Expanding Women's Rural Medical Work in Early Modern Brittany: The Daughters of the Holy Spirit

TIM MCHUGH

Oxford Brookes University, History, Tonge Building, Gipsy Lane, Oxford OX3 0BP, UK.
Email: tmchugh@brookes.ac.uk.

ABSTRACT During the eighteenth century, orders of nursing sisters took on an expanded role in the rural areas of Brittany. This article explores the impact of religious change on the medical activities of these women. While limits were placed on the medical practice of unlicensed individuals, areas of new opportunity for nuns as charitable practitioners were created by devout nobles throughout the eighteenth century. These nuns provided comprehensive care for the sick poor on their patrons' estates, acting not only as nurses, but also in lieu of physicians, surgeons, and apothecaries. This article argues that the medical knowledge and expertise of these sisters from the nursing orders were highly valued by the elites of early modern Brittany. **KEYWORDS:** women, medical practice, nuns, Brittany, rural, eighteenth century.

IN 1773, the French crown issued an ordinance for the province of Brittany clarifying under what conditions it would pay for medical help to assist in rural parishes struck by epidemics.¹ Where charitable assistance was absent or where it lacked the required medical skills to confront contagious sicknesses effectively,

1. Anon., "Instruction pour les maladies epidemiques," 1773, C2538, Archives Départementales d'Ille-et-Vilaine, Rennes [hereafter ADIV]. The province was subject to regular outbreaks of dysentery from 1729 throughout the eighteenth and early decades of the nineteenth century.

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parishes would be allowed to seek out the services of learned practitioners and to request reimbursement from the central government. The following May, the chief royal official in the province, the Intendant of Brittany, queried one of his local agents about the reasons a physician and a surgeon had been hired at the crown's expense to tend to the sick during an outbreak of dysentery in the countryside near Nantes.² The Intendant asked why the medical men had been contracted to treat the parishioners of Batz-sur-Mer when a rural community of three nuns from the Daughters of the Holy Spirit was located in a neighboring parish and which would provide similar services charitably. The agent responded that he had first requested the assistance of the nuns, asking them to treat freely the sick of Batz-sur-Mer, but they had been unable to comply with his appeal. The Sister Apothecary explained to him that they would normally have made every effort to provide charitably medicines that she herself had prepared, but the great difficulty posed by the geography of the region (the populations of the two parishes were separated by a great distance) had made it impossible for them to tend both to their own sick and to those of the other parish. The nuns pointed to their contract of service, stating that they had a duty first and foremost to the sick tenants of their benefactor. They further stressed that, even if they had been able to act, the terms of their service stated that they could not do so freely and they were to be paid for their assistance and for medicines furnished to those who did not reside on their patrons' lands.³ The Intendant, satisfied that the services of the physician and surgeon had been necessary due to the nuns' unavailability, agreed to pay the costs incurred in the treatment of the sick of Batz-sur-Mer. This small example of the central government's attempts to combat epidemics in the province highlights how highly valued women's medical service continued to be throughout the eighteenth century in a rural setting. It

2. The position of the Intendant in Old Regime France was that of a royally appointed official with authority over the administration and finances of his province. While the province's Governor held a higher rank, the Intendant, by the eighteenth century, was more firmly in charge of the administration of the province. He was assisted in this role by a number of local agents known as *subdelegués* who were usually recruited from their areas of responsibility.

3. Intendant's correspondence, May 1774, C2539, ADIV. Nuns from the nursing orders were central to the government's attempts to curb these epidemic outbreaks of dysentery from 1729.

shows that, in the case of the nuns from the nursing orders, women could fashion a space for themselves to pursue active medical roles approved of by French crown, noble patrons, and rural society.

The charitable care of the sick and poor in rural Brittany by the Daughters of the Holy Spirit, an Order created in 1706, was praised by all levels of society in the last decades of the eighteenth century. Both the nursing order of the Daughters of the Holy Spirit and their medical activities delivered in a rural context were new developments in the province during this period. The efforts of charitable practitioners to improve what they perceived as dire medical conditions in early modern France have been a matter of discussion among historians of medicine in the past. Jean-Pierre Goubert, in his works on the changes brought about in medical practice in Brittany in the final decades of the ancien régime, largely dismissed the services of religious personnel such as nuns and parish priests, viewing them as unskilled assistants who could follow the instructions of medical men, but who had no valuable medical knowledge or authority of their own.⁴ Matthew Ramsey, in his magisterial study of medical practitioners of the end of the ancien régime looked through the lenses of the history of professions and the history of popular culture and was positive but largely silent on the roles which could be played in medical assistance by the nursing orders in a rural context.⁵

The relationship between religious and intellectual change and the position of women in the medical world of early modern Europe was often seen as limiting the freedom of female activity. As late as the 1990s, Merry Wiesner-Hanks argued that the Reformation and the Enlightenment had dire effects on the participation of women in the offering of medical services. For her, the worsening of the position of women from the early sixteenth through the eighteenth century left female practitioners restricted

4. Jean-Pierre Goubert, *Malades et médecins en Bretagne 1770–1790* (Rennes: Institute Américain de Recherches Historiques, 1974); and Jean-Pierre Goubert, “Culture paysanne et culture médicale en France (1770–1820),” *Ann. Bretagne pays l’ouest*, 1993, 100, 587–91.

5. Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830* (Cambridge: Cambridge University Press, 1988), 35–36. Ramsey briefly examines the roles played by nuns as distributors of remedies but did not investigate the relationship between them and their benefactors.

to assisting women and children in an unpaid and unrecognized capacity.⁶ Olwen Hufton conceived of the work of nuns in early modern hospitals as being of lesser importance due to its concentration on nursing.⁷ Writing with Frank Tallett she argued that nuns were relegated to a role administering the daily care of patients, feeding, and cleaning them. For Hufton, the nuns leaned more toward prayer and the call to provide the sick with a good death, having “little faith in the power of medicine alone to cure, and in their thinking it ranked behind nourishment, rest, prayer and cleanliness.”⁸ As for the work of nuns from smaller orders which operated in the countryside, Hufton praised their role as providers of welfare to the poor in the villages, but did not examine their relationship with their benefactors or the medical roles they were asked to undertake.⁹ More recently, historians have succeeded in contextualizing female medical practice and have uncovered areas in which women were able to both operate on their own and to establish an authority which was valued by their societies. A recent issue of the *Bulletin of the History of Medicine* was devoted to a series of articles which sought to revise our understanding of the gendered nature of medicine during and after the Reformation.¹⁰ The issue’s call to examine early modern women’s medical work beyond midwives was reflected in the examination of such roles in France during the sixteenth and early seventeenth centuries by Susan Broomhall, who focused on the period prior to the spread of communities of nuns from the nursing orders to the countryside. She concluded that women often continued to be successful in negotiating authority

6. Merry E. Wiesner-Hanks, *Women and Gender in Early Modern Europe* (Cambridge: Cambridge University Press, 1993), 84, 94–95.

7. O. Hufton and F. Tallett, “Communities of Women, the Religious Life and Public Service in Eighteenth-Century France,” in *Connecting Spheres. Women in the Western World, 1500 to the Present*, ed. M. J. Boxer and J. Quataert (Oxford: Oxford University Press, 1987), 78–82.

8. *Ibid.*

9. Olwen Hufton, *The Prospect before Her. A History of Women in Western Europe, 1500–1800* (London: Harper Collins, 1995), 382–84. Hufton briefly assesses the roles played by nuns in the early modern period as welfare providers as part of her much wider account of women’s history during the early modern period.

