

‘Women’s Little Secrets’:

Defining the Boundaries of Reproductive Knowledge in Sixteenth-century France

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SUMMARY. Although there has been much recent work on the contribution of midwives to early modern medical practice, there has been less investigation of the participation of other women outside of the corporative or professional medical arena. This article seeks to examine how elite women were involved in medical discussion of reproduction, using the sixteenth-century correspondence surrounding the reproductive health of Elisabeth de Valois, Queen of Spain. Letters passed between the courts of France and Spain demonstrate that control of Elisabeth’s reproductive health became a source of conflict between the Spanish and French. National rivalries created possibilities for women to be authoritative contributors in medical discussion with the support of university-trained physicians.

KEYWORDS: reproduction, menstruation, pregnancy, childbirth, gender, France.

This article examines the intersections between university medicine and the reproductive knowledge of elite women in sixteenth-century France. It explores their discussions of menstruation, pregnancy, and childbirth in the correspondence surrounding the reign of Elisabeth de Valois as Queen of Spain between 1559 and 1568. Elisabeth, the eldest daughter of Henri II and Catherine de’ Medici, married Philip II of Spain in 1559 when she was not yet fourteen. Detailed discussion of Elisabeth’s menstrual regularity and childbearing capacity passed between France and Spain in letters written by her mother, attendant ladies-in-waiting and the French ambassadors in Spain. It is not the purpose of this article to judge how ‘accurate’ or ‘correct’ women’s ideas were by the standards of today, but rather to investigate the ways in which women were able to discuss their reproductive knowledge and, furthermore, what opportunities they had to speak authoritatively on matters of female health. While Elisabeth de Valois was Queen in Spain, women’s reproductive knowledge became one site around which Franco-Spanish power was contested, articulating anxieties about the boundaries of male and female authority in gynaecological and obstetrical matters. During her short life, she would suffer at least three clear miscarriages, bear two healthy girls and ultimately die in childbirth at the age of 23. This article demonstrates how the pubescent and parturient body of Elisabeth de Valois became a region of cultural confrontation and compromise, and a place of entry for female authority in French medicine.

Historians have traditionally depicted the early modern period as one in which

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corporatization and professionalization of medical expertise occurred.¹ More recently, we have begun to examine the gendering of the process of medical professionalization. Of all those intersections of authority between women and the medical world in early modern Europe, the work of midwives has received most attention.² In the context of early modern France, historians of medicine have begun to examine the best-known and best-documented of all midwives in the sixteenth century; Louise Bourgeois, the first to publish her professional expertise.³ However, women who were not involved in the corporative or professional world of medicine, and their role in the production of medical knowledge, have remained largely unexplored. Yet they too were credited by contemporaries with authority in medicine, particularly (though not exclusively) in matters of female health.⁴ This article seeks to further our knowledge about how these elite women could contribute to medical knowledge, to examine the areas to which they could contribute and to explore the strategies they employed to justify their knowledge.

In sixteenth-century France, few elite women disclosed their reproductive knowledge, particularly to husbands or male relatives, in their private correspondence. Catherine de Bourbon, sister of the King Henri IV, showed her unwillingness to admit reproductive or sexual knowledge to him. She wrote modestly that Henri would produce an heir before her, since he knew 'already how one must make them, and me, . . . so ignorant in all that'.⁵ Catherine's comments suggest that she felt it was inappropriate to discuss her reproductive affairs in detail with him: 'This style is very different from that of a year ago [before her marriage] . . . when one is with men, one learns to speak thus.'⁶ Catherine exposed a contemporary view that open discussion of sexual matters was not appropriate for a woman, which supports the lack of such discussion in female-authored texts.

Given women's reticence to discuss matters reproductive, the few texts *between* women which allude to their understanding of their own bodies are invaluable and highly significant. Women's letters to other women sometimes provided advice and recipes of their own for reproductive complaints. Such texts are a key source for scholars. The Medici correspondence is an unusually abundant and exciting resource in this regard. Elisabeth de Valois's reproductive activity was her primary role as a royal consort, particularly the production of male heirs. Her reproductive

¹ See, for example, C. A. E. Wickersheimer, *La Médecine et les Médecins en France à l'époque de la Renaissance* (Paris, 1906); H. Brabant, *Médecins, malades et maladies de la Renaissance* (Brussels, 1966).

² Such texts include J. Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth* (New Barnet, Hertfordshire, 1988) (1st edition published 1977); J. Gélis, *L'arbre et le fruit: La naissance dans l'Occident moderne XVIe-XIXe siècle* (Paris, 1984); M. Lazard, 'Médecins contre matrones au 16e siècle: La Difficile Naissance de l'obstétrique', in M. Bertrand (ed.), *Popular Traditions and Learned Culture in France from the Sixteenth to the Twentieth Century* (Saratoga, 1985), 25–41; J. Towler and J. Bramall, *Midwives in History and Society* (London, 1986); H. Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1993).

³ The most detailed study to date is W. Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter, 1996).

⁴ See my *Gender and Medical Knowledge in Early Modern France* (Manchester, forthcoming).

⁵ E. Freville, 'Lettres inédites de Catherine de Bourbon', *Bibliothèque de l'École des Chartes*, 18 (1857), p. 338.

