

# Women Healers and the Medical Marketplace of 16th-Century Lyon

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## SUMMARY

1.—Introduction. 2.—The Hôtel-Dieu and its Practitioners. 3.—Shared Work Identities. 4.—Conclusion.

## ABSTRACT

Although women's legal and marital status make them almost invisible in archival documents, what traces remain suggest that women participated in Lyon's medical marketplace in various ways and under various guises. At Lyon's municipally-funded poor hospital, the Hôtel-Dieu, widows and wives of surgeons, repentant prostitutes, birth attendants, and «women» cared for the destitute and sick of Lyon, in the capacity of midwives, physicians, surgeons, and barbers. Though the records almost always identify women practitioners simply as «women» or by their first and last name, many of them engaged in the identical tasks as male practitioners. Outside of the hospital, wives acted as barbers or surgeons alongside or in place of their husbands when widowed. In the final analysis, municipal authorities accepted the help of female healers on the basis of their traditional medical knowledge, joint work identity with their practitioner-husbands, and proven skill.

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## 1. INTRODUCTION

The marketplace in Lyon was filled with the scent of imported spices and the hawking of itinerant book sellers. As money exchanged hands, artisans, scholars, and merchants from all over Europe exchanged thoughts and fought about the new religious ideas of Luther and Calvin and the significance of the recovery of ancient medical, philosophical, and biblical texts now being edited and retranslated from original Greek sources (1).

This commingling of minds and money surfaced in a powerful way in the printing and publishing industry brought to Lyon from Germany and the Low Countries in the late fifteenth century. Printing attracted a bevy of scholars, translators, correctors, and merchants. At Lyon's four annual fairs, book dealers and scholars engaged and competed with one another for intellectual and economic preeminence in one of the most open markets of the time (2).

In the midst of this free exchange of ideas and commerce, a medical marketplace also flourished. Although the medical marketplace was more encumbered by regulations than Lyon's commercial marketplace (3),

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- (1) ROMIER, Lucien. Lyon and Cosmopolitanism. In: Werner L. Gundersheimer (ed.), *French Humanism 1470-1600*, New York, Harper & Row, 1969, p. 108.
  - (2) ANTONIOLI, Roland. *Rabelais et la médecine*, Genève, Droz, 1976, p. 86; GASCON, Richard. *Grand commerce et vie urbaine au XVIe siècle*, Paris, S.E.V.P.E.N., 1971, vols. 1-2.
  - (3) «Liberty of crafts» was the cornerstone of Lyon's economic prosperity. According to the sixteenth-century Lyonnais Claude Du Rubys: «For the crafts [*mestiers*] of the aforesaid city, apart from the goldsmiths [*orfeures*], barbers and locksmiths [*serruriers*], are not sworn [*iurez*] as in many other cities of this kingdom: and this owing to the privileges of the market-fairs [*foires*] and the freedom of trade, by virtue of which it is lawful for peoples of all kinds and all nations to come freely to live in this city in order to exercise their livelihoods [*trains*], trades [*traffics*] or crafts, without being forced to any mastership [*maistrise*], *actes d'experience*, or *chef d'oeuvre* which would only be an expense and delay to them, and would then be useless and profitless for them when they wished to return to their countries. ... There, in the sworn cities [*villes iurees*] where it is lawful for no one to open a shop except for those who have lived there for a long time, having served their apprenticeships and performed *actes d'experience* there, the artisans

it boasted a host of healers, official and unofficial, male and female, who worked in a variety of settings—from the streets and alleyways of Lyon to the poor hospital (Hôtel-Dieu) and boutiques or shops of barbers and surgeons (4). This essay focuses on the female dimension of this marketplace, that is, how and in what capacity women practiced medicine in Lyon from the late fifteenth to the end of the sixteenth century. Women are privileged in this essay not because they made up a large segment of the medical marketplace—their real numbers are impossible to determine—but because they persisted even as they became emblematic of an «other» that official medical practitioners were attempting to eliminate (5). Excluded from French universities since their foundation, women could obtain the latinate university-based education necessary to be called a «physician» only by being privately tutored (6). Women