10. The special issue is *Bull. Hist. Med.*, 2008, 81; see especially Mary Fissell’s introduction, “Women, Health and Healing in Early Modern Europe,” 1–17, which called for historians of medicine to recognize the vast spectrum of medical work which was present in the early modern world (and indeed today).

and remained crucial to the medical experience of most levels of French society.¹¹ The very significant role played by women in shaping medical experiences is now widely accepted, although our understanding of the rural context in which many females operated, and in which the greater part of the population lived, remains largely unexplored.

In recent years, the study of female religious communities after the Council of Trent has also made significant revisions to the understanding of the roles they played in French society. Elizabeth Rapley's important work on the teaching orders which held on to their active roles in the localities has spurred others to reexamine the history of the nursing orders.¹² Susan Dinan has examined the Louise de Marillac and Vincent de Paul creation, the Daughters of Charity, during the seventeenth century, charting its expansion both within France and internationally.¹³ Dinan's work follows the earlier lead of Colin Jones who, seeking to restore the activities of nuns from the nursing orders to the historical record, argued convincingly that the spread of the order to urban hospitals in the seventeenth century was one of the primary factors in the delivery of learned medicine.¹⁴ A recent work on the nursing orders by Marie-Claude Dinet-Lecomte also examines the roles of the nuns in urban hospitals, but argues further that their skills and knowledge, particularly in the field of pharmacy, were highly valued throughout the eighteenth century.¹⁵

11. Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004). Despite the title, Broomhall does not push her study beyond the early decades of the seventeenth century. Her coverage of the medical work carried out by the female religious concentrates solely on the nursing roles played by nuns at municipal hospitals during the sixteenth century where their roles, independence, and authority became restricted by male governors as the presence of physicians and surgeons became more common (see esp. 71–90).

12. Elizabeth Rapley, *The Dévotes: Women and the Church in Seventeenth-Century France*, (Montréal-Kingston: McGill-Queen's University Press, 1990).

13. Susan E. Dinan, *Women and Poor Relief in Seventeenth-Century France. The Early History of the Daughters of Charity* (Aldershot: Ashgate, 2006).

14. Colin Jones, *The Charitable Imperative. Hospitals and Nursing in Ancien Régime and Revolutionary France* (London and New York: Routledge, 1989), 89–205. Jones shows that the Daughters of Charity in small hospitals which did not have the permanent presence of learned medical men negotiated a greater independence of practice than those in larger hospitals where physicians or surgeons made daily rounds of the wards (195–96). See also, Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Oxford University Press, 1997), 686–88.

One area of the history of the nursing orders which has been lacking is the relationship between the nuns and their benefactors. Historians who have examined the association which developed between theories of nobility and charity during the period of the Catholic Reformation have emphasized the belief among devout noble families regarding their charitable obligations to those of lesser social rank.¹⁶ Devout nobles inhabited a culture where the religious duty of giving to the poor was not at odds with more worldly social and economic motivations.¹⁷ Their religious duty was commonly the first and foremost concern, and from the middle decades of the seventeenth century onwards, the emphasis shifted toward helping the sick both spiritually and materially. Although the charitable strategies of the urban elites has been charted as they relate to the increased medical presence in large institutions during the early modern period, a similar study of the expectations of patrons of smaller rural communities of nuns is lacking.¹⁸

This article examines the history of a newly created nursing order in rural Brittany during the eighteenth century in order to outline the relationships between Catholic Reform values, the religious and social obligations of the nobility, and the creation of a space for women to practice medicine. More than any other region of France, Brittany lacked medical practitioners and those who did make livings in the province were concentrated in the towns and cities.¹⁹ By the early eighteenth century, the culture of the Catholic

15. Marie-Claude Dinét-Lecomte, *Les Soeurs hospitalières en France aux XVIIe et XVIIIe siècles, la charité en action* (Paris: H. Champion, 2005), 314–41. Dinét-Lecomte suggests that in small towns and villages, the nuns could function as physicians or surgeons to their communities, but she does not offer an explanation of how this service came about, nor does she examine how this active charitable health care was perceived by the lay patrons of these orders who provided the revenues needed for the nuns to complete their mission. The works of both Dinét-Lecomte and Dinan were influenced by the work of Barbara Diefendorf whose *Penitence to Charity: Pious Women and the Catholic Reformation in Paris* (Oxford: Oxford University Press, 2004) examined the evolution of female spiritual expression after the Council of Trent.

16. Patrice Berger, "Rural Charity in Late Seventeenth-Century France: The Pontchartrain Case," *French Hist. Stud.*, 1979, 10, 393–415; Tim McHugh, *Hospital Politics in Seventeenth-Century France* (Aldershot: Ashgate, 2007), esp. Chapter 1; Emmanuel Chill, "Religion and Mendicity in Seventeenth-Century France," *Int. Rev. Soc. Hist.*, 1962, 7, 400–25.

17. McHugh, *Hospital Politics*, Chapter 1.

18. The creation of places for nuns in urban hospitals is covered in Daniel Hickey, *Local Hospitals in Ancien Régime France: Rationalization, Resistance, Renewal, 1530–1789* (Montreal-Kingston: McGill-Queen's University Press, 1997), 164–74.

Reformation had become internalized by an important section of the Breton nobility who sought to create positions for dedicated charitable agents on their estates. As the focus of charitable assistance came to be directed toward the sick poor, the rural elites opened up opportunities for women religious to lead an active life practicing medicine in the countryside. The active medical life created for women was regulated by those who provided them with an income and an authorized position on their lands. The result of the colonization of noble estates by the Daughters of the Holy Spirit was negotiated space for women's medical activity in which they could act on their own authority and independently in villages. Their medical practice needed to be charitable, but that charity did not lessen its value in the eyes of society. They were monitored by their benefactors of both sexes, but the limits placed on them were not so restrictive as to prevent them from leading an active life as respected practitioners.

THE FOUNDATION OF THE DAUGHTERS OF THE HOLY SPIRIT

The charity inspired by the early activists of the Counter Reform in France had emphasized symbolic and ceremonial relationships between the rich and the poor. While sickness played a part in the definition of the poor, attempts to provide assistance aimed at the sick poor themselves were restricted to donations to urban hospitals prior to the 1670s.²⁰ The rural revolts in Western Brittany in 1675 and the hostility turned against landlords who did not live up to their obligations alarmed many among the ranks of the province's seigneurs.²¹ Capitalizing on the desire to prevent a similar occurrence in the future, missionaries and devout activists campaigned in the province during the period between the 1675 revolts and the duc de Chaulnes' edict calling for the rich to establish rural Bureaux de Charité in 1682 and had focused the direction of charitable poor relief resources in the countryside in a comprehensive way. This campaign, coordinated between groups of the faithful in

19. Goubert, *Malades et médecins*, 476–79.

20. Alain Croix, *Cultures et religion en Bretagne aux XVIe et XVIIe siècles* (Rennes: Presses Universitaires de Rennes, 1995), 190.

21. Yvon Garlan and Claude Nières, *Les révolts bretonnes. Rébellions urbaines et rurales au XVIIe siècle* (Toulouse: Privat, 2004), 75–76, 94–100.

