

From Practice to Print: Women Crafting Authority at the Margins of Orthodox Medicine

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XVI^e-XIX^e siècle
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Résumé de l'article

Cet article analyse le développement d'une tradition de détentrices de remèdes dites « femmes à secrets » au sein du commerce médical dans le Paris des Lumières. À l'aide de brevets officinaux et de la publicité imprimée, il retrace le rôle des femmes dans le florissant marché médical, où elles ont inventé et vendu une variété de produits et de services. Cet aspect marginal de la pratique médicale a en effet fourni aux femmes un important forum où elles ont cultivé leur autorité en marge et en dialogue avec la médecine traditionnelle. L'article remet en question l'histoire des « marges » médicales dans lesquelles les praticiens frauduleux se sont inscrits comme acteurs principaux. Il offre plutôt l'histoire d'une médecine « marginale » dynamique et animée par des femmes qui n'ont cessé de faire leurs preuves dans divers domaines. Entre la pratique et la publicité médicale, ces femmes se sont d'abord présentées en tant qu'expertes dans un milieu médical de plus en plus consumériste, réglementé et policé, où la limite entre l'expert et l'amateur médical était à peine évidente.

FROM PRACTICE TO PRINT: Women Crafting Authority at the Margins of Orthodox Medicine

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ABSTRACT

This article analyzes how a category of women possessing medical secrets known as “femmes à secrets” entered commercial medicine in mid- to late-XVIIIth-century Paris. It reads sources including remedy patents and printed publicity with a view to exploring women’s agency in producing and peddling medical products and services within the burgeoning marketplace. It shows how this form of “fringe” practice provided a unique forum where women cultivated their authority outside of learned medicine while also interacting with it. In doing so, the article displaces traditional narratives which position charlatans and quacks as the primary practitioners who colonized the margins of medical practice. Instead, it provides an account of women as examples of the dynamic “fringe” practitioners who strove to prove their genuine authority across a variety of domains. By bringing their practice to print, enterprising women succeeding in staking out their claim to expertise in a growing and increasingly consumerist, legislated, and policed medical milieu, where the boundaries between “expert” and “amateur” knowledge traditions were becoming increasingly blurred.

RÉSUMÉ

Cet article analyse le développement d’une tradition de détentrices de remèdes dites « femmes à secrets » au sein du commerce médical dans le Paris des Lumières. À l’aide de brevets officinaux et de la publicité imprimée, il retrace le rôle des femmes dans le florissant marché médical, où elles ont inventé et vendu une variété de produits et de services. Cet aspect marginal de la pratique médicale a en effet fournit aux femmes un important forum où elles ont cultivé leur autorité en marge et en dialogue avec la médecine traditionnelle. L’article remet en question l’histoire des « marges » médicales dans lesquelles les praticiens frauduleux se sont inscrits comme acteurs principaux. Il offre plutôt l’histoire d’une médecine « marginale » dynamique et animée par des femmes qui n’ont cessé de faire leurs preuves dans divers domaines. Entre la pratique et la publicité médicale, ces femmes se sont d’abord présentées en tant qu’expertes dans un milieu médical de plus en plus consumériste, réglementé et policé, où la limite entre l’expert et l’amateur médical était à peine évidente.

A new book entitled *L'Anarchie médicale* was published in three volumes in 1772 by the Montpellier Faculty of Medicine physician Jean-Emmanuel Gilibert. It argued that contemporary medicine in France was in a parlous state, with untrained practitioners encroaching on the terrain of the trained, the only true and useful practitioners. This unsavoury state of affairs resulted from the dangerous intrusions of quack practitioners, but also from the more innocuous notion that “Tout homme charitable, toute femme zélée regarde comme un devoir de religion de soigner & de traiter les pauvres dans leurs intimités.”¹ This was not all Gilibert had to say about female interlopers, however, and he went on to indict their deliberate and pernicious attempts to undermine medical authority by offering health cures:

Tous les praticiens vous diront qu'un des grands obstacles à leurs succès vient de la double action qui s'exécute sur chaque malade; que d'un côté ils ordonnent des remèdes [sic], que de l'autre des femelettes en prescrivent de tout opposés; que souvent elles font supprimer ceux du médecin, & les remplacent par les leurs.²

Taken in context, this citation reveals the orthodox medical community's anxiety over the activities of practitioners who occupied a place in what Colin Jones and Laurence Brockliss have identified as the “medical penumbra.”³ The penumbra comprised the diverse array of self-proclaimed and alternatively trained practitioners at the “fringe” of traditional practice, who made it their business to develop and dispense a variety of health goods and services that included “remèdes secrets” (proprietary remedies). This excerpt also indicates learned practitioners' scorn for “femelettes,” who are taken as emblematic of the anarchical elements within contemporary medical practice.⁴

By the end of the Old Regime, this seemingly rebel-ridden French medical milieu was also a commercial marketplace in which practitioners of all stripes—from learned urban physicians to country midwives—utilized publicity to advertise their goods and services to eager customers. The commodification of medicine owed a great deal to the advertising potential of newspapers, medical gazettes, handbills or “affiches,” and portable “health” dictionaries. Members of the orthodox medical community appropriated printed publicity as a tool of self-fashioning, and in the

process, embraced a medium once considered the preserve of charlatans.⁵ The commercial approach to medicine facilitated by the rise of paper publicity was not a self-evident development, however, and involved practitioners' engagement with different modes of self-promotion. For some country practitioners, word of mouth still remained an expedient way to draw clients. For others, printed advertisements provided an effective way to build credibility through the construction of a positive medical persona capable of attracting a steady stream of customers. For physicians and elite surgeons, that authority might be their credentials and years in service, whereas for a fledgling apothecary, the virtues of his products might be the selling point. For the itinerant medical lecturers lacking proper credentials, entertainment or promises of miracle cures might be the *modus operandi* to draw a clientele.⁶ For the assembly of female practitioners who plied their trades at the margins of institutional medicine, the strategies available for constructing an alternative empirical—rather than learned—authority were as wide-ranging as their products and services.⁷

This article analyzes how a category of women possessing medical secrets across a range of trades entered this narrative of commercial medicine in mid- to late-xviiith-century Paris.⁸ Specifically, it reads sources including remedy patents and printed publicity with a view to exploring women's agency in producing and peddling medical products and services within the marketplace, and how this form of “fringe” practice provided a unique forum where women cultivated their authority outside of learned medicine while also interacting with it. Women's multifaceted contributions to practical medicine in both traditional and non-traditional fields are surveyed in order to develop a picture of women's approaches to establishing their reputations. We focus on women's interactions with regimes of product licensing, and how these and other sources of official medical authority contributed to how their goods were advertised in print. In doing so, the article displaces traditional narratives which position charlatans and quacks as the primary practitioners who colonized the margins of medical practice. Instead, it provides an account of women as representative examples of the dynamic “fringe” practitioners who strove to prove their genuine authority in their respective domains. By bringing their practice to print, enterprising women succeeded in staking out their claim to expertise in a growing and increasingly consumerist, legislated, and policed medical milieu, where the

boundaries between “expert” and “amateur” knowledge traditions were becoming increasingly blurred.

