Public Institutions, Private Networks, and Medical Careers in Bordeaux, *c.* 1690-1790.

Angie Smith

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Abstract

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Based on institutional histories of the three corporations governing medical practice in Bordeaux in the century before 1790, and a collective biography of the apothecaries, physicians, and surgeons who were members of those corps, this study develops several interlinked arguments. *First*, that existing analyses offered by historians do not fully describe the transformations in the eighteenth century medical world, as corporations balanced the need to uphold the principles of corporatism against the need for higher standards of training and practice. The surgeons, for example, sacrificed both local autonomy to professionalise and their internal cohesion to a hierarchy, while the physicians masked traditional tendencies with an outwardly meritocratic stance. *Secondly*, that profound alterations within France, such as an increasing dysfunction within the state apparatus, a breakdown of some social barriers, and the onset of the market, provided new opportunities for medical practice that were reflected in more varied career patterns. The emergence of a wider market for health, especially in the successful commercial centre of Bordeaux, produced among the apothecaries, for example, an increase in numbers of scientists and entrepreneurs within the group. *Thirdly*, using three distinct cohorts of apothecaries, physicians and surgeons, the study demonstrates the emerging pluralism of practitioners, and contrasts the more rapid acceptance of new practices by individuals with the slower adjustments of their corporations. It argues that these different attitudes to new practices led to tensions within the corps, and a divergence between the needs of practitioners and corporations. *Finally*, in tracing the networks of influence used by individuals to further their careers including those within the cultural, economic, and professional worlds, and noting the continuing tendency towards endogamy, it concludes that the family remained the most important factor in creating and maintaining a medical career.

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Abbreviations

For the sake of brevity, the following abbreviations to sources have been substituted in footnotes throughout. After the first reference to any other work, subsequent notes include only the author's name and a shortened version of the title.

Primary

ADG	Archives départementales de la Gironde
AMB	Archives municipales de Bordeaux
BMB	Bibiliothèque municipale de Bordeaux
AAADB	*Annonces, affiches, et avis divers, pour la ville de Bordeaux* (Bordeaux, 1765, 1770, 1773, 1778)

Secondary

Autographs	Société des Archives Historiques de la Gironde, *Autographs de personnages ayant marqué dans l'histoire de Bordeaux et de la Guyenne* (Bordeaux, 1895)
Brockliss and Jones	L.W.B. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford, 1997)
Féret	É. Féret, *Statistique générale ... du département de la Gironde. Biographie* (Bordeaux, 1889)
Jurade, (Vol. number)	Boisville, Ducaunnès-Duval, Courteault, Leroux and Védère, *Ville de Bordeaux. Inventaire sommaire des régistres de la Jurade, de 1520 à 1783. 16 volumes* (Bordeaux, 1896-1947)
Péry	G. Péry, *Histoire de la Faculté de médecine de Bordeaux et de l'enseignement médical dans cette ville 1441-1888* (Bordeaux & Paris, 1888)
SAHG	Société des Archives Historiques de la Gironde

Introduction

On Saturday 13 April 1754 the master apothecary Louis Dubuisson stood in the entrance to his shop in rue Sainte Colombe, Bordeaux, and shouted abuse at Gabriel Belin.[1] The latter was an officer of the corporation of apothecaries, and had been greeted with anger when introducing a new apprentice to his colleague.[2] Dubuisson was annoyed because his advice as a senior member concerning the examination of an applicant had not been respected at the last meeting of the group, and reacted by calling Belin and all other masters 'scoundrels', carefully excepting his four contemporaries.[3] Belin in reporting the incident considered that the insults, audible to passers-by, had brought the corporation into disrepute, and Dubuisson was excluded from meetings for six months.[4] However, he remained absent until 1759 when he ceded his mastership to his son Pierre, who presented certificates to prove his suitability to be examined.[5]

The story demonstrates two major themes that are explored in this study. First, a growing tension between the needs of corporations and their members, as opportunities for practice expanded outside the traditional confines of corporate governance. For Dubuisson this was expressed in a diminishing respect for the views of more senior members within his corporation as it accepted new members with wider horizons of practice. In this case the traditional format of examinations was being amended by the officers of the corporation, who at that point included a chemist who was a member of the Bordeaux Academy of Science, and an apothecary involved in international trade in drugs.[6] The second theme is closely related to the first, and is concerned with the emergence of an emphasis on merit, potentially opposed to the traditional system of inheritance within corporatism. The primacy of inheritance and the tendency within pharmacy to family continuity is clearly demonstrated in the example: the examination was of

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[1] ADGC1717. A report made by Belin on 19 April 1754 at a special meeting of the corporation of apothecaries. The term apothecary (although not their function to prepare and sell remedies) is now considered archaic and has largely been replaced by pharmacist, druggist, or dispensing chemist.

[2] Corporation in this context refers to an official body within the absolutist state; corps has much the same meaning. Other similar terms include *confrérie*, *compagnie*, and *communauté*.

[3] The record of the meeting does not note his particular objections.

[4] ADGC1717, 22 April 1754, the meeting was attended by nine of the 17 masters, excluding the four older members Jean Belin, Guillaume Ducourneau, Falquet père, and Maleville père.

[5] ADGC1717, 1 February 1759. He supported the application of the son of Ducourneau, together with most of the older members of the group. Pierre applied on 18 August 1759, asserting that he had 'plusieurs années a l'exercise de la pharmacie' and presented 'les certificats de plusieurs maitres chef lesquels il demure'.

[6] These men were Marc-Hilaire Vilaris and Jacques Vidal, whose careers are discussed in later chapters.

the son of a master, and all four officers at that time were part of medical families.[7] In addition, to show the increasing tendency towards wider training, one of the officers had taken courses in pharmacy with Rouelle in Paris. The Dubuisson family demonstrates the emerging tension between birth and worth. Pierre had been trained outside the confines of apprenticeship with his father, providing him with certificates from other apothecaries; the family thus showed their acceptance of rising standards of practice. Yet inheritance was also central to the continuity of the family business and to corporatism, thus Louis both ceded his mastership in a notarial act in August 1758, and returned to meetings to obtain the formal agreement of his colleagues to the transfer.[8]

Neither one family nor a single corporation can offer all the detail necessary to understand the transformations within corporations and careers: this study is therefore concerned with all corporate medical practitioners – physicians, surgeons and apothecaries – and their governing bodies. It takes the form of an innovative combination of institutional and individual history, using as a case study the city of Bordeaux in the century before 1790. A consideration of the three medical corporations and their compliance with existing analyses is underpinned and accompanied by an examination of the careers of their members in a unique comparative collective biography.[9] For both careers and corporations the aim is to trace transformations in practice and map networks of influence, in an attempt to examine the underlying motivations of the actions of both groups and individuals.

The breadth of these aims therefore necessitates a brief consideration of existing historical analyses of absolutist France, in addition to an examination of issues within the social history of medicine. The historiographic foundations of the study thus fall within several interlinked areas, many of which are related to the market, the conflict between merit and inheritance, and social boundaries. The central themes of the first section of this Introduction, that form the basis for more detailed discussions in later chapters, are corporatism, careers, and networks. The discussions concerning corporatism will establish its crucial role in the organisation of the old regime, and the historical debates on medical corporatism in eighteenth century France. The careers of corporate medical practitioners will then be examined with respect to their growing

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[7] ADGC1717, 23 March 1754. They were examining François Joseph Deleau. The other officer was Joseph Alphonse.
[8] ADG3E24048, 17 August 1758.
[9] W.F. Bynum, 'Physicians, Hospitals and Career Structures in Eighteenth-Century London' in W.F. Bynum and R. Porter (eds.), *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), 111. He was then 'collecting prosopographical data' on physicians and surgeons in eighteenth century London to establish their 'social roots, education and careers,' and hoped to extend this to apothecaries. I can find no further reference to this major study.

acceptance of new areas of practice. It has been argued that practitioners became more pluralistic in their careers, despite the continued existence of boundaries of practice: physicians diagnosed and prescribed, surgeons operated and treated external complaints, and apothecaries supplied medicaments to the order of the physician.[10] In turn, pluralism was dependent on and aided by new forms of contact, thus practitioners used corporate, social, kinship and patronage connections to further their careers.

Any research, however, is based not only on previous analyses and explanations of the past, but also on the variety of approaches, theories, and methodologies available for use. To extend knowledge and understanding it is necessary to use appropriate tools and approaches. The second part of this Introduction will therefore discuss the rationale behind the particular approaches and methodologies used in this study, based on its analysis of the underlying historiography of the first section. It will seek to justify the use of one city as a case study, a comparative approach, and the utilisation of collective biography as a methodological tool. The discussions will also include a statement of the questions within the study, again based on the historiographic background of the first section. The third and final section of this Introduction will outline the structure of this report on the research and analyses undertaken, describing the subjects and aims of each of the five chapters, and supporting appendixes.

Historiography

Corporatism, careers, and networks are the three major concerns of the study, and hence of this discussion. Yet all these issues are also set within the notoriously complex context of the old regime, and are impinged upon by a variety of other factors. The historiography is therefore interlinked in many areas, and it can be difficult to trace a clear path through the dense layers of connections that will only become plain in later arguments in the chapters. For the sake of clarity therefore the discussions are divided into several areas that will be taken in turn, no matter how much issues overlap. First to be considered are the transformations within medical corporatism in eighteenth century France. A discussion of the effect of the expansion of the market on medical corporate control, especially with respect to the provision of medicaments, will lead into an examination of a rise in standards of training, particularly within surgery. The balance of these two tendencies is then discussed within the wider medical world, with respect especially to apothecaries and physicians. The spread and distribution of numbers of practitioners will be considered, and the widely accepted idea of pluralist medical careers will

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[10] I have argued elsewhere that the apothecary was widely consulted and utilised, see A. Smith, 'Weighed in the Balance? The Corporation of Apothecaries in Bordeaux, 1690-1790', *Social History of Medicine*, 16, 1 (2003), 21.

be introduced, partly as the basis for discussions on the importance of various networks in career creation. The second subject is the old regime, here used to introduce several debates and issues that have shaped the research and subsequent analyses. An overview of the corporate state, and its underlying tensions, which included an increasing disenchantment with internal subdivisions, will include a consideration of the erosion of social barriers through new forms of sociability. The effects of the onset of the market in relation to social boundaries, and its conflict with corporate monopolies will then be considered, especially with reference to the reactions of corporate members to such tensions. Several debates on the increasing fluidity of connections and how this affected patronage and the family will then be examined. These debates will be used to introduce and establish the extent and use of networks of contacts as the basis for later discussions on the use of influence in the creation of a medical career.

The first analysis to be considered is the change from the 'diffuse' medical network of three separate corporations in a loosely organised system to a 'tight' and consolidated two-tier profession.[11] Ramsey argues that the expansion of the penumbra of unlicensed practitioners outside the corporate 'core' sprang partly from the burgeoning of the medical market and partly from higher standards within corporatism. As groups policed practice, their own boundaries, and standards of entrants more rigorously, so the barriers to membership were raised. The raising of standards served to exclude many who would previously have become members. As Ramsey explains, 'high costs or arbitrary restriction can swell the ranks of the empirics by driving into unauthorised practice potential candidates who might otherwise have received certification'.[12] In this view the very efforts of the corps to raise standards and reward merit served to expand the numbers of empirics and illegal practitioners, further intensifying the traditional monopolistic stance of the medical corporations. For Ramsey, the battle was over control of the market and standards, in line with broader historical work on corporations to be discussed below. The battle over control, and the effects this had on numbers and standards of corporate members and 'empirics', has not yet been investigated in one site. The use of a single city as a case study, and an analysis of numbers of practitioners and their attitudes to control, would offer an interesting addition to debate on the effects of professionalisation.

Ramsey has set the professionalisation of medicine within the revolutionary period, in line with the analysis of Foucault in the *Birth of the Clinic*, and the changes traced by Ackerknecht for

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[11] M. Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge, 1988).
[12] Ramsey, *Professional*, 49.

hospitals and Vess for battlefields.[13] Surgeons and physicians were united in a national two-tiered professional structure, and the proper study of medicine moved from the book to the body. In this light the medical world of the eighteenth century was merely a precursor of the later watershed. Gelfand has opposed this view, arguing that the change came much earlier in the century for surgery.[14] He describes the origins of the monarchical profession as emanating from the centralisation of surgery achieved through the authority of the first surgeon of the king. The first surgeon, through his lieutenants in the provincial corporations, was able to unify the surgeons into a hierarchical profession. Such a development diminished the local autonomy of individual corporations while it raised the status of surgery. This status was further enhanced by the creation of the Paris Academy of Surgery that 'legitimated surgery's claim to cognitive status and a place in ...learned culture'.[15] Claims to profession and higher status were also based on rising standards of training and educational requirements. The Paris School of Surgery, created in 1724 and followed by sixteen provincial schools, offered structured and theoretical courses of instruction to would-be surgeons of all grades. Such courses established not only a public form of education different to the apprenticeship that they in part superseded, but also demonstrated for surgeons the 'professional coherence and organization to standardize... knowledge and present it to large groups of students'.[16] As other work shows, these schools also provided instruction for the substantial numbers of less highly qualified surgeons necessary to supply adequate medical provision in rural areas. Such a change towards public instruction and professionalisation of structure has also been traced for pharmacy by Dehillerin and Goubert, although the progress of apothecaries was much slower and began later than for the surgeons, due partly to the lack of a central authority.[17] In addition, the failure of many corporations of apothecaries to respond to changing market forces may have led to their decline in numbers, especially in the north.[18] Pressures to improve standards and the new demands of the market within the French corporate system tended to disturb the balance within corporations of apothecaries.[19] This study will offer a comparison of the adoption of higher standards of training

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[13] M. Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London, 1973); E.H. Ackerknecht, *Medicine at the Paris Hospital. 1794-1848* (Baltimore, 1967); D.M. Vess, *Medical Revolution in France, 1789-1796* (Gainesville, 1975).
[14] T. Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the 18th Century* (Westport, Conn., 1980), especially chapter 9.
[15] Gelfand, *Professionalizing,* 8.
[16] Gelfand, *Professionalizing,* 83.
[17] B. Dehillerin and J.-P. Goubert, 'A la conquête du monopole pharmaceutique: le collège de pharmacie de Paris', *Historical Reflections (Canada)*, 9, 1-2 (1982), 233-248.
[18] Brockliss and Jones, 481; A. Baudot, *La pharmacie en Bourgogne avant 1803* (Paris, 1905), 458-459.
[19] Smith, 'Weighed in the Balance?', 17-37.

in surgery and pharmacy, and will investigate the consequences of developments such as public instruction on both corporations and their members in a provincial city.

The move towards public instruction in surgery was not confined to France; anatomy schools and courses in surgery were available elsewhere, notably in London and Edinburgh.[20] Especially in England, as the therapeutic scope of surgery broadened and success in operating increased, so the status of surgeons rose from their previous association with barbers and they became 'perhaps the most fashionable of medical practitioners'.[21] Such a rise was due in part to the lesser hold of corporatism in England. Corporations governing the practice of apothecaries, barber-surgeons and physicians existed in cities, although their authority had waned as the intellectual and medical world of eighteenth century England was no longer 'congenial' to 'closed corporatism'.[22] Guilds also controlled practice in larger towns, but, as in the remainder of Europe, smaller places and the countryside were less restricted. In England in particular there were many practitioners who combined more than one discipline, such as the surgeon-apothecaries who ultimately gave rise, as Digby describes, to the modern general practitioner.[23] The situation for medical corporatism elsewhere in Europe was varied. Centralised control of practitioners within corporations was strongly maintained in Italy, Gentilcore has argued, by the visitations of supervisory and state appointed 'protophysicians', although this was in the context of widespread medical pluralism.[24] State intervention was also emerging in the German provinces, according to Lindemann, in the appointment of town physicians from the mid eighteenth century.[25] However, it has been argued that corporatism in France was substantially stronger and perhaps more rigid and widespread than elsewhere in Europe, and other models of change within the eighteenth century have therefore been suggested.

Brockliss and Jones in *The Medical World of Early Modern France* offer three models of change within the corporate medical world.[26] They argue that different approaches to medical practice emerged in France as a result of the particular conditions within that country. First, the

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[20] M. Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge, 1999), 98–103.
[21] Conrad, Neve, Nutton, Porter and Wear, *The Western Medical Tradition* (Cambridge, 1995), 439.
[22] Lindemann, *Medicine and Society*, 175-176.
[23] A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, 1994), Chapter Four 'The Creation of a Surgical General Practice'.
[24] D. Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester, 1998), especially chapters one and two.
[25] M. Lindemann, 'The Enlightenment Encountered: The German Physicus and His World, 1750-1820' in R. Porter (ed.), *Medicine in the Enlightenment* (Amsterdam, 1995).
[26] Brockliss and Jones, Introduction.

'corporatist' that encompasses a traditional view, favouring a tightening of existing boundaries and practices to maintain the hierarchical status quo. They suggest that this reflects the views of many physicians, the most traditional of medical groups. The second 'statist' model pertains to the world of public service. Medical men increasingly used their skills outside the corporatist world, primarily in hospitals and the armed forces, to aid the need of the absolutist state for a healthy and increasing population. The third 'publicist' model is linked to the growing market for medical goods and services. They indicate that those involved in the market and publicity could also be critical of the monopolistic controls over practice wielded by corporations and 'archaic' institutions such as the Paris Faculty of Medicine. This study will, in offering a detailed analysis of the actions and careers of all three corporations and their members, present further information to support or refine these analyses. It will also attempt to retain an uncertainty or 'bewilderment' about the past in setting its own findings against existing 'models'.[27]

There has also been debate on the spread and numbers of medical personnel in eighteenth century France. Estimations of numbers of practitioners are diverse, although studies of specific areas suggest that the densities of the three disciplines were very different. Surgeons were the most numerous group, and were, according to both Gelfand and Goubert, present in increasing numbers throughout urban and rural areas.[28] In contrast, apothecaries were generally found in cities and large towns, and in various parts of France were in decline. Decreasing numbers of pharmacists led in some areas to the disappearance of corporations, due, according to Baudot, to exclusive entry policies and migration to larger centres.[29] Physicians were increasing in numbers over the century, and the rigidity of urban groups in excluding new members led to an increasing spread of physicians in smaller towns throughout France. It could be argued that the lack of detail on numbers of corporate practitioners has severely hampered generalisations concerning medical provision in pre-revolutionary France. This study will provide detailed

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[27] Here I have been guided by a quotation from page 8 of M. Foucault, *The History of Sexuality. Volume 2: The Use of Pleasure* (London, 1992), as translated by Alan Sheridan, 'The Death of the Author' in Barrett and Benton (eds.), *Ideas from France: the Legacy of French Theory: ICA Documents* (London, 1985), 46. 'What is the point of all the labour involved in research if the result is simply the acquisition of knowledge and not, as far as possible, the bewilderment of one who knows?'

[28] T. Gelfand, 'Public Medicine and Medical Careers in France during the Reign of Louis XV' in A.W. Russell (ed.), *The Town and State Physician in Europe from the Middle Ages to the Enlightenment* (Wolfenbüttel, 1981); J.-P. Goubert, 'Réseau médical et médicalisation en France à la fin du XVIIIe siècle', *Annales de Bretagne et des pays de l'ouest*, 86, 1 (1979), 221-229.

[29] Baudot, *Pharmacie en Bourgogne*, 438.

information on one provincial city, which may illuminate debates concerning rising or falling numbers within the different corporations.

The focus of the discussion now turns from corporations to the individual careers of their members, concentrating briefly on the idea of pluralism. For all medical practitioners, historians seem to agree, careers in the eighteenth century became more varied following the increasing opportunities for practice provided by the expansion of the market and the increasing desire of authorities to provide medical care. Brockliss and Jones state this clearly, asserting that: 'High-profile medical practitioners were always pluralists'.[30] Studies of élite individuals in France endorse this view, although a different form of pluralism has been traced in rural practitioners who supplemented their medical fees with other occupations.[31] However, perhaps due to the lesser hold of corporations on practice, and hence the numbers of practitioners who combined disciplines, pluralism in England was not confined to the élites. As Digby comments, 'pluralism resulted from energetic practitioners attempting to monopolise public appointments'.[32] Indeed Bynum asserts that the prestige of a hospital post was often used as a means to attract new patients through contact with the local élites on the ruling body of the institution.[33] Pluralism was thus achieved through social and cultural networks. Yet the assertions for France on pluralism are based largely on élite or well-documented careers. There is a distinct lack of detail on less successful careers and their use of networks of influence, a gap this study will in part remedy through its use of a collective biography of all corporate practitioners in one city.

Having established the basis of the study within the social history of medicine the analysis now moves to its relationship with the broader history of France. The discussion here begins with a broad outline of the corporate state, and moves on to the various ways in which old certainties and traditional barriers were being eroded. This introduces the effects such transformations as the onset of the market had upon both corporatism and individual careers, leading on to a consideration of the impact of new forms of contact on the creation of networks of influence. An absolutist state was a corporate state, internally subdivided into self-governing and privileged groups, united through their links with the monarch. The society of three orders – clergy, nobility, and the 'third estate' - was further subdivided by the separate interests of

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[30] Brockliss and Jones, 544.
[31] E. Lemay, 'Thomas Hérier, A Country Surgeon Outside Angoulême at the End of the XVIIIth Century: A Contribution to Social History', *Journal of Social History*, 10, 4 (1977), 524 – 537.
[32] Digby, *Making a Medical Living,* 123.
[33] Bynum, 'Physicians, Hospitals and Career Structures', 109.

corporations.[34] As Garrioch comments in his study of the Parisian bourgeoisie: 'There was no sense of an undifferentiated mass of more or less equal individual citizens making up the nation. Rather, the kingdom was composed of a host of bodies, of corporations'.[35] Corporations were ubiquitous, including town councils, trade groups and academies, all forming separate interest groups within the state. Corporatism, however, represented an inconsistency at the heart of the absolutist regime. Monarchs had sold venal offices to raise funds and created corporations to govern parts of the realm.[36] The system of offices, held as personal property, that could therefore be inherited or sold, further divided society. Such offices also served to retard the development of both the modernising state and the economic system. The promise of nobility through office purchase tended to encourage 'profit taking and retirement' in the bourgeoisie, hence inhibiting further economic development.[37] More serious, according to Ertman, was the 'dysfunction' of the patrimonial state, because such offices (which included much corporate membership) could not be abolished due to the prohibitive cost of repurchase by the crown.[38] Consequently, Ertman argues, the creation of a modern bureaucratic state was retarded by the corporate nature of absolutism. This view minimises the role of the Intendants, provincial crown agents, who according to Gruder were an efficient part of a bureaucratic and centralised system.[39] Notwithstanding meritocratic appointment, the system of Intendancy merely overlaid older institutions: as was typical of the old regime, newer systems co-existed with old. For example, the power of an Intendant could be in conflict with that of the provincial Governor or the local parlement.[40] Indeed the theme of conflict between authorities and among individuals and institutions is central to this study.

Corporate society also suffered from conflict, as the barriers between social groups were eroded. New forms of sociability emerged in institutions such as Masonic lodges and academies over

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[34] R.E. Mousnier, *The Institutions of France under the Absolute Monarchy, 1598-1789* (Chicago, 1974).
[35] D. Garrioch, *The Formation of the Parisian Bourgeoisie, 1690-1830* (London, 1996), 155.
[36] See especially the work by William Doyle on this subject that includes: *Venality. The Sale of Offices in Eighteenth-Century France* (Oxford, 1996), and *Officers, Nobles and Revolutionaries. Essays on Eighteenth-Century France* (London, 1995).
[37] P.M. Jones, *Reform and Revolution in France. The Politics of Transition, 1774-1791* (Cambridge, 1995), 83.
[38] T. Ertman, *Birth of the Leviathan. Building States and Regimes in Medieval and Early Modern Europe* (Cambridge, 1997), 5.
[39] For a full account, which is also a collective biography of these men, see V.R. Gruder, *The Royal Provincial Intendants: A Governing Elite in Eighteenth-Century France* (Ithaca, 1968).
[40] R.R. Harding, *Anatomy of a Power Elite: The Provincial Governors of Early Modern France* (London, 1978). As Bossenga states in 'City and State: An Urban Perspective on the Origins of the French Revolution' in K.M. Baker (ed.), *The French Revolution and the Creation of Modern Political Culture* (Oxford, 1987), 136. 'Bourbon absolutism had established a translocal bureaucracy that floated on top of privileged corporate structures'.

the eighteenth century.[41] As Chaussinand-Nogaret comments: 'In practice cultural divisions were even more marked than those based on birth, and they were dictated largely by wealth'.[42] Cultural allegiances served to unite the educated élite, despite social difference, while economic differences increasingly divided rich and poor nobles, as demonstrated in changing marriage patterns. In the private sphere the ideas of the day, whether scientific or political, served to unite men and women in 'civic sociability'.[43] The principles of the Enlightenment were expressed in the democracy and equality in these new groupings. As Habermas contends, the public discussion of politics in the private sphere of academies and lodges thus challenged the previously private politics of the king.[44] It was in such situations that vertical linkages were formed between individuals previously divided by rank, creating networks of contacts within the new forms of sociability. As de Tocqueville commented: 'The strangest feature of the old society was the similarity which existed among all these individuals thus grouped in different sets; they were so alike that when they changed their surroundings it was impossible to recognise them; moreover, in their hearts they regarded the petty barriers which split them into rival cliques as equally contrary to public interest and common sense'.[45] The possibility of such new connections is used within this study to establish networks of influence for both institutions and individuals.

De Tocqueville's 'petty barriers' included corporatism and venality, both abolished in the early days of the revolution. Doyle suggests that the latter, although integral to the old regime, had not been a subject for discussion during the eighteenth century because: 'Everybody thought venality was wrong'.[46] He backs this claim using the words of Montesquieu who stated that: 'There is scarcely a man of good sense in France who does not cry out against the venality of

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[41] D. Gordon, *Citizens Without Sovereignty: Equality and Sociability in French Thought, 1670-1789* (Princeton, N.J., 1994); R. Chartier, *The Cultural Origins of the French Revolution* (Durham and London, 1991), 164. He states, 'social ties could be forged not on the basis of obligatory membership in separate and stratified bodies but on that of the essential equality between all individuals'.

[42] G. Chaussinand-Nogaret, *The French Nobility in the Eighteenth Century: From Feudalism to Enlightenment* (Cambridge, 1985), 67.

[43] C. Jones, 'Bourgeois Revolution Revivified: 1789 and Social Change' in P. Jones (ed.), *The French Revolution in Social and Political Perspective* (London, 1991), 93. He goes on to explain that this term 'expresses rather better the urban and wider cultural implications of this form of social mixing, and has the additional merit of making explicit the clear affinities it has with the civic ideologies and practices exuded by the professional and corporative institutions of the Old Regime'.

[44] J. Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (Cambridge, 1989).

[45] A. de Tocqueville, *The Ancien Régime* (London, 1988), 77.

[46] Doyle, *Officers,* 144.

offices, and is not scandalised by it'.[47] These views indicate that some office-holders, including corporate members, had begun to see the system of which they were a part as contrary to the real interests of both members and the public. Doyle further emphasises this disenchantment when he quotes the views of an office-holder in 1781: 'In good conscience, these customs of getting employment by purchase are always ridiculous and farcical, but since they are in vogue and one is almost naked in society without some post thus acquired, I must simply do as others do'.[48] Men continued to buy offices and join corporations, despite understanding the faults of the system, because without membership of some group they were not part of the 'body social and body politic' of the old regime. As Garrioch goes on to say, it was 'only as members of such institutions that individuals enjoyed civic, pecuniary, and honorific rights'.[49] Therefore, as institutions were able to adjust their rules more slowly than individuals amended their attitudes and practices, there arose a difference between the needs of the group and those of its members. Within the medical world, for example, there was a conflict between the need to provide more medical care for an expanding population, and the need for corporations to limit numbers of members. Such conflicts, this study will argue, produced tensions between individuals and institutions. As Doyle states 'acceptance did not necessarily imply approval' even for those entrenched within the system.[50]

The rigid barriers intrinsic to French society and absolutism were being criticised and eroded by new forms of sociability and changing attitudes, while at the same time the onset of capitalism was changing wider relations in society.[51] The exchange of goods and services within a cash nexus resulted in transitory relations between individuals: contractual contacts were temporary and instrumental. Parts of the nobility and the bourgeoisie were involved in new ventures in commerce, industry, and agriculture.[52] The former were more often involved with larger land-based enterprises, and the latter with commercial ventures, from small businesses to larger investments in international trade. Relations within the market could transcend social, cultural,

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[47] Doyle, *Officers,* 144. He quotes B. Grasset (ed.), *Montesquieu, cahiers, 1716-1765* (Paris, 1941), 126-127.
[48] Doyle, *Venality*, 274. He quotes *Correspondance de Félix Faulcon* ed. G. Debien (Archives Historiques du Poitou, 51; 2 vols.; Poitiers, 1939-53), i. 93-94.
[49] Garrioch, *Formation*, 155.
[50] Doyle, *Venality*, 273.
[51] M. Prak, 'Early Modern Capitalism: An Introduction' in M. Prak (ed.), *Early Modern Capitalism. Economic and Social Change in Europe, 1400-1800* (London, 2001), 1. He says, 'the word 'capitalism' works on two levels simultaneously. It obviously refers to ... the economic and social order of modern society. At the same time, 'capitalism' is self-referential, to the extent that the word can hardly be used innocently... Whoever... writes... must immediately confront issues of definition and interpretation'.
[52] F. Aftalion, *The French Revolution: An Economic Interpretation* (Cambridge, 1990).

and corporate divisions. However, there is a debate on the effects of the free market on the privileges and monopolies of the corporate system. On the one hand there is the assertion that there were 'two diametrically opposed economic philosophies, corporatism and economic individualism', while on the other there is the suggestion that many corporate members were involved in the market.[53] While not denying the inherent regulations of and restrictions on trade within corporatism, it seems that in many different situations corporations adapted to the new requirements of the market, as is demonstrated for the textile trades by Bossenga.[54] Nonetheless, the tensions remained, especially notable in the increase in non-corporate production in unregulated areas in many cities. Although many corporate members, according to Jones 'exuded a new civic professionalism that had its roots in a developing 'market consciousness'', this could produce tension with the values of their more traditional colleagues.[55] New boundaries were emerging in both the economic and the social realm, increasing the potential for tensions within corporations, as some practitioners were involved in new forms of practice and new forms of contact, while their colleagues remained more traditional in approach. Again, this study will argue that this was expressed in a growing tension between the needs of the individual and those of the governing group. The monopolistic needs of the group were opposed to the individual need to exploit new markets, and the traditional bonds of the group were challenged by new forms of connections in the wider world.

Arguably in France such a change in career opportunities was dependent on the extension of networks of influence made possible through a relaxation of social boundaries. The following discussion will introduce the broad areas of debate in the areas of social connections in general, those of the family in particular, the bonds associated with patronage, and the construction of networks. French society was densely connected by ties of kinship, neighbourhood, and other bonds.[56] Those of kinship were particularly enduring and based on obligation. However, according to Grassby, the onset of the market tended to change the previous fixity of kinship ties. He argues that the family was a 'flexible living organism' that allowed the creation of contacts outside the kinship group.[57] Friends could become 'fictive kin' and thereby extend the reach of familial contacts. Those within the kinship network are further extended through the analysis of Tadmor, who suggests that those within the family group included servants, lodgers,

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[53] C.C. Fairchilds, 'Three Views on the Guilds', *French Historical Studies*, 15, 4 (1988), 692.
[54] G. Bossenga, 'Protecting Merchants: Guilds and Commercial Capitalism in Eighteenth-Century France', *French Historical Studies*, XV, 4 (1988), 693-703.
[55] Jones, 'Bourgeois Revolution Revivified', 93.
[56] D. Roche, *The People of Paris: An Essay in Popular Culture in the Eighteenth Century* (Leamington Spa, 1985).
[57] R. Grassby, *Kinship and Capitalism: Marriage, Family, and Business in the English-Speaking World, 1580-1740* (Cambridge, 2001), 391.

and apprentices, echoing the work of Fairchilds on master-servant relationships in old regime France.[58] Yet, as was discussed earlier, individuals were also able to construct associations within the new forms of sociability, which overstepped the permanent ties of family, and corporate and social boundaries. The previous rigidity of French society was thus being undermined in various ways, resulting in an extension of potentially useful contacts. This study is innovative in its attempt to trace such networks of influence around individuals and institutions within the medical world of France.

In the old regime one of the most useful career aids was contact with a powerful individual who could then act directly as patron, or influence others to achieve the same end. However the role of the patron has been the subject of debate. The more traditional view, of enduring bonds of obligation between client and patron, is suggested by Perkin for England.[59] As Eisendstadt and Roniger add, such relations entailed 'hierarchical differences between the patron and his protégé'.[60] Further studies suggest that obligation was not part of the role of a patron, nor were relationships permanent. O'Day suggests that 'the patron-client relationship was forever shifting;... The patron was not obligated to assist a client - the service was offered as a favour'.[61] The work on patronage in seventeenth century France by Kettering goes still further, as she argues that patron-client relations became opportunistic and temporary.[62] Clientism, where a intermediary brokers the connection between patron and client, was, in Kettering's view, based on an unequal and transactional relationship where favours were given or received and the hierarchy of power and influence was thus maintained. In other words the relationship between patron and client had become more fluid and less enduring, mirroring the patterns already traced in other relationships as a result of the onset of the market. For individuals therefore the opportunities to exploit their contacts became wider and more flexible over the eighteenth century.

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[58] N. Tadmor, *Family and Friends in Eighteenth-Century England: Household, Kinship, and Patronage* (Cambridge, 2001); C.C. Fairchilds, *Domestic Enemies: Servants & their Masters in Old Regime France* (Baltimore, 1984).
[59] H.J. Perkin, *The Origins of Modern English Society 1780-1880* (London, 1969), 49. He goes on to say ''Vertical friendship', a durable two-way relationship between patrons and clients permeating the whole of society, was a social nexus peculiar to the old society, less formal and inescapable than feudal homage, more personal and comprehensive than the contractual, employment relationships of capitalist 'Cash Payment''.
[60] S.N. Eisenstadt and L. Roniger, *Patrons, Clients and Friends. Interpersonal Relations and the Structure of Trust in Society* (Cambridge, 1984), 2.
[61] R. O'Day, *The Family and Family Relationships, 1500-1900. England, France and the United States of America* (London, 1994), 74.
[62] S. Kettering, *Patrons, Brokers, and Clients in Seventeenth-Century France* (New York, 1986).

Such connections may be seen as networks that joined individuals and institutions, thus society, particularly in urban areas that included bonds of neighbourhood, formed a dense and interconnected community. Plakans suggests that an analysis of kinship groups, including other contacts, may be used to understand the bonds within communities.[63] A range of sociological analysis supports this view. Boissevain, for example, suggests that the networks surrounding any individual include not only occupational, familial and friendship contacts, but may be extended to include 'friends of friends'.[64] Here the analysis of Kettering is also useful when she suggests that clientism, the system of patronage through a broker, formed '... an organising social principle within the élite. In fact, once we know more about how these ties stretched across the gulf to the masses below and affected their actions, we may find them a valuable social concept for explaining early modern French behaviour and organisation, more valuable perhaps than horizontal class alliances or hierarchical corporate orders'.[65] Using this analysis, the ties that bound different individuals together outside the obligatory relations of family or corporation may be used to extend understanding of the organisation of old regime society. In this context, the use of networks of contacts may aid an understanding of how a pluralist career was created and maintained; using the potentially influential ties gained through kinship, corporate membership, social interaction, cultural activities, and neighbourhood affinities.

In discussing the social history of medicine and, more generally, eighteenth century French history, a number of issues have emerged. These include the need for further investigation into the analyses of historians concerning the corporate medical world, the comparatively minimal levels of evidence concerning non-élite medical careers, and the need to more closely relate these to potential networks of influence. It has been suggested that further regional studies of old regime medical provision are necessary, primarily to gain a more exact knowledge of numbers and spread of practitioners.[66] Yet as Gelfand goes on to say, diversity even within regions was so marked as to make generalisations, even within one province, unsustainable. If the region is too large and varied a subject for investigation, then a smaller area is required: the city.

Methods and Approaches

Although a focus on all medical practitioners, corporate and otherwise, in one city may well be possible, a further narrowing of investigation to include only the former would have several

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[63] A. Plakans, *Kinship in the Past. An Anthropology of European Family Life, 1500-1900* (Oxford, 1984), 217-218.
[64] J. Boissevain, *Friends of Friends: Networks, Manipulators and Coalitions* (Oxford, 1974).
[65] Kettering, *Patrons*, 11.
[66] Gelfand, 'Public Medicine', 108.

advantages. First, it would have clearly defined boundaries and sources of evidence. Corporations, as part of the absolutist state, kept records themselves and were governed by other parts of the state that recorded events. In contrast, non-corporate practitioners practised outside the boundaries of state and local control, thus evidence is less coherent, and perhaps less reliable. Secondly, a detailed study of the medical corporations in one city would provide a comparison with the analyses already established by historians. In addition to providing further and more detailed information on numbers, such a study would establish the reaction of corporations to such factors as the onset of the market and professionalisation. Thirdly, and springing out of the detail assembled on the corporations, would be a range of further information concerning the careers of members. Out of this could emerge a more detailed account of career patterns, and of the factors affecting them. Fourthly, the investigation could be firmly grounded within the history of the city in question. This would offer two linked objectives. A closer analysis of the effect of wider changes in the old regime could be related to the specific conditions in one urban area, providing a more nuanced view of the medical world of that city. These various factors would result in a detailed and embedded view of the corporate medical world in the particular site of enquiry.

The issues raised earlier largely dictate the choice of site. Certain conditions are necessary to provide a comprehensive assessment of these factors. These include strong evidence of corporate change such as the creation of a school of surgery, and the presence of a growing and prosperous market. Such conditions are provided by the example of Bordeaux. Although other cities are also suitable, Bordeaux in addition provided evidence of other crucial old regime characteristics. The dysfunctions within the state were present in the conflicts already examined elsewhere between rival authorities such as the Parlement, Intendant, and provincial Governor.[67] New forms of sociability were expressed within its academies, lodges and salons, whose members included representatives from all three social orders.[68] It provides evidence therefore of changes in state governance, society, and the economy. More specifically there were many medical institutions within its walls: a Faculty of Medicine, School of Surgery, three corporations governing medical practice and a number of hospitals.[69] It thus provides the opportunity to examine several issues raised by historians within the history of corporate

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[67] W. Doyle, *The Parlement of Bordeaux and the End of the Old Regime 1771-1790* (London, 1974); A. Forrest, *Society and Politics in Revolutionary Bordeaux* (London, 1975).
[68] P. Barrière, *L'académie de Bordeaux. Centre de culture internationale au XVIIIe siècle* (Bordeaux, 1951); J. Coutura, 'Le Musée de Bordeaux', *Dix-Huitième Siècle*, 19, (1987), 149-164.
[69] G. Péry, *Histoire de la Faculté de médecine de Bordeaux et de l'enseignement médical dans cette ville 1441-1888* (Bordeaux and Paris, 1888); A. Rèche, *Mille ans de médecine et de pharmacie à Bordeaux* (Bordeaux, 1980).

medicine in France: professionalisation, policing practice, and the statist and publicist models suggested by Brockliss and Jones. This study of the three medical corporations in Bordeaux is therefore novel in both its comparative approach and use of a case study. Its detailed analysis of corporate change will offer an important contribution to debate within the history of medicine in France.

The study is not only concerned with corporations, but also with the careers of their members. In this areas the debates, and hence the issues raised, are less well defined. Historians agree that medical men were pluralists, although, especially for France, this conclusion is based largely on accounts of élite or well-documented careers. The problems in assessing careers may be divided into two distinct areas: comparison and elitism. First, it can be difficult to compare like with like. If examples to illustrate a trend are drawn from different contexts, then the comparison may not be historically valid. A trend or change in attitudes may proceed at a different rate in various sites. The acceptance of new practices was varied, thus provincial practitioners undoubtedly lagged behind their Parisian counterparts, yet may have been in the vanguard of change within their own circle. Secondly, the experiences of the non-élite are more difficult to trace. Although 'ordinary' careers have been studied, these are often isolated examples, with limited historical significance. We therefore know little of the experiences and career patterns of the majority of practitioners, for whom evidence is partial or insufficient. One way to circumvent these limitations is to consider the careers of all corporate practitioners within one centre. Such an approach would offer a proper and considered comparison of careers made in similar conditions, within a broadly inclusive framework. Such a potentially egalitarian approach would minimise the role of the élite and offer a more nuanced view of medical careers. In the context of this study, the careers of all members of the three corporations governing medical practice have been traced to form a unique collective biography.[70] The use of this methodology is an entirely new approach to the social history of medicine in France, and provides not only detail on a large number of individual careers, but also a range of collective data. It will be possible therefore to trace changing patterns of career making as practitioners accepted and used new forms of practice, while at the same time setting these innovations against more traditional career formation. The use of collected data will also offer much needed detail on such areas as career lengths, marriage patterns, academy membership, and site of practice. The results of the collective biography will therefore offer an important contribution to knowledge concerning medical careers in the old regime, and it represents a novel and significant change in emphasis in the study of the social history of medicine.

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[70] See Appendix IV for a full discussion of this methodology.

As has been indicated, careers were aided by contacts with other individuals and institutions, either directly or indirectly. The use of a collective biography, including a concentration on such contacts to construct networks of influence around individuals and groups would facilitate the tracing of the effect such networks had upon careers.[71] In this way the overtly successful careers of individuals could be assessed within not only the context of the careers of their fellow practitioners, but also analysed with respect to their wider position in the social and cultural realms.[72] For example, links could be traced between cultural and career success through a comparison of academy membership against economic markers. Although the construction of a complete mapping of connections may be neither feasible nor desirable, a partial account could illuminate wider debates on the changes outlined above in French society and the medical world. Again, this approach would be novel and significant in extending knowledge concerning the making of careers.

Perhaps predictably, the questions asked by the study are therefore broadly in line with the analysis of literature offered above. There are two key questions. First, to what extent do the alterations discernable in the corporate medical world of Bordeaux conform to existing analyses? Secondly, what were the factors that influenced the creation of a medical career? Yet such queries are underpinned by the series of sub-questions already outlined above concerning careers and corporatism. For corporations the aim is to trace changes in attitudes to standards of practice and entry, and their expression in amendments to rules and policy, and to relate them to existing analyses. For the former the aim is to trace amendments in measures of success, and to ascertain the extent to which acceptance of new practices increased over the century at all levels and in all three groups. In short, were all practitioners pluralist, or only the élite few? For networks, because of the groundbreaking nature of this study, the issues are clear. The aim is to establish, through the study of linkages, the relationship between success in professional career and success within the cultural, social, or economic realms. The membership patterns of groups, both formal and informal, will be analysed in relation to careers to assess the positive influence of various memberships and allegiances. In other words, did connections in the wider non-medical world aid the creation and furtherance of medical careers? By asking such questions the study therefore offers a new approach to medical career analysis, based on evidence from the professional, social, economic, and cultural realms.

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[71] For the networks surrounding several midwives in an earlier period see S.S. Thomas, 'Midwifery and Society in Restoration York', *Social History of Medicine*, 16, 1 (2003), 1-16.
[72] Digby, *Making a Medical Living,* 8. She emphasizes that it is not only 'financial prosperity' that should be the focus in considering medical careers, but 'the extent to which they [medical practitioners] were respected, and their views accorded authority'.

Structure

The report on the research undertaken and the subsequent analysis consists of five chapters, including illustrative maps, figures and tables, and a series of supporting appendices. The appendices contain short descriptions of the hospitals of the city, the School of Surgery, a series of lists and tables not included in the text, the methodology of collective biography, and a selection of biographies and associated family trees.[73] The first chapter is concerned with Bordeaux. The individual character of the city will be related to the wider tensions within the old regime. Bordeaux's growing prosperity will be contrasted with the effects of urbanisation, and the related increase in medical provision examined. Chapter two focuses on medical corporatism. It will concentrate on testing the analyses established by historians against the specific circumstances in Bordeaux. Particular emphasis will be given to the onset of the market, and the effects thus expressed in numbers of practitioners and attitudes to non-corporate practice. The wider debate on educational standards will be used to illuminate a discussion on new forms of training and their wider effects. The themes of the first two chapters are more fully explored in the third, which seeks to establish the use of networks of power and influence by the three medical corporations. It will discuss the different reactions of the corps to similar circumstances and pressures, to further assess their compliance with models of corporate behaviour. The emphasis of the fourth chapter is on the individuals whose careers are the major focus of the study, thus it will offer a brief introduction to the methodology of collective biography. It will assess the collective data on careers, then present a series of cohorts who typify the changes in practitioners and careers over the century. This will begin to establish the increasing divergence between corporate and individual needs. The concluding chapter will bring together the preceding themes of change and hierarchies, establishing the relative importance of different types of network contacts in the making of medical careers. It will focus on five interlinked areas. The importance of links within corporations will be followed by an assessment of cultural connections and their uses. It will assess the 'publicist' model of career making, and investigate relations among practitioners and patients. Finally, it will concentrate on familial linkages and bonds, establishing the existence of various complex family groups and dynasties, and the primacy of family as an aid to career.

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[73] University regulations concerning supporting data precluded the inclusion of all biographies, thus some selection was necessary. Rather than use random selection, individuals were chosen because data taken from their biographies had been used in the main text: a brief biography for each was therefore appended. To offer substance to the concept of network, their contacts were also included, resulting in a sample of 50 biographies. This is approximately one-fifth of the total within the study, and is largely representative of the themes and issues discussed. The names, practice dates, and simplified career details of all practitioners are presented in tabular form in the same appendix.

Chapter One: Bordeaux

> Jean-Baptist Silva, fils d'un habile médecin juif, et lui même médecin considéré en cour. Louis XV plaisanta un jour sur les gascons. Silva prit leur defense. 'Vous ne m'adviez pas encore appris que vous etie de Bordeaux', dit le roi a son médecin. 'Sire,' repliqua Silva 'je n'aime pas a me vanter'.[1]
>
> ... au cœur de ces provinces méridionales, nourries de la civilisation romaine, était Bordeaux, la reine du midi.[2]
>
> Much as I had read and heard of the commerce, wealth and magnificence of this city, they greatly surpassed my expectations. ... we must not name Liverpool in competition with Bordeaux.[3]

Introduction

Bordeaux, the proud provincial capital that rose in prosperity and population over the eighteenth century, is the subject of this chapter. It will argue that Bordeaux provided an increasingly favourable site for medical practice, due partly to the growth in trade and rapid urbanisation of the city. At the same time it will examine the wider changes in the old regime discussed in the Introduction within the particular context of Bordeaux, as the basis for detailed analysis of corporate change and career patterns in later chapters. In short, it introduces the site of the study, and will seek to demonstrate the independence of the city, the complexities of its rule, the basis for and results of its increasing trade, its social and cultural composition, and its medical world.

The chapter is divided into four main sections. The first introduces the city, source of pride to its inhabitants, as the words of Silva quoted above demonstrate. That pride was founded on its role as regional capital, its independence from the crown, and, as the eighteenth century progressed, its growing wealth and magnificence. As the population grew it

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[1] A story to illustrate the pride of the bordelais told by P. Bernadau, *Annales politiques, littéraires et statistiques de Bordeaux, divisées en cinq parties ... pour servir à l'histoire ... de cette ville, depuis sa fondation jusqu'en 1802* (Bordeaux, 1803), (in the section on famous authors between 1720-40). 'Louis XV made a joke about Gasçons one day to his physician, Jean-Baptiste Silva (son of a skilful Jewish bordelais physician), who defended them. 'You did not tell me that you came from Bordeaux' said the king. 'Sire,' replied Silva, 'I did not wish to boast''.