Paris and in Brittany, had highlighted the needs of the sick in a rural context for the first time.²² The project put forward by these devout individuals called for the rationalization of existing charitable funds, the creation of regular poor relief networks, and the transfer of both administrative duties and medical information to parish priests. Where reforms were carried through, they went some way to ensure that, in many Breton parishes, the material needs of the rural poor were met, providing regular assistance, rather than on infrequent symbolic occasions.²³ However, the ability of amateur agents acting voluntarily to meet the needs of rural poor was still viewed as being woefully inadequate by many of the devout by the early eighteenth century. A problem raised by the presence of ill health was the nature of the peasantry's response to sickness. Catholic reformers were suspicious of folkloric and peasant medical practitioners. They used charity as a method to draw boundaries between licit and illicit forms of medicine. At the beginning of the eighteenth century, a second generation of devout missionaries whose origins lay within the province sought ways to solve the problem of poverty caused by sickness with charitable action.²⁴ Missionaries had fertile ground on which to sow their seed by the early decades of the eighteenth century and the expressions of faith unleashed first in the seventeenth century continued through much of the next. As Olivier Chaline has shown, the regionally important families of the Breton nobility had been sending their sons to the Jesuit colleges in the province and had been placing sons and daughters into the church hierarchy for the better part of a century.²⁵ The solution on many Breton estates

22. The campaigns of the missionaries Honoré Chaurand organized by Gabriel Calloët-Querbrat from Paris are covered in Hickey, *Local Hospitals*, 57–60. Hickey concentrates on the efforts to establish hôpitaux-généraux in towns. Colin Jones argues that the reform of poor relief in the second half of the seventeenth century was an initiative of Louis XIV's government after 1662 which began to have an impact in the provinces after the 1670s when the state's bureaucracy became skilled enough to coerce compliance among intransigent localities. Brockliss and Jones, *Medical World*, 679.

23. Correspondence between Balthasar Gratien, bishop of Tréguier and Gabriel Calloët-Querbrat, 1670s, G128, Archives Départementales des Côtes d'Armor, Saint Briec (hereafter ADCA).

24. Bruno Restif, *La Révolution des paroisses. Culture paroissiale et Réforme catholique en Haute-Bretagne aux XVIe et XVIIe siècles* (Rennes: Presses Universitaires de Rennes, 2006), 171–76.

25. Olivier Chaline, "Familles parlementaires, familles dévotes, Rennes au XVIII^e siècle," *Ans de Bretagne*, 2007, 114, 89–130. Chaline identifies families such as the

after the death of Louis XIV would look back to examples first put forward during the height of the devout campaigns to Christianize the kingdom during the early and middle decades of the seventeenth century.

What would become by the last decades of the ancien régime, for some of the most important Breton noble families, the preferred method to create more dedicated charitable medical practitioners began in 1706 with the creation of the Daughters of the Holy Spirit in Plérin. The establishment of this new nursing order was the result of a collaborative effort between two devout women from well-off peasant backgrounds, Marie Balavenne and Renée Burel, and a Breton missionary, Jean Leuduger.²⁶ Leuduger was instrumental in transforming the charitable school established by the women into a nursing order which would dedicate its mission to the alleviation of poverty in the Breton countryside. A native of Plérin educated at the Jesuit Colleges of Saint Briec and Rennes in the 1660s, he was a priest in the parish of Plouguenast who assisted in the creation of the parish Bureau de Charité, coming into contact with the Jesuit missionaries Chaurand and Dunod. He spent much of the 1680s participating at the behest of the Jesuit mission based in Vannes, preaching in rural parishes to improve the understanding of proper Catholic doctrine and practice among the peasantry. To promote his missionary activity, Leuduger wrote a theological work setting forth his ideas on the utility of charity for converting the peasantry.²⁷ Leuduger's return to Plérin in 1691 brought him into contact with Balavenne and Burel and he wrote the rules by which the two would live as nuns out in the community in 1706.

Cornulier as being firmly established in a devout culture throughout the eighteenth century.

26. The founding of the Daughters of Charity is covered in C. Lemerrier, *Notice sur la congrégation des Filles du Saint-Esprit* (Saint Briec: L et R Prud'homme, 1888); and A. Du Bois de la Villerabel, *Dom Jean Leuduger, fondateur de la Congrégation des Filles du Saint-Esprit* (Saint Briec: René Prud'homme, 1924). The account given in this article of the establishment of the order is taken from these two accounts.

27. Jean Leuduger, *Le Bouquet de la mission* (Rennes: J. Vatar, 1710). Leuduger emphasized the use of charity as a means to gaining God's grace for not only the wealthy, but for everyone according to their means.

The initial house at Plérin was located in a rural parish close to the town of Saint Brieuc. Following the direction of Leuduger, the nuns chose to adopt the seventeenth-century rules of the Daughters of Charity.²⁸ The Order, created in the early seventeenth century, had previously some success in establishing nuns at various town hospitals in the province; however, it had been less successful in securing the endowment of rural houses.²⁹ Of the ten houses staffed by the order in the province by the end of the seventeenth century, only one was a rural establishment.³⁰ The others were either situated within the walls of a hospital or serviced a strictly urban parish.³¹ There was no attempt on the part of the Paris-based administration of the Daughters of Charity to capitalize on this success and to further spread their numbers throughout the province. The Daughters of the Holy Spirit were successful in expanding into rural parishes primarily after 1730 because they had the backing of the ecclesiastical hierarchy of the province which placed renewed emphasis on the plight of the sick poor as a result of the recurrent outbreaks of dysentery in the province after 1729.³² The first house established outside of the diocese of Saint Brieuc was in 1733, and by 1778, there were twenty across the province.³³

NOBLE PATRONS AND THE DAUGHTERS OF THE HOLY SPIRIT

The expansion of the numbers of rural houses of Daughters of the Holy Spirit relied on the concern of devout noble families to provide medical help for the rural communities who were perceived as being isolated from licit forms of assistance. The order used a

28. Anon., "Les reglements des filles de la Charité des servants des pauvres" (1672). Carton 1512, Manuscrits Français, Nouvelle Acquisitions, Archives Nationales de France, Paris [hereafter AN].

29. Dinan, 132–35. The filles de la Charité established houses in urban parishes and in hospitals but no rural houses besides those endowed in Piré-sur-Seiche in 1684 and that of Marie de Fouquet on Belle-Isle-en-Mer in 1660 which was converted into a hospital by 1719, "History of the Hospital at Belle-Isle-en-Mer," 1745, 8Hs4, Archives Départementales de Morbihan, Vannes [hereafter ADM].

30. Dinan, *Women and Poor Relief*, 132, 147–57.

31. Ibid.

32. Intendant's reports on epidemics 1729–42, C1330, ADIV.

33. Contracts of Service, 18th Century, G128, ADCA. The contracts of eight of an eventual twenty rural houses established in the province before the Revolution survive in the archives of the bishop of Saint Brieuc.

decentralized model in order to expand. The impetus behind the creation of new rural houses in Brittany relied on the motivation of wealthy (almost exclusively noble) benefactors.³⁴ The early expansion was a result of ties forged between the ecclesiastical hierarchy in the diocese of Saint Brieuc and important regional families. The bishop of Saint Brieuc, who became the order's patron from 1706 onwards, and the cathedral canons took charge of promoting the services of the nuns among the seigneurs of the diocese.³⁵ Through their correspondence with other bishops in the province, they secured other sources of patronage in the early decades.³⁶ By the 1730s, the reputation of the order had created demand among seigneurs in the province outside of the diocese. One of the first families from another region of the province to take up the challenge of establishing a house on its lands was the Cornulier. This family had been important in the urban governance of Nantes in the sixteenth century before using its service to the interests of the Pontchartrain over the course of the later seventeenth century to build up its influence within Breton institutions by purchasing influential offices in the Parlement of Rennes.³⁷ In 1733, Charles René de Cornulier, marquis de Chateau Froment, gave a house in the parish of Saint-Herblon to the Order along with rentes worth 450 livres per year to support three nuns.³⁸ The Sisters of the Holy Spirit were such a success in the eyes of the family that the widow of Charles René, Anne Marie Tronchays, negotiated with the motherhouse in 1752 for the establishment of a similar house on her own estate of Trévé near Loudéac.³⁹ This gift followed terms similar to others in the province. Tronchays left the nuns rentes based on the revenues

34. Ibid., 29 January 1747 contract of endowment between the Order of Notre-Dame de Plérin and the Ladies of Charity of the Minihy du Léon. This foundation was an exception in that more than a single family was listed as the founder. Of the seven women who were named as patron, five were the wives or widows of seigneurs in the region, the other two were the wives of important officials in the town of Roscoff, but who also owned land as "sieurs" in the region.

