

Women at the centre: medical entrepreneurialism and ‘la grande médecine’ in eighteenth-century Lyon

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ABSTRACT

We draw on Colin Jones’ framing of the Sisters of Charity as medical practitioners rather than charitable carers (1989) to centre the entrepreneurialism of Marie Grand and Marie Fiansons’ medical practice in eighteenth-century Lyon. Although historians recognize the significance of early modern European women’s (medical) work, they often assume such work existed in the shadows of the medical marketplace. Archival erasures and gendered narratives obscure the flexibility of women’s medical practices. Grand and Fiansons’ documents, analysed alongside adverts for local medical services, elucidate working women’s medical practices. As silk-workers and self-defined ‘chymists’ and herbalists, Grand and Fiansons were at the centre of healthcare and medicine. The breadth of their practice and networks emerges through the exceptional survival of their ‘counter-archive’ in the consular court archives. Their story reveals the fluidity and porousness of boundaries between domestic and occupational medicine, precarity and commodified care work, and charity and entrepreneurialism.

Marie Magdeleine Grand and Marie Fiansons provided medical care to the people of eighteenth-century Lyon and the surrounding area for decades. The women, who also worked as *dévideuses* (silk-unwinders), treated a wide range of ailments for wealthy, working and poor families and religious communities. As with many eighteenth-century urban workers, their residence, in the centre of Lyon, was their place of business.¹ Within their household, they prepared medicines and provided care; they also oversaw the collection of medicinal herbs, established networks of patients, and brokered wet-nursing arrangements between rural women and the Lyon hospitals. Silk-work coexisted neatly with their medical activities, providing tools (such

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1 Julie Hardwick, *Family Business: Litigation and the Political Economies of Daily Life in Early Modern France* (Oxford, 2009).

as small stoves and pots) that were equally useful for unwinding silkworm cocoons and preparing remedies, as well as networks to acquire materials and distribute medicines. Occupational precarity also meant that the women would have looked for other piecework and healing work which, whilst also precarious, afforded them higher social status in the local community than silk-work. Frequent burns from the hot water used to unwind cocoons and the lung ailments common to silk-workers might even have encouraged them to make their own remedies.²

It is an accident of the archives that we know so much about Grand and Fiansons centuries later. The first and only time that their medical practice appeared in Lyon's surgical corporation records is on 26 March 1759, when the two women were surprised by the visit of the provosts of the surgical corporation, bailiff of the royal courts and the surgeons' procureurs to their home. The corporation documented the items seized during the search of the women's household, as part of a five-day crackdown against illicit surgical practice.³ But this was only a small part of the story. Even more serendipitous was the survival of a collection of Grand and Fiansons' paperwork, dated at least eighteen months after the seizure, which documented three decades of healing work.⁴ The women's paperwork, which included medical materials such as recipes, notebooks and a caul, was (mis-)catalogued with the city's consular court archives, entirely separate to the corporation's records of seizure.⁵ The women's papers make apparent that they continued practising medicine after the corporation's search. On 28 March 1759 and again in 1760, they mobilized their extensive network of clients in their defence, underscoring the extent of community support.⁶

Although the everyday care of working people in urban centres often remains invisible to historians, emerging primarily when networks broke down,⁷ Grand and Fiansons are visible *because* of their success, their networks and their paperwork, rather than any failure. The brief reference to the women in the corporation's records hints that their medical practice concerned the surgeons, but it is the survival of the women's own collection that reveals the breadth and visibility of their practice along with the women's central roles in eighteenth-century Lyon's medical world. Grand and Fiansons' paperwork forms a 'counter-archive', coterminous with the surgical corporation and consular court archives—its existence, like their healing practice, an act of resistance to corporative regulation and the erasure of historical evidence of women's healing work. More importantly, their collection describes their everyday medical activities, destabilizing historians' assumptions about the status and definition of women's medical work and domestic medicine, as derived from corporate archives and domestic remedy collections.⁸ The historiographical metaphor that women and unlicensed medical practitioners worked in 'shadow economies' or practised surreptitiously 'on the margins' is pervasive, but Grand and

2 Bernardino Ramazzini, *A Treatise of the Diseases of Tradesmen* (London, 1705), 176–77.

3 We have retained the eighteenth-century spelling for words and titles from our primary sources, wherever possible. A[rchives] M[unicipales de] L[yon], HH74 Surgical Corporation Contravention Records, procès-verbal Marie Grand and Marie Fiansons, 26 March 1759. Corporation statutes defined surgery as 'incisions, dressings and remedies'. *Statuts et réglemens généraux pour la communauté des maîtres chirurgiens-jurez de Paris* (Paris, 1732), 22.

4 A[rchives] D[épartementales du] R[hône] 8B938. This collection is more visible in the archives than the 26 March 1759 document thanks to archivist Romain Benoit's typescript catalogue, *Tribunal de la conservation des privilèges des foires de Lyon, 8B1–8B5269, 1438–1820*. Maria Tamboukou, 'Feeling narrative in the archive: the question of serendipity', *Qualitative Research*, 16 (2016), 151–66.

5 ADR 8B938. The March 1759 seizure, of mostly medical materials, does not map onto this collection. It lists four, rather than two notebooks, for example, and makes no mention of the caul. The consular court, composed of men from the local, national and political elite (provost of merchants, four city elders, and six judges—two direct royal appointments) oversaw bankruptcy, trade and commerce, imposing fines up to 500 livres for contraventions. Justin Godart, *La Jurisdiction consulaire à Lyon* (Lyon, 1903), 59–80.

6 ADR 8B938.

7 Peregrine Horden, 'Household care and informal networks: comparisons and continuities from Antiquity to the present', in *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare since Antiquity* (eds), Peregrine Horden and Richard Smith (London and New York, 1998), 21–69.

8 On counter archives: Jacques Derrida, *Archive Fever—A Freudian Interpretation* (Chicago, 1996); Rebecca Edwards, 'A counter-archive of Elizabeth Nielsen', *Australian Feminist Journal*, 25/64 (2010), 110–13.

Fiansons, we argue, are good examples of ‘women at the centre’, deploying charity and commerce interchangeably, and openly practising successfully in the medical marketplace.⁹ Their inability to obtain official protection and permission to continue practising in 1760 counter-intuitively reveals their wider success. According to Monsieur Gilles de Bertrand-Pibrac, future director of the Royal Academy of Surgery, Grand and Fiansons’ knowledge and practice based on herbalism was reminiscent of ‘la grande médecine’ (great medicine).¹⁰ Their practice was too broad, and too close to the purview of a physician skilled in botany, to qualify them for a royal patent.

I

Initially, we struggled to define Grand and Fianson’s practice. What was the relationship between silk-work and medicine? Were their written remedies more like apothecary preparations (as labelled by the archivist), herbal books or recipe books? Was their treatment of patients within their household more akin to patients lodging with surgeons or wet nurses looking after nurslings? Was their medical practice entrepreneurial or precarious? Was their practice domestic or commercial medicine? Our questions underscored the problems of thinking in binaries, as each of these descriptions fit the women. These were not firmly separate categories, but activities that could occur concurrently. Like recipe book compilers or resourceful widows, Grand and Fiansons straddled the artificial boundaries of domestic and corporate medicine, erasing the lines between pharmacy, surgery, botany and ‘chymical’ medicine.¹¹

Grand and Fiansons’ story simultaneously offers traces of a successful commercial urban practice (beyond medical corporations) and domestic medicine (outside of elite households and religious communities). Their activities highlight the messy overlaps amongst domestic medical knowledge, care work, craft expertise and corporative medicine in the eighteenth-century medical world.¹² In approaching their story, we focus on the women’s accidentally surviving paperwork, making evident their practice and embodied expertise.¹³ We offer a feminist reading of Grand and Fiansons’ counter-archive alongside the local newspaper, *Affiches de Lyon*, to reflect on healers who teetered on the edge of precarity even when successful—an ordinary experience of ordinary working people, countering prevalent corporative and domestic medical models. Their story reminds us that relying on particular archives binds us to particular narratives or historiographical models that flatten difference and gender

9 Natalie Zemon Davis, *Women on the Margins: Three Seventeenth-Century Lives* (Cambridge, MA, 1997); Sabrina Minuzzi, ‘Quick to say quack’: medicinal secrets from the household to the apothecary’s shop in eighteenth-century Venice’, *Social History of Medicine*, 32 (2019), 21; Lawrence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford, 1997), 631; Émilie-Anne Pépy, ‘Les Femmes et les plantes: accès négocié à la botanique savante et résistance des savoirs vernaculaires (France, XVIII^e siècle)’, *Genre et Histoire*, 22 (2018), <https://journals.openedition.org/genrehistoire/3654>; Daryl Hafter, ‘Women in business in eighteenth-century Lyon’, *Enterprise and Society*, 2 (2001), 19–20; Anne Montenach, ‘Working at the margins: women and illicit economic practices in Lyon in the late seventeenth and eighteenth centuries’, in *Women and Work in Premodern Europe: Experiences, Relationships and Cultural Representation*, eds Meridee Bailey, Tania Colwell and Julie Hotchin (London, 2018), 192–213.