[2] J. Guadet, *Les Girondins. Leur vie privée, leur vie publique, leur proscription et leur mort* (Paris, 1861), 4.

[3] A. Young, *Travels in France and Italy During the Years 1787, 1788 and 1789.* First published in 1792-4 (London, no date), 56.

therefore presented increasing opportunities for medical practice, being home to rising numbers of notables, drawn to the city for trade, culture, and governance. However, as chapter two will show, numbers of medical practitioners did not rise as swiftly as population, due partly to corporate control. The complex governance of the city is the subject of the second section, which introduces the hierarchies of power within Bordeaux. The tensions between institutions and individuals that are a major theme of the study will be examined for the various authorities within the city. This section provides the basis for discussions in chapter three that will seek to establish the relative positions of the three medical corporations within the city and the old regime. The third section traces the effects on the city of rapid growth in population and wealth over the eighteenth century. It will examine the growing economic power of the merchants, the accompanying opportunities within the medical market, and the physical changes in environment that resulted from commercialisation and urbanisation. It will offer a brief outline of the medical topography of Bordeaux, and discuss the prevalence and importance of chronic conditions and injuries. Over the century the authorities increasingly intervened to preserve or protect the health of the population, and, as chapters four and five will show, this provided further medical career opportunities in public service. The major institutions that had been created by the city authorities in their efforts to preserve health were the hospitals and the medical corporations, the subject of the fourth section. A brief introduction to the medical world of Bordeaux will seek to bring together many of the themes of the earlier sections, such as the effects on the medical institutions of the conflicts within the hierarchy of the city. The discussion in this section will therefore form the basis for later analysis of the changes in medical corporatism in chapters two and three, and the importance of hospital service to medical careers in chapter five.

Bordeaux the City

The wealthy and magnificent 'queen of the midi' is situated on the south bank of the Garonne. The river at that point curves gently, leading to its description as the 'port of the moon', used by travellers to Bordeaux.[4] Arthur Young admired the city, commenting that Bordeaux was not to be compared to Liverpool, a city with similar trading contacts, and a roughly similar rate of growth in the eighteenth century.[5] His comment, aside from the

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[4] Guadet. *Les Girondins*, 4; Doyle, *Parlement,* 2.

[5] F.E. Hyde, *Liverpool and the Mersey. An Economic History of a Port, 1700-1970* (Newton Abbot, 1971). Young was perhaps commenting on the observation of Defoe in 1731 'there is no town in England, London excepted, that can equal Liverpoole (sic) for the fineness of the

architectural magnificence of the buildings, indicates the basic difference between the two cities. Bordeaux was the capital of its region, and therefore housed courts and palaces, governors and archbishops. Liverpool had sprung from much more lowly beginnings, and it was not until the nineteenth century that the English port eclipsed its French rival.[6] The development of Bordeaux within France was based on its earlier prominence and unique situation. Aside from the business arising out of its role as regional capital it was also the focus of an extensive trading hinterland, which established a firm basis for an expansion of trade. This part of the discussion focuses on these two major advantages.

As the capital of Aquitaine, Bordeaux exerted a strong influence on its region, encouraging immigration from the whole area throughout the period in question. Doyle demonstrates that most parlementaires were from the city or surrounding region, and this parochialism is reflected in the medical world, as will be demonstrated in chapter four.[7] In addition, the inward looking tendency of the city and region led to and encouraged local pride, similar to that described by Darnton for Montpellier and Schneider for Toulouse.[8] As Forrest says, there was nowhere in France where the sense of 'provincial identity' was clearer than in the South-west, their 'particularist identity' having been forged during the Hundred Years War.[9] This independence led in part to the unrest of the Frondes in the seventeenth century within the city, when the revolts of office holders and parlementaires led to the Ormée that also involved the ordinary people of Bordeaux.[10] As Forrest and Beik comment, this 'modern popular movement' presaged similar events in the French Revolution, especially in the wide social composition of those involved. Nonetheless, in normal times, Bordeaux was as rigidly stratified as any other old regime city, until the developments of the later eighteenth century.

The large population of notables in the courts and agencies of the city, despite the hierarchies of conflicting powers to be discussed below, set the city apart from its rivals. The permanent population that required goods and services encouraged a comparative financial stability in the city, which lessened the vagaries of foreign trade. The prosperity of the port of La

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streets, or the beauty of the buildings', see D. Defoe, *A Tour Through the Whole Island of Great Britain* (London, 1991), 288.

[6] E. Hobsbawm, *The Age of Revolution, 1789-1848* (London, 1962), 34-35.

[7] Doyle, *Parlement*, 12. 'But most outsiders still originated from the province of Guienne or its near neighbours'.

[8] R. Darnton, *The Great Cat Massacre and Other Episodes in French Cultural History* (Harmondsworth, 1991). Chapter 3 'A Bourgeois Puts his World in Order: The City as a Text'; R.A. Schneider, *Public Life in Toulouse 1463-1789: From Municipal Republic to Cosmopolitan City* (Ithaca, 1989).

[9] Forrest, *Society and Politics,* 2.

[10] W. Beik, *Urban Protest in Seventeenth-Century France* (Cambridge, 1997).

Rochelle was more fragile than that of its neighbour, and the eighteenth century saw a decrease in its trade and hence success.[11] Traditional regional capitals that lacked the opportunities offered by international trade, such as Toulouse, were also unable to expand at the same rate.[12] Hence Bordeaux was in a strong position at the start of the eighteenth century, and was able to exploit its unique combination of advantages to great effect.

Perhaps the most crucial of these advantages was the hinterland of Aquitaine, which at that time included not only the current area of the départements of Gironde, Dordogne, Landes, Lot-et-Garonne and Pyrénées-Atlantique, but also the Gers, Hautes-Pyrénées, and much of Haute-Vienne, Charente and Charente-Maritime.[13] This is demonstrated in Map 1.1, showing the major towns in the region that were within the trading reach of Bordeaux: its influence spread as far as La Rochelle to the north, Limoges and Cahors to the west and Tarbes to the south. Although this was not a great grain-producing area, the agriculture being *bocage*, mixed small-scale farming, it did produce a wide variety of products for supply to its capital and for export.[14] These included the wines for which the region is famous, vines being cultivated on areas with poor soils, which formed the basis for the close relationship with England. Yet the most important factor in favour of the port was the ease of shipment within a region that is divided by a number of substantial and navigable rivers.[15] In addition the Canal Royal gave access to Toulouse and the ports of the Mediterranean. Hence goods, and news, could flow into and out of the city with comparative ease at a time when the overland journey to Paris took around a week.[16] The shipment of wines could thus be undertaken entirely by waterborne transport, especially important for the fine wines of the Médoc, St. Emillion, and Graves areas.

The products of the region were mainly used to provision the city, although it always imported grain especially for its own use, which led to shortages during blockades. As a port, however, the major strengths of Bordeaux were colonial imports and its role as entrepôt. Its

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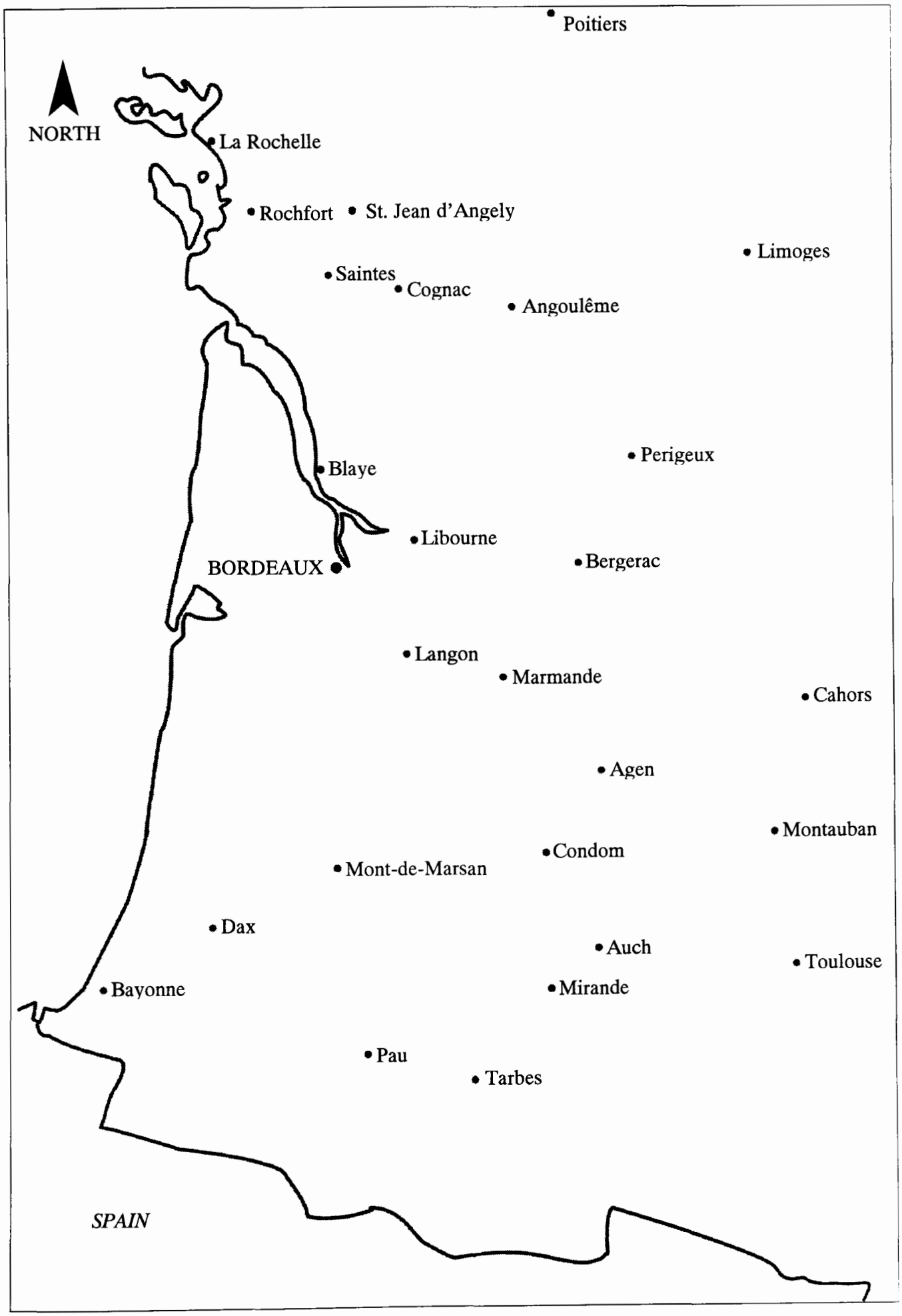
[11] J.G. Clark, *La Rochelle and the Atlantic Economy During the Eighteenth Century* (Baltimore, 1981).
[12] G. Frêche, *Toulouse et la région Midi-Pyrénées au siècle des lumières (vers 1670-1789)* (Paris, 1974).
[13] C. Higounet, *Histoire de l'Aquitaine* (Toulouse, 1971).
[14] F. Braudel, *The Identity of France* (London, 1991), 349.
[15] R. Passet, *L'industrie dans la généralité de Bordeaux sous l'intendant Tourny. Contribution à l'étude de la décadence du système corporatif au milieu du XVIIIe siècle* (Bordeaux, 1954), 6.
[16] L. Desgraves, *Voyageurs à Bordeaux, du dix-septième siècle à 1914* (Bordeaux, 1991), many visitors comment on the difficulties of transport from Paris.

Map 1.1 Bordeaux and region with major towns



Note: Not to Scale

involvement in the trade in slaves brought substantial imports of sugar, indigo, cotton, coffee and cocoa, much of which was immediately re-exported to the rest of Europe.[17] At the same time its trade with the Baltic and other northern ports brought imports of herrings, rope, timber, leather and many other products, and the strong trading links with Ireland brought in substantial amounts of salt beef.[18] Thus the importance of the port was wide; it was the focus for its own region, an important source of imports for France, and a crucial entrepôt for the trade in goods from the colonies and within Europe. The expansion of this range of trade and its consequences for the city are the subject of the third section.

Due to its growing trade, the eighteenth century was therefore one of expansion and enrichment for Bordeaux. Its boundaries were extended, and various areas were cleared and redeveloped, to create the beautiful city so admired by visitors.[19] Most of the old city, surrounded by walls, remained unchanged, but on the outer limits new streets had been built with fine *hôtels*. This was especially so on the northern side, where the *Place Louis XVI* was planned, the famous *théatre des comedies* built, and the *allées des Tourney* completed. The scheme as planned is shown on Map 1.2, which shows the city and its surrounding areas. The faubourgs, areas outside the city walls, also extended their limits; to the south the faubourgs Saint Croix, Saint Julien and Sainte Eulalie were areas where the poorer inhabitants made their homes. The most extensive increases were seen in the faubourg Saint Seurin to the west of the city, and in the faubourg des Chartrons to the north. The former was an area, like the faubourg Saint Antoine in Paris, in which the guild regulations of the city were not applicable as it lay within the *Sauveté de l'Église Saint Seurin*. It therefore contained numbers of artisans' workshops, which clustered together in trade-linked streets.[20] Many rich merchants also lived in Saint Seurin, including the physician Cardoze, whose comparative wealth will be discussed in chapter five. Chartrons too was an area of contrasts,

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[17] For French involvement in the trade in slaves see R.L. Stein, *The French Slave Trade in the Eighteenth Century: An Old Regime Business* (Madison, 1979); for the direct role of Bordeaux see É. Saugera, *Bordeaux port Négrier: Chronologie, économie, idéologie XVIIe-XIXe siècles* (Paris, 1995); see also R. Matthee, 'Exotic Substances: The Introduction and Global Spread of Tobacco, Coffee, Cocoa, Tea and Distilled Liquor, Sixteenth to Eighteenth Centuries' in R. Porter and M. Teich (eds.), *Drugs and Narcotics in History* (Cambridge, 1998).

[18] Bellet, 'Documentation statistique de Bordeaux au dix-huitième siècle' in SAHG (ed.), *Archives historique du département de la Gironde* Volume 48 (Bordeaux, 1913), 1-139.

[19] See Desgraves, *Voyageurs*, for edited extracts from visitors' reactions to the city.

[20] See for example L. Bachelier, *Histoire du commerce de Bordeaux depuis les temps les plus reculés jusqu'à nos jours* (Bordeaux, 1863), 220, where he describes the industries such as barrel-making, tanning and pottery that were concentrated in this area.

Map 2.2 Bordeaux: city plan under Louis XVI

Source: P. Bernadau, *Histoire de Bordeaux 1675-1815* (Bordeaux, 1839), plan no. 6. (Place Louis XVI was not completed)

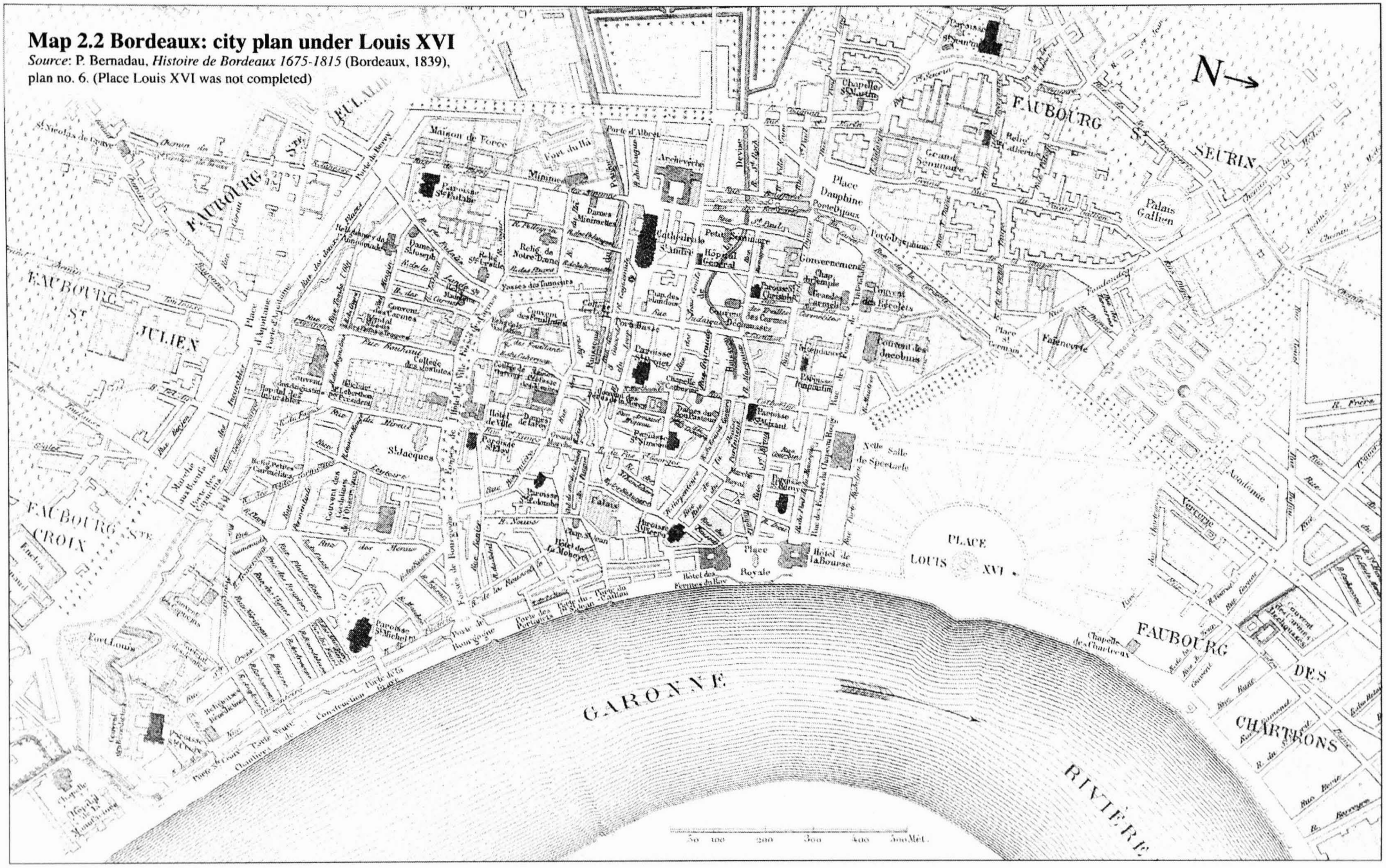

Table 1.1 Population of Bordeaux 1650-1790

Year	Sources					Estimated
	Benedict	Ladurie	Aperçu	Higounet	Bellet	Population
1650	40 000		58 000			40 000
1700	45 000					45 000
1715		45 000		55 000		50 000
1730					87 000	58 000
1750	60 000					70 000
1770						80 000
1780			84 000			84 000
1789/90	110 000	110 000	109 499	110 000		110 000

Note: The 'estimated population' provides an indication of the rate of increase, not necessarily an accurate representation of population at any one time.
Sources: P. Benedict, *Cities and Social Change in Early Modern France* (London, 1989); E. Le Roy Ladurie, *Histoire de la France Urbaine. Tome 3: La ville classique de la Renaissance aux Révolutions* (Paris, 1981); Higounet, *Histoire de l'Aquitaine*; Bordeaux, *Bordeaux : Aperçu historique. Sol, population, industrie, commerce, administration* (Bordeaux, 1892); Bellet, 'Documentation statistique'.

not only home to many poorer artisans and labourers, but also, especially on the waterfront, the site of many *hôtels* built by merchants.[21] The physical environment therefore changed as it expanded, and the concomitant effects on the population will be discussed below.

As Bordeaux expanded, so did its population, and it was the most swiftly growing provincial city in France during the eighteenth century. There are several estimates of the population of the city as it grew, as shown in Table 1.1, and although most experts then and now agree on the figure of 110,000 in 1790 the figures from the mid-seventeenth century vary considerably. Perhaps what is important, however, is not the exact figures, but the remarkable growth from below 50,000 around the end of the seventeenth century to a figure similar to Marseilles in 1790, second only to Lyon at 146,000, while Paris overshadowed its provincial satellites at 660,000.[22] The most striking aspect of the growth of Bordeaux is a comparison with the rate of growth of other cities. Ports of a similar size in 1700, Nantes and Rennes, saw respectively a fall of 15,000, and a rise of 30,000, while the larger cities of Marseilles and Lyons increased respectively by 35,000 and 49,000, compared to Bordeaux's increase of 60,000. Thus Bordeaux more than doubled its population while other cities increased in proportion much more slowly. The relationship between increasing population and opportunities for medical practice will be further discussed in chapters two and five.

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[21] See Chapter One in Forrest, *Society and Politics,* for full details of the composition of the various faubourgs in the city.
[22] Figures from Benedict, *Cities*, 25.

Finally, therefore, the city can be seen to be somewhat independent of the economy of France as a whole, its success resting on its uniquely favourable site and the manner in which this was exploited by its merchants. However, it was far from independent from France in other ways, and the vexed relationship the city maintained with external authorities is the subject of the next section.

Hierarchies of Power

The solid foundations of the success of the port were closely connected with the resident élites in the city, partly because of their importance to the internal economics of the area, yet more crucially due to the ability of the various authorities to resist the centralising state, which further expressed the provincial particularity of the region. This discussion focuses on the situation in Bordeaux where the growing dysfunction of the state apparatus came into conflict with the proverbial independence of the bordelais. The consequences of such conflicts are the subject of the third chapter, which examines the relationships of the medical corporations with the various authorities holding power in the city, and their reaction to patronage, especially that of the crown. Here the impacts of changes in rule are examined with respect only to the status and well-being of the city itself, and the discussion will cover the jurade, Parlement, Intendant and Governor, and the role of the church.

As was typical of the old regime, a multiplicity of authorities had jurisdiction over different affairs within the city. These included representatives and governing groups from each of the three orders; clergy, nobility and the third estate. The oldest institution was that of the municipal authority, similar to those found elsewhere, in Bordeaux called the jurade. It consisted of the *maire*, his lieutenant, six jurats, a *procureur syndic,* and a secretary: all were chosen by the king from a list of three candidates for their two-year term of office.[23] The list was drawn up by the council of notables, who were an elected body. An indication of the range of the activities of the jurade is given in the 16 volume index to the records of their deliberations from 1520 to 1789 concerning trade and corporations, food supply, police, and control of the many details to do with the running of a great city.[24] The cent-trent was a larger council that met more rarely.[25] The six members of the jurade were normally two

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[23] Guadet, *Les Girondins*, 14.
[24] Boisville, Ducaunnès-Duval, Courteault, Leroux and Védère, *Ville de Bordeaux. Inventaire sommaire des régistres de la Jurade, de 1520 à 1783.* 16 volumes (Bordeaux, 1896-1947).
[25] According to Guadet, *Les Girondins*, 14, the cent-trente was 'formé par les deputés des diverses corporations de la ville'.

noblemen, two lawyers and two merchants, reflecting the most powerful influences in the city, who were able to form a court or council to decide on criminal cases within Bordeaux. They were also the arbiters of guild affairs, representing the corporative nature of the city; all new masters were to swear their oath before them, and all officers of the guilds reported directly to them. Thus, although the members of the jurade came from influential groups, and their powers were far-reaching and responsibilities wide, they were still dependent on the decision of the crown when appointed, and their powers overlapped those of other powerful groups and individuals within the city.[26] As Mousnier describes, the king in maintaining the privileges of the bourgeoisie of the city, also diminished the powers of the jurade, subordinating them to external authorities.[27]

The next oldest local powerful institution was the Parlement, which had a long tradition of both resistance to the crown, and rivalry with the jurade. As Doyle has shown, the legal population of the city was extensive, several thousand strong, of which the élite parlementaires were the pinnacle of a series of courts of law for civil, criminal and maritime affairs.[28] All parlementaires were office-holders, part of the system of venality to be discussed in chapter three. However the role of a parlement was wider than that of other courts. They were a part of the old regime system of governance; no new edict could become law until all thirteen parlements had agreed to its legality.[29] Periodically the parlements resisted the efforts of the king to extend the boundaries of taxation, by refusing to accede to his requests, as Stone has shown.[30] The Parlement of Bordeaux, however, since its inception in 1462, had been active in other ways in resisting the perceived despotism of the crown, and had therefore gained both popular support and earned local respect.[31] As William Beik demonstrates, there had been strong popular support for the Parlement in the Frondes of the seventeenth century, and it retained not only its tradition of independent action and conflict with the crown, but also its local prestige and support in these conflicts.[32] Indeed their dissolution during the rule of Maupeou, and their reassembly on the accession of Louis XVI, led to their being seen as 'the defender of local liberties against a despotic royal

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[26] The situation elsewhere is described in N. Temple, 'Municipal Elections and Municipal Oligarchies in Eighteenth-Century France' in J.F. Bosher (ed.), *French Government and Society 1500-1850: Essays in Memory of Alfred Cobban* (London, 1973).
[27] Mousnier, *Institutions*, 565-574.
[28] Doyle, *Parlement,* passim.
[29] J.H. Shennan, *The Parlement of Paris* (London, 1968).
[30] B. Stone, *The French Parlements and the Crisis of the Old Regime* (Chapel Hill, 1986).
[31] See Doyle, *Parlement*, Introduction, for full details of their role and membership.
[32] Beik, *Urban Protest.*

government'.[33] Their continuing concern for the welfare of the inhabitants of Bordeaux was demonstrated even in the early days of the revolution, when, as Doyle notes, they attempted to prevent grain exports to ensure bread supplies to the city.[34] The role of the Parlement in the city was complex: they were at one and the same time part of the resident and local social élite of the city, the ultimate arbiters in legal disputes, and a bulwark against despotism. This could lead to conflict with other authorities in the city. They opposed the Intendant over issues where the local needs of the city were in conflict with the needs of the state, and the jurade over matters concerning the governance of the city.

The focus for much of the discontent with royal authority was the Intendant, a position that held wide powers over the region, or *généralité*, which predictably overlapped with those of other authorities.[35] As part of a bureaucratic system, the Intendant was the focus for criticism linked with despotism. The power exercised by ministers, Baker argues, was 'secret and irresponsible' because its origins were anonymous.[36] The crown appointee was moreover a temporary visitor to the city, and according to state policy, one with no familial or other local connections. Such a ruling was intended to undermine existing patronage systems and thus create truly independent individuals, but in the parochial provincial situation of Bordeaux merely served to isolate the individual Intendants. There were several incumbents over the eighteenth century, the most notable and influential being Tourny from 1743 to 1757 and Saint-Maur from 1776.[37] The 'vigorous and imaginative' rule of the former led to the rebuilding of parts of the city, the remarkable results of which can still be admired in the modern Bordeaux. The administration of Tourny was also one of conflict with the other authorities within the city. His departure, as Doyle comments, went 'unlamented' by the Parlement.[38] However, the relative independence and wide-ranging powers of the Intendant, especially in the hands of the more able, had two major results for the city. First an increasing conflict with the authorities within the city, and secondly an increase in the pride felt by the bordelais, this time focused on the power wielded by 'their' Intendant.[39] Arguably, the dysfunction of the old regime, expressed in the conflicting powers of the

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[33] See Forrest, *Society and Politics*, 24-5. For further information on the Maupeou Coup see D. Echverria, *The Maupeou Revolution: A Study in the History of Libertarianism, France, 1770-1774* (Baton Rouge, 1985).
[34] Doyle, *Parlement*, 304.
[35] Gruder, *Royal Provincial Intendants*.
[36] K.M. Baker, *Inventing the French Revolution* (Cambridge, 1990), 161.
[37] See Table of Intendants in Appendix III.
[38] Doyle, *Parlement,* 5.
[39] Forrest, *Society and Politics*, 22-23; Doyle, *Parlement*, 5.

Intendant with both the jurade and the Parlement, served only to strengthen the already strong pride and independence of the bordelais and the region.

Such a conflict was also expressed in a different way in the person of the Governor of the province of Guienne. While the Intendant was a crown appointment within a bureaucratic machinery that attempted to utilise the talents of able administrators, that of a governorship was essentially part of the patrimonial system.[40] Governors were usually high nobles, whose success depended more on the strength of their personal contacts within the system of *fidelité* outlined by Mousnier, and on their personal fortune and talents, than on any bureaucratic system.[41] As Harding argues, such men should not be dismissed from historical accounts as holders of sinecures, rather they should be seen as part of the patrimonial system which complemented the meritocratic appointments of Intendants.[42] Even for Bordeaux there have been different views of the importance of the Governors to the city. Forrest comments that the role of the Governors diminished as their importance 'dwindled into comparative insignificance', while Doyle asserts that Richelieu 'ruled like a viceroy'.[43] The reality is perhaps closer to the latter view, as Richelieu, who was Governor from 1755 to 1788, was forbidden on the accession of Louis XVI to live in Bordeaux, arguably because of his powerful base and popularity within the city. From 1775 the Governor's role was undertaken by Richelieu's lieutenant-general, the duc de Mouchy, a man whose influence within both court and Bordeaux will be revealed in relation to the medical world in chapter three. The Governor, or his representative, remained an important social and political focus for the city during his visits, thus perhaps becoming for the crown a dangerous focus for provincial particularism.

The Archbishop had many characteristics in common with the Governor, as a noble and courtier whose importance to the city was more political in his powerful connections than administrative. Nonetheless, the influence exerted through his nine subsidiary bishops and almost four hundred parishes was extensive, although mitigated by the political presence of the Parlement.[44] The power of the church, although perhaps minimal at the level of pastoral control especially in the faubourgs of the city, was expressed in its great wealth, and ability to administer charitable aid. The church was also linked to the various hospitals, to be

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[40] Ertman, *Birth of the Leviathan,* 5.
[41] Harding, *Anatomy of a Power Elite,* 214; R.E. Mousnier, *Social Hierarchies: 1450 to the Present* (London, 1973).
[42] Harding, *Anatomy of a Power Elite*, 1-7.
[43] Forrest, *Society and Politics*, 22; Doyle, *Parlement*, 4.
[44] Forrest, *Society and Politics*, 21-22.

discussed in further detail below. In addition the church had a distinct presence in the city in the form of three seminaries and twenty-four monastic communities for men or women. These institutions also offered charitable aid; several had their own pharmacy and provided free medicaments to the sick poor. The threat posed by such pharmacies to the monopoly of the corporation of apothecaries will be explored in chapters two and three.

The various ruling powers in Bordeaux fall into two largely distinct groups, local and central. The Intendant, Governor, and Archbishop were all crown appointments, whose power, however expressed at local level, derived from the authority of the crown. All three were outsiders, based in the power structures of Versailles and Paris: they were political players in more than one arena. In Bordeaux each had far-reaching and independent powers, whereas at court each was part of a group of courtiers or crown servants. In contrast the jurade and Parlement were locally formed and based. Deeply entrenched in the politics of their home city, their political power was derived from their local role. The parlementaires were office-holders, all had bought or inherited their posts, while the jurade were chosen from within the élites of the city. The prestige of both came from respect within the city, the former from that of the institution to which they belonged and the latter from their personal reputations within the élite. The dysfunction of the state apparatus, the overlapping and conflicting authority of the Intendant with the Governor and of both with the jurade and Parlement, was thus further complicated by local loyalties. This conflict between local and centralised interests is further explored for the medical corporations in chapter three. For the city itself, the conflicts of power were further complicated by the increasing economic interests of the merchants as Bordeaux expanded its trade, the focus of the discussions of the next section.

Expansion

By the end of the eighteenth century Bordeaux was famed for its wealth and magnificence. The increasing trade of the port enhanced the prosperity of Bordeaux and many of its inhabitants, yet the accompanying growth of the city brought many of the problems associated with urbanisation. This section will consider the advantages and otherwise of such changes for Bordeaux, and, by extension, the possibility of successful medical practice. In the first place it will discuss the growth in trade and wealth, and its effects on the social and cultural realm, then move on to assess the effects of enlargement on the environment of the city.

As the first section indicated, the spread of import and export products and trading partners for Bordeaux was wide. Underlying its success in the world of trade was the financial stability of the city. Thus after the depredations of the seventeenth century Bordeaux was well placed to exploit the potential of trade in sugar and slaves, in coffee and cocoa, and in a wide variety of other items.[45] The expansion of the market in luxury items and in health-related products such as cinchona bark, generally imported from the new world, and the favourable situation of the port for such connections, led to its rapid expansion.[46] Again such a growth was also firmly based on the internal trade of the city, and the demand for such new products within its own élite. The rapid increase in prosperity was due to the efforts and expansion in numbers of the merchants or negotiants, who numbered more than eight hundred by 1789, strongly encouraged in mid-century by the efforts of the Intendant Tourny, as Passet and Courtault describe.[47] However, the power of the merchants had been apparent from 1707 when they founded the Chamber of Commerce, which brought their interests before the jurade and the Intendant.[48]

The rise in trade is illustrated by the size of the merchant fleet that grew from fewer than 80 to more than 300 vessels between 1730 and 1778. There was an accompanying rise in the value of imports; those in one month in 1785 were roughly equal to those for a whole year in 1730.[49] The merchant community was spread throughout many areas in the city, and contained substantial numbers of immigrants from Germany, Ireland, England, and elsewhere, thus adding to the networks of connections within the trading world as described by Meadows.[50] Yet a variety of factors, such as wartime blockades, could imperil the prosperity of the merchants and hence the city and its inhabitants. The business of international trade could be precarious, when the vagaries of tide and weather conditions, and the actions of unfriendly rivals, could imperil any venture, as the examples of the trade of the apothecary Vidal in chapter five will show. Nonetheless, as Riley demonstrates more generally for France, even the depredations of the Seven Years War only affected the boom

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[45] Bachelier, *Histoire du commerce*.
[46] For the growth of consumption in general see D. Roche, *Histoire des choses banales: Naissance de la consommation dans les sociétés traditionelles* (XVIIe-XVIIe siècle) (Paris, 1997); J. Brewer and R. Porter, *Consumption and the World of Goods* (London, 1993).
[47] Passet, *L'industrie dans la généralité de Bordeaux*; P. Courteault, 'Bordeaux au temps de Tourny', *Revue historique de Bordeaux et du département de la Gironde*, 10, 3 (1917), 144.
[48] Passet, *L'industrie dans la généralité de Bordeaux*, 7.
[49] Passet, *L'industrie dans la généralité de Bordeaux*, 7.
[50] For example for the German immigrants see A.A. Leroux, *La colonie germanique de Bordeaux. Tome 1: De 1462 à 1870* (Bordeaux, 1918); R.D. Meadows, 'Engineering Exile: Social Networks and the French Atlantic Community, 1789-1809', *French Historical Studies*, 23, 1 (2000), 67-102.

in trade for the duration of the war.[51] A general slowing in trade, for whatever reason, could affect the fortunes of the city. For example, the demand for goods, from sails to foodstuffs, for the long voyages of vessels from within the port would fall if they were unable to leave, hence affecting the tradesmen of the city. Such a slump would also affect imports, and on several occasions during the century Bernadau reports that there was hardship and hunger within Bordeaux.[52] Notwithstanding the cyclical nature of trade, the overall success of the trade into and out of the port added to the prestige of the city. The crown also benefited from the growth in trade. As Bellet reveals, the trade in 1730 alone returned more than three million livres in duties to the crown.[53] Therefore, the city gained power within the realm, proportional to its contributions to the state, and hence the controlling influence of the crown in the form of its representatives became ever more important, and the need to retain the goodwill of the city imperative.

The prestige of the city resulting from the success of its traders was also revealed in other ways, such as the rebuilding already mentioned, and the cultural and social opportunities that arose partly from its wealth. Many observers commented on the cultural independence of the city. It built the grand theatre, housed academies, lodges and salons, and thus was able to attract the élite from the area, reflecting a wider move towards cities by the nobility in France.[54] The population of notables in the city included not only the wealthy merchants who were mainly bourgeois, the nobles of the robe attached to the Parlement and other courts, but also the nobility of the region. Forster has shown that many from the latter group were also involved in the production of and trade in wine.[55] The élite within the city were therefore, in line with the arguments presented by such as Chaussinand-Nogaret, more united in their local pride and common levels of wealth, than divided by their different social status.[56] As Doyle has shown, the recruitment of the Parlement although generally from local legal families, also extended to include a 'significant minority' drawn from the merchant

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[51] J.C. Riley, *The Seven Years War and the Old Regime in France: The Economic and Financial Toll* (Princeton, 1986), Chapter 4 'The Seven Years War and the French Economy'.
[52] Bernadau, *Annales*. Shortages occurred in 1720, 1747 and 1773.
[53] Bellet, 'Documentation statistique', passim.
[54] C. Marionneau, *Les salons bordelais, ou, expositions des Beaux-Arts à Bordeaux, au XVIIIe siècle (1771-1787), avec les notes biographiques sur les artistes qui figurèrent à ces expositions.* (Bordeaux, 1883); P. Butel and J.-P. Poussou, *La vie quotidienne à Bordeaux au XVIIIe siècle* (Paris, 1980).
[55] R. Forster, 'The Noble Wine Producers of the Bordelais in the Eighteenth Century', *Economic History Review*, 14, (1961), 18-33. This is partly because of their tax exemptions.
[56] Chaussinand-Nogaret, *French Nobility*.

community.[57] The ambitions of the merchants to ascend within the hierarchy thus accord with the analysis of Grassby for English merchants, who he found remained in trade for only a few generations.[58] As a consequence, the proportion of parlementaires having a connection with trade was around 10%, perhaps the highest of any parlement in France. Thus connections with trade were apparent within both robe and sword nobility, and the more equivalent forms of relationships associated with commercial exchange therefore permeated all levels of the élite. Indeed as Sabean has shown, such changes eventually altered the primacy of inheritance, especially within kinship networks, as will be more fully explored for the medical corps in chapters two and five.[59]

Perhaps the most important facet of the increase in commercial activity was the associated rise in credit. As trade increased, and especially as business connections were made in distant places, the need for credit facilities expanded. Thus although the teachings of the church were adamantly against 'usury' or the charging of interest, the practice had slowly extended throughout the wealthy élite.[60] As Roche points out, the apparent conflicts between the value systems of the hierarchical state apparatus and the capitalist system of credit were minimised by their common interests.[61] The state was dependent, not only on the income from offices and taxes, but also on the willingness of its wealthy élite to become 'creditors of the state' in providing loans; there was thus a strong relationship between the financial soundness of trade and the state.[62] The connections between commercial enterprises and the state became crucial to the economic stability of both, as was expressed in the varying fortunes of Bordeaux. For example, the interruptions caused by war could endanger the finances of the crown if the wealthy were no longer willing or able to offer their capital in loans, it was therefore in the interests of both parties to maintain a favourable trading situation. Thus the relationship between the crown and Bordeaux, as was more closely

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[57] Doyle, *Parlement*, 15. For example François-Armand Saige inherited his title from his merchant father who had purchased it in 1745, entered the Parlement through purchase of the office of advocate-general in 1760 and eventually became mayor of the city.
[58] Grassby, *Kinship and Capitalism,* 361.
[59] D.W. Sabean, *Kinship in Neckarhausen, 1700-1870* (Cambridge, 1998), 11.
[60] B. Groethuysen, *The Bourgeois. Catholicism vs. Capitalism in Eighteenth Century France* (London, 1968), Chapter 12, 'The Church and Capitalism'.
[61] D. Roche, *France in the Enlightenment* (London, 1998), 144-145.
[62] There is also evidence that the existence of offices tended to slow the development of France both commercially and industrially. Once wealth was obtained many chose to invest in ennobling offices, while the strong hold of corporations both inhibited growth through control of numbers and in the stifling of innovations. See F. Aftalion, *The French Revolution: An Economic Interpretation* (Cambridge, 1990); C.C. Fairchilds, 'The Production and Marketing of Populuxe Goods in Eighteenth-Century Paris' in J. Brewer and R. Porter (eds.), *Consumption and the World of Goods* (London, 1993).

explored in the previous section, was affected by a range of influences. The independence of Bordeaux needed to be balanced using crown agents, yet that very independence and the wealth it engendered, helped maintain the financial stability of the state.

Changes within the fabric of French society as a result of the transformations indicated above also became apparent in the cultural realm. In Bordeaux this was demonstrated in the increasing numbers of merchants and members of the liberal professions who became members of the élite Academy of Science over the century.[63] These included more than ten from the medical corporations of the city, whose membership is discussed more fully in chapter five. The importance of new forms of sociability, and the resulting connections between different social groups, are further demonstrated in the spread of Masonic lodges within and around the city. By the 1780s there were twenty lodges and around 1,500 members, according to the estimate of Coutura.[64] The growing breakdown of lines of demarcation between the different estates are perhaps best represented in the membership of the Musée, founded in 1783, that included men chosen not for their status but for their talents in science or *belles-lettres*.[65] As Coutura describes, the avowed ends of the organisation were to spread knowledge from the few to the many. The changes described by historians more generally for France, due to the onset of capitalism, new forms of sociability and so on, were apparent within Bordeaux. Contacts became available to all members of the 'provincial literate', in Schneider's phrase, as individuals encountered others from different spheres in trade, cultural institutions and in social contacts.[66] Such transformations within the medical world are explored in chapters three and five, concentrating on the relationships among groups and individuals, especially with reference to the dense interconnected quality of city life.

The networks of exchange, together with social and cultural contacts, transformed the landscape of the city at interpersonal level. The motor of change, commercial expansion, also served to expand the physical entity of Bordeaux. As the population increased, so the old city became more densely inhabited, and the faubourgs were extended. At the same time the population of the city, in line with patterns of urbanisation elsewhere, was a mobile one,

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[63] D. Roche, *Le siècle des lumières en province. Académies et académiciens provinciaux, 1680-1789* (Paris, 1978); J. de Gères, *Académie des sciences, belles-lettres et arts de Bordeaux* (Bordeaux, 1877); Barrière, *L'académie.*
[64] J. Coutura, *La Franc-maçonnerie en Gironde au XVIIIe et XIXe siècles: relevé des documents exposés, janvier-février 1978* (Bordeaux, 1978).
[65] J. Coutura, 'Le Musée de Bordeaux', *Dix-Huitième Siècle*, 19, (1987), 149-164.
[66] R.A. Schneider, *The Ceremonial City: Toulouse Observed, 1738-1780* (Princeton, N.J., 1995), 34.

marked by permanent and temporary immigration.[67] Although the merchants and nobility could build fine new houses, and the authorities could organise the rebuilding of parts of the city, the majority of inhabitants lived in the poorer, more crowded parishes, in which, as Roche and Garrioch have shown for Paris, the strong ties of neighbourhood provided a secure base for urban dwellers.[68] Urban growth in the eighteenth century intensified the hazards of city life that were already present in the seventeenth century with respect to disease, dearth, and physical danger. Although the élites were largely exempt from physical hardship and injury, they were almost as vulnerable as the poor to disease. Arguably, therefore, opportunities for medical practice expanded in line with the growth of the city. The next chapter will investigate the extent to which the three medical corporations exploited this growth through expansion of numbers. This discussion is concerned with threats to the health of the population of Bordeaux in three main areas: physical environment, disease, and natural life events.

As Roche comments, 'l'eau trace une frontière nouvelle entre le malsain et le sain' and this was particularly true for the great maritime centre of Bordeaux.[69] In many ways the city was defined by water, it was bounded on three sides by the river and marshland, and had a mild and humid maritime climate. The control of water was crucial to the survival of the city and its populace, and offers an example of the efforts of the various authorities to control the environment. The supply of clean drinking water was increasingly important as the population expanded. To minimise the use of polluted water from the river and streams, the authorities provided 13 public fountains.[70] The inspection of the quality of water in the fountains, supplied from springs outside the city, began in 1705, and showed that all but three offered high levels of purity.[71] However, all the fountains were within the centre of the city, and many parts of the new faubourgs were thus without reliably clean water. Pollution of the water courses was increasing: for example, the trade waste from the faubourg Saint Seurin served to make the Ruisseau de la Devèze a problem for the hôpital Saint André,

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[67] Benedict, *Cities*, 13-17.
[68] D. Garrioch, *Neighbourhood and Community in Paris, 1740-1790* (Cambridge, 1986); Roche, *People of Paris*.
[69] Roche, *Histoire des choses banales,* 182. 'water tracks a new boundary between the unhealthy and the healthy'.
[70] J.B.M. Saincric, 'Essai sur la topographie physico-médicale de Bordeaux' (unpublished Ph.D. thesis, Montpellier, 1810), includes an account of the various fountains and their quality of water.
[71] Jurade, VI, 246. For a more general view of inspections of water quality see P. Cosma-Muller, 'Entre science et commerce: Les eaux minérales en France à la fin de l'Ancien Régime' in J.-P. Goubert (ed.), *La médicalisation de la société française, 1770-1830* (Waterloo, Ontario, 1982).

under which it ran for part of its course to the river.[72] Although there was little the authorities could do to alleviate the damage and loss of life associated with the periodic flooding of the Garonne, they were active in attempting to drain the marshes, employing a series of specialists over the century, with little permanent success.[73] The marshes, aside from the irritants within the fogs they produced, also presented health hazards because of the water-borne pathogens of several diseases, which will be discussed below.[74] The proximity of water was useful in the case of fire. The jurade increased their range of means to cope with fire over the period, such as the provision of specialist pump engines from the Netherlands, which were manned by a specially formed and trained group, that also attempted to guard against the outbreak of fire.[75] A range of improvements aided the well-being of the inhabitants of the city, including the provision of street lighting from 1697, the paving of some roads, and the creation of a guard to protect inhabitants against violence, especially necessary in the unruly faubourgs, where prostitution and gambling were rife.[76]

Nonetheless the most danger to the urban poor in any city was from disease, to which they were more vulnerable than the élites. As Walton comments, 'most diseases are initiated by an external agent, but the effects are greatly modified according to the individual's constitution', thus the urban poor, malnourished and overcrowded in unhygienic conditions, were much more likely to fall prey to the multitude of diseases against which medicine as yet had no real defense.[77] Roy Porter, in praising the efforts of authorities elsewhere in combating plague adds that ' ... unregulated urban growth, particularly the rise of industrial pollution, slums and overcrowding, and swifter communications and trade links spread air- and water-borne filth diseases like typhoid, and urban maladies like tuberculosis and

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[72] J.-P. Goubert, *The Conquest of Water: The Advent of Health in the Industrial Age. (La conquète de l'eau)* (Oxford, 1986), 131.
[73] L. de Lamothe, *Essai de complément de la statistique du départment de la Gironde* (Bordeaux, 1847), 127.
[74] Saincric, 'Essai', offers a description of the climate and environmental conditions within the city.
[75] Bernadau, *Annales*. 28 July 1749 formation of *compagnie des incendies*, pumps purchased in November 1709.
[76] Although some roads were paved, several visitors commented on the dirt in the streets, for example, Antoni Ponz wrote that the streets of the old town were 'étroites, sales et mal pavée', and Arthur Young was even more scathing of the quais 'It is a dirty, sloping, muddy shore; parts without pavement, encumbered with filth and stones'. See Desgraves, *Voyageurs*, 84 and 56; Young, *Travels*, 57. For information on improvements see Bernadau, *Annales,* passim.
[77] J.N. Walton, J.A. Barondess and S. Lock, *The Oxford Medical Companion* (Oxford, 1994), 244-248.

rickets'.[78] Hence, especially for physicians and apothecaries, a rising population could provide a paradoxical opportunity, a greater range of patients, yet a largely ineffective range of treatments. Aside from the great advances such as cinchona for malaria, medicine was largely helpless in the face of the common urban diseases.[79]

Many diseases were especially prevalent in Bordeaux because of its particular situation; water here encouraged the spread of diseases with water-borne pathogens such as malaria, typhoid, cholera, dysentery, and gastro-enteritis. The port and temporary visitors such as mariners aided the spread of venereal disease and yellow fever. Overcrowding itself assisted the spread of measles, tuberculosis, diphtheria, and smallpox.[80] An improvement in food supplies reduced malnutrition, and city dwellers did develop immunity to some diseases. However, as Dorothy Porter comments, 'infections which at one time ravaged isolated susceptible populations in catastrophic waves now became endemic within densely crowded urban environments', although the weak, especially children, remained particularly vulnerable.[81] In addition the humid climate tended to intensify the presence of catarrhal, rheumatic and pulmonary complaints, and aided the spread of dysentery and diarrhoea.[82]

However, not all ill health derived from disease, as Rosenberg states: 'In this sense chronic, or 'constitutional', illness plays a more fundamental social role ... than the dramatic but episodic epidemics of infectious disease that have so influenced the historian's perception of medicine; we have paid too much attention to plague and cholera, too little to 'dropsies' and consumption,' and it is this area that medicine could play a larger part.[83] Such 'minor' or chronic ailments were diagnosed, as historians have revealed, by a mixture of self-diagnosis and advice from medical and non-medical friends and family, and treated with a combination of family remedies, medicaments from street sellers, and standard remedies from

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[78] R. Porter, 'The Eighteenth Century' in Conrad, Neve, Nutton, Porter and Wear, *The Western Medical Tradition* (Cambridge, 1995), 473.
[79] Digby, *Making a Medical Living,* 81. 'there were very effective drugs coming into widespread use during the eighteenth century: bark (quinine) for reducing fevers, opiates for painkilling and use as a sedative, and digitalis which was deployed as a diuretic in the treatment of dropsy'.
[80] G.M. Howe, *A World Geography of Human Diseases* (London, 1977).
[81] D. Porter, *Health, Civilisation and the State. A History of Public Health from Ancient to Modern Times* (London, 1999), 48.
[82] See Saincric, 'Essai', for medical topography of Bordeaux in the early nineteenth century.
[83] C.E. Rosenberg and J. Golden, *Framing Disease: Studies in Cultural History* (New Brunswick, N.J., 1992), xix.

elsewhere.[84] Thus the 'pick-and-mix' attitude of patients to medicine was expressed in their attitude to 'everyday' ailments, although most would seek corporative medical help in severe cases or emergency. For most sufferers the recourse to official medical practitioners varied according to their ability to pay, and severity of the ailment. Thus it was the presence of increasing numbers of wealthy notables that made Bordeaux an attractive site for practice, rather than the mass of more ordinary men and women who were less able to afford regular consultations or treatments for their chronic illness. Yet the poor did use the services of medical men, particularly those of the surgeons, and not only for blood lettings.