Women Trading in Secrets

What was a “secret” remedy? The first use of the term in a medical context can be traced back to the sixteenth century, when printed compendia of technical recipes for miraculous cures deluged the book market. These “books of secrets” were highly popular and formed a distinctive branch of Renaissance learning devoted to practical, empirical knowledge. Their advent was a considerable departure from existing traditions of secrecy, such as alchemy, wherein the “secrets” of nature were understood to transmit esoteric knowledge.⁹ A “secret” in the medical context was thus both a remedy and the experiential knowledge required to prepare it. The appreciation of miraculous “secrets” was not universal, however, and the negative reception given them by the medical establishment illustrates some of the most fierce and long-standing disputes in the history of proprietary medicine. By the time of Denis Diderot and Jean Le Rond d’Alembert’s great *Encyclopédie*, a “secret” had achieved a commonplace definition, as a “remède dont on tient la préparation secrète pour en relever l’efficacité & le prix.”¹⁰ Louis de Jaucourt (1704-1779)’s encyclopaedic entry also made reference to the many dangerous and sometimes poisonous remedies on the market, indicating that elite eighteenth-century medical practitioners continued to associate “secrets” with charlatanry.

Like male “quacks,” women purveyors of medical “secrets” were the subject of many a diatribe. This situation dated back to the medieval period, when the expression “femmes à secrets,” which has been most commonly translated as “women’s secrets,” evoked two distinct, but interrelated, notions of “secret.” As Katharine Park explains, the first was the mysterious or secretive knowledge of the interior of a woman’s reproductive system, while the second reflected on the broader understanding of “secret” as the therapeutic knowledge leading to the production of cures.¹¹ Both understandings of the term were employed in the eighteenth-century context, in many instances in order to instrumentalize and ridicule female medical preparators. Because these women operated across a range of medical trades, there was little they could do to collectively counter these attacks. Instead, women purveyors embraced more individual modes of

resistance, most notably seeking out acclaim for their remedies through the medium of print. They also competed against each other, as well as male “quacks” and licensed practitioners, for a captive commercial audience. What they shared as women trading in “secrets” was an entrepreneurial spirit, modes of autodidacticism, and exclusion from membership in official scientific societies like the Paris Royal Academy of Surgery.¹²

Regulating “remèdes secrets” in Late-Old Regime France

Restoring a sense of order to the medical community through “La santé & la vertu, voilà les seuls biens réels”¹³ was the solution proposed by Gilibert to the title problem of *Anarchie médicale*. In practice, Gilibert’s selection of “santé” and “vertu” as remedies to the dissolution of disciplinary boundaries both helped and hinder his cause. On the one hand, the term “santé” had become a commonplace in late xviiith-century medical literature as multiple and competing sources of authority in “health” matters emerged, thereby challenging professional and institutional allegiances, as well as drug licensing laws.¹⁴ The notion that virtue was enough to make one a “health” practitioner likewise opened the door to claims to mainstream authority from those who traditionally found themselves at the fringes of medical practice. On the other hand, the positive claim that virtues (not vices) and health were the only true “goods” in the medical marketplace was matched by increasing state efforts to intervene in medical malpractice through regulatory measures.¹⁵ This included edicts designed to outlaw the retailing of harmful remedies and protect the intellectual property of those who developed effective remedies, while making them widely available for public good.¹⁶

Laws promulgated in 1772 by Louis XV and in 1778 by Louis XVI respectively indicate the Crown’s considerable efforts to rationalize and regulate the commerce of specialty pharmaceuticals, primarily through licensing mechanisms. In the first place, the edict of 25 April 1772 was designed to combat those practitioners deemed “délinquants,” by making infractions more difficult. The Edict’s “Préface” revealed its ambitions:

Les inconvéniens trop multipliés qui résultent au grand
détriment de nos Sujets, de la témérité avec laquelle un
nombre considérable de Particuliers, sans titre ni qualité,

dispensent au hazard dans toute espece de maladies, qui remèdes prétendus spécifiques, inconvéniens d'autant plus funestes, que l'intérêt de ceux qui les distribuent, en inspirant une confiance aveugle est d'écarter les secours que les malades pourroient tirer des Maîtres de l'Art [...]¹⁷

The edict also provided guidelines on how holders of royal “brevets” (warrants) or special permissions were to proceed upon approval of their remedies. It alerted practitioners to the then considerable penalty sum of 3,000 livres tournois assigned for any abuses of said privileges. Perhaps most interestingly, the edict reorganized existing infrastructures into a bureau known as the “Commission Royale de Médecine” (CRM), composed of twenty commissioners who met monthly in the old Louvre to preside over disputes and dispense royal warrants and privileges.¹⁸ King Louis XVI’s letters patent of August 1778 announced the creation of a new body known as the “Société Royale de Médecine” (SRM), whose members were expected to meet in order to form a corpus of observations obtained through personal medical practice and correspondence “avec les médecins les plus célèbres des provinces et même des pays étrangers.”¹⁹ The newly formed SRM was in fact the reorganization of the existing “Société et Correspondance Royale de Médecine” that had been created by royal decree on 29 April 1776 to study epidemic and epizootic diseases. With the letters patent of 1778, the new body was charged with overseeing the regulation of commerce in mineral waters, with the added responsibility of examining so-called “remèdes secrets” and, where appropriate, dispensing patents to inventors and vendors. The SRM thus effectively took over for the drug licensing responsibilities of the CRM and initiated an entirely new regime in which all existing permissions were revoked.²⁰

Between the enactment of these two royal laws the *État de médecine* of 1776 appeared, an independent compendium that functioned as a trade directory or “yellow pages,” which publicized the goods and services available in the French capital.²¹ It named practitioners operating both within and outside of trade regulation, thereby serving the second function of illuminating the extent to which the 1772 legislation had taken effect. Medical remedies and other goods were organized under five subheadings that indicated their source of privilege. There were those remedies approved by the CRM (whose responsibilities fell under the purview of the SRM by 1778), and

then there were remedies authorized by the powerful lieutenant of police of Paris, plus those approved by two of the city's important bodies, the Faculty of Medicine and the Royal Academy of Sciences. An additional subheading listed specialists in Paris known for their products and services who held no formal permissions. Women's secrets featured prominently within the listings appearing in the *État de médecine*, suggesting that female purveyors of cures were important actors in this period of legislative ferment, medical commercialization, and disciplinary competition. This publication indicates that women were actively involved in blurring the boundary between "fringe" and orthodox practices, as they solicited the approbation of official bodies or made names for themselves independently of such regulations.

Against this backdrop of changing regimes of medicinal licensing, we see how forms of printed publicity like the *État de médecine*, newspapers, and medical gazettes, as well as manuscripts and printed permissions attesting to patents and privileges, provide a window into the authority-making of female practitioners in the last three decades of the century. The following sections explore the women of secrets while embracing a broad definition of "secrets" that includes—as in the traditional conception—both internal and external remedies, as well as the range of services and innovations of medical import in which women played a pioneering role. We begin by surveying the women whose reputations were built in part on the royal and institutional privileges that they had obtained, and then discuss the role that networking, product descriptions, and one's skillset played in generating women's healing authority in print. The authority bestowed by paper privileges and printed advertisements combine to tell the fascinating stories of women as healing authorities at the apparent margins of learned—and yet in the thick of commercial—medicine by the end of the century. "Fringe" practitioners like empirics (who prepared remedies), remedy vendors, and women who engaged in both tasks contributed to all facets of the medical enterprise, thereby highlighting their value to the expanding medical marketplace.