10 ADR 8B938, Copy of M. Pibrac to comtesse de Grollée, nd; B[ibliothèque de l’]A[cadémie de] M[édecine], ARC 8 d16n’3 ‘Election d’un directeur à l’Académie royale de chirurgie pour l’année 1761’; Brockliss and Jones, *Medical World*, 628–30.

11 Susan Brandt, *Women Healers: Gender, Authority and Medicine in Early Philadelphia* (Philadelphia, 2022); Sara Pennell and Elaine Leong, ‘Recipe collections and the currency of medical knowledge in the early modern medical marketplace’, in *Medicine and the Market in England and Its Colonies, c. 1450–c. 1850*, eds Mark Jenner and Patrick Wallis (London, 2007), 133–52.

12 On overlap between craft expertise and medical work, household management and herbal medicines: Carolin Schmitz and Mariluz Lopez-Terrada, ‘Healing across ideological boundaries in late seventeenth-century Madrid’, in *Health and Healing in the Iberian world: A Gendered Perspective*, eds Margaret Boyle and Sarah Owens (Toronto and London, 2021), 21–51; Valérie Lastinger, ‘The laboratory, the boudoir and the kitchen: medicine, home, and domesticity’, in *Women, Gender and Disease in Eighteenth-Century England and France*, eds Kathleen Hardesty Doig and Felicia Berger Sturzer (Newcastle upon Tyne, 2014), 119–48; Elaine Leong, *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England* (Chicago, 2018). On permeable and ambiguous boundaries: Minuzzi, ‘Quick’; Leong and Pennell, ‘Recipe collections’.

13 Minuzzi, ‘Quick’, 21.

nuance. Their medical practice, we argue, blurs boundaries between domestic-based medicine and paid practice, showing both charitable and paid domestic medical practice as potential responses to precarity.

The women's counter-archive provides a privileged insight into their everyday medical activities, whereas similar practices by other women have left only fragments in the margins of corporative or judicial records. As a result, the history of early modern medicine, particularly in France, has often been written in terms of binaries. For example, whereas Colin Jones emphasised that the Sisters of Charity were medical practitioners and insisted that historians should look beyond edicts and charity, women's medical work exists in the 'shadows' of the medical world that Lawrence Brockliss and Colin Jones later depicted in their co-authored book.¹⁴ By treating corporations and their archives as the medical core, Brockliss and Jones' interpretation was limited by restrictive edicts, gendered narratives of charity and corporate rhetoric about incompetence, Female healers were relegated to the penumbra.¹⁵ Feminist scholarship since then has uncovered the ways that women's diverse medical practices were integral to daily care within and beyond the home.¹⁶ But we know relatively little about early modern French women's medical work beyond elite families, hospitals or midwifery.¹⁷ We have scant evidence, for example, of herbalists, a female-dominated group, although they supplied plants to apothecaries and determined which plants played therapeutic roles through availability.¹⁸

Our understanding of domestic medicine, moreover, has been skewed by focusing on the gentry and aristocracy through their recipe books, letters and diaries. We have learnt much about elite women's intellectual lives, less about the typicality of such evidence. Historians have assumed that access to books (often learned), costly ingredients and expensive tools (such as distillation equipment) was limited to elite domestic medicine; that the exchange of domestic medical knowledge occurred within familial networks; or that wealthy women provided charitable medical care to their communities.¹⁹ The concept of 'domestic medicine' is as limiting as the core and penumbra model, encouraging us to see women's caregiving activities as enclosed within the household, local community or family networks.²⁰ Men's medical activities within a household, however, which might include patients lodging with them often remain categorized

14 Jones published his work on the Sisters of Charity in the same year that Monica Green called for historians of gender and medicine to ask different questions and to search for different archives to make women's historical medical work visible. Although Green's call has received more attention, Jones' case study of the nuns nonetheless raised similar issues. Green, 'Women's medical practice and health care in medieval Europe', *Signs*, 14 (1989), 434–73; Jones, 'Sisters of Charity and the ailing poor', *Social History of Medicine*, 2 (1989), 339–48; Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Regime and Revolutionary France* (London and New York, 1989).

15 Brockliss and Jones, *Medical World*.

16 Minuzzi, 'Quick'; Schmitz and Lopez-Terrada, 'Healing'; Jane Crawshaw Stevens, 'Families, medical secrets and public health and early modern Venice', *Renaissance Studies*, 28 (2014), 597–618; Tessa Storey, 'Face water, oils, love magic, and poison: making and selling secrets in early modern Rome', in *Secrets and Knowledge in Medicine and Science, 1500–1800*, eds Elaine Leong and Alisha Rankin (London and New York, 2011), 143–64; Sharon Strocchia, *Forgotten Healers: Women and the Pursuit of Health in Late Renaissance Italy* (Cambridge, MA, 2019).

17 For example: Susan Broomhall, *Women's Work in Early Modern France* (Manchester, 2004); Nina Gelbart, *The King's Midwife: A History and Mystery of Madame du Coudray* (Berkeley, 1999); Jones, *Charitable Imperative*; Cathy McClive (ed.), *Marie Baudoin. The Art of Childbirth: A Seventeenth-Century Midwife's Epistolary Treatise to Dr. Vallant* (New York, 2022).

18 Emma Spary, 'Masters of the exotic? The stocklists of Parisian grocers and apothecaries, 1650–1730', in *Exoticizing Consumption: European Drug Cultures c. 1700* (eds), Justin Rivest and Emma Spary (forthcoming, 2024). Pépy, by contrast, argues that botanists replaced herbalists in importance during the eighteenth century: 'Les Femmes'.

19 For examples: Leong, *Recipes*; Leong and Pennell, 'Recipe collections'; Brandt, *Women Healers*; Anne Stobart, *Household Medicine in Seventeenth-Century England* (London, 2016); Rebecca Laroche, *Medical Authority and Englishwomen's Herbal Texts, 1550–1650* (London, 2016); Michelle DiMeo and Sara Pennell, *Reading and Writing Recipe Books, 1550–1800* (Manchester, 2013); Alisha Rankin, *Panacea's Daughters: Noblewomen as Healers in Early Modern Germany* (Chicago, 2013).

20 Assumptions about 'domestic' and 'medicine' also mean men's unpaid family-related domestic medical activities can be overlooked. Lisa Smith, 'The relative duties of a man: domestic medicine in England and France, c. 1685–1740', *Journal of Family History*, 31 (2006), 237–56. Conversely, wet-nursing is not always considered medical work, although it is domestic: Francesca Arena et al. (eds), *Allaiter de l'Antiquité à nos jours: histoire et pratiques d'une culture en Europe* (Turnhout, 2023).

as 'work'.²¹ In part, this reflects a distinction between paid and unpaid work.²² However, it also means that historians falsely demarcate domestic medicine and women's ability to deploy those skills to contribute to their households and to support themselves during times of precarity, sometimes alongside other occupations.²³ As a result, historians usually read women's survival strategies through the gendered framework of an economy of makeshifts, rather than as medical entrepreneurialism.²⁴ Medical historians' tendency to separate these categories of caregiving may also explain why Jones' work on the Sisters of Charity has often been overlooked; their medical practice was in a liminal space between the domestic, institutional and charitable, which made it difficult to use as a model.

This article builds on two concepts. The first is that considerations of medical entrepreneurialism need to include social credit and networks, as the women's medical knowledge linked their commercial, domestic and charitable activities.²⁵ The second is that women's medical commercialism could be a response to precarity in the regulated and unregulated medical marketplaces.²⁶ Grand and Fiansons' counter-archive and self-identifiers (herbalist and 'chymist') offer an alternative to the historiographical binaries that centre men's corporate categories, allowing analysis of the porous boundaries between medical and craft occupations and amongst domestic medicine, charity and paid medical practices.²⁷ Grand and Fiansons' story reveals that charity, precarity and medical commerce could also go hand in hand for ordinary working women in incorporated France.