The poor were particularly prone to physical injuries associated with their labour, which could threaten the ability of the sufferer to continue working. Chronic illness could also damage health, disrupt work, and diminish earning power. Despite the stoicism of the age, commented upon by Jones among others, men and women who suffered the pain of hernias, kidney stones, and other chronic complaints did seek help in an attempt to alleviate symptoms and continue normal life.[85] Apothecaries could exploit this market by selling pain-relieving substances. The surgeon was able to aid sufferers either by simple bandages and supports, or by more radical treatment such as surgery to remove kidney stones, as will be further discussed in chapter three.[86] As Tournon was to comment in his tribute to Pierre Desault, a physician who practised from 1704 to 1737, a medical man could help his patients by 'calmer la douleur, prolonger la vie, et consoler son semblable'.[87] Despite their comparative inability to cure disease, practitioners could offer treatments to alleviate symptoms, and by their frequent attendance, serve to support patient and family through the course of the ailment. The relationship between patients and practitioners will be more fully examined in chapter five.

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[84] M. Pelling, 'Medical Practice in Early Modern England: Trade or Profession?' in W.R. Prest (ed.), *The Professions in Early Modern England* (London, 1987), 101.
[85] C. Jones, *Charity and 'Bienfaisance': The Treatment of the Poor in the Montpellier Region, 1740-1815* (Cambridge, 1982), 113. 'the majority of adult males ... suffered from hernias which they bore with stoicism'.
[86] Digby, *Making a Medical Living,* 83. 'for the surgeon treatments ranged from the simple (such as bleeding, setting a broken bone, or opening abscesses), to more complicated interventions (amputation of a limb after a complex fracture, treatment of gunshot wounds, tapping for dropsy, and couching for a cataract)'.
[87] D.J. Tournon, *Liste chronologique des ouvrages des médecins et chirurgiens de Bordeaux: et de ceux qui ont exercé l'art de guérir dans cette ville, avec des annotations, et l'éloge de Pierre Desault* (Bordeaux, 1799), 33. The medical man could 'reduce pain, prolong life, and comfort their fellows'.

Notwithstanding the care that could be offered, the most vulnerable times of life were childhood, childbirth, and old age. Despite a tendency to longevity in the region, Bordeaux itself was less healthy than many other cities.[88] The birth rate in the city was lower than that in Lyon by 6.5 per thousand, and the difference between deaths and births in the city was of concern.[89] For example the affiches of 1773 reported that in previous years, deaths were around 3,500 while births lagged behind at 2,800, a difference of 700 per year. As Braudel comments, 'Like the ogre in the fairy tale, the city swallows people up'.[90] Although this points to a steady immigration into the city, typical of the pattern of urbanisation, it also shows the fragility of childhood. The mortality rate for children under age five remained high – fewer than half survived – until the end of the century.[91] Even the children of the élites were vulnerable, especially those sent away to rural wet-nurses. For urban infants left to the care of the foundling hospitals, the situation was stark: of those children so abandoned in Bordeaux the mortality rate was between 85% and 90%, although the figures for other areas were slightly better.[92] The efforts of the physician Lamothe to care for such children by experimenting with artificial feeding will be further discussed in chapter four.

Lamothe had also trained in obstetrics, and the eighteenth century saw a change in attitudes to childbirth, as male accoucheurs became more acceptable among the élites.[93] Increasingly, as Brockliss and Jones have shown for France and a range of historians for England, surgeons began to encroach into this previously female preserve, and Bordeaux was no exception to this trend.[94] At the same time, the high rates of maternal and infant mortality during childbirth became of interest to the crown, ever anxious to increase population. As Gelbart has described, Louis XV paid the midwife Madame Du Coudray to travel the realm

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[88] AAADB, On 26 September 1765 they reported the death of a labourer at 106, he had three relatives who had lived more than 100 years.
[89] Roche, *France in the Enlightenment*, 184.
[90] AAADB, 7 January 1773; Braudel, *Identity of France*, 432.
[91] Roche, *France in the Enlightenment*, 493.
[92] Roche, *France in the Enlightenment*, 184; Braudel, *Identity of France*, 188, half of the 5,000 children abandoned in Aix-en-Provence survived to the age of five; P.-J. Darracq, 'Les chirurgiens à Bordeaux au XVIIIe siècle', *Histoire des sciences médical*, XV, 4 (1981), 299-303; Lamothe, *Essai de complement*, 128.
[93] R. Taton, *Enseignement et diffusion des sciences en France au XVIIIe siècle* (Paris, 1964), 201. Obstetrics courses were held in Paris, Rennes, and Marseilles.
[94] A.G. Hess, 'Midwifery Practice among the Quakers in Sourthern Rural England in the Late Seventeenth Century' in H. Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1994); Brockliss and Jones, 610-617; A. Wilson, 'William Hunter and the Varieties of Man-Midwifery' and E. Shorter, 'The Management of Normal Deliveries and the Generation of William Hunter' both in Bynum and Porter (eds.), *William Hunter.*

teaching better midwifery techniques.[95] Although the corporation of surgeons in Bordeaux continued to examine potential midwives, the arrival of Du Coudray in 1770 introduced a variation on the traditional apprenticeship system. Lessons in theory and practice were then given by one expert to a group of potential midwives, in similar manner to changes in training in surgery to be explored in chapter two.[96] The effects throughout France were extensive, as Brockliss and Jones comment: 'The impact of this remarkable female irregular should not be underestimated: Madame du Coudray appears to have trained over 5,000 women in her obstetrical techniques, and a government census of midwives in 1786 suggests that her trainees comprised some two-thirds of the nation's corps of midwives'.[97] In Bordeaux the effects of the two-month course of du Coudray were substantial. From 1777 the city paid an annual salary of 500 livres to Marguerite Duveau to teach young women the theory and practice of midwifery for four months each year.[98] She was relieved of her position by the appointment of Ducoudray's own niece and heir Marguerite Coutanceau in 1782.[99] The continuing interest of the city in the welfare of mothers and their children was expressed in the creation of a specialist hospital during the revolutionary years.[100] The existing hospitals in the city form part of the following discussion concerned with the institutional and corporate medical world of Bordeaux.

The Medical World of Bordeaux

Concern for the welfare of the inhabitants of the city had begun in the twelfth century when the first of many hospitals in Bordeaux was founded, but it was not until the fifteenth century when the three corporations governing medical practice were formed by order of the jurade.[101] Although there were connections between corporate and institutional care for the sick, as chapter three will discuss, the two systems were very different. The medical groups were part of the corporate world, with rights and privileges accorded by the crown, and with

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[95] N.R. Gelbart, *The King's Midwife: A History and Mystery of Madame du Coudray* (Berkeley, 1998).
[96] AAADB. They announced on 11 January 1770 that the course would commence the following Monday. The call to parishes to send a trainee to the course, containing an invitation from the Intendant and a standard form to be completed are in ADG C1713.
[97] Brockliss and Jones, 741.
[98] The pay for Duveau was 500 livres in 1779, see AMB FF 82 b and GG 1204; the latter also contains bills for Ducoudray's accommodation in Bordeaux.
[99] AMB GG 1204 – 'Sage femmes cours d'accouchements', letter dated 30 January 1782.
[100] Hospice de la maternité. Lamothe was appointed physician in 1799.
[101] The first hospital was for pilgrims, hôpital Saint James, see J. Baurein, *Varietés Bordeloises. Ou essai historique et critique sur la topographie ancienne et moderne du diocèse de Bordeaux* (Bordeaux, 1784-86); Rèche, *Mille ans*, 112, 122; For corporations Péry, 3.

a duty to the governing corporation within the city, the jurade. Hospitals, although also within the governance of the jurade, were ruled by their boards, usually drawn from a range of other powerful institutions and groups. Their administration therefore reflected the conflicts within the ruling hierarchies as outlined above. Yet as Hickey shows for other provincial hospitals in the same era, the boards were often successful in resisting the centralising efforts of the crown.[102] The provision of hospitals therefore continued, only to be entirely reorganised in the revolutionary years, as Ackerknecht demonstrates for Paris in particular.[103] Although the two areas will be assessed together in later discussions on medical careers, here corporate and institutional medical provision will be examined separately.

By the eighteenth century there were four main hospitals in Bordeaux, shown on Map 1.3, which fulfilled different functions. They served to house the indigent poor and educate their children, to separate sufferers from infectious or contagious diseases from the population, and to offer care to the sick and needy.[104] Hospitals in the old regime have been shown to exist primarily to confine the poor, unruly, or diseased members of the community: they were places of last resort even for the poor, who saw hospital inmates as 'social castaways'. In addition the 'black legend' shows hospitals to have been dangerous places with high mortality rates.[105] Nonetheless they served to offer shelter and care to the urban poor, whether sick or impoverished, and to house the increasing numbers of abandoned children. They also provided an outlet for the charity of private persons, the church, and the municipal authorities.[106] Thus the hospitals in Bordeaux all exhibit the juxtapositions of charity and control, of religion and medicine. They also reveal conflicts between the various authorities in the city over the administration of the institutions and inhabitants, as will be more fully explored in chapter three. Typically the hospitals were run by bureaux containing ecclesiastics, parlementaires, jurats and members of the bourgeoisie, and were funded by a

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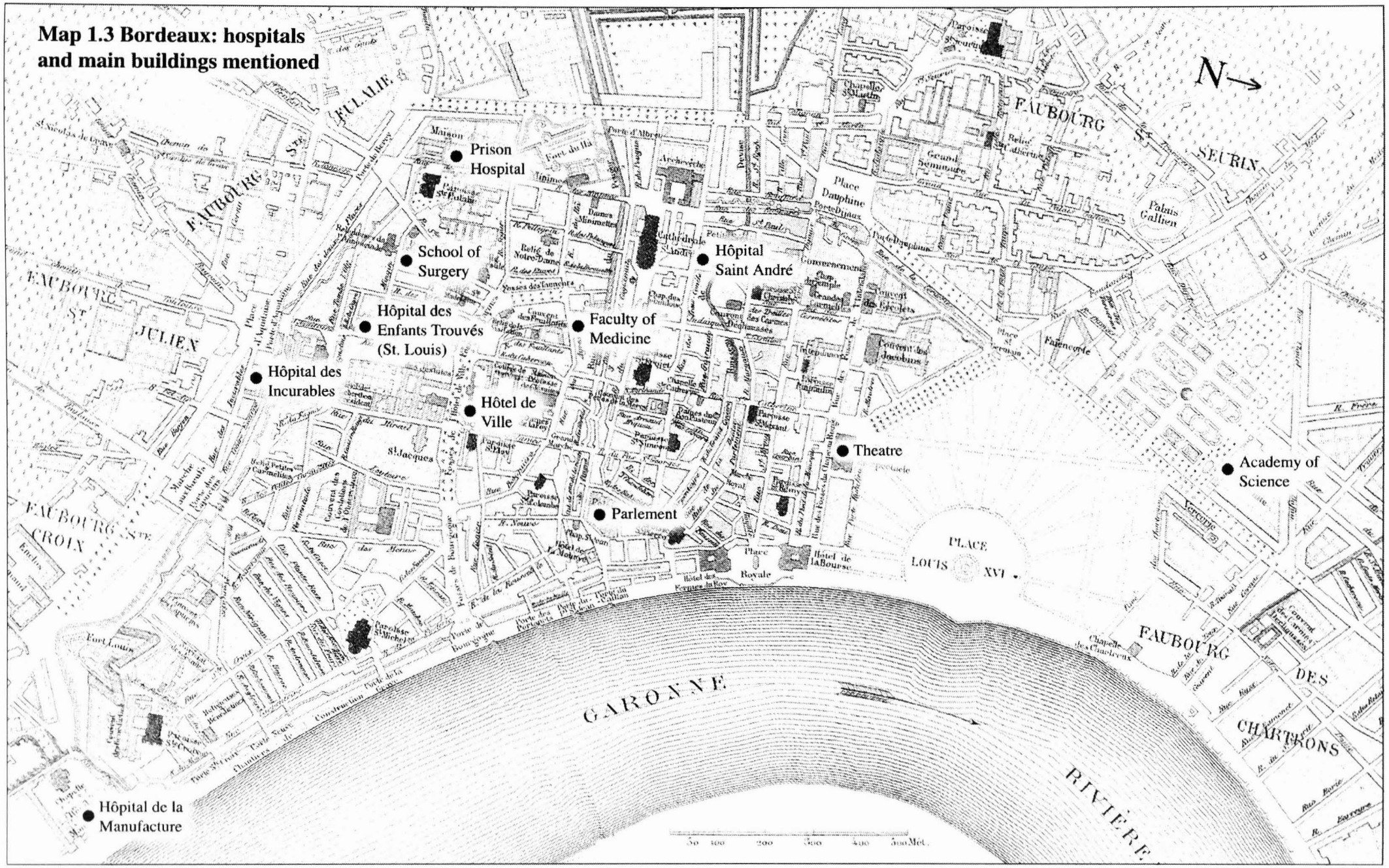
[102] D. Hickey, *Local Hospitals in Ancien Régime France: Rationalization, Resistance, Renewal, 1530-1789* (Montreal, 1997).
[103] E.H. Ackerknecht, *Medicine at the Paris Hospital. 1794-1848* (Baltimore, 1967).
[104] Hôpital Saint André, hôpital des manufactures, hôpital Saint Louis (foundlings), hôpital des incurables, see Baurein, *Varietés*. See Appendix I for further details on all hospitals.
[105] J. Imbert, *Le droit hospitalier de l'Ancien Régime* (Paris, 1993); Jones, *Charity and 'Bienfaisance'*, 97; A.E. Imhof, 'The Hospital in the 18th Century: For Whom?' *Journal of Social History*, 10, (1977), 448-470; L.S. Greenbaum, 'Thomas Jefferson's University of Virginia and the Paris Hospitals on the Eve of the French Revolution', *Medical History*, 36, 3 (1992), 306-319.
[106] For examinations of the role of charity see D.B. Weiner, 'The Brothers of Charity and the Mentally Ill in Pre-Revolutionary France', *Social History of Medicine*, 2, 3 (1989), 321-337; J. Barry and C. Jones, *Medicine and Charity before the Welfare State* (London, 1991).

Map 1.3 Bordeaux: hospitals and main buildings mentioned



combination of charitable bequests and support organised through the jurade, such as taxes on theatre tickets or direct contributions. Several had staffs that contained nursing sisters, whose involvement in care for the sick has been explored for Montpellier by Jones, for Paris by Greenblaum, and more generally by Léonard.[107] In addition most employed medical practitioners.

The largest hospital was the hôpital des metiers – or Hôpital Général des Manufactures et des Enfants Exposés - which housed one thousand inmates by 1724, having been founded in 1624 to care for convalescents from the plague hospital, and then extended to become an hôpital général and offer shelter to the indigent and their families.[108] In 1779 it was joined with the foundling hospital (Saint Louis), which had accepted more than 19,000 children over the years from its inception in 1714.[109] The most important medically was the Hôpital Saint André, which employed a higher proportion of medical staff, and expanded its provision for patients over the century. It segregated male and female patients and had specialist wards, 12 in total, holding almost 400 patients in more than 250 beds, following the pattern of medicalization established for hospitals elsewhere by Hannaway, Thalamy, and others.[110] Increasingly it was also used as a site for clinical instruction as will be discussed in the next two chapters, and hospital posts became ever more important in the creation of medical careers as will be more fully examined in chapter five. It was, however, unable to accept 'les pauvres affligés de cancers, écrouelles, ulcères invétérés, paralysés et autres incurables', as commented on by the parlementaire Louis-Amable Bigot: thus in 1741 he founded a specialist hospital for such unfortunates, the hôpital des incurables.[111] Other specialised institutions for the care of the sick included a *maison de charité* for Protestants, a military hospital within Chateau Trompette, and accommodation for sick prisoners within the *maison de la force*. Protection for the poor in hospitals within the city was thus amended over the century: the hôpital Saint André added new wards and beds, charitable provision

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[107] C. Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France* (London, 1989); L.S. Greenbaum, 'Nurses and Doctors in Conflict: Piety and Medicine in the Paris Hôtel-Dieu on the Eve of the French Revolution', *Clio Medica*, 13, 1979 (1979), 247-267.
[108] Rèche, *Mille ans*, 122-125.
[109] Lamothe, *Essai de complement*, 128, for figures on children admitted in each year.
[110] C. Hannaway, 'Medicine and Religion in Pre-Revolutionary France', *Social History of Medicine*, 2, 3 (1989), 315-319; A. Thalamy, 'Médicalisation de l'hôpital' in M. Foucault (ed.), *Les machines à guérir: aux origines de l'hôpital moderne* (Paris, 1976). For full details on Saint André see P. Courteault, *Le Vieil Hôpital Saint-André de Bordeaux. Notice historique d'après des documents inédits. 25 héliogravures* (Bordeaux, 1944); Rèche, *Mille ans*, 127-130.
[111] Rèche, *Mille ans*, 135-136.

was streamlined as the hôpital de la manufacture and the foundling hospital were joined together, and the new 'incurables' was formed.

However, hospitals remained a last resort even for the urban poor, and the provision of care offered by the members of the three medical corporations in the city was of more daily importance. The jurade had created in 1411 the three corporations governing medical practice, which established the presence of the three types of medical practitioner, properly controlled, within the city.[112] These were the *collège des médecins*, the *communauté des chirurgiens*, and the *compagnie des apothicaires*. Each corporation had a set of statutes which served to regulate their conduct, establish levels of training, knowledge or education, clarify rules to do with succession, and establish proof of moral probity and adherence to the Catholic religion.[113] These medical corporations formed part of the corporate nature of both the city and the state; they enjoyed a special place within both. For example each was taxed as a group and decided on the division of the tax burden during their regular meetings, as will be more fully discussed in later chapters. Each corporation was required to meet to elect officers, syndics, who reported directly to the jurade, and a specially appointed officer produced yearly accounts.[114] The city thus ensured the presence of qualified medical personnel who in addition policed the standards of their members and took action against illegal practitioners, using the powers of the local courts or the jurade to levy fines.

Notwithstanding the powers of police held by the corps there were many other medical practitioners in the city. As was common in the old regime, there was a wide range of non-corporate medical care available, and the relative inaction of the three groups in response to this threat to their monopoly will be discussed on several occasions in the remainder of this study.[115] The substantial numbers of medical practitioners overall, the database that underpins the study records a proportion of 1:4 corporate to non-corporate practitioners,

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[112] The records of the three corporations are contained within series C of the Archives Départementales de la Gironde, physicians in C1696 and C1697, apothecaries C1716 and 1717, and surgeons from C1702-1715.
[113] The 25 statutes for the college of physicians of 1719 are reproduced in Péry, 383-388; the 29 statutes for the apothecaries are in E. Cheylud, *Histoire de la Corporation des Apothicaires de Bordeaux. De l'enseignement et de l'exercise de la pharmacie dans cette ville (1355-1802). D'après des documents inédits* (Bordeaux, 1897), 24-25; *Statuts pour la communauté des maîtres en l'art et science de chirurgie de Bordeaux* were published in 1755 in Bordeaux, and are available in the BMB (Ms. 713 2, t. I, no 16).
[114] See heading 'chirurgiens' in Jurade, III.
[115] The best guide to levels of non-corporate practice remains M. Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge, 1988).

emphasises the suitability of Bordeaux as a site for medical practice. Those outside the medical corporations included surgical students, non-corporate physicians, 'empirics' or charlatans, and many who advertised in the local press. As chapter four will demonstrate, at the beginning of the period most practitioners were from the city and its region, whereas by the final decades the favourable situation of Bordeaux drew practitioners from more distant areas. Although the spread of recruitment for the School of Surgery reflected the boundaries of the region, the desire to practice surgery was also linked to the growing need for ships' surgeons as the international trade from the port increased, and to a lesser extent the need for medical men in the colonies.[116] For the surgeons, therefore, the range of opportunities, their rise in status, and pressure from external and powerful institutions combined to aid their comparatively rapid increase in numbers. However, despite the swift rise in population, the existence of rival practitioners, and the increasing opportunities for practice, numbers of physicians and apothecaries did not rise at the same rate, an apparent stagnation that will be fully analysed in the next chapter.

As the discussions above concerning social change have indicated, the previously firm barriers between social groups were being replaced by connections forged in areas outside corporate control. Although the barriers around the medical corporations remained strong, the possible connections between individual members increased as medical men entered into the new forms of sociability available in academies and lodges. As the status of the surgeons of Bordeaux rose, in line with developments traced by Gelfand for Paris, their range of contacts with élite society also increased. Thus the differences among the three groups gradually diminished over the period. Education was a crucial social marker, and the status of the medical courses offered by the University and the creation of the School of Surgery in Bordeaux will form part of the discussion which assesses changes in training for all three groups in chapter two.[117]

Conclusion

This chapter has served to introduce Bordeaux, the context in which the institutions governing medical practice and their members made their careers. It has been concerned

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[116] The preponderance of trainee surgeons from the southwest was first shown by T. Gelfand, 'Public Medicine', 109. For the sea as a career see J. Dalat, 'Un chirurgien de mer à la fin du XVIII siècle', *Revue d'histoire de la pharmacie*, 30, 259 (1983), 275-281; J.-L. Suberchicot, 'Le corps des officiers de santé de la marine sous l'ancien régime' in C. Buchet (ed.), *L'homme, la santé et la mer: actes du colloque international tenu à l'Institut catholique de Paris les 5 et 6 décembre 1995* (Paris, 1997).
[117] J. Verger, *Histoire des universités en France* (Toulouse, 1986).

with four main areas: the independence of the city, conflicting hierarchies of governance, expansion in trade and population, and medical institutions. The first section argued that the success of the city was based on previous advantages: its role as regional capital, and the ease of communication within the area. Its success as a port aided its relative independence from the crown, and led to an enormous growth in prosperity and population. However, as the second section indicated, it was ruled by a range of centrally controlled institutions and individuals, providing a strong link with the crown and its agents. The conflict between local and centralised institutions was examined, as an introduction to a discussion in chapter three of the role of medical institutions within the local and national hierarchy. The third section examined the effects on the city of the expansion in population established earlier. The effects of rapid urbanisation were examined both in general terms and in the specific conditions of Bordeaux. It established the growing market for medicine, both in the efforts of the authorities to maintain the health of the population, and in the increasing numbers of notables willing and able to pay for medical services. The opportunities thus presented to medical men to extend their practice led, as chapter four will argue, to changing patterns of careers over the century. The final section offered a brief outline of the medical world of Bordeaux, including the hospitals that formed one area of opportunity for medical practice. The corporations governing medical practice were here introduced as part of the corporate city, subject to the more general changes outlined in earlier sections. This discussion forms the basis for the major analysis of the second chapter that will assess the corporate medical world of Bordeaux against previously established analyses.

Chapter Two: Medical Corporatism

> ... a regional approach is absolutely essential to the study of medical professions in eighteenth century France. In the first place, there are no reliable statistics on numbers of medical men for France as a whole prior to the nineteenth century. A second and perhaps more fundamental problem which makes synthesis at a national level dubious even in principle is the tremendous diversity within ... regions ... [1]

> There was no sense of an undifferentiated mass of more or less equal individual citizens making up the nation. Rather, the kingdom was composed of a host of bodies, of corporations, and it was only as members of such institutions that individuals enjoyed civic, pecuniary, and honorific rights.[2]

> But the world of ideas is not really neat. A dependence on labels ... has a severe drawback: it isolates individuals and thereby destroys the intricate web of relationships that comprise the past. If we want to reconstruct the past, we should try to restore some of these intricacies and thereby we complicate the situation instead of simplifying it.[3]

> Restriction took various forms, usually including the privileging of incorporated guilds limiting entry into a closed craft ... Such regulations were always cloaked by an ideology of public benefit: both consumer and craftsman were professedly being 'protected' against exploitation ... Behind this rhetoric there inevitably lay, however, the self-serving monopolistic interests of commercial and occupational cliques ...[4]

Introduction

Medical corporatism in Bordeaux was outlined in the last chapter as part of a detailed examination of the growth in prosperity and population of that city. This chapter will offer a similarly detailed account of the experiences of the three corporations governing the practice of apothecaries, physicians, and surgeons in Bordeaux in the century to 1790. It will discuss their reactions to other wider transformations in the medical world, and assess how closely alterations in their practices and attitudes reflect various historical analyses. The chapter will argue that all the groups exhibit characteristics from more than one, sometimes contradictory, 'model of change', and will therefore suggest that such generalisations may limit our understanding of the complexities of the corporate medical world. As Gelfand

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[1] Gelfand, 'Public Medicine', 108.
[2] Garrioch, *Formation,* 155.
[3] L.S. King, *The Philosophy of Medicine. The Early Eighteenth Century* (Cambridge, Mass., 1978), 95.
[4] R. Porter, *Health for Sale: Quackery in England 1660-1850* (Manchester, 1989), 26.

comments, general accounts of the medical world in France may be 'dubious' due to a paucity of detailed information at local level, and the notorious diversity of experience within the old regime. A concentration on Bordeaux will provide 'reliable statistics' that will form the basis for a considered comparison with existing accounts of medical corporations.

The 'intricacies' of the city of Bordeaux in the eighteenth century were discussed in the last chapter, which argued that it provided an increasingly favourable site for medical practice. This assertion was based on the remarkable growth of both market and population in the city that provided increasing and varied opportunities for medical practitioners. An extension of prospects for individuals had effects on the rule of their corporations as they sought to retain control of practice within the city. The basic tenets of corporatism - inheritance, privilege, status, and monopoly - were potentially threatened by these developments. Corporations, according to historians, reacted in a variety of ways: they could restrict entry, raise standards, or vigorously control the market. Yet action in one area could have results in another. As Ramsey has argued and Gelfand has shown for surgery, raising standards could serve to slow entry. On the other hand restricting entrants could result in stagnation, as Brockliss and Jones argue for the physicians, or in the decline in numbers of apothecaries traced for Burgundy by Baudot. The discussions in this chapter will focus not only on the actions of the corporations as they sought to achieve control, but also on their motivations. It will consider whether their actions were 'self-seeking' in preserving their economic monopoly as Porter suggests, or if they were more concerned, in the analysis of Garrioch and others, to maintain their 'honorific' status within the city.

The status of the surgeons within Bordeaux rose as they established their School of Surgery, and they attained higher social and cultural positions in line with wider developments traced by Gelfand. This progress was linked to alterations in attitudes to standards of training and education, themselves part of a new tendency to extend knowledge to a wider audience. For corporations such an extension of information had effects upon their monopoly of knowledge, as they sought to retain control of their 'secrets', yet raise standards of practice. A conflict thus developed, as this chapter will discuss, between the traditional tenets of corporatism, especially inheritance, and the emerging desire to reward merit. This is clearly expressed in the move away from apprenticeship and towards formal and public instruction, most noticeable in surgery, although also evident within pharmacy. The pressures on the principles underlying corporatism were apparent at many levels, and forced corporations to amend their behaviour and regulations with respect to standards of both entry and practice.

This account of medical corporatism in Bordeaux in the century from 1690 is therefore divided into two main sections: control and training. The chapter as a whole will establish the characteristics of the three medical corporations governing practice as a basis for discussions in the next chapter on their relationships with other institutions in Bordeaux. It will argue that the existing analyses of medical corporatism, although superficially accurate, are inadequate to describe the complex motivations and actions of the three corps. The first section on control will be divided into two different areas: numbers, and the policing of standards and practice. It will begin by introducing corporatism in the old regime, assessing different attitudes towards the onset of the market, and suggesting that status was crucial to both corporations and their members. The section on numbers of corporate practitioners will offer the first detailed enumeration over time of the three medical corporations in a French city. It will, using a variety of analyses, suggest that a combination of several different factors influenced control of numbers, including increasing longevity. The section on policing standards and practice will examine the various ways in which the three corporations sought to retain or extend their hold on the behaviour of their own members and the activities of non-corporate practitioners. It will examine the records of the three corporations to establish the frequency with which they took action against illegal practitioners, and suggest that an increase in market opportunities allowed the apothecaries to be largely tolerant of provision by non-corporate individuals. A detailed analysis of attendance at meetings by individuals will be used to examine the internal control exerted by the corporations over their members, and to introduce the somewhat contradictory nature of the college of physicians. This group combined a strongly traditional attitude, for example their religious observance continued while that of the apothecaries declined, with an internal egalitarianism. In contrast, within surgery an élite emerged that took control of the group and consequently tended to monopolise practice opportunities. The effects of this concentration of power and rewards on the careers of individuals will further explored in chapter five.

The second section of this chapter is concerned with education and training. It will examine the creation of the School of Surgery, and the effects this had upon the surgeons and their patterns of training. A detailed analysis of the students who attended courses will reveal that few became masters, thus most were destined for careers as marine or rural surgeons. It will therefore be argued that the School was established not only as part of the rise of surgery traced by Gelfand for Paris, but also to supply the economic needs of the city. The section will go on to discuss the wider debate on educational standards within medicine. An examination of the attitude of the physicians to merit and the provision of adequate teaching of medicine will reveal their underlying desire to maintain their own status within the city.

Using an examination of the increase in public courses of instruction and the expansion in involvement in publishing it will discuss the effects of these developments on corporatism. It will argue that the public nature of such undertakings potentially threatened both the 'secrets' of corporatism and the position in the medical hierarchy of the physicians.

The chapter will employ a comparative approach. The innovative nature of the study, that includes the medical corporations and the careers of their members, provides the opportunity to make comparisons among institutions and practitioners. The discussions will use detail at both collective and individual level to describe and illustrate the medical world of Bordeaux. At the same time it will compare the specific experiences of the medical corporations in the city with a range of analyses concerned with medicine, education, commercialisation, and guilds. It will therefore provide a detailed and nuanced account of the medical corporations of Bordeaux, set firmly within their social, economic, and cultural context.

Corporate Control

Traditional corporatism was based on a balance of rights and privileges for both the crown and the corporation. In return for various rights such as a monopoly over the provision of goods and services, often social privileges such as collective status as bourgeois of the town, and the right to be taxed as a group, the corporation accepted certain duties of control, the policing of their own statutes with respect to members and those outside the corporation, and the examination of applicants to membership.[5] The crown in this way exchanged the rights of exercise within a certain area for the control of practice; standards were maintained by a largely self-governing body. Corporations also had ties to local bodies such as the municipal authority - new masters were required to swear their oath before the jurade, and more informal relationships with other authorities such as the Intendant. Typically training was in the form of a one or two year apprenticeship and subsequent less formal instruction, lasting for around seven years, with acceptance as master after the payment of fees and the passing of a series of examinations culminating in the *chef d'œuvres*, masterpieces. Inheritance was ensured through the easing of both charges and numbers of examinations for sons of masters. Although physicians enjoyed a university education rather than an apprenticeship, their colleges largely followed the tenets of corporate control in other ways.

As Kaplan has said of guilds more generally, it was necessary for a corporation to project 'an image of internal coherence, cohesion and harmony', forming not only the reason for the

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[5] For a general view of corporatism see Mousnier, *Institutions.*

group, but also its defence against external pressures.[6] Once accepted as master, the individual became a member of a brotherhood that had shared values, such as common interests in the continuance of their skill, and the maintenance of standards. They were also part of a unity that was integral to corporate France and thus opposed to the non-corporate realm of those practitioners who worked, whether legally or illegally, outside the corporate statutes governing members. The brotherhood was maintained through the voluntary but shared oath that, according to Black, created a replication of blood bonds, forming an artificial family. The corporation existed in part therefore to continue the 'family', hence the comparative ease of entry for sons, and to protect the 'secrets' of the craft.[7] The continuous nature of both corporate and familial bonds will be further explored in chapter five, as part of a wider discussion concerning the primacy of the latter in career creation. Membership of a corporation brought a right to practise, connections with fellow members and an interest in the continuance of the group.

However, in just the same way as opinion on corporatism was divided at the time, historians too have come to different conclusions on the broader meanings and changes within the corporate world.[8] The older more established attitude to the guilds was that they were monopolistic and self-seeking organisations, overly concerned to keep control of admissions, perhaps best described in Ménétra's account of his journeymanship and rise to masterhood.[9] Yet more recent historical work has changed that image of hidebound traditionalism to a more nuanced view. As Shepard has shown for Dijon, the tendency to inheritance in the provinces was more apparent than real. He demonstrates that for guilds with the highest degrees of skill and instruction, such as apothecaries, rates of inheritance were less than one third.[10] In contrast, the present study finds that inheritance continued to be of prime importance for the apothecaries of Bordeaux, suggesting that the particular situation of different provincial cities may have affected the character and attitudes of the corps, as was

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[6] S.L. Kaplan, 'The Character and Implications of Strife Among the Masters Inside the Guilds of Eighteenth-Century Paris', *Journal of Social History*, 19, (1986), 631-647.
[7] A. Black, *Guilds and Civil Society in European Political Thought from the Twelfth Century to the Present* (London, 1984), 3.
[8] I am here concerned only with the guilds within the corporatist system of France. For a more general view of the European situation see for example S.L. Thrupp, 'The Gilds' in M.M. Postan, E.E. Rich and E. Miller (eds.), *The Cambridge Economic History of Europe. Volume 3. Economic Organisation and Policies in the Middle Ages* (Cambridge, 1963).
[9] J.-L. Ménétra, *Journal of My Life* (Guildford, 1986); L. Vardi, 'The Abolition of the Guilds During the French Revolution', *French Historical Studies*, XV, 4 (1988), 704-717. She says that guilds were 'the very symbol of protectionism'.
[10] E.J. Shepard, Jr., 'Social and Geographical Mobility of the Eighteenth-Century Guild Artisan: An Analysis of Guild Receptions' in S.L. Kaplan and C.J. Koepp (eds.), *Work in France: Representations, Meaning, Organization and Practice* (Ithaca, 1986), 124.

discussed in the previous chapter, and will be more fully explored below. In the same volume, Kaplan discusses the effects of Turgot's reforms on the guilds, and suggests that the social classification of the old regime, identified by him as resting on the foundations of corporatism, had become incoherent. He goes on to argue that historians have accepted the judgement of Turgot on the guilds as 'antiquated, artificial, oppressive and corrupt', whereas the supposedly 'harmonious' groups of masters were in reality subject to 'friction, dissidence and alienation' within themselves.[11] Further, the abolition of the guilds under Turgot served to disturb not only the economic interests of the masters, but also, according to Kaplan, their social identity. The hierarchical nature of old regime society, mirroring the Great Chain of Being, was arranged in 'interlocking corporate entities', that established social identity. Thus the abolition of the guilds would have undermined the foundations of the social status of any master. Kaplan suggests that mastership conferred identity, and hence that representation was prior to and more important than the system of 'production, distribution, and consumption' of which corporations were a part. Such an analysis has serious effects on the arguments within the history of medicine concerning the status of individuals, as will be further explored in chapter five, and on the joint status of the corps. As a group, the medical corporations are often portrayed as static and self-interested, resisting change and expansion of numbers, yet the symbolic status of the group within society has been less fully explored. The results of this study suggest that rather than being solely concerned with their monopoly, the three medical corporations of Bordeaux were also concerned with their status within the city and in their relations with other institutions. As this section will begin to argue, their interests were served by maintaining their position as corporations within the corporate city, rather than by extending their numbers. Chapter three continues this theme with respect to their relationships with powerful individuals and institutions within and outside the city.

Corporations were traditionally portrayed as reactionary with respect to capitalism, yet this too has come under attack in recent years. In particular Gail Bossenga has shown that the dichotomy of individualist merchants and 'anti-capitalist' corporations was not the situation in Lille. She demonstrates that the guilds were less 'artisanal, [and] retrograde' than previously thought, and that the merchants were less 'enamoured of free markets' and more willing to expand their economic power through legal monopolies. Moving forward to the 'economically liberal demands' made during the revolution, she suggests that these sprang out of the economic climate of the old regime, which made unfair tax demands of and

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[11] S.L. Kaplan, 'Social Classification and Representation in the Corporate World of Eighteenth Century France: Turgot's "Carnival"' in Kaplan and Koepp, *Work in France*, 180-181.

fiscally manipulated the guilds, in parallel with the financial insecurities associated with changing office prices.[12] Bossenga argues that the instability at the heart of absolutism, the impersonal bureaucracy that undermined personal rule by the monarch, was mirrored by a similar conflict at the heart of corporatism. Corporate groups, rather than being 'privileged, selfish, localistic and obscurantist' had formed in their internal affairs the 'juridical terrain from which the claims of citizenship might eventually emerge', and saw moreover a need to escape from the economic instability of 'despotic' state control.[13] What was at issue was the right to control the economic position of those who produced goods, which in Lille tended to unite both merchant and guild master. While such a situation was different from the medical corporations of Bordeaux, who did not produce goods for sale in the open market but provided services and specialised goods, there are parallels that will be explored below and in chapter three.

Thus medical corporations accord well with the corporatist model, even the physicians with their university education nonetheless formed colleges that were essentially groups that controlled practice in a corporatist manner. From this time, however, two different analyses have been suggested for medical corporations. These are the professionalisation described by Gelfand for the surgeons of Paris, and the picture of corporate protectionism offered more generally for apothecaries and physicians by Brockliss and Jones. Both were quite different to the diversification of the medical world in England.[14] For Gelfand, professionalisation involved a break with apprenticeship, creation of more formal lecture courses and examinations similar to those for medicine, and a more professional structure, usually a college, which oversaw practice; these measures resulted in a higher status both medically and socially for surgeons.[15] For physicians corporate protectionism was linked to the enormous rise in numbers over the whole of France; as graduate numbers increased numbers of practitioners also rose.[16] However, such a rise contributed more to a spread of practitioners throughout the country in small towns and villages, rather than to an increase in numbers in urban areas. Physicians in cities, according to Brockliss and Jones, 'were using their corporative power to frustrate the free play of market forces and maximise their

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[12] G. Bossenga, *The Politics of Privilege: Old Regime and Revolution in Lille* (Cambridge, 1991), 205.
[13] Bossenga, *Politics of Privilege*, 203-205.
[14] Gelfand, *Professionalizing Modern Medicine*, passim; Brockliss and Jones, Chapter 8. For the English model see Digby, *Making a Medical Living*.
[15] Gelfand, *Professionalizing Modern Medicine*, Part I 'The Emergence of a Surgical Profession, 1660-1750'.
[16] Brockliss and Jones, 516-520.

personal income'.[17] The picture for apothecaries is similar, of 'deliberate corporative ossification' and the decline and disappearance of corporations, especially in northern France, as charted by Baudot for Dijon, and Brockliss and Jones for the area around Paris.[18] Such a decline was linked to the greater opportunities for practice in the capital, which thus tended to absorb many practitioners, and to the increasing costs of mastership compared to career potential in some towns.[19]

Superficially, the three medical corporations of Bordeaux appear to fit into these two medical models. The surgeons rose in numbers, created their School, formed themselves into a college, and thus professionalised and exploited the new medical market. In contrast the physicians and apothecaries remained more static in numbers and more traditional in outlook; although neither declined in numbers nor influence over the period, they could be seen to be practising corporate protectionism to defend their monopoly of practice rights. Yet they also exhibit tendencies similar to those of other guilds. Rather than seeking to control numbers simply to protect their economic monopoly, there is evidence to suggest that their efforts were to maintain their status, as Kaplan describes for guilds in general. Again, their efforts to resist the rule of institutions within and outside the city, although more thoroughly discussed in chapter three, can be seen to be similar to those traced by Bossenga for Lille. Two distinct areas of control may be used to demonstrate the manner in which the three medical corporations changed over the century, numbers, and practice, and this section is therefore divided into two parts.

Numbers

At the end of the seventeenth century the typical Bordeaux medical practitioner was just that - a bordelais. He had probably been born in or around the city, was often the son of an existing medical practitioner, trained with a local master or attended the University of Bordeaux, completed a *tour de France* in other centres or attended some medical courses elsewhere, and was accepted into the corporation after taking his examinations and paying his fees. He would then probably proceed to attend meetings regularly, together with around half of his fellow masters, helping to decide on officers, action over illegal practice, and attending to hear the accounts on a yearly basis. In addition he would be expected to pay an

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[17] Brockliss and Jones, 527.
[18] Brockliss and Jones, 481, 529; A. Baudot, *La pharmacie en Bourgogne avant 1803* (Paris, 1905), 435.
[19] Baudot discusses the conditions for entry, and the lack of recruitment to the craft of pharmacy, asserting that apothecaries were mainly urban in site of practice, 436-438.

annual sum into the coffers of the corporation to cover loans taken by the corps and other costs, and perhaps other sums for the *confrérie*. He would attend all the masses connected with the corporation, those for the corps, for their Saint's day, those for the souls of recently deceased members, and would be censured for non-arrival, except in the case of medical emergency. Quite soon in his corporate career he would be elected to serve as an officer, expressly to learn the workings of the group, and would also serve more frequently later in his own career; as officer he would gain power within the corps, and powerful connections within the city. His membership of the corps brought him into regular contact with others of the same calling, gave him the status of bourgeois of the city, and offered a certain status within Bordeaux as an accredited member of the corporate city. Much of this remained to 1790, yet various changes in the wider world produced change within the three corps. Of these the most influential was the expansion in population of Bordeaux.

The population of the city rose steeply to 1790, as chapter one showed, yet numbers of practitioners who were full members of the corps did not rise so quickly; this was due in part to the statutes of the three corps which limited numbers, thus maintaining their various monopolies.[20] As Figure 2.1 (the first detailed enumeration of medical practitioners in a French city, covering one hundred years) demonstrates, numbers of practitioners overall rose steadily over the period, from a minimum of 28 in 1690 to a maximum of 96 in 1777, falling gradually to an end figure of 69 in 1790.[21] Numbers of surgeons rose most rapidly from a minimum of seven in 1690 to a maximum of 55, again in 1777. The numbers of both apothecaries and physicians increased more slowly, the former from eight to 22 and the latter from 13 to 19 over roughly the same period. Figures for 1777 are extremely accurate, based as they are on the tax returns for that year, and it is possible that numbers did not fall as quickly after this date as the chart indicates, merely that evidence of practice cannot be

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[20] 'Numbers of practitioners' are of full members of each corporation, including only members whose dates of entry are known, unless they can otherwise be firmly identified through their attendance at meetings. Practice dates have been assembled through a combination of attendance at meetings, tax records, evidence of practice from a multitude of other sources, and death dates where available. Surgeons working for widows of surgeons have not been included until formally accepted as a master. Those physicians who can be shown to practice yet not gain membership of the college are also excluded.
For other cities see for example H. Dingwall, *Physicians, Surgeons and Apothecaries: Medicine in Seventeenth-Century Edinburgh* (East Linton, 1995), 5. She shows figures of 15, 15 and 25 for physicians, apothecaries, and surgeons in Edinburgh in 1699, where the population was 45,000. P. Goubert, *The Ancien Régime: French Society 1600-1750* (London, 1973), 226. The figures for Beauvais in 1696 were respectively 6, 5, and 11, compared to a population of 13,000.

[21] The end number is probably artificially low due to a paucity of evidence - the figure in 1789 of 78 is perhaps closer to the true numbers.

obtained for some practitioners from that time. The figures for the 1780s are somewhat different to those offered by Brockliss and Jones, based on the numbers given by Roche, partly because of a difference in interpreting tax registers. For example, the figure often given for the surgeons in 1777 is 88, based on the capitation roll. Although this was the number of contributing tax payers in that year within the corps, there were many who paid tax yet were not masters, and thus had no real voice within the group. These individuals included licensed surgeons (several of whom later obtained full mastership), specialists, widows still using their husband's right to practise, and midwives. This study has only included full members of each group who can be demonstrated to practise in the city, either through attendance at meetings, or through payment of tax. (See Figure 2.2 and Table 2.1 for decade averages).

However, numbers in themselves are not the clearest measure of an increase in practitioners. A more accurate measure often used is the ratio of practitioners per 10,000 of population. Using this ratio, Table 2.2 and Figure 2.3 demonstrate that the rises in numbers of practitioners are much more gradual.[22] Thus compared to the growth of the city, only the surgeons demonstrate an actual rise in provision, as their proportion rose from 2.23 to a maximum of 6.79 in the 1750s, falling again by the 1780s to 5.68. In contrast the other groups experienced a fall in numbers against population, the apothecaries falling gradually from 2.83 to 2.37, and the physicians more steeply from 3.75 to 1.95 from the 1690s to the 1780s. The overall figure for all practitioners rose very gradually from 8.80 to a maximum of 10.96 in the 1760s, the increasing surgeons bolstering the falls of the other groups.