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remain always in their ancient procedures and modes, and know nothing of what is smart or good elsewhere, save that little which they can cull from works [*ouvrages*] made in this city or other where one may work in liberty. ... Thus those who have wanted to deny us this liberty, and have undertaken to make our *mestiers* sworn [*iurez*], have sought nothing less than to ruin [*ruyner*] our *mestiers* and to destroy [*estruire*] their ancient perfection & excellence». Quoted in BONO, James J.; SCHMITT, Charles B. An Unknown Letter of Jacques Daléchamps to Jean Fernel: Local Autonomy *versus* Centralized Government. *Bulletin of the History of Medicine*, 1979, 53, 100-127, (p. 116) and DU RUBYS, Claude. *Les Privilèges, franchises et immunités de la ville de Lyon*, Lyon, 1573, pp. 48-49, as quoted in *ibid*, pp. 116-117.

- (4) The barber-surgeons of Lyon formed a corporation in 1088. In 1567 the surgeons separated themselves from the barbers and founded the Community of Master-Surgeons of Lyon. However, the two groups often were confused with one another in regulations, court proceedings, and daily life. See HERMANN, Henri. Histoire de la faculté de la médecine. In: *Lyon and la Médecine: 43 avant J.-C.-1958*, special no. of *Revue Lyonnaise de Médecine*, 1958, 7, 217-238 [p. 219, fn 2]. The guild was headed by two sworn master surgeons who the city council chose each year. All candidates for a license had to pay fees, take examinations, and present a masterpiece—i.e., set a bone, bleed properly, and know anatomy. A royal lieutenant barber also was supposed to enforce guild regulations.
- (5) See KLAIRMONT-LINGO, Alison. 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.
- (6) GREEN, Monica. Documenting Medieval Women's Medical Practice. In: Luis García-Ballester *et al.* (eds.), *Practical Medicine from Salerno to the Black Death*, Cambridge, Cambridge University Press, 1994, pp. 322-352, [333]. Also see

were also an exceptional, though not unheard of, presence in the artisanal guilds of barbers and surgeons which trained future masters (7). However, in 1484 Charles VIII revoked women's right to become surgeons, unless they were widows of surgeons (8). As a result of this decree and subsequent laws, one sees fewer and fewer women appearing in tax rolls and other public documents as *medica*, *chirurgienne*, or *barbière* after 1500 (9).

To uncover women healers in sixteenth-century Lyon I have employed Monica Green's broadened and rephrased definition of «medical practitioner», originally articulated by Pelling and Webster, as «any individual whose occupation is basically concerned with the care of the sick» (10). Green's more nuanced definition—«[w]omen who at some point in their lives would have either identified themselves in terms of their medical practice or been so identified by their communities»—takes into account the fact that women healers often remained nameless

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SHATZMILLER, Joseph. *Jews, Medicine, and Medieval Society*, Berkeley, CA, University of California Press, 1994, pp. 108-112. Shatzmiller's study suggests that some women were able to obtain titles such as *medica* (doctor), *fisica* (physician), *chirurgica* (surgeon), *magistra* (master) by means of a private education and then by presenting themselves for an examination, especially in Provence, Naples, and Seville. The vernacular terms were *physicienne* (physician), *mirresse* (doctor), *chirurgienne* (surgeon), *barbière* (barber). Also see THORN, A. C. *Les Désignations françaises du médecin*, Jena and Leipzig, Gronau, 1952, pp. 19, 39.

