

MARIE-FRANCE MOREL

WET NURSES AT COURT IN XVIIth CENTURY FRANCE¹

Société d'histoire de la naissance
marie-france.morel@orange.fr

In all European courts, the survival of royal newborns was a fundamental and uncertain issue for dynastic continuity. In France at the beginning of the XVIIth century, King Henry IV, married to Queen Marie de Medici, had six children from 1601 until 1609, all but one of whom survived to adulthood. Several of these children were closely linked to the Spanish crown in the Golden Age: the eldest, Louis XIII, born in 1601, married the infanta Ana Mauricia, daughter of Felipe III, in 1615; the second, Elisabeth, born in 1602, married the future Felipe IV in the same year and became Queen Isabel de Borbón. In the next generation, Louis XIV married another infanta, Maria Teresa, daughter of Felipe IV and Isabel and therefore his first cousin. In 1679, his niece Marie Louise d'Orléans was married to King Carlos II. And in 1700, his grandson Philippe d'Anjou became King Felipe V.

For early XVIIth century France, we have two important sources concerning the health of royal newborns. First, the treatise on childbirth published in French in 1609 by Louise Bourgeois, the midwife of Queen Marie de Medici, titled *Observations diverses sur la stérilité, perte de fruit, et fécondité, accouchements et maladies des femmes et enfants nouveaux naiz...* (*Diverse observations on sterility, miscarriage, fertility, childbirth, and diseases of women and new-born children...*) Two enlarged editions followed in 1617 and 1626; the latter was supplemented by her recollections of the Queen's six births, *Recit véritable de la naissance de Messigneurs et Dames les Enfants de France...* (*The account of the births of my*

¹ Revisado y corregido por Sabrina Grohsebner.

Lords and Ladies Children of France...)².

The second document is a manuscript written by the personal physician of the dauphin, the future Louis XIII, which begins at his birth on 27th September 1601. Jean Héroard (1551-1628), former medic to Kings Charles IX, Henri III and Henri IV, left a detailed daily diary of the birth, childhood and youth of Louis XIII until his own death. During the first months, he was mainly concerned by the poor health of the baby, because different wet nurses did not succeed in nursing him³.

HOW TO CHOOSE A WET NURSE FOR A ROYAL NEWBORN

There is a long tradition of listing the qualities of a good wet nurse which originated with ancient authors: Aristotle's *Historia animalium*, Pline's *Natural History*, Plutarch, Tacitus, Aulus-Gellius's *The Attic Nights*, Moschion, Paré, together with Arabic medieval authors. Bourgeois is not really original when she lists the characteristics of a suitable wet nurse: she must be young (but not too much), have good teeth and breath, it is better if she has given birth to a male, her breasts should have a proper shape, her skin should not be too light, her hair should be dark rather than blond (especially not red!) and there must be no pox, scrofula or epilepsy in her family⁴. Unlike her predecessors, Bourgeois has experienced nursing with her own children and is well aware that maternal breastfeeding is the best for any baby. But, as most women from the bourgeoisie and aristocracy treated by her do not want to nurse their children, she has to explain how to choose a wet nurse:

The important thing to consider is her gaze, such as whether she looks directly at you, is cross-eyed, or looks downcast. This is important, because she will look at the child. Take care that she is not a redhead, because their milk is very hot [...] Observe whether her teeth are white and well set. [...] Find out if any bad odor comes from her nose, for the least strong smell emanating from a wet nurse's nose or mouth greatly harms the child's lungs, in the same way that the vapor rising from mud or a privy can spoil bronze, copper, or silver and blacken it. [...] A wet nurse should therefore be pleasant, have good teeth, dark or brown hair, and come from a healthy family. [...] She should not be choleric; she should have good, abundant milk. Her nipples should not be too thick, for [1,165] this often makes it difficult for the child to nurse. She should not be too fat, and above all, make sure she is not of an amorous disposition. This is often the case with honest

² Bourgeois Louise, *Midwife to the Queen of France : Diverse Observations*, translated by Stephanie O'Hara, edited by Alison Klairmont Lingo, Toronto, 2017 (remarkable commented edition and first complete translation into English). In her time, Bourgeois was translated in German, Dutch and Latin, but apparently not in Spanish.