A comparison with numbers of practitioners in other cities might serve to put those of Bordeaux into context. Generally in France, as Brockliss and Jones show, numbers of surgeons and physicians were rising, while those of apothecaries were falling from comparatively high levels in the previous century, with a resulting decline in numbers of active corporations.[23] Because corporate control was strong in cities, increasing numbers of practitioners were forced to practise elsewhere. There emerged a wider spread of practitioners; physicians became more common in smaller towns, and surgeons practised throughout the countryside. Thus as Goubert has shown, access to medical provision rose for

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[22] Both figure and table are derived from the same figures. They compared average practitioners per group per decade against average population for the same period.
[23] Brockliss and Jones, 516-534. In Britain too numbers were rising, see J. Lane, *A Social History of Medicine in England, 1750-1950* (London, 2001), 23, for numbers in Birmingham; and M.E. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), 52, for practitioners in Bristol over the century.

Figure 2.1 Practitioner numbers, Bordeaux 1690-1790

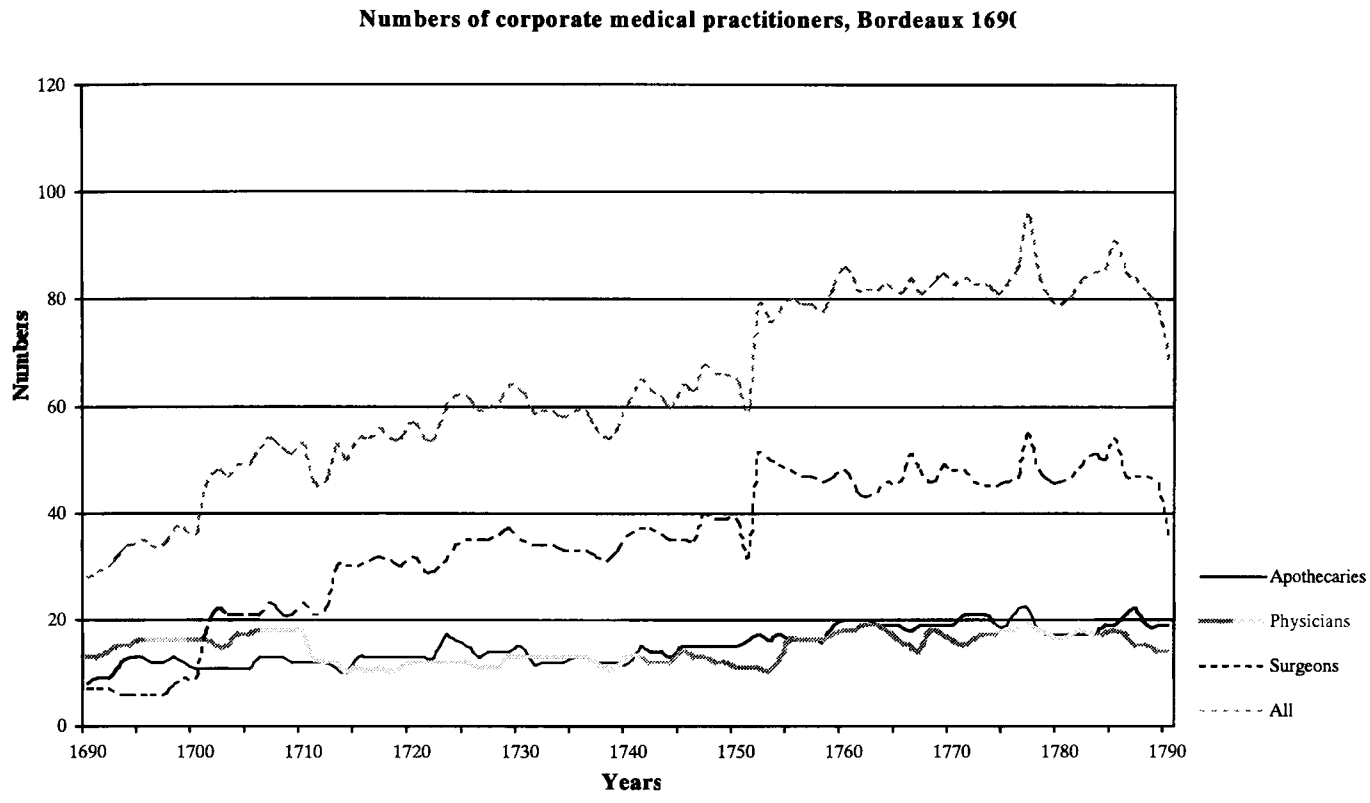

Figure 2.2 Practitioner numbers – decade averages, Bordeaux 1690-1790

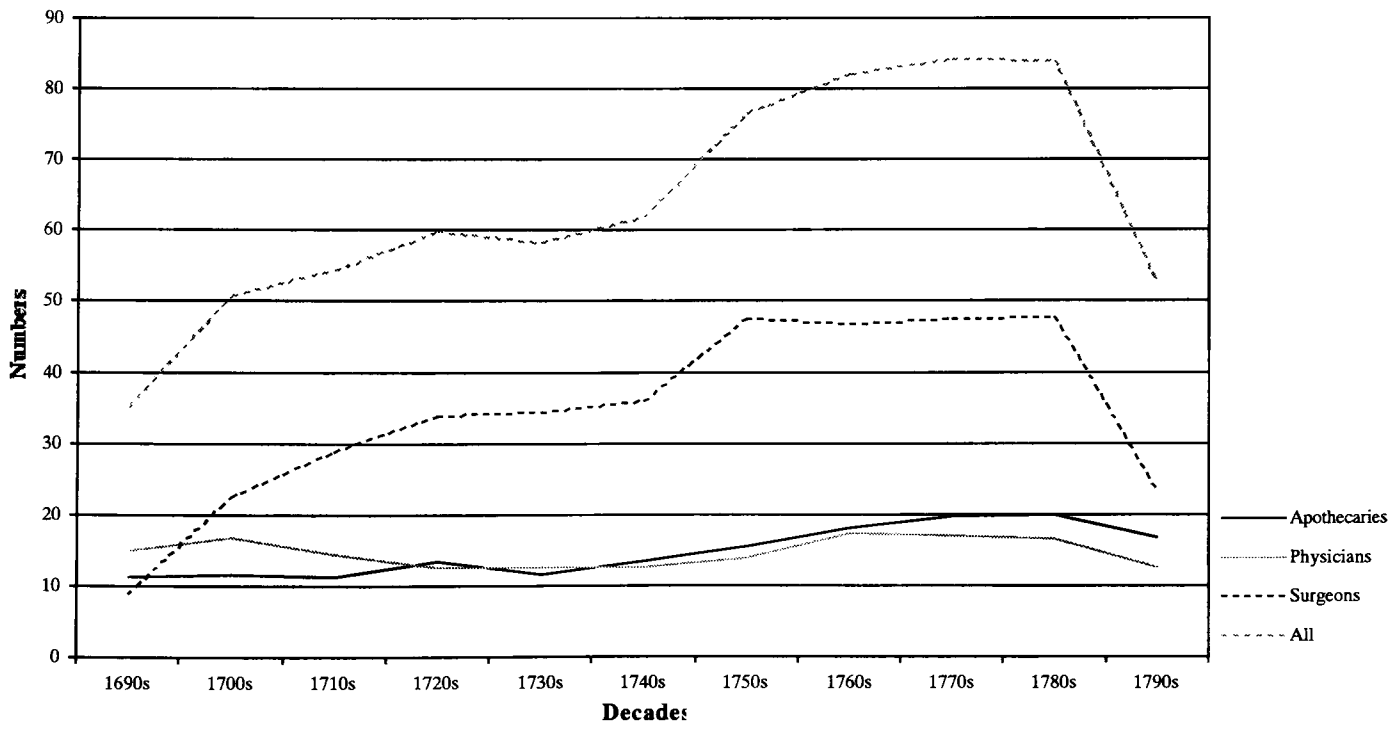

Table 2.1 Practitioner numbers – decade averages, Bordeaux 1690-1790

	1690s	1700s	1710s	1720s	1730s	1740s	1750s	1760s	1770s	1780s	1790s
Apothecaries	11.3	11.4	11.2	13.3	11.5	13.3	15.4	18.2	19.6	19.9	16.8
Physicians	15.0	16.9	14.4	12.7	12.5	12.6	13.8	17.2	17.1	16.4	12.6
Surgeons	8.9	22.4	28.8	33.8	34.3	35.9	47.5	46.8	47.6	47.7	23.0
All	35.2	50.8	54.4	59.8	58.3	61.8	76.7	82.2	84.3	84.0	52.4

Note: The apparent steep fall in numbers from 1790 is due to a scarcity of information following the abolition of the corporations.
Sources include: ADGC1696; C1697; C1702; C1705; C1707; C1709; C1711; C1712; C1713; C1715; C1716; C1717; C2792; 6E24; 6E25; a wide range of notarial acts from series 3E; *Almanach de Guienne* (Bordeaux, 1760); Jurade, III, passim; Péry, passim; J. Cluchard, 'Quelques aspects de la vie sociale des apothicaires bordelais au XVIIIe siècle' (unpublished Ph.D. thesis, Bordeaux, 1982); Cheylud, *Histoire*; A.-A. Chabé, *Histoire de la Société de médecine et de chirurgie de Bordeaux à l'occasion de son Cent-cinquantenaire (1798-1948)* (Bordeaux, 1948); J. Barraud, *Vieux papiers bordelais. Études sur Bordeaux sous la Terreur* (Paris, 1910).

Table 2.2 Practitioners per ten thousand population, Bordeaux 1690-1790

	1690s	1700s	1710s	1720s	1730s	1740s	1750s	1760s	1770s	1780s	1790s
Apothecaries	2.83	2.54	2.24	2.42	1.98	2.15	2.20	2.43	2.45	2.37	1.53
Physicians	3.75	3.75	2.88	2.31	2.16	2.03	1.97	2.29	2.14	1.95	1.15
Surgeons	2.23	4.99	5.76	6.15	5.91	5.79	6.79	6.24	5.95	5.68	2.09
All	8.80	11.28	10.88	10.87	10.05	9.97	10.96	10.96	10.54	10.00	4.76
Population	40,000	45,000	50,000	55,000	58,000	62,000	70,000	75,000	80,000	84,000	110,000

Notes: Practitioner numbers for the 1790s are artificially low due to a paucity of information following the abolition of the corporations. The population figures used are those employed in chapter one: it should be noted that figures for Bordeaux in this period are estimates.
Sources: Practitioner numbers from Table 2.1. Population figures from Table 1.1.

Figure 2.3 Practitioners per ten thousand population, Bordeaux 1690-1790

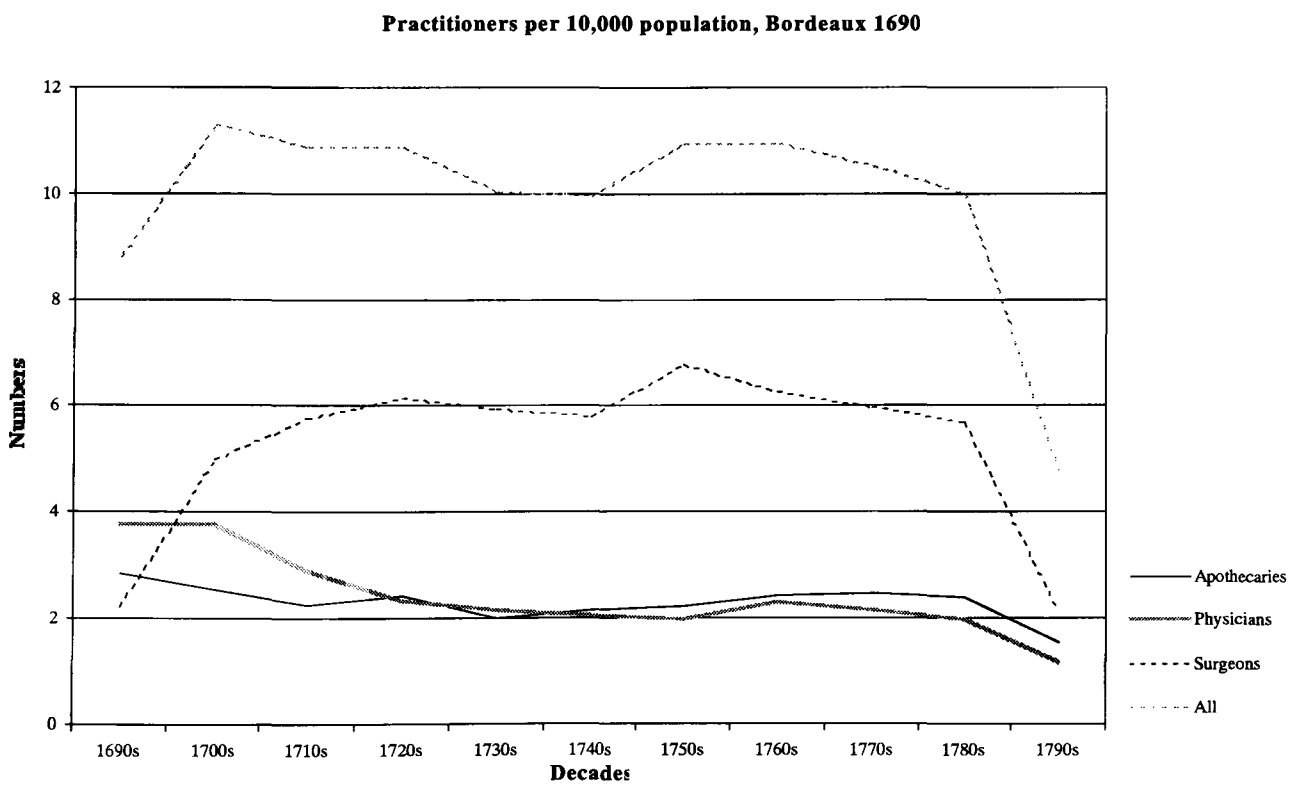

Table 2.3 Practitioners per ten thousand population, cities in France 1780s

	Bordeaux	Paris	Marseilles	Lyons	Caen	Dijon	Rennes	Tours	Toulouse
Apothecaries	2.37	2.0	1.3	1.6	-	-	-	-	-
Physicians	1.95	2.3	3.1	2.2	5.15	7.4	2.97	4.2	1.0
Surgeons	5.68	2.9	6.4	4.8	6.3	10.87	4.73	10.95	12.6
Population, Thousands	84	660	110	146	130	137	333	145	80

Sources: Bordeaux as for Table 2.2; Paris, Marseilles and Lyons from Brockliss and Jones, 522; Caen, Dijon, Rennes and Tours from J.-P. Goubert, 'The Extent of Medical Practice in France Around 1780', *Journal of Social History*, 10, (1977), 421; Toulouse from Gelfand, 'Public Medicine', 110. The difference in populations is due to those from Goubert and Gelfand being figures for the diocese, not only the city.

all except those in cities, with surgeons overall being twice as numerous as physicians.[24] Within cities numbers rose more slowly than elsewhere, although a rise is difficult to chart as numbers are often only available as a result of the enquiry of 1786, hence the importance of this detailed study of numbers in Bordeaux. As Table 2.3 shows, a comparison with numbers in cities of similar size in the 1780s reveals a lower level in Bordeaux than that in the northern cities of Caen, Dijon, Rennes, and Tours, and a slightly lower level overall than that in cities of similar size such as Marseilles, Lyons, and neighbouring Toulouse.[25] The lower level shown for Bordeaux is due to a difference in basic data. Whereas this study has only included full members of the three corps, the figures offered by Brockliss and Jones are based on those of Roche, which, as explained above, include all tax-payers within the roll of surgery, not just masters. Similarly the figures of Goubert were drawn from a survey to ascertain levels of medical provision overall, and thus include all practitioners, not just masters. The figures for Bordeaux are therefore different in intent, tracing the changes in numbers of full members of the three corporations governing practice, not a total of all medical provision within corporate boundaries. This example therefore demonstrates the importance, mentioned in the Introduction, of comparing like with like. The comparison has, however, served to illustrate on the one hand the scarcity of studies providing numbers of apothecaries, and on the other, the enormous variety of sources and hence levels of provision in previous estimations. Arguably, there is thus a need for further detailed case studies of cities and regions, as Gelfand states, to gain more accurate knowledge of numbers of

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[24] Goubert, 'Extent of Medical Practice', 421; Gelfand, 'Public Medicine and Medical Careers', 110. Neither includes apothecaries.

[25] Brockliss and Jones, 522; Goubert 'Extent of Medical Practice', 421; Roche, *Siècle des lumières en province,* Vol. 2, 348 for table of practitioners in a range of cities and towns. See also Frêche, *Toulouse et la région Midi-Pyrénées*, 354, where he cites a total of 165 medical practitioners paying capitation in 1734.

practitioners in France.[26] This study has therefore sought to establish exact figures of corporate medical practitioners over the century, to provide a detailed comparison with the models of change established more generally.

The three groups, according to these figures, demonstrate good fit with the models of professionalisation and stagnation mentioned above. The surgeons especially took advantage both in the rise in the market for medicine as they expanded rapidly, and in the opportunity to professionalise as they established their School in 1754. The creation of the School of Surgery, and their incorporation as a college rather than a community, raised their status in the city and served to slow access to the group, in line with the experience of the Paris surgeons, resulting in the slow fall in members recorded from around 1770.[27] However, the rapid increases in 1712-13 and 1751-2 were due to external pressures from respectively the Intendant and the first surgeon to the king, de la Martinière; arguably the surgeons were not expanding solely from their own desire to increase numbers to take advantage of the market, as will be more fully discussed in chapter three.[28] The physicians on the other hand barely maintained their numbers, and thus demonstrate, especially in relation to population growth, the closed nature of corporate practice. They refused entry to five applicants between 1750 and 1790. Although they did accept 25 others, 24 members also ceased to practise over the same time: an overall increase of only one practitioner in 40 years. A more complex picture is presented by the apothecaries who increased slightly in numbers, even if they did not keep pace with population increase. Their numbers rose slowly and steadily. Arguably they were concerned to keep numbers vaguely in line with their statutes, which allowed 12 masters.[29] Yet other factors must be considered for the two latter groups, the physicians had 18 members from 1706-10, and did not regain this number until 1760, whereas the apothecaries had around 13 members from 1690 to 1740, then they increased to a new average of around 19 by 1760, a level they largely maintained to 1790. It would seem that the physicians were actively discouraging new members, while the apothecaries were more open to new applicants.

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[26] Gelfand, 'Public Medicine and Medical Careers', 108.
[27] Gelfand, *Professionalizing Modern Medicine*, 77. He says 'higher educational standards ... probably caused the sharp decline of the surgical company during the second half of the eighteenth century. From a peak of 280 masters in 1755 ... only 192 ... in 1789'.
[28] ADGC1712 see discussions on 14 November 1713 and 28 April 1751. The other apparent increase in 1701-2 arose as various members did not attend meetings until that date.
[29] ADGC1813, the details demanded by the *controlleur générale* in 1762. They declare their numbers to be 17, although the statutes only allowed 12.

Average career lengths may offer further information on the three corps, and may serve, together with average age on entry, to broaden the discussion concerning the evidence of corporatist protectionism. The average career length increased over the period from around 25 to around 30 years largely in line with an increase in life expectancy; Roche estimates that, at age five, life expectancy rose from around 40 to around 45 years over the century.[30] Thus the average career lengths for practitioners within this study are broadly in line with these increases, apothecaries 29.58, physicians 28.62, and surgeons 26.31 years. Such figures would indicate that the turnover of practitioners would be greater for surgeons than apothecaries: to maintain ten practitioners over one hundred years would require almost five more surgeons than apothecaries, 39 compared to 34 respectively.[31] The average life span of practitioners (for those 52 in the study for whom both birth and death dates are known) at 69 years offers another aspect that relates to the average age on entry of 27 for surgeons, 28 for physicians and 30 years for apothecaries. As practitioners lived longer and therefore practised longer, then access for new members was either restricted or delayed. Arguably both the physicians and apothecaries were less restricting membership than being forced to refuse new members because of the presence of older members, who still practised. In addition the shorter practice time of surgeons adds to their seeming expansion, as their turnover of members was quicker than either other group.

Figure 2.4, showing turnover of practitioners, offers some demonstration of this difference among the three groups. The figures were obtained by taking the admissions and departures for each decade for each group, and expressing them as a percentage of the average number of practitioners for that decade. In this way the growth or decline of the group can be seen in proportion to total numbers. It can be seen in Figure 2.5 that the physicians increased at the slowest rate, demonstrated most clearly by their trend-line, which only rises into a positive value slowly, reflecting their expansion of numbers in the 1750s. In contrast the apothecaries were generally increasing, although very slowly, as demonstrated by their trend-line in Figure 2.6, rising gradually but always positive. The surgeons on the other hand were clearly increasing quickly in the early years, yet their rate of increase slows substantially, reflected in their falling trend-line, shown in Figure 2.7. It is possible that the numbers of physicians had been unnaturally high at the beginning of the period, and that control of numbers merely brought the group into the correct proportion with population, as a memo of 1683 stated 'in

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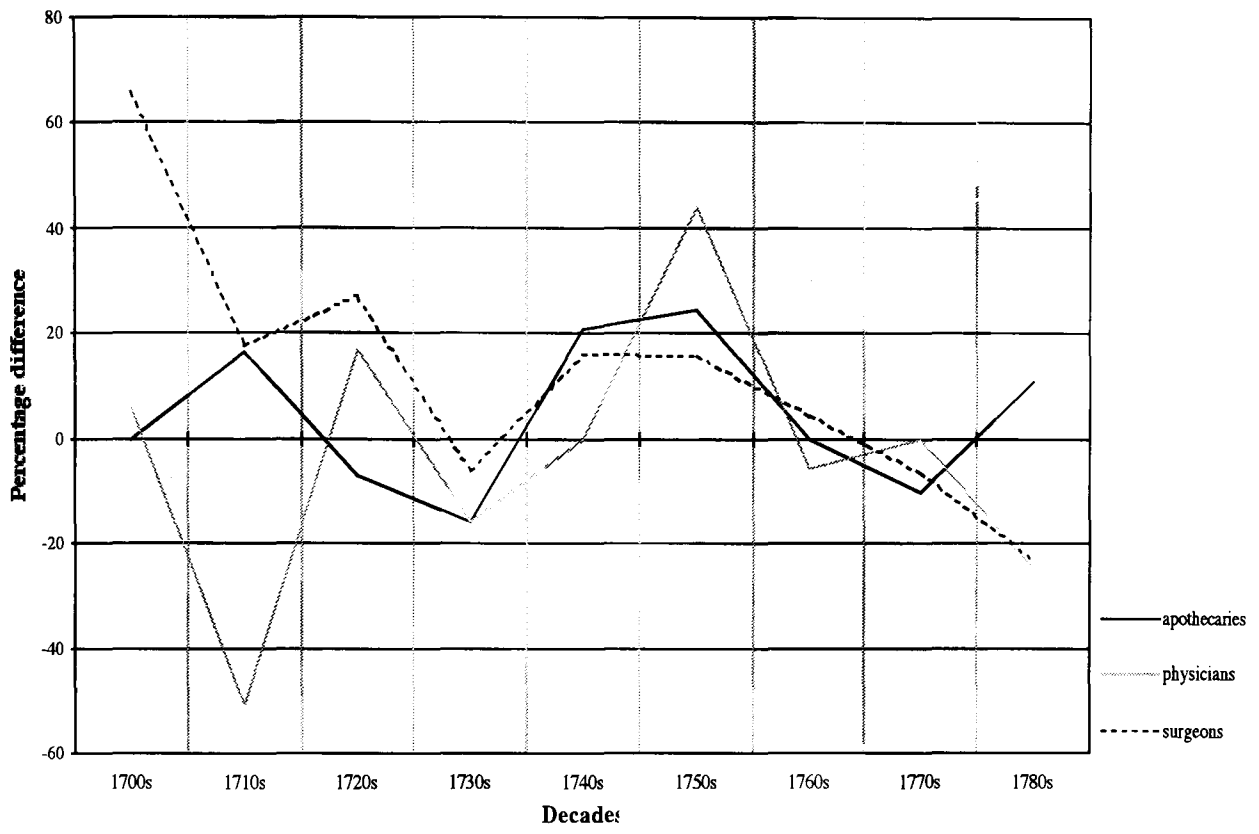
[30] Brockliss and Jones, 356-370 and 520; Roche, *France in the Enlightenment*, 493.
[31] These figures were produced by dividing the practitioner years (1000) by the average career length. Physicians would need 35.

Figure 2.4 Turnover of medical practitioners, Bordeaux 1700-1790



Note: Figures obtained by taking the difference between admissions and departures per decade, expressed as a percentage of the average numbers of practitioners in that decade.

Figure 2.5 Turnover – trend line of physicians

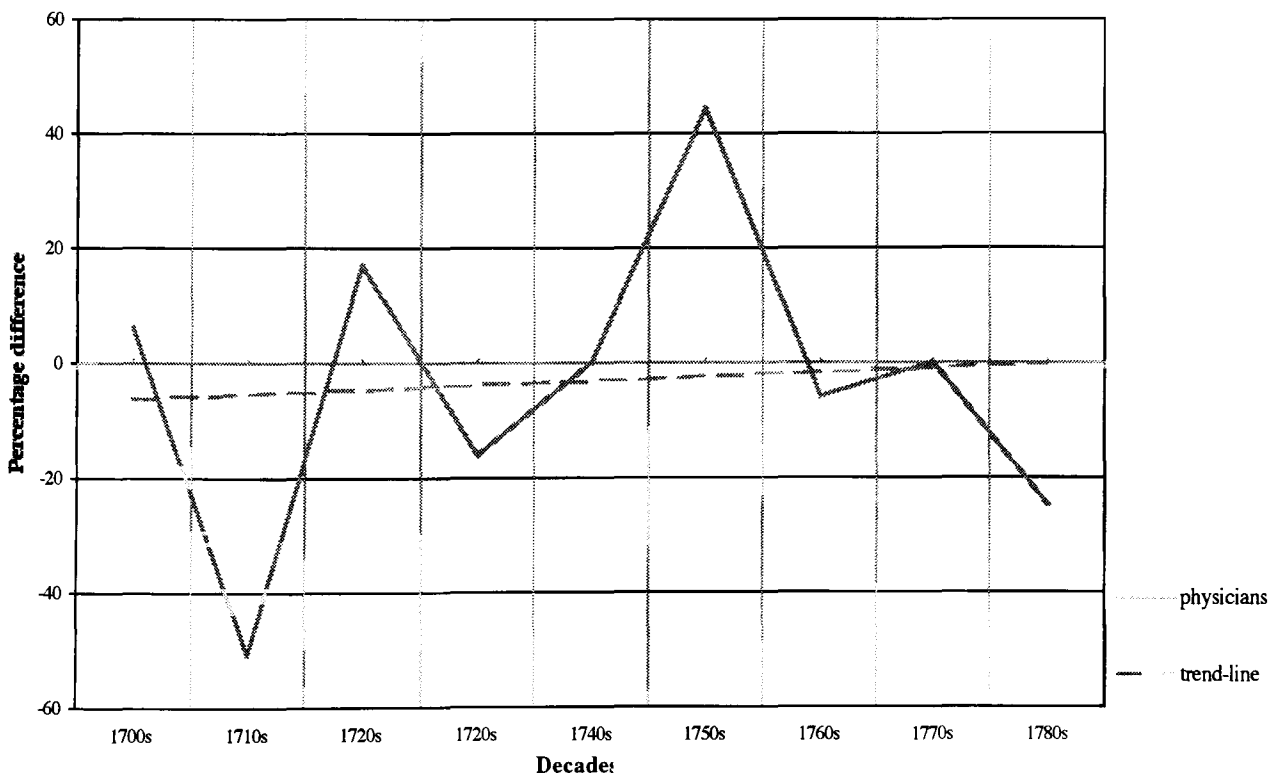


Figure 2.6 Turnover – trend line of apothecaries

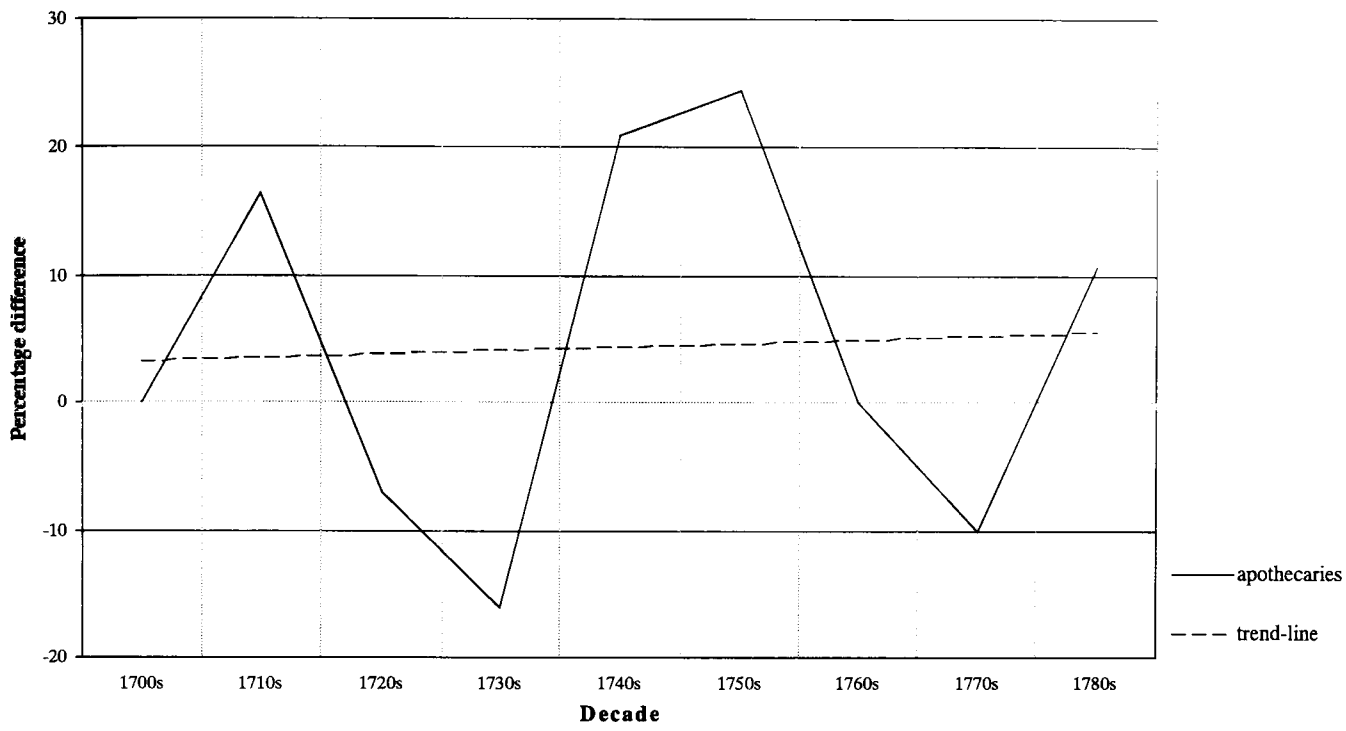
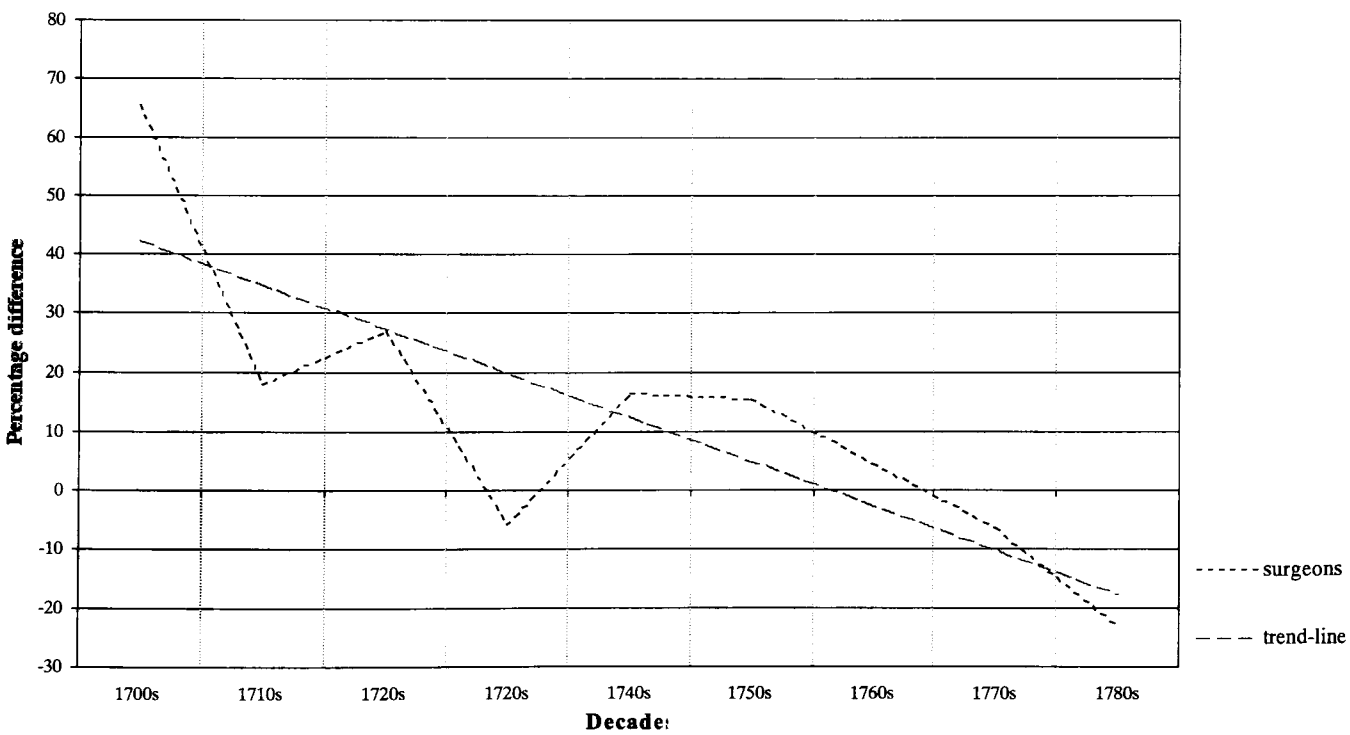


Figure 2.7 Turnover - trend line of surgeons



Bordeaux the number of physicians is always quite large'.[32] Indeed the proportion of practitioners by the 1780s was substantially lower than the average over eight French towns with populations over 50,000 - 1.9 rather than 2.8 practitioners per ten thousand population, and actual numbers were less than half those recorded for Lyon, Marseille and Toulouse.[33] This would tend to indicate that the physicians had exerted too strong a control over numbers. On the other hand the apothecaries, although not increasing rapidly did accept sufficient new members to demonstrate their balance of a desire to limit numbers yet a need to increase provision in line with demand. For surgeons the analysis is less clear. They clearly expand, perhaps due to very low numbers at the beginning of the period, yet their rate of expansion was not maintained through the period. The difference among the three groups is therefore demonstrated through this innovative analysis that uses change over time, itself dependent on accurate and coherent data on numbers of practitioners. The strength of this approach is shown in the comparison among groups that it has produced. The physicians controlled numbers more rigorously than the apothecaries, who achieved a balance, while the rapid growth in numbers of surgeons began to decrease, arguably demonstrating their underlying need to control numbers.

Corporations favoured inheritance. Darrow explained the role of a master with respect to inheritance, '...the family business, as patrimony, belonged not only to him in the present but to his heirs in the future', thus sons were accepted more readily than outside applicants, a theme which is more fully explored in chapter five.[34] Such ease of entry in itself created problems as practitioners lived and practised longer; the desire to preserve continuity needed to be balanced against an increase in members. Indeed the strong desire to 'inherit, maintain, and pass on an estate, a monopoly or a craft', indicated by Sabean for Neckarhausen, was being unbalanced by the onset of capitalist relationships outside the family group and the need to control the market.[35] As I have argued elsewhere, for the apothecaries in particular such a balance was difficult to maintain, and they suffered conflict for many years due to an increased tendency of sons to open independent businesses, thus escalating numbers of members.[36] Businesses were inherited directly, or rights were ceded during the lifetime of the father, as the example of the Dubuissons in the Introduction demonstrated. As the market

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[32] Brockliss and Jones, 204 note 115. They quote a memo from Marsh's Library Dublin M.S. Z2.2.15 (6).
[33] Brockliss and Jones, 522, table 8e; See also Table 2.2; For numbers in a variety of towns see Roche, *Siècle des lumières en province,* 348.
[34] M.H. Darrow, *Revolution in the House: Family, Class, and Inheritance in Southern France, 1775-1825* (Princeton, 1989), 133.
[35] Sabean, *Kinship in Neckarhausen*, 11.
[36] Smith, 'Weighed in the Balance?', 30.

extended many sons opened their own shops, thus increasing numbers of members. The corporation therefore changed their statutes by, for example, limiting father and son teams to one voice within meetings. They eventually standardised entry fees, charging sons the same amount as other applicants, in an attempt to limit numbers of inheritances. Despite the changes in rules the conflict within the corps continued: the traditional corporate rights of inheritance were irreconcilable with the trade monopoly of members.

For both surgeons and physicians the inheritance of sons was less of a problem, for the former because of expanding numbers to the 1770s and the previously discussed more rapid turnover of members, and for the latter because they were less dynastic. The percentage of families of physicians practising in Bordeaux for more than one generation was 15% compared to 37% and 54% for surgeons and apothecaries respectively. However, continuity of profession was higher than direct inheritance, with 27% of physicians having a father who had practised elsewhere: giving a marked tendency to professional if not geographical continuity. Although the college redefined entry requirements for sons in 1742, confirming that standards were to be the same, with the fees waived, they accepted only four sons of existing practitioners from 1755 to 1786. This lack of dynastic continuity for physicians in Bordeaux arguably helped to maintain the slower growth pattern of the group. For both surgeons and apothecaries the imperative of inheritance forced them into acceptance of sons of existing practitioners, however long the younger generation waited, whereas the physicians in having fewer families active, therefore had a smaller number of obligatory acceptances, and were able to maintain rather than increase their numbers. The situation elsewhere in France, according to many historians, was somewhat the reverse. Neither surgeons, nor the less studied apothecaries, are generally portrayed as exerting dynastic control, while the physicians created 'medical fortresses' that ensured dynastic inheritance.[37]

What has emerged, therefore, is less a picture of deliberate expansion for the surgeons and calculated and rigid control for the apothecaries, than a balance between the conflicting needs of continuity for the corps, and the need to exploit the expanding medical market. The surgeons, although expanding, did so at the behest of outside agencies, as will be further explored in chapter three, while the particular conflicts between provision and competition for the apothecaries form one focus of the next section. Although the physicians did not expand as quickly as the other groups, this has been shown to be less a deliberate resistance

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[37] D. Julia, 'L'université de médecine de Montpellier à L'époque moderne' in Fédération historique du Languedoc Méditerranéen et du Roussillon (ed.), *L'Université de Montpellier: ses maîtres et ses étudiants depuis sept siècles, 1289-1989* (Montpellier, 1989), 101.

to new members than a product of increasing longevity of practitioners.[38] As was indicated in the Introduction, one reason for the differential rate of change between individual and group was the emergence of new types of practitioner, such as those who exploited the expanding medical market directly. Such exploitation brought new conflicts into the groups, especially the apothecaries, as members increasingly worked outside the remit of the traditional boundaries of corporatism; this tendency is considered below.

Policing Standards and Practice

Policing in this context indicates the control of standards, practices, and behaviour of members, and the attempt to control the medical activities of those outside the corporation. Any balance that was achieved by the end of the seventeenth century was gradually eroded by the gradual growth of the market for health, leading to an increase in provision from illegal and non-corporate practitioners. The corporations therefore needed to balance the need to maintain their monopoly over the need for new members to exploit the growing market, while at the same time attempting to deter dangerous practitioners and alert the public to dangerous products. However, the statutory requirement for all three groups to attempt to police practice also included, tacitly, the need to control knowledge; the 'secrets' of the group were to be protected. This is reflected in the mixed reactions of the groups to attempts to make medical knowledge more widely available, and in the strong tendency to inheritance of businesses. This discussion is therefore divided into two major areas, policing the practice of those outside the corporations, and the maintenance of standards of behaviour within the groups.

The growth of the medical market over the eighteenth century has been established by historians, and such a growth might be expected to be particularly strong in an international port such as Bordeaux.[39] The port increased its range of trade, merchants increased in numbers and wealth, and the city grew in size, importance and wealth, as was indicated in chapter one. An increasing market for health in France was discernible in a range of areas, with involvement, according to Ramsey, from a variety of practitioners, both corporate and

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[38] They were not 'privileged, selfish, localistic and obscurantist' in Bossenga's words, merely caught in a set of circumstances beyond their control.
[39] For growth in market see Digby, *Making a Medical Living*; C. Jones, 'The Great Chain of Buying: Medical Advertisement, the Bourgeois Public Sphere, and the Origins of the French Revolution', *American Historical Review*, 101, 1 (1996), 13-40; for growth of medical market in Bristol see Fissell, *Patients, Power, and the Poor*.

non-corporate.[40] In Bordeaux this trend may be seen as medical practitioners advertised in the local *affiches*, offered courses, or published on scientific matters, especially from mid-century. For example, the physician Betbeder offered courses on botany and published on mineral waters;[41] Vilaris, apothecary, offered courses in pharmacy in 1754;[42] Doazan a physician and Mathereau and Pascau, both surgeons, offered certification in a handbill for the efficacy of the cure for worms, Mithocorthon, which was being sold by a merchant in the town;[43] and Dubedat, apothecary, advertised in the *affiches* that he stocked a patent remedy for venereal disease.[44] All three types of practitioner used advertising, although the surgeons being much more numerous, their presence in the medical market was more defined.

As discussed above, the only group to rise rapidly in numbers, and thus take full advantage of the newly emerging market, was the surgeons. Of all three groups, however, as can be seen in Tables 2.4 and 2.5, they met on the fewest occasions to discuss illegal practitioners. It would seem that their hierarchical structure, the various tiers of practice, allowed a range of practitioners to co-exist within the city, all under the overall control of the corporation of surgeons. For example, because there were substantial numbers of masters, and most took at least one apprentice (even before the creation of the School), there was a steady supply of trainees to undertake the more mundane tasks of surgery within the control of the corps.[45] Those areas outside the control of the corps, especially the faubourg Saint Seurin, quite probably offered a wide range of non-corporate personnel, but being outside the range of the city itself, cannot form part of this study.[46] It might be argued that the surgeons were tolerant of illegal practitioners because, in a rapidly growing market, there was sufficient room for all types and standards of surgical practitioner, from the barber-wigmaker who offered

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[40] Ramsey, *Professional,* 284-291.
[41] J. Betbeder, *Dissertation sur les eaux minérales du Mont de Marsan. Adressée a messieurs de l'Académie royale des sciences de Bordeaux* (Bordeaux, 1750).
[42] O. Cazayus-Claverie, 'L'apothicaire bordelais Marc-Hilaire Vilaris (1719-1792) son role dans la découverte du kaolin et dans la naisssance de la porcelaine dure en France' (unpublished Ph.D. thesis, Bordeaux, 1990), 62; the chemistry course is mentioned in BMB, fonds Lamontaigne, t XX, and BMB Ms712, fonds Laboubée, t XIII, p1. It is described as 'il fit un cours d'expériences chimiques divises en 3 parties: 1 sur les plantes; 2 sur les animaux; 3 sur les mineraux. Il commença ce cours le 20 mai après en avoir publiée un prospectus'.
[43] AMB GG 1203, Remèdes et drogues. Poster dated 4 October 1779.
[44] AAADB 16 April 1778, Dubedat lived in place du Palais, the cure was patented by Keyser.
[45] For example the tax roll of 1777 shows a total of 34 apprentices, while in 1766 they recorded 103 students lodging with masters. See ADGC2792 and 6E25.
[46] Partly of course because the records are not available - if there was no corporate control, then no lists of names are available, in addition such practitioners would not be entered on the tax rolls as medical practitioners.

Table 2.4 Average attendance at meetings (number of meetings)

	Election	Finance	Examination/ Acceptance	Hospital	Illegal	Other	Average /Total	Percentage Attendance All Meetings
Physicians	8 (68)	11 (12)	7 (149)	* (2)	10 (26)	11 (195)	8.5 (452)	59.4%
Surgeons	14 (30)	12 (24)	12 (151)	10 (16)	* (2)	4 (22)	13 (245)	38.57%
Apothecaries	7 (33)	8 (63)	9 (77)	6 (3)	8 (20)	7 (127)	8 (323)	52.98%

Notes: * No signatures were recorded for these meetings.
Physicians from 1674-1791: 285 meetings over 117 years, average 4.1 annually.
Surgeons from 1701-1750: 245 meetings over 49 years, average 5 annually. For the whole period from 1692-1792 a further 92 meetings were studied, but did not form a coherent record of meetings and business, they have therefore not been included in the collective data above.
Apothecaries from 1690-1773: 323 meetings over 83 years, average 3.89 annually.
Sources: ADG C1696; C1697; C1716; C1717; C1707; C1709; C1711; C1712; C1713; C1715.

Table 2.5 Subjects of meetings, expressed in percentages

	Election	Finance	Examination/ Acceptance	Hospital	Illegal	Other	Total
Physicians	15	2.65	32.9	0.4	5.75	43.14	100(452)
Surgeons	12.24	13.87	61.63	6.53	0.81	0.97	100(245)
Apothecaries	10.21	19.5	23.83	0.92	6.19	39.31	100(323)

Sources: As for Table 2.4.

bleedings (illegally) to the highest ranked surgical professor, qualified both as surgeon and physician, with a particular surgical speciality. The latter also benefited from the rise in status of the group, and the decline in recruitment also served to maintain the high prestige of the élite surgeons in the city, in line with the argument presented for guilds by Kaplan and Bossenga above.[47]

As already established the physicians, the most traditional of the three groups, did not rise in numbers and therefore did not appear to exploit the expanding market. There were substantial numbers of physicians not part of the corporation who were present in the city, yet, as Tables 2.4 and 2.5 show, the college discussed the problem of illegal practice at fewer than 6% of their meetings. However, these meetings did condemn six practitioners, mainly in mid-century, and on each occasion the officers of the corps were to report the infringement

[47] Kaplan, 'Social Classification', 180; Bossenga, *Politics of Privilege*, 166. She refers to 'corps with a code of honor and a rank in society'.

to the municipal authorities.[48] For example they recorded on 19 June 1755 that the physician Dillan was to be fined 300 livres, or imprisoned until he could pay: the money received in the November of that year was divided between the college and the hospital.[49] However effective the mechanism was against illegal practitioners, once in motion, it did not prevent the presence of numerous non-corporate physicians over the century. The study records 23 physicians living in the city, who did not become members of the college. Although it is by no means certain that all these men actively practised medicine, there is evidence to suggest that many did so. Several were also master surgeons and were therefore active medically, for example Grossard and David. Others owned official posts, which allowed them to practise in the city, such as Lartigue Rangeard and Boyer who were physicians royal. A few were involved with Mesmerism and were refused by the college for that reason: both Archbold and Pradelle continued to practise in the city, the latter being guillotined in 1794 for attendance at a Royalist Society. As the total number of members of the college over the period was 65 the proportion of members to non-members was thus 65:23 or approximately 3:1, a substantial proportion of non-corporate practitioners. It would seem that a combination of tradition and protectionism prevented the college from exploiting the new opportunities for trade, which therefore left the market more open to rivals not bound by the corporate rules, although at the same time not party to the corporate privileges and hence status enjoyed by the members.[50] This conflict is more fully discussed below.

