

# At Birth: The Modern State, Modern Medicine, and the Royal Midwife Louise Bourgeois in Seventeenth-Century France (\*)

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## SUMMARY

1.—Introduction. 2.—Louise Bourgeois' background. 3.—The meanings of childbirth in early seventeenth-century France. 4.—The birth of the dauphin. 5.—The death of a princess. 6.—Conclusion.

## ABSTRACT

In this article I explore the connections between state centralization, the professionalization of healing, and the end of the royal midwife Louise Bourgeois' (1563-1636) illustrious career in seventeenth-century France. Specifically, I analyze seventeenth-century narratives of two events which frame Louise Bourgeois' public career as a writer and royal midwife in order to demonstrate the way that the changing meanings of childbirth and the role of the midwife in the medical hierarchy were bound up in state formation and consolidation. The result for midwives was that, though they could still practice, they were ultimately considered marginal to the medical community.

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## 1. INTRODUCTION

Before 1601, the birth of an heir to a reigning monarch had eluded France for 80 years. Imagine, then, the importance of Henry IV's and Marie de Médicis' first-born son. Contemporary chroniclers, the royal midwife Louise Bourgeois included, took note of this historic event. As Bourgeois tells it, Henry IV warned Marie de Médicis that the birth of a dauphin would be a public affair:

«[Y]ou know that I told you several times of the need for Princes of Blood to attend your delivery. I implore you to resolve yourself to this as it is because of your rank and that your child. At which the Queen responded that she had always been resolved to do all that would please him. [He continued] I know indeed my love that you wish all that I wish: but I know your nature which is timid. ... I implore you not to be overcome, since this is the way it is done at the first birthing of Queens. The King held the Queen throughout her labor pains, and [finally] asked me if it was time that he bring in the Princes. ... Around one hour after midnight, the King became impatient seeing the suffering of the Queen, and believing that she would deliver, and that the Princes would not have been there in time, called for them (1)».

Bourgeois estimated that there were approximately 200 people in the antechamber and the queen's birthing room immediately following the delivery. When she asserted that this might be too much for a new mother to handle, the King replied, «Hush, hush, midwife, do not be angry at all, this child is everyone's, everyone must rejoice» (2). As Henry recognized, the birth of the dauphin defied the notion of childbirth as a private event between mother, midwife, and baby; this baby belonged

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(1) BOURGEOIS, Louise (Boursier). *Observations Diverses sur la sterilité, perte de fruit, foecundité, accouchements et maladies des femmes, & enfans nouveaux naix, amplement traitées, et heureusement pratiquées par L. Bourgeois dite Boursier*, Paris, H. Ruffin, 1652, II, pp. 117-118. All translations are my own. Punctuation and grammar have been changed for sense, where needed.

(2) BOURGEOIS, note 1, p. 127.

to the people. Louis XIII's public birth symbolized the renewal of the monarchy and therefore the state. As I will show, the dauphin's birth coincides with the shift of birthing and care for women from the private to the public sphere.

The role of midwives in early modern France posed a problem for the increasingly separate public (male) and private (female) spheres. Traditionally, midwives were the only state-sanctioned practitioners in the birthing room. Yet, throughout the seventeenth century in France, midwives' practices and responsibilities were increasingly restricted and regulated by male practitioners who had a growing interest in childbirth and care for women (3). At the same time, the state also began to intervene in childbirth by calling on midwives to verify the legitimacy of heirs to bourgeois family fortunes. While hers is not the story of a typical midwife, Louise Bourgeois' meteoric rise and fall helps us understand the ways in which both medicine and the state were gendered in a transitional period of French history. In this essay, I explore the connections between state building and centralization, the professionalization of healing, and the end of the illustrious career of the royal midwife Louise Bourgeois. Specifically, I examine seventeenth-century interpretations of two major events in Bourgeois' career that show the link between the professionalization of midwifery and the development of the modern state: Marie de Médicis' delivery of Louis XIII in 1601 and Princess Marie de Bourbon-Montpensier's delivery of a baby girl in 1627. An analysis of these narratives helps us understand the connections between state building and the professionalization of birthing in early modern France (4).

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(3) See WIESNER, Merry. The midwives of south Germany and the public/private dichotomy. In: Hilary Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe*, London, Routledge, 1993, pp. 77-94, where she makes a similar argument about German midwives.

(4) For a more comprehensive look at connections between state building and centralization, the professionalization of healing, and Louise Bourgeois' life and career, see, SHERIDAN, Bridgette. *Birthing the Modern State: The Life and Career of the French Royal Midwife Louise Bourgeois (1563-1636)*, Ph.D. dissertation, forthcoming.

## 2. LOUISE BOURGEOIS' BACKGROUND

Louise Bourgeois (1563-1636) grew up in the Paris suburb of Saint Germain. Judging from her father's property holdings, Bourgeois' family would have been considered part of the growing bourgeois class (5). She married Martin Boursier, a barber surgeon for the king's army, on 30 December 1584, at the age of 21 (6). Perhaps because her husband was traveling with the king's army, Bourgeois and her children stayed in Saint Germain with her parents.