- (7) See WICKERSHEIMER, Ernest. *Dictionnaire biographique des médecins en France au moyen âge*, Genève, Droz, 1979. See also JACQUART, Danielle. *Le milieu médical en France du XIIe au XVe siècle*, Genève, Droz, 1981, pp. 47-55.
- (8) LIPINSKA, Melina. *Les femmes et le progrès des sciences médicales*, Paris, Masson, 1930, p. 55; KLAIRMONT-LINGO, note 5, p. 594.
- (9) For evidence leading to the same conclusions about women practitioners in Germany; see WIESNER, Merry. *Working Women in Renaissance Germany*, New Brunswick, N. J., Rutgers University Press, 1986, p. 50: «Gradually all references to female doctors disappear, and during the course of the sixteenth century, many cities passed regulations expressly forbidding 'women and other untrained people' to practice medicine in any way».
- (10) See the article by PELLING, Margaret; WEBSTER, Charles. Medical Practitioners. In: Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century*, Cambridge, Cambridge University Press, 1979, p. 166 as mentioned and expanded upon by GREEN, Monica. Women's Medical Practice and Health Care in Medieval Europe, *Signs*, 1989, 14, 434-473 [445-446].

in archival records (11). Such a definition of «medical practitioner» would include women healers in Lyon who were rarely mentioned as healers in the medical records, but who clearly functioned as healers whatever their appellation (12).

More recently Green has argued that women's legal incapacity largely explains their invisibility in public life and the public record as well (13). Related to the effect of women's legal status is that of women's marital status on their visibility and occupational identity (14) (See Section 3). All of these factors come into play when one attempts to uncover women healers in the documents and in the medical marketplace.

## 2. *THE HÔTEL-DIEU AND ITS PRACTITIONERS*

An ideal place to observe the workings of the medical marketplace and the way women operated within it is the Hôtel-Dieu of Lyon—the hospital for the urban poor. Although almost all female practitioners were identified by their first and last name *tout court*, careful analysis of archival documents reveals that they performed the same medical tasks as men whose medical occupations were defined clearly in the records (15). Thus, women participated in the medical work of the hospital as healers without a clearly articulated work identity or with a shared work identity with their husband (See Section 3).

The period between 1478 and 1580 saw the gradual transformation of the Hôtel-Dieu from a simple way station for travelers, pilgrims, and an occasional poor sick person to an urban hospital for the indigent

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(11) GREEN, note 10, pp. 439, 446.

(12) Green also presents other invaluable insights to explain women healers' lack of visibility and discusses methods to overcome this problem in GREEN, note 6.

(13) GREEN, note 6, pp. 325-328, especially p. 326. Green's article is an extremely useful synthesis and methodological analysis of numerous studies based on archival sources of women medical practitioners and the sexual division of labor in the medieval period.

(14) GREEN, note 6, p. 324. Green also discusses the effect of the female life cycle on a woman's «career».

(15) GREEN, note 6, pp. 329-330.

sick and a shelter for poor pregnant and lactating mothers (16). This metamorphosis took place gradually and in several stages, each one reinforcing the basic charitable mission of the hospital (17). The *Police de l'aumosne de Lyon* (1539) described this philanthropic duty clearly: «[B]lessed is he who cares for the poor» (18). Certain key events reinforced this mandate even before this sentiment was articulated in print.

First, the monks who had been managing the Hôtel-Dieu since the early fourteenth century found that they could not respond adequately to a devastating plague which struck Lyon in 1478. Erratic charitable donations and the monks' unenthusiastic management contributed to the hospital's gradual decline (19). At this juncture the city council decided to use municipal funds to purchase the hospital and revamp its organization (20). The city council appointed its own councillors as rectors, who immediately ordered the quarantine of plague victims within the Hôtel-Dieu. The next innovation came when syphilis arrived in Lyon in 1495, brought by French soldiers returning from Charles VIII's campaign in Italy. The rectors launched the foundation of a service dedicated to the care of syphilitic soldiers and prostitutes.

A barber and several women provided for the basic physical needs of the indigent sick (21). The administrative records for the Hôtel-Dieu

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(16) ANTONIOLI, note 2, pp. 86-104 and DAVIS, Natalie Zemon. Scandale à l'Hôtel-Dieu de Lyon (1537-43). In: A. Croix; J. Jacquart; F. Lebrun (eds.), *La France d'Ancien Régime: études réunies en l'honneur de Pierre Goubert*, Toulouse, Privat, 1984, pp. 175-188 [p. 178]; CROZE, Auguste. *Histoire du Grand Hôtel-Dieu de Lyon des origines à l'année 1900*, Lyon, Audin, 1924, p. 177.