Although their percentage of meetings about illegal practice was only slightly higher at just over 6%, as can be seen in Tables 2.4 and 2.5, the apothecaries had a different attitude to illegal practitioners, based partly on the nature of their business. As I have argued elsewhere, their monopoly was not disturbed by the provision, however widespread and increasing, of medicaments by individuals.[51] The range of substances stocked by apothecaries gave them a strong hold on the market, and their monopoly was only threatened by rival pharmacies, for which they had two different strategies. They either forced the practitioner to become a member of the corporation, or if this were not possible (as for pharmacies within religious houses) they took legal action to prevent any further sale of medicaments. For example they succeeded in their legal battle against the Jesuits in the 1750s, which they took to the Paris

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[48] ADGC1696: Dillan 1755, Fageol 1757, Chavès 1761, Fitzgibbon, Castelbert and Chavès 1765. Fitzgibbon was accepted in 1768, but proved a troublesome member, see below.
[49] ADGC1696 and C1715, 19 June 1755. It seems likely that he was imprisoned and took several months to raise, or borrow the money.
[50] Grossard became a member of the Academy of Science in Bordeaux.
[51] Smith, 'Weighed in the Balance?', 21-22 and 25.

Parlement.[52] Such actions maintained their monopoly and their status within the city. Their success in preserving their trade was therefore marked not by a swift rise in numbers like the surgeons, but a steady rise in members, and a parallel rise in their levels of wealth, as further discussions in chapter four will demonstrate.

The attitudes of the three corps towards practice outside their boundaries were therefore different, and do not fit neatly into previously established models. The apothecaries, potentially the most damaged by widespread provision and consumption of remedies as the market for health expanded, were tolerant of individuals purveying drugs, yet took strong action against those providing a full range of pharmaceutical products. This highlights the most important part of non-corporate provision: the status of the practitioner. It is the high esteem in which corporate practitioners were held within the city that forms the core of the following discussion. The corporate monopoly of the three groups served not only to police the provision of medicine by those outside their boundaries, but also the standards and expertise of their members; the maintenance of the status of the groups was effected in part through their public adherence to the rules of corporatism.

Corporatism bound the behaviour of members through the statutes of the group, mutually agreed and adhered to, and publicly stated in the records of their meetings. All three groups were required to meet at regular intervals, to appoint officers and to declare their annual accounts. They were also required to present all successful applicants to the jurade for their official oath taking, and thus the business of the corps was part of the public life of the city and its authorities.[53] Their status was designated on public occasions by their attire, robes and caps, their position in formal processions, and presence at important city functions, as will be further discussed in chapter five.[54] The importance of attendance at meetings to emphasise the status of members is demonstrated by the exclusion from such events of members who transgressed the rules. Although all three groups began the period with calm and regular meetings, the changes in the city, medicine and the corps themselves began to transform their meetings in frequency, subject, and attendance. Such changes serve to further explain the differences between the groups discussed above with respect to numbers and policing practice. While the physicians were more traditional and resistant to change in many

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[52] D.Le Breton, 'Apothicaires et moines à Bordeaux à la fin de l'ancien régime' (unpublished Ph.D. thesis, Bordeaux, 1983), 113-114.
[53] See for example Schneider, *Public Life in Toulouse*.
[54] Darnton, *Great Cat Massacre*, 115. The grand procession described by the bourgeois of Montpellier mentioned earlier included representatives of three ranks of corporate bodies, the highest containing 'merchants, surgeons, apothecaries'.

ways, their attitude to meetings was complex; they met reactively rather than to a set calendar. In contrast the apothecaries, who were in many ways the most adaptable of the groups, met rigidly and predictably on set dates. The hierarchical nature of the surgeons is revealed in their average attendance at meetings and in the lack of conflicts within the group in contrast to the physicians and apothecaries.

At the beginning of the period the meetings of all three groups were marked by their concord, and they were attended by around half the members.[55] For the surgeons the typical meeting was to admit, at whatever stage of the process, an applicant: more than half of their meetings, in line with their rapid expansion in numbers, were concerned with examinations and acceptances. For apothecaries a typical meeting took place on the correct day, 9 May, the day after the day of their patron Saint Michael, and was the occasion when they elected new officers, 'd'une commune voix'.[56] There was no typical meeting day or date for the physicians, as they at all times met in response to events, even their elections were not at a set time of year, although most occurred in the winter months. The recording of meetings of physicians was traditionally in Latin, and they had a formal structure for meetings and elections. However, over the century all three corps saw a change in their patterns and places of meetings, in the numbers attending and in the subjects for discussion.[57] Again both physicians and apothecaries were more frequent in their election of officers than the surgeons, who generally appointed members for two years of service rather than renewing annually, indeed the surgeons were less likely to appoint members early in their careers, even the more successful waiting for around ten years before election.

Such a reluctance to elect newer members reflects the strongly hierarchical nature of the surgical corps, although the other groups, being much smaller, had less need for internal sub-divisions. The hierarchy is demonstrated in the comparatively small numbers of surgeons who attended meetings, less than 40% of the total overall, as can be seen in Table 2.5 showing average attendances. At the same time, those active within the corps were drawn from an exclusive group, only 44 surgeons (25.7%) out of the total of 171 in the study over the period attended more than ten meetings, these included all those who acted as officer, held posts or were otherwise successful in their wider careers, as will be investigated more fully in chapter five. As historians have indicated for guilds more generally, the existence of

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[55] See Tables 2.4 and 2.5.
[56] ADGC1716, for example, the meeting on 9 May 1716.
[57] For example, the apothecaries moved their site of meetings to the same room used by the other medical corps in Grand Carmes after a disagreement with the reverend fathers at Sainte Colombe. See ADGC1716, 9 March 1714 for discussions.

a hierarchical structure served to form a powerful clique within the group that was then able to manipulate the other members. Although, as Kaplan indicates, the 'aristocracy' of a guild 'confiscated control' of positions and hence power, thus depriving newer masters of the important internal privileges which membership should bring, such a situation also produced a 'relentless tension' between the brotherhood of the group and the 'discrimination' produced by the hierarchy.[58] However, because the records of the group were produced by the ruling élite, the minutes of the meetings of the surgeons do not indicate any internal dissent. Thus the conflicts visible within the corps of physicians and apothecaries were either non-existent within surgery (which seems unlikely) or were never officially recorded. Nonetheless, the existence of a powerful group within the corporation was a favourable pre-requisite for moves towards professionalisation such as the formation of the School of Surgery in Bordeaux, as will be more fully discussed below. The ruling masters were able to push through amendments, borrow money, and accept new members in order to build and create the School without interference. Ruling cliques within corporations were also charged with arbitrariness in assessing the division of capitation within the group, as Kaplan shows for gilders, yet the tax rolls for Bordeaux reveal that those who paid higher levels were generally drawn from the ruling group, as will be shown in chapters four and five.[59] In short, the hierarchy within the surgeons served in favour of the group as a whole, especially the more successful, yet the divisions within the group also served to heighten the different rates of change between institution and individuals. In the case of the surgeons, the rapid development of the corporation as it rose in status tended to isolate the more traditional members, who remained conventional in outlook and inclinations, while at the same time the élite were attempting to overstep the residual forms of corporatism, as will be discussed in the following chapters. Such a division was exacerbated by the rapid increase in numbers, the swifter rate of turnover of members, and the developments in surgical training to be discussed in the next section. Overall then, the surgeons, as will be more fully explained in chapter three, gave an appearance of modernisation and change, which tended to shield their essentially traditional character.

In contrast the physicians, who appeared to be the most reactionary, especially in their resistance to the acceptance of new members, may be shown through their meetings to combine tradition with meritocratic ideas. However, an insistence on merit also served to emphasise their status within the medical community and prestige within the city, a theme that will be continued in the next chapter. Their traditional attitude was revealed in religious

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[58] Kaplan, 'Character and Implications', 631.
[59] Kaplan, 'Character and Implications', 641.

observance and strict policing of joint consultations, while their modern outlook may be seen in their more egalitarian internal structure and reaction to conflicts between members. Although there was no internal hierarchy, and attendance at meetings was the highest of the three groups at almost 60% of members, there was nonetheless a tendency for power within the corps to be concentrated in an élite. This is demonstrated again in the numbers of members who were recorded to be frequent attendees, of the 65 physicians in the study around a third attended more than ten meetings during their careers, while many were infrequent visitors to the corps, perhaps exacerbated by the irregularity of meetings. The open nature of the corps is best reflected in their attitude to internal differences and conflicts. Although reacting in similar manner to the apothecaries in banishing members who broke the rules for six months or longer, if no apology was forthcoming, the physicians left all deliberations, even from acrimonious disputes, in their records. These include several conflicts during the career of Barthélémy Grégoire that will be more fully discussed below. The apothecaries would, in contrast, when the dispute was settled, and harmony restored, efface the conflict from their records either by removal of the pages or efficient over-writing of the contentious discussions. The physicians may therefore be seen to be more transparent in comparison to the need of the apothecaries for secrecy in their 'family' disputes, and more egalitarian in their attendance than the surgeons. However, their inherently traditional character was also revealed in their attitude to religious observance and to the practice of members.

Although historians have shown that religious observance began to wane in the eighteenth century, demonstrated by a decrease in ownership of religious books and requests for masses in testaments, the physicians continued as a group to fulfil their religious duties.[60] In contrast, while the apothecaries emphasised the religious aspects of their corporation by referring to themselves as a *compagnie*, and continued to make charitable contributions, their emphasis on the religious nature of the group waned. Censure for non-attendance at religious events only occurred in the early years of the period for the apothecaries, while the religious nature of the college continued to be of importance to the physicians. In 1757 they discussed the need to charge members different amounts for attendance at mass in order to fairly divide the cost, and as late as 1784 they record their attendance at the funerals of and subsequent

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[60] See for example M. Vovelle, *Piété baroque et déchristianisation en Provence au XVIIIe siècle: Les attitudes devant la mort d'après les clauses des testaments* (Paris, 1973); Roche, *France in the Enlightenment*, especially chapter 18. As Roche indicates there was a 'decline in Christian commitment' and a change in attitudes towards death after 1750.

masses for deceased members.[61] In addition the physicians strongly maintained their *confrérie*, each paying 6 livres annually, which allowed them to offer charitable aid to other physicians. For example they gave an indigent physician 30 livres to help him return home in December 1775.[62] Their attitude to non-corporate practitioners was different when they offered competition within the city, and they strongly policed their statutes, that forbade joint consultations with physicians outside the corps.

Of the three groups the physicians were most keen to prevent joint consultations with non-corporate members, reflecting on the one hand the multiple consultations common within the élites, and on the other their need to maintain their position in the medical hierarchy. The reputation of all members was preserved through the prestige of the corps that was partly maintained through exclusivity of practice, extending, as chapter five will show, to associations with other medical corporations within the city. Their attitude closely follows that described by Bossenga for the merchants of Lille, that 'all groups and individuals had a place in society, that all had to perform their own functions and respect the duties and prerogatives of others'.[63] As a result of their exclusivity with respect to entrance, as has been described above, the numbers of non-corporate physicians in the city were increasing, and the corps was forced to reprimand several members from mid-century. Although one, a physician who had fled religious persecution in Ireland, was successful in pleading his ignorance of the statutes, and was later accepted, others were not so fortunate.[64] The pressures on the group following the creation of a treatment centre for Mesmerism in Bordeaux in the 1780s were concerned with standards of practice, and with joint consultations, as will be more fully discussed in chapter five.[65] Setting aside any belief in the efficacy of the system, although their antagonistic attitude in general is revealed in the publication of a parody by Barbeguière in 1784, the physicians' quarrel with the Mesmerists was their self-advertisement and insistence on payment in advance for treatment, both of

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[61] ADGC1715. Although Barthélémy Grégoire was not a popular member, they attended his funeral on 8 December 1784 at the church of Saint Projet, and a mass for his soul in their own chapel in Carmes on 15 January 1785.
[62] ADG 6E71, for breakdown of payments.
[63] Bossenga, *Politics of Privilege*, 166.
[64] In January 1760 Daniel O'Sullivan was reprimanded for entering into a joint consultation with non-members. He apologised, assuring them that his fault was through ignorance of the statutes, asked for their goodwill in the matter, and was allowed to continue the process of acceptance, becoming a full member on 26 July 1760. He died in 1763. See Péry, 57.
[65] For a full account see R. Darnton, *Mesmerism and the End of the Enlightenment in France* (Cambridge, Mass., 1968); and Brockliss and Jones, 783-793; see also L.B. Wilson, *Women and Medicine in the French Enlightenment. The Debate over Maladie des Femmes* (London, 1993), chapter 5 'The Debate over Mesmerism'.

which were abhorrent to corporate medical practice.[66] Thus they refused entry to Jean-Baptiste-Gerard Archbold on 12 May 1785 not because of insufficient qualifications (he had graduated from Montpellier), but because of his 'unprofessional' conduct as head of treatment for *La société de l'harmonie de Guienne*.[67] The conflict continued, however, as one of their existing members, Jacques Fitzgibbon, was reprimanded for association with Mesmerism, and was eventually forced to offer a formal apology and assertion to discontinue his connections outside the group.[68] It seems unlikely that he complied, as he was one of the heads of treatment in Bordeaux; his absence from meetings from 1784 confirms this view.[69] The physicians therefore defended their boundaries and regulations against non-corporate members, mainly to preserve their status within the city.

The increase in 'disharmony' within the corps of apothecaries, although not achieving the 'friction, dissidence and alienation' described by Kaplan, is perhaps more noticeable because of the concord which it replaced, and their successful obliteration of such conflicts from the records.[70] Nonetheless it is possible to trace the source of internal disagreements to the influx of new members from around mid-century, when, as the example which began the Introduction indicated, respect for the older members began to wane and the oligarchy of powerful members from a few families began to fade.[71] The newer practitioners had not only been trained more widely than before, but were more likely to be involved in new forms of practice such as foreign trade or scientific endeavour. The conflicts revealed in their deliberations were generally concerned with the limits of practice and the status quo within and outside the group, for example the rudeness of Vilaris to professor Seris that upset his fellow apothecaries. Although Vilaris continued to practise as an apothecary until his death in 1792, it was as a scientist that he had contact with other famous men in the academy and in correspondence, and, as he was also known for his plain-speaking, his position and

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[66] J.-B. Barbeguières, *La Maçonnerie mesmérienne, ou les leçons prononcées par Fr. Mocet, Riala, Thermola, Seca et Céphalon, de l'ordre de Fr. de l'Harmonie, en Loge Mesmérienne de Bordeaux, l'an des influences 5784, et du mesmérisme le premier* (Bordeaux, 1784); in contrast see C. Hervier, *Lettre sur la découverte du magnétisme animal a M. Court de Gebelin. Augmentée d'une lettre de l'auteur aux habitans de Bordeaux* (Bordeaux, 1784).
[67] ADGC1696; Péry, 67. Archbold continued to practice in the city and enjoyed a successful career. His publications included J.-B.-G. Archbold, *Receuil d'observations et de faits relatifs au magnétisme animal. Présénté à l'auteur de cette découverte et publié par la Société de Guienne* (Paris and Bordeaux, 1785).
[68] ADGC1696 28 July 1784. 'Je déclare avoir eu des torts envers ma Compagnie et que c'est absolument contre mon cœur; je les désavoue donc et promets de ne pas m'associer avec des médecins étranger à notre corps, conformément à nos statutes. Gibbon'
[69] Archbold, *Receuil d'observations*, 164-167. He lists all members and heads of treatment.
[70] Kaplan, 'Social Classification', 181
[71] Kaplan, 'Character and Implications', 633.

character undoubtedly led to the disagreement with his fellow members over the level of respect necessary to physicians. His career will be more fully discussed in chapter five. The expanding boundaries of newer members led to conflict with more traditional apothecaries over the limits of corporatism, leading first to a noticeable absence from meetings of several older men, and perhaps to the end of official record-keeping in 1773. Thus new types of practice, as will be seen in chapters four and five, only served to fragment the needs of the group, and to undermine the unity and harmony of meetings. Nonetheless, as with the other two medical corps in the city, members of the corporation of apothecaries continued to be largely drawn from the city and its environs, and to feature substantial numbers of family groups, preserving the continuity of the corps, and perhaps leading to its survival as a functioning corporation in contrast to the failure of groups elsewhere in France. In both 1690 and 1790 around half of the members of all three groups were locally born, and more than a quarter were members of medical families, creating a strong sense of continuity and tradition in the face of overwhelming change.[72]

This section of the discussion, concerned with control of numbers and practice, has shown that all three groups survived only to be abolished in the early years of the revolution, despite the pressures for change in the city and medicine. However, all exhibited different reactions to those transformations, which do not entirely comply with previous models of change or stagnation suggested by historians. The physicians although appearing to resist, especially the acceptance of new members and hence expansion, did so not merely to defend their monopoly, but as the next chapter will further explain, to maintain their position in the medical hierarchy, and prestige in the city. Rather than exhibiting a 'restrictive monopoly' as described by Brockliss and Jones, their traditional stance in some areas was balanced by their acceptance of newer ideas concerning merit, based partly on their ability to involve a larger percentage of members in decision-making processes. The apothecaries, although riven with conflict within the group, did expand roughly in line with the growth of the city, and thus succeeded in maintaining their monopoly over the specialist provision of drugs and remedies. Although they were potentially most damaged by competition in the expanding medical market, their increasing wealth, and lack of action against individuals, tends to

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[72] Locally born in 1780s. Physicians - Bernada, T. Betbeder, Boniol, J.-J. Caze, de Seze, P. Doazan, J.-B. Doazan, B. Grégoire, Lafon, Lamothe (11 out of 16: 69%). Surgeons - Bounal *fils*, Carrie, Carrie *fils*, Cazejus, Dardenne, J. David, F. Delort, J. Dupont, J. Dupuy, J.-B. Dupuy, J. Gouteyron, P. Gouteyron, J.-C. Grossard, Lafourcade *fils*, Lapeyre, L. Larrieu, J.-G. Mathereau, P.-F. Mestivier, Molinie, Raynal, Taillefer, Vitrac (22 out of 47: 47%). Apothecaries – L. Alphonse, G. Belin, G. Chardevoine, F.-J. Deleau, E. Delort, P. Dubuisson, P. Ducourneau, Dumaine, P. Falquet, Guignan, Lamegie, F.-M. Maleville, J. Maleville, F. Vidal, Vilaris (15 out of 18: 83%).

emphasise their hold on their traditional market. At the same time, as the next section and chapter five will demonstrate, their members were able to exploit new forms of practice, which although creating some conflict within the group, did allow the corps to expand its boundaries of membership and activities. Such an experience differs radically from the decline and disappearance of corporations in the north of France described by Brockliss and Jones and Baudot, and the decline of the apothecaries in neighbouring La Rochelle as traced by Soënen.[73] The surgeons, who expanded rapidly in numbers, albeit partly in response to external pressures, also transformed the existing system of training in creating their School, and rose in status within the city. However, such progress, as the next chapter will demonstrate, served to mask an underlying traditional quality, best demonstrated in their internal hierarchy, which nonetheless was crucial in their development. Although Gelfand does indicate hierarchical tendencies in his account of the rise of surgery, the surgeons of Bordeaux appear to be more traditional in their outlook than those of Paris. The 'professionalisation' of the Bordeaux surgeons, and the increasing pressures to maintain standards of teaching and admissions are the subject of the next section.

Training and Education

> ... the professions seek special institutional privileges which once attained, steer them towards ... 'traditional' intellectual functions [74]

The creation of the School of Surgery in Bordeaux, although ostensibly the most crucial change in the medical world of that city in the eighteenth century, was part of a series of changes in training and education common to the wider world of France. Training was not only a means of ensuring the competency of practitioners it was also a way to restrict entry to the monopoly of a corporation. The protection of both patient and practitioner from exploitation, one from unqualified and thus inadequate medical care, and the other from the competition of unlicensed practitioners, served to maintain the barriers for aspiring medical personnel against entry to the corps. Yet such requirements, as discussed by Ramsey, may serve both for and against the 'project for professionalisation'.[75] They may, by raising standards within the corps, force increasing numbers to practise outside the corporate

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[73] Brockliss and Jones, 481; Baudot, *Pharmacie en Bourgogne*, 435, he traces a fall from 13 apothecaries in 1630 to a low point of 4 in Dijon in 1750, numbers then rose slowly to achieve 6 by 1780. In this period the population of the city fell from 21,500 in 1700 to 19,000 in 1750, rising slowly to 22,000 by 1790. See Benedict, *Cities*, 25. M. Soënen, *La pharmacie à La Rochelle avant 1803: Les seignettes et le sel polychreste* (La Rochelle, 1910). Chapter ten describes the decline of the corporation.
[74] M.S. Larson, *The Rise of Professionalism* (Berkeley, 1977), xv.
[75] Ramsey, *Professional*, 49.

boundaries. In addition, the moves towards professionalisation, such as the creation of the School of Surgery, might serve other needs, including the commercial imperative for the provision of more surgeons. In Bordeaux the burgeoning of the maritime trade resulting in an increasing need for marine surgeons, filled in part by the products of the School. Although the move towards public instruction was slower within pharmacy, the pressures on a provincial corporation in the wake of changing types of training may be observed within the apothecaries, especially concerning their absorption of more widely educated and well connected practitioners. The attempts of the physicians to maintain both their own status and the standards of medical teaching in Bordeaux University may also be illuminated by the wider debate on medical education in the eighteenth century. This section therefore contains two main arguments, the first concerning the move towards different types of training, which it suggests was closely linked to both the market and publicity and hence publishing. The second argument follows Ramsey's reasoning on the raising of standards, and discusses the effects such higher barriers had upon all three groups, with respect to the slowing of growth of the surgeons, the conflicts within pharmacy with scientific ideals, and the efforts of the physicians to maintain both their own status and the standards of medical teaching at the University. In this way the discussion will continue the themes of the previous section, the general contrasts within all three corps between the traditional needs of the corporation, and the increasing tendency towards merit.

The traditional system of training or education of aspirant medical personnel in the old regime reflected the medical hierarchy, the university education to doctoral level of the physicians compared to the apprenticeships of surgeons and apothecaries. The introduction of formal and public courses of instruction for the latter groups brought them on the one hand broadly in line with élite education of physicians, while on the other brought the knowledge and expertise of their disciplines into the public domain. Arguably, the entry into the public sphere of such knowledge, the site of instruction, was the most important change in medical education in the period. The previously private and direct instruction by a master of his apprentice was replaced by publicly presented lectures and demonstrations by one individual for many. At the same time the 'secrets' of the craft were further publicised through an increasing tendency to publish, as is reflected in the growing numbers of practitioners who entered into print in the period. Yet the growing numbers of courses also reflected the increasing need for properly qualified personnel in the burgeoning medical market, hence educational needs were closely linked to commercial growth.

Thus the commercial expansion of Bordeaux in the eighteenth century, especially the growth of shipping trade, brought pressures on the medical corps. If, as was the case, all vessels over a certain size were required to carry both a surgeon and a medicine chest, then the surgeons and apothecaries had need to provide these services.[76] Therefore, the reasons behind the creation of the School of Surgery were neither solely concerned with the rise in status of the surgeons, nor with a desire for higher standards, but with a simple need to provide a supply of competent, and primarily young, surgeons. Such a need for surgeons was also found in Bristol in the same period, a city with similar trading links. As Fissell shows in her study of medicine in that city, the preponderance of surgeons in the port compared to apothecaries was atypical and due partly to the needs of the shipping trade.[77] However, it would be wrong to assume that the School of Surgery was founded for purely commercial reasons, and it conforms in many ways to the model of professionalisation established by Gelfand for the Paris surgeons earlier in the century. Nonetheless the situation in Bordeaux differed from that in Paris: the surgeons in Bordeaux had neither broken free from the yoke of a joint guild with barbers nor from the suffocating control of the local medical faculty.[78] There is also evidence that a desire for the proper spread of surgical knowledge and techniques had begun much earlier than the mid eighteenth century in the Bordeaux surgical community, and that the creation of the School forced a compromise on the existing masters of present principles in exchange for a future increase in standards, these two points are the subject of the next discussion.

The solemn opening of the School of Surgery on 18 June 1755, attended by thirty members of the *communauté*, and local dignitaries including many from the Parlement and other courts, the Archbishop, doyen of the University and the Intendant, was in some ways merely the culmination of a long series of other formal and public surgical courses available in Bordeaux.[79] The jurade had appointed surgical demonstrators to perform anatomical

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[76] Drug chests, which were required for all vessels with a crew of more than 20, were a lucrative and increasing source of trade for their only suppliers, the apothecaries of the corporation. Each contained 80-150 different items and cost up to 1,500 livres. For an account of a marine surgeon see Dalat, 'Un chirurgien de mer', 275-281; For further details on surgeons and chests see É. Saugera, *Bordeaux port Négrier: Chronologie, économie, idéologie XVIIe-XIXe siècles* (Paris, 1995), 243; R.L. Stein, *The French Slave Trade in the Eighteenth Century: An Old Regime Business* (Madison, 1979), 68; C. de Laguerenne and Y. Romieux, 'Apothicaires et coffres de mer des origines à la fin de la marine à voile' in C. Buchet (ed.), *L'homme, la santé et la mer* (Paris, 1997).

[77] Fissell, *Patients, Power, and the Poor*, 51 She suggests 'perhaps Bristol's role as a port; with attendant numbers of ship's surgeons, contributed to this emphasis on surgery'.

[78] Gelfand, *Professionalizing Modern Medicine*, Chapter four.

[79] See Appendix II for a detailed history of the School and an analysis of student numbers.

dissections under the guidance of the teaching physician from the seventeenth century, and the members of the college had traditionally provided courses of instruction for apprentice surgeons and apothecaries.[80] In addition, the surgeons themselves organised tutelage in lithotomy from the appointment of one of the Colot family in 1699.[81] The tradition of a speciality in lithotomy was continued by a series of practitioners, a subject that will be further discussed in chapter three. Such a range of courses in 'ancillary medical sciences' was typical of the old regime as reported by Brockliss and Jones amongst others, and was perhaps as a result of the lack of facilities in major faculties, as will be discussed below.[82] Arguably, the creation of the School, first proposed by the officers Lafourcade *fils* and Dupuy in August 1750, served to formalise such training and extend its range; the professors gave lessons in the principles of surgery, osteology and diseases of the bone, anatomy, operations, and medicaments and blood letting.[83] However, the creation of the School involved the corporation in a series of discussions and compromises with other authorities, as they sought to secure sufficient funds to obtain a property and build a new amphitheatre.

Part of their means to raise funds for the building work was through the admittance of a group of 13 surgeons from the faubourgs. Each new master was to pay 1,000 livres. However, they considered that these men were not sufficiently highly qualified or skilled for admission as masters, and resisted their entry until the intervention of the first surgeon to the king, de la Martinière. In a letter dated 7 February 1752, he explained that the new surgeons were essential to the creation of the School, and that they already practised to the satisfaction of the public.

> J'ai lieu d'être surpris, Messieurs, qu'avec toutes les raisons que vous avez eues ci-devant de demander la réunion des chirurgiens des faubourgs à votre Communauté et la parfaite intelligence qui régnait entre vous sur l'excellence de ce projet, vous soyez maintenant opposés pour la forme dans laquelle cette réunion doit se faire; vous voulez-bien, me marquez-vous par votre dernière lettre, que cette réunion ait lieu mais à condition que les chirurgiens des faubourgs passeront par toutes les épreuves du grand chef d'œuvre, de même que les aspirants ordinaires. C'est à quoi les chirurgiens de se prêteront jamais, ils ont là-dessus des raisons que je ne puis désapprouver. En effet, comment peut-on exiger que des maîtres qui pratiquent depuis longtemps à la satisfaction du public, ainsi et de la même manière que vous, la

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[80] ADGC1712; Péry, 174-178.
[81] Jurade, III, 294, pay for Colo (sic) was 800 livres. According to Maitre, Laurent Colot visited Bordeaux in 1556 to perform operations, M.Le Maitre, 'Récherches sur les procédés chirurgicaux de l'école bordelaise des origines à la revolution' (unpublished Ph.D. thesis, Bordeaux, 1903), 40.
[82] Brockliss and Jones, 504.
[83] ADGC1715; see table of professors in Appendix II.

> chirurgie, tant dans les faubourgs que dans le ville, aillent maintenant se mettre sur les bancs pour passer par tous les actes de la maîtrise?[84]

This letter pushed the surgeons to accept the new members 'proposé sous le bon plaisir de Sa Majesté pour les motifs de bien public' on the 27th of that month, and they were sworn-in during August and December of that year.[85] The surgeons had thus been forced to compromise their own standards of practice in order to ensure higher standards in the future. They had also been involved in conflict with the municipal authorities over the creation of the School, the former resisting their loss of authority over the community: the affair culminated in the absence of the municipal authorities at the solemn opening of the School, despite an invitation being delivered.[86] This relationship will be further explored in the next chapter.

The School was a success, accepting 496 students on the eleven courses run from 1760 to 1783.[87] The majority stayed for one year of instruction; less than 10% stayed for longer. The students were overwhelmingly from the Aquitaine, with a few from farther afield, and as the analysis in the full account of the School in Appendix II shows this was broadly in line with the enrolment for the Paris School as discussed by Gelfand.[88] The lodging of students was a lucrative business for many surgeons, as almost two-thirds chose to stay with a master, some combining this with apprenticeship.[89] However, only three students went on to become master surgeons in Bordeaux, indicating that the School primarily produced surgeons for the expanding needs of the countryside and the shipping trade. The needs of the countryside are

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[84] The letter, dated 7 February 1752, Paris, is reproduced in full by Péry, 184-185. 'I am surprised, Messieurs, that with all the reasons which you had to request the union of the surgeons of the faubourgs with your Community and the perfect intelligence which reigned between you on the excellence of this project, you are now opposed to the form in which this union will be made; you say in your last letter that this union will occur, but now only provided that the surgeons of the faubourgs pass all the examinations including the chef d'œuvres, just as for ordinary candidates. The surgeons will not submit themselves to this, and they have reasons with which I agree. Indeed, how can you require that Masters who have practised surgery for a long time to the satisfaction of the public, and in the same way as you, both in the suburbs and in the city, now submit to be examined for the mastership?'

[85] Péry, 185. Quotation from discussions on 25 February 1752; 'proposed through the desire of the king to benefit the public'.

[86] Invitation received 18 June 1754 see Jurade, III, 306; for an account of their non-arrival on 19 June see Péry, 195-6.

[87] Figures extracted from lists contained in ADGC1705.

[88] For student origins see T. Gelfand, 'Deux cultures, une profession: les chirurgiens Français au XVIIIe siècle', *Revue d'histoire moderne et contemporaine*, 27, (1980), 468-484.

[89] For example Antoine Lassalle followed an apprenticeship with David costing 1,000 livres with two years at the school, the second as *externe* at the hôpital Saint André. See ADGC1709, 16 May 1764; C1705, courses in 1765 and 1766.

expressed in the 70 surgeons examined by the corps between September 1760 and January 1763, for service in a fifty-mile radius around the city.[90] Any estimation of numbers of marine surgeons, who were not resident in the city, must be entirely approximate, yet the masters themselves attest to 400 vessels leaving the port each year that were required to carry a surgeon.[91] In addition, numerous notarial acts requesting payment for services rendered by such surgeons are witness to the popularity of marine and colonial work, as will be more fully discussed in chapter five.[92]

The provision of the School was not therefore intended to supply surgeons of the highest calibre; these were still drawn from a more extensively trained group. For example, the two sons of masters who also had medical degrees yet were received as master surgeons, Joseph David and Jean-Charles Grossard, or the three men who won their mastership through service in the hospital St André.[93] Presumably the substantial numbers traced by Mailé-Virole who left Bordeaux and the region to make a career in Paris had also received further training in the capital.[94] However the School did have profound effects upon the corps in two major ways; it began a rise in their social status, and encouraged further stratification within the corps. The internal hierarchy was already marked, as discussed earlier, yet the formation of the School established a higher tier of masters, those who were able to either instruct as professors or offer other specialised support and help to the move towards professionalisation; such men were less likely to be sons of masters, had probably trained and gained qualifications elsewhere, and were frequently active in publishing or academy life, as will be further discussed in chapter five.

The social status of surgeons was enhanced by the provision of the crown in August 1756 which elevated them to the rank of *bourgeois notables*, with all the rights and privileges this entailed, registered in the Parlement of Bordeaux in July the following year.[95] Such a status moved all surgeons in France, who were masters and practised only as surgeons, to a higher social plane, removing them from the association with trades such as barbering and wig-

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[90] ADG6E24 receptions 1619-1791. Figures were taken for the period between September 1760 and January 1763 only.
[91] ADG6E25, *milice* file of 1766.
[92] For example the *procuration* before notaire Baron on 22 December 1767, in which Joseph Labarrere, surgeon of St Simeon claimed back for his services a total of 1,400 livres from Nicholas Jussan of St Domingue, see ADG3E15018.
[93] Péry, 245.
[94] C. Maillé-Virole, 'La naissance d'un personnage: le médecin parisien à la fin de l'Ancien Régime', *Historical Reflections (Canada)*, 9, 1-2 (1982), 167. Carte 6. Les chirurgiens parisiens d'origine provinciale, 1750-1790.
[95] Brockliss and Jones, 549.

making, and setting them at an equivalent level to many physicians. For the corporation this established their members at an assured social level, and thus ensured the social standing of the corps; obvious effects were increased numbers of members of the various academies. The creation of the *Société academique de chirurgie* (Society of Surgery) in Bordeaux in 1762 further established their intellectual credentials, and such developments allowed them, after the agreement of the Parlement, to wear the long robe and cap on formal occasions.[96] Chapters four and five will further explore the effects of such a rise in status and involvement in academic life had on the careers of individual surgeons.

The involvement in academic life of the apothecaries was considerable, as will be seen in later chapters, despite the later creation of the Paris School of Pharmacy. As I have argued elsewhere, although the progress of pharmacy towards profession was later than that of surgery, many parallels between the two may be discerned.[97] Increasingly over the century the apothecaries demanded higher standards from entrants, and many of their members from mid-century had received wide and comprehensive training outside the city. However, the absorption of more widely trained members within pharmacy led not to the hierarchy discerned within surgery, but to an increasing disharmony within the corps, and a need to amend regulations governing inheritance. The two-tier system was abolished, as discussed above, and all entrants were examined and charged in the same way. In contrast to the surgeons, whose School provided formal courses but few new masters for the corps, the tendency within the apothecaries to utilise courses elsewhere continued to provide the group with high calibre members.

Yet highly qualified members could bring other conflicts to the group, for example the scientific experimentation and discoveries of the three acting chemists, especially Cazalet and Vilaris. While both continued to practise as apothecaries, their scientific activities and suggestions did not necessarily follow the tenets of corporatism. Perhaps most striking in its combination of openness and control of quality is the proposal, attributed to Vilaris during his service as officer, by the company of apothecaries to form a laboratory in which the medicaments for drug chests for marine vessels could be made. This establishment would not only centralise production and ensure a high quality of products, but would enable trainee pharmacists to receive a thorough grounding in proper preparation techniques. In addition, as the introduction to this section indicated, it would have replicated the efforts of

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[96] Péry, 214. The difference between long and short robe for the different groups of surgeons in Paris was crucial to their status, see Gelfand, *Professionalizing Modern Medicine*, 22.
[97] Smith, 'Weighed in the Balance?', 28-29.

the surgeons to supply sufficient quantities of marine surgeons to the shipping trade, providing both goods and practitioners to aid the commercial success of the port. However, no reference has been found to the paper in the records of the corps, although the copy available in the archives is from the master apothecaries.[98] The proposal was not implemented, due partly to the damage such a centralisation would inflict on the trade of many members of the group.

By the 1780s around half the apothecaries in the corps had been trained outside the confines of the apprenticeship, affecting the character of the group. Although the change was not as marked as the professionalisation of the surgeons, where the 'new' member was much more highly and academically trained, there were alterations within the corps of apothecaries. The wider experience and greater knowledge gained in other urban centres, the possibility of contact with the luminaries of the world of pharmacy, and the acceptance of several members into various academies all served to force change upon an essentially traditional group. Much of this was expressed through the policing of standards by the apothecaries as they strove to maintain high standards of knowledge and behaviour within the group, and to control the activities of their new membership whose experience elsewhere and whose élite contacts could create conflicts, as will be discussed in later chapters.

However, the move into the public sphere in the form of courses and the new tendency to publish, were both opposed to the principles of corporatism. Such a move challenged the 'secrets of the craft' within both surgery and pharmacy, and at the same time threatened the superior position of the physicians within the medical hierarchy. Although apprentices had always used texts to aid their understanding, and for apothecaries pharmacopœia remained their guide to drugs and their use, the entry into publication of many medical practitioners, and increased book ownership, made such knowledge available to all readers, especially as medical books were increasingly written not in scholarly Latin but in the vernacular. For example the pharmacopœia of 1643 for Bordeaux was in Latin, yet those available in the later years of the century were generally published in French.[99] The proposal for a new

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[98] The proposal is in ADGC1701. It is undated and must fall in the period of activity of Vilaris between 1751-1758. As the proceedings for 1755 have been removed it was probably written during this year.

[99] The Bordeaux codex was *Pharmacopœa Burdigalensis,* mentioned by M. Pistre, *Histoire Toulousaine du métier d'apothicaire* (Toulouse, 1943), 108, who also confirms that the same transformation of language occurred in Toulouse. The earlier codexes were in Latin, later only the titles and drug names were in that language, the remainder being in French; see Pistre, 126. An example of a pharmacopœia then translated into English is P. Pomet, *A Compleat History of Druggs. Written in French by Monsieur Pomet, Chief Druggist to the*

pharmacopœia in Bordeaux in 1706 is discussed in chapter three. Such translations have been seen as indicative of declining standards of education by Bouvet, but are perhaps more accurately seen as part of the success of the Enlightenment in opening knowledge to a wider audience.[100]

The spread of knowledge through such publications presented a possible challenge to the medical authority of the physicians, reflected in a change in publishing patterns. From 1755 to 1788 there were eleven publications by surgeons of Bordeaux, whereas before that time the few publications concerning surgery had been written by physicians.[101] Yet their entry into print was not welcomed by the authorities, who objected to Isaac Garrelon's *Traité de therapeutique ou la méthode de guerir enrichi de très importantes observations ou réflexions pratiques pour l'instruction des élèves en chirurgie*, first published in Bordeaux in 1755, with a second edition in Toulouse in 1757.[102] Garrellon was a successful surgeon, whose career will be further examined in chapter four. He had been trained by his own father then received further instruction from the expert lithotomists Thural and Lafourcade, was a *maitre des arts* and master surgeon, and his inventory shows that he owned more than 180 medical books.[103] His range of patients is reflected in the numbers of notarial acts he utilised to gain payment, and his success within the corps in his position as officer and part in the creation of the School. The physicians were asked to report on the book, which had been published without permission, and described it as an inaccurate translation of Astruc that was dangerous because of alterations and additions made to the original.[104] The book was therefore banned by the Parlement, and publicly shredded and burnt.[105] From this time there were no further problems with surgeons and their publications, partly because of the creation of the School and their rise in status and partly because of a relaxation in censorship. There is, however, a question as to why the book was banned. Was it because it had been published

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Present French King... Divided into three classes, vegetable, animal and mineral, with their use in physick, chymistry, pharmacy and several other arts. ...Done into English from the originals (London, 1712).

[100] M. Bouvet, *Histoire de la pharmacie en France des origines à nos jours* (Paris, 1937), 72.

[101] See Tables III.VIII and III.IX in Appendix III.

[102] For record of the book see L. Desgraves, *Les livres imprimés à Bordeaux au XVIIIe siècle: (1701-1789)* (Genève, 1975); Tournon, *Liste*; Féret.

[103] The inventory of goods taken after his death is dated 18 June 1757. It took ten days to list, ADG3E17839.

[104] For insight into the wider implications of medical publishing see E.L. Furdell, *Publishing and Medicine in Early Modern England* (New York, 2002).

[105] Féret, biography of Garrellon. For more information on banned books and censorship see R. Darnton, *The Forbidden Best-Sellers of Pre-Revolutionary France* (London, 1996); R. Darnton, *The Literary Underground of the Old Regime* (London, 1982).

without permission, because it was indeed dangerously inaccurate and misleading to students, or because the author was a surgeon? Péry, himself a doctor, is in other parts of his excellent work occasionally biased in favour of the surgeons against the physicians, thus his opinion, 'Ce que les médecins n'avouent pas, on le devine aisément, le grand grief contre ce livre est qu'un chirurugien en est l'auteur', may not be an entirely accurate representation of the cause of the ban.[106] The physicians who examined the text were all highly respected practitioners at the height of their careers, and there is no reason to suppose that they would be anything other than honest in their assessment of the book.[107] It would seem that the book was banned more because it was published illegally - without permission and without mark of printer or place - than because of any intrinsic fault. This is thus part of the issue of censorship in the old regime rather than changing attitudes to public knowledge.[108] It is striking, however, that all subsequent publications on the subject of surgery in Bordeaux were written either by surgeons with a medical doctorate, or those with a publicly accepted speciality such as Guerin.[109]

Hence the creation of the School of Surgery, although crucial to the rise in status for the surgeons, may be seen as typical of the changes also experienced more widely within medicine. The compromises of the surgeons, their rise in status, and their move into the public arena in courses and publications were largely mirrored in the world of pharmacy, albeit at a slower rate. The most important transformation for both groups was the openness which such events brought to their practice, as the secrets of the craft were superseded by public knowledge, however potentially damaging this was to the underlying principles of corporatism.[110] As further discussions will show, individuals were comparatively quick to adapt to new circumstances, so their careers were increasingly in conflict with the principles of corporatism.

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[106] Péry, 53. 'What the doctors do not admit, but is easily seen; the great objection to the book is that it was written by a surgeon'.
[107] Pierre Cambert had taught pharmacy and Joseph Cardoze surgery, Pierre Caze was physician royal and physician to the hôpital des incurables and Jacob Doazan had been physician to the city from 1719 to 1745. See their biographies for further details.
[108] For an excellent discussion on the vagaries of censorship see Chartier, *Cultural Origins,* chapter 3. On page 51 he quotes Malesherbes 'a man who had never read any books other than those that had originally appeared with the express attachment of the government ... would be nearly a century behind his contemporaries'.
[109] See for example P. Guerin. *Lettre à M. Tarboche [sur le traitement de la fistule à l'anus]* (Bordeaux: Pallandre, 1787).
[110] The reverse was occurring within Freemasonry, see M.C. Jacob, *Living the Enlightenment: Freemasonry and Politics in Eighteenth-Century Europe* (Oxford, 1991), 42-43.

As Ramsey points out, 'educational requirements may raise standards within the profession, but high costs or arbitrary restriction can swell the ranks of the empirics by driving into unauthorised practice potential candidates who might otherwise have received certification, thereby undermining the larger project of professionalisation', thus rising standards may create a paradox.[111] While higher barriers to entry, especially those testing knowledge and competence, improve standards within the group, they may at the same time exclude many who would previously have become members. The result may be an increase in non-corporate practice, as occurred with the physicians, or a gradual diminishing of entrants, as with the surgeons, or as with the apothecaries, an internal conflict between different standards and types of practitioner. In an expanding and lucrative site for medical practice such as Bordeaux, the higher barriers also served to diminish the proportion of fully trained practitioners available to the increasing population: the need for more medical aid was paradoxically blocked by the efforts of the practitioners themselves to ensure better care. These different problems for the medical world may be seen as part of the discussions above concerning models of corporate change and control, as practitioners struggled to balance the traditional needs of the corporation against the growth of demand and the increasing desire for merit. Such pressures resulted in differential rates of change in attitudes and practices among individuals and institutions, a major theme of this study, which may be demonstrated in the reactions of the groups to rising standards. The combination of tradition and change already noted for the corps is clearly expressed in their differing reactions to the raising of standards, the alteration in attitudes to inheritance of the apothecaries, the downturn in admissions to the corporation of surgeons, as discussed above, and the complex reaction of the physicians.

Although the changes within education for physicians were not as marked as those for surgeons and apothecaries, they too made efforts to raise standards of entrants and hence of practice within the city. Despite conditions of entry remaining the same for physicians throughout the period - a doctorate in medicine from a recognised university, proof of two years practice locally, a series of examinations, and the payment of a fee - there is evidence to suggest that standards of medical education concerned the college. They began to refuse applicants, rejecting six properly qualified physicians between 1742 and 1788, 19% of the total acceptances, thus severely limiting numbers as discussed above. The debate among historians concerning standards of medical education in provincial universities may be used to explain the actions and attitudes of the physicians.

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[111] Ramsey, *Professional*, 49.

Many historians of medical education agree with the attitude of the revolutionary reformers, that teaching was limited to the reading out of texts on a limited range of subjects by professors who often neglected their duties; thus medical education was inadequate and overly theoretical. This approach is succinctly put by Coury who states: 'Until the revolution the faculties kept obstinately to the medieval *nego, concedo,* and *distinguo* and resolutely ignored the Cartesian step of *cogito*'.[112] The other approach is more pragmatic. While accepting that provincial centres often had insufficient professors to provide a wide range of teaching, it offers the view that as by the mid century most professors were appointed after a competitive contest that the majority were therefore competent. However, as Brockliss points out, although the system of teaching - reading from lectures - was traditional, the subject matter was less so. He alerts us to the active debates in medical theory early in the century between iatrochemists and iatromechanists, and offers the view that such debates led to a more eclectic medical philosophy in many medical professors, which in turn was transmitted to students in lectures.[113] Taking the common themes from this debate it seems that medical students were taught by professors who were mostly competent although not always present due to other duties, who gave formal lecture courses; these courses were sufficient in larger centres with chairs in physiology, pathology, therapeutics and other medical subjects such as anatomy and botany, although they were probably less so in provincial centres with few professors.

Because the Bordeaux medical faculty had only two medical professors it would seem that the range of subjects was insufficient to produce fully competent physicians, yet for much of the period many physicians took their degrees at their local University. Of those 45 for whom their place of study is known almost half, 48.8%, attended Montpellier, more than a third, 35.5%, attended Bordeaux, with 6%, 4%, and 2% respectively attending one or more course in Paris, Toulouse, and Reims and Cahors.[114] However, these figures may not be an accurate reflection of actual proportions studying in Bordeaux, the figures for Montpellier are from the excellent studies by Dulieu based on the accurate records of graduates; no such records remain for graduates from the University of Bordeaux.[115] There is evidence to

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[112] C. Coury, 'The Teaching of Medicine in France from the Beginning of the Seventeenth Century' in C.D. O'Malley (ed.), *The History of Medical Education* (Berkeley, California, 1970), 132.
[113] L.W.B. Brockliss, 'Before the Clinic: French Medical Teaching in the Eighteenth Century' in C. Hannaway and A.L. Berge (eds.), *Constructing Paris Medicine* (Amsterdam, 1998).
[114] See individual biographies for places of qualifications.
[115] L. Dulieu, *La Médecine à Montpellier* (Avignon, 1983). Volume III, part 2 contains biographies of graduates.

suggest that following the proliferation of private courses over the century, as described by Brockliss and Jones, that many graduates of local universities also took courses elsewhere, for example Desault, whose career will be discussed in chapter four, trained with Lemery in Paris before his return to Bordeaux.[116] Yet concerns over the standards of applicants became more frequent in mid-century, reflecting an increasing need for well-qualified practitioners. Thus the college opposed the inheritance of one of the professorships by Barthélémy Grégoire from his father Jean on the grounds that he had trained solely at Bordeaux. His medical knowledge was deemed insufficient for teaching purposes, and the members of the college wrote to the chancellor D'Aguesseau. Their letter included this criticism,

> ... qu'il n'a jamais étudié que dans la Faculté de Bordeaux, car en convenant que les deux professeurs sont grands botanistes et anatomistes, en admettant aussi qu'ils font regulièrement les cours, qui ne sait que ces cours, d'anatomie surtout, que l'on fait rapidement dans dix jours, ne servent tout au plus qu'à indiquer grossièrement la situation de quelques parties du corps humain. Une connaissance si superficielle et si imparfaite ne suffit pas à un médecin ordinaire, elle suffit bien moins à un professeur, qui par état, devant chaque jour expliquer les fonctions qui dépendent de la structure des parties ...[117]

This would tend to endorse the Brockliss view that standards of medical teaching generally rose over the century, although perhaps indicating that Bordeaux did not keep pace with advances, especially when the incumbents of the two chairs were both elderly as occurred in the 1750s.[118] The physicians were therefore aware of the need to maintain standards of teaching, and hence the standards of professors, a theme that is continued in the next chapter with reference to the status of the college.