35. Correspondence of the bishop of Saint Brieuc, 18th Century, G128, ADCA.

36. Contracts of Service of the Sisters of the Holy Spirit, 18th Century, G128, ADCA.

37. S. Chapman, *Private Ambition and Political Alliances: The Phélypeaux de Pontchartrain* (Rochester, New York: University of Rochester Press, 2004), 43–44. The Parlement of Rennes was the sovereign law court with authority over the province. The judges of the court purchased their positions and came from the ranks of the province's nobility.

38. Contract of Service at Saint Herblon, 1733, G128, ADCA.

39. Contract of Service at Trévé, 1752, G128, ADCA.

of fiefs she owned in order to pay for their sustenance and a separate revenue to pay for the purchase of food, medicines, and ingredients for the preparation of remedies destined for the care of the sick of her estate.⁴⁰

The emphasis of the order on securing the financial stability of those nuns who were sent out from the motherhouse to serve on rural estates was a result of the collapse of charitable incomes among a number of urban institutions following the wake of the failing of the John Law system during the 1720s.⁴¹ The income of large urban hospitals in cities such as Rennes, Nantes, and Paris had suffered when the percentage of repayment of rentes on central government revenue streams were changed by the Regency government. The Order seems to have refused to allow any rentes to be used to support the satellite houses except for those based on the incomes of individual fiefs owned by those who acted as patrons.⁴² The Order of the Holy Spirit was concerned to ensure that the income of the nuns sent out from the motherhouse at Plérin to rural estates was secure for the future even if the heirs sold off parts of the family's patrimony. Under the terms of Louise de Marzan's gift, should the donor's descendants decide to sell the properties in question at a future date, obligations on the family's primary holdings at Marzan would replace the revenue and ensure the survival of the endowment.⁴³

The growth in the number of nuns servicing estates in the countryside after 1730 reflected the continued tendency among the nobility for mixing religious impulses behind charitable activity and social and economic ones. In the proclamation announcing Louise de Marzan's 1743 establishment, she stated that her gift came from her responsibility as the seigneur of the estate to care for her poor, from her duty as a good Catholic to console the unfortunate and from her recognition that the peasants in the countryside had few options to escape destitution without charitable assistance.⁴⁴ Paying for the nuns to serve the poor helped to fulfill a religious obligation

40. Ibid.

41. Brockliss and Jones, *Medical World*, 722.

42. *Contracts of Service, 18th Century*, G128, ADCA. All of the nuns' income relied on the transfer of the leases of agricultural land owned by the seigneurs.

43. Ibid.

44. *Contract of Service at Marzan, 1743*, G128, ADCA.

and, for many benefactors, answered a need to combat the economic results of sickness among the population. Each estate which had a rural house was gifted, in effect, with a small number of charitable medical practitioners dedicated to alleviating the effects of sickness for both the sick individual and the landlord by restoring health to those who paid their rent.⁴⁵ The creation of places for three sisters from the Plérin motherhouse on the estate of the marquis de Rosambo in 1762 followed on from the serious outbreak and subsequent regional spread of typhoid fever coupled with dysentery in Brest in 1758–59.⁴⁶ This provisioning of medical assistance was an eighteenth-century reflection of the efforts of urban elites to medicalize hospitals during the seventeenth century.

The creation of houses also served to bond communities of rural tenants to their seigneurs more fully. The houses were expensive to establish and offered services which, while not being out of the financial reach of all peasants, created a limited safety net, subsidizing the cost of living for a large part of the rural population. While we must not overstate the social and economic reasons for the establishment of houses relative to religious motivations, it should be remembered that those created by individuals rather than groups of the faithful, as was the case in the majority of Breton houses, made the rural houses of nuns more subject to being used to further the dynastic aims of the family of the benefactor. Charity came in these cases from both the sense of religious obligation on the part of the donor, but also from the dynasty's ability to benefit socially by providing services which others could not. Endowments were expensive. The founders of these small institutions were quick to publicize their endeavors to the people most likely to benefit. The establishment of the nuns in Saint-Herblon was announced by the parish priest from the altar during the mass on 13 September 1733 in the presence of the donor's family.⁴⁷

The expense of the initial endowment made the Sisters reliant on the rural elites for the expansion of the order. The costs and the weighty financial terms insisted on by the Order put the

45. Contract of Service at Saint Herblon, 1733, G128, ADCA.

46. Contract of Service at Rosambo, 1762, G128, ADCA.

47. Entry in the parish register for 13 September 1733, E1788, Archives Départementales de Loire Atlantique, Nantes [hereafter ADLA].

endowment of these houses out of the reach of all but the wealthiest families. The earliest houses established in the province were created by regionally important families such as the Cornulier in 1733, but by the later decades of the eighteenth century, the reputation of the nuns had inspired nationally significant families, which had property in the province, to finance nuns of their own.⁴⁸ In 1762, during the period of crisis following the outbreak of typhoid fever in Brest, Louis le Peletier, the marquis de Rosambo and a *président à mortier*⁴⁹ in the Parlement of Paris, endowed three nuns to serve the poor of his estate in the parish of Lanvellec near Lannion.⁵⁰ Here, as elsewhere, the benefactor set aside enough of his property which would bring in 450 livres per annum and a further 100 livres for medicines. In 1778, the duc de Rohan endowed places for the order on his estate at Blain near Nantes.⁵¹ This endowment followed on from other charitable gifts to the parish which had begun with the creation of a small hospital by Marguerite de Rohan in 1672.⁵²

The establishment of the nuns from the Sisters of the Holy Spirit highlights the active role played by noble patrons in the foundation and administration of the rural houses. The Rohan-Chabot had begun a program of charitable poor relief for their tenants in 1672

48. All of the Contracts of Service in G128, ADCA, were made between the seigneurs of the lands on which the nuns would be established and the motherhouse with the exception of a single urban house established at Quimper in 1749.

49. The office of *président à mortier* was the highest rank of judge in the Parlement.

50. Contract of Service at Rosambo, 1762, G128, ADCA.

51. Contract of Service at Blain, 1778, G128, ADCA. Establishment of the Sisters of the Ecole Charitable de Plérin at Blain, 1778, H dépôt 10 A1, ADLA. The change in nursing order seems to have been part of a program of shifting charitable care on the Rohan estates in Brittany to those which could provide more than just assistance within institutions. In 1786, the family replaced the Daughters of Providence at the hospital of Josselin, over the administration of which it retained control, with a nursing order similar to that of the Daughters of the Holy Spirit, the Daughters of Wisdom. The Daughters of Wisdom would expand into service in many towns in Western France and at several hospitals in Brittany (for example at Dol where nuns from this order replaced the Sisters of Saint Thomas de Villeveuve after the 1730s—see Intendant's inquest into provincial hospitals, 1723 C1290, ADIV and Letters to the Intendant from the Daughters of Wisdom at Dol, 1778, C2539, ADIV). They were also allowed to care for the sick poor both those who presented themselves to the hospitals in which they served and to those in their own homes in the locality. Contracts of Service 1724 and 1732, 12Hs1, ADM. A complete history of the Daughters of Wisdom service to the poor in Western France during the early modern period is lacking.