On 31 October 1589, Henry of Navarre's attack on the suburbs of Paris and the sieges which followed radically changed the Bourgeois-Boursier family's life. Henry's army arrived in Saint Germain while Bourgeois' husband was at war. Her father had died, leaving Bourgeois, her mother, and her three children to fend for themselves (7). With the family fortune lost, Bourgeois explains that she took several odd jobs—stitching, weaving, embroidering—to support her family (8). Her husband

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- (5) See CHÉREAU, Achille. *Esquisse historique sur Louise Bourgeois Dite Boursier, Sage-femme de La Reine Marie de Médicis*, Paris, L'Union Médicale, 1852, where he writes: «Elle était issue d'une famille aisée appartenant à la bourgeoisie. Son père était assez riche pour avoir fait bâtir, vers l'année 1585, sur le fossé de la port Buci, qui s'élevait au confluent actuel des rues *Contrescarpe* et *Saint-André-des Arcs*, des maisons d'une valeur de quinze mille livres» (p. 8).
- (6) Note that the custom in seventeenth-century France for women was to keep their fathers' last name after marriage. Their marital status was sometimes noted following their name (for example, Louise Bourgeois, dites Boursier). Thus, I refer to her as «Louise Bourgeois». As Chéreau explains, there was not much fanfare involved in this marriage, since the only record he could find was from the Hôtel de Ville in Paris in the registries of the Parish of Saint-Sulpice (which have since burned): «Paroisse Saint Sulpice: Le 30 décembre 1584, mariage de Martin Boursier, chirurgien barbier, et de Louise Bourgeois». Otherwise there is no other notation on the family (births, deaths, etc.) in the registries, as there would have been for nobility of the robe or the sword. See CHÉREAU, note 5, p. 8, fn. 1.
- (7) CHÉREAU, note 5, p. 10, fn. 1.
- (8) BOURGEOIS, Louise (Boursier). Comment j'ay appris l'Art de Sage-femme. In: *Observations Diverses sur la sterilité, perte de fruict, foecondité, accouchements et maladies des femmes, & enfants nouveaux naix, amplement traitées, et heureusement praticquées par L. Bourgeois dite Boursier*, Paris, H. Ruffin, 1652, II, pp. 86-87.

returned in 1594, the same year that Henry IV marched victoriously into Paris. Shortly thereafter the Bourgeois-Boursier family settled in Paris. It was then that Bourgeois decided to take up midwifery.

Bourgeois studied the works of the French surgeon Ambroise Paré and, after almost five years of serving the poor and middle classes, she was ready to take her exam to be licensed. In 1598, the licensing board for midwives consisted of one physician, two surgeons, and two midwives. Bourgeois tells us:

«Thus I was sent to see two midwives, who were Dupuis and Péronne. ... [T]hey interrogated me on my husband's vocation, in a way that made it clear they did not want to receive me, at least Mme Dupuis who said to the other: "By God, my friend, my heart tells me nothing good for us, since she is the wife of a surgeon; she gets on with the physicians like thieves at a fair. We must receive only the wives of artisans who understand nothing of our affairs"» (9).

Even though she trained to be a midwife, Bourgeois was perceived as a supporter and a representative of physicians and surgeons. And yet despite Mme Dupuis' views, Bourgeois passed her exam on 12 November 1598 and was thus granted a license to practice (10). Moreover, she received the appointment of royal midwife only three years later. Further she published a three-volume midwife's manual, *Observations Diverses sur la sterilité, perte de fruict, foecondité, accouchements et maladies des femmes, & enfants nouveaux naix, amplement traitées, et heureusement praticquées par L. Bourgeois dite Boursier* (1609-1626).

### 3. THE MEANINGS OF CHILDBIRTH IN EARLY SEVENTEENTH-CENTURY FRANCE

In late sixteenth- and early seventeenth-century France, scientific inquiry worked together with bourgeois interest in property ownership

(9) BOURGEOIS, note 8, p. 89.

(10) PERKINS, Wendy. *Midwifery and Medicine in Early Modern France: Louise Bourgeois*, Exeter, University of Exeter Press, 1996, p. 17.

and wealth to open up the birthing room to men. At this time the relationship between physicians, surgeons, and midwives was in transition. Before the thirteenth century, barber-surgeons were considered artisans rather than medical practitioners since they primarily focused on external ailments of the body, and learned their skills through apprenticeships rather than through university education. In late thirteenth-century Paris, a number of surgeons abandoned barbering and apprenticed to practice surgery alone. They created a confraternity, the college of Saint-Côme, and insisted on wearing the same uniform as physicians. Still, they were largely excluded by physicians from the medical profession until the seventeenth century. Surgeons needed a market to compete with physicians, thus they turned to midwifery to increase their clientele and their status (11). As surgeons' reputations for expertise in birthing grew, they began to establish their own practices and to have their own female clientele for both illnesses and birthing, encroaching on both physicians' and midwives' practices. Over time, the struggle between physicians, surgeons, and midwives for control over care for women became a struggle between physicians and surgeons alone, with midwives effectively marginalized (12).

The government in France was also in a state of transition in the late sixteenth and early seventeenth centuries. In this early period of

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(11) See LEBRUN, François. *Se soigner autrefois: Médecins, saints et sorciers aux XVIIe et XVIIIe siècles*, Paris, Éditions du Seuil, 1995, pp. 37-46, for a discussion on the professionalization of surgery in France.