³ Héroard Jean, *Journal de l'enfance de Louis XIII*, edited by Madeleine Foisil, 2 volumes, Paris, Fayard, 1989.

⁴ The qualities of a wet nurse are also enumerated by a Spanish contemporary, the doctor Ruices de Fontecha, in *Diez privilegios para mujeres preñadas...* Alcalá de Henares, 1606, Privilegio nono.

women whose disposition causes them to lie with their husbands. Their milk is then true poison for a nursing child. This can be seen when they nurse a child, for their monthly purgations start up again very early on. Truly good wet nurses never have them while nursing, or at most they have them fifteen or eighteen months after giving birth. I have observed that when they have them earlier, the children languish from that time on.

Bourgeois is quite original here in her argued distrust of bad breath, whose harmful effects she compares to that of a mephitic vapour corrupting the lustre of the brightest metals. She uses her own trivial comparison here, derived from her common sense as a housewife, typical of her position as a practitioner 'between two worlds', both scholarly and popular⁵. On a practical level, the bad smell of the nurse's nose or mouth could poison the child's lungs. At the same time, on a symbolic level, bad breath is like a mephitic *pneuma* that could have a harmful influence on the fragile soul of the new born⁶.

In her distrust of nurses who are menstruating again, Bourgeois draws on very old theories of the incompatibility between milk and blood: it is not possible for a woman to produce good quality milk and blood at the same time ; a good wet nurse should not menstruate. She must not have sexual relations either, because they are considered to trigger menstruation or, worse, pregnancy, which will turn the milk into a real poison.

Later [2, 60-65], Bourgeois gives “A Most Important Observation Concerning the Choice of Wet -Nurses”. The entire chapter is concerned with the aspect and the taste of the milk. It should be examined with the eyes and tasted with the mouth: it should be white with a pleasant appearance, taste and smell, of moderate consistency and of correct age (two or three months, at the best). The consistency of the milk should be tested by tasting it after letting a drop roll on the nail; moderately thick milk spreads gently: it is sugary and tastes like almonds; watery milk runs off immediately and the child is poorly nourished; thick milk stays together and remains motionless: “Children who are nursed with this kind of milk are sicklier in childhood than their parents in their old age“. Salty milk “more livid in color”, is “poisonous” for children. The general idea is that in everything, the good wet nurse should be average: moderation is the condition of good health.

Furthermore, it is most important at the time to be sure that the wet nurse chosen is not syphilitic. Syphilis (called “*grosse vérole*”) is a new illness in the XVIth century which becomes a main occupational hazard in wet nursing and a problem for parents and doctors when choosing a suitable person. In 1602, in her account of the birth of Elisabeth, first daughter of the Queen (and future queen of Spain Isabel

⁵ Jacques Gélis, « Louise Bourgeois (1563-1636). Une sage-femme entre deux mondes », in *Histoire des sciences médicales*, 2009, 43 (1), p. 27-38.

⁶ Thanks to Sabrina Grohsebner for suggesting this interpretation.

de Borbón), Bourgeois tells how she discovered that the wet nurse chosen by the court physicians was the wife of a man she had met when he was a patient of her husband (who was a surgeon) and had not been properly cured from syphilis. She finally succeeds in preventing the wet nurse from being chosen. We can observe that despite medical recommendations and cross examinations by physicians, it was not easy to find a good nurse, even for royal newborns.

THE FOUR WET NURSES OF LOUIS (1601-1602)

When Louis was born, as usual, several potential wet nurses had been selected by the court physicians. Called the 'retained' wet nurses (*nourrices 'retenues'*), they lived together with their babies in a house where they were supervised and could easily be called in emergency to the palace. It took three and a half months to get a proper wet nurse for the dauphin. Only the fourth one would be the good one. It is interesting to follow the recurrent breastfeeding problems mentioned by Héroard on a daily basis.