52. Legacy of Marguerite de Rohan, 1672, H dépôt 10 A1, ADLA and Gifts of the duc de Rohan, 1716–72, H dépôt 10 B1, ADLA.

with the transformation of a house in the parish into a hospital. The heirs of Marguerite de Rohan retained the right to sit on the board of the hospital and to appoint the staff to serve the poor.⁵³ This original hospital was a very small establishment with four beds for the sick poor and staffed by a married couple who gave food and tended to the sick. The parish was fortunate that several generations of the Rohan-Chabot paid personal attention to its needs. Despite lacking letters patent, the hospital was enlarged in 1685 when the family secured the properties of the Consistory of Blain following the Revocation of the Edict of Nantes.⁵⁴ A second house was given to the hospital in 1725 by Louis I de Rohan-Chabot.⁵⁵ To honor his father's memory, Louis II de Rohan-Chabot entered into a contract of service with the Sisters of Saint Thomas Villeneuve in 1727, creating places for two nuns from the order within the hospital to be supported by a capital investment of four thousand livres.⁵⁶ The decision to close the hospital and to replace the nuns of the Sisters of Saint Thomas Villeneuve with the ones from the Sisters of the Holy Spirit seems to have come from the duc de Rohan himself.⁵⁷ In the case of Blain, the nuns from the mother house at Plérin could fulfill the revised charitable program of the seigneur more fully than their predecessors.

The Daughters of the Holy Spirit relied on their patrons not only for their establishment but also for their continued service to the community. The nuns sent by the motherhouse had a level of autonomy set forth in their terms of service, but this freedom to act in the community extended as far as their charitable activities and was monitored by their benefactors or by those deputed by them.⁵⁸ In Blain, both their activities and their expenses were inspected

53. Constitution of the hospital at Blain, 18th Century. H dépôt 10 E2, ADLA.

54. Transfer of goods of the R.P.R. 1685, H dépôt 10 A1, ADLA.

55. Gift of Louis I de Rohan-Chabot, 1725, H dépôt 10 B1, ADLA.

56. Contract of Service of the Sisters of Saint-Thomas de Villeneuve, 1727, H dépôt 10 A1, ADLA.

57. Contract of Service of the Sisters of the Holy Spirit, 1778, H dépôt 10 A1, ADLA. This change seems to have come purely from the desire to shift the care of the sick poor away from the hospital to their own homes. The change of staff was not part of a dynastic change as Louis Marie de Rohan-Chabot had held the title of duc since 1738. Nor was the costs of service a factor as the Sisters of the Holy Spirit required an annual payment of 450 livres for their maintenance and a further payment of 150 livres for medicines compared with the total revenue of 200 livres per annum held by the Sisters of Saint Thomas de Villeneuve.

annually by a board which included the duc de Rohan.⁵⁹ The ability to monitor the activities of the nuns was important to the founders and their heirs. The seventeenth-century call for the wealthy to play an active role in their charitable obligations resonated throughout the eighteenth century. The families who endowed houses of the Sisters of the Holy Spirit did so both as a continuing service to their tenants and a gift to the Order itself. On the nuns' part, the annual inquest into their activities allowed them to demonstrate to their benefactors their abilities in carrying out their duties, creating opportunities for the Order to spread its reputation and to continue its growth.⁶⁰

THE CONDITIONS OF SERVICE

The key to the success of the Sisters of the Holy Spirit in both the conduct of their mission and the related fulfillment of their patron's charitable program was the Order's maintenance of the right to function outside the walls of an institution. The cloistering of many similar orders during the seventeenth century has been a topic much investigated by historians of the church and of gender.⁶¹ The popularity of the nuns' capacity to serve the interests of the poor in their own communities and homes was a continuance of a rural form of charitable assistance which was at odds with the urban trend toward institutional care and confinement.⁶² The importance of this ability to bring their aid to the peasantry in their own homes was made manifest in the terms of their contracts of service. In every surviving contract, the benefactors established the principle that the nuns would surrender their positions in the parish should the Order be cloistered. The terms of the 1743 Marzan foundation required the nuns to abandon the house they were granted and to return control over the revenues set aside for their maintenance

58. All of the contracts of service in G128 ADCA set forth the obligation of the nuns to present their budgets to the oversight of the local seigneur, the parish priest, and the bishop of the diocese.

59. Accounts of the hospital/bureau de charité, 18th Century, H dépôt 10 E6, ADLA. The duc seems to have been present at the board's annual meetings regularly from 1778. A similar situation existed at Saint Herblon, Accounts of the nuns at Saint Herblon, 1760–70, H514, ADLA.

60. Contract of Service of the Daughters of the Holy Spirit at Trevé, 1752, G128, ADCA.

61. See Diefendorf, *Penitence to Charity*.

62. See, for example, McHugh, *Hospital Politics*, Chapters 3–6.

should the nuns be unable to visit the poor.⁶³ The duc de Rohan's decision to replace the Sisters of Saint Thomas Villeneuve on his estate at Blain in 1778 came from his desire to change the institutionalized care of the sick in the hospital established by his ancestor Marguerite de Rohan into out-of-doors care of the poor in their own homes. As the rules of the Order of Saint Thomas Villeneuve prevented the nuns from serving outside the walls of a hospital, the duc ended their contract and brought in the Sisters of the Holy Spirit who could fulfill his charitable strategy.⁶⁴

Benefactors of the rural houses were concerned that the positions they paid for were held by those who could carry out the tasks assigned. Money left to the nuns was to support their activity among the peasantry, leaving the responsibility for those who became incapacitated through sickness or old age to the mother house at Plérin. Unlike the Daughters of Charity where nuns could retire at the institutions in which they had served, the Daughters of the Holy Spirit were forbidden to do so and the Plérin house was required to replace any whose age and infirmity prevented them from carrying out their duties.⁶⁵ The terms of service set forth the principle that the seigneur would retain the right to remove those nuns who were deemed not to be capable of fulfilling the mission.⁶⁶ The seigneurs of both Marzan and Blain had the explicit right to deny the service of any nun who lacked the training or competence to carry out their duties. The history of charitable donations left to the regular clergy for the benefit of the sick and poor which ceased to offer assistance during the Middle Ages was well known to the nobility.⁶⁷ Benefactors wished for their donations to be of use to their poor and were concerned to have a

63. Contract of Service at Marzan, 1743, G128, ADCA.

64. Contract of Service for the Sisters of Saint Thomas de Villeneuve, 1727, H Dépôt 10 A1, ADLA and Contract of Service at Blain, 1778, G128, ADCA.

65. Contract of Service at Blain, 1778, G128, ADCA.

66. *Ibid.*, the seigneur of Marzan retained the right to replace those nuns who fell sick if the period of their sickness lasted for more than one month.

67. Numerous medieval foundations in the province had simply ceased to function by the early eighteenth century as charitable institutions. For example, Gerard de Machecoul, the seigneur de Bourgneuf in the fourteenth century, left properties to the Cordeliers to create a hospital for the sick and for pilgrims. The revenues were collected by the order but nothing was done to fulfill the terms of the bequest before 1709 when the parish's Bureau de Charité sued for control of the properties. Report on the legacy of Gerard de Machecoul, 1709, H dépôt 9 A1, ADLA.

means to prevent their gift from slipping out of their control. Likewise, the risk of the nuns benefiting financially from a vacancy was reduced by building into the terms of service strict limits to the amount of time a position could remain unfilled. At Rosambo, the mother house agreed that any vacancy must be filled within six months.⁶⁸ This period of time was cited as necessary for the mother house to train a replacement to fill the shoes of the dead or departed nun.⁶⁹