⁶ *Ibid.*, p. 338.

health was carefully scrutinized by her attendant ladies-in-waiting and questioned by her mother, Catherine de' Medici. But the fact that, from 1559, Elisabeth was living in Spain whilst Catherine remained at the French court means that we have detailed extant records and written discussion of her reproductive life, which might otherwise have occurred by word of mouth. By contrast, there is virtually no extant written correspondence by Catherine about another daughter, Claude, who remained in France once married. Since Catherine de' Medici could not oversee Elisabeth's pregnancies for herself, she requested enormously detailed information regarding her health from her male ambassadors and Elisabeth's attendant ladies in correspondence which will be the focus of this paper.

The Carriers of Female Reproductive Knowledge and their Contributions

Let us first examine the participants in the sections of the Medici correspondence which concerned Elisabeth's reproductive health, and investigate the matters about which they could communicate. The relatively small amount of attention that reproductive issues received in the overall Medici correspondence suggests that women's knowledge was typically transmitted verbally. The English translator of Jacques Guillemeau's handbook for surgeons and midwives apologized if he had 'been Offensive to Women, in prostituting and divulging that, which they would not have come to open light'.⁷ Of all female health issues, menstruation seems the least discussed by early modern women themselves. As Patricia Crawford has observed in her study of early modern Englishwomen's discussion of menstruation, 'it is clear that women viewed menstruation as a private matter'.⁸ Nevertheless, the unusual circumstances and extreme importance of Elisabeth's reproductive capacity as reigning queen of the most powerful monarchy in Europe reveals unusually frank discussion of menstruation in sixteenth-century women's correspondence. When Elisabeth left France to join Philip in Spain in mid-December 1559, she was thirteen, and it seems clear that her menstrual cycle was not yet regular. This was a key concern, not only in relation to her ability to conceive, but also in establishing whether the royal couple could commence regular sexual relations. Many of the early letters from the attending women to Catherine seek to assure her of the regularity of Elisabeth's 'besongnes', a term which can be approximately translated as her monthly 'needs'.

Catherine was kept well informed of the regularity of Elisabeth's menstruation by her daughter's French ladies-in-waiting, whom Catherine required to 'write as soon as her needs come to her'.⁹ It was the task of Louise de Clermont to inform Catherine that 'she has not yet any appearance of her needs: I will not fail to let you know' and later remarked upon Elisabeth's pubescent puppy fat in her letters to Catherine as a hopeful sign of impending menstruation. She reported that she had become 'rather fat . . . which everyone approves very well'.¹⁰ She dutifully

⁷ The Translators Preface, Guillemeau, *Child-Birth or, The Happy Delivery of Women* (London, 1612), fol. 2v.

⁸ P. Crawford, 'Attitudes to Menstruation in Seventeenth-Century England', *Past and Present*, 91 (1981), 47–73, p. 68.

⁹ H. de la Ferrière, *Lettres de Catherine de Médicis*, 9 vols, vol. 1 (Paris, 1880), p. 566.

¹⁰ L. Paris, *Négociations, lettres et pièces diverses relatives au règne de François II* (Paris, 1841), pp. 719–20.

reported back to Catherine in detail on Elisabeth's irregular menstrual cycle and the attendant physicians' remedies: 'They are making her bathe . . . to bring on her needs. The time that we had marked, which was the ninth of the month, passed without us seeing anything.'¹¹ Hot baths continued to be recommended as an ever-popular treatment for all manner of gynaecological complaints.

The lack of discussion surrounding Elisabeth's menstrual cycle after 1560 suggests that it had stabilized, and so attention instead turned to the issue of her conceiving. Catherine herself was not unfamiliar with the difficulties of falling pregnant. Her own marriage had been fraught by problems of infertility for the first eleven years. 'She does not hesitate to take by mouth all the medicines that could help her to bear children', the Venetian ambassador had once reported home.¹² It was not until 1543 that Catherine could write happily 'of the hope I have of being pregnant . . . which is the beginning of my well-being and happiness'.¹³ As Claude de Vineulx, one of Elisabeth's attendants, indicated to Catherine in August 1560, 'I hope that God will give us the grace that in ten months she will have a child, . . . seeing as her needs have come very well since being here, which they had not done before, . . . she is so big and well formed.'¹⁴ In May 1562, Claude de Vineulx wrote to Catherine that she would be:

so happy to be able to send you the news which you desire of the Queen your daughter; but, for the moment, I have seen no signs to suggest she is pregnant; I have thought so sometimes for many reasons; but, amongst other things, I think that the desire to see her thus makes me believe it. She is always well and her needs are very regular every month, if they are late, it is only by three or four days, for which reason it seems to me that she cannot long delay from becoming so, and . . . I am assured, Madame, that she will be soon, for her humoral temperament is very good and that of the King her husband also.¹⁵

However, Catherine also had other sources of knowledge from which to ascertain the state of her daughter's reproductive health. When she arrived in Spain, Elisabeth brought with her a considerable retinue, including two *caméristes en chef*, eight ladies-in-waiting, four chamberwomen, and kitchen staff, as well as her physician Burgensis, surgeon Dunois and two apothecaries.¹⁶ Several of her ladies, including Louise de Clermont, had attended Elisabeth since her birth, knew her constitution well and passed back regular reports to Catherine. Further to this, Catherine also received letters from Elisabeth's medical retinue and from the French ambassadors in Spain. The latter served as intermediaries for Catherine, reporting back on Elisabeth's health from a distinctly different, male, perspective. Notably, Catherine asked her ambassadors for information different from that which she demanded from Elisabeth's ladies-in-waiting. Whilst Catherine regularly requested information from her male ambassadors about Elisabeth's general and even reproductive well-being, all detailed discussion of her menstrual cycle occurred almost entirely in letters between Catherine and the ladies-in-waiting.