For all three groups the eighteenth century was a period of change in standards of education and entry to the corps. The creation of the School of Surgery served to aid the rise in status of the surgeons; although it did not provide many new masters, it did supply large numbers of less highly qualified practitioners for the increasing demands of the maritime trade and the needs of the countryside. In common with the more gradual changes in training for the

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[116] Brockliss and Jones, 509-515; Desault was described as 'the Sydenham of the Guyenne' by Bernadau, *Annales.* See also P. Mauriac, *Le Bordélais Pierre Desault, 1675-1737. Un grand médecin Français* (Bordeaux, 1923).

[117] Péry offers a full transcription of the letter dated 27 June 1749 on pages 45-46. '... he has only studied in the faculty at Bordeaux, and accepting that the two professors are great botanists and anatomists, and admitting that the courses are regular, everybody knows that the lessons, especially anatomy, are given quickly over ten days, and serve at the most to indicate roughly the various parts of the body. Such a superficial and imperfect knowledge cannot suffice for a physician, even less for a professor, who by his calling must each day explain the functions of each of the parts ...'

[118] Louis Seris was appointed in February 1719, and died in March 1756. Jean Grégoire was appointed in August 1716 and died on 18 May 1757, aged 80.

apothecaries, the new courses also served to transform the previously private transmission of knowledge into a public event. Hence for both groups a move into the public sphere served to undermine the position of the physicians within the medical hierarchy. For the physicians their move towards higher standards involved them in the debate over standards of medical education, yet as the next chapter will show, such an emphasis on merit also served to enhance their own status within medicine and the city. For all three groups the 'raising of standards' tended to produce further differences among practitioners within the corporations, and hence the differential rates of change between individual and group which will be further discussed in chapters four and five.

Conclusion

This chapter has served several purposes. It has introduced in some detail the three groups governing practice, and charted the alterations in attitudes and practices they introduced over the century from 1690. More crucially it has also attempted to set their experience against the 'models of change' suggested by historians. In this manner it has suggested that the professionalisation of the surgeons, although broadly in line with that of the Paris surgeons described by Gelfand, was actually different in origins and results. Rather than being an entirely self-motivated scheme to raise standards and hence their status, it was partly forced on them by outside influences. The most important of these, as the next chapter will detail, was the authority of the first surgeon of the king, whose pressure not only involved the Bordeaux surgeons in a compromise of their standards in the acceptance of new members, but whose power also removed a certain amount of autonomy from the group. Commercial pressures were also important, especially the need to provide sufficient surgeons for the surrounding countryside and the maritime trade, although this did mean that the School, much like the apprenticeship system it largely replaced, provided fewer élite than ordinary surgeons. Pressures within the corps were expressed in their increasing dependence on internal hierarchy, which served to exacerbate the division between élite and other masters. As chapters four and five will show, such divisions produced differences between the needs of the group and those of individuals. Hence 'professionalisation' for the surgeons was a mixed experience, as it also produced conflicts and diminished their autonomy.

Although they cannot be seen to move as quickly towards professionalisation as the surgeons, retarded by a lack of central authority as the next chapter will show, the apothecaries nonetheless experienced change over the period, as more courses became available and standards of practice were raised. While the apothecaries also did not expand in numbers as quickly as the surgeons, they cannot be seen to stagnate, as numbers of

masters steadily increased to exploit the growing market for medicines. Thus the failures of corporations in northern France were not mirrored in the corps of Bordeaux, which rather tended to consolidate its position, raise its standards, and hence allow its members to fruitfully exploit the market for medicaments in the growing port. Nonetheless, the presence of different types of practitioner within the corps, as chapters four and five will show, brought increasing pressures on the corporation as, like the surgeons, the needs of the individual practitioner diverged from those of his governing authority.

Of all the three groups the physicians are perhaps the most difficult to analyse, being a curious mixture of the rigidly traditional and the meritocratic, as their involvement in the choice of professors to be described in the next chapter will show. Nonetheless, it is possible to assert that rather than practising deliberate resistance to new members the physicians were trapped by a series of circumstances, not least the increasing longevity of members. Without the pressures of inheritance common to the other groups, the physicians arguably were forced to refuse new entrants not to preserve their exclusivity, but simply because the older members continued to practise. In an era before retirement physicians carried on their work until ill health forced a withdrawal from work, as they lived longer then places were available for new members much more rarely. Notwithstanding such an argument, the chief characteristic of the physicians was their insistence on their status within the medical hierarchy, which will be more fully explored in the next chapter.

Chapter Three: Public Networks

> Instead of seeing society as a collection of clearly defined 'interest groups', society must be reconceptualized as a complex network of groups of interacting individuals whose membership and communication patterns are seldom confined to one such group alone.[1]

> Professions ultimately depend upon the power of the state, and they originally emerge by the grace of powerful protectors. The privileged position of a profession 'is thus secured by the political and economic influence of the elite which sponsors it'.[2]

> Through individuals who play diverse roles, many institutional fields overlap; that is, they share in part the same personnel. The integration of communities, groups and institutions into the whole which we call society takes place via the personal networks of the individuals which constitute them.[3]

> A complex web of associational, residential, occupational, and family solidarities thus bound town dwellers together ...[4]

> ... there were no individuals wholly isolated and unconnected with some group or other; but each of the small groups of which French society was composed was intensely selfish, whence arose a sort of collective individuality ...[5]

Introduction

Power is the main focus of this chapter. Not the internal power wielded by the corporations over their numbers, knowledge and members as analysed in the last chapter, but the hierarchies of power and status in Bordeaux and France of which the corps were a part. The discussion will take the characters of the corps previously established, the professionalising surgeons, traditional but meritocratic physicians and balancing apothecaries, and seek to analyse their larger external roles as players within the complex hierarchies of the old regime. Crane asserts that society is composed of a complex network of groups interconnected by joint memberships, in which, according to Boissevain, the hierarchies of power are enacted. The medical corporations of Bordeaux may therefore be seen to express their power through the actions of their individual members, who themselves were part of

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[1] D. Crane, *Invisible Colleges. Diffusion of Knowledge in Scientific Communities* (Chicago and London, 1972), 142.
[2] Larson, *Rise of Professionalism*, xii. She quotes E. Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York, 1972), 73.
[3] Boissevain, *Friends of Friends,* 29-30.
[4] Benedict, *Cities*, 19.
[5] De Tocqueville, *Ancien Régime*, 77.

the complexities of urban life. In addition, as Larson states, certain groups also depend on the protection of the state, which in the particularist solidarities of Bordeaux was further complicated by the conflicts already mentioned between different ruling bodies and representatives of the crown. What this chapter will reveal about the three medical corporations is their status within the city and the country, as part of a larger argument concerning models of corporate change begun earlier. Thus the surgeons will be seen as balancing the move towards professional identity with a strong sense of tradition, while the physicians will be revealed as successful within Bordeaux, due in part to their strong emphasis on the status and dignity of the group. Again, the surgeons may be seen as relinquishing their autonomy in exchange for a gain in status within the medical world, in contrast to the apothecaries who remained largely independent of external control, yet paradoxically in possession of a wide sphere of potential contacts within and outside the city.

Bordeaux as a corporate city was complex and hierarchical, as chapter one indicated. Older systems were overlaid with new, jurisdictions overlapped, there were therefore conflicts between different institutions with authority in the city: Intendant versus Parlement, Parlement versus jurade. Yet even as the systems of governance co-existed, so the rigid social boundaries of estates were concurrent with the fluidity of economic or cultural linkages. Absolutism was based on difference and privilege, which served to keep apart all the corporations of the city and the state. As de Tocqueville declared, groups were self-centred, giving rise to a 'collective individuality', because most urban dwellers were part of at least one corporative group. This difference is explained by Mousnier as infinite gradations of corporative individuality, the horizontal barriers of the three estates being joined by a myriad other lines of demarcation.[6] The three medical corporations clearly exhibit this exclusivity through, for example, policing of boundaries and the imperative of membership. Nonetheless, as historians have discovered, the rigidity of society under absolutism was more apparent than real, as new forms of sociability formed vertical connections between like-minded men and women.[7] Chaussinand-Nogaret demonstrates that academy members could be more united in their shared interests than divided because one was noble and the other bourgeois.[8] Arguably society was more fluid and pluralistic than ever before, especially in a cosmopolitan port, where contacts were possible which extended outside the boundaries of the corporate and hence avoided hierarchical demarcations.

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[6] Mousnier, *Institutions*, passim.
[7] Gordon, *Citizens Without Sovereignty*.
[8] Chaussinand-Nogaret, *French Nobility*.

This chapter, therefore, continues several themes, the conflicting hierarchies and networks of power already established more generally in chapter one, which led in part to the changes in corporatism traced in chapter two. Such changes were also closely related to the expansion of Bordeaux and the associated growth in the medical market, which in turn produced further pluralism in medical careers, a theme to be continued in subsequent chapters. Yet at the same time the discussion will also develop themes such as the growing pluralism of French society, especially here in the context of increasingly varied careers, a discussion which will continue in chapters four and five. Moreover, there were profound transformations in the context in which the three groups existed, the economic success of their home city, the forces of centralisation linked to the efforts of the crown to modernise, modifications in attitudes to such areas as public health brought about by the new ideas broadly associated with the Enlightenment and with advances in medical knowledge and practices; such developments could either assist or retard the efforts of the corps to protect their members. The issues raised may be divided into two major areas, those relating to posts or offices associated with the corps, and those which most clearly show the extent of the conflicts and collaborations in which the corps were involved; the chapter is therefore divided into two sections.

The first section is concerned with three broad areas, teaching posts, hospital and other posts, and the influence of patronage, especially with respect to the admission of new members. It will continue the discussion of the models of progress of the three groups begun in the previous chapter, arguing that the surgeons had strong traditional tendencies, that the apothecaries were a strongly autonomous group compared to the others, and that the insistence of the physicians on meritocratic choice masked an underlying desire to maintain their own status. The second section is again divided into three; it examines the relationships the three medical corps maintained with each other, with institutions in Bordeaux, and with those outside the city. It will demonstrate the medical status quo in the wider world using the three corps as an example, the strongly hierarchical nature of urban life in particular and of the old regime in general.

Posts, Power and Patronage

This section is concerned with the efforts of the three medical corps to retain their autonomy, one of the privileges associated with corporatism, as discussed in previous chapters. It will begin with a brief assessment of the importance of and opinions concerning office-holding in general, then offer a short account of the involvement of the surgeons and physicians in the few venal medical offices available in Bordeaux. Yet a post had wider ramifications in the

old regime than merely those that were purchased, and the real concern of this discussion is with the different arrangements made by the corps to choose incumbents for the other medical posts in the city. Such posts included teaching and hospital positions, which increased in importance and number during the century, partly because of the growing emphasis on enlightened principles concerning the spread of knowledge and proper care of the sick. However, as the third section, which concentrates on patronage, will show, choice of holder was not always made for reasons of merit alone. Thus the first two sections will examine the balance between status and merit within the surgeons and physicians, especially concerning the appointment of professors. In this way the section will continue the discussions of the previous chapter concerning the models of corporate change suggested by historians, as it seeks to understand the motivations behind the involvement of the corps in the choice of post-holders. In examining, for example the competition between physicians in the choice of two new professors in the 1750s, it will consider how the medical corps manipulated the local hierarchies of power, such as the rivalries between Parlement and jurade, in seeking to maintain their own status within the city. Thus it will explore further the theme of dysfunction outlined earlier, in relation to the status of medical corporatism in particular.

There was a difference in the old regime between a post and an office; appointment to a post could be influenced by a powerful patron whereas an office was essentially a purchased commodity. The system of venality covered offices, and was a cornerstone of the economic stability of the crown for two main reasons.[9] First the crown was able to create new offices to raise funds when necessary, such as the posts of inspectors created in 1745 that the apothecaries were forced to purchase at the cost of more than two thousand livres, which they borrowed.[10] Further charges on such offices were also possible, and the crown raised more funds from the same source in 1749, when more than one thousand livres was demanded for the same offices.[11] Secondly, the crown was paid a tax each time an office changed hands, and annually to ensure inheritance of offices. The crown thus had a vested interest in the continuance of offices, deriving as it did a substantial income from the system, as Doyle has shown. However, as the Introduction indicated, venality was not popular, partly because it placed public office in private hands. The crown was incapable of abolishing the system, due mainly to the excessive cost of repurchase, although it did periodically eliminate

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[9] Doyle, *Officers,* 144.
[10] ADGC1717 18 October 1745, they borrowed from the widow of Guyne a former colleague, who also loaned 4,000 livres on 30 October 1745 to the surgeons for the purchase of their offices, see ADG3E24034.
[11] Cheylud, *Histoire*, 83

some types of office.[12] In contrast a post was generally obtained through a mixture of influence - whether outright patronage or more subtle network connections, and suitability - whether training, education or particular experience. Although the two terms are often used more loosely, for the purposes of this discussion therefore an office was a purchase and a post an appointment.

In common with most cities, Bordeaux abounded in venal offices, of both types. Those which brought few duties and financial returns but did after a measure of time bring nobility to the holder and his family in perpetuity (around 300), and those which brought no social advantage but did bring the possibility of great financial gain (around 1,000). An example of the former is the notorious office of *secretaire du roi* and of the latter the office of *perruquier-barbier-baigneur-étuviste* which was bought simply to exploit a market opportunity.[13] The only medical venal offices in Bordeaux were created by the crown in 1692: two surgeons royal, and one physician royal.

The office of physician royal was sold to Antoine Modéry in 1692 and remained in private hands until it was purchased by the physicians in February 1763, after an edict of 13 January that year had authorised its incorporation into the college. They paid the holder, André-Moise Boyer, the sum of 5,000 livres as set by the Intendant, and thereafter chose the incumbents, who are listed in Table 3.1, during their meetings.[14] The surgeons, despite their relatively small numbers, chose to purchase the two offices of surgeon royal in 1692. As can be seen in Table 3.2 they chose the two holders bi-annually. The pair of posts cost 7,700 livres, a sum that was borrowed, an expense that served to free the surgeons for more than thirty years from external control.[15] Table 3.3 lists the holders of the permanent and prestigious post of lieutenant to the first surgeon of the king, applicable before 1692 and after 1724. The corps had the right to offer a list of three candidates, from which the first surgeon would make his choice of lieutenant.

Their attitude towards these purchased offices demonstrates differences between the physicians and surgeons. The former although they did not originally purchase the office, and seemed content for the duties and rights to be external to their group, were keen to

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[12] Doyle, *Venality,* 90.
[13] For a full discussion of *secretaires du roi* see D.D. Bien, 'Manufacturing Nobles: The Chancelleries in France to 1789', *Journal of Modern History*, 61, (1989), 445-486; For a discussion of office prices see Doyle, *Officers,* especially Chapter 4 'Venality and Society in Eighteenth-Century Bordeaux'; for perruquiers in particular, 92-3.
[14] ADGC1696 and C1697 passim.
[15] Péry, 148.

Table 3.1 Physician royal

Name	Start Date	End Date
Jacques Fitzgibbon	5 December 1782	
Pierre Lafargue	12 January 1782	5 December 1782
Jacques Fitzgibbon	4 November 1779	12 January 1782
François Alary	?	4 November 1779
Pierre Boniol	2 March 1771	?
Jean-Baptiste Barbeguière	19 May 1768	1 March 1771
Purchase by college		
André-Moise Boyer	23 September 1762	13 January 1763
Pierre Caze	17 June 1743	1 September 1762
Lartigue Rangeard	1711	?
Marc-Antoine Modéry	5 September 1701	1 May 1710
Antoine Modéry	1692	(Probably 1701)

Note: *conseiller médecin ordinaire de la ville* or *médecin royal.*
Sources: ADGC1696; 6 E 24; C1712; *Almanach*, 1760; Péry, 20, 63-65; *Autographs.*

Table 3.2 Surgeons royal

Name	Name	Start Date	End Date
Bernard Larrieu	Benoit Lamontaigne	4 January 1727	?
Pierre Lagarde	Jean Guinlette	1 January 1723	3 January 1727
Pierre Lugeol	Pierre Cassé	1 January 1721	1 January 1723
Mace		4 January 1718	1 January 1721
Raymond Birot		1 January 1717	1 January 1718
Pierre Cassé	Pierre Lugeol	23 March 1715	1 January 1717
Pierre Cassé	Jean Faure	2 January 1713	1 January 1715
Collare/Collas	Bernard Bladineau	7 January 1711	1 January 1713
Billot	Estienne Brethous	2 January 1709	1 January 1711
Jean Lartigue	Jean Manadé	4 January 1707	1 January 1709
Jean Faure	Gabriel Jullie	10 January 1705	7 January 1707
Laurent Hurlot	Tullis	3 January 1703	9 January 1705
Pierre Lugeol	Larré	5 January 1701	2 January 1703
Mathurin Gaussens		5 September 1699	4 January 1701
Mandegon		7 January 1699	1 September 1699
	Pierre Boissier	7 January 1699	4 January 1701
Bernard Bladineau	Dominique Cassaigne	1 January 1697	1 January 1699
Simeon Billoneau	Jean Faure	1 January 1695	1 January 1697
Jean Manadé	Gaussens	1 January 1693	1 January 1695

Notes: *Chirurgien royal.* There were two holders of the post for two years. The posts replaced from 1692 the office of lieutenant to the first surgeon of the king, which was reinstated from 1724.
Sources: ADGC1711 and C1712; Jurade, III, 294-9; Péry, 149.

Table 3.3 Lieutenant to first surgeon of the king

Name	Start Date	End Date
Jean-Baptiste Lapeyre	3 December 1784	15 February 1792
Raymond Lafourcade *fils*	6 September 1760	3 December 1784
Pierre Ballay	9 February 1743	1 August 1760
Jean-Pierre Cazeaux	18 January 1732	1 December 1742
Charles Lacoste	23 August 1724	1 September 1732
Surgeons royal	1692	1724
Eymeric Bergues	12 April 1658	16 February 1692
Pierre Philipon	?	12 April 1658

Sources: ADGC1707; C1709; C171; C4880; Jurade, III, 282-311; Péry, 150-155.

obtain control of the post in the 1760s, perhaps linked to a growing disenchantment with office-holding generally. Indeed the purchase was opposed by Betbeder, then professor of medicine, and the first holder was not chosen until after the decision of the Parlement in favour of the college on 19 May 1768.[16] They opposed any control of the group from outside, in common with the surgeons, whose expensive purchase in 1692 freed them for 32 years from the presence of a delegate of the king's surgeon, his lieutenant. In the seventeenth century this representative had served mainly to collect fees for his superior, yet in the eighteenth also acted as a modernising and centralising force in the name of the first surgeon. Such a connection with the centre arguably aided the professionalisation of the surgeons, whereas the physicians had no such single focus and source of influence.[17]

The manner in which the teaching posts created or falling vacant in the turbulent 1750s were filled may be used to demonstrate further differences between the surgeons and physicians. Paradoxically the professionalising surgeons chose their professors privately, while the more traditional physicians became involved in a protracted dispute over the proper and public way in which the chairs should be contested, and the best candidates be chosen. This apparent paradox is partly due to the relative independence of the surgeons and their Surgical School, and the differences between the physicians of the college and the University in general and the medical professors in particular. The surgeons had achieved a certain independence from outside agencies, while the physicians were involved in a complex network of hierarchical relationships, and ultimately patronage. Superficially the actions of the physicians seemed to be an enlightened attempt to procure appointments based on merit, yet their insistence on their right to judge the competition was perhaps related more to their need to re-emphasise their position in the medical and academic hierarchy than with any intrinsic belief in merit.

Teaching

The competition to choose two new professors in the 1750s followed the deaths of professors Seris in March 1756 and Grégoire in May 1757.[18] Each had enjoyed a long career as can be seen in the list of professors in Table 3.4. Seris became professor in 1719 and a member of the college in 1720, and Grégoire became professor in 1716 after acceptance into the college in 1715. The panel to judge the quality of the candidates contained eight of the most senior

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[16] ADGC1696.
[17] Brockliss and Jones, 485-499.
[18] Most of the detail of the events is drawn from the very exact reproductions of proceedings and letters given by Péry, passim.

Table 3.4 Professors of medicine

Name	Start Date	End Date
Jean-Joseph Caze	1757	1793
Jean Betbeder	1757	1793
Jean Grégoire	1716	1757
Louis Seris	1719	1756
Jean Boyrié	1716	1719
Marc-Antoine Modéry	1703	1710
Joseph Tartas	1678	1715
Pierre Lopes	1667	1677
Francois Lopes	1614	1667

Note: There were two professors.
Sources: Péry, passim; H. Barckhausen, *Statuts et règlements de l'ancienne Université de Bordeaux (1441-1793) publiés avec préface et notice* (Bordeaux, 1886).

physicians of the college, members of the Parlement, the jurade, and the University. Precedence and the rights of decision were areas of great contention, especially between the University (as generally represented by the Rector) and the physicians; such conflicts were settled by the Parlement, mostly in favour of the experts - the physicians. Finally the panel sat to judge the relative merits of the nine candidates.[19] The panel of judges had chosen various subjects for examination, and each candidate drew two at random. Their answers were given before the judges and were published.[20] The judges made their decision by voting, both Caze and Doazan obtained seven votes, Barbeguière six, Castet four, Betbeder three and O'Sullivan one. Thus the names of Caze, Doazan, Barbeguière, and Castet were sent to the king for his choice of two new professors.[21]

So far the contest had publicly conformed to new ideas concerning merit, as Brockliss states, 'candidates had to demonstrate their lecturing as well as their debating skills'.[22] However he does go on to infer that some candidates were chosen 'on the basis of their contacts', thus the intervention of the king in naming Betbeder and Caze could be seen as a typical reassertion of traditional absolutism in the guise of patronage.[23] The true picture is more complex. The

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[19] Barthélémy Grégoire, Etienne Lamontagne, Jean Betbeder, Jean-Baptiste Barbeguière, Dominique Castet, Jean-Baptiste Mathereau, Daniel O'Sullivan, Pierre-Eloi Doazan, and Jean-Joseph Caze.
[20] Several are available in BMB, for example Jean-Joseph Caze, *Quaestiones medicae... An morbo pediculari remedium specificum? An ex urinae inspectione, certum judicium in morbis elici possit?*, pub Labottière, 1757, (S. 2954/16); Pierre-Eloi Doazan, *Quaestiones medicae... An salubris aer Burdigalensis? Utrum navigatio prosit sanitati?*, pub. Brun, 1757, (S. 2954/17).
[21] Péry, 133-134. Meeting was on 25 August 1757.
[22] Brockliss, 'Before the Clinic', 75.
[23] Péry, 134. Letter received on 28 October from the chancellor.

form of public contest with learned judges had been established in Bordeaux in 1713, and the events of the 1750s merely conformed to the earlier pattern, thus not being a new expression of the importance of merit. The royal edict of 1707 declared that all new medical professors should be chosen before seven other professors, however, as only Paris and Montpellier enjoyed this number of chairs, other provincial medical faculties would presumably have had a similar problem, insufficient professors, on the death of an incumbent.[24] The edict did allow the choice to take place before the professors of the larger faculties, but owing to the distances involved and the paucity of the financial rewards, only one candidate was willing to travel. The king therefore agreed, in a letter dated 4 January 1713, that the contest could take place in Bordeaux before a panel of six senior physicians from the city and the other professor, thus complying with the 1707 edict's requirements of seven physicians. The power of the crown to overturn the fair choice of a proper candidate is even more clearly demonstrated in this contest. The candidates were Louis Seris, Jean Grégoire, Pierre Desault, and Duperier (the only physician willing to travel to Montpellier). Eventually Seris obtained most votes if not a majority; yet the king designated Jean Boyrié, who had not contested the chair, in his place.[25] Thus in the 1750s there was more of an appearance of progress and an openness to the 'career open to talents' while the physicians were actually reasserting their right to preside over the contest, and then continually insisting upon their rights and prerogatives within the process itself. For example the seating arrangements during the 1750s contest had to be changed by the premier president of the Parlement because the physicians (who considered themselves to be the true judges) had been seated behind the more senior parlementaires, jurats and University representatives, and had therefore halted proceedings.[26]

This appearance of an emphasis on merit on the part of the college is underlined by their attitude to *survivance*, the inheritance of a position, which Brockliss maintains was waning as the century progressed.[27] They strongly opposed the inheritance of the chair of Jean Grégoire by his son in 1749, although both men were members of the college. However their argument against the inheritance was based on the lack of knowledge of the son, rather than on any principled stand against inheritance of teaching positions. They argued, as was

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[24] The problem in 1710 was unexpected. Professor Marc-Antoine Modéry died suddenly on the quay, in the midst of his successful career.
[25] Grégoire obtained the next vacant chair on the death of Tartas in 1716, while Seris had to wait for the death of Boyrié to obtain his chair in 1719. Arguably the most talented physician in the earlier panel, Desault, did not obtain a chair, concentrating rather on his wider career.
[26] Péry, 128, 4 June 1757.
[27] Brockliss, 'Before the Clinic', 75. Although in note 27 he does add that it was 'subverted' at Montpellier.

discussed in chapter two, that as he had gained his doctorate from Bordeaux, where there were only two professors, and had not trained elsewhere (as was becoming common) that he was not sufficiently widely educated to fill the position. Their view prevailed, and the journey of Jean Grégoire to Paris to obtain the inheritance for his son had been in vain. However, in the 1780s when professor Caze arranged, via royal letters patent, the *survivance* of his chair for Hyacinth Comet they made no objections on any grounds.[28] Arguably their objection to the earlier attempt therefore had less to do with the principle of inheritance and more to do with the general unsuitability of Grégoire *fils*.[29] That attitudes to inheritance of positions had not been modified is evident in the experience of Victor Lamothe. Lamothe wished to practise in Paris, but his family persuaded him to return to Bordeaux, using the offer of the inheritance of the chair of Caze, a close family friend.[30] Lamothe was a principled physician, who established a substantial career in the city from 1766, and therefore ultimately had no need of the position. The continued use of inheritance of a position with the tacit agreement of the college diminishes any claim that they were moving towards meritocratic principles - clearly they were still deeply entrenched in the hierarchical systems of the old regime, even by 1780.

The surgeons, in contrast, appeared to have been solidly traditional in both choosing professors and inheriting posts. The new professors were appointed from the existing masters, and, as no record of any contest for the chairs remains, they were probably named by the first surgeon, as described by Gelfand for Paris.[31] The first professors were Raymond Lafourcade *fils* for principles of surgery, Etienne Faure in osteology, Laurent Larrieu in anatomy and Jean Dupuy in surgery. They were appointed in 1754 and were joined by a fifth, Jean Felloneau for medicaments in 1756. Of the professors only Felloneau was not the son of a master, indicating the dynastic tendencies of the élite within the hierarchy of the corps, and the wider opportunities open to sons of masters during training. Yet it would be entirely wrong to see these appointments as based only on position within the group. Several can be shown to have been successful in both teaching and aiding the progress of surgery before their appointments as professors. For example, Jean Dupuy had already acted as demonstrator of anatomy from 1742 to 1752, being paid 330 livres annually by the jurade to perform three human anatomical dissections and to teach surgical techniques. In addition he

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[28] Péry, 136.
[29] See a discussion of his career in chapter four for details of business problems.
[30] C.M. Adams, 'Bourgeois Identity in Early Modern France: A Professional Family in Eighteenth Century Bordeaux' (unpublished Ph.D. thesis, Johns Hopkins University, 1993), 369. The promise was part of the persuasion used to bring Lamothe back to practise in Bordeaux rather than Paris.
[31] Gelfand, *Professionalizing Modern Medicine*, 62-63.

held several hospital posts and is credited with the invention or perfection of instruments for trepanning, and the creation of a course in anatomy in the hospital Saint André.[32] The surgical professors then were men of merit, chosen for their skills and knowledge. It is perhaps irrelevant that the corps did not go through a lengthy process of selection, if the most prominent and knowledgeable surgeons were an obvious choice. As Gelfand shows for the Paris surgeons, proper finance for the surgical courses enabled appointment of the most able teachers, rather than the less efficient rotation of duties among masters.[33] However, it is striking that the surgeons too allowed the inheritance of a professorial post, Lafourcade arranging the *survivance* of his post for Carrie *fils* early in the year of his death, 1784.[34] The important difference between the surgeons and physicians in the matter of choice of professors is that the surgeons were independent of other authorities in the this matter, thus Lafourcade sought and received permission to cede his post to Carrie from the corps, whereas Caze needed the authorisation of the king to allow his post to be inherited. This is one area in which the surgeons retained some independence from the power of the first surgeon of the king. Again, the process of choice was complex for the professors of medicine because they were to be part of the University, itself partially governed by the Parlement and the jurade. Thus the conflicts were among several groups, all of whom had different expectations for the contest, and the physicians in fighting for their rights to choose, at the same time also fought for the right to choose the best candidate.

The physicians were involved in conflicts in which their actions can be interpreted in different ways. This is similar to the 'altruism versus pragmatism' debate over the actions of the parlements in opposing the crown over taxation, or the debate over the abolition of privileges of the night of 4 August 1789; the conclusion must be that human nature (even in groups) cannot be reduced to a single motivation.[35] The physicians were motivated by both the need to maintain the privileges of their group within the urban hierarchy, and the need to further endorse the need for reasoned choice of the most able candidate. As Boissevain writes more generally of the balance between pragmatism and altruism,

> Of course social pressure is exerted on individuals, but this is not the pressure of an impersonal society or group. It is pressure from other individuals caught up in a pattern of interdependencies. I am suggesting

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[32] See chapter four for further details of his career.
[33] Gelfand, *Professionalizing Modern Medicine*, 62.
[34] See an account of his career in chapter four, and Péry, 154.
[35] Doyle, *Officers,* Chapter 6 '4 August 1789: The Intellectual Background to the Abolition of Venality of Offices'; W. Doyle, 'The Parlements' in K.M. Baker (ed.), *The Political Culture of the Old Regime* (Oxford, 1987). For a similar debate over the role of the notables in the pre-revolution see A. Goodwin, 'Calonne, the Assembly of French Notables of 1787 and the Origins of the '*Révolte Nobilaire*'', *English History Review*, 260, (1946), 202-234.

> that social configurations such as coalitions, groups, institutions and society must be seen as networks of choice-making persons competing for scarce and valued resources. Neither interdependent individuals nor the particular configurations which they form can be considered separately from each other.[36]

Both the surgeons and the physicians therefore demonstrate a traditional approach to the choice of professors, although for the surgeons the conservative nature of their methods was underpinned by a need to appoint the most able. The role of the physicians is much more complex, being coloured by their relationships with other groups, and is a mixture of the need to ensure the appointment of suitable candidates with the need to ensure the continuing status of the college itself, and hence that of its members. An examination of the process of choosing incumbents for other posts will demonstrate the relative isolation of the college compared to the surgeons and apothecaries.

Hospitals and other posts

Representative members of all the three medical groups were present in the hospitals of the city, as was indicated in chapter one, although they were appointed in different ways. The corporations of apothecaries and surgeons appointed members to serve in the various hospitals whereas the appointment of physicians was made by the board of each hospital, probably through the individual contacts of the appointee rather than the college.[37] The only exception to this was in the turmoil of June 1789 when the hôpital de la manufacture asked for the advice of the college when appointing a new physician.[38] In addition, as Brockliss and Jones observe, service, expertise and knowledge gained within hospitals served not only to privilege 'clinical' and scientific knowledge but also to maintain 'the traditional distinction between the empiric and the learned practitioner'.[39] Hospital posts therefore served to reaffirm the medical hierarchy and the superior status of the medical corps and their members within the city.

The hospitals, although their governing boards were drawn from the élite and powerful groups within the city, were not in themselves either influential or powerful, although as Hickey shows for elsewhere they were able to resist the attempts of the state to close their

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[36] Boissevain, *Friends of Friends*, 8-9.
[37] Victor Lamothe was physician to hôpital Saint André from 1769, and to hôpital de la manufacture from 1772. See Adams, 'Bourgeois Identity', 375-377.
[38] The existing physicians to the hospital were Barbeguière and Lamothe.
[39] Brockliss and Jones, 675.

institutions.[40] Thus their relationships with the three medical corps tended to be ones of equality (or equivalence) rather than authority. The corps had little to gain from the hospitals as groups, although, as chapter five will investigate further, their members could use their appointment to hospital posts as a means of career advancement. It is therefore unsurprising to find that for all three groups the subject of hospital posts and provision was infrequently discussed.[41] The relationship of the surgeons to the various hospitals perhaps best demonstrates the nature of the links. They were involved most frequently with the hôpital Saint André, in 1704 they approved the change from *sœurs noirs* to *sœurs grises* as nursing sisters, undertaken by the hospital for reasons of economy. They also agreed to contribute 60 livres annually to help maintain the sisters' presence in the hospital.[42] They took their surgical duties in the hospital seriously, although as Brockliss and Jones comment, reward was more often in prestige and experience than salary, and were prepared to suggest substitutions when those in the post fell ill or died.[43] For example in January 1716 Jean Lartigue injured himself while operating and was replaced by Collas, who died the following September, and was therefore replaced by Joseph Pinganau.[44] The hospitals generally depended on the community to make the choice of the most competent to serve, except when in March 1717 the administrators of the hôpital Saint Louis asked the surgeons to name the six most senior practitioners, from whom they then chose three; Raymond Birot, Pierre Billot, and Jean Lartigue.[45] The boards therefore used the corps to provide experts for service within the hospitals, depending on their expertise to choose the most suitable. The rate of change of surgeons was always faster than for the physicians, probably indicating that their duties were more onerous and time consuming. Nonetheless service in the hospitals was seen as a measure of success; as chapter five will demonstrate, those surgeons who were successful in other ways generally also served in the major hospitals of the city.

The relationship between the surgeons and the hôpital Saint André was particularly useful for both sides. For the surgeons the hospital offered not only a chance for service to the city and its sick poor, in the 'statist' model suggested by Brockliss and Jones, but also the opportunity to learn from the specialists who were paid by the jurade to practise and teach there. Although on a minor scale, this is an example of the move towards clinical training

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[40] Hickey, *Local Hospitals in Ancien Régime France*.
[41] See Tables 2.3 and 2.4.
[42] For details of governance of hospital see Courteault, *Vieil Hôpital Saint-André*; For a discussion of the nursing sisters elsewhere see Jones, *Charitable Imperative*; For details of the surgeons' discussions see ADGC1712, and Péry, 157.
[43] Brockliss and Jones, 705-706.
[44] ADGC1712.
[45] ADGC1712.

that came to prominence later in the century.[46] For example, as can be seen in Tables 3.5 and 3.6, a series of lithotomists were attached to the hospital, from a member of the Colot family to Lafourcade *fils*, who all operated on patients and offered training for others.[47] The latter had been trained in part by his father, in keeping with the system of training successors. The skill of lithotomists was much prized, and their annual remuneration rose from 800 to 1,200 livres over the period.[48] However, although the success of the operation did increase slowly, the scant evidence remaining in Bordeaux emphasises the dangers of the procedure in an era before anaesthesia and asepsis. In the list of patients operated upon for the stone in 1741 and 1742 by the Lafourcade father and son team only one was reported to survive, although one woman was said to have died from complications following her celebration of Christmas rather than from the operation itself.[49] The skill of various oculists, as shown in Table 3.7, was also rewarded by the city, although not so generously as lithotomists, remunerations increasing more slowly to 200 livres. Their operations were typically more successful, perhaps because the risk of infection was less pronounced than with the more invasive lithotomy.[50]

The hospital, as discussed by Foucault and others, became a site for training practitioners.[51] This may be traced at unofficial level in Bordeaux from earlier in the century, and was made more formal from March 1765 when the community and the jurade agreed with the board of Saint André that a student could be accepted as master surgeon after six years of practice with the poor in the hospital, he was also required to pass the mastership examinations as usual.[52] This was very different to the system in Paris, as outlined by Gelfand, which required around twenty years of service inside a hospital before mastership.[53] The agreement between corps and authorities was presumably intended to limit numbers, otherwise, as Brockliss and Jones comment, such a system tended to challenge the monopoly of the

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[46] Foucault, *Birth of the Clinic*.
[47] Brockliss and Jones, 556 and 707.
[48] The stone was a very painful and common condition, although not all were brave enough to endure surgery.
[49] See ADGC1715, 'memoire concernant les operations de la taille... '.
[50] H. Corlett, '"No Small Uncertainty": Eye Treatments in Eighteenth Century England and France', *Medical History*, 42, 2 (1998), 217-234.
[51] Foucault, *Birth of the Clinic*; Ackerknecht, *Medicine at the Paris Hospital*; M.J. Imbault-Huart, 'Concepts and Realities of the Beginning of Clinical Teaching in France in the Late 18th and Early 19th Centuries', *Clio Medica (Netherlands)*, 21, 1-4 (1987), 59-70; Hannaway, 'Medicine and Religion', 315-319.
[52] Jurade, III, 309.
[53] Gelfand, *Professionalizing Modern Medicine*, 101-102.

Table 3.5 Lithotomists

Name	Start Date	End Date
P-F Mestivier	1785	1792
Lafourcade *fils*	1767	1785
Lafourcade *père*	1739	1767
Mathurin Thural	1728	1736
Gibon	1709	1728
Colot	1700	1709
Colot	1695	1699
P-F Mestivier (adjoint)	1777	1785
Lafourcade *fils* (adjoint)	1760	1761

Note: Pay rose from 800 to 1200 livres over period.
Sources: Jurade, III, 292-302; Péry, 222; M. Le Maitre, 'Récherches sur les procédés chirurgicaux de l'école bordelaise dès origines à la revolution' (unpublished Ph.D. thesis, Bordeaux, 1903).

Table 3.6 Students of lithotomy

Student Name	Master Name	Date
Louis Carrie	Lafourcade *père*	1756
Pierre Tursan	Lafourcade *père*	1756
Bernard Faure	Lafourcade *père*	1753
Isaac Garrellon	Lafourcade *père*	1737
Lafourcade *fils*	Lafourcade *père*	1737
Pierre Ballay	Lafourcade *père*	1737
Isaac Garrellon	Thural	1730
Pierre Ballay	Thural	1730
Jean Laribe	Gibbon	1716
Bertrand Gaussens	Colot	1699
Estienne Brethous	Colot	1699

Sources: Jurade, III, 292-302; Péry, 222; *Almanach,* 1760; Maitre, 'Récherches'.

Table 3.7 Oculists to the poor

Name	Start Date	End Date
Guerin	1779	?
Gaube	1 January 1779	31 December 1779
Louis Beranger	April 1752	?

Notes: Gaube was paid 200 livres for work in the countryside. Guerin was paid 100 livres annually from 1779.
Sources: ADGC2510; AMBGG1204 and FF82B; Jurade, III, 305.

corporation.[54] Guillaume Martin and Jean Rivière were accepted as master surgeons through this system in July 1769 and September 1775 respectively.[55] The hospital had, however, been seen as an effective training place by the physicians since the early sixteenth century, and they often instructed new entrants to continue to attend the hospital to increase their skills.[56] The physicians' statutes required proof of two years of practice before admission to the corps; this practice could be either in the area around the city or within a hospital, as in the case of O'Sullivan who had fled Ireland due to religious persecution after a long career, and found employment in the hôpital St André in Bordeaux in 1753.[57] After five years he applied to be admitted to the college, as was discussed in chapter two, and they agreed that his practice within the hospital was sufficient local experience. However the jurade disagreed and wished the statutes to be followed exactly, the college therefore enlisted the aid of Richelieu, then Governor, who forced the jurade to accede to O'Sullivan's admittance.[58] He was sworn-in on 26 July 1760.

The hospitals of Bordeaux therefore represented a variety of career opportunities for individuals, and the opportunity for the corporations to establish equivalent relationships within the corporate city. The strength of these connections, and the extra links forged through individuals, helped the corps to maintain or increase their standing within the city. In particular the hospitals provided the corps with the opportunity to demonstrate their expertise, to develop their clientage network as both client and patron and thus to build the basis for opposition to the groups and individuals with power within the city.

Patronage

> The patron-client relationship was forever shifting; the familial relationship much more enduring. The patron was not obligated to assist a client - the service was offered as a favour.[59]

Patronage worked both ways. Once the fixity of patron-client relationships previously thought universal has been replaced by the idea of temporary and shifting allegiances outlined by Kettering, thus establishing clientism as inherent in absolutism and a crucial organising principle within the élite, then patronage may be used as a useful analytical tool

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[54] Brockliss and Jones, 706-707.
[55] See Jurade, III, 312. Rivière was also allowed to put up a sign.
[56] ADGC1696. In September 1554 Lataste was asked to go to the hospital twice weekly; in 1613 Charon was fined 100 livres because he had not attended the hospital yet had begun to practise.
[57] ADGC1697 passim.
[58] Péry, 56-59; ADGC1697 passim.
[59] O'Day, *Family and Family Relationships*, 74.

to examine careers. Indeed as Kettering goes on to surmise, '...once we know more about how these ties stretched across the gulf to the masses below and affected their actions, we may find them a valuable social concept for explaining early modern French behaviour and organisation, more valuable perhaps than horizontal class alliances or hierarchical corporate orders'.[60] This encourages a consideration of clientage as a dynamic and pluralistic phenomenon not exclusive the higher echelons but also found within the bourgeoisie. For the medical corps of Bordeaux it suggests that they could act as clients, brokers and patrons themselves, not merely that they were subject to the powerful intervention of patrons. However, their resistance to patronage reveals further the autonomy or dependence of the groups within the hierarchy of Bordeaux and France.

The three groups exhibit different reactions to patronage or interference, based partly on the strength of their position or status within Bordeaux and partly on their independence more generally. The surgeons were most vulnerable to interference because of the power of the first surgeon of the king. This created on the one hand a move towards professionalisation in the creation of the School and the Society, while on the other it deprived the group of some independence. This is most clearly shown in the interference of de la Martinière to force their acceptance of the surgeons of the faubourgs, mentioned in the last chapter. While he was quite right in supposing that their entrance fees would aid in the creation of the School, he did overrule their objections to the new surgeons on the grounds of competence. They therefore accepted a phalanx of new masters - who were not previously thought to have attained a sufficiently high level of training and competence - at just the time when higher standards of education, the need for a *maître d'arts*, higher standards of practice, the use of Latin for doctorates, a college rather than community (profession not trade), and the title of *bourgeois notable*, were moving surgeons and surgery to a more assured position. The surgeons were thus quite right in principle to oppose their new members, although the thirteen were not, according to their subsequent careers, atypical of the community at that time.[61] Although half cannot be traced in detail any further, five did have careers that included posts and positions within surgery, and three had sons who followed them into the corporation. That several did achieve positions within the Society of Surgery would indicate that the general level of entrant was not quite as low as the corps indicated to Martinière, as will be further discussed in chapter five.[62] The surgeons were therefore attempting to declare

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[60] Kettering, *Patrons,* 11.
[61] Those with little evidence of career include Maserin, Claveric, Graulleau, Clerget, F. Delort, Bounal, and Boyer. Those with successful careers were Faure, Tursan, Gemain, Vigneau, Capelle, and Belin-Dupont.
[62] Capelle and Belin-Dupont were in the Society of Surgery; see Table 3.8.

their independence, maintain their status, make a principled stand against new members, and, of course, trying unsuccessfully to limit membership to protect their monopoly, rather than seriously criticising the competence of all their potential colleagues.

In contrast the apothecaries were able to maintain a certain level of independence against the pressure of patrons, for example when they succeeded in restricting the practice rights of Jean-Baptiste Bengue. Bengue was a master apothecary from nearby Agen who used the influence of his patron Richelieu, then Governor, to move to Bordeaux in 1762.[63] Although he only wished to work in the suburb of Saint Seurin (which was outside the city walls and therefore not within the control of the corps) they acted to produce strict controls on his practice. They accepted him as a fee-paying member of the group, demanding 300 livres for that right, and insisted that he obey all their statutes and accept a yearly visit by the officers to his business; he was not, however, allowed to attend their meetings and therefore had no corporate voice. They also placed severe restrictions on his practice. Effectively they curtailed his work, excluding him from the most lucrative areas; he was not allowed to practise within the city, only within Saint Seurin, nor was he to provide marine medicine chests. Patronage thus produced practice rights but not corporate privileges.

The apothecaries were perhaps able to resist the pressure of patronage from Richelieu because he was not resident in the city, but the physicians were unable to resist royal pressure. The example of Jean Betbeder perhaps best illustrates the power of the crown to endorse a career, and echoes the view of Brockliss and Jones when they state: 'The king could trump with one hand the corporatism which, with the other, he had created and endorsed'.[64] Betbeder, whose career is further discussed in chapters four and five, was accepted into the college in 1755, and became medical professor in September 1757, both only after the interference of the crown. He had first applied for acceptance in the corps in 1750 but was refused because his qualifications were deemed insufficient. In November 1752 the king endorsed his degree from Reims, a university with a reputation (deserved or not) for providing certificates without thorough examinations, and he was sworn-in before the jurade in June 1755.[65] More striking is the intervention of the king in the choice of candidates for the two professorships. As discussed above, the choice of the experts, the physicians of the college, was over-ruled by the king only in the case of Betbeder, who was placed first in precedence over Caze. This is, however, a complex example, first because no

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[63] ADGC1717, 30 December 1762.
[64] Brockliss and Jones, 16.
[65] ADGC1696, April 1750, November 1752; Brockliss and Jones, 493.

record has yet been found which explains the reason for the patronage of Betbeder, and secondly because the patronage also affected other institutions in the city. The later career of Betbeder within Bordeaux suggests that he was adept at creating and maintaining contacts, although it was also witness to his ability to create and maintain conflict with his fellow physicians. It would seem most likely that his powerful broker at court was a connection formed during his education and early years of practice, whether in Paris or Reims. The decision of the king to appoint Betbeder and Caze also affected the University, which had been part of the process to choose the two professors from the most able candidates. This episode therefore underlines the relative powerlessness of local institutions to resist central commands, and in this way is similar to the case of the surgeons discussed above. Neither the University, the jurade, nor the college had any power to resist the crown, despite their very obvious attempts to establish a system of choice based on merit rather than influence; the crown's control was dependent on the maintenance of clientism to support absolutism. As Kettering explains '... the crown had supplemented its authority with patron-broker-client ties that functioned inside and outside the institutional framework: they were used to manipulate political institutions from within, to operate across institutions, and to act in place of institutions. They were interstitial, supplementary, and parallel structures...'[66] In this way clientism, and the interference of the crown at local level, is seen as an essential part of the absolutist control of France, an example of the power of the monarch expressed against the autonomy of the town, city or corporation, and thus emphasising the ultimate control of all aspects of life by the king, and the inherent dysfunction within absolutism as discussed in the Introduction.