Grand and Fiansons' archive is a disordered, incomplete and disruptive collection. Institutional archives, reflecting corporations' sporadic attempts to quash noncorporate practice, are inherently gendered. Women's work was typically unrecorded unless it competed with the corporations and, crucially, men (unlike women) were more often identified by occupational labels for legal and administrative reasons.²⁸ Grand and Fiansons' paperwork, by contrast, reveals the eighteenth-century community of urban healers and their patients, with their shared legal and medical knowledge, strategies, networks and resources in their efforts to dodge corporative attacks. Their counter-archive, like many historical documents about women, exists today because of a series of unknown archival accidents. By considering how and why their counter-archive exists, and the form it takes, we deliberately centre Grand and Fiansons in our analysis.

The first accident is that an archivist singled out Grand as a female medical practitioner. This was not easily spotted, as the archival series is unconnected to medicine. The women's papers are catalogued with the consular court records in the Archives départementales du Rhône, not the Archives municipales de Lyon that house the surgical corporation records. Previously the series was assumed to be evidence collected for consular court proceedings, but archivists recently noted that the materials' provenance is ambiguous and they may be mis-catalogued.²⁹

21 On men's paid medical work within the household: Margaret Pelling, 'The women of the family? Speculations around early modern British physicians', *Social History of Medicine*, 8 (1995), 383–401; Jennifer Evans, 'Patients, practitioners and lodgers: male sexual health patients' and their healers' use of location in early modern medical encounters', *Gender & History*, 31 (2019), 220–39; Minuzzi, 'Quick'.

22 Erin Malgaque, 'Care work and the family in Catholic Reformation Tuscany', *Past & Present*, 253 (2021), 119–48.

23 Family strategies for ensuring care, or using medical knowledge to counter precarity, should not be underestimated. Pelling, *Common Lot*.

24 Olwen Hufton uses 'makeshifts'. 'Women without men: widows and spinsters in Britain and France in the eighteenth century', *Journal of Family History*, 9 (1984), 363.

25 Leong and Pennell, 'Recipe collections', 133–34, 137.

26 Brandt, *Women Healers*.

27 As with the work of Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830* (Cambridge, 1988), 10, 18; Green, 'Women's medical practice'.

28 Mary Fissell, 'Introduction: women, health and healing in early modern Europe', *Bulletin of the History of Medicine*, 82 (2008), 5–6; Green, 'Women's medical practice'.

29 Benoit, *Tribunal*, 5–6, 8.

The catalogue entry obscures as much as it reveals: ‘Grand, mademoiselle, apothecary, receipts, correspondence, medical and pharmaceutical recipes, flyers, 1744–1760.’³⁰ The archivist’s label flags Grand’s extensive medical practice, but elides Fiansons’ work alongside Grand and the surgical infringement. The documents’ purpose is unclear. Judging from the last dated document, the paperwork was likely deposited at the Greffe, where court records were stored, at some point after September 1760, but we should not assume that the women ceased practising then.

The second accident is that the women’s papers were even retained, given their lack of obvious fit anywhere. In part, this is an archival erasure; we have no context for the collection or its afterlife. There is nothing to suggest that Grand and Fiansons compiled a private archive for posterity. The paperwork’s original order, if any, has long been disrupted through handling by court personnel, archivists and historians. The paperwork cannot be treated as representative of early modern record-keeping practices.³¹ However, we can read it as a snapshot of their practice, even if the file is incomplete or never intended to be permanent. Indeed, by reading it ‘along the bias grain’, we gain insights into archival power, silence and distortions in their documents and those of the surgeons.³²

The third accident is its historical timing. By the mid-eighteenth century, urban women’s literacy increased, record-keeping became more sophisticated and the postal service expanded. Thus, it made sense for Grand and Fiansons to keep their own records, note herbal knowledge and recipes and participate in medical consultation by post.³³ References scattered through the documents enable our reconstruction of the healers’ response to the surgeons’ perquisition in March 1759. Contextualized in eighteenth-century Lyon’s medical world, the dossier reveals the significance and reach of their work, and that of other urban female healers—a powerful archive to counter the corporative story that women healers only operated charitably on the fringe using inferior knowledge and skills. Their practice began with bridging the worlds of silk and healing in eighteenth-century Lyon.

II

By the 1780s, Lyon was France’s second city with a population of around 150,000. The city’s consular court frequently defended Lyon’s tradition of free trades against the powerful corporations.³⁴ About 10,000 Lyonnais silk-workers worked outside the industry’s regulatory guild framework. Whilst these predominantly female, highly skilled workers were crucial to the functioning and profitability of the silk industry, their status and pay fell between that of domestic servants and daily workers.³⁵ Women’s work was malleable, repurposable for economic expediency. Like many women, Grand and Fiansons did paid medical work alongside their other activities. Early modern medical practitioners of both sexes commonly had multiple occupations

30 Benoit, *Tribunal*, 162.

31 Ann Blair, *Too Much to Know: Managing Scholarly Information before the Modern Age* (New Haven, 2011); Leong, *Recipes*, 124–46.

32 Along the ‘bias grain’, see Marissa Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (Philadelphia, 2016), 7, 153 (n. 16), 156 (n. 32).

33 Hardwick, *Family Business*; Brockliss and Jones, *Medical world*, 304–05; Nicolas Verdier and Anne Bretagnolle, ‘L’Extension du réseau des routes de poste en France, de 1708 à 1833. Histoire des réseaux postaux en Europe du XVIII^e au XXI^e siècle’, Paris, 2007, 155–93, (halshs-00144693) <https://shs.hal.science/halshs-00144693>. On literacy rates for male and female silk-workers, see Maurice Garden, *Lyon et les Lyonnais au XVIII^e* (Paris, 1970), 309–11.

34 Daryl Hafter, *Women at Work in Pre-Industrial France* (Philadelphia, 2007), 20, 45, 124.

35 Maurice Garden, ‘Ouvriers et artisans au XVIII^e siècle: l’exemple des Lyonnais et les problèmes de classification’, in *Maurice Garden: un historien dans la ville*, eds René Favier and Laurence Fontaine (Paris, 2008), 90.

to eke out a living.³⁶ Housework, craftwork and medical knowledge overlapped substantially in terms of technical skills and knowledge, whilst domestic objects and spaces were multipurpose.³⁷ It made sense for two ‘associated silk-unwinders residing together’ to combine their silk-working skills and equipment with their medical skills and knowledge.³⁸

Like many *dévideuses*, Grand and Fiansons engaged in ‘spinster clustering’: sharing a household to split costs and work together. Women’s co-working and living practices represented opportunities for companionship, including sometimes covert same-sex relations, as well as being pragmatic survival strategies affording greater economic and social stability.³⁹ Living and working together in a small space amidst the constant stress of precarity inevitably had some key aspects of intimacy in its many forms. Trust, for example, was imperative.⁴⁰ Grand and Fiansons shared an apartment on the fourth floor of a multifamily building overlooking the Rue de la Gerbe in the parish of Saint Nizier.⁴¹ They do not appear in the parish records, but like the majority of *dévideuses* they were probably rural migrants who came to Lyon for informal apprenticeships, then remained unmarried.⁴² Although some qualified *dévideuses* lived in their master’s households, others like Grand and Fiansons set up their own domestic workshops taking on apprentices or employing female servants. They probably owned their own unwinding equipment.⁴³ We do not know how long Grand and Fiansons had been spinster clustering in 1759, but in 1750, when Fiansons apprenticed Claudine Guignon for four years to ‘unwind silk’, she signed the contract for ‘the two’, suggesting they were living and working together as *dévideuses*.⁴⁴

No evidence specifies when or why Grand and Fiansons integrated healing into their daily practice. However, they possessed significant ‘embodied expertise’ alongside their equipment, which meant they had the necessary materials and skills to produce remedies for their patients (from tisanes and broths to distilled herbal waters) and to clean medical instruments like syringes.⁴⁵ *Dévideuses* unwound silk cocoons by placing them in vats of boiling water located over central stand-alone fires. They untangled the cocoons with brushes, forming, unwinding, and rewinding threads, then either spun the threads themselves or passed them to spinners. *Dévideuses* were central figures in complex and often precarious rural and urban networks stretching from silkworm cultivators, to master silk-weavers, and commissioning merchants. Navigating these networks and geographies was crucial for survival. As *dévideuses*, Grand and

36 Fissell, ‘Women’, 7; Margaret Pelling, ‘Thoroughly resented? Older women and the medical role in early modern London’, in *Women, Science and Medicine 1500–1700*, eds Lynette Hunter and Sarah Hutton (Stroud, 1997), 64–87; Deborah Harkness, ‘A view from the streets: women and medical work in Elizabethan London’, *Bulletin of the History of Medicine*, 82 (2008), 52–85; Ramsey, *Professional*, 25–38; Schmitz and Lopez-Terrada, ‘Healing’; Storey, ‘Face Oils’.