¹¹ *Ibid.*, pp. 810–12.

¹² E. Alberi, *Relazione degli ambasciatori Veneti al Senato, Relazione di Dandolo*, vol. 4, p. 47.

¹³ Ferrière, *Lettres*, vol. 1, p. 6.

¹⁴ Paris, *Négociations*, p. 461.

¹⁵ Baguenault de Puchesse, *Lettres de Catherine de Médicis*, vol. 10 (Paris, 1899), pp. 543–4.

¹⁶ M. Walker Freer, *Elizabeth de Valois, Queen of Spain and the Court of Philip II*, vol. 1 (London, 1857), p. 77.

Even the terminology which men and women used to discuss menstruation varied. The French ambassador Forquevaulx chose the delicate term ‘the flowers’ on the rare occasions when he mentioned ‘what concerns women’s little secrets’.¹⁷ This and ‘the months’ were the terms used most frequently by medical authors in the sixteenth century.¹⁸ As already mentioned, the word used by women in their correspondence to each other is ‘besongnes’, or monthly ‘needs’. I am told that a similar phrase, *il bisogno mensile*, can still be occasionally heard amongst older women in the Italian countryside.¹⁹ This term has never yet been recorded as a word for menses, even in the important pioneering work of Jacques Gélis on the history of childbirth.²⁰ Neither do Cotgrave, compiler of the famous seventeenth-century French–English dictionary, nor Huguet, composer of the modern sixteenth-century French dictionary, give a meaning of menses to the word ‘besongnes’, a term instead usually translated by contemporaries as ‘tasks’. It seems likely that, since Cotgrave supervised a male editorial collective, and Huguet drew his meanings largely from male-authored texts, neither had come across the term in the sense that sixteenth-century women used it amongst themselves. However, it may also simply be a term Catherine de’ Medici—by birth Italian—used as a translation of the Italian equivalent, and which her female correspondents adopted from her own use of it.

As observers in Spain, French ambassadors could only be of limited use to Catherine in matters of female health. Indeed, the Bishop of Limoges, one of the first French ambassadors whilst Elisabeth was queen, clearly differentiated between the realms of access and knowledge of men and women around the queen, writing home to Catherine of Claude de Vineulx, one of Elisabeth’s ladies-in-waiting, that ‘she told me . . . that she knew all the secrets of the queen’ that remained a mystery to him.²¹ The ambassador Forquevaulx was not privy to Elisabeth’s private comments about her pregnancy. Nor could he observe her as closely as could her attendant doctors and ladies. ‘I assure you, Madame, that her doctor, M. Vincens, and her apothecary, and La Cousture and others hold for certain that she is pregnant since she was bathed. But Her Majesty dares not assure me of it, for fear that she is not.’²² He was forced to wait for confirmation of the happy event, determined by the quickening, from Elisabeth herself. Therefore, he could be at best only a second-hand source of information, and was unlikely to be the first to hear the news: ‘your daughter confessed to me of late that she has felt the fruit that she carries two or three times, which is the reason that La Cousture, one of her ladies-in-waiting, left immediately to carry the certain good news to Your Majesties’.²³ By his own admission, Forquevaulx knew his information would not be the first to reach Catherine.

¹⁷ C. Douais, *Dépêches de M. de Fourquevaulx, Ambassadeur du Roi, Charles IX en Espagne, 1565–1572*, vol. 1 (Paris, 1896), p. 14.

¹⁸ See contemporary works by Laurent Joubert, Guillaume Chrestian and later, Louise Bourgeois.

¹⁹ Many thanks to Catherine Kovesi-Killerby for her advice on this reference.

²⁰ J. Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe* (trans. R. Morris) (Boston, 1991), pp. 10–11.

²¹ Paris, *Négociations*, p. 708.

²² Douais, *Dépêches de Fourquevaulx*, p. 23.

²³ *Ibid.*, p. 58.

French ambassadors to Spain occupied a difficult and ambiguous position as purveyors of female knowledge amongst women and to men. Besides corresponding with her daughter directly, Catherine also frequently directed her ambassadors to pass on important recipes and female secrets to her daughter. This placed them in the awkward position of imposing on the intimate female cultural space of women's reproductive knowledge. In October 1560, when it seemed that Elisabeth might have conceived, Catherine instructed her ambassador Limoges to advise Elisabeth on appropriate conduct whilst pregnant:

if she is so, by fortune, she will be more healthy and her child will be better, when she does a little exercise, provided that it is not violent and that she does not go about in a coach or on horse; to go in her litter, she will not hurt herself . . . the thing that I desire most in the world is to see her with child.²⁴

Since Elisabeth was already surrounded by Spanish and French medical practitioners, the French ambassadors served as mediators of Catherine's advice concerning female health, treatment, and care. Much of this appears to stem largely from her own experiences and conduct whilst pregnant:

tell her that she must not refrain from doing a little exercise, and she has seen me pregnant, being so ill that I could not walk, and much older than she is, and with all that I still forced myself to have two people support me so as not to loll about in bed.²⁵

Just as difficult for the French ambassadors were the negotiations that they had to undertake for Catherine with the physicians about the correct treatment of her daughter. Catherine sent remedies to the French physician *via* the intermediary of the ambassador Limoges: 'I am sending you a recipe that you will pass on to the physician of the Queen my daughter, which I found useful for having children, so that he might make her use it.'²⁶ Later she commanded another ambassador, Forquevaulx, 'to carry the letters that I have written to the doctor of the Queen my daughter, which are full of recipes that she might need'.²⁷ Generally, female medical advice was not welcomed by the university-trained practitioners. Catherine's ambassadors encountered some difficulty trying to intercede and to influence the physicians with her counsel.