(17) See GUTTON, Jean Pierre. *La Société et les pauvres: L'exemple de la généralité de Lyon, 1534 -1789*, dissertation, Paris, 1971, pp. 229-31. DAVIS, Natalie. Poor Relief, Humanism, and Heresy. In: *Society and Culture in Early Modern France*, Stanford, Stanford University Press, 1975, pp. 39-49, and DAVIS, note 16, p. 40. The apothecaries' guild provisioned the pharmacy with drugs and herbs, either free of charge or at a low price, determined by the rectors.

(18) As cited in DAVIS, note 16, p. 175.

(19) ANTONIOLI, note 2, p.86.

(20) GUTTON, note 17, p. 223. In 1480 Sixtus IV exempted it from ecclesiastical authority. The city's twelve aldermen administered the hospital themselves until 1583 when six rectors appointed by the city council took over the job.

(21) Beginning in 1523, a city clerk kept detailed records of the hospital's activities in

of Lyon categorized those hired as «women», «serving girls», and «sisters», that is, repentant prostitutes (22). They served «the poor from morning till night, giving them food, helping them move about, keeping them and their beds clean, and consoling them as humanely as possible» (23). Until the first quarter of the sixteenth century, there was no indication that any of these women performed medical tasks or dispensed medicine.

In 1525 the rectors of the hospital continued in their quest to provide medical relief to the poor in a consistent and responsible fashion. Now, they focused on unwed pregnant and nursing mothers. The rectors housed these women in a separate building and hired midwives to care for their needs (24).

During the sixteenth and seventeenth centuries, midwives learned their craft by observing and participating in many deliveries (25). Literate midwives also may have read the many vernacular midwifery texts which began to appear after 1536, some of which included updated obstetrical techniques (26). Unlike barbers and surgeons, midwives did not belong

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the *Registre des deliberations du bureau de l'Hôtel-Dieu* (hence: *Registre E*). Records were kept weekly and sometimes daily of meetings held, funds dispersed, donations received, and individuals employed.

- (22) See Hôtel-Dieu Lyon (hence: HDL), Archives de l'Hôtel-Dieu (hence: AHD), *Registre E* 1, f. 31. Also see DAVIS, note 16, p. 177.
- (23) DAVIS, note 16, p.177.
- (24) ANTONIOLI, note 2, p. 90.
- (25) A midwife obtained official approval through the bishop on the basis of her morality and piety, rather than medical expertise. KLAIRMONT-LINGO, Alison. *Midwifery*. In: Helen Tierney (ed.), *Women's Studies Encyclopedia*, New York, Greenwood Press, 1989, pp. 236-240; BOURGEOIS, Louise. *Observations diverses sur la stérilité, perte de fruits, fécondité, accouchements et maladies des femmes*, Paris, Côté-femmes éditions, 1992 (first ed. 1609), pp. 171-193. Bourgeois, the first French woman to have written a midwifery manual after the advent of print, describes how she became a midwife and gives instructions to her daughter on how to conduct herself as a midwife.
- (26) KLAIRMONT-LINGO, Alison. *Print's Role in the Politics of Women's Health Care in Early Modern France*, In: Barbara Diefendorf; Carla Hesse (eds.), *Culture and Identity in Early Modern France*, Arbor, MI, University of Michigan Press, 1993, p. 216, note 3. There were eight translations and fourteen original texts on the subjects of birth, fertility, sterility, and infant care which appeared in French between 1536-1632.

to a guild, nor did they have a clear professional identity. The midwives' presence in the maternity ward of the Hôtel-Dieu continued the custom of giving women in labor emotional and physical support without benefit of an «official» practitioner except in an emergency (27). While the presence of midwives was traditional in one sense, their employment by a municipally-funded urban hospital for the sick and destitute suggests the influence of humanist ideals which valorized the active life and the secular sphere (28). This innovation also paralleled events in other European cities where ecclesiastical, legal, medical, and mercantile elites responded to the call of Juan Vives and other humanists for secular authorities to take over and rationalize poor relief in all of its aspects (29). Also indicative of humanist concerns was the employment in 1528 of an in-house physician and apothecary who joined the barber whose position had been created in 1478.