37 For examples: Simon Werrett, *Thrifty Science: Making the Most of Materials in the History of Experiment* (Chicago and London, 2019); Leong, *Recipes*; Stevens, ‘Families’; Sara Pennell, *The Birth of the English Kitchen, 1600–1850* (London, 2016); Schmitz and Lopez-Terrada, ‘Healing’.

38 AML HH74, Procès-verbal Grand and Fiansons. Only women worked as *dévideuses*. On *dévideuses* setting up in business together: Jean-François Budin, ‘Les Ouvrières de la soie à Lyon au XVII^e siècle’, in *Le Travail avant la Révolution industrielle*, ed. Maurice Hamon (Paris, 2006), 122–23; Hafter, ‘Women’, 26–27.

39 Montenach, ‘Working’; Nancy Locklin, ‘Til death parts us: women’s domestic partnerships in eighteenth-century Brittany’, *Journal of Women’s History*, 23/4 (2011), 36–58; Judith Bennett, *History Matters: Patriarchy and the Challenge of Feminism* (Philadelphia, 2006), 108–27; Amy Froide, *Never Married: Single Women in Early Modern England* (Oxford, 2005), 72, 110.

40 Philippa Carter, ‘Work, gender, and witchcraft in early modern England’, *Gender & History* (2023) doi/10.1111/1468-0424.12717.

41 AML HH74, Procès-verbal Grand and Fiansons.

42 Grand and Fiansons corresponded with clients in the villages Tarare, Rillieux and Saint-Symphorien. Notarized contracts were not the norm for female silk-workers, unlike male silk apprentices, hence *dévideuses* are not listed in the Grande Fabrique records. Garden, *Lyon*, 53, 62.

43 Budin, ‘Les Ouvrières’, 123.

44 ADR 8B938, Informal apprenticeship contract, Marie Fiansons and Claudine Guignon, 19 May 1750. It is undetermined whether Guignon received medical training.

45 On *dévideuses*: Paola Bertucci, ‘Spinners’ hands, imperial minds: migrant labor, embodied expertise, and the failed transfer of silk technology across the Atlantic’, *Technology and Culture*, 62 (2021), 1,003–31.

Fiansons probably suffered frequent burns to their fingers and wrists. Quick access to cheap, efficacious and soothing unguents was doubtless an occupational requirement. Knowledge of preparing them may well have been passed down as part of their informal training. Silk-workers, like Dame Garon, for example, advertised balms which cured burns without leaving scars in the *Affiches de Lyon*.⁴⁶ Grand and Fiansons might have started making remedies because it was cheaper than visiting the apothecary. Even if they sold their remedies to supplement their precarious income from unwinding, they were still in the ‘business of health.’⁴⁷

When the surgeons seized surgical materials from Grand and Fiansons’ home in March 1759, the women had already practised individually, if not together, for over thirty years.⁴⁸ The longevity of their practice indicates their expertise and confidence—even if driven by financial need—to begin medical work at a relatively young age, and that they had achieved reputational standing by 1759.⁴⁹ The early start of their medical practice also hints that they drew heavily on the extensive networks, not just the skills and equipment, that they used as silk-workers. Moreover, given that they took on an apprentice in 1750, their silk-work and medical work overlapped throughout their lives, rather than operating in isolation at different points. The women’s artisanal expertise entwined with their successful medical practice.

III

To avoid framing that replicates the corporative perspective, we need to consider women’s medical practices within the context of the precarity of women’s work.⁵⁰ We cannot escape corporative structures entirely, but we can reconsider how we discuss women’s business-as-usual activities beyond them. That means rethinking domestic-based medicine. Many women’s paid medical practices were an extension of household activities, with domestic-based practice becoming commercial when needed financially.⁵¹ Lyon’s medical world was filled with women who undertook paid medical and caring activities—from nursing or selling single remedies to extensive practices like Grand and Fiansons’, as the *Affiches de Lyon* show. Reading Grand and Fiansons’ paperwork alongside the *Affiches* and household remedy collections, we see non-elite women’s medical expertise and activities. Domestic work and space, even in shared urban lodgings, were integral to women’s medical practices.

Across France, local newspapers or *Affiches* meant anyone with a special remedy or service could self-promote, promising beautification or a healthy home and body. Advertisers frequently claimed that their treatments were free to the poor, emphasizing their contribution to the public good, rather than mere commerce.⁵² A survey of the digitized surviving issues of the *Affiches de Lyon* (1750 and 1759–70) locates Grand and Fiansons’ practice within the context of Lyon’s vibrant medical world in which a broad range of healthcare services, from elixirs and convalescent care to venereal remedies, were offered by all types of medical practitioners.⁵³

46 *Affiches de Lyon*, 31 December 1766, 244.

47 Strocchia, *Forgotten Healers*, 85.

48 ADR 8B938, Fiansons’ attestation of relic dated 1738 and testimonial to cure by Grand thirty-three years prior.

49 According to Strocchia, everyday household medical practice gave women knowledge and authority. Froide posits that women typically set up businesses later in life with bequests from family members. Sharon Strocchia, ‘Introduction: women and healthcare in early modern Europe’, *Renaissance Studies*, 28 (2014), 500; Froide, *Never married*, 105–07.

50 Strocchia, ‘Women’; Harkness, ‘View’; Schmitz and Lopez-Terrada, ‘Healing’; Malgaque, ‘Care work’.

51 Fissell, ‘Women’, 8–9; Montserat Cabré, ‘Women or healer? Household practices and the categories of health care in late medieval Iberia’, *Bulletin of the History of Medicine*, 82 (2008), 25; Harkness, ‘View’, 74; Strocchia, ‘Women’, 499–500; Brandt, *Women Healers*.

52 Brockliss and Jones, *Medical World*, 649–51, 655–58; Ramsey, *Professional*, 215–18.

53 Printed weekly by Aimé Delaroche, the *Affiches de Lyon* cost six sols per issue or nine livres annually. <https://dictionnaire-journaux.gazettes18e.fr/journal/0034-affiches-de-lyon>. On medical advertisements: Colin Jones, ‘The great chain of buying: medical advertisement, the bourgeois public sphere, and the origins of the French Revolution’, *American Historical Review*, 101 (1996), 13–40.

Amongst the practitioners, at least fifty-nine women openly advertised their services, some paying for repeat adverts over months or years.⁵⁴ Many included their names and addresses, or precise instructions on how to find them—operating openly, not in the shadows of the city or surgical corporation. The missing years of the *Affiches* fragments the picture of women's activities. We cannot know whether Grand and Fiansons advertised in the *Affiches*, nor how many other women healers advertised in that time.⁵⁵ That so many advertisements were placed after the consul's delayed registration of the 20 January 1759 *arrêt* on 5 August 1761, indicates that the royal edict prohibiting women from incorporation for any aspect of surgery, except midwifery, never stopped local female healers from working openly.⁵⁶

Women's advertisements drew on the marketing strategies and terms associated with patented, proprietary medicines—even if most were not actually selling patented remedies, as well as the notions of secrecy common in artisanal practice and domestic medicine, which signalled the efficacy and cachet of their services in terms easily recognizable to their readership.⁵⁷ The purveyors of 'secret', 'sovereign', 'admirable' or 'radical' remedies hinted at tried and tested cures through long experience, promising success where others had failed and action rather than physicians' talking.⁵⁸ Widow Blanc, for example, had 'an infallible secret': a plaister for sciatica, gout and pains.⁵⁹ Many women advertising used local branding. Some, like Mme Lescot, undertook advertising onslaughts to pre-empt local competitors selling false versions of their products.⁶⁰ Few women claimed connections to licensed practitioners or to have royal *brevets* to practise in their own names, which is unsurprising given the high rate at which applications for patents were rejected.⁶¹ Only one woman, Mme Delaunay, claimed to be incorporated in November 1750.⁶² An anonymous demoiselle lodging with Lyon master-surgeon Cayer advertised four types of pomade in 1759.⁶³ Whatever the connection, the medical corporations were aware of these women's existence, and often complicit in their work.⁶⁴

54 Not all women advertised, relying instead on word of mouth and networks. Gender is unspecified in two adverts. Adverts for les Delles Dervieu and les Dames Veuves Riond indicate some women worked together. *Affiches de Lyon*, 4 November 1767, 204; 28 May 1768, 114.