At birth (27th September 1601), the baby was apparently very strong and greedy and had to be nursed on demand very often. His first "*nourrice de corps*" was Marguerite Hotman. She did not have enough milk:

(10th October): *When he nursed...it was in such great gulps, lifting his jaw so high that he drew more in one go than others do in three. Thus his wet nurse was at any hour almost dried out.*

(11th October): *The wet nurse vomited her entire dinner after returning from the queen's room; she was eating more than she could, after she had realized she was lacking in milk⁷.*

(13th October): *Nursed avidly and for a long time. Clear lack of milk in his wet nurse, who had small breasts and clear, warm milk.*

(14th October): *As hungry as a wolf, not at all sated, he was given pap on the finger, after having emptied both breasts; he ate some avidly.*

(16th October): *As ravenous as a wolf, having emptied the wet nurse's breasts, he took pap.*

(18th October): *As hungry as a wolf, dried up his wet nurse, pap... Completely dries up his wet nurse's two breasts⁸.*

On 19th October, Madame Herlin, femme de Lemaire, was called as 'second nurse'

⁷ It is interesting to note that the belief in the benefits of 'eating for two' when breastfeeding, which is still alive today, existed a long time ago.

⁸ All my quotations from Héroard (in italics) are translated by Stephanie O'Hara, whom I warmly thank.

together with the first one.

(23rd October): *Little milk in the wet nurse, who covered her breasts with her neck cloth to hide their deficiency.*

(7th November): *His wet nurse had little milk, help with sweet almond oil and rock sugar. Put beaten gold at the tip of her breast for the cracks⁹.*

(16th and 17th November): *he is nursed by the two wet nurses, one after the other.*

(11th December): *And since it was noticed that he was growing thin, he was given pap again.*

It is important to understand this use of pap in addition to breastfeeding. Since the Middle Ages, pap (*bouillie*), made of animal milk and flour or bread, is given to newborns very early, along with maternal milk. It is considered necessary for the growth of a baby, and it symbolically transfers a part of the father in it, according to the old proverb: *Man's bread and woman's milk build strong children*, which means that the pap is an ideal mixture of milk coming from the mother and cereals grown by the father¹⁰. Also visual representations of the time connect to this tradition. In Nativity paintings of the XVth and XVIth century, Joseph is often figured as a pap maker and a positive figure of paternity, together with Mary breastfeeding. Practically, the pap is given with the aim of making the infant put on weight quicker. For young Louis, it is an emergency solution because, being "*As hungry as a wolf*", he is literally starving. Héroard and Bourgeois mention the fact that pap is often given on the finger ("*doigtée*"), which is easier to suckle for a newborn. Some other medical sources explain that the nurse can also put the pap in her mouth before she gives it to the infant. Mixing the pap with the saliva of the nurse is in fact an effective way of predigesting the starch of the flour which is not digestible by an infant. Nevertheless, for royal infants, the pap was more digestible, because it was often made with human milk from the retained nurses¹¹.

Like Héroard and most physicians of his time, Bourgeois is not keen on giving pap to the newborn. It apparently makes the child fat, but he does not digest it well. She thinks that it is given only by bad wet nurses who do not have enough milk because they have their monthlies again [2, 63]:

I can say as well that by God's grace I have helped save several children's lives upon seeing them nurse, and discovering that their wet nurses did not have enough milk. A third of children die for

⁹ A thin foil of beaten gold had a strong healing power on cracks, but this expensive remedy was only available at court.

¹⁰ Loux F., *Le jeune enfant et son corps dans la médecine traditionnelle*, Paris, Flammarion, 1978, p. 157.

¹¹ Caffin-Carey Odile, *Marie-Madeleine Mercier, nourrice de Louis XV*, Paris, Perrin, p. 71.

lack of attention to this. Although a child may seem fat and fair, when the wet-nurse realizes her condition, she gives the child a lot of pap. This means that the poor nourishment due to the pap and the lack of breast milk goes undetected. The end result is a great deal of colic and wind, which quite often kills children suddenly, for the least fever that takes hold of them means the end of them.