(12) The literature on the professionalization of birthing in Europe is extensive. To name a few: DONNISON, Jean. *Midwives and Medical Men. A History of the Struggle for the Control of Childbirth*, 2<sup>nd</sup> ed., London, Historical Publications Ltd., 1988; GÉLIS, Jacques. *La Sage-Femme ou le Médecin*, Paris, Fayard, 1988; GREEN, Monica. Women's Medical Practice and Health Care in Medieval Europe. *Signs*, 1989, 14 (2), 434-473; GREILSAMMER, Myriam. The Midwife, the Priest, and the Physician: The Subjugation of Midwives in the Low Countries at the End of the Middle Ages. *Journal of Medieval and Renaissance Studies*, 1991, 21 (2), 285-329; LINGO, Alison Klairmont. Empirics and Charlatans in Early Modern France: The Genesis of the Classification of the «Other» in Medical Practice. *Journal of Social History*, 1986, 19, 583-603; MARLAND, Hilary (ed.). *The Art of Midwifery: Early Modern Midwives Europe*, London, Routledge, 1993; SCHIEBINER, Londa. Women's Traditions. In: *The Mind Has No Sex? Women in the Origins of Modern Science*, Cambridge, MA, Harvard University Press, 1989, pp. 102-118.

state-building, the king and the royal government sold administrative offices to bourgeois and newly ennobled men for capital as well as to gain the services of those skilled in law and finance. These new administrators were necessary to help build a centralized state. In their new positions, they began establishing laws and governmental policies to create key family networks and increase family fortunes. At the same time, they established legal regulations, insisting that marriage pacts received approval from parents and the Parlement of Paris rather than a sanction from the church only. Sarah Hanley has argued that, for this reason, state building and family formation were inextricably linked in early modern France (13). Hanley also explains that toward the middle of the sixteenth century, the French government began regulating reproductive customs. In 1556, the court passed an edict that banned women from hiding pregnancies or delivering without witnesses. Single or widowed women were required to make official statements of their pregnancy (*déclaration de la grossesse*) and to submit to interrogation at local civil registries. Every three months, priests were supposed to address the issue of clandestine pregnancy, thus reinforcing the state's interest in abortion, infanticide, and the disposition of lineage property (14).

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- (13) See HANLEY, Sarah. Family and State in Early Modern France: The Marriage Pact. In: Marilyn J. Boxer; Jean H. Quataert (eds.), *Connecting Spheres: Women in the Western World, 1500 to the Present*, New York and Oxford, 1987, pp. 53-63, and especially HANLEY, Sarah. Engendering the state: Family formation and state building in early modern France. *French Historical Studies*, 1989, 16 (1), 4-27. Barbara Diefendorf has argued that the triumph of patriarchal authority in early modern France was not as complete as Hanley makes it out to be. [See DIEFENDORF, Barbara. Give us back our children: Patriarchal authority and parental consent to religious vocations in early Counter-Reformation France. *The Journal of Modern History*, 1996, 68, 265-307. Also see Hanley's response in, HANLEY, Sarah. Social sites of political practice in France: Lawsuits, civil rights, and the separation of powers in domestic and state government, 1500-1800. *The American Historical Review*, 1997, 102 (1), 27-52]. For the purposes of my article, their differences are not so crucial, in that they both agree that these laws were established to attempt to control family formation for the good of a growing bourgeois class.
- (14) As Hanley explains, «In case after case legists issued *arrêts* that declared illegal the acts of *supposition d'enfant* (to attribute to a woman a child who is the child of another), *suppression d'enfant* (to effect the disappearance of a child), and *suppression d'état* (to suppress proof of the civil status of a person)», in HANLEY, 1989, note 13, p. 22.

#### 4. *THE BIRTH OF THE DAUPHIN*

Childbirth was not only on the minds of legists in the seventeenth century, it was also of primary concern to the royal family. After having divorced Marguerite de Valois, Henry IV married Marie de Médicis with the hope of producing a legitimate heir to the French throne. After decades of religious and political strife, the people of France were ready for a stable monarchy; a male heir would help Henry consolidate his kingdom and protect his dynasty (15). It was Louis XIII's birth that launched Bourgeois into the public sphere. While Marie de Médicis may have been Bourgeois' patron, there were others at court who did not trust or accept her (16). The birth of a healthy dauphin would lessen Bourgeois' vulnerability at court.

In her description of Louis XIII's birth, Bourgeois described herself as the central figure, apart from Marie de Médicis, in the birthing room. When the Queen felt ill during her long travail, it was Bourgeois who remained by her side while the physicians periodically came in to check on the Queen and consult with Bourgeois. Bourgeois explained that the illness affected the Queen more than the child, and when the Physicians asked her what she recommended:

«I proposed to them remedies that they ordered immediately from the Apothecary. ... The King says, that he did not want anyone giving their advice except the physicians, according to my report to them, and that we [the physicians and Bourgeois] would continue in it together» (17).

Here Bourgeois explained that the king and queen had as much faith in her as they did in the physicians.

After Louis XIII was born, Bourgeois noticed the baby seemed weak. She writes:

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- (15) BUISSERET, David. *Henry IV*, London, George Allen and Unwin, 1984, pp. 87-89. See also MARVICK, Elizabeth Wirth. *Louis XIII: The Making of a King*, New Haven, Yale University Press, 1986, Chapter 2, pp. 6-23, for an interesting discussion of Henry IV and Marie de Médicis' relationship.
- (16) CHÉREAU, note 5, p. 18.
- (17) BOURGEOIS, note 1, pp. 120-121.



«I asked Monsieur de Lozeray [a valet] ... for some wine and he brought a bottle. I asked him for a spoon. The King took the bottle that he [Lozeray] held and I said to him, SIRE, if this was another infant I would put the wine in my mouth and give it to him, for fear that the weakness would last too long. The King put the bottle to my mouth and said to me, do as you would to another. I filled my mouth with wine and blew it into his [the dauphin's]. He came to and savored the wine that I gave him» (18).

