpellier	1753	1753 (1751)	Physician	Montpellier	Girls' and Women's diseases
Robert Emmet	fl. 1753	Essais de médecine sur le flux menstruel et la curation des maladies de la tête (Testamenia medica de mensium fluxu et de curatione morborum cephalicorum)	M. Hurtaut	Paris	1754	1754 (1753)	Physician	Montpellier	Menstrual
Gerard Fitz-Gerald	d. 1748	Traité des maladies des femmes	?	Paris Avignon	1758	1758	Physician	Montpellier	Girls' and Women's diseases
Jean Astruc	1675-1766	Traité des maladies des femmes où l'on a tâché de joindre à une théorie solide la Pratique la plus sûre et la mieux éprouvée avec un catalogue chronologique des médecins qui ont écrit sur ces maladies	-	Paris	1761	1761	Physician	Montpellier	Girls' and Women's diseases



**Appendix Two: Printed Medical Theses Defended at the Parisian Faculty Concerning Menstruation, Pregnancy-length, Foetal Nutrition and Haemorrhoids (1554-1733)**

President of Jury	Candidate	Year	Thesis Title	Reply
Ludovic de Bourges	Joannus Verdutius Verduc	1554	An in paucis menstrui fluxu mas, largiori faemina concipiatur?	Aff
Ludovic Duret	Baldichus Baudiche	1555	An eo suppressis haemorrhoidibus glabrities?	Aff
Petrus de la Bistrade	Guillaume Luffon	1572	An ut semen, sic menstruus sanguis benignum excrementum?	Aff
Petrus Collier	Joan Girard	1574	An fluentium praeter natural haemorrhoidum una reliquenda?	Aff
Jacob Nicolas	Petrus Quinesfault	1577	An par foeminis omnibus mensium necessitas?	Neg
Henri Blacuod	Carnotus Gerbault	1579	An octimestris partus vitalis?	Neg
Guillaume de Baillon	Carnotus Gerbault	1579	An fluoris muliebris et mensis morborum idem iudicium?	Neg
Maurice de la Corde	Joannus Bonnier	1580	An virgo menstruis deficientibus lac in mammis habere potest?	Aff
Mar. Myronius	Steph. Dufour	1581	An a diuturnis curato haemorrhoidibus una reliquenda?	Aff
Jac. Herault	Gabriel Drouin	1583	An retenti feminis quam suppressi menstrui graviora symptomata?	Aff
Petr. Paulmier	Petr. Guenault	1596	Sunt-ne duo nostrae generationis principia semen, et maternus sanguis?	Aff
Hug. Prevosteau	Germain Clerselier	1597	An foetus in utero sanguine menstruo nutriatur?	Aff
Cl. Rousselet	Sim. Le Tellier	1597	An a menstruis decoloribus purgatio?	Aff
Guillaume Lescaillon	Romain Igneus du Feu	1601	An nutricis menstruatae lac infanti sanum?	Neg
Nicolas Ellain	Petrus de la Boisiere	1602	An suppressis mensibus saphaena ?	Aff
Hier. Tacquet	Steph. La Front	1605	Potest-ne mulier non menstrualis utero gerere ?	Aff
Guillaume de Baillon	Guillaume Gerbault	1611	An fluoris muliebris et mensis morborum affinitas quaedam et dissimilitudo?	Aff
And. Le Gros	Aegidus Le Blanc	1613	An semen menstruus sanguis excrementa benigna?	Aff
Gab. Hardouin de S. Jacques	Petr. Comuny	1614	An partus mulieri certo tempore contingat?	Neg
Jo. Beauchesne	Barth. Baralis	1615	An foetus per umbilicum	Aff

			nutriatur?	
Joan Merlat	Claude de Pois	1615	An melancholis haemorrhoides salutare?	Aff
Petr. Girardet	Nic. Roland	1621	An a vitiosis menstruis sterilitatis?	Aff
Ph. Hardouin de S. Jacques	Franc. Mallet	1623	An humorum incrementum a Luna?	Aff
Lazar. Pena	Gero. Joudouyn	1626	An foetus nutriatur sanguine menstruo?	Aff
Nicolas Pietre	Nicolas Brayer	1628	An febre continuâ incipiente unâ erumptibus statâ periodo menstruis, basilica potius quam saphena secunda?	Aff
Joan. Texiert	Germain Preux	1631	An nutrix menstrualis mutanda?	Aff
Math. Alton	Petrus Yvelin	1633	Est-ne sola menstrualis foecunda?	Neg
Petrus Yvelin	Nicolas Colletet	1635	Est-ne fluor muliebris semper ab utero?	Aff
Nicolas Cappon	Flor Langlois	1637	An sola menstrualis mulier foecunda?	Aff
Car. Dupre	Quint. Thevenym	1640	An tumentibus, puerperae hemorrhoidibus, fluentibus lochiis, venae sectio et cubito?	Aff
Flor Langlois	Euseb. Renaudot	1640	An epilepsiae et melancholiae hemorrhoides salutare?	Aff
Helias Beda des Fougerais	Michel Langlois	1650	Est-ne nutricis menstrua patientis lac deterius?	Aff
Rob. Tullone	Ant. De Sarte	1651	An purgatio necessaria menstruis inordinate fluentibus?	Aff
Fr. Bonjonirt	Petrus Le Large	1656	An quae statim à menstruâ purgatione concipiunt citiùs pariunt?	Aff
Florim Langlois	Philippe Mathon	1664	Est-ne aliqua in sanguine menstruo et femine prava qualitas?	Neg
Antoine le Moine	Robert Raoult	1665	An statim menstruorum effluvio concepti, firmioris valetudinis?	Aff
Petr. Yon	Ren. Chauvel	1672	An mulier aetatae propecta, cui menstrua dudum defecerunt, gravidari potest?	Aff
Renat. Chauvel	Rodolphe Oren	1680	An ab uterino fermento menstruorum fluxus?	Aff
Fr. Le Rat	Pontius Maurin	1680	An rejicienda quaelibet nutrix, cui fluunt menstrua?	Neg
Al. Mich. Denayu	Michel de Hodencq	1681	An sana fit nutrix menstruis obnoxia?	Neg
Antoine Varin	Petrus Marais	1687	An catamenia a facultate uteri?	Aff
Abr. Thevart	Jac. Fourneau	1701	Est-ne improbanda nutrix obnoxia menstruo profluvio?	Neg
Salvator Cluscard	Joan Cl. Adr.	1707	An partus naturalis causa,	Aff