In 1534 the foundation of a municipally-funded and operated welfare bureau, called the Aumône générale continued this trend. While the Aumône générale took care of all the social and economic needs of the poor, the indigent sick were sent to the Hôtel-Dieu (30). At its inception, officers of the Aumône went on house-to-house visits to determine the number of needy, and those who required medical attention were accompanied to the Hôtel-Dieu for free treatment (31).

The rectors' next effort to care for the poor sick was the foundation in 1578 of an outpatient unit for venereal illnesses, kidney stones, and dermatological problems. At this juncture, two female healers, Françoise Page and Marie Rodillon, were hired on a part-time basis along with other part-time male healers. Until then, midwives were the only women hired as medical practitioners (32).

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(27) A surgeon was often called when the fetus was malpresenting or dead. Wealthy aristocratic women also might call on the services of a physician for a normal delivery. See GREEN, note 10, pp. 456-469.

(28) KLAIRMONT-LINGO, note 25, p. 203.

(29) DAVIS, note 17, p. 29.

(30) DAVIS, note 17, p. 39. On medical humanism see SAULNIER, V.-L. Lyon et la médecine aux temps de la renaissance. *Revue Lyonnaise de la médecine* (special no.), 1958, 7, 22.

(31) ANTONIOLI, note 2, p. 87; DAVIS, note 17, p. 39.

(32) Page and Rodillon's work is documented in HDL, AHD 610 and *Registre E* 4, 5, 8.



While Page and Rodillon treated syphilitic patients and a few patients with skin diseases, most of the part-time male healers, identified in hospital records as *empiriques* and *opérateurs*, removed kidney stones. Page worked there for twenty years while Marie Rodillon worked for only one year, the year after Page disappeared from the records. Other women and unnamed medical personnel also saw syphilitics. One entry reads, «Ordered that Gabriel Chana will be cured of the pox [syphilis] which he is presently afflicted and for this the woman or barber will be paid» (33). This entry suggests «women» were used interchangeably with «barbers». It also exemplifies the way in which the records often identified male practitioners by occupation while female healers' occupations were rarely indicated (34).

The fact that women were hired to heal the sick in the outpatient unit requires explanation, especially since they were not categorized clearly as practitioners in official records. Their employment as midwives and healers suggests a presumption: that many women acquired medically related skills informally as part of their traditional roles as family healers and birth attendants. Scholars such as John Riddle and Muriel Joyce Hughes have suggested that most women of the medieval and early modern period had a practical knowledge of simples (herbs), balms, ointments, and liniments that was transmitted from mother to daughter (35).

Early modern writers also mentioned female medical practice. In 1600 Olivier de Serres, lord of Pradel, wrote, «[S]everal great ... ladies have not disdained such a divine science [medicine] having engraved their names in the medicaments which they invented». He was referring to ladies of manors, princesses, queens, and abbesses who studied learned medical texts and folk remedies and ministered to the needs of local inhabitants. Serres also claimed that «women are more equipped than men» to care for the sick, especially in the countryside where physicians

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(33) HDL, AHD, *Registre E 4*, p. 141.

(34) GREEN, note 6, pp. 322-352 discusses this problem for the medieval period in great detail.

(35) RIDDLE, John. *Contraception and Abortion from the Ancient World to the Renaissance*, Cambridge, Harvard University Press, 1992, pp. 91, 116. HUGHES, Muriel Joyce. *Women Healers in Life and Literature*, New York, King's Crown Press, 1943; WIESNER, note 9, p. 49.

were scarce (36). Corroboration is found in the writings of Laurent Joubert and other sixteenth-century physicians who criticized women for their «untutored» and error-ridden medical practices. While commending learned midwives of Montpellier who attended public dissections, Joubert also disdainfully referred to «women [who] share among themselves a few small remedies, which, after all, are not even of their own invention but ... come from our domain or from that of our predecessors» (37).