In Bourgeois' version of the story, she literally saved the dauphin. Bourgeois also explained that, since the dauphin was wrapped well immediately after the delivery, she was the only one who knew the sex of the child. The king was certain it was a boy because of Bourgeois' calm demeanor. Bourgeois confirmed for the king that the child was a boy, which he told Marie. The day after the birth of the dauphin, Bourgeois writes that she went to see the queen:

«I saw the room full; the King, Madame his sister, the Princes & Princesses were there because of the baptism of the Dauphin. I [thus] retreated [when] the King caught a glimpse of me, and said to me, come in, come in, it is not you that dare not enter. [H]e said to Madame and to the Princes, Well! I have very well seen people, but I have never seen [one] of this resolve, either man or woman, not at war or elsewhere, as this woman here. [S]he held my son in her lap, and looked at the world with a rather cool expression as if she had held nothing. [I]t is a Dauphin, when none had been born in France for 80 years. ... [The king told his wife] no woman could have done better than she [Bourgeois] did. If she had done otherwise, it would have killed my wife. I will, hereafter, call you *Ma Resolue*» (19).

The king, according to Bourgeois, found her to have more resolve, or more determination, than *anyone*, man or woman, in *any situation*, even at war. She portrays herself here as a rational and decisive professional, qualities usually reserved for men.

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(18) BOURGEOIS, note 1, p. 124.

(19) BOURGEOIS, note 1, pp. 129-130.

Yet Héroard, Louis XIII's personal physician who kept a detailed journal on the care of Louis XIII, wrote a significantly different version of the dauphin's birth.

«The child was received by lady Louise Bourgeois called Madame Boursier, midwife from Paris. ... Being thus entirely delivered and finding the infant weak for having lain for a long time while waiting for the placenta, he [Louis XIII] was given a small amount of wine by Monsieur Guillemeau, ordinary surgeon of the King; then being picked up by the midwife, taken by Mlle de la Renouillere first woman of the Queen's chamber, to whom the king commanded saying: "Give him to Mme Montglat", who took him enveloped and brought him before the fire where he was for quite a long time while the midwife bandaged the Queen who went on her feet from her chair where she gave birth to her bed with the aid of almost no one. Nevertheless I gave her ... a bit of softened Mithridate [antidote against poison] with white wine» (20).

Notice Bourgeois' role in this version: she is an assistant who hands over the dauphin and bandages the Queen. There is no mention of physicians or the king asking for Bourgeois' advice and it is the surgeon Guillemeau who restores the dauphin's life with the wine.

So what can we make of this? Louis XIII's public birth symbolized security and stability for the kingdom of France, and coincided with the entrance of childbirth into the public realm. Bourgeois wrote of this event as a highlight in her career, explaining that the king and queen's faith in her abilities made her feel more tranquil than she ever had in her life. In her version, she was *more* than an assistant. Her knowledge was as important, or even more so in the case of birthing, as the physicians' knowledge. Yet Héroard's version seems to be the more accepted description of Louis XIII's birth, perhaps because it more aptly describes the role that midwives would ultimately be expected to take in birthing (21). In order to show the ways in which the course of

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(20) HÉROARD, Jean. *Journal de Jean Héroard*, [published under the direction of Madeleine Foisil, preface by Pierre Chaunu], Paris, Fayard, 1989, vol. 1, pp. 371-372.

(21) See, for instance, MARVICK, note 15, p. 11, where she explains, «When the midwife severed (*sic*) the umbilical cord of Marie de Médicis's first-born son, it

Bourgeois' career illustrates the link between the professionalization of birthing and state building, it is useful to contrast the delivery of the dauphin to Bourgeois' final «public» delivery, an event that brought about the end of her career.

## 5. THE DEATH OF A PRINCESS

Bourgeois' final delivery at court twenty-six years after the birth of Louis XIII was, in many ways, as significant to her career as the delivery of Louis XIII. On 5 June 1627, the Princess Marie de Bourbon-Montpensier, sister-in-law to Louis XIII, Gaston d'Orléans' wife, died a week after giving birth. Her death was mourned in an anonymously published harangue as God's punishment for the sins of Parisians, yet one could argue that no one paid as dearly for the princess' death as did the

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was the signal to Héroard to assume direct responsibility for the infant's physical care. He ordered wine to stimulate the child, followed by bathing, oiling, and swaddling—usual practices of the time». Clearly, even though she had read Bourgeois' version, as is evidenced by her use of it to describe various aspects of the birth, in the places where the description differed, she based her account on Héroard's *Journal*. In FOISIL, Madeleine. *L'enfant Louis XIII: L'éducation d'un roi, 1601-1617*, Paris, Perrin, 1996, the author writes that Héroard was *assisted* by Louise Bourgeois (rather than Bourgeois being the primary care provider) and does not mention the wine at all: «Enfin a lieu la délivrance. Le nouveau-né es baillé à Mme de Montglat la gouvernante, qui le prend enveloppé et le port devant le feu ... Puis il [Héroard] observe le nouveau-né» (p. 33). In CRUMP, Lucy. *Nursery Life 300 Years Ago*, New York, E.P. Dutton & Company, 1930, the author actually does accept Bourgeois' version, indicating that «His [Héroard's] account differs in certain other small matters from Louise's; he says for instance that the wine which revived the baby was given by Dr. Guillemeau, but Louise's words have an air of such naïve truth that it is pleasant to accept what she says» (pp. 19-20). Crump's work, written 50-60 years prior to the above cited books, is certainly less scholarly (for example, there are no footnotes or bibliography) than Marvick's or Foisil's, and her reason for accepting Bourgeois' version is hardly convincing. Still, Crump at least acknowledges the discrepancies, whereas the more recent books write the story as if there was no difference between Héroard's and Bourgeois' accounts.