	Helvetius		menstrua per gestationem suppressa?	
Camille Falconnet	Antoine de Jussieu	1711	An foetui sanguis maternus alimento?	Neg
Joan Besse	François Bailly	1713	An partus fluxo menstruo?	Aff
Antoine le Moine	Jacques Philippe Davier de Breuille	1715	An statim à menstruorum effluvio concepti, firmioris valetudinis?	Aff
Aex. Le François	Jean-Damian Chevalier	1716	An quo tempore fluunt catamenia, noxia venus?	Aff
Franc. Gouel	Jean de la Grive	1716	An quae statim à menstruâ purgatione concipiunt citiùs pariunt?	Aff
Cl. de la Vigne	Antoine Casamajor	1720	An fluxûs menstrui et transpirationis materies eadem?	Aff
Cl. de la Vigne de Frecheville	Henri-François Bourdelin	1733	An quo uberior transpiratio, eo parcior fluxus menstruus?	Aff

Source: Hyacinthe-Théodore Baron, *Quaestionum medicarum, quae circa medicinae theoriam et praxim, ante dui faecula, in scholis facultatis medicinae parisiensim, agitatae sunt et discussae. Series chronologica, cum doctorum praesidium et baccalaureorum propugnantium nominibus* (Paris, Jean-Thomas Herissant, 1752).

**Appendix Three: Medical Theses Disputed Orally at the  
Parisian Faculty (1576-1726)**

<b>Candidate</b>	<b>Year</b>	<b>Thesis Title</b>
Jean Cothillon	1576	An menses decolores purgationis necessariae indices?
Jacobis Herault	1583	An potest virgo, menstruis deficientibus, lqc in mqmmis habere?
Jacobis Herault	1583	An potest mulier cui numquam fluxerunt menses concipere?
Simonis Le Telier	1598	An pueruorum exanthemata à sanguine menstruo?
Germani Clerselier	1599	An fluentibus mensibus conceptio fieri possit?
Germani Clerselier	1599	An fluentibus mensibus conceptus foetus, leprosus, aut leprae deditus?
Joannis Le Mercier	1602	An sterilitatem inducat menstruorum alborum profluvium?
Nicolas Herault	1611	An mensis cydonia primis?
Nicolas Herault	1611	An mensis lactuca secundis?
Petri Robinet	1620	An menstrua Luna provocet?
Petri Robinet	1620	An partum Luna provocet?
Joan Du Cledat	1624	An basilicae sectio fluentibus menstruis?
Joan Du Cledat	1624	An basilicae sectio fluentibus haemorrhoidibus ?
Jacobi Carnuty	1626	An mensibus sistendis animi aegritudines?
Jacobi Carnuty	1626	An mensibus sistendis magisteria perlarum?
Anselmi Bicquet	1630	An lactuca primis mensis apponenda?
Anselmi Bicquet	1631	An mulieribus certum tempus concipiendi ?
Anselmi Bicquet	1631	An mulieribus certum tempus pariendi ?
Antoine Le Moine	1665	An fluentibus menstruis concepti ?
Thomas-Bernard Bertrand	1665	An a sanguine menstruo mulieris sanitas?
Thomas-Bernard Bertrand	1711	An à sanguine menstruo mulieris foetus nutritio?
Jean-Baptiste Silva	1713	An suppressionis menstruorum in gravidis causa sanguinis lentor?
Jean-Baptiste Silva	1713	An suppressionis menstruorum in gravidis causa placenta utero adhesio?



Antoine le Moine	1715	An tempore fluxus mensium concepti brevioris vitae?
Antoine le Moine	1715	An tempore fluxus mensium concepti infelicioris vitae?
Claude de la Vigne de Frescheville	1720	An sanguis menstruus succi alibilis portio?
Claude de la Vigne de Frescheville	1720	An sanguis menstruus humor excrementibus?
François Mery	1726	An sanguis redundans causa menstruorum?

Source: Hyacinthe-Théodore Baron, *Quaestionum medicarum, quae medicinae theoriam et praxim, ante dui faecula, in scholis facultatis medicinae parisienim, agitatae sunt et discussae. Series altera* (Paris, Jean-Thomas Herissant, 1752).

## Abbreviations

AD	Archives Départementales
AM	Académie de Médecine
AN	Archives Nationale de France
Ars.	Bibliothèque de l'Arsenal
BIUM	Bibliothèque Inter-Universitaire de Médecine
BNF	Bibliothèque Nationale de France
BSG	Bibliothèque Sainte Geneviève



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