Women Invoking Authority Through Paper Privileges

Women who devised and dispensed medical remedies interacted with the medical establishment in different ways. Some women built up their authority independently of approbation, while others interacted with

regulating bodies in order to obtain privileges, and finally, some women pursued both avenues. The aim of this section is to provide an overview of how women obtained official paper privileges to go about their medical business, and the role such privilege played in regimes of credibility. The highest order of privilege was a King's warrant, which was effectively granted by the CRM until 1778 and by the SRM thereafter. The dispensation of royal patents and privileges by these bodies was closely tied to the goodwill of the police lieutenant, who played an important role in overseeing the licensing project within the Parisian medical milieu. While a number of vendors claimed to hold royal warrants for their secrets, the relative scarcity of privileges dispensed indicates how difficult they were to obtain in reality.²² The value of a privilege was perhaps even greater for women of secrets who, for reasons of educational and institutional exclusion, necessarily operated at the fringes of the trade; indeed, a woman who obtained a privilege found herself within an exclusive sector of proprietary medicine. Even more exceptionally, a woman might enjoy absolute rights over medical cures—if only officially—as in the case of Mlle de la Croix, who received an exclusionary King's brevet for her pectoral rub designed to alleviate lung inflammation, which she dispensed personally in the popular Faubourg Saint-Germain.²³ Matthew Ramsey has also referred to—but does not name—a case in 1777 in which the Crown purchased a remedy produced from male fern from the widow of a surgeon for the impressive sum of 15,000 livres tournois.²⁴

The medical complement attached to the royal household also translated into opportunities for practitioners to serve as experts, though women rarely occupied such roles outside that of royal midwife.²⁵ Widowed women could nonetheless inherit royal permissions from their husbands who had served in elite capacities. This was the case with Mme Thomin who, upon inheriting her husband's royal privilege (though not his job title of "Ingénieur en optique de la Reine"), continued trading in spectacles and other optical machinery, from powerful magnifying glasses to microscopes. While Mme Thomin was able to extend the shelf life of her husband's privilege in what the *Mercure de France* described as "un objet intéressant pour le public,"²⁶ Mlle Mutin was listed in the *État de médecine* as the vendor of her husband Mr. Besson's CRM-approved balms for eye inflammations. Yet advertisements appearing some twenty years earlier in the *Mercure de France* naming Mutin alone indicate that she was responsible for these

remedies, which she vended in the Montmartre. It emerged that she had in fact inherited the recipe from her uncle, Mr. Seguin, and with the approval of the CRM and the King's first physician built a career on curing all manner of eye infections with these expertly produced ointments.²⁷

The Crown's policing of secret remedies was in many ways draconian, especially following legislative developments in the 1770s. At the same time, it keenly sponsored projects led by individuals whose talents were deemed useful to the public. It was in the context of streamlining birthing practices and promoting natural reproduction that the midwife Mme du Coudray (1715-1794) received a royal "brevet" (and in retirement, a generous King's pension) to undertake a teaching tour of the French provinces.²⁸ She also produced, advertised, and sold life-size teaching manikins, dubbed "machines," complete with an illustrated "how-to" textbook, which functioned as classroom tools with which aspiring midwives of both sexes could test out birthing positions.²⁹ Given Mme du Coudray's prolonged absence from Paris during her "mission" years as itinerant teacher, several local artisans stepped in to meet the growing demand for these manikins. This included du Coudray's former colleague, the appropriately named Mlle Lenfant, who resided on the rue des Mathurins and began to sell manikins from around 1770 to 1780. Mlle Lenfant's naturalistic dummies with perfectly proportioned maternal hips and fetuses were constructed from cloth and deemed ideal to provide students with an opportunity to "[...] donner l'exercice du manuel des accouchemens."³⁰ Mme du Coudray was aware of this burgeoning competition, and in a bid to improve her own manikin design and reduce construction costs, sought to observe the assembly methods being employed in workshops like Mlle Lenfant's.³¹ The identification of rival makers, the coveting of trade secrets, and attempts to reduce production costs all indicate that manikin-making was emerging as a valued and niche market within the larger medical marketplace. It also revealed that women with expertise in midwifery—a trade typically viewed as handmaiden to that of the surgeon and physician—naturally enjoyed an advantage in this particular domain.

While Mme du Coudray retained control over nearly all aspects of her work, inventors who sold their remedies to the Crown gained in privilege what they gave up in their trade secrets in the interests of the nation. This imperative of transparency applied to the case of the widow Keyser of Isle

Saint-Louis, who received a royal privilege to peddle the sugar-coated anti-venereal pills for which her late husband had become famous, while yielding the recipe to the public by allowing its reproduction in Mr. Richard's second volume of *Observations*, among other publications.³² In this particular case, King Louis XV may have been taking a risk in appropriating the recipe considering the remedy's chequered history. In 1756, the military surgeon Roger Dibon published an eight-page in-quarto letter addressed to the remedy's inventor, Jean Keyser, on the assumption that he was the anonymous author of a libellous letter appearing in the *Journal encyclopédique* which attacked Dibon's own anti-venereal remedy. The dispute between Keyser and Dibon spanned over a decade and was summarized in the military physician René Guillaume Lefebure de Saint Ildephont's *Le médecin de soi-même* (1775). Here it was revealed that Dibon had proposed a "concours" with Keyser in which their respective anti-venereal drugs would undergo public trial.³³ Needless to say, Keyser's caustic cures were as controversial as any other anti-venereals available in the period: the deleterious effects of their mercury on the female patients who underwent trial treatments with the remedy at the Bicêtre hospital in Paris were highlighted in reports which documented their (questionable) efficacy.³⁴

Controversy also followed the Demoiselles de la Jutais, who collectively received a royal warrant authorizing their distribution of a "fébrifuge" or fever-reducing powder devised by the late Pierre Brodin de la Jutais from the Faubourg Saint-Martin.³⁵ The Jutais women were likely peddling their father's remedy whose virtues he had extolled in a publication entitled *Qualités et usage de la poudre fébrifuge du sieur La Jutais* (1737).³⁶ But it had not always been smooth sailing for Jutais senior, whose competitor Etienne Guerin prepared and sold a fever remedy in tablet rather than in powder form. Their animosity generated public interest while revealing the nastier sides of proprietary medicine. In the report published by the commissioners who adjudicated their case, it was revealed that Jutais had accused Guerin of stealing his powder and transforming it into tablets with the aid of a resin. The *Grand Conseil* court was nonetheless unmoved by Jutais's viewpoint and fined him a hefty 6,000 livres tournois penalty for his indiscretion, while ordering that he return the tablets he had confiscated from Guerin.³⁷

In some cases, tracing the history of authorized remedies through printed publicity muddies rather than clarifies their genealogy. For instance, a Mlle