attending midwife Louise Bourgeois (22). Her *Apologie de Louise Bourgeois Dite Bourcier sage femme de la Royne Mere du Roy, & de feu Madame. Contre le Rapport des Medecins* (1627), written as a response to the princess' autopsy report and a defense of her own character and career, sparked the controversy that ended Bourgeois' career as a midwife amongst the aristocracy. Immediately after it was published the royal surgeon Charles Guillemeau, one of the signatories on the autopsy report, defended the surgeons and physicians and took Bourgeois to task in his *Remonstrance à Madame Bourcier touchant son Apologie contre le Rapport que les Medecins ont fait de ce qui a causé la mort deplorable de Madame* (1627) (23).

Why did Bourgeois decide to take on ten respected members of the royal medical community at this time when, if she had not responded, she would have likely retired from her profession quietly? Bourgeois believed that she had publicly proven herself to be a competent medical provider and a savior to the realm twenty-six years earlier when she delivered the dauphin. But as Héroard's version of Louis XIII's birth indicates, not everyone interpreted this event as Bourgeois' launch into public life as a medical expert.

Clearly, the princess had a difficult pregnancy. The *Merçure François*, a contemporary chronicle of royal life, explained:

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(22) *Les Suspirs et regrets de la France Sur la Mort de Madame*, Paris, Chez Jean Mestais. Imprimeur, 1627. This small bound copy does not contain page numbers nor does it indicate an author.

(23) Though the author of this *Remonstrance* is not included in the text, the copy that I looked at from the Bibliothèque Nationale includes Charles Guillemeau's name handwritten on the document. In PERKINS, Wendy. *Midwives versus doctors: The Case of Louise Bourgeois. Seventeenth-Century French Studies*, 1988, 3, Perkins writes, «If we read it at face value, the first and third form a framework, full of attacks on Bourgeois's incompetence, to the thoughts on the affair of an unnamed practitioner, whose arguments suggest that he is either a physicians or a surgeon practicing in Paris» (p. 143). She suggests three possible scenarios: first, that Guillemeau is the unnamed practitioner and the introduction and conclusion were written by someone else; second, Guillemeau could have written the introduction and conclusion and have relied on a respected authority for the bulk of the chapter; third, the structure is entirely fictitious. For the purposes of this article, I will assume (as many others, including Perkins, have) that Guillemeau is the author and that he spoke to another practitioner regarding the matter, which is material he used to support his ideas in the second section.

«But Madame [the princess] was feeling ill for her delivery ... all of the Parishes and Monasteries of Paris were commanded to pray to God for her deliverance. She was in labor from 10:00 p.m. on Friday [May] 28 until 11:00 am on Saturday [May] 29, and delivered a girl» (24).

Bourgeois asserts that the princess was ill before her pregnancy, yet her delivery was:

«fairly happy, the delivery of the baby as well as the placenta, which was healthy and whole, having been inspected and examined by Jacques de la Cuisse, Master Surgeon who is well experienced in birthing women, and by the Doctors present: Messieurs Vautier, Seguin, Le Maistre, Tournaire, Brunier, Guillemeau, whom all recognized and attested the placenta was very healthy and whole, this I certify on my life to be true» (25).

As was customary, an autopsy was ordered by Marie de Médicis to be performed by five physicians and five surgeons. The short report—less than a page long—did not assign blame to any one individual. Yet there was at least one statement that Bourgeois felt was a direct attack on her performance:

«Next to the right back was found a small portion of the placenta so attached to the womb, that one could hardly separate it without effort with their fingers» (26).

The public charge that a piece of placenta was found attached to the womb, clearly the midwife's domain, along with whatever gossip was likely circling the court about the princess' death, provoked Bourgeois to write in her own defense. Her *Apologie* was published three days after the report and Guillemeau's *Remonstrance* immediately followed.

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(24) [*Le*] *Mercuré François; ou La suite de l'histoire de 1605-1644*, Paris, 1627, vol. 13, p. 506.

(25) BOURGEOIS, Louise (Boursier). *Apologie de Louyse Bourgeois Dite Bourcier Sage Femme de la Royne Mere du Roy, & de feu Madame. Contre le Rapport des Medecins*, Paris, Chez Melchior Mondiere, 1627, p. 4.

(26) Rapport de l'ouverture de corps de feu Madame. In: BOURGEOIS, note 25, pp. 22-23.

Bourgeois began her *Apologie*:

«I believed that it was my duty to make known the truth of the matter, as much in the [princess'] birthing, as in the illness, and to show very clearly, that the cause of death is not this alleged portion of the placenta» (27).