55 The dentist Anne-Marie Cortier, whom the surgeons also attacked, claimed in December 1758 to have advertised in the *Affiches* so it is plausible that Grand and Fiansons did. AML HH74, Cortier, 24 November 1758; AML HH250, Consular court, 5 December 1758.

56 The consular court did not register the 1759 ruling which enforced the nationwide edict of 1755 in Lyon, until 5 August 1761 creating tensions between the surgeons and the consuls. Nevertheless, most healers prosecuted were in fact male. *Arrêt de la cour de parlement qui ordonne qu'à l'avenir les Femmes et les Filles ne pourront être agrégées dans l'état d'Herniaires et Dentistes, ni dans aucune autre partie de la Chirurgie, excepté à celle qui concerne les Accouchements, sous quelque prétexte que ce soit, du 19 avril 1755* (Paris, 1755); *Arrêt de la cour de parlement qui ordonne que les Femmes et les Filles ne pourront être agrées en aucune partie de la chirurgie, excepté celle qui concerne les accouchemens, du 20 janvier 1759* (Lyon, 1759). AML HH40, '20 janvier arrêt sur requête du parlement au sujet des charlatans et autres contrevenants avec une ordonnance du consulat qui permet de mettre à l'exécution ledit arrêt', Lyon, 5 August 1761.

57 Exceptions were the Veuve de Bretonne who sold the Bellost pills for thirty-two years, *Affiches de Lyon*, 20 February 1760, 30; and Les Dames Religieuses du Verbe Incarné selling Garras' stomach remedy, *Affiches de Lyon*, 27 March 1760, 51. On Bellost pills and Garras' stomachic: Brockliss and Jones, *Medical World*, 624, 627.

58 On bold claims in domestic remedies: Seth Lejacq, 'The bounds of domestic healing: medical recipes, storytelling and surgery in early modern England', *Social History of Medicine*, 26 (2013), 451–68. For recent work on secrets, Leong and Rankin, *Secrets*.

59 *Affiches de Lyon*, 16 July 1760, 119; 8 October 1760, 94; 23 June 1762, 99; 17 October 1764, 173. A 'plaister' was an emollient or solid medicinal substance applied to a bandage or piece of leather and then to the skin, rather than a modern Band-Aid plaster.

60 *Affiches de Lyon*, 25 April 1759, 6; 21 June 1759, 100; 4 July 1759, 108; 25 July 1759, 120; 1 August 1759, 140; 2 January 1760. Mme Lescot may have been related to the seventeenth-century *opérateur privilégié* Jacques Lescot. AML BB253, f. 145. Thanks to Emma Spary for this reference.

61 Brockliss and Jones, *Medical World*, 627–43. *Affiches de Lyon*, Mme Regent, 'occuliste privilégié du Roi', 30 March 1768, 72; Mlle Millon sold an *esprit de vie* approved by Marseilles physician Chicoyneau, 25 February 1767, 35; Les Dames Veuves Riond sold stamped vials of healing waters certified by a Lyon physician, 26 May 1768, 114.

62 *Affiches de Lyon*, 10 November 1750, 365. The corporation records do not reveal how long she was licensed.

63 *Affiches de Lyon*, 31 January 1759, 18–19.

64 Brockliss and Jones suggest that medical corporations were complicit with practitioners beyond the core: *Medical World*, 636–40. On complicity elsewhere: Harkness, 'View', 80; Minuzzi, 'Quick'.

Despite the often makeshift nature of women's medical practices, some women asserted an occupational identity. In the French countryside, it was common to see women describe themselves as *chirurgiennes* (female surgeons), dentists or bonesetters.⁶⁵ In the Lyon *Affiches*, two women called themselves 'herboriste' (herbalist), signalling an explicit work identity rather than the remedies they made and sold. Between May and September 1769, Mme Roman's six adverts listed her as an 'herbalist' successfully treating epilepsy and madness.⁶⁶ Dame Thevenard was the only woman to call herself a 'sage-femme' (midwife), whereas other women offering to help in childbirth described their skills, experience and characteristics, suggesting a less official practice.⁶⁷ Nuns also mentioned their occupation, their religious status underpinning their expertise and access to distinct medical roles.⁶⁸ A contemporary legal dispute suggests how production of remedies might be tied to occupational identity and connect charity and medical commerce. The Dames Religieuses de l'Abbaye de la Déserte de Lyon ran a hospital pharmacy distributing and selling a range of remedies via a network of lay men and women. Their commercial success was so noticeable that the apothecaries sued them from 1762 to 1767.⁶⁹

Thirty-one women in the *Affiches* sold remedies, either made by themselves or by others. Logistically, preparing multiple remedies for various conditions whilst in constricted living spaces across Lyon would have been challenging. The twelve women who made remedies provided details about their treatments and prices, referring to elixirs, liqueurs, distilled waters, balms, pomades, powders, opiates, plasters and herbal teas or infusions. Some, like Mme Lescot, made and sold several remedies for different ailments.⁷⁰ The healers had an impressive range of technical skills to make and administer remedies. In 1766, Dame Garon advertised a remedy for paralytic limbs, which she administered using massage next to a fire at the first sign of an attack and before purging or bleeding. She also sold a herbal infusion for hydropsy.⁷¹ Others were more specialized, such as widow Bossac who treated skin conditions: a distilled water for scabies, a pomade for the complexion, and another for pimples.⁷² At least four provided dental care, even after explicit prohibition from 1761, including powdered coral, preparations of roots to whiten and strengthen teeth and opiates and elixirs for toothache.⁷³ The breadth of remedies and ailments treated—epilepsy, venereal disease, eye problems, toothaches, skin problems, hernias and fallen uteruses—was typical of printed and manuscript remedy collections. Everyday medical treatments centred on chronic and cosmetic complaints in domestic and commercialized

65 Ramsey, *Professional*, 220–21.

66 For Mme Roman, see: *Affiches de Lyon*, 3 May 1769, 103; 7 June 1769, 129; 21 June 1769, 140; 30 August 1769, 188; 27 September 1769, 207. La Dame Fabry advertised as an 'herbalist', see *Affiches de Lyon*, 21 December 1768, 260. 'Herboriste' was also used by men in the *Affiches*.

67 *Affiches de Lyon*, 27 January 1750, 31. Thevenard did not mention a licence.

68 Dames de la Congrégation de St Joseph de Lyon sold St Joseph's balm and Les Dames Religieuses du Verbe Incarné sold Garras' stomachic. *Affiches de Lyon*, 2 July 1760, 111; 9 July 1760, 115; 27 March 1760, 51. Tim McHugh, 'Expanding women's rural medical work in early modern Brittany: the Daughters of the Holy Spirit', *Journal of the History of Medicine and Allied Science*, 76 (2012), 428–56; Jones, 'Sisters'; Sara Ritchey, *Acts of Care: Recovering Women in Late Medieval Health* (Ithaca, 2021); Strocchia, *Forgotten Healers*.

69 *Arrêt de la cour du Parlement qui fait défenses aux Sieurs Recteurs et administrateurs de l'Hôtel-Général et Grand Hôtel-Dieu de Lyon, de vendre, ni débiter, laisser vendre ni débiter au Public aucunes drogues, onguens, ni ouvrages de Pharmacie, tant galénique que chimique, soit dans l'enceinte, soit dans le dehors dudit Hôpital extrait des registres du parlement, 21 août 1767* (Lyon, 1767). Agreements between the Daughters of Charity and hospitals often entailed them holding the apothecary position. Jones, *Charitable Imperative*, 195–96.

70 *Affiches de Lyon*, 28 January 1761, 15.

71 *Affiches de Lyon*, 31 December 1766, 244.

72 *Affiches de Lyon*, 19 August 1767, 159.