Guy on rue Saint Honoré received a warrant and letters patent from the French King in order to sell remedies pioneered by her forebear and the first physician to King Charles II of England, Mr. Guy. Guy's liquorice sap and sugarless marshmallow paste were known to sooth colds and fortify the chest, while curing hoarseness and providing relief to asthmatics.³⁸ Mlle Guy was nonetheless much less successful than her predecessor in obtaining vending rights for her remedy—if, that is, she is the same “Demoiselle Guy” whose marshmallow paste was rejected by the SRM in 1779, despite having received a warrant from its predecessor body, the CRM.³⁹ Nearly thirty years earlier, a Mlle Dumoulins (also spelled Desmoulins) was reported in the *Avant-coureur* as an established peddler of the same products; with royal endorsement, she had dispensed her remedies to a number of European court nobles, among other celebrities, for over sixty years. The article explains that Dumoulins had obtained the secret recipe from her mother Mlle Guy, an Englishwoman, only child, and *émigrée* to Paris, where she passed away in 1714. It was this Guy who was identified as the daughter and direct descendant of the remedy's English inventor. By the time of the article's publication in 1747, Dumoulins was deemed the rightful heiress to the secret and the public was warned that false claims to ownership were being made by a Mlle Cyrano and her affiliates, who remained undeterred by several “arrêts” (legal injunctions) issued by the Parlement of Paris. Needless to say, the relationship of the Mlle Guy of the 1770s to the Mlle Guy of the turn-of-the-century, to say nothing of the Mlle Dumoulins of the 1740s to 1750s, remains a mystery.⁴⁰

A number of women, who like Mlle Guy dispensed medicinals during the 1770s with royal warrants, did so during a period of regulatory ferment. This included as we have seen the foundation of the SRM in 1778 and its subsequent overhaul of the country's drugs licensing scheme.⁴¹ A survey of the extensive “remèdes secrets” that form a significant proportion of the SRM's archives provide a fascinating window into the history of new remedies from the 1730s to the 1780s. The inclusion of pre-1778 material in the SRM's files is explained by its mission to revoke all preceding vending permissions. Indeed, the SRM's energies throughout the 1780s were divided between denouncing charlatans and adjudicating all the “Remèdes particuliers et secrets dont la recette est soumise à l'approbation de la SRM.”⁴² Successful remedies gained acceptance by their formula, replicability, usage, and, in some cases, analysis of their chemical

components. This was a tall order that converted into a 22.6% success rate for applicants who presented a petition to the Society between 1780 and 1789.⁴³ It therefore comes as no surprise that the SRM routinely denied privileges to female applicants, including Mme Boucquenaud, who supplied a topical “suppuratif” in 1784. Though described as “connu et innocent débité chez les apothicaires,” the remedy was nonetheless denied authorization by the two commissioners assigned to evaluate its efficacy. Mme Blondel’s “baume charitable contre les plaies, a base de simples” befell the same fate on 28 May 1790, and even a product as seemingly innocuous as Françoise Boucaud’s powder toothpaste presented in 1780 failed to receive ascent.⁴⁴ Mlle Pellé de Rapigeon experienced more success with her topical “eau salulaire” for the eyes. In addition to receiving a brevet from the CRM, her ophthalmic secrets were authorized by the SRM and described positively in the *Avant-coureur*, where her charitable tendency to “guérit le Pauvres *gratis*” was also applauded.⁴⁵

The Royal Society of Medicine’s presence in the regulatory domain of medical secrets relied on its collaboration with the Paris police lieutenant, Jean-Charles-Pierre Lenoir, and the inspector Patté, who jointly served the roles of whistle blowers and information conduits during the last quarter of the century. Members of the Paris police force regularly alerted the SRM to suspicious remedy dispensers by furnishing them with the names of suspects, while the lieutenant worked intimately with such authorizing bodies to oversee the commerce of mandated remedies, pursue practitioners guilty of infractions, or condemn charlatans operating without permissions.⁴⁶ For example, Mme Boyer’s healing water was brought to the attention of the SRM in a “Lettre de soumission” in 1779 by order of Patté, who explained that she had failed to contact the society owing to the excuse that “elle est retenue ‘réclusivement’ chez elle par le secours continuel et gratuit qu’elle donne à près de 8 à 900 ouvriers de la manufacture des glaces.”⁴⁷ Even before the Society was formed, lieutenant Lenoir was active in granting privileges to medical peddlers in Paris, including Mlle Morin, who sold a popular complexion-preserving salve, and Mme Damy, who gained a reputation for her treatment of “les personnes aliénées d’esprit,” no doubt servicing patients from the nearby Hôpital Saint-Louis.⁴⁸ Lenoir also provided vending privileges to the sisters of the Sainte Famille du Sacré-Coeur, who dispensed a multi-purpose secret ointment to Parisians prepared by the Tourieres des Dames du Saint-Sacrement, who themselves had

inherited the recipe from a Mlle Bertholet upon her death. The general public was alerted to its many virtues, which no doubt made the product more enticing than did its official warrant: “elle guérit les abcès, coupures, fractures, clous, panaris, maux de jambes, écorchures, glandes du sein, &c.”⁴⁹

The Paris Royal Academy of Sciences was also a privilege-granting authority, though its jurisdiction being predominantly the physical sciences meant that it played a marginal role in licensing medicinals. Women’s principal contact with the Academy was in the context of invention, with individuals occasionally being invited to the normally male-only meetings of the Academy to present their ingenious machines to its members. The Academy’s stamp of approval was nonetheless used as an advertising point to boost public confidence in the product. This was the case with Mr. Collin’s wildly popular, Academy-approved “rouge végétal,” an extract serving as cosmetic that was sold by two authorized vendors located in Paris: Mlle Héran, who ran the flagship location, and Mme Sadous, who, “pour la commodité des Dames,” sold the product from a table in the shop of a fashion merchant named Mr. de Tonnellier.⁵⁰ Associating a medical secret with an established authority was also an attractive advertising strategy amongst women seeking to present reliable, good-quality products to consumers. The hemorrhoid cream of Mlle Collet obtained a certificate of approval from the renowned surgeon, Sauveur-François Morand (1697-1773),⁵¹ while readers of the *Affiches de Paris* were directed to visit Mlle Géraudly—described as the “Nièce & Elève du Sr. Géraudly, & Privilégiée du Roi” —for three remedies: a tooth-fortifying elixir, a tooth-whitening opiate, and an essence to relieve general pains.⁵²

Traditional institutions like the Faculty of Medicine of Paris, best known as the elite training ground for physicians, and the champion of conservative, bookish modes of pedagogy, appear to have interacted very little, if at all, with those on the “fringes” of medical practice. It is unsurprising, from this perspective, that no female purveyors are listed in the Faculty-approved remedies listed in the *État de médecine*. This did not exclude the directory’s authors from identifying a Mme Desbois who sold cancer-curing pills as the widow of a Faculty of Medicine physician. This was perhaps a way to boost her reputation, considering that her pills appeared under the somewhat dubious subheading “Remèdes dont les auteurs très-connus dans Paris n’ont

aucune permission.”⁵³ The frequency with which women are presented in advertisements as the vendors of proprietary medicines invented by their deceased spouses suggests that widows enjoyed commercial authority. The tendency to highlight spousal achievement was not necessarily in lieu of indicating a woman’s skill or ingenuity however, and nor did it obscure a product’s features. The wife of a master-surgeon, Mme de Launay, received attention for the sturdy lightweight bandages that she manufactured and sold, and which had been employed by surgeons at the college of Saint-Côme for a number of years.⁵⁴ In another example, a Mme Monroy was described as a specialist in bandaging leg, arm, and skull injuries who worked alongside her “Bandagiste” husband.⁵⁵ Another widow actively sought to gain the approval of readers by depicting herself as the trustworthy medium through which to access the remedies of her late husband: “[l]a Veuve Bunon ose assurer que le Public sera aussi satisfait de la bonté desdits Remedes, dont les Dames de France ont usé qu’ils l’étoient du vivant de son Mari.”⁵⁶