She wanted her *Apologie* to be judged by «the Doctors of Paris and other capable persons» because she believed that it would save her reputation (28). She seemed unafraid to claim expertise in both theoretical and practical matters and even went as far as explaining female anatomy to the physicians and surgeons. The nineteenth-century physician Achille Chéreau explained the tone of Bourgeois' response as a sign of the bitterness that accompanies old age (29). Further, he claimed that she had completely misinterpreted the intention of the autopsy report (30). Historian Wendy Perkins, while describing parts of Bourgeois' text as «objective» and «factual», believes that, in the matter of her *Apologie*, Bourgeois resorted to using the same malicious tactics against the physicians and surgeons that she accused them of using against her. Perkins uses words like «admonitory», «obsessive», «compulsive», and «aggressive» to describe Bourgeois' rhetorical form and style in her *Apologie* (31). Though Chéreau's and Perkin's works on Bourgeois differ significantly, they seem to agree on at least one major point: in writing her response to the autopsy report, Bourgeois was an overly-emotional woman who helped bring about her own demise. But what if we take her at her word that she was simply fulfilling her «duty» to make the truth known?

In her *Apologie*, Bourgeois questioned the accuracy of nearly every line of the autopsy report (32). She further argued that even if the report was accurate, the death of the Princess could not have been her fault. For example, regarding the dried piece of placenta, she wrote,

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(27) BOURGEOIS, note 25, pp. 3-4.

(28) BOURGEOIS, note 25, p. 20.

(29) CHÉREAU, note 5, p. 25.

(30) CHÉREAU, note 5, p. 27.

(31) See PERKINS, note 23, pp. 141-142 in particular.

(32) See PERKINS, note 23, pp. 137-140.

«Never has it been seen nor read in any good Author that a small piece of dried placenta stuck against the womb without rotting had caused death» (33). She then went on to argue that the death could not be attributed to a piece of retained placenta because it was declared whole upon expulsion by several of the surgeons and physicians who signed the autopsy report.

The left side of the uterus was described as gangrenous in the report. Bourgeois argued that the supposed piece of placenta was found on the right side of the uterus. Since the report did not indicate the state of the right side of the uterus, Bourgeois concluded that the right side was healthy and that therefore there was no piece of dried placenta. If this was the case, the Princess' illness would be the physicians' rather than the midwife's responsibility since all other illnesses would be under the physicians' purview. Bourgeois then gave her view that the gangrene actually originated in the lower abdomen. She stated that the princess had a fever, a cough and stomach pains before the birth that the physicians did not properly cure, thus causing the princess' death.

Finally, Bourgeois claimed that the authors of the autopsy report purposely omitted the large size of the abdomen before and after the princess' death, as well as the color and consistency of her organs, which would have helped to determine the cause of death. She went on to suggest that the report had been written before the autopsy was performed. Furthermore, she claimed that de la Cuisse, a physician who apparently supported her claims and who was present at the birth, was not allowed to attend the autopsy, while two of the men who did sign the report, Brunier and Guillemeau, were not present at the autopsy.

To defend herself, Bourgeois cited physicians' ignorance about women's bodies by referring to an ancient medical authority:

«Based on your report you make well-known that you have no knowledge of the placenta and the womb of a woman, either before or after her delivery; neither did your Master Galen, he who had never married, having rarely assisted women in their delivery, presumed to teach

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(33) BOURGEOIS, note 25, p. 18.

midwives by a book, which showed that he had never known the womb of a pregnant woman, nor her placenta» (34).

She then reverted to her own authority by volunteering to demonstrate her theories using the bodies of women who had died approximately one week after delivery at the Hôtel Dieu. Bourgeois also referred to her authority as an author of a manual on midwifery, and to the authority of male physicians who recognized her expertise. She explained that her writings had been published and translated into several languages for which she received thanks from «the greatest Doctors in Europe, who profited from reading my books» (35).

Bourgeois concluded her apologia with the following admonition:

«But in order to know the secrets of women's maladies, it is necessary to have worked with midwives, and to have assisted at several deliveries, as your great Master and legislator Hippocrates did, who in treating women's maladies, consulted midwives, deferring to their judgment. Here is all that I have to say to you to present for my defense and justification, against the slander and backbiting, which concerns and offends my reputation, that I submit to the judgment of Parisian Doctors and others capable, who would be unbiased, and such that it would please their Majesty to order» (36).

If her story of Galen's ignorance on midwifery was not enough, here Bourgeois called on the father of medicine, Hippocrates, to demonstrate that in matters of attending to women, one should defer to the judgment of midwives. At the same time, however, Bourgeois wanted her report to be judged by Parisian physicians. She did not call on any of the female attendants who were at the birth nor any other respected midwives in Paris to help prove her innocence, but instead relied on practitioners very similar to the ones that she was critiquing. She wanted «objective» and «rational» medical men to come to her defense to show that, even though she was a woman, medicine was on her side (37). It was this

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(34) BOURGEOIS, note 25, p. 9.

(35) BOURGEOIS, note 25, p. 15.

(36) BOURGEOIS, note 25, pp. 19-20.

(37) As Wendy Perkins put it, «We are therefore confronted with a most unusual



paradoxical position—arguing that educated and skilled *female* practitioners were a necessary part of the medical community and at the same time relying on medical men over midwives to support her—that proved impossible to sustain.

In the matter of the princess' death, no medical men, midwives, or patrons ended up publicly supporting her. An examination of the remonstrance published in response to Bourgeois' apologia provides some insight into why Bourgeois lost the support of the male medical community. The remonstrance is divided into three sections: the first and third section consist of commentary on Bourgeois' incompetence, while the second section—the bulk of the response—contains the thoughts, medical advice and expertise of an unnamed physician or surgeon, most likely Charles Guillemeau. The response begins:

«You should rather have passed the rest of your life without speaking, than to suggest as you do (in attempting to accuse the Doctors inadvertently) that the great Princess had not been helped as well as she should have been. ... Consider these things, Madame Bourcier, and contain yourself within the limits of your duty, no longer involve yourself in responding to Doctors. Because you are not at all responsible for their actions nor are you capable of judging them. ... Do not glorify yourself with the name of Midwife. ... Foresee what can be drawn from your presumption and from your writings, and no longer talk with such haughtiness against the men who are more practiced and more happy than you in the profession that you do» (38).