The ability to combine both spiritual and worldly objectives was important to the charitable strategies of the nobility in the eighteenth century as the ideas generated during the debates over the nature of charity during the Catholic Reformation became internalized within a devout noble culture. The implantation of nuns from this nursing order on the estates of the nobility was more than a matter of creating more agents dedicated to poor relief. They were equally there to assist with the benefactor's and their family's religious duties. Aside from their assistance to the tenants of the dame de Cornulier, the nuns at Trevé had the obligation to say prayers for the donor herself and for her living relatives each morning and evening.⁷⁰ This private prayer, hidden from the gaze of the village community, would suggest that the religious aspects of this mid-eighteenth-century donation came from genuine feeling. Such terms continued to be a part of the contracts passed between the Order and their noble patrons. The 1778 foundation at Blain had a similar clause for the benefit of the Rohan-Chabot.⁷¹ The merging of social, economic, and religious motivations behind charity offered to the poor which had coalesced in the early decades of the seventeenth century continued throughout the eighteenth, evolving and adapting the language of secular philanthropy, but retaining its fundamentally Catholic nature in the province until the Revolution. The preamble to the establishment of the nuns at Trevé cited the utility of their service and the public good their skills would bring at the same time as requiring their saying of prayers.⁷²

68. Contract of Service at Rosambo, 1762, G128, ADCA.

69. Ibid.

70. Foundation of Anne Marie Tronchays, 3 May 1752, 20G804, ADCA.

71. Contract of Service at Blain, 1778, G128, ADCA.

72. Foundation of Anne Marie Tronchay, 3 May 1752, 20G804, ADCA.

MEDICAL CAPACITIES OF THE NUNS

In every surviving contract, the medical service the Daughters of the Holy Spirit could offer to the rural poor was cited as their primary duty.⁷³ The medical knowledge of nuns came from different sources than that of learned medical men because they were forbidden from educational pathways such as universities (for physicians) and apprenticeships or colleges (for surgeons). Because of this difference in their education, nuns could not legally claim to act as physicians or surgeons, but they did practice charitably in the place of both of those categories of medical men.⁷⁴ The rural context in which the Daughters of the Holy Spirit worked left them at a physical distance from the practices of medical men and, as such, they were seldom seen as competition. While shut out from male centers of learning, the nuns received training at their motherhouse before they were sent to the rural houses in which they were to serve. The records of what information the nuns received in Plérin has not survived, but the terms of contracts suggest that they were educated in medical matters beyond the simple ability to follow the verbal instructions of a physician or the written instructions contained in a volume of Marie de Fouquet or a *Médecin charitable*.⁷⁵

The administration of the rural houses reflected the Order's ongoing training of the nuns while in their posts. The most experienced nun would act as the superior of the rural house, having overall responsibility. The second of the three nuns dispatched to every rural house was given the title of Soeur Apothicaire (Sister Apothecary), who was trained in the formulation of medicines and was in charge of a "pharmacie" established within the nuns' residence.⁷⁶ The youngest nun would act as a village school mistress

73. Contracts of Service, 18th Century, G128, ADCA. All but one of the surviving contracts also required the nuns to teach the poor girls of their parish as well.

74. Céline Pauthier, *L'exercice illégal de la médecine (1673–1791)* (Paris, Glyphe et Biotem, 2002), argues that the legal position of any practitioner except physicians, surgeons, or apothecaries was precarious. Charitable practitioners, such as nuns, priest, or seigneurs, acting in the place of those professional medical men were exempt from prosecution as long as they did not claim to be physicians or surgeons.

75. Jones, *Charitable Imperative*, 195–96. Jones cites that the pharmacy of the Daughters of Charity was based on folkloric herbal remedies; however, he does argue that hospital pharmacies staffed by nuns were important sources of medicines in towns and cities.

76. Report on the Possessions of the Daughters of the Holy Spirit at Rosambo, 1762, G128, ACDA. Shortly after the time of the establishment of the nuns at Rosambo, a

and at the same time was trained by the other two in the house in the sorts of activities she would eventually have responsibility for when she gained experience, including training in medical practice. The Cornulier endowment at Saint-Herblon, for example, required that all of the nuns be trained at the motherhouse and judged to be capable of fulfilling their duty to determine and to treat the types of sicknesses and injuries suffered by the poor of the parish.⁷⁷ In the description of the activities of the nuns in times of crisis, all of the sisters of the house would engage with the medical relief of the parish's poor.⁷⁸

The nursing activities of the nuns were viewed as an important part of their medical role.⁷⁹ Contracts called for the nuns to provide food, clean clothing, and heating to the poor during periods of sickness in order to restore them to health. The Rohan-Chabot foundation at Blain, for example, required the nuns to prepare soup with a high meat content for the feeding of the sick in the parish. The nuns were given an allowance to maintain clean bed linen, blankets, and even fresh mattresses as deemed necessary for the recuperation of the sick.⁸⁰ Feeding, heating, bathing, and clothing the sick have been perceived as a passive option when compared with medical or surgical action, but the role of nursing in allowing the sick to endure a period of illness must be valued on contemporary terms. Nursing was an area of medical assistance practiced not only by the nuns independently but which was also important in the prescriptions for health put forward by learned physicians.⁸¹ Sickness was a state to be endured. The perception that sickness was an ordeal to be overcome rather than an external factor to be defeated weighted nursing highly. In all advice sent out from the King's chief physicians during the eighteenth-century outbreaks of

detailed survey and inventory was carried out of their possessions. The nuns' pharmacy was located in a room in the house which had access to a courtyard offering public access.

77. Contract of Service at Saint Herblon, 1733, G128, ADCA.

78. For example, the response of the nuns of the mother house at Plérin during the outbreak of dysentery in 1779. Letter to the Intendant, 16 September 1779, C1357, ADIV.

79. Fissell, "Women, Health and Healing," 5, 10–12.

80. Contract at Blain, 1778, G128, ADCA.

81. Letter of Helvetius to the Intendant of Brittany, 24 September 1741; and "Memoire pour Messieurs les Recteurs des paroisses de Bretagne au subject de la dysenterie," 1741, C2532, ADIV. Nursing was Helvetius's primary treatment for dysentery.

dysentery and typhoid fever, the primary method of treating the sickness prescribed was improving the sufferer's diet with a charitable soup dole. Medications such as purgatives were commonly prescribed, particularly by those physicians who were paid to oversee efforts to combat epidemics and who wished to be seen as fulfilling their task with skill, but these were used in order to overcome periods of crisis among the sick.⁸² The use of food to "strengthen" the weak throughout a sickness and period of convalescence was viewed as a medical intervention by the patrons of the rural houses.

The abilities to diagnose, to prescribe treatment, and to prepare medications were other skills which patrons required in order to complement nursing. The terms of the contracts of service made the nuns active medical intervention through the providing of remedies or through the services commonly offered by surgeons of equal importance as their nursing and spiritual consoling of the sick.⁸³ The Order insisted that, alongside the guaranteed incomes set aside for the maintenance of the nuns, benefactors establish similar revenues in trust set aside for the purchasing of medicines in the medical market. In Saint-Herblon, the marquis de Château Frémont set aside properties worth 450 livres per year for the nuns to purchase both the ingredients for remedies and medicines.⁸⁴ At Blain, the Rohan-Chabot set aside the revenues on a property in the parish worth 150 livres for the nuns' pharmacy. The nuns were required to treat and to provide medicines to the sick poor free of charge, but a clause in their contract allowed them to increase the revenues for medicines by selling medications purchased or prepared by the sister apothecary to those who could afford to pay in the parish and in neighboring localities.⁸⁵ This fact would suggest that the nuns supplemented their incomes by supplying regional medical markets with products which were unobtainable due to the lack of available apothecaries or by undercutting established male suppliers. Indeed, as part of his efforts to supply parishes stricken by dysentery in the second-half of the eighteenth century, the provincial Intendant turned to the pharmacies of rural nursing orders