On 21st December, 1601, Madame Lemaire, the second wet nurse, is sent away, “...for not being amenable to the queen, who was persuaded of this by persons close to her. She was a very worthy woman, quite gentle, and had much good milk. Would that it had pleased God that Monseigneur le Dauphin had been nursed by her instead of the first wet nurse; it would have been better for his health, and I believe that he would have been fed only on milk.”

The baby is not thriving: the repeated changes of milk and the pap have given him all sorts of skin diseases. On 27th December, Marguerite Hotman, the first wet nurse, is also dismissed, and Madame Galand, wife of Charles Butel, Parisian barber surgeon, is called to be the sole “*nourrice de corps*”. On 13rd January, it is found that she is not clean, she stinks, she has rheumy eyes and frequent diarrheas. She is dismissed. Finally, on 15th January, a fourth wet nurse, Antoinette Joron, is called. Though she has large breasts, she does not have much milk. She is shy and mild. Héroard is worried: “*little milk, we are quite upset...in several gulps he emptied a breast.*” Nevertheless, she will improve and will nurse Louis until he is weaned (7th November 1703, aged 2 years and 1 month) and live with him long after. The child will call her “*maman Doundoun*” and love her dearly.



Gaultier, Léonard: La famille de Henri IV, Petit Palais, musée des

Beaux-arts de la Ville de Paris, 1602.

We can imagine how she looked like as we contemplate a print of monarchic propaganda by Léonard Gaultier, *The family of Henri IV in 1602*: young Louis, still under one year, wearing the dress of infants, is sitting on the lap of his dear « *Doundoun* » in front of his mother the Queen. The Dauphin holds the King's right hand, which means that he is his true heir. On the left side of the king we find young César de Vendôme, the king's first born by his mistress Gabrielle d'Estrées; though he is seven, he is depicted as smaller than his half-brother, since he is a member of the illegitimate family. Behind the royal couple, four princes (duc d'Épernon, duc de la Force, duc de Guise and comte de Soissons) are included to confirm the legitimacy of the Dauphin. This print freely mixes public life and family privacy and shows wet nurses as a component of the social system at court.

Other future sovereigns had equally erratic experiences of nurturing. In France, Henry IV had eight successive nurses, Louis XIV also eight. Only the future Louis XV, born in 1710, had one, Marie-Madeleine Mercier, who successfully nursed him for eighteen months. At the Spanish court, where the same double system of nurses was used as in France, with titled nurses and spare nurses called '*amas de repuesto*' or '*de reserva*', it was equally difficult to find suitable wet nurses. The little infanta of the Meninas, Margarita Maria Teresa, born in 1651, had eleven nurses who breastfed her for three years and four months¹². Felipe Prospero, born in 1657, had nine nurses¹³, was weaned at three in mid-December 1660 and died a year later. On the other hand, when they succeeded, wet nurses were deeply loved by their children and lived with them after they were weaned. When Louis XIII's 13-year-old sister Elisabeth married the Infant Felipe in November 1615, she travelled to the Spanish court with her nurse and kept her in her entourage for six years until December 1621 when, after becoming Queen Isabel, she sent her back to France with a gratuity of eight thousand ducats¹⁴. Again, at the end of the century, in 1679, when Marie-Louise d'Orléans, the 17-year-old niece of Louis XIV, married Charles II, she brought her nurse Françoise Nicolette Duperroy to the Spanish court¹⁵. In the XVIIIth century, both Felipe V and Isabel de Farnesio also travelled to Madrid with their nurses¹⁶. Whether in France or in Spain, nurses shared a long intimacy with princes. As a result, many of them became wealthy and rose up the social ladder to the nobility.

¹² Echanove Luis Corte, *Nacimiento y crianza de personas reales de España*, Madrid, Consejo Superior de Investigaciones Científicas, 1958, p. 72.

¹³ Ibid, p. 76.

¹⁴ Ibid, p. 53.

¹⁵ Ibid, p. 93.

¹⁶ Ibid, p. 54.