73 See note 56. The 1755 and 1759 edicts, registered in Lyon in 1761, explicitly prohibited the incorporation of women by surgical communities for dentistry, and therefore women's dental practice. *Affiches de Lyon*, Delles Dervieu, 4 November 1768; 20 October 1768; Delle Craponne, 7 February 1759, 22, 11 January 1764, 7, 11 November 1767, 208; Veuve Bunon 16 June 1750, 191; Sr and Mme Delaire, 26 October 1768, 216. Delaire is the only female itinerant in the Lyon *Affiches*.

medicine alike.⁷⁴ For example, Sister Magdaleine Hanuche's remedy book (1750–75) had a mix of remedies 'infallible for cancer' or to treat paralysis, cure-alls (like universal balm and divine water) and a range of opiates, plaisters, purgatives, syrups, powders and distilled waters to treat various ailments.⁷⁵ More striking is that the Lyon healers would have needed access to equipment and ingredients to prepare their remedies, despite their tiny, often shared urban lodgings.⁷⁶ Preparing medicines was more challenging in such spaces than in the convents or wealthy households that historians have generally associated with large-scale commercial recipe preparation or the process of distillation.⁷⁷

Many medical practices were domestic in other ways. Twenty-eight women provided 'body-work' services (intimate physical care).⁷⁸ At least twenty-one women specialized in infant weaning, care and education, whilst seven others cared for convalescents or women during and after birth.⁷⁹ Such care included taking children or invalids into their own households, or staying for long periods in another household. Florent, for example, took in children to wean and toilet train, whilst widow Ruby accommodated elderly ladies and young children.⁸⁰ At least three other women were involved in family/household practices through supporting their male relatives. For example, widow Bunon sold her late husband's dental remedies, specifying she made them herself. Sr Chanal worked with his wife and daughters weaning and caring for infants.⁸¹ Domestic medicine and commerce overlapped; within the household, remedies for sale were made, nonfamily members might receive intimate care in exchange for payment, and lucrative family remedies might be commercialized.

IV

Within Lyon's medical world, Grand and Fiansons' decades-long medical practice was highly visible. Their apartment was near the surgical corporation meeting rooms in the Cordelier community. Like other healers the surgeons questioned between 24–28 March 1759, they argued that they thought they were permitted to do healing work. Grand emphasized that charity was central to their practice 'as she was zealous in serving the poor without charge in their healing.'⁸² Whilst this was a common defence strategy, we should not assume it lacked any basis in truth. Grand also expressed a distinct occupational identity and purpose, describing herself as an 'arboriste' (herbalist) and 'chimiste' ('chymist' was exclusively associated with men in the

74 *Affiches de Lyon*, Mme Roman treated epilepsy, May–September 1769, 103, 129, 140, 188, 203, 207; Mme Delaunay treated hernias and fallen uteruses, 10 November 1750, 365; Mme Regent had an eye pomade, 30 March 1768, 72. Brockliss and Jones suggest this was specific to commercialized medicine: *Medical World*, 661–62.

75 This range was usual for printed and manuscript remedy collections, although some include veterinary treatments (W[elcome] C[ollection], L[ondon] MS 3410), vermin prevention (WCL MS 4162) and magical (WCL MS 3409) or religious remedies (WCL MS 4082). Sœur Magdaleine Hanuche fille de la charité (1750–75), WCL MS 2777, fols 12r, 29r, 44r, 69v; *Livre des remèdes de Madame la presidente de Maliverny* (1719–39), WCL, MS 3409; *Les Secres de Madame la presidente de Maliverny*, WCL, MS 3410; *Recueil de remèdes et secrets* (1730–1850), WCL, MS 4162; *Receipt-Book, French* (1756), WCL, MS 4082, fol. 237. Daughters of Charity often used Madame Fouquet's book: Jones, *Charitable Imperative*, 196.

76 For example: one demoiselle lodged with a surgeon, *Affiches de Lyon*, 31 January 1759, 18–19; Veuve Blanc lived on the third floor of M. Terrasse d'Yours' residence, 16 July 1760, 119; Veuve Bunon lived with her brother, 16 June 1750, 191.

77 Leong, *Recipes*; Rankin, *Panacea's Daughters*; Strocchia, *Forgotten Healers*, Chapter 3.

78 Fissell, 'Women', 10–14.

79 Examples of adverts to wean infants and care for young children: *Affiches de Lyon*, Mme Bogelin, 22 August 1759, 135, repeated September and December 1759; Dame Sansfacon, 9 July 1766, 142 repeated five times to 26 May 1768, 114. Seven anonymous adverts provided precise contact details: a widow in Bois d'Oingt instructed those interested to ask Mme Duplain the elder, bookseller, Rue Mercière, Lyon, 30 April 1760, 70. Two offering convalescent and postpartum care gave their names: Dame Olivier, *Affiches de Lyon*, 12 April 1769, 91; Dame Thevenard, midwife, 27 January 1750, 31. Others were anonymous but presented as skilled and experienced: *Affiches de Lyon*, 20 January 1768, 15; 4 January, 1770, 5; 24 January 1770, 19; 14 February 1770, 37; 10 August 1768, 163; 28 September 1768, 199.

80 *Affiches de Lyon*, Florent, 30 August 1769, 18; Veuve Ruby, 20 May 1767, 105.

81 *Affiches de Lyon*, Marguerite Lescot, 6 January 1750, n.p.; Veuve Lanoix, 14 December 1768, 253; Veuve Bunon, 16 June 1750, 191; Sr Chanal and family, 3 April 1765, 54, 11 May 1768, 106.

82 ADR 8B938, Grand to comtesse de Grollée, n.d.

Affiches).⁸³ Herbalists might have a range of functions, from knowing herbs and using herbal remedies to gathering plants, whilst ‘chymists’ specialized in preparing medicines that included distilling waters and making pills.⁸⁴ Grand and Fiansons prepared medicines and collected herbal knowledge, fitting both occupations. The surgical company was untroubled by Grand and Fiansons’ practice before 1759, although they would have been aware of it, given the company’s network around Lyon and informants who reported on contraventions.⁸⁵ If healers distributed remedies for free and harmed no one, they usually remained unchallenged, especially given the Enlightenment emphasis on *bienfaisance*.⁸⁶ Grand and Fiansons’ many years of treating patients without corporative interference suggests tacit communal complicity, not marginalization.⁸⁷ Rather, the surgeons likely targeted the women in March 1759 for their treatment of three ‘surgical illnesses’ (epilepsy, ringworm and hydrophy) *because* of their observable success.⁸⁸

Grand and Fiansons were embedded in a local community of medical and botanical knowledge-making, sharing and collecting. Their extensive medical paperwork consists of a range of document types in various hands, at least some of which seem to be Grand’s or Fiansons’: printed handbills, clumsily written lists of herbs and other ingredients on tiny scraps of paper. In addition to the forty-six patients who provided testimonials, fourteen others in Lyon were named on recipes or notes. Repeat correspondence with fifteen rural clients reveals consulting by post or intermediary, exchanging recipes with a Capucin priest in Vienne, and taking in invalids. Two small cheaply bound notebooks contained recipes and descriptions of plants’ medicinal properties—which Grand said she had written from memory (though they do not match the hand in papers she signed).⁸⁹ Their wide-ranging papers suggest the geographical and socioeconomic reach of their practice, as well as the scope of their work. Sister Marie-Suzanne de l’Assomption of the Carmelites of Trévoux begged the women to visit, even sending them a horse via their gardener’s son to fetch them, whilst a letter from the widow Blanc called Bonny in Saint-Symphorien mentions sending her son to Fiansons’ in the city for treatment and remedies. Grand and Fiansons even had a long-standing arrangement in which they paid Marie Jurron in Rillieux, a village outside Lyon, to collect plants and herbs from the countryside. They also acted as brokers between the city’s hospitals and rural wet nurses. There are strong indications that the women were trusted within their networks. For example, a patient testimonial certifying a cure thirty-three years prior speaks to the length, nature and success of their practice. They also participated in the culture of micro-credit; two credit notes, for loans to Grand in 1752 and 1757, along with some requests that patients pay, reveal precarious finances and situate the women in a local trust-based credit economy, demonstrating their moral and cultural capital.⁹⁰ Grand and Fiansons had an impressive network of supporters, with numerous patients willing to attest to their skills.

The scope of Grand and Fiansons’ practice becomes even clearer when we examine the inventory of items seized from their home in 1759. In their apartment, they stored various remedies

83 ‘Chymiste’ appears five times. *Affiches de Lyon*, Sr Chauvet, 27 June 1759, 103; Sr Mollée, 8 August 1759, 127; Sr Ruscat, 29 April 1761, 71; Frère François, 7 April 1761, 56, 14 April 1761, 59. ADR 8B938, Grand to comtesse de Grollée, n.d.

84 Spary, ‘Masters of the exotic’.

85 AML HH56 300 *livres* relating to ‘informants’ and contraventions (1760).

86 Ramsey, *Professional*, 35–36. The charitable emphasis is apparent in book titles such as *Les Remèdes charitables de Mme Fouquet* (Lyon, 1681) or claims in the forwards like Mme du Coudray noting the need in the countryside and the zeal for ‘public good’: *Abrégé de l’art des accouchemens* (Paris, 1759), ix.