Publicizing Product Authority and Soliciting the Consumer

Women whose cures were royally patented and recognized by the individuals and institutions of the established medical community no doubt helped validate—at least in the public eye—the growing consumer network of domestic-based medicine. It may also have brought women who were on the “fringes” of learned traditional medicine within the mainstream of commercial medicine. Yet women who failed to secure warrants or to cultivate elite networks, and even those who did, relied on more than privileges to advertise their products and attract customers. In cases where women were carrying on the work of their late husbands, maintaining the quality and pride of the family business manifested itself in all aspects of their work, from projecting an image of their skilfulness to describing the quality and ingenuity of their products. Another way by which women of secrets established bonds of trust with consumers was through product descriptions and testimonials, which functioned both as guarantors of product quality and indicators of the honesty and virtue of their makers and vendors. The direct line between peddlers, products, and consumers established in medical advertising was reflective of the increasingly commercial market for medical goods and the emphasis placed on value-

for-money, product experience, and quality that was part of a broader and distinctly Enlightenment phenomenon which Colin Jones has referred to as the “great chain of buying.”⁵⁷

Mme Pariseau’s elixir for curing “les dartres” advertised in the *Mercur de France* in 1770 certainly fits a holistic model of product promotion. The purity and simplicity of its ingredients are highlighted, as well as its material portability; it could even be brought to the seaside without spoiling. Finally, its efficacy in cleansing the blood was assured by the number of trials it had undergone, which had been “certifiés par des personnes de l’art.”⁵⁸ While the virtues of Mlle Conseilleux’s wrinkle-removing cream were not presented as clinically tested, the product was made of simple ingredients and was designed for the user. It was available in different sizes, had a long shelf-life, was non-greasy, and would not stain clothing.⁵⁹ The advertisement for a depilatory salve prepared and sold by Mme de Latour placed the product’s virtues front and centre: it would “ôte dans l’instant & proprement les cheveux que l’on a de trop; sans douleur ni danger.”⁶⁰ Other advertisements indicated the product’s affordable price or its accoutrements, details that undoubtedly functioned as markers of superiority in an increasingly competitive marketplace. The anti-venereal drugs dispensed by Mme Keyser, for instance, were modestly priced and accompanied by an instruction booklet.⁶¹ While some women impressed prospective customers with fail-safe product descriptions and modest prices, others gained reputations for the sheer magnitude of their medical stock without necessarily venturing into commerce. A select few gained authority for their acquisition of knowledge in the form of expansive cabinets of *materia medica*, which served as pharmacopoeias offering treatments for common ailments. These were in essence “cabinets de drogues” and shared the didactic and utilitarian aims of the early medical museums and apothecary shops, which distinguished them from the “secret remedies” tradition, which as we have seen, typically involved the sale of drugs tailored for a specific ailment.⁶² One example was the wealthy Mme de Courtagnon, widow of a “Grand Maître des Eaux et des Forêts de Champagne,” who formed a laboratory in her *château* near Reims in order to study therapeutic substances and amassed an apothecary holding some 500-hundred medicinals.⁶³

Another way that women appealed to the public was by demonstrating their sensitivity to the demands of their female clientele, either in the context of

women's diseases or in moral terms. Mme Fresneau, the spouse of a former maritime surgeon, appealed to women in both ways. She advertised the studies she had conducted on the medical application of leeches, which, according to contemporary wisdom, was "souvent nécessaire dans les maladies du Sexe." She also appealed to women's moral sensibilities by empathizing with the discomfort they might face when submitting their bodies to the male physician for observation.⁶⁴ A female clientele was also the self-evident target audience of the SRM-approved remedies developed by Mlle Blin and Mlle Berton respectively, which were fashioned as antidotes to the over-production of breast milk following childbirth.⁶⁵ The same was the case for Mme Bianchi, who sold breast pumps designed to stimulate lactation in new mothers who struggled to suckle their infants. These machines were dispensed from two Parisian shops, which she ran jointly with her husband, Jacques Bianchi, who was better known as a scientific instrument maker and the pump's inventor.⁶⁶

There were some exceptional women of medical secrets who, like the famous anatomical wax modeller Mlle Biheron (1719-1795), derived their authority from a blend of institutional and personal connections, as well as through product testimonials, positive publicity, and admired trade skills. In Mlle Biheron's case she was selling neither goods nor services, but rather a ticket to enter a museum of anatomical waxes displayed in her home on the rue de la Vieille Estrapade from the 1750s to the 1770s. She successfully guarded her wax recipe while her handiwork generated the interest of both the general public and the scientific elite. In 1761, Biheron published a four-page advertisement entitled "Anatomie artificielle" that provided a detailed description of the centrepiece of her enterprise: a life-sized wax woman. This was undoubtedly the same model she presented to the Royal Academy of Sciences in 1759, 1770, and 1771 respectively. It was also announced in 1759 that one of Biheron's wax women was scheduled to travel to Catherine the Great's court as part of an impressive French "Arsenal" of medical and surgical instruments, though there is little evidence to substantiate that the goods ever reached St. Petersburg.⁶⁷

Finally, some women who lacked institutional authority, official privilege, or traditional advertising potential cultivated their credibility through more indirect means, such as by making an impression on persons of interest. The latter applied to Jeanne Camus de Pontcarré, the Marquise d'Urfé (1705-

1775), who established a private laboratory at the Quai des Théatins and claimed to cure the unforgiving smallpox through demonology. Though some visitors dismissed her as a practitioner of the occult sciences, the combined circumstance of her social standing and the admiration she generated from the great Venetian Giacomo Casanova (1725-1798) undoubtedly shielded her from persecution. Casanova believed she possessed the Philosopher's Stone and could transform base metals into gold using a projection powder put to fire.⁶⁸ Even the Marquise d'Urfé, seemingly at the outermost "fringes" of medical practice, was representative of a broad spectrum of female practitioners who embraced a unique blend of strategies to develop their authority, as they moved between private domestic spaces and the public world of commerce and print.