Bourgeois had overstepped the boundary between private and public realms in a manner so threatening to Guillemeau that he wished to erase her from public life.

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phenomenon for the 1st third of the seventeenth century: A midwife/author using the terminology of the physicians, refusing to be excluded from the domain of academic language as an inadequate, ignorant or inferior practitioner», in PERKINS, note 23, p. 140.

- (38) GUILLEMEAU, Charles. *Remonstrance à Madame Bourcier touchant son Apologie contre le Rapport que les Medecins ont fait de ce qui a causé la mort deplorable de Madame*, Paris, J. Jacquin, 1627, pp. 2-3.

Wendy Perkins rightly points out that though the central section of the remonstrance section seems to focus on medical issues, the author avoids discussing appropriate medical treatments and whether or not Bourgeois' medical explanations were accurate. Instead, he attacks her expertise in an area that midwives were presumed to be superior to medical men: the care of the female patient and the manual skills involved in the successful delivery of a woman (39).

Guillemeau explains that the princess was treated roughly in order to force her to deliver the placenta. The princess was forced to swallow raw eggs and to make herself gag. Worst of all, after Bourgeois had claimed the placenta was fully expelled, Guillemeau says he heard that several days later «a certain apprentice» desperately reached in the womb *again* to try to pull out the remainder of it (40). How could Guillemeau's account of the expulsion of the princess' placenta be so different than Bourgeois' account? In her manual, Bourgeois acknowledges that the delivery of the placenta was an important matter and that it was not always easy. She strongly advises caution before intervening in a process that most often happened on its own. It is worth quoting Bourgeois' midwifery manual at length concerning her advice on expulsion:

«[I]f it [the placenta] is strongly on one side, as they ordinarily are ... make her put a finger in her mouth to make her vomit. ... [A]ll of this must happen quickly. And if you realize that this does not advance the process, make her take a raw yellow egg. I believe that it is known that the egg is raw to make it bond to the stomach. ... [Bourgeois suggests several remedies if none of the above work]. ... I can truthfully say, that in more than 2000 deliveries I had only been summoned inside the womb for two. ... I would never go seek it [the placenta] unless [any of] these three extremities constrained me. One is a loss of blood by the woman, the other would be if she had convulsions, and another a fever which dried it [the placenta] out and made it adhere. ... I would implore surgeons who deliver women to draw them [placentas] out like midwives with patience, or to let them be drawn out by the midwife, because of the dried placentas that I have seen from some

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(39) PERKINS, note 23, pp. 145-150.

(40) GUILLEMEAU, note 38, pp. 12-13.

surgeons who intervened. ... it is impossible to judge if it is complete or not, because they are totally broken apart. ... [W]hat assurance can you have of the life of a woman seeing the placenta entirely torn apart?» (41).

Bourgeois knew that surgeons were more likely to intervene by inserting their hand and removing the placenta (42). Rather than intervening, Bourgeois attached the cord to the woman's thigh and waited for the placenta to be expelled (43). Guillemeau's description of attempts to deliver the placenta sounds similar to Bourgeois' advice on how to deal with only the most difficult cases. Clearly Guillemeau had built a strong case. It would be his word against hers. Guillemeau closed by writing that the unnamed physician he had consulted concerning the *Apologie* had read in Bourgeois' manual of her contempt for the physician. He claimed the physician did not believe Bourgeois merited a response since he

«keeps very dearly one of your books at his house in order to show all midwives who come to him to see the errors of your lessons ... because all learned men who saw your book and observed your practice know and reject them, and it would be very good and useful if France never again felt the effects as she [the princess] feels them» (44).

Because no others came Bourgeois' aid, Guillemeau's word was the last.

What did the death of the princess mean to the royal court? Bourgeois' connection to the royal court had changed significantly by 1627. Leonora Galigai, the queen's favorite in 1601, had been executed for sorcery in

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(41) BOURGEOIS, Louise (Boursier). *Observations Diverses sur la sterilité, perte de fruit, foecondité, accouchements et maladies des femmes, & enfants nouveaux naix, amplement traitées, et heureusement pratiquées par L. Bourgeois dite Boursier*, Paris, H. Ruffin, 1652, I, pp. 74-77.

(42) GÉLIS, Jacques. *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*, [Rosemary Morris, transl.], Boston, Northeastern University Press, 1991, p. 162.

(43) GÉLIS, note 42, p. 163.

(44) GUILLEMEAU, note 38, p. 14.

1616 shortly after her husband, Concino Concini, was assassinated under Louis XIII's orders for conspiring against the crown (45). Most important for Bourgeois, Marie de Médicis was no longer in power and was, by 1627, regularly at odds with her son the king. Most of the medical men of Henri IV's court had since died, and those who remained were not Bourgeois' closest allies.