Furthermore, Catherine also expected her ambassadors to promote her superior reproductive knowledge to King Philip II himself. If intervention with the attendant physicians failed, ambassadors were to act as mediators of her female wisdom to the King, who ultimately held the power to override their actions. When correspondents in Spain wrote hopefully of a pregnancy in October 1560, Catherine was doubtful.

I pray you speak to the King my son-in-law that, for the desire he has to see her pregnant, he does not hesitate to command the doctors that they do not confine her to bed, for, if she is not, I fear that this would keep her from it and prevent nature from doing what it must.²⁸

²⁴ Ferrière, *Lettres*, vol. 1, p. 565.

²⁵ *Ibid.*, pp. 565–6.

²⁶ *Ibid.*, p. 320.

²⁷ Ferrière, *Lettres*, vol. 2 (Paris, 1885), p. 375.

²⁸ Paris, *Négociations*, p. 611.

Catherine herself also wrote directly to Philip where she felt the concern and ‘love of a mother’ might convince him to follow her course of action on matters of childbearing. Catherine’s antenatal advice extended to the matter of Elisabeth’s diet, considered an important aspect of humoral balance. Women were frequently warned against eating spicy foods and alcohol which might upset their *naturel* or constitution. In October 1568, Catherine, who claimed to know ‘her constitution better than anyone’, sent the King a personalized dietary regime for Elisabeth, recommending the following modest fare:

having heard that the queen your wife is ill and from what I can see from what they write to me about it, it is from . . . retaining too many humours and not doing enough exercise, something that I feared in the end would bring some difficulty to her and her child, it is the reason that I want to beg Your Majesty to please command her not live in such a fashion and to eat only two meals and between them eat only bread, if she cannot wait until *souper* or dinner.²⁹

Franco-Spanish Medical Rivalry

Here I wish to show how the rivalries between the French and Spanish carers (practitioners and attendants) resulted in a context where women could be contributors to accepted medical knowledge and even encouraged by their university-trained compatriots. Here, rather than following a chronological analysis of Elisabeth’s reproductive history, my object is to highlight the types of contexts which allowed women to participate. Although, in most circumstances, sixteenth-century French physicians were reluctant to accept female authority in gynaecological and obstetrical matters, in moments of crisis concepts of medical authority could display volatility. As the queen of one of the most powerful rulers in Europe, Elisabeth’s reproductive capacity was a concern of international importance and in reproductive matters she was attended by four distinct groups: French physicians, French women, Spanish physicians and Spanish women. It becomes clear from the correspondence that Elisabeth’s health and treatment became an issue around which a minor power struggle, reflecting international Franco-Spanish politics, developed. Indeed, even in Elisabeth’s first year in Spain, there had been such dissension amongst the ladies of France and Spain that most of her French ladies-in-waiting had been sent back to France. Such a moment allows us to chart the complexities of boundaries between male and female reproductive knowledge and to view the contexts in which women could be seen as healers, participants, and contributors to medical knowledge.

In contrast with other European countries, little has been written recently on the relationship of physicians and the court in Spain during the early modern period. Neither of the collections edited by Vivian Nutton and Bruce T. Moran in the 1990s, concerning science and medicine at the royal courts of Europe, contains chapters on Spanish medicine and the court.³⁰ It is, however, clear from contemporary sources that, because of the rigidity of its practices, the quality of Spanish

²⁹ Ferrière, *Lettres*, vol. 3 (Paris, 1887), p. 193.

³⁰ V. Nutton (ed.), *Medicine at the Courts of Europe, 1500–1837* (London, 1990). See also B. T. Moran (ed.), *Patronage and Institutions: Science, Technology, and Medicine at the European Court 1500–1750* (Woodbridge, 1991).

medicine did not enjoy a high reputation elsewhere in Europe. University medicine in Spain was particularly associated with Jewish and Muslim traditions, and renowned for its strict adherence to conservative Galenism. It was the Galenic schools in the faculties that provided physicians for the court and who formed the powerful *proto-medicato* which controlled medical regulation across Spain. Andreas Vesalius, brought back from Brussels by Philip II as his personal physician, was known to have had great difficulty working with his Spanish colleagues.³¹ One contemporary Tuscan ambassador once reported home in regard to Spanish medical practices: 'Who hasn't seen it can't believe it.'³² From a reading of the French correspondence, French and Spanish physicians appear to have clashed over their theories of bodily health in general, although here I shall focus on their conflicts about reproductive medicine.