The *Registre* of the Hôtel-Dieu tacitly acknowledged women's medical knowledge in its entries, reflecting the opinions of Olivier de Serres rather than those of Laurent Joubert. The city clerk who kept the *Registre* employed the same language to describe the ministrations of Françoise Page as that used for the medical tasks performed by male physicians, including «to heal» (*guérir*), «to medicate» (*médicamenter*), and «to prepare a diet» (*faire diette*). This last terminology implies a familiarity with Hippocratic medicine, very much in vogue at the time, which assumed that the food one ate was as important in the healing process as any medical remedy (38). Thus, we see how women were hired to fulfill the same tasks as men in spite of the fact that they were not officially licensed practitioners.

While the employment of women to treat the sick was a tacit affirmation of their medical knowledge, it also had other less favorable implications. In particular, the employment of women and other «irregular» healers suggests that the hospital administration found it difficult to find legitimately trained personnel who were willing to treat poor, sick, contagious patients. This problem was exacerbated by religious, economic, and health crises that struck Lyon with special severity in the last third of the century. At these times, the rectors hired part-time, unauthorized healers to fill the gaps (39).

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(36) SERRES, Olivier de. *Le Théâtre d'agriculture et mesnage des champs*, Paris, 1600, f. 885v-887r.

(37) JOUBERT, Laurent, trans. annot. Gregory David de Rocher. *Popular Errors*, Tuscaloosa and London, University of Alabama Press, 1989, p. 173.

(38) ANTONIOLI, note 2, p. 332.

(39) WIESNER, note 9, p. 44. Wiesner finds similar practices in Germany.

Nevertheless, there were compensations. While part-time healers received a relatively small sum per patient (two to four crowns) in comparison with a physician, barber or surgeon (who earned a yearly salary of 20 crowns a year at the Hôtel-Dieu), the number of patients a healer saw could translate into relatively high levels of pay. This possibility became a reality for Françoise Page. Indeed, her salary and presence at the Hôtel-Dieu led to an official inquiry.

At a special meeting held on January 15, 1594 the rectors expressed concern about the «large cost and expenses in past years for the treatment and healing of syphilitics [*verollez*]». They also questioned the wisdom of allowing Page to continue to heal people who had acquired what was considered a sinful disease and at such a high price—400 crowns a year (40). The rectors singled out «poor girls» as the group most likely to fall into sin and contract the disease. Here one hears echoes of the scandal that (silently) rocked the hospital in the 1530s and 1540s when its own «repentant prostitutes» were implicated in a merry-making round of in-house sex play, gift-exchanges, and feasting (41). In any event, a «plurality of voices» resolved that since those stricken with pox [syphilis] were most often «vicious persons given over to pleasures and lechery», they should not receive care. «[T]olerance encourages those poor girls given over to lust and sensual pleasure to continue their sinful life, to wit that they have been cured of their disease five or six times» (42).

The discussion of the moral and financial cost of healing syphilitics reveals some of the values underlying the operation of the poor hospital—and the gradual moral tightening that characterized early modern society. Recurrent outbreaks of plague and venereal disease served to affirm the need for moral and religious austerity. Moralists and clergy argued that the illnesses and deaths which seemed to result from illicit sexual activity underscored its sinful nature. Nonetheless, Page continued to treat syphilitics for another four years after this meeting of the rectors. The Hôtel-Dieu's mission to care for the indigent sick overrode whatever financial or moral reservations the rectors expressed.

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(40) HDL, AHD *Registre* E 7, p. 281, 15 January 1594.

(41) DAVIS, note 16, pp.175-186.

(42) HDL, AHD *Registre* E 7, p. 281, 15 January 1594.

### 3. SHARED WORK IDENTITIES

Marital status sometimes facilitated and seems to have legitimated the employment of certain women healers. Natalie Z. Davis has labeled the tendency of wives to assume the occupational role of their husband a «joint work identity». This kind of identity reflected the fact that women rarely received formal training for an occupation (43). Especially after the royal edict of 1484, which revoked a woman's right to become a surgeon, a woman who practiced surgery would have done so without benefit of official guild recognition. She would have learned her skills informally from her husband, rather than by becoming an apprentice and journeywoman in a shop.