From Practice to Print: Women's Secrets in Medical Context

The example of the Marquise d'Urfé brings us back to the "femmes à secrets" tradition as it developed in xviiith-century France. The long-standing perception was that women's "secret" subversive interest in the female reproductive body was ostensibly matched by their distinctive, and indeed instinctual, power to heal common ills. In reality, the intrigue of secrecy undoubtedly obscured the mundane aspects of daily domestic life, and the fact that social destiny and familial survival, more than any cultish interest, placed women in positions to perfect and sell medical cures.⁶⁹ As this article has shown, women of upper and, especially, middle rank backgrounds were ready entrepreneurs who offered a range of goods and services in an expanding marketplace. The tradition of developing cures in response to the practical medical problems encountered in the domestic setting meant that women who peddled their wares developed a unique authority. This authority resulted from recognition in their communities and positive advertising; it was sometimes, but not always, underwritten by a licensing privilege. The links between household medicine, women of secrets, and commercial medicine is a narrative that remains to be fully explored in the French case.⁷⁰ This article has nonetheless highlighted one aspect of this link. Specifically, it has shown how women makers and vendors of remedies as well as those who sold beauty products, museum tours, and teaching manikins formed a broadly conceived tradition of "femmes à secrets" that was both enterprising and dynamic.

This account of women's roles in bringing domestic remedies to the fore of medical entrepreneurialism, as well as the analysis of the ways by which they and their advocates achieved this, goes a long way in displacing traditional narratives which position "charlatans" and "quacks" as the primary practitioners who colonized the margins of medical practice. Instead, "fringe" practitioners emerge as socially ambitious and forward-looking actors armed with expertise that they sought to hone, as well as products which they sought to commercialize, through innovative forms of self-fashioning in the form of advertisements and product testimonials in medical gazettes. Generating publicity through print also extended to women's pursuit of paper documents of another kind: the ensemble of formal patents and privileges that validated and legalized their innovations, while legitimating their commercial status. Both forms of printed publicity called on women to interact with medical authorities and their envoys—from physicians to police lieutenants as well as their consuming public and commercial competitors, all in ways that call into question the boundary separating "fringe" from "orthodox" medicine. Indeed, the process by which women brought their practice to print reveals the variety of practitioners who successfully crafted their medical authority in Enlightenment France.

BIOGRAPHICAL NOTICE

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Notes

¹ Jean-Emmanuel Gilibert, *L'Anarchie médicale, ou la médecine considérée comme nuisible à la société* (Neuchâtel: Société Typographique, 1772), Volume 1, 6. I would like to thank those who have read this paper for their invaluable and enriching suggestions.

² Jean-Emmanuel Gilibert, *L'Anarchie médicale, ou la médecine considérée comme nuisible à la société* (Neuchâtel: Société Typographique, 1772), Volume 1, 245.

³ On the “medical penumbra” in early modern France, see L.W.B. Brockliss and Colin Jones, “The Medical Penumbra,” (Chapter 4) *The Medical World of Early Modern France* (Oxford: Clarendon Press; New York: Oxford University Press, 1997), 230-283.

⁴ On the “remèdes secrets” in the French medical context, see Matthew Ramsay, “Traditional Medicine and Medical Enlightenment: The Regulation of Secret Remedies in the Ancien Régime,” *Historical Reflections/Réflexions Historiques: La médicalisation de la société française 1770-1830* 9: 1/2 (Spring & Summer 1982): 215-232. On the concept of “secret” in medico-scientific knowledge production, see Elaine Leong and A. Rankin, “Introduction,” and Pamela H. Smith, “What is a Secret? Secrets and Craft Knowledge in Early Modern Europe,” (Chapter 2) *Secrets and knowledge in medicine and science, 1500-1800*, eds. Elaine Leong and A. Rankin (Aldershot and Burlington: Ashgate Publishing, 2011), 1-22, 47-68.

⁵ Brockliss and Jones, “Medical Entrepreneurialism in the Enlightenment,” (Chapter 10) *Medical World of France*, 622-670. See also Colin Jones’ study of the commercialization of medicine in the French provincial *affiches* of the 1770s to 1780s, “The Great Chain of Buying: Medical Advertisement, the Bourgeois Public Sphere, and the Origins of the French Revolution,” *American Historical Review* 101:1 (1996): 13-40. On medical publicity in contemporary *Affiches* and *Gazettes*, see Gilles Feyel, “Médecins, empiriques et charlatans dans la presse provinciale à la fin du XVIII^e siècle,” *110^e Congrès national des sociétés savantes: Histoire moderne*, I:1 (Montpellier, 1985): 79-100. On broadsides as medical advertisements, see Anita Guerrini, “Advertising Monstrosity: Broadsides and Human Exhibition in early Eighteenth-Century London,” (Chapter 7) *Ballads and Broadsides in Britain, 1500-1800*, eds. Patricia Fumerton and Anita Guerrini (with the assistance of Kris McAbee) (Farnham: Ashgate, 2010), 109-127. On the vogue for portable medical dictionaries, see Roselyne Rey, “La vulgarisation médicale au XVIII^e siècle : le cas des dictionnaires portatifs de santé,” *Revue d'histoire des sciences* 44:3/4 (juillet-décembre 1991): 413-433.

⁶ On the relationship between professional and popular medical practitioners, see Matthew Ramsay, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge: Cambridge University Press, 1988).

⁷ On the domestic setting as a site of early modern scientific and medical inquiry, see Elaine Leong, “Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household,” *Centaurus* 55:2 (May 2013): 81-103; Alix Cooper, “Homes and Households” (Chapter 9) *The Cambridge History of Science: Early Modern Science*, eds. Katharine Park and Lorraine Daston (Cambridge: Cambridge University Press, 2006), Volume 3, 224-237; L. Hunter, “Women and domestic medicine: lady experimenters, 1570-1620,” *Women, Science and Medicine, 1500-1700: Mothers and Sisters*

of the Royal Society, eds. L. Hunter and S. Hutton (Thrupp, Gloucestershire: Sutton Publishing, 1997), 89-107.

⁸ For a study of women's medical knowledge in France, see Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester; New York: Manchester University Press, 2004). On women's craft knowledge in early modern German science, see Londa Schiebinger, "Women Traditions," (Chapter 4) *The Mind Has No Sex? Women in the Origins of Modern Science* (Cambridge, MS: Harvard University Press, 1989), 102-118. For a case study, see A. Rankin, "Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna Saxony (1532-1585)," *Isis* 98:1 (March 2007): 23-53.

⁹ On the history of "books of secrets," see Leong and Rankin, "Introduction," *Secrets and Knowledge in Medicine and Science*, 1-22 and William Eamon's pioneering *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton, NJ: Princeton University Press, 1996). On women as the audience of "books of secrets" in sixteenth-century England, see Allison Kavey, "Secrets Gendered: Femininity and Feminine Knowledge in Books of Secrets," (Chapter 4) *Books of Secrets: Natural Philosophy in England, 1550-1600* (Champaign, IL: University of Illinois Press, 2007), 95-125.

¹⁰ Louis de Jaucourt, "Anatomie," *Encyclopédie, ou dictionnaire raisonné des sciences, des arts et des métiers, etc.*, eds. Denis Diderot and Jean le Rond D'Alembert (University of Chicago: ARTFL Encyclopédie Project, Spring 2011 Edition), 14:862 (citation); 14:862-63 (entry).

¹¹ Katharine Park, *Secrets of Women: Gender, Generation and the Origins of Human Dissection* (Brooklyn, NYC: Zone Books, 2006), 82-83.

¹² On women's exclusion from early modern institutional science, see Schiebinger, "Institutional Landscapes," (Chapter 1) *The Mind Has No Sex*, 10-36.