From the time of the arrival of Elisabeth and her retinue in Spain, Spanish physicians (who remain an anonymous entity, 'the Spanish physicians', in most of the French correspondence) took little account of the knowledge and cures offered by Elisabeth's French ladies-in-waiting. Claude de Vineulx complained bitterly to the Bishop of Limoges about her treatment, that even though she served Elisabeth 'so intimately at night, the Spanish held her in little respect'.³³ Louise de Clermont related to Catherine both her own and the attendant doctors' alternative composition of enemas, or clysters as they were known, for one occasion of constipation. After the medical practitioners created 'clysters to which she wasn't accustomed, . . . [it] did her ill to force herself so much, without being able to go, which did great ill to her fundament and caused swelling, which made me think, Madame, that it was haemorrhoids'.³⁴ Clermont then explains how she deftly 'steamed her with milk and saffron, and was forced to give her a clyster myself, which relieved her of her affairs without trouble, and since she has been quite well, for before she could not move'.³⁵ Clermont subtly implied that her more intimate knowledge of Elisabeth's constitution allowed her to select a more appropriate choice of herbs and physick to make up her clyster.

Catherine's recipes and dietary advice for Elisabeth also proved a source of conflict, showing the precariously balanced relationship between a woman's reproductive advice and that of male physicians. Indeed, under other circumstances, French physicians longed for the more strictly regulated situation of medical authority which Spain had implemented and did not appreciate the contributions of women who suggested their experiences constituted a valid medical opinion.³⁶ Laurent Joubert lamented the situation of medical regulation in France where, he insisted, physicians lacked authority and any fool could claim to practise medicine.³⁷

³¹ P. Pierson, *Philip II of Spain* (London, 1975), p. 61.

³² C. D. O'Malley, *Don Carlos of Spain, a Medical Portrait* (Berkeley, 1969), p. 9, cited in Pierson, *Philip II of Spain*, p. 61.

³³ Paris, *Négociations*, p. 708.

³⁴ *Ibid.*, pp. 810–11.

³⁵ *Ibid.*, p. 811.

³⁶ The struggle for medical authority by sixteenth-century women is the subject of my forthcoming work, *Gender and Medical Knowledge in Early Modern France* (Manchester).

³⁷ Laurent Joubert, *Première et seconde partie des erreurs populaires, et propos vulgaires, touchant la médecine & le régime de santé, refutés & expliqués* (Lyons, 1608) (Bordeaux, 1578), dedication, n.p. cited in L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford, 1997), p. 278.

Although John Tate Lanning has provided an important corrective to the view that the strength of the Spanish *protomedicato* provided a unified medical system (indeed in Philip's own reign, there were complaints that the kingdom was full of unlicensed practitioners),³⁸ nonetheless contemporaries from other European countries, such as Joubert, perceived Spain as a model of formal medical practice and regulation.³⁹ However, when Catherine sent a parcel of letters written to Elisabeth's French doctor, 'full of recipes which she might need',⁴⁰ the French ambassadors and physician supported Catherine's authority to treat her daughter over that of their Spanish medical counterparts. Forquevaulx explained how the Spanish physicians had approached drying up her milk after the birth:

To resolve the milk, the physicians did not dare apply the suitable remedies . . . I have advised the [French] physician Montguion, to render an account to Your Majesty of the state of the illness without forgetting to say which of your recipes they applied and which not. For I understand that these Spanish doctors have distrusted the majority of them, like the fat beasts that they are, having nothing but presumption and arrogance amongst them.⁴¹

As Elisabeth prepared for the return of Philip from abroad, her French physician, Vincent, attempted to employ one of Catherine's remedies to ensure she was ripe for childbearing. This too caused conflict with the Spanish physicians as Forquevaulx reported back to Catherine:

the Queen, your daughter, agreed, last Thursday, with Master Vincent, her doctor, to take a bath according to the recipe that you, Madame, had given her some time ago. But having communicated this fact to the Countess of Ureigna, who, making as though she found it the best thing in the world, the old woman made it known to Juan Manrique, who forbade her doctor and his apothecary to bathe her or do anything, not even touch a hair on her head, without first consulting the Spanish physicians residing at the court.⁴²

The evident competition between the French and Spanish physicians for control of Elisabeth's reproductive health was duly noted by the French in their letters home. 'Your recipe was consulted by the Spanish doctors, who, despite their ignorance, approved it as good and suitable.' Forquevaulx could not resist adding that Catherine's recipes were efficacious and that she should instruct her daughter that, in matters concerning her gynaecological health, a mother knew best, thereby asserting the right of the French to supervise Elisabeth's reproductive health. 'The preparation served as you desired . . . I think that there would be no harm if Your Majesty wrote to her daughter my lady not always to heed the Countess nor Don Juan in what concerns women's little secrets.'⁴³

Significantly, the French strove to create a context in which a mother's natural role as a carer, and a woman's natural role as healer, could outweigh the learned medical theories of physicians. Catherine de' Medici argued that, as Elisabeth's

³⁸ J. T. Lanning, *The Royal Protomedicato: The Regulation of the Medical Professions in the Spanish Empire* (Durham, 1985), pp. 14–20.

³⁹ Brockliss and Jones, *The Medical World of Early Modern France*, p. 278.

⁴⁰ Ferrière, *Lettres*, vol. 2, p. 375.

⁴¹ *Ibid.*, p. 383.

⁴² Douais, *Dépêches de Fourquevaulx*, p. 14.