Patronage may exist on a much more local level, and may even be observed within the corporations themselves. They acted to encourage the careers of certain of their members whether directly as patrons or indirectly as brokers. For example, the corps acted as expert advisors to the hospitals when new appointees were named, which could be seen as acting as brokers for the client, the practitioner, and for the patron, the hospital board. This emphasises the equivalence of the relationship between corps and hospitals as mentioned above. In addition a group could be active in encouraging a member's appointment to a post, for example, in the appointment of the professors for the School of Surgery, or in offering their services, for example, when the physicians sent Gramaignac to Blaye because the resident physician to the hospital had been taken ill.[67] An errand such as that of Isaac Bellet to Paris

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[66] Kettering, *Patrons*, 5.
[67] ADGC1696, 4 October 1747. Gramaignac had been accepted in 1745, and was thus at the start of his career, which lasted to 1779.

in September 1729 was much more important, and perhaps led in part to his appointment as physician to the king, and inspector of mineral waters. The college sent him to plead their case about the inroads of the surgeons and other local grievances at court, using his contact with a physician royal. In this case their success in being heard was much less marked than his success in gaining a place at court, although this may have derived in part from his father's contacts as sub-delegate to the Intendant in Saint Foy-le Grand.[68]

What emerges from a consideration of the three medical corporations and their relationships with other institutions with respect to posts and patronage is the importance of power. Where one group has power over the other then relations are unequal and must be negotiated and may be over-ruled by patronage. Where there is not power difference then the connection may be useful to both parties, as for hospitals and surgeons for example. Where negotiations are not possible, for example when power is extremely unequal, then further conflicts are often the result. Such conflicts or other relationships are the subject of the next section.

Conflicts, Collaborations and Commerce

If society is formed from networks of individuals who are members of many groups and as such have extensive connections with individuals from the same and different groups, then any examination of the progress of groups must consider not only the actions of the group as a whole but also the actions of individual members. In Bordeaux the three medical corps cannot in this light be examined as separate entities, rather they must be discussed as part of the whole fabric of the city and of France. The old regime was a hierarchical society with three distinctive estates; moreover it was governed by a complex hierarchy of institutions. Although the monarchy had effected reform, such as the creation of Intendants to govern the provinces, it had not been able, partly because of venality, to abolish older structures such as the provincial governors. Thus there existed a complex web of institutions with often overlapping areas of authority and power, which created the dysfunction endemic within the old regime. As the first chapter indicated such overlapping powers could lead to conflicts within Bordeaux. For example, the municipal authority and the Parlement frequently disagreed over affairs in the city such as the governance of the hôpital Saint André, and such conflicts became more serious if either came into conflict with the Intendant.

The connections formed among groups are, to a certain extent, dependent upon the bonds formed by the individuals within those groups. However, few individuals belong to only one

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[68] See biography of Isaac Bellet for full details.

group, thus each individual, according to Boissevain, is at the centre of a complex web of connections. This echoes the analysis of Benedict when describing early modern cities: 'A complex web of associational, residential, occupational, and family solidarities thus bound town dwellers together...'[69] One person plays many roles in different situations, and each role leads to a set of contacts, which may be exploited to gain contact with individuals in other groups. Boissevain goes on to explain that such contacts are not fixed but change according to needs and context, as Kettering explained for early modern patronage, which offers a more flexible view of society in general. Aside from the fixity of familial and corporative relations (in which, because of the imperative of inheritance, roles pass from player to player yet retain a continuity) all other relationships are changing and changeable, new roles and contacts may be negotiated to fulfil new needs, thus potentially expanding possible contacts indefinitely. For the three medical corps of Bordeaux, this flexibility within continuity led to positions of strength both within and outside the city. The networks of connections surrounding individuals, and their effect on their careers will be explored in chapter five.

Relationships Among the Medical Corporations

If the progress of the three groups are seen as careers within the medical world of the city, and measured in the same way, in contacts made and maintained, then the college was by far the most successful corporation. Although it was often involved in conflict, this did produce connections and dialogue, developing a network of influence for the physicians among the groups, which reflected their place in the hierarchy at large. Thus although little or no direct contact can be traced between the corporations of surgeons and apothecaries, the college was active with respect to both, and was part of a series of conflicts with the local faculty of medicine. The college thus acted as a patriarch within the medical 'family', ensuring the continuance of the medical world, maintaining links with the élite medical world, and thus underlining its own pre-eminence. The status of the college of physicians was therefore maintained partly through their position in the hierarchy of both medical world and that of Bordeaux.

There was a strong bond between physicians and apothecaries, demonstrated in their cordial relationship. There is no record of any conflict between the two groups, except in affairs directly caused by individuals, such as the rudeness of the apothecary Vilaris to professor

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[69] Benedict, *Cities,* 19.

Seris in 1752 during an examination.[70] The corporations appear to have co-operated if necessary. For example the physicians requested help from the apothecaries when in July 1706 they decided to produce a new version of the local pharmacopœia, last published in 1643 as *Pharmacopœa Burdigalensis*, as discussed in chapter two.[71] The apothecaries willingly complied with the request, dividing the work amongst their members, and demonstrating their awareness of developments within pharmacy in the process.[72]

In late 1728 the physicians called the apothecaries to join with them in producing a list of grievances against the surgeons. However, this action had been instigated by letters from Etienne-François Geoffroy, doyen of the Paris medical faculty, to both groups, rather than as a result of any particular local issue.[73] That the two groups had cause for concern is related in part to the rapid growth in numbers of master surgeons. This rise in numbers changed the balance of practitioners in the city, which was perhaps contrary to their regulatory statutes. Their most important grievances related to practice and teaching. The surgeons, they said, were increasingly and openly practising medicine in addition to surgery, treating fevers and chronic illnesses, and in serious cases tending to call in the services of the physician too late. They discussed the right of the physicians to teach apprentices, and objected to the new tendency of the surgeons to organise their own instruction; for example, the specialist teaching available from lithotomists in the hospital. The correspondence serves to highlight the ability of the physicians to communicate with the apothecaries and to defend their own rights within the city.

Although the physicians had grounds to object to the creation of the School of Surgery, no trace of any attempt to halt its foundation can be found in their records. However, the physicians were not recorded to be present at the grand opening, nor did any of their members join the Society of Surgery, which as Table 3.8 shows contained only local surgeons. Yet it would seem that communications between the two groups, which might be expected to become warmer after the creation of the College of Surgery and concomitant rise in status, were minimal. The college, from having been active in maintaining bonds among the three groups turned its attentions to the faculty of medicine, suggesting a unification of

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[70] ADGC 1716, 4 June 1751, they were examining Jacques Vidal.
[71] ADGC 1716, 19 July 1706. Cheylud, *Histoire,* 98; and Pistre, *Histoire Toulousaine*, 108. Both mention a Bordeaux pharmacopœia. Cheylud also states that the earlier version was as a result of consultation between the two groups, in 1637.
[72] ADGC1716, 19 July 1706. Their work was to include 'les compositions tant galeniques que chymiques'.
[73] The letters are reproduced in Péry, 29-39; see also ADGC1696 and C1716 passim.

Table 3.8 Members of Society of Surgery

Name	Date of Entry	Name	Date of Entry
Bechaud	1791	Gouteyron *fils*	1776
Belin-Dupon	1775	Gouteyron, J	1775
Carrie	1775	Grossard, J-C	1766
Carrie *Fils*	1785	Grossard, J-R	1770
Cizos	?	Guerin P	1777
David, Joseph	1777	Lafargue, J	1772
Delort, B	1763	Lafourcade *fils*	?
Dubruel	1773	Laporte, J	1775
Dupuy, J	1775	Larrieu, L	1775
Felloneau	1763	Mamousse	1775
Gemain	1775	Mestivier, J-F	1775

Sources: ADGD56, Péry, 214-215.

all the physicians of the city.[74] This project was the source of much discussion and documentation in the 1750s. The college pressed for the new measure with the support of the Intendant Tourney, using a variety of reasons and justifications, including the need for more than two professors to teach medicine effectively. Of course the college already taught the trainee surgeons and apothecaries, yet the creation of the School of Surgery would obviate half these duties. The request was refused, yet they continued to bring pressure on the authorities to improve the standard of medical teaching, extending their campaign in a protracted attempt to increase the numbers of professors.[75] That all these attempts were fruitless should not detract from the cause of their discontent: the numbers of professors and thus the standards of teaching in what they described in a letter to Louis XV as 'l'université de Bordeaux, une des plus ancien et des plus illustrés du Royaume'. Their local pride did not hide the fact that local teaching was now insufficient for the needs of trainee physicians, who were thus forced, as chapter two discussed, to take instruction elsewhere.

Nonetheless, at a simple and human level, relationships among the three groups were maintained, for example on the occasion of the fire that ruined the surgeon Dugarry in November 1731. The syndics of the surgeons, at that point Larré and Elie Perrochon *père*, approached both the physicians and apothecaries for help. All three corps aided their distressed colleague with money, the apothecaries contributing 160, the physicians 300 and the surgeons 1,500 livres.[76] All three groups were able to separate the corporate from the individual. The transgressions of a member of another group were not the occasion for conflict between groups, merely the punishment of the individual. The officers of the group

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[74] See an enormous range of letters in ADGC1701.
[75] ADGC1701, letter from Doazan dated 22 April 1760.
[76] ADGC1716, 26 November; C1711, 5 November; C1696, 10 November.

were instructed to inform the jurade, who then took appropriate action; they could impose either a fine or imprisonment.[77] The very rare exception to this is the legal opposition of physician Jacques Lavigne, at the very end of his career, and with the full support of the college, to an action of Raymond Lafourcade *fils* (then lieutenant to the first surgeon of the king and professor in the School of Surgery).[78] The latter was claiming his fees for attendance of a patient, whose illness according to Lavigne was purely medical, thus the fees were his only. According to Péry, Lafourcade was very brave in bringing this action, which revealed the 'insolence and arrogance' of the college towards the surgeons.[79] These connections among the corps tend to re-emphasise the 'characters' of the groups established above. The physicians protecting the status quo, the apothecaries tending to demonstrate equilibrium in the face of change, and the surgeons pressing for change, in a traditional format nonetheless.

Relationships with Other Bordeaux Institutions

This section attempts to trace the conflicts encountered by the three corps in their relationships within the city as a result of changes over the century. Such changes encompassed not only the alterations within the medical corps but also the changing fortunes of the city and its governing élites. Thus these connections suffered from the same conflicts, stresses, and strains which affected the individual corporations and their members, and which are the main theme of this study. These were the move away from inheritance and towards merit, the success and wealth linked to the market, and the problems thus encountered with a need to maintain standards of behaviour and practice. The three major areas of discussion are the effects of professionalisation on relations with the jurade, the encroachment of the religious houses into the market for remedies, and the relationship between the college and the University, especially the medical professors.

The city of Bordeaux was corporative, with an interlocking and conflicting group of governing institutions. However, of these the jurade was most important of all local corporations. As the head of the city it had control over corporative affairs, and much of the day-to-day running of the city. The influence of the jurade over the three medical groups was strong, especially in the observance of formalities, such as the oath taking which always accompanied the acceptance of a new member. As the city changed and corporatism was

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[77] ADGC1717, 8 July 1773, action of the apothecaries against master surgeon Amourousmeau.
[78] ADGC1696, 31 August 1765.
[79] Péry, 61. He says 'la morgue insolente des médecins ... et le courage des chirurgiens'.

undermined, so the forms and formalities of the old regime under absolutism became less related to reality and their original function. The origins of the oath were still valid within each group, the new member was agreeing to observe the rules of the corporation; it was taken before the governing body of the city, which in 1411 had substantial and far-reaching authority.[80] By the eighteenth century this authority had been undermined by the addition of a range of other institutions with power over the affairs of the city, such as the Parlement, the Governor, and the Intendant. Thus the need for the oath to be taken in the hôtel de ville became a formality, which seemed to all three groups at different times to erode their own independence with respect to their statutes. However, the most striking resistance to this formality is the attempt of the surgeons to break free after the creation of their School.

The jurade recorded the oath-taking of most corporations, and their recorded date and that of the community of surgeons roughly agree for the majority of new members. This changed after the creation of the School, and the jurade periodically record numerous new members on the same date. Although all groups had occasionally contested their rights with the jurade, the relationship between the surgeons and the jurade was most troubled during the creation of their School. In short, the surgeons broke free from the local control of the municipal authority, achieving a greater local autonomy. The culmination of this was the non-attendance of the jurade at the solemn opening of the School, as mentioned in chapter two. The surgeons then followed up their success with the creation of the Society of Surgery and were awarded, with all other élite surgeons, the status of *bourgeois notables*, thus ensuring their social standing.[81] It would seem that the surgeons decided to ignore the requirement to take the final examination and thus the formal oath in the presence of the jurade, because at intervals the jurade objected to the situation, and a group of new members thus had to attend in person.[82] For example, the jurade objected in both January 1767 and October 1777 that surgeons were practising in the city without having registered their mastership documents with the authorities or sworn their oath. On both occasions this resulted in a group of surgeons all accepted on the same day officially, although they had obtained their masterships earlier. On the earlier occasion Thibaut and Taillefer had been accepted in 1756 and 1759 respectively, Cizos, Joseph David, and Saintourens in 1764, while Mestivier, Jean-Charles Grossard, Tastet, Bouchet, and Arné had been accepted in 1766. Only Dupont, Roux, and Lattes had actually been accepted in the same year as recorded by the jurade,

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[80] Higounet, *Histoire de l'Aquitaine.*
[81] Péry, 152. The *lettres patentes* dated 10 August 1756 are reproduced in full.
[82] The surgeons' own records are scanty from this time, and acceptance dates for this study were therefore based on a variety of sources. See tables and figures of practitioner numbers in chapter two for indications of steep rises in numbers.

1767.[83] The surgeons were becoming less interested in, and less dependent on, the mere form of presenting new masters to the authorities. Their allegiance was much more focused on the first surgeon of the king. However, the new holders of other posts within the city, such as reports surgeons or the professors, continued to make their oaths at the appropriate moment and with all formality before the jurade.[84] This demonstrates again the difference between the individual career and that of the group. A corporation, especially the surgeons, could afford to challenge the authority of the jurade, backed as it was by other authorities such as the first surgeon to the king. The individual, on the other hand, was still relatively powerless within the city, and thus needed to observe all formalities.

By the end of the seventeenth century the conflict between the jurade and the corporation of apothecaries over the bourgeois status of the latter had been settled. According to Cheylud, the apothecaries had been supported by both king and Parlement as loyal and obedient servants of the crown, and thus deserving of their bourgeois status, which had been awarded by the jurade when they created the corps.[85] No further conflict can be traced between the two groups, the apothecaries, in contrast to the surgeons, being willing to comply with the need for formal acceptance within the city in the form of an oath. The corps did not, however, maintain cordial relations with all institutions in the city as their action against the Jesuits, mentioned in chapter two, testifies.[86] Aside from the need to control the provision of remedies by those outside the corps this action demonstrates the changing attitude of the apothecaries, and the changing fortunes of the Jesuits.[87] Although the corps had taken and continued to take action against individuals providing remedies from outside their control, the action against the Jesuits was the sole example of a move against one of the religious bodies of the city.[88] Although many of the religious houses had well-stocked pharmacies, the apothecaries seemed largely unconcerned by this challenge to their monopoly, largely because, as Le Breton comments, the aims of the brothers were charitable.[89] The case against the Jesuits might therefore be seen as a reaction to the more general conflict over the Society of Jesus within Europe, rather than the Bordeaux apothecaries enforcing the edict of 1698

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[83] See table of members and individual biographies for detailed dates.
[84] Jurade, III, 'Chirurgiens', passim.
[85] Cheylud, *Histoire*, 70-73.
[86] For full details see Smith, 'Weighed in the Balance?', 23.
[87] There had been conflict over the Jesuits from early in the century; they were expelled from France in 1764. See D. Van Kley, *The Jansenists and the Expulsion of the Jesuits from France, 1757-1765* (London, 1975).
[88] The Jesuits were controlled directly from Rome, classically 'ultramontagne'.
[89] Le Breton, 'Apothicaires et moines', 26-28. The extent of their practice is indicated in the value of their stocks; that of the Minimes was more than 11,000 livres, see page 108.

that forbade the sale of remedies by religious groups in the city.[90] It might also be seen as an indication of the relative autonomy of the apothecaries within the city, and as an attempt by the group to maintain their superior position in the medical hierarchy in the face of the creation of the School by the surgeons.[91] Indeed there is no reason to suppose that the apothecaries had any particular and personal grievance against the Jesuits, as they had accepted one of their number as master in 1706 and chose him to act as officer several times in his short career.[92] The apothecaries, therefore, can be seen as a comparatively independent group, secure in their own status within the city, and confident enough of their legal standing to take action against a powerful group within that city.

In contrast, the physicians of the college seemed to be constantly striving to redefine or raise their status within the city, especially with respect to the University. They were involved in several conflicts over the choice of new professors, that occurring in the 1750s being most crucial. Their attitudes towards the authorities - jurade, Parlement and University - offer an example of their outward attempts to reward merit, and their ulterior aim to preserve at all costs the standing of their own group. While not denying their altruistic desire to choose the most suitable candidates, nor their ability to do so, their actions also served to conserve the dignity of the medical judges, and by inference, that of all members of the college. They were very keen to maintain the formality of their position, to observe all points of etiquette in public, as stated by Molière in the guise of doctor Tomès, 'Une homme mort n'est qu'un homme mort, et ne fait point de consequence; mais une formalité négligée porte un notable préjudice à tout les corps des médecins'.[93] In this case it was not the formality of multiple consultations but the formality of seating arrangements, questions of precedence and other forms rather than functions, which they considered so important as to halt proceedings. For example, the judges although agreeing with the need to take their oath before the rector, would not agree to do so while kneeling, forcing the University to 'renounce' this demand.[94] As the quotation indicates they felt the need to preserve the dignity of each individual within the group, as the group was damaged by the actions of or attitude towards any member. This

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[90] Bouvet, *Histoire de la pharmacie,* 305-6.
[91] Cheylud, *Histoire*, 72. For physicians and apothecaries as ranking high in the corporate hierarchy see D. Roche, 'Work, Fellowship, and Some Economic Realities of Eighteenth-Century France' in Kaplan and Koepp, *Work in France*, 58. He says they were: 'Placed at the very top of the economic ratings of the guild masterships'.
[92] See biography of Jacques Teilhac and ADGC1716.
[93] Molière, *Œuvres complètes. Tome II* (Paris, 1971). 'L'amour médecin', acte II, scène III. Translated as: 'When a man's dead he's dead and that's all it amounts to, but a point of etiquette neglected may seriously prejudice the welfare of the entire medical profession' by John Wood in Molière, *Five Plays* (London, 1958).
[94] Péry, 133-134, 24 August 1757.

is also apparent in their refusal to accept new members who associated with empirics, a theme to be discussed for individual careers in chapter five. The group should be seen to be above controversy, should be free of market influences, and should be seen to be professional and disinterested.[95] As a group they were keen to retain the form if not the function of their position, hence the use of Latin for their own records and notes of convocation, whereas their dealings with the outside world were always conducted in French; their position was traditional, scholastic and reactionary. In contrast, the courts of France had used French for judicial documents since 1539, 'to avoid the inherent ambiguity in Latin words'.[96]

All three groups were therefore attempting to assert their independence within the confines of the corporate city, each expressing their rebellion in different ways. The surgeons chose to take issue with the formalities of the jurade, to define their status as emanating more from the dictates of the monarch and the direct servants of the crown than a provincial municipality - however powerful and influential. The physicians were very concerned with form, dignity, and honourable position, and used the appointment of professors to re-assert their importance to the city against the University, using the intermediary of the Parlement. The apothecaries chose to use transgressions of practice as a means to attack the religious houses, opting to use one group, already in a weakened position, as an example. The next section will move outside the confines of the city to consider the relationships the three corps maintained with institutions and individuals within the absolutist state.

Relationships in the wider world

The absolutist monarchy was attempting over the eighteenth century, as part of the larger efforts towards centralisation of governance, to control the corporative medical world and thus by improving public health help to maintain or increase the population. As Brockliss and Jones assert there was an idea of a 'rational, state-directed administration of public health under the over-arching authority of the absolute monarchy'.[97] They trace this change most markedly in the armed forces with an increase in public medical appointments. For the corporative medical world such a change was seen in the introduction of crown agents into local corporations and increased regulation of training and examination. These changes, as

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[95] ADGC1696. In 1739 they refused to examine Doumerc because he had associated with the travelling oculist Taylor. For more details on the latter see Corlett, '"No small uncertainty"'.
[96] H.-J. Martin, *The French Book. Religion, Absolutism, and Readership, 1585-1715* (London, 1996), 34.
[97] Brockliss and Jones, 29.

described by Gelfand for the surgeons and by Goubert for pharmacy, had profound effects on Paris and its corporate practitioners, whereas evidence from elsewhere is less clear. For the medical corps of Bordeaux the controlling hand of the state was comparatively light, and is thus clearly demonstrable only for the surgeons. There are two factors that must be considered, the relationship more generally between Bordeaux and the government, and the importance (or otherwise) of medicine to the city. Bordeaux was a wealthy city, and was therefore an important source of revenue to the crown; however, it was also an uncomfortably independent city, as demonstrated in the periodic difficulties between crown and Parlement.[98] Thus the crown needed to tread lightly to preserve its position in Aquitaine, because there was a tradition of strong resistance from the area.[99] Nonetheless the crown did achieve control, through its servants within the practice of surgery, and was able through the power and influence of the faculty of medicine in Paris to maintain contact with the college. The move to control pharmacy was delayed, being hampered by a lack of both provincial crown servants and strong central control until the creation of the School of Pharmacy in 1777. The lack of a centralising force and hence a paucity of central records may be one reason why apothecaries and the practice of pharmacy have been relatively neglected by historians of medicine to date.

The surgeons were firmly connected to the centre through the lieutenant to the first surgeon to the king who was one of their members. He reported to the first surgeon, and was therefore connected with the court, monarchy, and loosely with the surgical community of Paris. This was for many years an important post, one influential holder being Pierre Ballay who helped to steer the Bordeaux surgeons towards the creation of their School, with the help and support of de la Martinière at court. The original suggestion for the School in Bordeaux came from Lafourcade and Dupuy, as officers of the corps, in August 1750. Lafourcade was appointed lieutenant following the death of Ballay in 1760, was one of the first professors in the school, and perhaps the most influential surgeon of his generation in the city. Dupuy was also successful, enjoying a varied career as a surgeon within the hospitals of the city and as an anatomist culminating in his appointment as professor. Dupuy was also a member of the Bordeaux Academy of Science and corresponding member of the Paris Academy of Surgery. Therefore in their different ways the two men were crucial to the development of surgery within the city, and through their different contacts with Paris and the court, provided the corps with a network of influential institutions and individuals. Their

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[98] Doyle, *Parlement*, part two.
[99] Beik, *Urban Protest*; Paul P.R. Hanson, 'The Federalist Revolt: An Affirmation or Denial of Popular Sovereignty?' *French History*, 6, 3 (1992), 335-355; Forrest, *Society and Politics*.

successful yet different careers are analysed in more detail in chapter four. Thus for the surgeons the unofficial networks of members were perhaps as important as the official contacts, both serving to centralise and co-ordinate advances in surgical understanding, techniques and training.

The physicians suffered from a lack of central control, in comparison with the surgeons. Although there were physicians royal in many sizeable towns, they were not united through the auspices of one single physician royal at court.[100] The function of attempting some unity over the kingdom was made through the Paris faculty of medicine. However, because most urban physicians were members of local corporations, the Paris faculty had no official power over these groups. The college of Bordeaux is no exception to this; their contact with the Paris faculty was on a consultative rather than a properly maintained basis. They did, however, have correspondence with the Society of Medicine in Paris, through the intermediaries of Vic d'Azyr and their colleague Barbeguière from December 1777.[101] The physicians, although well represented in the local academy, had few members who were affiliated with academies elsewhere, in contrast to both the surgeons and the apothecaries, as will be more fully discussed in chapter five. Of the 61 memberships of academies listed for physicians, only a few are for those outside the city. Doazan, for example, was a corresponding member of the Montpellier Academy, and Fitzgibbon was a member of the Paris Mesmerist Society of Harmony. The well-connected physicians who enjoyed multiple memberships were not members of the group, indeed one of these, Archbold, had been refused entry. The physicians were therefore less well connected outside the city than they were within; they were typically bordelais in their provincial parochialism. Although they were largely free from external control, they were therefore also lacking in outside influence as a group.

The group with least official external contact was the apothecaries. Yet this did not mean that they had no connections with the wider world of France, merely that these were through the intermediaries of members, and were generally unofficial, for example they certainly had correspondence with the apothecaries of Montpellier, albeit trade based.[102] They had been consulted by the king's physician early in the century over the problems with surgeons, yet

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[100] C. Jones, 'The *Médecins du Roi* at the End of the *Ancien Régime* and in the French Revolution' in V. Nutton (ed.), *Medicine at the Courts of Europe, 1500-1837* (London, 1989).
[101] ADGC1697, 20 December 1777.
[102] L. Dermigny, 'De Montpellier à La Rochelle: route du commerce, route de la médecine au XVIIIe siècle', *Annales du midi*, 67, 1 (1955), 31-58.

used the physicians as an intermediary for their reply. However, they did have contacts with the outside world, of which traces do remain, for example the certificates from masters in other cities produced by applicants as proof of experience, or in the recommendations made on behalf of various applicants, such as the letter from the king's apothecary Cassaigne concerning the experience of Lamegie, whose career will be further discussed in chapter five. The possible contacts of the group, in an unofficial or non-corporate manner were, however, much more extensive. Their scientific colleagues had wide-ranging memberships of academies, such as Bordeaux and Paris, extensive contacts within the scientific world, such as Rouelle and Baumé, and influential contacts in the city, such as Vilaris' contacts with the Intendant and Bertin. In addition their wide-ranging commercial networks produced points of contact in other ports, in other countries within Europe and in the wider world of the colonies.[103] As Meadow argues more generally for merchants, such networks established '...ties of support and co-operation, which often crossed the bounds of particular political affiliations, racial groups, or social classes'.[104] Perhaps the range of connections available to apothecaries was sufficiently wide outside the rigid corporative boundaries that the powerful influence of the state was less necessary to this economically stable group. The apothecaries increasingly existed outside the confines of corporatism, using networks of commerce and culture to aid contacts with the wider world, as will be further discussed in chapter five.

Conclusion

This chapter has outlined the careers of the three medical corps of Bordeaux. They existed in a time of transformations: when the certainties of absolutism were crumbling, where rigid social demarcations were diminishing, when the principles underpinning corporatism were under threat. They thus inhabited an uncertain and mutable world, and reacted to that world in individual ways, which ultimately reflected the 'characters' of the groups. The three corporations, as might be expected, have therefore emerged from an examination of their forms and functions as very different. For Bordeaux at least the image of the surgeons as professionalising and the physicians as stagnating is not entirely accurate, while the apothecaries emerge as an interesting contrast to both.

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[103] See biographies of Vidal, in chapter four, and Dubedat in Appendix V. For Paris see P. Julien, 'Les apothicaires et autres vendeurs de médicaments de la rue Dauphine, à Paris, dans la seconde moitié du XVIIIe siècle, et l'importation de produits pharmaceutiques' in P. Dilg (ed.), *Perspektiven der Pharmaziegeschichte: Festschrift für Rudolf Schmitz zum 65* (Graz, Austria, 1983).
[104] Meadows, 'Engineering Exile', 72.

The surgeons were successful - they created the School, rose in status, increased in numbers, yet this success was purchased at a price. They exchanged their relative autonomy from the crown for central control through the lieutenant to the first surgeon, and they slowed their rapid expansion in numbers to concentrate on the quality of entrants, perhaps limiting their own access to lucrative practice in the process. They were thus forced to balance their progress as a corporation, to obtain equilibrium between advancement and monopoly, between standards and the market, between status and independence. Nonetheless their development was also balanced by a strong traditional tendency, they maintained the hierarchy of the group, and the élite of the corps were thus able to apportion rewards amongst themselves rather than through open contest. At the same time they also remained strongly dynastic, inheritance was an imperative even within a modernising group. Thus their contacts with the wider world tend to reflect this balance of old and new.

The physicians were less visibly successful as a group. Their numbers were barely maintained and they had a less extensive network of contacts outside the city. Nonetheless, as the head of the medical hierarchy in Bordeaux they did establish and maintain a useful set of contacts within the city, with the other medical groups and with the governing bodies. They were therefore successful within their own remit - as the corporation governing medical practice in the city. They entered into conflict with other groups to preserve the standing of the group, using a variety of weapons (merit, fair competition) to combat loss of control or status. They were thus similar to the learned bourgeois of Montpellier described by Darnton, they were jealous of their 'dignity and quality' which were derived from their knowledge not from their wealth.[105] In this sense at least the college can be seen as enjoying a successful career, albeit traditional and somewhat reactionary. As is revealed in the next chapters, the character of the college was very different to the characters of its members, thus the individual physician will have encountered a conflict between his corporate life and his public career. This conflict mirrors the paradoxes within society at that time, as de Tocqueville points out, Frenchmen had never been so like each other, nor so divided one from another in particularist and conflicting groups, producing the 'collective individuality' so apparent within the college.[106]

The apothecaries were also successful, in complete contrast to the failing corporations of northern France mentioned in the previous chapter, yet their success was more subtly

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[105] Darnton, *Great Cat Massacre*, especially chapter 3, 'A Bourgeois Puts his World in Order: City as Text', 118.
[106] De Tocqueville, *Ancien Régime*, 77.

discernible than that of the surgeons. They grew slowly in numbers, partly to protect the trade monopoly of their members, they absorbed and acted upon new ideas concerning training and education, and through their variety of members established healthy and varied networks of influence and connection for the group. Nonetheless much of this endeavour existed outside the boundaries of corporatism, and thus created discord within the group. That the corps maintained their harmony in the face of change is due to the flexibility of the group. They inhabited an increasingly fluid social and economic realm, and succeeded in balancing the needs of the group with the needs of the members to establish and sustain their careers. Arguably they were the most successful of the three groups, especially compared to apothecaries elsewhere in France, in that they were able to effect gradual change and absorb new types of members in contrast to the major changes of the surgeons and the inability of the physicians to accept new types of practitioner within their midst.

Despite the differences among the three groups they shared one feature: the emergence of new types of practitioner. This chapter has shown the effects such practitioners could have on their governing bodies as they accepted and used the opportunities emerging in the dynamic city of Bordeaux. It has introduced the areas of tension this produced, and indicated how new practices could force the corporations into action, whether retrograde or progressive. Thus a major theme of the study has begun to emerge: a growing conflict between the needs of corporations and those of their members. This analysis was aided by the unique comparative nature of the study, which combines a consideration of corporative and individual careers. Further, rather than relying only on élite or well-documented careers, it is based on an innovative collective biography of all corporate practitioners, and thus includes failure and success, tradition and progress. The breadth of detail on individuals has thus had two benefits. First, it has provided a detailed view of medical corporations in the century before 1790. This chapter and the last have offered a nuanced comparison with the 'models of change' suggested by historians. Secondly, it provides the basis for a thoroughgoing analysis of the careers of their members in the next two chapters. Chapter four will offer a general report on various aspects of the collective biography, discuss the notion of career success, and describe three distinct cohorts of practitioners whose careers demonstrate changing patterns of practice. The final chapter will return to the theme of networks to investigate the different factors that influenced career formation. Thus the final two chapters reflect the pattern of chapters two and three, albeit with a focus not on groups but on individuals, moving from a general account to an analysis of their use of networks of power and influence.

Chapter Four: Medical Careers

> ... historians might find it rewarding to examine provincial medical men as a group, giving special attention to their formal education, dispersal, and subsequent local roles... [1]
>
> Each life-story, but also each statistic, each piece of evidence should be made to contribute to the understanding of a given network of social relations.[2]
>
> ... if physicians and apothecaries had a measure of homogeneity as socio-professional groups in the urban setting, the same cannot be said for surgeons. Enormous heterogeneity marked this profession, creating social distance between surgeons in the same city... it is thus practically meaningless to talk about typical career patterns of French medical men in the eighteenth century.[3]
>
> ... the fundamental importance of the family, kinship, and friendship ties that structured French commercial society from the sixteenth through at least the eighteenth century.[4]

Introduction

The 'collective individuality' of provincial medical practitioners is the focus of this chapter and the next, borrowing both the phrase of de Tocqueville mentioned earlier and the instruction of Shapin and Thackeray. Moving on from the characters of and changes within the corporations established in the last two chapters, it will discuss the individuals whose membership of those groups allowed them to create their medical careers within Bordeaux. Using the collective biography that underpins the whole study, it will distinguish three distinct cohorts of practitioners over the period, whose careers trace the increasing use of extended training, exploitation of the market, a move into publications and post-holding. The plurality thus traced will establish for all three groups the heterogeneity noted by Gelfand for surgeons only, yet will also challenge his assertion concerning typicality. Although the chapter will trace profound changes in patterns of careers, and hence measures of success in such careers, it will also establish the continuing importance of familial networks in the professional lives of practitioners, a theme to be continued in the final chapter.

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[1] S. Shapin and A. Thackeray, 'Prosopography as a Research Tool in History of Science: The British Scientific Community 1700-1900', *History of Science*, XII, 1974 (1974), 18.
[2] D. Bertaux, 'From the Life-History Approach to the Transformation of Sociological Practice' in D. Bertaux (ed.), *Biography and Society* (London, 1981), 40.
[3] Gelfand, 'Public Medicine', 108.
[4] Meadows, 'Engineering Exile', 69.

Chapter Four: Medical Careers

Previous chapters have introduced the concept of differential rates of change among corporations and their members, although as yet no firm indication of the nature of the tensions this produced for individuals has been described. One major purpose of this chapter, therefore, is to establish the changes within careers over the period, and thus to ascertain the difference established between the essentially traditional corps, as described in chapters two and three, and the increasingly varied patterns of success of their members. The very idea of success will also be discussed, in the context of this study in particular, and it will be established that despite an increasingly pluralistic approach to career making, few practitioners until the end of the period were able to combine success in more than one area. The change in patterns of careers will be demonstrated for each of the three groups by offering an example of a 'typical' practitioner for each cohort: nine short accounts of medical lives. This change in patterns was established through a wider analysis of the findings of the collective biography, which contains data on all practitioners. Appendix V contains biographies of individuals mentioned in the text, family trees, and tables indicating the career dates and selected information on all corporate practitioners. Collated information from the collective biography in the form of lists and tables may be found in Appendix III, although elements of this have already appeared in chapters two and three.

This collective biography is unique in two ways. No other study has yet offered a comparison among three related groups in any realm, and this is the first prosopographical study of three medical groups in a provincial French city. A study of the three groups exists for seventeenth century Edinburgh, but this is not biographical, seeking rather to trace the formation of medical corporations, or the onset of professionalisation.[5] Of course studies of medical groups exist, such as that of Gelfand on the Paris surgeons and the *médecins du roi* of Colin Jones, but these are not biographical in intent.[6] What distinguishes a collective biography from a collection of biographies such as those assembled by Dulieu for Montpellier professors and graduates, is in the use of data.[7] In a collective biography the lives of individuals are recorded not to recreate past lives in a von Rankean sense, but to answer a series of questions about the group to which the individuals belonged.[8] Many studies therefore seek to discover the social background of one crucial group, for example Stone's work on the English revolution, or Gruder's work on the Intendants, or focus on the

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[5] Dingwall, *Physicians, Surgeons and Apothecaries*.
[6] Gelfand, *Professionalizing Modern Medicine*; Jones, '*Médecins du Roi*'.
[7] Dulieu, *Médecine à Montpellier.*
[8] The best explanation of collective biography is L. Stone, 'Prosopography', *Daedalus*, 100, (1971), 46-79; for von Ranke's ideas see for example J. Tosh, *The Pursuit of History: Aims, Methods and New Directions in the Study of History* (London, 1991), 56.

ideological world, for example Lamarque on French freemasonry or Kafker on the encyclopédists.[9] As Kafker asks, unless knowledge is gained of the similarities and differences within a group, 'how can we argue sensibly about whether ... [they] constituted a social class, whether they were conservative or radical, and the nature of their intellectual stature?'[10] The aims of this study, to discover patterns of change in medical careers, were thus ideally suited to the methodological tool of collective biography. However, the data has also been used in the manner of prosopography (a specialised form more generally used to establish trends within groups), as part of the basis for the discussions concerning the medical corporations in chapters two and three. A full explanation of the justification for and use of this methodology, and the accompanying database, may be found in Appendix IV.

One of the advantages perceived in the use of a collective biography was the ability thereby to utilise a full range of possible career patterns, from the obviously successful to the less so. In choosing to include all members of the groups, not merely those whose careers were deemed then or now successful, this study has attempted to balance the extraordinary with the ordinary, and in so doing to resist the allure of the élites within the groups. Yet there can be problems with such an approach, the difference in sources can be marked, those practitioners who were seen to be successful often had aspects of their careers recorded either during or just after their lives, and others have been recorded in later lists of biographies by local historians, while those whose careers were less public or marked by achievement were not so documented. Thus the latter group have become part of the study through more fragmented sources, and have been brought together to form a collection of partial biographies, which have then been used to supply collective data to support particular examples, such as in the use of statistics on marriage patterns to underpin specific careers. There are failings with this approach, especially with the hierarchical surgeons. As chapter two indicated, the ruling élite dominated the group, attending meetings, making decisions and their records, and in so doing effectively marginalized the surgeons lower down the hierarchy. This élite also tended to monopolise the rewards of surgery in the form of posts and positions both inside and outside the group, and thus have also excluded the less successful from the records of other organisations. The majority of surgeons have therefore, in some senses, been excluded from this account through a paucity of records. Nonetheless, a variety of evidence, such as tax payments, also establishes that individuals did continue to

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[9] L. Stone, *The Causes of the English Revolution 1529-1642* (London, 1986); Gruder, *Royal Provincial Intendants*; P. Lamarque, *Les Francs Maçons aux Etats Généraux de 1789 et à l'Assemblée Nationale* (Paris, 1981); F.A. Kafker, *The Encyclopedists as a Group: A Collective Biography of the Authors of the Encyclopédie* (Oxford, 1996).
[10] Kafker, *Encyclopedists*, xi.

practise within the city, no matter how traditional and limited their practice may have been. This divergence between the élite and the more ordinary has provided one of the major insights of this study: the increasing difference among the needs of individual practitioners and those of the group.

For the apothecaries and physicians this divergence was similar, an increasing gap between the largely traditional stance of the corps and the entry into new forms of practice by their members. For the surgeons, however, the position was more complex. As the corporation rose in status and demanded higher qualifications from entrants, so the majority of members, whose careers continued after the change, were left behind by this advance. Thus the traditional members, who formed the majority of the group, had careers that remained local and concerned with more everyday surgery, in contrast to the élite whose careers included professorial posts, surgical specialities, and perhaps clinical research and publication. The move to omit the oath before the jurade for new masters, discussed in chapter three, demonstrates that the élite was also in conflict with the traditional nature of corporatism. Arguably, the two groups of surgeons, élite and ordinary, were thus both in tension with their governing body, the latter because it no longer protected their established interests, the former seeking further division from traditional corporate forms. The decision to include all practitioners in the study has thus been justified, the very paucity of records for some practitioners leading to several conclusions concerning the group and patterns of career change.

The manner in which these patterns of career do change is the focus of the second difficulty with collective biography; it uses life stories, and thus enters into the potentially troubled domain of biography. Although the problems are not as pronounced with a series of 'career line analyses' compared to an account of an individual life, nonetheless, a linear narrative still presents a conflict of interests. As Colwill states, biography describes 'the particular, the local, the personal', when historians are concerned with 'bigger questions' and a 'challenging theoretical terrain'.[11] However, she goes on to argue that it is possible to 'move from the singularity of a life to the cultural narratives in which that life is embedded'; hence a biography may be used to understand the context in which the subject existed. Thus if biography 'explicates the symbolism of lives, can turn lives into symbols', in the phrase of Backscheider, then multiple biographies may use singularities to provide symbolic

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[11] E. Colwill, 'Subjectivity, Self-Representation, and the Revealing Twitches of Biography', *French Historical Studies*, 24, 3 (2001), 423-4.

representations of larger issues.[12] Thus this chapter in particular uses narratives of individual careers as examples to illustrate various arguments, often seeking to underpin the individual with more empirical data in the form of averages or percentages, thus balancing the particular and the collective nature of this study.

The chapter is therefore divided into four main areas of discussion. The first part concentrates on the results of the collective biography, reporting on a series of areas linked to the issue of family, which, the final chapter will argue, remained the most crucial factor in career success. The second part will discuss the findings of the collective biography concerning geographical origins and clustering of practitioners within the city. The third part will discuss the existence or otherwise of typical medical careers, and will establish the main changes in patterns of careers by analysing three cohorts of practitioners. The various influences on careers, which as chapter three established for groups may be controlled by outside agencies, will be examined. The fourth part will continue the theme of success, and will establish, using a series of examples, how although practitioners increasingly embraced pluralism in careers, that few until the later years were able gain high levels of achievement in all areas.

Family

In seeking to trace the transformations in patterns of career making, and the underlying reasons for those changes, this study has assembled a wide range of data within the collective biography on the practitioners who were members of the three medical corporations governing practice within Bordeaux. Various trends may be perceived, such as a growing tendency to publish, an increasing involvement in the market, and changing attitudes to merit and inheritance, as already outlined in chapters two and three. Yet several continuities remain, such as the primacy of family, and the importance of family linkages to the success of an individual. This section will concentrate on the different ways in which the continued importance of family may be seen within the lives and careers of the medical men of Bordeaux.

Families in the early modern period, according to O'Day, were 'linked in a network of mutual ... relations', based on a central concern for the future of the family.[13] As Davis has

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[12] Colwill, 'Subjectivity', 437. She quotes P. R. Backscheider, *Reflections on Biography* (New York, 1999), 14-15.
[13] O'Day, *Family and Family Relationships,* 78.

commented there was an increasing desire to pass on or enhance the patrimony of the family for the next generation, despite the fragility of life as discussed in chapter one, which was expressed in plans for inheritance, including the occupations and marriages of all children.[14] Such plans stressed the continuity of the family, and the interlinked obligations of kinship, although as Sabean notes, the onset of capitalism was changing such connections.[15] As chapter two indicated, the need for inheritance was more marked among the apothecaries and surgeons than the physicians, as it discussed the efforts of the former groups to balance the desire for continuity with the need to raise standards and limit numbers. Thus the following discussion begins with an assessment of attitudes towards and the importance of marriage to medical practitioners, and moves on to consider the manner in which they organised inheritance for their heirs, marriage settlements as an indication of wealth and social status, and the extent of family linkages. The discussion will thus seek to demonstrate the continuing importance of family concerns. It will establish the conflict that arose between the primacy of family, as corporatism, as explained in chapters two and three, began to change in line with wider developments.

Although it seems that most medical practitioners in the city did marry, 75 marriage contracts and the substantial numbers of those whose fathers had practised before them supporting this idea, a few did not. There were two main reasons for such a deliberate choice, either to enable focus on their chosen vocation, or a family decision to concentrate wealth on one heir. The most striking example of the former was Pierre Desault (1665-1735), a physician whose career was successful at both local and national level, who said that a wife and children engage the time and energies of the practitioner, to the detriment of the care of the sick.[16] Desault first studied with his father, a physician in Pau, and took his doctorate in Bordeaux. He then travelled to Paris to study, also making extensive contacts in the medical and cultural world of the capital.[17] He returned to Bordeaux and was accepted into the college on 22 December 1704, practising in the city until his death in 1737.[18] Desault seemed set for a chair in medicine, and was appointed temporary professor from 1711 to 1713, after the sudden death of Modéry. He was one of the four applicants for the

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[14] N.Z. Davis, 'Ghosts, Kin and Progeny: Some Features of Family Life in Early Modern France', *Daedalus*, 106, 2 (1977), 87-89.
[15] Sabean, *Kinship in Neckarhausen,* 11.
[16] Mauriac, *Le Bordélais Pierre Desault*, 56.
[17] L. de Lamothe, *Notes pour servir à la biographie des hommes utiles ou célèbres de la ville de Bordeaux et du département de la Gironde* (Paris, 1865).
[18] ADGC1696.

chair in 1713, yet the post was given to Boyrié through the patronage of the king.[19] He did not apply for any further vacant chairs in the city, concentrating instead on his extensive practice and his writing. He published a range of work, especially on the nature of contagious diseases.[20] It was on this subject that his acrimonious debate occurred with Astruc, who tried to brand Desault as a charlatan. Nonetheless he had a strong reputation as a successful practitioner, and as a *savant*; indeed Bernadau referred to him as the 'Sydenham' of the Guyenne and his biographer Mauriac describes him as overtaking and overshadowing his bordelais contemporaries.[21] It seems therefore that Desault's decision to concentrate on medicine benefited his adopted city, his colleagues, and the wider world of medicine.

This successful career is reflected at a later date by that of another physician who did not marry, Victor Lamothe (1736-1823).[22] Lamothe came from a bourgeois family in the city, comprised mainly of lawyers, that chose to concentrate the family wealth in the eldest child and to enforce celibacy on the other children, in line with the primogeniture practised in western France.[23] Thus Victor and his siblings all remained unmarried, and he left his practice to his nephew on his death. Like Desault, Lamothe had trained outside Bordeaux, attending Montpellier and Paris to complete his studies, which included a strong interest in the care of women and children despite the opposition of his family to this innovative area. His brother Delphin in a letter dated 13 June 1761 forwarded the reaction of their father to Victor's interest, 'he does not believe that it [childbirth] is the concern of a physician... Reflect especially on the fact that all that you see practised in Paris is not equally possible in the provinces. It is necessary to respect certain prejudices. In short I do not believe that one would look favourably upon a physician who publicly assisted at the birth of infants here... '.[24] Nonetheless, on his return to Bordeaux, after his acceptance into the college on 2 January 1768, Lamothe went on to establish a substantial and varied practice, which included an appointment as physician to the hôpital Saint André in 1769, the hôpital de la manufacture in 1770 and, in 1799 to the hospice de la maternité.[25] In addition he attempted to find ways to feed the orphan babies in the hospital without recourse to a wet nurse, the results of which were announced to the academy in 1790.[26] None survived the experiment.

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[19] Péry, 22-24.
[20] Tournon, *Liste*.
[21] Bernadau, *Annales*; Mauriac, *Le Bordélais Pierre Desault*, 62.
[22] Much detail came from Adams, 'Bourgeois Identity'; *Autographs*.
[23] Davis, 'Ghosts', 90.
[24] Adams, 'Bourgeois Identity', 357. Letter from Delphin to Victor in Paris dated 13 June 1761. Adams offers her own translation and does not reproduce the original.
[25] ADGC1697; *Almanach de Guienne* (Bordeaux, 1760).
[26] BMB 828 – 12.

Yet the career of Lamothe, and his insistence on specialising in a new area indicates his willingness to upset the preconceptions of his own family and the city against male involvement in childbirth, as was discussed in chapter one. These two physicians, both with successful careers within the city demonstrate that the traditional quality of the college was not reproduced in the careers of its members, whatever their marital status, thus demonstrating that conflict between institution and member, although increasing over the period, was nothing new.