¹³ Gilibert, "Avant-propos," *L'Anarchie médicale, ou la médecine considérée comme nuisible à la société* (Neuchâtel: Société Typographique, 1772), Volume 1, 3.

¹⁴ On "santé" as a widely employed term, see Brockliss and Jones, "Medical Entrepreneurialism in the Enlightenment," (Chapter 10) *Medical World of France*, 650.

¹⁵ For an overview of the historiography of the medical marketplace, see Mark S. R. Jenner and Patrick Wallis, eds., *Medicine and the Market in England and its Colonies, c.1450-c.1850* (Basingstoke: Palgrave Macmillan, 2007).

¹⁶ On regulation designed to preserve inventor's rights and public welfare, see Ramsay, "Regulation of Secret Remedies," *Historical Reflections*, 216-217.

¹⁷ As cited in Maurice Bouvet, "Les commissions de contrôle des spécialités pharmaceutiques au 18e siècle," *Bulletin de la Société d'histoire de la pharmacie (10e année)* 36 (1922): 119.

¹⁸ Maurice Bouvet, "Les commissions de contrôle des spécialités pharmaceutiques au 18e siècle," *Bulletin de la Société d'histoire de la pharmacie (10e année)* 36 (1922): 119-120.

¹⁹ As cited in Maurice Bouvet, “Les commissions de contrôle des spécialités pharmaceutiques au 18^e siècle,” *Bulletin de la Société d’histoire de la pharmacie* (10^e année) 36 (1922): 122.

²⁰ Ramsay “Regulation of Secret Remedies,” *Historical Reflections*, 217-218.

²¹ Louis-Alexandre de Cézan and Guillaume-René Le Fébure de Saint-Ildephont, *État de médecine, chirurgie, et pharmacie en Europe. Pour l’année 1776, présenté au Roi* (Paris: P.-F. Didot jeune, 1776), 225. Another *État de médecine* was published in Paris the following year with considerably different content; the *État de médecine* of 1776 will be the one referred to throughout.

²² See footnote 41.

²³ *Mercur de France* (Genève: Slatkine, 1971, reprint of December 1750), Volume 2, 213.

²⁴ Ramsay, “Regulation of Secret Remedies,” *Historical Reflections*, 216.

²⁵ This position was occupied by Louise Bourgeoise during the seventeenth century, see Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeoise* (Exeter: University of Exeter Press, 1996).

²⁶ *Mercur de France* (February 1755), 209(citation)-210.

²⁷ *État de médecine*, 208, and *Mercur de France* (September 1753), 214; (March 1754), 214-215.

²⁸ Du Coudray’s first royal brevet was issued 19 October 1759, with a second dated 18 August 1767 that gave her permission to hold public midwifery courses across the realm and guaranteed her 8,000 livres tournois per annum until her retirement, when her annual pension would be reduced to 3,000 livres tournois. Her brevet is discussed at some length in the 22-page anonymous pamphlet, *Lettre d’un Citoyen, Amateur du bien publique, pour servir de défense à la mission de la Dame du Coudray* (Paris: De l’Imprimerie de P.G. Simon, Imprimeur du Parlement, 1777). For her biography, see Nina Rattner Gelbart, *The King’s Midwife: A History and Mystery of Madame du Coudray*. Berkeley: University of California Press, 1998). On the context of natural reproduction and population crisis, see Carol Blum, *Strength in Numbers* (Baltimore, MD: Johns Hopkins Press, 2002); Leslie Tuttle, *Conceiving the Old Regime: Pronatalism and the Politics of Reproduction in Early Modern France* (Oxford: Oxford University Press, 2010).

²⁹ For an in-depth description of her manikin, see BANM, Carton 9A, Dossier 15, Pièce 6, “Instrumens ou Machines approuvés par l’Académie. Différentes Machines pour la réduction des luxations & des fractures,” (Section 19-VI, “~~Fantôme~~ pour démontrer les accouchements” provides an in-depth description of the machine”), 4 pages. Note: the term “Fantôme” was scratched from the title and replaced with “Mannequin ou machine.”

³⁰ *Avant-coureur, Feuille hebdomadaire* (no. 13, lundi 29 mars 1773), 197. Her manikin is also mentioned in *État de médecine*, 230.

³¹ Gelbart, *King’s Midwife*, 167-168.

³² *État de médecine*, 215-216.

³³ Dibon, *Lettre à M. Keyser, inventeur des dragées anti-vénériennes* (Paris: Delaguet, 1756), 8 pages. See also Keyser's reply, *Lettre de M. Keyser à Mxxx, Docteur en Médecine servant de réponse à un faux article inséré dans le Journal Economique* (Paris, 1757). For a summary of the debate, see René Guillaume Lefebure de Saint Ildephont, *Le médecin de soi-même, ou méthode simple et aisée pour guérir les maladies vénériennes*, Paris, Michel Lambert, 1775), Volume 1, 277-281.

³⁴ On these trials, see Susan P. Conner, "The Pox in Eighteenth-Century France," *The Secret Malady: Venereal Disease in Eighteenth-century Britain and France*, ed. Linda Evi Merians (Lexington: University Press of Kentucky, 1996), 15-33 (especially p. 25, footnote 36).

³⁵ *État de médecine*, 208. Their warrant was issued by the CRM on 15 July 1775, see Pierre Brodin de la Jutais, *Brevet qui permet aux demoiselles de la Jutais...de vendre...une poudre royale fébrifuge* (Paris: imprimerie L. Cellot, 1775).

³⁶ Pierre Brodin de la Jutais, *Qualités et usage de la poudre fébrifuge du sieur La Jutais* [14 mai 1734.] (Paris: imprimerie de P. Prault, 1737).

³⁷ Lambert, De Liert, Debonnaire (*Grand Conseil* commissioners), *A nosseigneurs les commissaires du conseil, Députez pour juger en dernier ressort les Contestations qui se sont ci-devant élevées entre les Sieurs Guerin & La Jutais, 20 mars 1744* (Paris: De l'imprimerie de la Veuve Merge, 1744), 14 pages.

³⁸ *État de médecine*, 216.

³⁹ BANM, Ms, SRM, Remèdes Secrets, Carton 100, Gevaugues-Husson et Polissard, Dossier 34, "Demoiselle Guy – Pâte de guimauve," 1779.

⁴⁰ *Avant-coureur* (no. 44, lundi 29 octobre 1764), 692-693.

⁴¹ On the history of the "remèdes secrets" licensing activities of the SRM, see Maurice Genty, "La Société Royale de Médecine et les remèdes secrets avant la Révolution," *Le progrès médical* 14 (1937): 17-21; Pierre Julien, "La 'Société Royale de Médecine' de Paris et les essais de remèdes contre les maladies et épidémies dans le dernier quart du XVIII^e siècle," *Acta Congressus Internationalis Historiae Pharmaciae Pragae MCMLXXI* (Stuttgart, 1972), 173-182; Caroline Hannaway, "Medicine, Public Welfare and the State in Eighteenth-Century France: the Société Royale de Médecine," (Ph.D. dissertation, Johns Hopkins University, 1974), 278-317.