⁴³ *Ibid.*, p. 14.

mother, she had special and intimate knowledge of her daughter's constitution, 'whose humour I know better than anyone'. This was an important strategy which Catherine had used many times to justify her 'interference' as a woman in Elisabeth's medical matters and one which her French ambassadors and French physicians in Spain supported. Almost every letter bears witness to this technique of creating authority, arguing that she knew 'better than anyone her constitution'. Catherine's strategy of calling upon her maternal relationship to intercede was not new to the sixteenth century: indeed, it was a well-worn path. In contemporary printed writings, female authors commonly exploited constructions of familial relationships and duties to negotiate textual space in publications.⁴⁴ Advice books and conduct manuals for women were one area of writing in which the difficulties of presenting a female didactic voice could be lessened. In the sixteenth century, women were usually responsible for the primary acculturation of their children and the education of daughters in particular was their responsibility. Most men did not have the practical knowledge of cooking, housekeeping, and child-rearing that a mother could teach her daughter. Sixteenth-century Frenchwomen produced a number of comportment and educational manuals for daughters and daughter-like figures, and one contemporary mother-daughter enterprise produced France's first text on child-rearing from a female perspective.⁴⁵ Thus the maternal role could be a powerful female identity for women in a patriarchal society. It was a legitimate area of female knowledge which allowed women to construct an authoritative voice. Ironically, when it came to her right to speak out on female health, Catherine de' Medici reverted to arguments which invoked authority related to her sex, not her social status.

There can be little doubt that Catherine was sincerely a concerned mother, to which this example, just one of many in her letters, attests: 'I scarcely know how to keep myself from worrying so much that I send this courier immediately in extreme diligence to her, to know more certain news of her.' However, Catherine also employed conventional expectations of women, invoking the *topos* of the 'good mother' to convince Philip and his Spanish physicians. As a 'good mother', she argued, it was her duty to oversee her daughter's well-being. Since she could not be present in person, it was only proper that she select the finest French women to represent her knowledge in Spain. Indeed, Catherine implied, she would be negligent in her duties to do otherwise. During Elisabeth's first pregnancy, Catherine wrote to her ambassador, Saint-Sulpice, of her concerns that Elisabeth be attended by French midwives:

I send this courier immediately . . . to make the said Prince of Eboly approve that I send

⁴⁴ See S. Broomhall, *Women and the Book Trade in Sixteenth-Century France* (Ashgate, forthcoming 2002).

⁴⁵ See Anne de Beaujeu, *A la requeste de treshaulte et puissante ma dame Susa-ne de Bourbon* (Lyons, 1534?) and Mesdames du Verger, *Le Verger Fertile des Vertus* (Paris, 1595). Colette H. Winn and Susan Broomhall are currently preparing a modern edition of the latter text. For commentary on women's conduct manuals, see C. H. Winn, "'De mères en filles': Les manuels d'éducation sous l'Ancien Régime", *Atlantis*, 19 (1993), 23–30 and S. Broomhall, 'Savoir féminin puériculteur: *Le Verger Fertile des Vertus* des Mesdames du Verger', *Mots Pluriels*, (1999) <http://www.arts.uwa.edu.au/MotsPluriels/MP1199sb.html>.

down two women that they call wise here, most experienced and useful to a pregnant woman.⁴⁶

The issue of the nationality of Elisabeth's midwives inevitably caused conflict in Spain, as Elisabeth had already explained to Forquevaux on an earlier occasion:

I asked my lady that, if she would like to have some French midwife chosen by your hand, to advise Your Majesty of it in good time. She replied to me that she had no need, for she had a Spanish woman very experienced and sufficient in such business, as well as that Spain would look badly upon it and not allow one to come from abroad.⁴⁷

Catherine further pleaded her case to Philip by arguing that her French midwives would be carefully chosen according to a mother's knowledge of her daughter's specific needs:

as the mother such as you know me to be, to give her in this place all the aid, service and comfort that I can, not being near to her, and knowing better than anyone her constitution, I thought it necessary to send her two women that they call wise, whom I have had serve me and found to be good in such necessities, to take care of her and to advise her according to the situation, knowing very well that, when it comes to first children, they cannot be experienced enough.⁴⁸

Notwithstanding the long labour associated with first pregnancies, the choice of such women was highly important because it was commonly believed that the experience of the first birth would determine future pregnancy and childbirth experiences.⁴⁹ This then placed great importance on the choice of women who would guide and assist the pregnant woman through this significant moment in her life. So much more significant, therefore, was the birth experience of a royal consort whose successful reproductive capacity was of primary importance. Catherine worried so much that she sent the Sieur de Villeroy to intercede on her behalf to Elisabeth and then to Philip. The King was forced to send a letter to appease the concerns of his mother-in-law, in which he thanked her for her offer to send midwives, but explained that his wife already had at her disposal a good number of women to help her, and who were already familiar to her, and that to have still more would only lead to confusion in a delicate and tense situation such as childbirth.⁵⁰

The divergent advice on antenatal care offered by Catherine and her Spanish ladies-in-waiting resulted in similar difficulties. When Catherine advocated that Elisabeth take regular exercise during her pregnancies, this brought her into conflict with Elisabeth's Spanish attendants who preferred her to remain in bed. Forquevaux's letters back to Catherine show the difference in their views:

It will be good, Madame, that it please you to write a word to the Duchess of Alva to recommend to her the person and health of the queen your daughter, and to make her do some exercise, for these people here do not want her to ever make a step if not in her litter, or carried in her chaise.⁵¹

⁴⁶ Baguenault de Puchesse, *Lettres*, vol. 10, p. 139.