87 On widespread acceptance by urban authorities: Julie Hardwick, *Sex in an Old Regime City* (Oxford, 2020), 11; Harkness, ‘View’, 56–57.

88 London corporations only went after conspicuous women healers. Harkness, ‘View’, 81.

89 There is mention of the women losing their secretary in 1756. ADR 8B938, Sister Marie-Suzanne de l’Assomption to Grand, 12 July 1756.

90 See ADR 8B938 for these examples.

and ingredients: thirty-seven pots of balms and unguents for wounds and ulcers, nine boxes of medicinal powders (including one of savin, which was prohibited), eleven pots of unguent, eighty packages of different remedies (powders, unguents, plaisters), a packet of rolled plaisters, eighteen vials of waters and composite liqueurs, and a glass bottle of saltpetre.⁹¹ They had substantial equipment to prepare, distil and deliver their own medicines: mortars and pestles (one copper), a drum sieve, several components for an alembic still (in copper and glass) and syringes for women. They even had five books—four remedy collections and one on childbirth.⁹² Grand and Fiansons' inventory was substantial in comparison to those of the other practitioners raided by the surgical corporation in the same five days. Some only had small-scale equipment and several remedies, such as the 'charlatan' Giverlet who had 207 vials of balms and ninety-five balm pots, plus small amounts of a few other treatments. Others, like the herbalist Paradis, had extensive distillation equipment and three books, but kept few remedies on hand.⁹³ The only other woman targeted in the raid, Antoinette Martin, seems to have primarily treated venereal disease. She possessed mercury pills and unguents, along with seven pots of opiate purges and pomade for ulcers.⁹⁴ The botanist Saran was the most successful one investigated, with a much larger library (twenty-six surgical or recipe books bound in sheepskin or vellum), a tablet for recording the names and addresses of patients, small amounts of medicaments (waters, mercurial pills, oils, vinegars, sudorifics, purgatives), packets of mercurial pills, two syringes, lead balls and distilling equipment.⁹⁵ Within this context, Grand and Fiansons had an impressive set up of books, equipment and ingredients to make medicines for a wide range of conditions, as well as items for sale.

The women's paperwork also provides evidence of their services. The women occasionally provided 'bodywork' in their own home. For example, in November 1752, Grand received a three-year-old child 'in my home' to treat ringworm for nine months and nine days. The care agreement included a monthly sum for food, and payment of a servant since the child was not toilet-trained.⁹⁶ Providing daily care for a young child in one's own household was labour-intensive. The frequent applications of ointments and, likely, regular purges was also time-consuming.⁹⁷ Their medical recipes were often herbal, with one booklet including descriptions of herbs' properties amidst the remedies, although other ingredients (like elemi gum, wax, pig dung, mercury and Venice turpentine) also appear. The booklets and loose papers reveal remedies indistinguishable from other remedy collections: an unguent of chamomile, rue leaves, linseed and soap; bouillons to stop vomiting or to purify the blood; an eye water; or a medicine for headaches. There were loose recipes for balms, cataplasms, liniments, tisanes, pills and sudorifics, which treated many ailments, including hydropsy and venereal disease.⁹⁸ There were hints of a religious or magical healing, such as a certificate of authenticity dating from 1738 for a relic that might have been used for healing, as well as a baby boy's caul (labelled and wrapped in a sheet of paper for safekeeping), its sharp edges showing where tiny pieces were removed

91 Savin is an emmenagogue, which stimulates menses or lochia (post-birth), procures abortions, expels stillbirths, treats the vapours or (topically) penis ulcers. Étienne-François Geoffroy, *Traité de la matière médicale* (Paris, 1743), 464; Pierre Jean-Baptiste Chomel, *Abrégé de l'histoire de plantes usuelles* (Paris, 1712), 117, 125, 318.

92 AML HH74, Procès-verbal Grand and Fiansons, 26 March 1759.

93 AML HH74, Procès-verbal Giverlet, 24 March 1759; Procès-verbal Paradis, 24 March 1759.

94 AML HH74, Procès-verbal Martin, 28 March 1759.

95 AML HH74, Procès-verbal Saran, 25 March 1759.

96 ADR 8B938, Receipt of child for treatment, 21 November 1752; Post-treatment contract between Grand and M. Lami, 9 September 1753; Request for unpaid fees, 21 November 1753. M. Louvet testified that Grand cured his child's ringworm when the Hôtel-Dieu and surgeons could not: ADR 8B938. On the need for trust in care work: Carter, 'Work'.

97 The forward to *Le Manuel des dames de charité* (Paris, 1754) emphasizes bleeding and purging with any medical treatment.

98 All examples from ADR 8B938.

for use as amulets or remedies.⁹⁹ But herbal remedies predominated. There is nothing to suggest a surgical practice—or at least no more surgical than domestic medicine, although Grand and Fiansons treated diseases in the surgeons' remit (hydropsy, ringworm, epilepsy and venereal disease). Their practice's breadth and success eased their economic precarity, but made them vulnerable to the surgical corporation in other ways.

V

Immediately after the surgeons' requisition of their materials, Grand and Fiansons activated their considerable support network to minimize damage to their livelihood. A year later, they deployed a longer-term strategy to protect their practice. The women demonstrated extensive local, legal and medical knowledge. They had access to sizeable financial resources and cultural capital. But their efforts showed another vulnerability: that they had too much expertise to be protected.

Grand and Fiansons challenged the surgeons immediately. A letter written in a scribe's hand was addressed to the consulat on 28 March 1759, stating that many 'respectable people' came to the women after hearing about the search. 'The bourgeoisie of Lyon' advised them to inform the consulat and the provost of the merchants that they would be willing to testify in support of their charitable healing. The letter pleads not to impose a fine which, given they worked charitably, would reduce them to begging.¹⁰⁰ Grand and Fiansons' dossier also contains forty-six patient testimonials drawn largely from working families of Lyon, showing their clientele's active support. Twenty-four testimonials take the form of a memoir or legal brief intended for the judges, which was probably included with the letter to the consulat.¹⁰¹ The women mobilized support quickly.

Three narrative strategies operate in the letter and the testimonials. Although the letter mentioned both women, the testimonials and memoir only name Grand. Why is uncertain. Perhaps this represented a hierarchy of age or in their working practice, with Grand taking the lead in their healing. There is enough evidence in the paperwork though to indicate that Fiansons also practised healing. A more likely explanation is that they were following legal advice that a single woman working alone would be perceived as less threatening than two women working together.¹⁰² A second strategy pertained to the nature of their practice; Grand stressed that she was an herbalist and chemist, working from simple herbs, using 'the science that God has given her'. This referenced stereotypes about herb-women, downplaying the accusation that she practised surgery.¹⁰³ Many testimonials also demarcated Grand's treatments from common surgical practices by emphasizing that she cured them with simple remedies not purging or bloodletting.¹⁰⁴ Certainly the inventory of their seized possession suggests that this was true, but it was a critical distinction to make given the January 1759 *arrêt* forbidding women in Lyon from practising any form of surgery apart from midwifery. Remedies were, of course, included in the legal definition of surgery, but patients testified that Grand had cured them following

99 See also the epilepsy charm: ADR 8B938. Healing charms were often spoken aloud rather than written. Relics were often used in childbirth and considered part of women's caregiving. Ritchey, *Acts of Care*; Jonathan Greenwood, 'Miracles in writing: obstetric intercessions, scribal relics, and Jesuit news in the early modern global cult of Ignatius of Loyola', *Journal of Jesuit Studies*, 9 (2022), 338–56; Lisa Smith, 'Bespelled in the archives', *The Appendix*, 1/2 (2013), <http://theappendix.net/issues/2013/4/bespelled-in-the-archives>.

100 ADR 8B938, Grand and Fiansons to Consuls, 28 March 1759.

101 ADR 8B938, *Mémoire a coursit des maladies que la marie magdelaine grand a guérit*. The remainder are in the same hand as a letter to 'Mme de Grollée' suggesting they were for her.

102 On working families' knowledge of legal process: Hardwick, *Family business*. On the threat of associated female workers: Hafer, 'Women', 26–27.