The employment of Françoise Page in the outpatient ward of the Hôtel-Dieu is an example of a woman sharing the work identity of her husband. In this case, Page's husband, Laurent Charles, was a surgeon who had worked in the outpatient ward for eight years prior to Page's employment. Eighteen of the twenty years that Page worked at the Hôtel-Dieu (1578-1598) occurred after her husband's death. As was the case with the other women hired on a part-time basis, no occupational title is ever attached to Page's name. She *was* sometimes referred to as the wife and later the widow of Laurent Charles, but that is all (44).

Another husband-wife team is found in an appeal to the crown on the part of Benoist Fanilhon and his wife, Anne Casset. Their appeal to the crown to allow them to practice barberry and surgery reflects the crown's role as a traditional court of last resort for those individuals who wished to escape the authority of local guilds. In Lyon in 1537, the king went over the heads of the local Lyonnais guild officials by granting a *lettre de maitrise* in barber-surgery to Fanilhon and Casset (45). The

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(43) DAVIS, Natalie Zemon. Women in the Crafts in Sixteenth-Century Lyon. In: Barbara A. Hanawalt (ed.), *Women and Work in Preindustrial Europe*, Bloomington-IN, Indiana University Press, 1986, pp. 174-175.

(44) CROZE, Auguste. *Etudes et documents pour servir à l'histoire hospitalière lyonnaise*, Lyon, 1912, p. 142. The archivist and historian of the Hôtel-Dieu, Auguste Croze believed Page was hired because her husband was a surgeon. GREEN, note 6, pp. 329-330 discusses this problem from various angles.

(45) Archives Départementales du Rhône, (ADR) B Livre du Roi 1532-1559, f. 47v-48r.

couple was awarded this license because of their «great experience as much in surgery, [as in] breakage, [and] dislocation of members» (46). The wording of this ruling suggests that both Fanilhon and Casset had been practicing on the margins of medicine. Their already proven expertise provided the crown with a rationale for legitimating their practice and overruling local regulations. Here also is a clear example of a «joint work identity» (47).

Widows of barbers or surgeons who continued to practice after their husbands' demise also exemplify a joint work identity. By custom, widows of master surgeons were allowed to keep their husbands' shops open to shave beards and bloodlet. However, it was not unusual for widows to offer all of the services of a sworn surgeon in spite of their lack of official training. One such case involved «women who mixed [*se mesloient*] in doing cures» (48). One doesn't know if this particular widow learned surgical techniques from her husband or was engaged in folk medical practices as well, though the word «cures» suggests the latter. Another case, that of the widow of Clement Bardin, indicates that she wanted to practice her husband's craft after his death as an expression of her property rights, including, in this case, intellectual property. The court ruled that she pay nine *livres tournois* for a *maitrise*, which would allow her to practice as a surgeon (49). Such a ruling reaffirmed the legitimacy of a joint work identity against the claims of the masters (50).

In addition to accessing their rights to practice surgery after their husbands' death, widows sometimes hired apprentices to work in their

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(46) ADR, B Livre du Roi 1532-1559, f. 47v-48r.

(47) See KLAIRMONT-LINGO, Alison. *The Rise of Medical Practitioners in Sixteenth-Century France: The Case of Lyon and Montpellier*, Ph.D. diss., Berkeley, University of California, 1980, and DAVIS, note 16, p. 175.

(48) ADR, BB 441, May 26, 1552: «Sentence pour les jours due Roy contre Hubert Beallieu et aultres compagnons barbiers», discusses «femmes qui se mesloient de faire cures», *Ibid.*, f. 3r.

(49) ADR, BP 441 Sentence 14 May 1551.