⁴⁷ Douais, *Dépêches de Fourquevaux*, p. 45.

⁴⁸ Baguenault de Puchesse, *Lettres*, vol. 10, p. 140.

⁴⁹ Perkins, *Midwifery and Medicine in Early Modern France*, p. 33.

⁵⁰ Carta de Felipe II à la reyne Doña Catalina de Medici, Simancas, Ms K 1393, B 20, 126, in Walker Freer, *Elisabeth de Valois*, vol. 2 (London, 1857), p. 171.

⁵¹ Ferrière, *Lettres*, vol. 3, p. 25.

Catherine again responded by appealing to Philip ‘to commend to the queen . . . to look after herself better than the other times and that she takes more exercise principally in her ninth month, so that God gives us the grace to see her give birth happily’.⁵² Catherine’s advice about Elisabeth’s post-natal recovery was equally distrusted by the Spanish. As Saint-Sulpice explained to Catherine, he had been forced to intercede with the King to enable Elisabeth to carry out her mother’s wishes:

The Queen your daughter has already so well begun to carry out the regime that you have sent her that not a day passes that she does not go to the field at dinner or after dinner, to which the Countess of Ureigna and Don Juan Manrique are opposed strongly for not having been accustomed to it, if I do not cease to solicit the king her husband to let her continue and she to have the desire to do it, knowing well that on it depends the conservation of her good health.⁵³

Frequently, things went wrong during pregnancies, and in this Elisabeth was no exception. Here too, Catherine could also demonstrate learned medical knowledge to participate in the process of her daughter’s treatment. Catherine disagreed entirely with the physicians’ eager application of phlebotomy after her miscarriages, a practice which only seemed to enfeeble her. When, in 1564, Elisabeth fell ill whilst pregnant, her physicians bled her at the arm and temple. This course of action seems to have so upset Elisabeth, who had never been bled before arriving in Spain, that she miscarried. Blisters were then applied to her feet and hands but Elisabeth grew progressively weaker.⁵⁴ The Spanish physicians declared that they could do no more and advised her to prepare her will.

It was not until then that they allowed the French physicians to intercede and to apply their remedies. Montguyon concocted a brew of agarick and other stimulants which succeeded in reviving the dying patient.⁵⁵ Catherine wrote to her ambassador Saint-Sulpice that he should draw a lesson from this drama and asked him to recommend to her daughter ‘when she is sick, that she no longer allows herself to be bled as much’.⁵⁶ One of the general criticisms of Spanish doctors made elsewhere in Europe concerned their eager application of phlebotomy as a panacea, and in particular as a way of purging women’s evil humours. Henry Kamen has argued that even Philip was critical of his physicians’ resort to bleeding which he thought ‘may do more harm than good’. Like Catherine, he preferred to maintain his health through exercise and an abundance of fresh air.⁵⁷ Elisabeth, who always feared phlebotomy, had called upon the King to hold her hand to calm her on the first occasion when she was required to be bled.⁵⁸ The psychological effect alone seems to have been to her detriment.

Strategies of Authority

Catherine was well aware of the divisions between Spanish and French medical practice, especially their divergent views on the efficacy of blood letting, as her

⁵² *Ibid.*, p. 34.

⁵³ *Lettres*, vol. 2, p. 237n.

⁵⁴ Walker Freer, *Elisabeth de Valois*, vol. 2, p. 4.

⁵⁵ *Ibid.*, pp. 6–7.

⁵⁶ Bagueuault de Puchesse, *Lettres*, vol. 10, p. 144.

⁵⁷ H. Kamen, *Philip of Spain* (New Haven, 1997), p. 209.

⁵⁸ Walker Freer, *Elisabeth de Valois*, vol. 2, p. 193.

letter to Saint-Sulpice demonstrated. 'I've written quite a harsh letter about it to Monsieur Vincent, her [French] doctor, even though I know well that it is against his opinion . . . [I]t is only to be able to show it to the other physicians, if he sees that he needs to.'⁵⁹ This time, she chose to argue that there were specific national differences between Spanish and French constitutions. As she explained, 'bodies born in France (as is the said queen my daughter, whose humour I know better than anyone) cannot be more injured than by so many bleedings'.⁶⁰ This certainly accorded with contemporary humoral theory which explained that warmer climates led women to have warmer blood and to menstruate at earlier ages than women in the colder, damp climates of northern Europe who had colder constitutions and first menstruated later.⁶¹ Even medieval treatises such as that of Lanfrank of Milan particularly warned against the practice of phlebotomy on those with cold temperaments.⁶² Here, then, Catherine was arguing in accordance with the accepted medical logic of the day, claiming that her daughter's French constitution was less able to stand the loss of blood than those whose natural constitution was that of the warmer climate of Spain. Besides maternal *topoi*, Catherine also attempted to draw upon learned discourse to negotiate an authoritative argument within contemporary medical knowledge.