82. Ibid.

83. All of the contracts stipulate that the nuns would provide food and medicines to the sick, G128, ADCA.

84. Contract of service at Saint Herblon, 1733, G128, ADCA.

85. Contract of service at Blain, 1778, G128, ADCA.

in order to acquire medicines when the need arose. In 1767, François d'Agay authorized the payment of 200 livres to the Sister Apothecary of the Sisters of Wisdom established at Trigavou who had prepared and provided medicines which could not be supplied by apothecaries in Rennes or Redon.⁸⁶

The Daughters of the Holy Spirit went beyond the offering of medicines and remedies. They were expected to carry out the body work and small surgical tasks which would be needed by a rural population. The nuns were trained in bone-setting, the application of bandages, and the preparation of poultices in order to facilitate the healing of wounds.⁸⁷ This surgical knowledge was also in service of the nuns' skills in managing the health of those in their care. Bleeding remained an important aspect of medical intervention throughout the eighteenth century. The ability to carry out this common procedure was expected by both the benefactors of the rural houses and the sick poor who were treated.⁸⁸ During the dysentery epidemics, nuns were expected to carry out the bleeding of sufferers as part of their daily visits.⁸⁹ Manuals dedicated to both lay and religious charitable medical practitioners by the eighteenth century included detailed instructions for a systematic application of bleeding in patients. The *Manual des Dames de Charité* listed the different types of bleedings possible and what value each form had to individual sorts of illnesses. It gave examples of when bleeding should be used and when it was possible and when it should be postponed or not used. The section on bleeding stated the qualities that a surgeon (defined by the author as anyone who undertakes a bleeding) needed to possess in order to do the procedure. Patience, steadiness, a capable mind, and an understanding of medical theory were all needed in order to prevent mishaps. The author described the different locations suitable for cutting, the veins in the arms, feet, and neck, and also cited the equipment required for bleeding

86. Payments made to the Daughters of Wisdom at Trigavou, 28 October 1767, C1360, ADIV. The Daughters of Wisdom were an order similar to the Daughters of the Holy Spirit. It is unlikely that the quality of pharmacy differed significantly between the two orders. The perception of both in the eyes of their noble benefactors was high.

87. Contract of Service at Blain, 1778, G128, ADCA.

88. All of the contracts of service in ADCA G128 stipulate the need for the nuns to be able to carry out bleedings of the poor.

89. See, for example, Letter to the Intendant from Mme du Goyon du Vaurouault, 1770, C1338, ADIV.

safely. Importantly, the book devoted a chapter on describing procedures to undertake should an accident occur during the operation (such as cutting a tendon or an artery by mistake).⁹⁰

The skills in diagnosis and prescribing courses of treatment were also highly valued by patrons. The evidence of the contracts of service suggests that in the eyes of those who paid for their establishments, the nuns had medical knowledge and skills far beyond those of the informed amateur medical practitioner.⁹¹ The inventory of the house at Rosambo included a library divided among spiritual, medical, and surgical works, suggesting that there was more to their medical knowledge than a single volume of popularized medicine.⁹² While they did not claim to be physicians or surgeons, much of their activities mirrored those of the learned medical men. Diagnosis was likely a skill based on the experience the nuns compiled during their tenure, but it was supposed to be guided and aided by the *Tableau des maladies de Lommius* which circulated among this and similar nursing orders after 1760 and was cited by the king's chief physician, Lassone, in the introduction as a diagnostic tool commonly used by the kingdom's physicians.⁹³ In strict legal terms, the diagnosing of illnesses by the nuns on their own would have been illegal.⁹⁴ Their status as the servants of both the Catholic church and of their noble patrons put them in a position as charitable practitioners whose status before the law was unclear

90. L. Arnault de Nobleville, *Le Manuel des dames de charité*, 5th ed. (Paris: n.p.: 1765), 508–12.

91. All of the contracts stress the nuns' ability to prepare and prescribe more complex "médecines" as well as herbal "remèdes," G128, ADCA.

92. Inventory of the house at Rosambo, 1762, G128, ADCA.

93. [Jodocus Lommius], *Tableau des maladies de Lommius; ou description exacte de toutes les maladies qui attaquent le corps humain, avec leurs signes diagnostics et pronostics: Ouvrage servant d'introduction au Manuel des dames de charité* (Paris: n.p., 1760). The introduction to the 1760 edition of this French translation of Lommius's sixteenth-century work states that it should serve as a reference to both charitable ladies and nuns for the proper diagnosis of sicknesses. Matters of treatment were covered in other, more up-to-date works. The *Tableau de Lommius* was given the approval of Lassone, the physician-in-chief to the Queen in 1759. By the eighteenth century, physicians still utilized the text as a reference work on sicknesses, but had made corrections regarding matters which had been disproved since Lommius had written. So, for example, Lommius's opinion on the effects on the health of an individual by the sun and stars and his approval of the inspection of urine as a diagnostic tool were both discounted as obsolete knowledge in the 1760 edition by the translator. For more on the importance of Lommius, see Jacalyn Duffin, "Jodocus Lommius's Little Golden Book and the History of Diagnostic Semeiology," *J. Hist. Med. Allied Sci.*, 2006, 61, 249–87.

94. Broomhall, *Women's Medical Work*, 99–100.

and whose purposes made it all but impossible for eighteenth-century physicians to criticize.⁹⁵ Patrons with seigneurial rights had created these posts for women to act as their substitutes as part of their charitable duty to treat the sick poor. In such circumstances, and given the status of backers such as the Rohan-Chabot, it was clear that any complaints or legal objections to the nuns' activities as set forth by the terms of service would have been in vain.⁹⁶

The value placed on the nuns as medical practitioners in their own right can be seen at both the level of the provincial elites and among royal ministers. The endowment of these rural houses was an expensive proposition. As shown above, the mother house at Plérin required a large capital outlay before personnel would be dispatched to the countryside. The average capital gift for the contracts of service which survive was 12,000 livres without the added costs of the property in which the nuns were to live.⁹⁷ The cost of maintaining each nun averaged to 150 livres each, on top of which there was the average cost for the purchasing and preparation of medicines of 200 livres per year in each house.⁹⁸ The choice to endow nuns was not made according to the patron's own gender. The respect patrons had for the medical expertise of the nuns was shared by both male and female benefactors as demonstrated by their choice to endow rural placements.⁹⁹ The popularity of the nuns among seigneurial patrons was owed to the number of services that they could render. Surgeons paid to attend on estates acted on a case-by-case basis and usually lived in towns at a distance from the parishes they were contracted to visit. The nuns not only lived locally, thus being able to attend the sick as soon as they fell ill, they also brought with them the ability to teach and to provide spiritual comfort. As such, the nuns could interfere with the contracts of surgeons. In 1777, the duc de Rohan chose to employ a surgeon to provide medical care for the town of Pontivy as well as for his

95. Cf. the late sixteenth-century case of Jeanne Lescallier as described by Susan Broomhall, *ibid.*, 96–102.

96. Broomhall (*ibid.*, 99) notes that women from elite social backgrounds were more likely to be permitted to act as charitable medical practitioners during the sixteenth century. This continued to be true in the eighteenth century.

97. *Contracts of Service, 18th Century*, G128, ADCA.