⁴² For all the "remèdes secrets" papers, see BANM, Ms, SRM, Remèdes Secrets, Cartons 96-107. See Carton 107, Dossiers 2-5 for the lists of "Dénonciations de procédés empiriques et de charlatans classées par ordre chronologique et quelques prospectus datés 1732 à 1782."

⁴³ For these and other success figures, see Ramsay, "Regulation of Secret Remedies," *Historical Reflections*, 222-223.

⁴⁴ BANM, Ms, SRM, Remèdes Secrets, Carton 96B, Bellemotte-Cadum de la Hirlaye, Dossier 72, “Mme Blondel – Baume charitable contre les plaies, à base de simples,” 1790 and Dossier 84, “Françoise Boucaud – Dentifrice (poudre),” 1780 and Dossier 85, “Mme Boucquenaud,” 1784.

⁴⁵ BANM, Ms, SRM, Remèdes Secrets, Carton 113, Dossier 1, “Eau ophtalmique de la demoiselle Pelé de Rapigeon,” 5 May 1777 and Carton 107, Carton 107, Dossier 2, Pièce 4, “Prospectus.”

⁴⁶ See, for instance BANM, Ms, SRM, Remèdes Secrets, Carton 107, Dossier 2: “Lettre de Patté, inspecteur de police du 23 juillet 1779, d’envoi de l’état des noms des distributeurs de remèdes qui doivent se présenter à la” (Pièce 18) and “Lettre de Lenoir, lieutenant de police, 27 juillet 1779, à Vicq d’Azyr d’envoi de l’état des distributeurs de remèdes rejetés par la SRM,” (Pièce 19).

⁴⁷ BANM, Ms, SRM, Remèdes Secrets, Carton 96B, Bellemotte-Cadum de la Hirlaye, Dossier 91, “Mme Boyer – demeurant au faubourg Saint-Aubaine. – Recette d’une eau vulnérable pour coups et maux de tête,” 1779.

⁴⁸ *État de médecine*, 211, and see 208-211 for the complete list of remedies approved by the lieutenant of police.

⁴⁹ *État de médecine*, 211. On religious women’s roles in the broader domain of hospital medicine, see Broomhall, “Hospital Nursing by Women Religious: the Hôtel-Dieu in Paris,” (Chapter 3), *Women’s Medical Work*, 71-95 and Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France* (London; New York: Routledge, 1989).

⁵⁰ *État de médecine*, 213; *Mercure de France* (Décembre 1773), 199-200.

⁵¹ *État de médecine*, 216.

⁵² *Affiches de Paris* (lundi 5 février 1759), 87.

⁵³ *État de médecine*, 212-213 (Faculty-approved remedies), Desbois (219).

⁵⁴ *Mercure de France* (juillet 1752), 211.

⁵⁵ *État de médecine*, 221.

⁵⁶ *Mercure de France* (November 1752), 213.

⁵⁷ Jones, “Great Chain of Buying,” 13-40.

⁵⁸ *Mercure de France* (novembre 1770), 213-214. See also the widow Billot whose remedy for dry patches was rejected, BANM, Ms, SRM, Remèdes Secrets, Carton 96B, Bellemotte-Cadum de la Hirlaye, Dossier 69, “Veuve Billot – Remède pour les dartres,” 1784.

⁵⁹ *Mercure de France* (February 1771), 205-206.

⁶⁰ *Mercure de France* (June 1753), 209-210.

⁶¹ *État de médecine*, 216.

⁶² On the didactic use of medical museums and their apothecary shop lineage, see Ken Arnold's discussion of "Utility in Medical Museums," *Cabinets for the Curious: Looking Back at Early English Museums* (Aldershot, England: Ashgate, 2006), 171-174.

⁶³ Adeline Gargam, "Savoirs mondains, savoirs savants: les femmes et leurs cabinets," *Genre & Histoire (Online)* 5 (2009), URL: <http://genrehistoire.revues.org/index899.html>. On distinctions between drugs, such as proprietary (tailored), officinal (for diagnosis or as pharmacist's standard formulation), and magistral (prescribed by a physician for a patient), see Ramsay, "Regulation of Secret Remedies," *Historical Reflections*, 215.

⁶⁴ *État de médecine*, 220-221.

⁶⁵ BANM, Ms, SRM, Remède Secrets, Carton 96B, Bellemotte-Cadmur de la Hirlaye, Dossier 71, "Mlle Blin. Elle demeure rue du Pot de fer, n° 12. – Élixir pour le lait répandu, hydropisie de poitrine, fièvres putrides, etc.," undated, and Dossier 107, "Mlle Berton, demeurant rue Saint-Antoine à Paris. – Remède pour les laits répandus," 1780.

⁶⁶ On Mme Bianchi, see Luc-Vincent Thiéry, *Le voyageur à Paris: extrait du Guide des amateurs et des étrangers voyageurs à Paris*, Tome 1 (Paris: Hardouin & Gattey, 1788-1790), 221-223. The breastpump was discussed in several gazettes, including the *Journal de physique*, Tome 27, Partie II (September 1786), 198-203; "Lettre adressée aux auteurs du *Journal de Paris*, par M. Destremau, accoucheur de Madame comtesse d'Artois, *Journal politique, ou Gazette des gazettes* (Paris: Bouillon, janvier 1783), 91; "Nouvelle Machine propre à dégorgner le Sein des Nourrices, du lait surabondant," *Bibliothèque physico-économique, instructive et amusante, Année 1787, ou 6^e Année*, Tome 1 (Paris: Buisson, 1780), 331. On Bianchi's career in physics, see O. Hochadel, "A Shock to the Public: Itinerant Lecturers and Instrument Makers as Practitioners of Electricity in the German Enlightenment (1740-1800)," *Nuova Voltiana. Studies on Volta and His Time*, eds. F. Bevilacqua and L. Fregonese, Volume 5 (Pavia: Hoepli, 2003), 53-68.

⁶⁷ On her wax models and workshop, see *État de médecine*, 230. See also Mlle [Marie-Marguerite] Biheron, *Anatomie artificielle (Annonce de l'exposition publique de pièces d'anatomie artificielle, exécutés par la demoiselle Biberon)* (Paris: De L'Imp. De P. Al. Le Prieur, 1761) and S.F. Morand, *Catalogue des pièces d'anatomie, instrumens, machines, etc. qui composent l'Arsenal de Chirurgie formé à Paris pour la Chancellerie de Médecine de Petersbourg* (Paris: Imprimerie Royale, 1759).

⁶⁸ Giacomo Casanova, *Storia della mia vita, Volume secondo (1756-1763)* (Milano: Arnoldo Mondadori, 2001), 237-249 (Chapter X); 251-252 (Chapter XI).

⁶⁹ Barbara M. Benedict argues that the compendia of household cures or "secrets" compiled by women formed a tradition of subversive curiosity, which was also a sub-genre of the literary "cabinet," see *Curiosity: A Cultural History of Early Modern Inquiry* (Chicago: University of Chicago Press, 2002), 134-135.

⁷⁰ Readers may look forward to the entry on “femmes à secrets” by Adeline Gargam in *Dictionnaire des femmes des Lumières, Femmes à secrets*, eds. H. Krief & V. André (Paris: H. Champion, *tbc*).

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