(50) Green argues that «[v]iewing medical practice in terms of household craft would help obviate the problem of explaining how widows, for whose practice there is no evidence during their marriage, 'suddenly' begin to practise medicine on the death of their husbands». GREEN, note 6, p. 330.

shops. These men worked as masters without ever completing their training. Archival sources indicate that from about 1540 working «under the shadow» of a widow became a common strategy for widows and journeymen alike to circumvent guild regulations. Journeymen practiced as masters without passing the required examination or paying the requisite fees (51). When masters sued the widows and journeymen, the court tended to rule in favor of the defendants (52).

The masters' concern escalated in 1565 when they saw their numbers dwindle in the wake of a devastating plague and religious strife. Protestant master surgeons and barbers were dying of plague, fleeing religious persecution, or being banished as a result of Catholic victories. Journeymen filled the gap and set up their own practices. Also during the plague years, the city council hired unlicensed practitioners as «plague surgeons». After the plague ended, they received licenses to practice as a reward for treating plague victims.

In May, 1565 several masters appeared before the City Council to express their concerns about the confusion and disorder which resulted when barbers dared to «call themselves masters because they cared for plague victims, and who have boutiques in the best places in the said city, which is a scandalous thing» (53). Despite these problems, no action was taken until the crisis broadened about ten years later, in 1574, when only two master surgeons remained in the city (54).

Pierre Tolet (staff physician at the Hôtel-Dieu in the early 1540s and translator of surgical texts specifically directed to unlatined surgeons) wrote a letter to the City Council echoing the masters' dismay. He described how the city had «become impoverished and sterile ... as

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(51) Archives Nationales de Paris (ANP) IA 9215, September 28, 1540, f. 51 R.; ADR BP 441 1551 (1552) 14 March, 1V.

(52) PALLASSE, Maurice. *La Sénéchaussée et le siège présidial de Lyon pendant les guerres de religion: essai sur l'évolution de l'administration royale en Provence au XVI<sup>e</sup> siècle*, thesis, School of Law, University of Lyon, 1943, p. 181. See also ADR BP 444 *Sentences*, 1551-July 1553, entry for March 15, 1552.

(53) Archives municipales de Lyon (AML) BB 84, 1565, f. 124v. On widows: ADR BP 441 *Sentences* (1551-1552) May 14, 1551.

(54) AML, BB 92 February 15, 1574, f. 34v.

much by the plague as by the sects and variety of religion in the city» (55). Tolet suggested that all unauthorized journeymen be examined by the two remaining master surgeons and by four physicians and that all boutique keepers be required to attend lectures on surgery and to observe dissections. Such training, he argued, would prevent patient injuries that occurred due to a lack of competent medical care (56).

These reforms were not realized because the crown and its agents never complied fully with local regulations. In addition, municipal authorities, like the rectors of the Hôtel-Dieu, continued to issue licenses to journeymen surgeons and widows without the approval of the local barbers' and surgeons' guilds and to hire women without any official training, like Page and Rodillon. This situation was the result of conflicting and overlapping jurisdictions that prevailed in France until the Revolution.

#### 4. CONCLUSION

Although women worked alongside a multitude of other official as well as unofficial medical practitioners, they have left fewer and more elusive traces in the public record than their male counterparts. Within Lyon's municipally-funded charitable hospital, widows and wives of surgeons, repentant prostitutes, midwives, and «women» cared for the destitute and sick of Lyon, sometimes as caretakers, midwives, physicians, surgeons, or barbers. While the records are silent, for the most part, concerning their training and occupational title, some of these women performed the identical tasks as male practitioners.

Outside of the hospital, women practiced medicine with, or in place of, their husbands. The archival sources are almost completely silent concerning these matters except when female practitioners engaged in legal battles with irate masters over their right to practice. The courts often favored surgeons' widows in spite of the protests of the master surgeons. The court records also reveal that wives and widows of master surgeons and barbers took advantage of their traditional medical knowledge,

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(55) AML HH 37, undated letter signed «P. Tolet».

(56) AML HH 37 no. 1, an undated letter to the city council signed by Pierre Tolet.

and in some cases a shared work identity with their husbands, to insure their family's economic security, whatever the risks to their health or their social standing. Thus, women participated in the medical marketplace of Lyon in a variety of ways and under a variety of guises.