Chroniclers and historians of French court life assign various levels of importance to the princess' pregnancy and subsequent death (46). The first disappointment for members of the royal family was that the Princess gave birth to a girl. Since Louis the XIII had not yet produced a male heir to the throne, those in Gaston's camp had hoped for a potential heir to the French throne which would mean that Gaston and his followers would gain considerable power at the court (47). The second disappointment was the subsequent death of the Princess. More

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- (45) MOOTE, A. Lloyd. *Louis XIII, The Just*, Berkeley, University of California Press, 1989, p. 100. He explains, «As the parliamentary judges deliberated over the fate of Concini's widow, the king showed by his nervousness that he wanted Leonora condemned, and by staying away from Paris that he wished to distance himself from his feelings. On the day that, ten weeks after husband's death, Galigai was decapitated and burned at the Place de Grève, Louis's physician recorded that 'people had talked to him so often and at such length that he was in continual apprehension, not being able to sleep until 3:30 A.M.' Ironically, the Paris crowd had come to feel sorry for the emotionally disturbed woman during her brave defense against the convenient charge of 'sorcery.'»
- (46) While this event is described in detail in PARDOE, Julia. *The Life of Marie de Medici, Queen of France*, London, Richard Bentley and Son, 1890, vol. 3, pp. 165-166, it receives no mention at all in, for example, TAPIÉ, Victor. *France in the Age of Louis XIII*, [trans. and ed. D. McN. Lockie], New York, Praeger Publishers, 1975. In MOOTE, note 45, the author references her death as follows: «Louis grieved with Gaston d'Orléans, and then returned to his habit of urging the younger man to make something of his life, writing 'I think of you as another me.' Gaston, in turn gave Louis XIII two more precious years of fraternal peace» (p. 192). He makes no mention of the scandal as it relates to Bourgeois.
- (47) In French royalty, only men can inherit the throne. Thus, if Louis XIII did not produce an heir, next in line for the throne would be the son of Louis' brother. In PARDOE, note 46, vol. 2, Julia Pardoe describes the arrival of a girl as follows: «On the 29th of May the desired event took place, but to the extreme mortification of the duc d'Orléans it was announced that the Duchess had given birth to a daughter» (pp. 164-165).

than likely, Louis XIII felt ambivalent concerning both of these matters. On the one hand, his brother, with whom he was competitive and who may have been involved in an attempt to overthrow him, had failed to produce a male heir. On the other hand, any death in the royal family created a sense of vulnerability at court (48). The *Mercuré François* portrayed the king as deeply saddened by the princess' death and sympathetic to his brother's pain and anguish (49). Yet Cardinal Richelieu remarked in his memoirs:

«But, on the 4<sup>th</sup> of June, the most deplorable accident occurred and as well very harmful for the good of this State, in the [death of] Madame. ... Monsieur was in an instant deprived of an infinitely virtuous princess; the Queen, of a daughter whom had only desired to be a mother for the health of the State; the King, of a sister who promised him children and nephews all together and, consequently, assurance of his person and of his realm» (50).

Here the loss of the princess amounts to her ability to provide an assurance to the king of «his person and his realm». This is especially clear in the phrase that followed in Richelieu's original manuscript but, according to the editors of Richelieu's *Mémoires*, had been crossed out:

«But, if it pleases God, it [the joy of the enemies of the state] will not last long, God having always shown a very particular care to this crown that there is room to hope that he will bless the marriage of the king by giving him children, or providing him with another sister-in-law as fertile as the first» (51).

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(48) In MOOTE, note 45, the author writes, «Behind this forced bonding of the two brothers was the king's conviction that all personal feelings, including his own, had to be sacrificed to royal family harmony, for without that harmony there could be not state order. The childless Louis had certainly risked humiliation in dictating a family marriage that might have given Gaston a son. Yet he had calmly said, before the wedding, 'The repose of the state requires it'» (p. 192).

(49) [*Le*] *Mercuré François*, note 24, pp. 506-518.

(50) RICHELIEU, Cardinal de. *Mémoires du Cardinal de Richelieu*, [publiés D'Après les Manuscrits originaux Pour La Société de L'Histoire de France, Avec le concours de L'institute de France - Académie Française (Foundations Debrousse et Gas)], Paris, Librairie Ancienne Honoré Champion, 1926, vol. 7, p. 82.

(51) RICHELIEU, note 50, p. 82, ftn. 4.

The very survival of the dynasty was at stake in this delivery. Perhaps it is fitting that the death of the princess could be blamed on the «incompetent midwife» since this would serve both the state and the medical community well. Thus, as the state adopted a model of political power wedded to male authority, so also did the medical profession, in connection with the state, adopt a model of midwifery and birthing wedded to male authority.

## 6. CONCLUSION

Louise Bourgeois' rise and fall, is, in many ways, not surprising given her integral involvement in both the state and the medical profession in this time of transition. Because she was so well situated—as the royal midwife and as a respected author—in the early period of state centralization and of the scientific revolution, Bourgeois rose quickly in her public status. Through her writings and the events of 1627, we can trace the emergence and then gradual repression of a less binaristic, more fluid arrangement amongst male and female medical practitioners. Louise Bourgeois imagined that midwives would be incorporated into the medical hierarchy—a masculinized femininity if you will.

Yet, almost as quickly as she rose, Bourgeois plummeted. While not as rapid or perhaps as dramatic, the rise and fall of female birthing practitioners followed a similar course. France was one of the first European countries to accept male intervention in birthing and regulation of midwives by male authorities. Certainly not all midwives were humiliated in the public way that Bourgeois was, but the story of her demise portends the future for midwives in western Europe: midwives could still practice, but if they did not do so within the confines of their newly defined role, they could easily and quickly be ruined. Midwives ultimately were considered marginal to the medical community. Bourgeois' story is a telling example of the ways in which early modern midwives both contested and were ultimately constrained by this assigned role.