103 ADR 8B938, Grand and Fiansons to consuls, 28 March 1759; Grand to comtesse de Grollée, n.d.

104 For example, ADR 8B938, Monsieur Rousset, cured of paralysis in three days 'without any purging or bloodletting'.

abandonment by surgeons, physicians, even the Hôtel-Dieu, offering a compelling, if commonplace, workaround. Finally, Grand emphasized her charitable practice.¹⁰⁵ This was not a cynical ploy. The testimonials reveal that some of their practice included treating the working poor, although they also treated paying clients—some of whom, like the comtesse de Grollée, represented the wealthy urban elite.¹⁰⁶ Their widespread support hints at the status still accorded to women within the Charité hospital networks, which had flourished in the seventeenth century and continued, if more quietly, in the eighteenth.¹⁰⁷

It appears that extrajudicial negotiations quickly took place between the women and the surgeons. Although the surgical corporation's surviving contraventions records are loose-leaf and patchy, the consulat's records are neat, bound, chronological registers, strongly indicating that there was no hearing. Perhaps the court declined to hear their case in the face of such overwhelming support from a cross-section of the local community, or perhaps it was commonplace for the surgeons to pursue out-of-court settlements.¹⁰⁸ Grand took the lead role in the negotiations, symbolically at least. Her name alone is on the receipt from Provost Landry acknowledging payment of ninety-six *livres* on 29 April 1759. Landry notes that the fine was reduced from the maximum 500 *livres* 'out of pure charity and consideration for the respectable people who supported her', in return for Grand's promise not to treat patients anymore.¹⁰⁹ On 4 May 1759 Grand thanked the Messieurs de Saint Michel près la Désert for their support, complaining that the surgeons had reneged on their promise to return everything they had seized. The surgeons, she lamented, returned only the least valuable portion of her materials, 'small utensils', retaining the majority of them worth 'more than a thousand écus.'¹¹⁰ Despite the considerable financial loss, Grand and Fiansons did not give up; indeed, it seems unlikely that they stopped practising medicine altogether, given what happened next.

A year later, Grand and Fiansons turned to their wealthier clientele for help in obtaining a royal *brevet* or patent to practise protected from interference by the surgical corporation. From 1731, the king's first physician dealt with *brevet* requests in consultation with the royal medical commission, composed of five physicians, five surgeons and two apothecaries. The approval process consisted of an evaluation of the producer/vendor and the remedy itself.¹¹¹ On 26 April 1760, Marianne Cornallet, wife of Jean Carrillon, pressed Madame Parens in Paris to ask her husband to use 'her favour and her notoriety' with Louis XV's first surgeon to obtain a *brevet* authorizing Grand to work with her simple herbal remedies.¹¹² Again, they used only Grand's name. Around the same time Grand and Fiansons pleaded with their patron, the comtesse de Grollée, to obtain a royal patent to treat the sick poor. Here Grand drew on the language of charity and of secrets asking for the countess' protection from the surgeons' jealousies and attacks, reminding her that she was no stranger to Grand's secrets.¹¹³ Monsieur Parens indicated on 17 July 1760 that Grand needed to ask the king's first physician, who only ever issued permits for

105 ADR 8B938, Grand to comtesse de Grollée, n.d. and to consuls, 28 March 1759; Mme Carailon to Mme Parens, 26 April 1760.

106 For example: ADR 8B938, Le comte de la demoiselle de Monsieur Gibeau; le compte de Monsieur Labee.

107 Jones, 'Sisters'; Jones, *Charitable Imperative*, 91–94. Thanks to Emma Spary for reminding us of this.

108 Hervé Piant, *Une Justice ordinaire: justice civile et criminelle dans la prévôté de Vaucouleurs sous l'ancien régime* (Rennes, 2006), 10–13.

109 ADR 8B938, Receipt, 29 April 1759.

110 ADR 8B938, Grand to Messieurs de Saint Michel près la Désert, 4 May 1759. The economic value of unreturned confiscated materials suggests this was a strategic revenue stream for guilds and a reason for extrajudicial settlements. The consular court ordered that confiscated goods be returned on payment of fines for contraventions. Given the tensions between the surgeons and the consuls around illegal practice it is unsurprising that the surgeons chose to circumvent the court in this way.

111 Brockliss and Jones, *Medical World*, 628–30.

112 ADR 8B938, Mme Cornailon to Mme Parens.

113 These letters are undated, but the first mentioned the surgeons' search a year previous.

money.¹¹⁴ When Monsieur Pibrac replied to the countess on 8 September 1760, he confirmed that the king's first physician and his commission would not accord Grand a brevet since these were reserved for those with particular secrets, not those who practised 'la grande médecine' using plants— that, he wrote, was something which had nothing to do with surgeons in the royal court. Royal protection was not forthcoming.¹¹⁵ The women's networks were powerful enough for their request to reach the royal household and royal surgical academy, if not sufficiently wealthy or influential to persuade the royal commission.

Monsieur Pibrac's reply also points to the ever-present tensions between the three corporative branches of medicine: physicians, surgeons and apothecaries. Grand and Fiansons, caught in the corporative struggle to define and separate the three branches of medicine, embodied the inherent impossibility that corporative rhetoric would ever bear such neat delineation in practice, regardless of guild membership or gender. Grand and Fiansons' reliance on plants and herbs in their healing practices visibly straddled the artificial boundaries amongst surgeons, physicians and apothecaries. Their practice was too extensive to afford them the protection of a mechanism that licensed proprietary medicines or specifics, which were more containable than healers with broad-ranging knowledge and skills. Their extensive practice also contradicted surgeons' claims that denied women access to anatomy and osteology lessons for reasons of modesty, resulting (allegedly) in women lacking the knowledge necessary to practise surgery.¹¹⁶

VI

Grand and Fiansons' story, which spanned the silk-working industry and the medical world in their tiny apartment, challenges the often binary thinking in the history of medicine and the invisibilization of noncorporative medicine and women practitioners. After all, Grand and Fiansons successfully practised 'la grande médecine.' They were women at the centre of everyday urban medical practice, with solid and effective networks, rather than empowered women operating in the shadow of the corporations. Their papers provide a counter-archive that resists the women's occlusion, revealing the coexistence of entrepreneurial, charitable and domestic medicine. Reading their papers alongside the *Affiches* and recipe books, moreover, suggests that Grand and Fiansons were not unusual—and certainly no more than the difficult-to-categorize Sisters of Charity that Jones examined back in 1989. It was only by serendipity that Grand and Fiansons became more visible than other women healers. The cumulative effect of archival erasures, combined with historians' reliance on gendered narratives about charitable provision and corporate policing of medicine, has obscured the flexibility and pragmatism of medical practices, particularly women's. The result is the persistent notion that early modern women's medical work can only be found in the shadows of the medical marketplace and the archive.

Far more than mere purveyors of a proprietary medicine, Grand and Fiansons were herbalists and 'chymists' with an extensive network of patients, from the urban poor to the nobility within and beyond Lyon. Their clientele and well-stocked shelves indicate financial success prior to the surgeons' interference and high social status within their local communities. We do not know what happened to the women after their brief appearance in the archival records. Given that the women were so deeply rooted within their community (and that the surgeons had overlooked their practice for decades), it is likely that they would have rebuilt their practice in some form. Certainly, Grand and Fiansons had long engaged in a range of entrepreneurial practices, from

114 ADR 8B938, M. Parens to Mme Carailon, 17 July 1760. The king's first physician (1752–70) was notoriously corrupt: Brockliss and Jones, *Medical World*, 629.

115 ADR 8B938, Copy of M. Pibrac to comtesse de Grollée, 8 September 1760.

116 This premise was the basis for the exclusion of women from all surgical practice in the nationwide edict of 1755, enforced for Lyon in 1759, and registered by the consuls in 1761. See note 56.

silk-work to the provision of consultations and remedies by post. Grand and Fiansons' practice underscores the centrality of social credit and the household for women's medical occupations. Embedded in the city's moral credit and cash economies, Grand and Fiansons practised charity and commerce according to need and their spectrum of patients. Although the women's obvious success created tensions with the surgeons, their social credit acted as a safety net, with members of their network providing support when their practice was threatened.

The women's domestic space, along with their multipurpose unwinding, cooking and medicinal equipment, served their silk-work and medical work. They had the tools to pound, sieve, heat, distill and cool ingredients to prepare balms or plasters for external application and infusions, soups and waters for ingestion. Their apartment provided space for their long and short-term care of chronic and convalescent patients, receiving and consulting with patients, and corresponding with or sending medicines to others. Grand and Fiansons' story elucidates women's pragmatic responses to a precarious economic existence, with the women drawing on all their skills and tools to survive. Even as their 'domestic' medical knowledge offered commercial opportunities, their wide-ranging medical activities reveal their constant need to diversify to minimize precarity's risks. Significantly, their medical practice was not unusual, given the tantalizing hints about similar ones across Europe. It is through a series of archival accidents that Grand and Fiansons, their medical practice and their networks ever became visible at all. These women were not extraordinary in terms of their practice; they were extraordinary simply because their materials survived.