And yet it was her claim to innate maternal knowledge of the health and well-being of her daughter that appears to have conferred upon Catherine the most authority. Philip was especially inclined to accept her advice as a mother. He appears to have been convinced of the power of the maternal connection, to the extent that he inquired of the French ambassadors the history of Catherine's own pregnancies, after Elisabeth's first miscarriage in 1564. The ambassador, Saint-Sulpice, recounting the event to Catherine, indicated that he had replied that he knew the Queen Mother had had all her children without difficulty. Whereupon Philip responded that his wife should henceforth follow the example of her mother and obey all the advice that the daughter could receive.⁶³ Madame La Cousture, one of Elisabeth's French chamberwomen, was thus sent to Catherine with the express purpose of reporting to her in detail on the various aspects of Elisabeth's pregnancies. On her return to Spain, she brought with her a multitude of messages from Catherine, including an account for the French physician Montguyon, containing a list of French and Italian recipes to help Elisabeth during labour.⁶⁴ Forquevaux related to Catherine that, 'after the worst contractions, he [the King] gave her with his own hand the brew which you, Madame, had ordered: this had such force that the said Lady was delivered straightaway afterwards, without feeling the slightest pain'.⁶⁵ Catherine remained convinced that the reproductive difficulties of her daughter stemmed for the most part from the incompetence of

⁵⁹ Baguenault de Puchesse, *Lettres*, vol. 10, p. 143.

⁶⁰ *Ibid.*, p. 143.

⁶¹ Gélis, *History of Childbirth*, p. 12.

⁶² Lanfrank's 'Science of Chirurgie', 18–9, cited in C. Rawcliffe, *Medicine & Society in Later Medieval England* (Stroud, 1995, re-published 1997), p. 65.

⁶³ Walker Freer, *Elisabeth de Valois*, vol. 2, pp. 13–14.

⁶⁴ *Ibid.*, vol. 2, p. 185.

⁶⁵ Douais, *Dépêches de Fourquevaux*, vol. 1, p. 111.

the Spanish physicians. Significantly, for Elisabeth's next pregnancy in 1566, Philip appointed one Spanish physician, Olivarez, and two French, Vincent and Montguyon, to oversee her care.⁶⁶

There can be no denying the strong nationalist rivalries over Elisabeth's reproductive health and treatment. What is so significant about this political context is how, as a result, the rhetoric of gynaecological and obstetrical authority could be altered to suit political objectives. In this instance, French ambassadors and physicians supported women's knowledge and helped to fashion a maternal-filial context in which women's inherent reproductive wisdom and superior childbirth knowledge could be more highly valued than that of male academic learning. In contrast, Elisabeth's Spanish ladies-in-waiting prioritized the academic learned knowledge of their countrymen. The Duchess of Alva supported the Spanish physicians' advice on behaviour during pregnancy and opposed Catherine's orders of diet and frequent exercise. The Countess of Ureigna acted as informant to the Spanish physicians about the French doctors' use of Catherine's remedies.

Despite what we might imagine, given the importance of her reproductive responsibilities, it seems that Elisabeth was the most powerless participant in the treatment of her own body. Ulinka Rublack has argued convincingly that pregnancy and the lying-in time were a socially recognized period of danger in which a woman needed to be protected and when her whims were to be obeyed.⁶⁷ Although documents in Spain which circulated after her death suggested that Elisabeth had held the prescriptions of her Spanish doctors in scant regard,⁶⁸ the Medici correspondence gives little sense of Elisabeth's opinions at all. She appears as a blank slate upon whom the medical will of physicians, or the community of matrons, can be written. Male physicians devalued her corporeal sensations as subjective and unreliable, arguing that their medical knowledge and techniques enabled them to read the female body in pregnancy objectively (even though they too used their sensory powers for their determinations). Elisabeth's mother, Catherine de' Medici, and her ladies-in-waiting seem to have ignored Elisabeth as too young and too inexperienced to understand her own body as they did. Both the men and the women surrounding Elisabeth saw her as unable to articulate her bodily signs in either appropriate medical or traditional female discourse.

The Medici correspondence shows us much about the intersections and conflict between male medical learning and women's own thoughts about their bodies as well as the variety of power relations at play in the reproductive context. The letters expose strategies which drew upon contemporary understandings of the duties of a good mother and her symbiotic bond to her children to enable Catherine de' Medici to participate in the medical prescription and cures of her daughter, Elisabeth. Furthermore, they testify to the substantial role played by supporting figures such as ladies-in-waiting and ambassadors as mediators of female

⁶⁶ Walker Freer, *Elisabeth de Valois*, vol. 2, p. 162.

⁶⁷ See U. Rublack, 'Pregnancy, Childbirth and the Female Body in Early Modern Germany', *Past and Present*, 150 (1996), 84–110.

⁶⁸ See W. Prescott, *History of the Reign of Philip the Second, King of Spain*, vol. 2 (New York, n.d.), p. 237.

knowledge to men. Elisabeth's reign in Spain represents a moment of short-lived conflict within the academic medical world of men, where national identity led physicians to privilege women's knowledge and to respect their contributions as healers. The specific national rivalry which pervades the Medici correspondence allows us to see the strategies that contemporaries could use to overcome women being dismissed as valid contributors to, and serious purveyors of, important medical knowledge. The pubescent, pregnant, and parturient body of Elisabeth de Valois became a place for confrontation which exposes particularly well the traditional marginality of women's medical knowledge in sixteenth-century Europe. Furthermore, and importantly, Catherine de' Medici relied on strategies which conferred authority based not on her exceptional social status, but rather on her sex. It was not her powerful political position which gave her the right to instruct on female health, but rather her claim, applicable to any woman, that a mother knew best.

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