98. *Ibid.*

99. Of the eight contracts of service which survive, three were signed by male beneficiaries (two of whom were marquises and the other a duc-et-pair), G128, ADCA.

tenants in its hinterland. The cost of this contract was 300 livres per year including the expense of furnishing medicines to those he treated.¹⁰⁰ At Blain, the following year, the replacement of the small cottage hospital serviced by the Sisters of Saint Thomas de Villeneuve by the Daughters of the Holy Spirit also included the termination of the contract of the local surgeon who tended to the sick in the wards.¹⁰¹

The central government also valued the medical abilities of the nuns. As part of the king's own charitable programs in the eighteenth century, the crown distributed boîtes de remèdes, prepared by chief royal physicians from Helvetius onwards, containing expensive and difficult to obtain medicines.¹⁰² Sent out to the Intendants from Paris, the boxes were subdivided and dispatched to trustworthy individuals in the countryside. Where they existed in the countryside, nuns from nursing orders were the first choice to receive the royal medicines.¹⁰³ While the distribution of medicines to the nursing orders was also a part of the channeling of patronage from the crown to the agents of the nobility, seeking to create stronger bonds of cooperation with the provincial elites, royal agents remarked on the effectiveness of the nuns in checking the progress of epidemic sickness in their parishes.¹⁰⁴ The highest esteem granted to the Daughters of the Holy Spirit on the part of an agent of the central government came from the Intendant Viarme in 1742 when he proposed to the Provincial Estates that the best solution to the regular outbreaks of dysentery in Brittany was the creation of more rural houses. The call for the Provincial Estates to raise the funds necessary for the Order to rapidly expand its numbers

100. Contract of Service, 11 October 1777, E1526, ADM. The total capital investment to supply the surgeon's work was 6,000 livres.

101. Accounts of medications furnished at hospital of Blain by the surgeon, 1759–74, H Depot 10/E6, ADLA. The employment of the surgeon ceased with the arrival of the Daughters of the Holy Spirit in 1778. The social status of the duc de Rohan (and, indeed, other noble benefactors elsewhere) prevented any question of the nuns' replacing a surgeon from becoming a legal issue.

102. For a discussion of this program, see Brockliss and Jones, *Medical World*, 730–31.

103. For example, lists of distribution for the Boîtes de Remèdes, 1750s, C1333, ADIV. Six of the twelve boxes in each year were sent to nuns from the nursing orders, the remainder were sent to parish priests or directly to seigneurs and their wives. The royal charitable medicines for eighteenth-century France as a whole are discussed in Brockliss and Jones, *Medical World*, 731–34, 777–78.

104. For example, letter from the subdelegate of St. Malo to the Intendant, 12 May 1769, C1338, ADIV.

throughout the province came after a series of inquests commissioned by the Intendant into the medical and charitable resources available in rural parishes concluded that the best option for the future lay with nuns from the nursing orders who could visit the sick in their own homes.¹⁰⁵ While the scheme fell apart over the reluctance of the Estates to raise more taxes for a matter which, according to both custom and royal edict, a matter for the private charity of seigneurs, the project did show official state approval of the medical value of the nuns in the countryside.

The circumstances of the nuns' service in the Breton countryside gave them a great deal of autonomy when it came to putting their medical knowledge into practice. The nuns left few records of their mission among the rural community, but this is to be expected of women's medical work. Few of the annual reviews of their service survive and those records which do concentrate heavily on their finances. When the nuns' medical activities were recorded, it was often as part of an interaction with established authority outside of the community such as the subdelegués or the Intendant. While the Daughters of the Holy Spirit emphasized their humble qualities, they were capable of rejecting courses of action imposed on them by even the highest male medical authorities. During the outbreak of typhoid fever at Saint-Herblon in 1774, the Sister Apothecary wrote to the local subdelegué informing him of her desire to thank the Intendant for sending on medicines from the king's chief physician, but she rejected his preferred course of action and choice of medicines in treating the sickness present in her parish. She explained that the symptoms of the sickness were best alleviated by a medicine she had developed herself and had tested with great success on the sick poor in her parish.¹⁰⁶ The refusal to follow the officially sanctioned course of treatment was an exceptional action, but it demonstrates how confident the nuns were in their own medical expertise. It was their service in a location which was removed from any other source of medical authority which generated this confidence.

105. "Mémoire pour l'établissement des filles de Charité en Bretagne," 30 December, 1742, C1331, ADIV.

106. Letter to the Intendant, 23 April 1774, C2539, ADIV.

The isolation of the Breton countryside from learned medical men throughout the period meant that these colonies of female practitioners were seldom placed in a situation where their own medical expertise was challenged by physicians or surgeons.¹⁰⁷ The Daughters of the Holy Spirit, because their mission lay outside the walls of an institution, followed a different path from many other nursing orders. Colin Jones has argued that in many hospitals, the nuns continued to enjoy a great deal of autonomy in many areas of their tenure throughout the eighteenth century, but quite often the nuns who serviced hospitals were limited to following the medical decisions of the physicians or surgeons contracted to those institutions.¹⁰⁸ The Daughters of the Holy Spirit, existing out in the countryside away from competing medical authorities for the most part, served their communities alone and with only their patrons to oversee their activities.

CONCLUSIONS

When the events of the French Revolution turned against the Catholic Church and the nobility, the Daughters of the Holy Spirit, as agents of both, were disbanded.¹⁰⁹ The nineteenth century saw their rebirth and a resumption of their mission to the rural poor both in Brittany and further expansion abroad. The Order's ability today to provide medical assistance to the poor internationally has its origins in the unfolding of the Catholic Reformation project to Christianize the poor which continued throughout the eighteenth century. The need for the devout to offer acceptable forms of medicine to the peasantry created a space for a new expression of female medical practice. Nuns' medical expertise was valued by the highest levels of eighteenth-century French society. The nobles who endowed the rural houses of the Daughters of the Holy Spirit often had other options to provide medical services to their tenants. The duc de Rohan's reform of his charitable program on his estate at Blain demonstrates this fact clearly as he dismissed the service of a surgeon in favor of the nuns

107. Goubert, *Malades et médecins*, 476–79.

108. See Contract of Service for the Daughters of Charity at the Hotel Dieu of Guingamp, 17th Century, 1E1179, ADM. Dinet-Lecomte, 314–20.

109. Lemercier, *Notice*, 60–67.

who could devote their time to his peasants. The space opened up for women's expertise as part of the expansion of the Daughters of the Holy Spirit was a negotiated one. The nuns were overseen by their patrons and were required to practice their skills charitably, with only a limited engagement with the emerging market for medicine. However, it would be wrong to lessen the value of their service by viewing charitable assistance as secondary to paid employment. The nuns were paid, not by the majority of those they treated, but by the lay authorities who set aside properties for that purpose. Contemporaries viewed charitable service as a necessary commitment for a good Catholic.

The nature of the rural space in which the Daughters of the Holy Spirit acted provided them with the opportunity to express the desire to live an active life of assisting the sick independently. They were regulated by their patrons, but the impact of other rival medical authorities was much less than for those who sought to practice in an urban environment. The ultimate legal authority on rural estates was the seigneur. Corporations of medical men were silent on the activities of the nuns in eighteenth-century Brittany because of the protection the favor of noble benefactors afforded. Appeals to higher legal authorities about the nuns' medical roles, as long as the support of the seigneur was given, would have fallen on deaf ears as the institutions such as the Parlement which could impose restrictions on estates were composed of noble landlords who rejected claims to interfere with seigneurial rights. The countryside offered a place for female religious to practice. The careers of male practitioners involved in the medical market were centered on towns and cities where livings could more easily be made. Rural practices for medical men did exist in Brittany, but their costs, their availability, and the limits of the services made it difficult for them to compete with the nuns for seigneurial patrons. The urban focus of the study of many historians of medicine has served to shadow the experience of medicine of many in early modern society. While Brittany was undergoing a period of urbanization in the eighteenth century, the vast majority of people remained living in a rural environment. This concentration of histories on male practitioners in towns and cities neglects the fact that for many individuals, both male and female, the experience of medicine continued to be provided by women throughout the early modern period. The

expanse and relative poverty of the countryside opened up the greater part of the Breton population to charitable action by women during the eighteenth century.

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