However, most practitioners did marry, partly because for both surgeons and apothecaries their wives were part of the business, and had the right to continue to practise after their husband's death as widows, thus ensuring the continuity of the mastership. Although the practice had been established to ensure the inheritance by a son after training, many widows continued to practise while their sons continued in other occupations. The example of the surgeon Isaac Garrellon (c.1700-1757) demonstrates the importance of this tendency, and the continuity of family identity despite early deaths and remarriages, as indicated by Davis.[27] Garrellon who was accepted in 1728, practised jointly with his father for several years.[28] Success came late in his career when he was involved in the creation of the School and published several books, as was discussed with reference to censorship in chapter two. His first two marriages produced children, who were cared for after the death of their mothers outside the home he shared with his own mother in fosses des Salinières.[29] As O'Day explains, 'for a man to run a successful household, especially one containing minor children, would be considered difficult if not unthinkable', thus Garrellon needed to remarry.[30] His third marriage was to a much younger, and substantially wealthy woman, whose father opposed the match.[31] Although this union did produce two sons, neither followed his father into surgery. Thus, after his death in 1757, Jeanne Garrellon-Poncet continued to practise using her widow's privilege until the rules governing surgery were changed during the revolution.[32] Although the Garrellon mastership was not passed directly to the third generation, it was used to practise surgery from the acceptance of Jean-Jacques in 1713 to around 1790. Marriage was important, providing a helpmeet for life and the business, and

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[27] Davis, 'Ghosts', 87.
[28] ADGC1711; C1712; C1715.
[29] His inventory lists his previous marriages; see ADG3E17839 18-28 June 1757; for his mother see ADG3E17836 22-24 May 1751.
[30] O'Day, *Family and Family Relationships*, 115.
[31] ADG3E17837 22, 25, 29 February 1752; marriage ADG3E17837 9 March 1752.
[32] ADGC1709; J. Barraud, *Vieux papiers bordelais. Études sur Bordeaux sous la Terreur* (Paris, 1910).

the possibility of continuity either through direct inheritance or the use of a widow's privilege.

Most practitioners were not forced to marry more than once to produce a successor. Many were able to support their children into other occupations; indeed a few were able to help their children to higher positions. As Grassby comments, it was necessary to take account of the aptitude of children when choosing occupation, hence the diminishing tendency to continue the family business after two generations, although this is also linked to the desire for betterment more generally explained by Davis.[33] Gelfand points out that over the eighteenth century while sons of physicians were moving towards careers in more socially esteemed areas such as the law, sons of surgeons were encouraged towards physic.[34] The move 'upwards' may be clearly seen within the medical world of Bordeaux, both in the lack of medical dynasties for physicians, and in several surgical families, including Grossard and David, whose sons were accepted as master surgeons after graduating as physicians.[35] Such a tendency may also be seen within pharmacy. Several physicians were sons of master apothecaries, including Jean Betbeder who will be mentioned below.

For most fathers it was sufficient to be succeeded by one son, but Jean Maleville, who had nine children, chose to enter three into medical careers. Indeed, in complete contrast to the careful husbanding of family resources exhibited by the Lamothes, most of his children married. Maleville had become a master apothecary in Bordeaux in 1723, and introduced his son Jean to the corps in 1759.[36] But Jean *fils* was not to inherit his father's mastership, that honour was reserved for the younger son François-Martin who was accepted in 1760. Thus Jean was accepted as *étranger*, and took the full range of exams and paid the full entrance fee. The brothers both continued to practise pharmacy through the revolution, and the next generation also continued the tradition.[37] However, very confusingly, Jean *père* had other sons, all also called Jean who had different occupations: priest, sea captain, and physician.[38] The latter did not join the college in Bordeaux, but probably practised medicine, being labelled as 'médecin' in several notarial records. Jean Maleville *père* had thus sufficient funds to start all of his children in an appropriate career, to fund their marriages (his

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[33] Grassby, *Kinship and Capitalism*, 361-362; Davis, 'Ghosts', 87.
[34] Gelfand, *Professionalizing Modern Medicine*, 135.
[35] See account of Grossard's father below and David biography in Appendix V.
[36] ADGC1716 and C1717; J. Cluchard, 'Quelques aspects de la vie sociale des apothicaires bordelais au XVIIIe siècle' (unpublished Ph.D. thesis, Bordeaux, 1982).
[37] Barraud, *Vieux.*
[38] ADG3E23451, 23 January 1774.

daughters married well), and was able to double his family's market share by supporting two sons into the corporation.[39] The brothers were successful, although the favoured son was François-Martin, who brought almost 50,000 livres to his marriage to Marie Ferbos in 1773, while Jean's marriage to the widow Jeanne Plain 1779 mentions no capital.[40] Even their tax payments in 1777 reveal their difference in wealth, François-Martin paying more than 40 livres, twice the contribution of his elder brother.[41] The Maleville family thus demonstrates a main theme of this study, the primacy of inheritance, and the conflicts that could cause with corporatism, while at the same time showing some of the methods used by families to ensure their success in the future. For Jean Maleville *père*, this meant establishing all his children well, which points towards an equality of inheritance. Nonetheless he favoured his son François-Martin above all the others, making him the 'better' son through gifting the patrimony in advance, as Davis indicates for an earlier period.[42] The family strategy also highlights the growing tendency, to be examined in more detail below, to horizontal in addition to vertical family linkages within pharmacy and surgery.

The previous example, which demonstrated the different levels of affluence between two brothers, is limited, however, in showing wider tendencies of wealth acquisition or in making comparisons among the three groups of practitioners. It is here that the strength of the collective biography becomes important; the spread of information on a larger number of individuals may be used to demonstrate trends over time, and to offer comparisons among groups. Thus the following discussion will use both tax records and marriage settlements to establish levels of wealth. Tax paid is a notoriously suspect marker of wealth in the old regime, for a variety of reasons, not least the differing demands of the crown.[43] However, an assessment of the 460 amounts of capitation tax recorded in the study does reveal proportional differences among the three groups of practitioners, as it indicated levels of privilege in addition to levels of wealth.[44] First introduced in 1695 as a means by the crown to bypass privileges and exemptions, including those of the nobility, capitation tax gradually came to be a supplement for the *taille*, and was often assessed on the same rolls.[45] Aside

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[39] ADG3E19311; 3E23451.
[40] ADG3E21699; 3E21588.
[41] ADGC2792.
[42] Davis, 'Ghosts', 91.
[43] B. Behrens, 'Nobles, Privileges and Taxes in France at the end of the *Ancien Régime*', *Economic History Review*, 15, 3 (1963), 151-175.
[44] M. Marion, *Dictionnaire des institutions de la France aux XVIIe et XVIIIe siècles* (Paris, 1968), 70. He describes the 24 classes of charges within corps, from 300 livres down to 30 sols.
[45] Riley, *Seven Years War*, 47-52.

Table 4.1 Tax: average, minimum and maximum for medical practitioners, Bordeaux, eighteenth century, in livres.

Occupation	Average Tax	Minimum Tax	Maximum Tax
Apothecaries	28.00	9.11	81.90
Surgeons	29.49	1.40	90.80
Physicians	15.41	1.00	46.10

Sources: ADGC1696; C2792.

Table 4.2 Capitation tax by quarter, Bordeaux 1756.

Parish	Total Paid, livres	Number of Payers	Average, livres
Within Bordeaux	15293	1588	9.63
St Remy	1537	116	13.25
St Eloy	3565	339	10.51
St Pierre	1887	190	9.93
St Michel	2563	263	9.74
St Mexant	2575	280	9.19
St Eulalie	3166	395	8.01
Outside City	8050	1463	5.5
Chartrons	2196	300	7.32
Marine	2712	393	6.9
Faubourg St Seurin	1748	345	5.0
Faubourg Ste Eulalie	893	261	3.42
Dehors Ville St Michel	501	164	3.05

Source: ADGC2726, capitation rolls 1756.

from charges on individual nobles and bourgeois, it served to levy tax on those with 'professional status or membership in a corps', although it was not a charge on income.[46] Bossenga comments that 'the monarchy's means of tapping private wealth thus had traditionally been embedded in networks of corporate privilege', and the level of taxation per group was therefore a measure of their privilege and status.[47] Thus the lower average level of payment for physicians, 15.41 compared to 28 and 29.49 livres for apothecaries and surgeons respectively, shown in Table 4.1, must be seen as a measure not of their lesser incomes or wealth but as an indication of their higher status and hence greater privileges and exemptions as a corps.[48] A comparison with the average tax paid by individuals in the quarters of the city, shown in Table 4.2, demonstrates further the traditional exemptions of

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[46] Doyle, *Parlement*, 19; Bossenga, *Politics*, 27.
[47] Bossenga, *Politics*, 43-44 and 121.
[48] A comparison with the figures given for Toulouse in 1786 in Frêche, *Toulouse et la région Midi-Pyrénées*, 383, shows that the group containing physicians paid an average of almost 6 livres, similar to that paid by merchants, tending to emphasize either the greater wealth or lesser privileges of Bordeaux.

bourgeois tax-payers in general, and those of Bordeaux in particular.[49] The wealthier districts in the old town, housing both merchants and parlementaires, paid less on average (9.63 within the walls, 5.5 livres outside) than the privileged physicians, and much less than the surgeons and apothecaries. In addition the tax was *solidaire*, payment being the collective responsibility of the group, thus within many corps, including those in question, the total sum was divided among members by mutual agreement.[50] This proportional assessment will be used as the basis for a discussion on the relationship between wealth and success in the cultural world and in post-holding in chapter five. Nonetheless, as Kaplan indicates for corps with internal hierarchies, the élite could divide the tax burden to the benefit of the masters.[51] This may be seen in the comparatively high average amounts paid by midwives and specialists, 11 and 45 livres respectively, whose contributions were part of the total paid by the surgical community. Arguably, the masters chose to tax more heavily those who had no voice in the discussions to divide the amounts, although the link between high payments and career success, to be more fully discussed in chapter five, will demonstrate the justice of division among full members. If the fairness of division is assumed, an examination of the range of payments, maximums, and minimums, tends to demonstrate for both surgeons and physicians the diversity of financial success within the group.[52] In contrast the higher minimum paid by apothecaries shows their greater homogeneity of economic standing.

It might be argued, however, that wealth was more reliably displayed in property owned and capital exchanged. Thus this analysis is supplemented by the 75 notarial records of marriage settlements and the 70 relating to property found in the archives for medical practitioners. These reveal that the apothecaries appear most wealthy; the average monetary value of their acts was 14,500 compared to 9,500 and 6,200 livres respectively for surgeons and physicians. This is reflected in the averages overall of marriage settlements; 20,700 for apothecaries, 15,200 for physicians, and 9,200 livres for surgeons. Figure 4.1 demonstrates the differences between the groups, most settlements for surgeons being under 5,000 livres, and most for both other groups being more than 10,000 livres. However, the figures are almost certainly unrepresentative of the whole population if equivalent numbers of settlements for each group had been studied. A comparison within the group with most records, the apothecaries, is shown in Figure 4.2. The graph reveals a rise over time from

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[49] ADGC2726. For detail on the quarters of Bordeaux see Mousnier, *Institutions*, 567.
[50] Jones, *Reform and Revolution,* 62.
[51] Kaplan, 'Character and Implications', 641.
[52] For a similar variation between rich and poor within corps of physicians see Maillé-Virole, 'Naissance d'un personnage', 153-179.

Figure 4.1 Marriage contracts, percentages per corporation

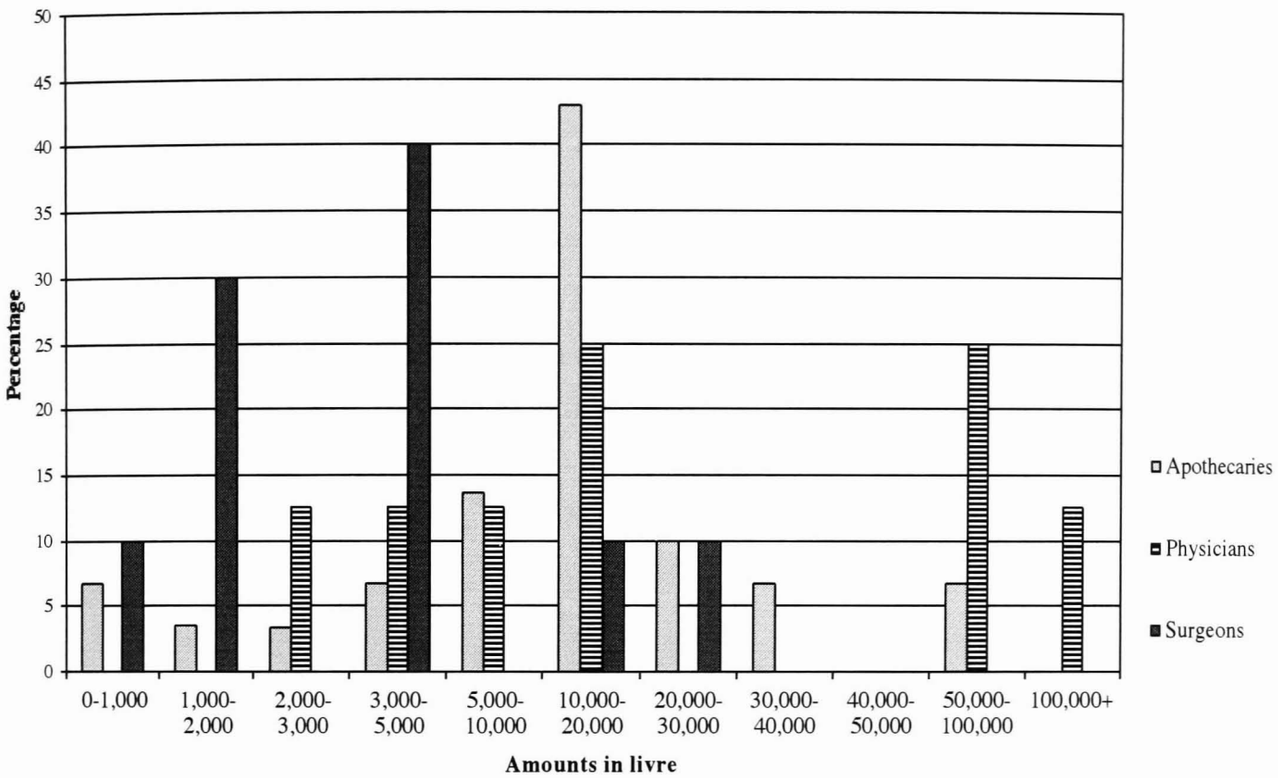
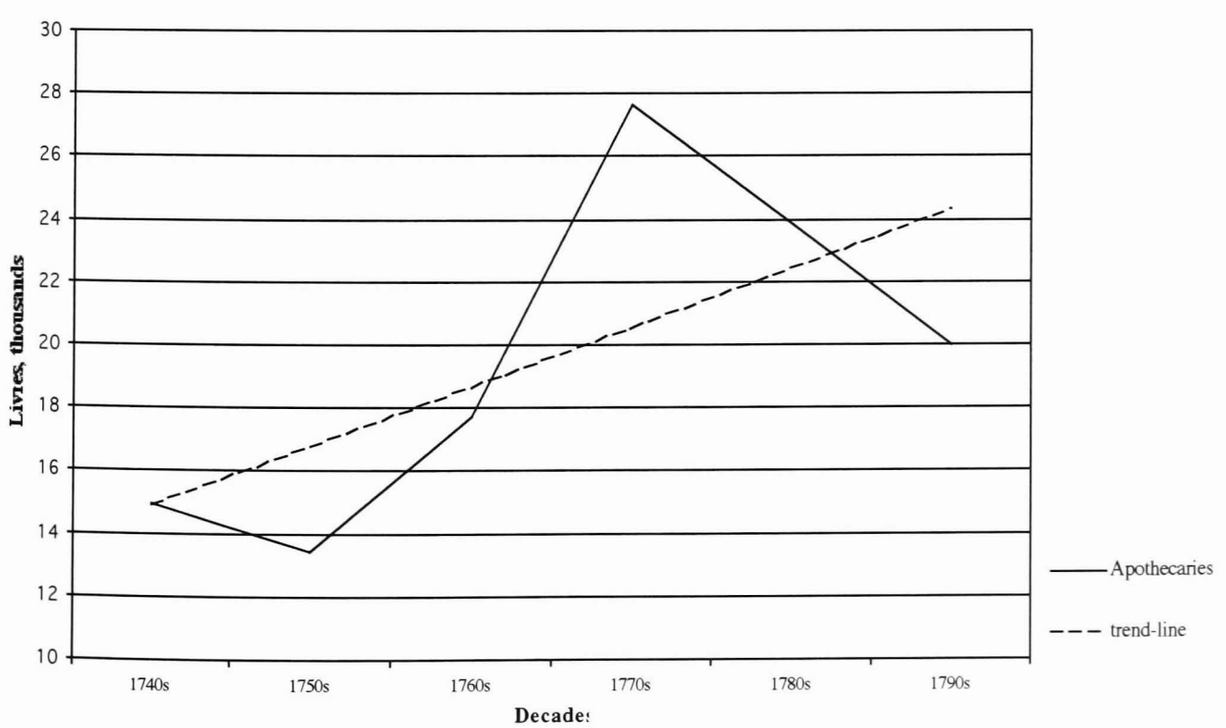


Figure 4.2 Marriage settlements: decade averages, apothecaries



around 15,000 to more than 20,000 livres over the decades from 1740 to 1780, which shows a steady increase in wealth for apothecaries. Although these figures are based on a limited number of contracts, 23, the overall average is similar to that given by Cluchard over 31 contracts, and when contrasted with her breakdown of figures, shows that the apothecaries, on this measure, were wealthier than most merchants, roughly equivalent with negotiants and, predictably, much less wealthy than nobles.[53] The analysis of financial dealings in notarial records does reveal that the hierarchy of the corporate medical world was not necessarily reflected in the private circumstances of individual practitioners. The apothecaries appear to have been in possession of more property, and to have higher marriage settlements than either other group, which, when taken together with their lack of members with very low payments of tax, would seem to indicate that their economic status was secure.

The next aspect of family to be discussed is the status of spouses. Very few practitioners married or were able to marry their children to nobles.[54] A rare exception to this was François Silva, two of whose children became noble. Silva had become a member of the college in 1678, practising until at least 1728.[55] His application for the professorship of medicine forced him to renounce his Jewish faith in 1702.[56] Although he was not successful in this attempt he was one of the panel of judges for another contest in 1716. His daughter Françoise married François Fresques, *seigneur* of a property near Pau, in 1709, and Silva was opposed to the match, perhaps because she had recently inherited property from her mother.[57] Nonetheless, Silva was present at the wedding. His son Jean Baptiste was also a physician, who trained in Montpellier and Paris, gaining doctorates in both Universities. He went to court and made a career as a physician to the king, being ennobled in 1738.[58] It was his pride as a bordelais that was quoted at the head of chapter one. This extraordinary example aside, most practitioners married within their own social milieu, indeed a strong tendency to endogamy is discernable.

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[53] Cluchard, 'Quelques', 41.
[54] Jean Vilaris married a noblewoman, Therese De Casmon on 23 May 1717.
[55] ADGC1696.
[56] His naturalisation in 1698 cost 1,000 livres see SAHG, *Archives Historique du Département de la Gironde*. (Bordeaux, 1881) vol. 25; for his renunciation of Judiaism see H. Barkhausen. *Statuts et Règlements de l'Ancienne Université de Bordeaux (1441-1793) publiés avec préface et notice* (Bordeaux, 1886), xviii; and Péry, 101-2.
[57] ADG3E6787, 22 August 1709.
[58] Féret; Bernadau, *Annales*, entry in 1740.

Although most married within their own practice group, several families intermarried between practices. The most extensive of these networks will be discussed in the next chapter; this section concentrates on the Ferbos family group. The linkages and connections were traced using the collective biography that recorded relationships between different individuals, thus establishing for several practitioners and their families extensive and complex networks of contacts. The strength of this methodology is again revealed in the data that it has produced, and the analysis thus possible. The linkages formed offer examples of the extended networks indicated by Meadows for businessmen, and of those developed by families in reaction to changing patterns of ownership.[59] Within the medical world, such groupings have been established by King for parts of Lancashire, and he comments that 'historians have largely failed to explore' the effects such networks might have on practice.[60] Arguably these linkages bound the family to its wider contacts through both time and space, and allowed the utilisation of non-kin, or friends in the widest sense, that included according to Grassby 'every kind of relationship from mere acquaintances to colleagues, business associates, ministers, and influential patrons'.[61] Although the term 'friend' in such a wide sense has recently been challenged by Tadmor, who suggests a smaller grouping excluding, for example, neighbours, this study will be less exclusive in its terminology.[62] Because the interest is not in the relationship as such, but in the fact of its existence, the discussion on networks will follow the reasoning of Plakans, who suggests that 'any group of historical actors can be analyzed as a network when they are represented as a set of points and the relationships among them as lines drawn between the points'.[63] For the Ferbos family such connections aided the continuity of the business, and a marriage provided further contacts within medicine, which in turn linked two practitioners with widely different careers. Their network of family and friends also provided links with other parts of Aquitaine, which perhaps in turn produced trading possibilities.

Guillaume Ferbos was a fourth generation master apothecary in Bordeaux, having been preceded by his father Pierre, his grandfather Guillaume, and his great-grandfather Gaston, as shown in Figure 4.3.[64] He was married to Marie Ferbos-Brun, probably a member of the

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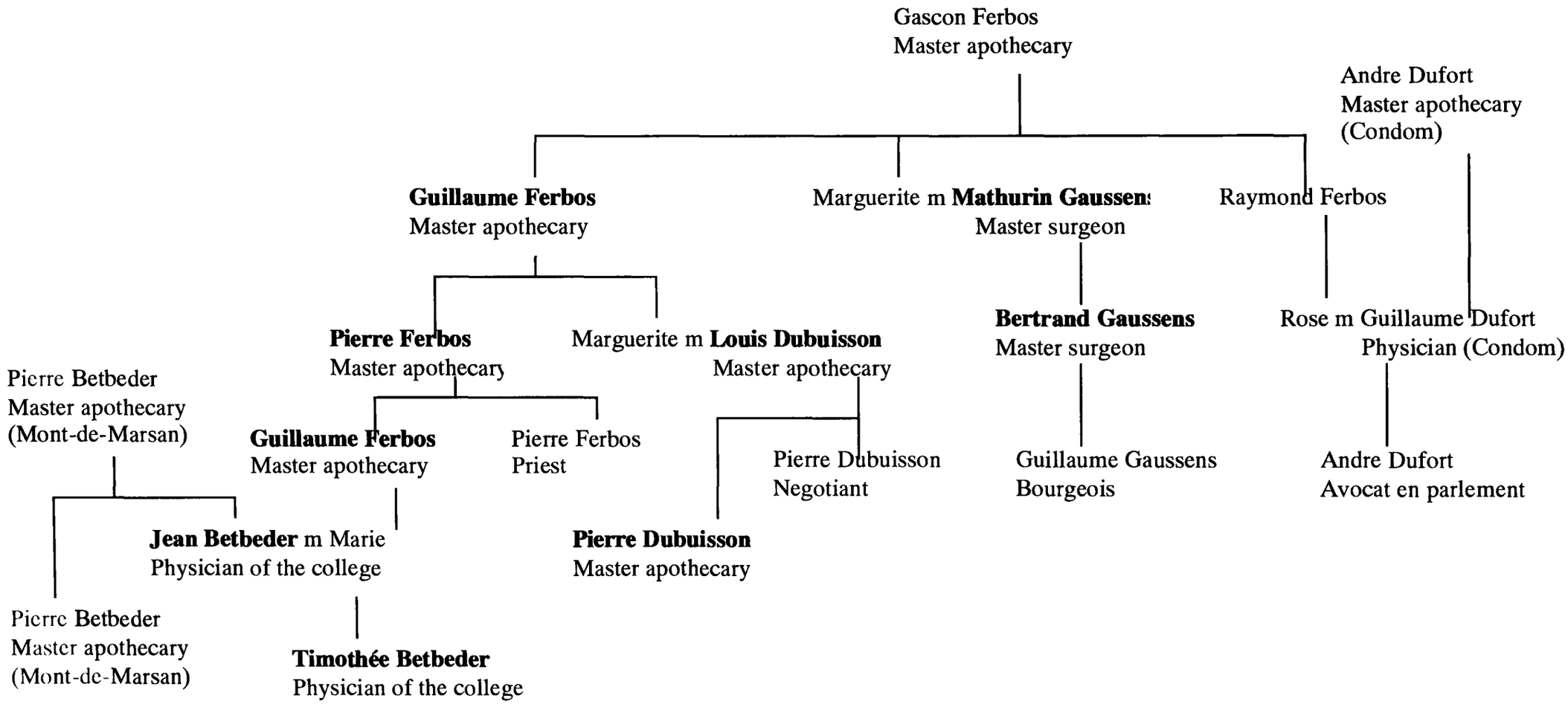
[59] Sabean, *Kinship in Neckarhausen*, 11; Meadows, 'Engineering Exile', 69
[60] S. King, *A Fylde Country Practice: Medicine and Society in Lancashire, c.1760-1840* (Lancaster, 2001), 79.
[61] Grassby, *Kinship and Capitalism*, 241.
[62] Tadmor, *Family and Friends,* 171-173.
[63] Plakans, *Kinship in the Past,* 217.
[64] ADGC1716; C1717; AMB BB214.

Figure 4.3 Family tree: Ferbos – Dubuisson – Gaussens – Betbeder



family of printers, who continued his practice after his death to at least 1790, when she paid tax with the corporation.[65] Guillaume's aunt Marguerite was married to another master apothecary, Louis Dubuisson, who was mentioned in the Introduction.[66] The Ferbos family was also related to the Gaussens, master surgeons. In 1752 Ferbos' daughter Marie married the physician Jean Betbeder, himself the son of an apothecary from nearby Mont-de Marsan.[67] Betbeder's brother Pierre inherited his father's mastership and continued to practise from the family property after the death of their father.[68] The marriage of Marie Ferbos to Jean Betbeder was a substantial move up the occupational ladder, especially as Betbeder, whose career was discussed in chapter three and will be further analysed below and in chapter five, went on to become a successful practitioner. Thus for Guillaume Ferbos, who did not have a son to inherit his business, the endogamy of the extensive group was beneficial to the continuance of his family fortunes. Indeed his widow was able to use her husband's connections to continue his business. In 1750 Jean Paillaison of Lourdes had been apprenticed to Ferbos for two years at a cost of 200 livres.[69] Paillaison returned to Lourdes and inherited his father's mastership. In 1770 Paillaison took Andre Cazalet as an apprentice, thus Marie Ferbos-Brun had a contact to help her continue the family business, and was employing Cazalet when he advertised his chemistry courses in 1784, shortly before his acceptance as master.[70] The Ferbos family demonstrates the importance of kinship and friendship ties. As Grassby says of English businessmen, 'in some respects friends can be regarded as 'fictive kin', especially offering support to single and widowed persons.[71] The Ferbos family also served to establish a connection between Betbeder and Cazalet, both of whom were also members of the academy of Bordeaux. Boissevain argues that contacts within more than one group and meetings that are both frequent and protracted tend to produce a relationship between individuals.[72] Thus although no direct evidence survives of the relationship between Betbeder and Cazalet, their contacts within the Ferbos family, in the academy, and in the wider medical world were certainly frequent enough to merit the label of 'friend', using the flexible formulation of Grassby mentioned above.

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[65] ADGC2792; Cluchard, 'Quelques', 42; Desgraves, *Les Livres*; J. McLeod, 'A Bookseller in Revolutionary Bordeaux', *French Historical Studies*, 16, 2 (1989), 262-283.
[66] Cluchard, 'Quelques', 24.
[67] ADG3E24041, 18 December 1752.
[68] ADG3E24047, 14 April and 2 May 1758.
[69] ADG3E240392, May 1750.
[70] Cheylud, *Histoire*, 95.
[71] Grassby, *Kinship and Capitalism*, 241.
[72] Boissevain, *Friends of Friends,* 32-34.

This report on the findings from the collective biography under the broad heading of family has allowed the continuation of several themes, and has demonstrated the strengths of the methodology. The combination of statistical analysis of the groups taken with examples of the careers of their members has provided a detailed and thoroughgoing analysis of several important issues. The discussion has begun to develop the central argument of this study: that practitioners adapted more easily to new forms of practice than did their governing bodies. In addition it has served to introduce another important theme, the primacy of family. As further discussions will show, it was the family and its connections in the wider world that were the most important factors in establishing and maintaining a medical career in Bordeaux. Thus the power of corporatism, and its parallels with familial obligations and structures, can be seen to be in increasing conflict with the 'collective individuality' of its members. Nonetheless, it was the networks of contacts that practitioners formed within their corporations, within their wider family group, and in their cultural lives, which taken together aided their careers, as chapter five will show. Such networks may also be traced within neighbourhoods, and the next section thus turns to geographical location, analysing both origins of practitioners and their places of residence within Bordeaux.

Places of Practice

Cities act as magnets, and Bordeaux was no exception to this rule. As chapter one demonstrated, the city grew over the century, absorbing population not only from Aquitaine, but also from a wider area. However, chapter two also established the continuity of the medical world established through inheritance strategies. Thus out of the corporate medical practitioners for whom place of birth is known, 87, it is no surprise to find that 47, or 54%, came from Bordeaux, while 40 (46%) were from outside the city. The majority of the latter group were drawn from Aquitaine, with a few drawn from further afield: Fitzgibbon and O'Sullivan from Ireland, Guerin from Lyon, and the physician De Grassi from Dresden. Thus the city and its region produced the overwhelming majority of its own practitioners, reflecting the enrolment at the School of Surgery which drew most of its students from Aquitaine, as can be seen in Appendix II. However, increasing numbers of practitioners, as discussed above, had trained in other cities, especially Paris and Montpellier, and a few travelled to Paris and elsewhere during their careers. This becomes most noticeable towards the end of the period especially within surgery, as the city increased its reputation, and standards for surgeons were raised.

Within the city practitioners were less mobile, although many moved within their parish, practices were built up within a specific locality, especially for the shop-based apothecaries

and surgeons. For example, although the Alphonse father and son team did move addresses, and had separate shops, they were all within the prestigious parish of St Pierre in which many parlementaires lived, reflecting the cultural success of Louis Alphonse that will be further discussed below. Traditionally, trade groups clustered together in one street or region within cities, as Garrioch has shown for the leather trades in Paris, and was seen for several trades in Bordeaux in chapter one.[73] This tradition was also common within the medical world of Paris; Julien has shown that many apothecaries chose to practise in rue Dauphine, whereas research by Maillé-Virole shows that clustering occurred for surgeons near Les Invalides and for physicians in the wealthier parishes near the Louvre.[74] Such a tendency for medical practitioners more generally has been demonstrated for the early nineteenth century by King, who comments, 'in most of the significant Lancashire towns doctors crowded together in the same area, creating a medical district'.[75] Similar medical areas occurred elsewhere, notably in Harley Street, London, although such distinctive groupings arose later in the nineteenth century. The collective biography, in mapping addresses and movement of practitioners, reveals a tendency towards such groupings for eighteenth-century Bordeaux. Various roads within the city were popular with practitioners of all types, such as Rue Neuve in Saint Michel, rue Saint James in Saint Eloy, and Place Saint Projet, in the parish of the same name. Several other roads housed collections of practitioners, yet it would be wrong to suppose that all families lived in the same dwelling for long periods. For example the physicians Pierre Caze, and his son Jean-Joseph, moved from place Saint Projet to three different addresses before settling in Marché Royal in 1768. The tendency to group together in medical districts was therefore developing in Bordeaux, as an analysis of addresses grouped into parishes will demonstrate.

The spread of practitioners throughout the city was different for each of the groups, as Figures 4.4 and 4.5, Table 4.3, and Map 4.1 demonstrate, showing practitioners by parish using the addresses of 229 practitioners over the century. The apothecaries were largely concentrated in the parishes of Sainte Colombe, Saint Michel, and Saint Pierre, with a substantial number in Saint Eloy. These were the parishes in the old city that were nearest to the port, reflecting the trade many apothecaries had with the outside world. Such a spread is similar to the concentration of apothecaries in Paris as shown by Julien, being linked to a major trade route.[76] The physicians were more evenly spread throughout the city with the

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[73] Garrioch, *Formation,* 124-125.
[74] Julien, 'Les apothicaires'; Maillé-Virole, 'Naissance d'un personnage', 153-179.
[75] King, *Fylde*, 77.
[76] Julien, 'Les apothicaires', 165-179.

Figure 4.4 Practitioners per parish, Bordeaux 1690-1790

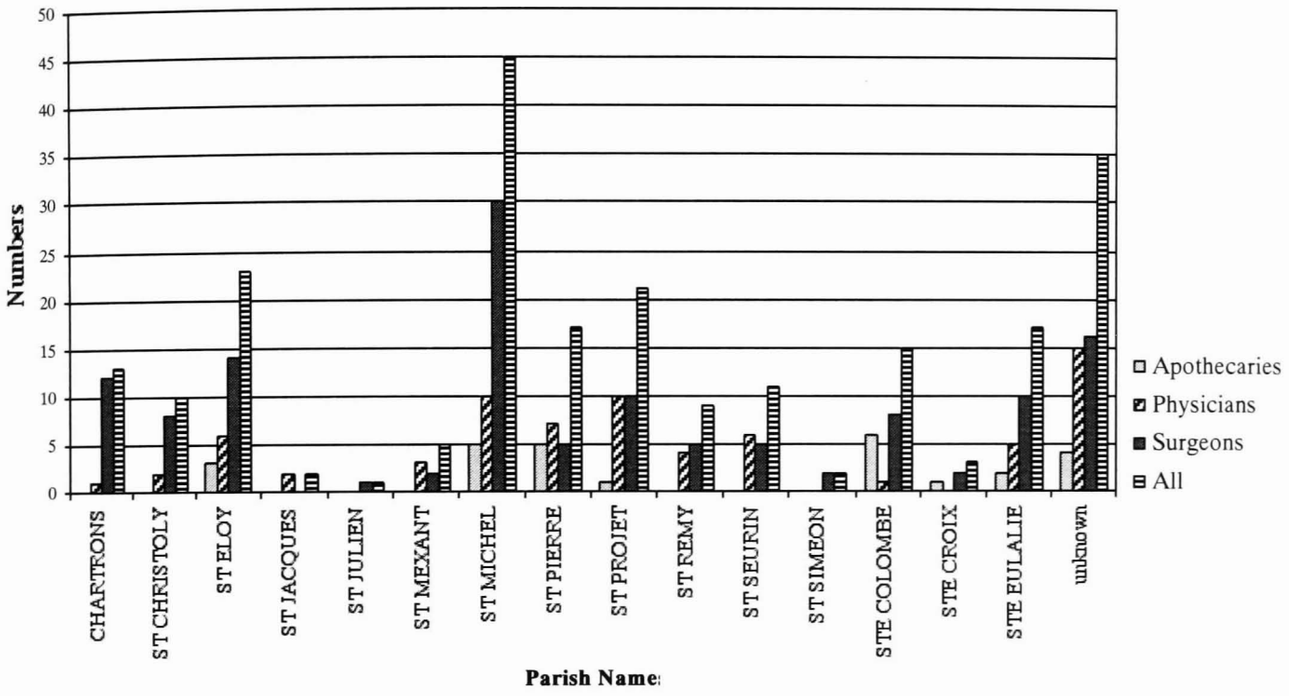


Figure 4.5 Percentage of practitioners per parish, Bordeaux 1690-1790

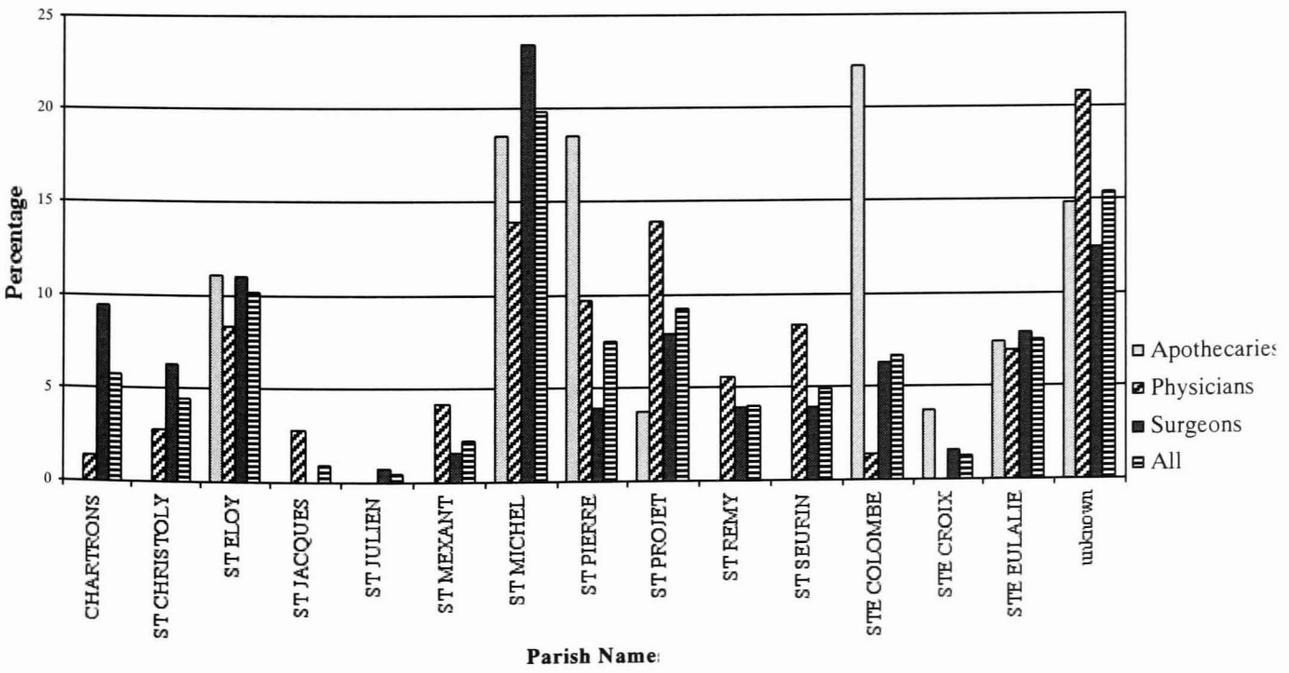


Table 4.3 Numbers (percentage) of practitioners per parish, Bordeaux 1690-1790

Parish	Apothecaries Number (%)	Physicians Number (%)	Surgeons Number (%)	All Practitioners Number (%)
St Michel	5 (18.52)	10 (13.89)	30 (23.44)	45 (19.82)
St Eloy	3 (11.11)	6 (8.33)	14 (10.94)	23 (10.13)
St Projet	1 (3.70)	10 (13.89)	10 (7.81)	21 (9.25)
St Pierre	5 (18.52)	7 (9.72)	5 (3.91)	17 (7.49)
Ste Eulalie	2 (7.41)	5 (6.94)	10 (7.81)	17 (7.49)
Ste Colombe	6 (22.22)	1 (1.39)	8 (6.25)	15 (6.61)
Chartrons	0	1 (1.39)	12 (9.38)	13 (5.73)
St Seurin	0	6 (8.33)	5 (3.91)	11 (4.85)
St Christoly	0	2 (2.78)	8 (6.25)	10 (4.41)
St Remy	0	4 (5.56)	5 (3.91)	9 (3.96)
St Mexant	0	3 (4.17)	2 (1.56)	5 (2.20)
Ste Croix	1 (3.70)	0	2 (1.56)	3 (1.32)
St Jacques	0	2 (2.78)	0	2 (0.88)
St Simeon	0	0	2 (2.78)	2 (0.88)
St Julien	0	0	1 (0.78)	1 (0.44)
Unknown	4 (14.81)	15 (20.83)	16 (12.50)	35 (15.42)
Total	27 (100)	72 (100)	130 (100)	229 (100)

Sources: Drawn from a very wide range of documents in ADG series C and E.

Table 4.4 Taxpayers per practitioner, selected parishes, Bordeaux

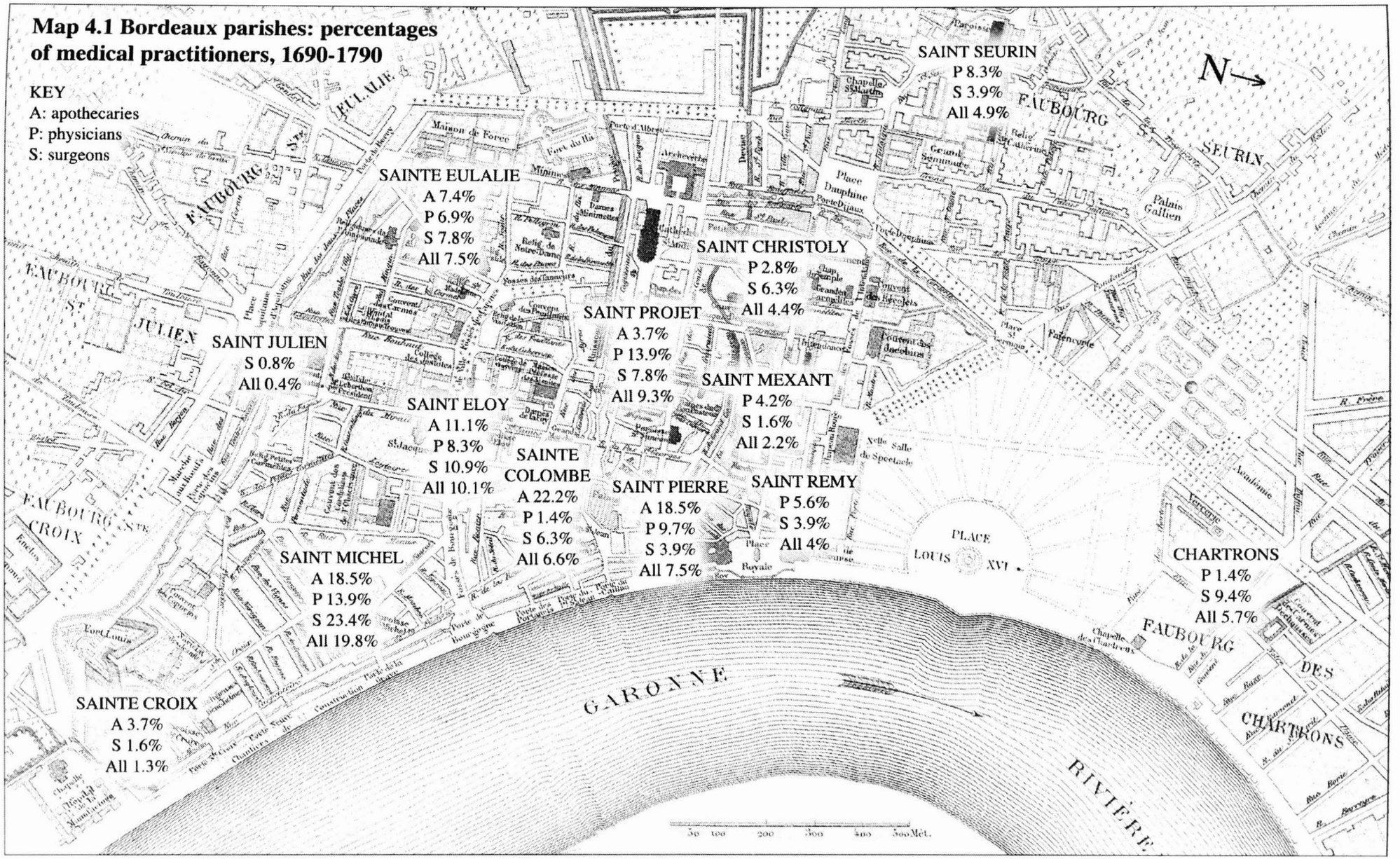
Parish	Bourgeois taxpayers	Practitioners	Taxpayers per practitioner
St Michel	253	45	5.62
St Pierre	190	17	11.17
St Remy	116	9	12.8
St Eloy	339	23	14.73
Chartrons	300	13	23.07
Ste Eulalie	396	17	23.29
St Seurin	345	11	31.36
St Mexant	280	5	56

Sources: Taxpayers ADGC2726; Numbers of practitioners from Table 4.3.

Table 4.5 Taxpayers per master surgeon, selected parishes, Bordeaux *c.*1750

Parish	Taxpayers	Master surgeons	Taxpayers per surgeon
St Michel	253	6	42.16
St Pierre	190	3	63.3
St Eloy	339	4	84.75
St Remy	116	1	116
Ste Eulalie	396	3	132
St Mexant	280	1	280

Sources: Taxpayers ADGC2726; Master surgeons ADGC1715 'liste de Messieurs les chirurgiens juré de Bordeaux 1753'.


Map 4.1 Bordeaux parishes: percentages of medical practitioners, 1690-1790
KEY
A: apothecaries
P: physicians
S: surgeons
SAINTE EULALIE
A 7.4%
P 6.9%
S 7.8%
All 7.5%
SAINT SEURIN
P 8.3%
S 3.9%
All 4.9%
SAINT CHRISTOLY
P 2.8%
S 6.3%
All 4.4%
SAINT PROJET
A 3.7%
P 13.9%
S 7.8%
All 9.3%
SAINT JULIEN
S 0.8%
All 0.4%
SAINT MEXANT
P 4.2%
S 1.6%
All 2.2%
SAINT ELOY
A 11.1%
P 8.3%
S 10.9%
All 10.1%
SAINTE COLOMBE
A 22.2%
P 1.4%
S 6.3%
All 6.6%
SAINT PIERRE
A 18.5%
P 9.7%
S 3.9%
All 7.5%
SAINT REMY
P 5.6%
S 3.9%
All 4%
SAINT MICHEL
A 18.5%
P 13.9%
S 23.4%
All 19.8%
CHARTRONS
P 1.4%
S 9.4%
All 5.7%
SAINTE CROIX
A 3.7%
S 1.6%
All 1.3%
N
GARONNE
RIVIERE
PLACE LOUIS XVI
FAUBOURG ST JULIEN
FAUBOURG STE CROIX
FAUBOURG SEURIN
FAUBOURG DES CHARTRONS

majority in Saint Projet, the centre of the old town, similar to the pattern shown for Paris. In contrast the surgeons, although present in more parishes than the other two groups, were concentrated, with 23%, in the parish of Saint Michel. This is different to the Parisian pattern, as the hospitals in Bordeaux, as can be seen on Map 1.3, were on the edges of the town. Percentages also indicate the popularity of Saint Michel with all medical practitioners, as the highest percentage, almost 20%, resided in that area. A comparison with capitation rolls for one year, 1756, that gives numbers of taxpayers per quarter, reveals, however, that Saint Michel was not the largest parish in terms of population. The quarters with the highest numbers of taxpayers were Eulalie, Seurin, Eloy, and Chartrons, while the three smallest were Remy, Pierre, and Michel. Although these figures are partial and incomplete, not all parishes are included, and the sample of addresses of practitioners is relatively small, a comparison of taxpayers against practitioners as shown in Table 4.4, does reveal a higher proportion of medical personnel in Saint Michel than other areas. A more direct comparison can be seen in Table 4.5 that compares numbers of master surgeons in several parishes, taken from a published list in 1753, with the numbers of tax payers in 1756. This shows a similar spread of practitioners to the previous table, and further emphasises the popularity of Saint Michel as a site for practice. It would seem that, as in Lancashire towns in the early years of the next century, practitioners were beginning to group together in streets and parishes, for example, the three roads mentioned above which were popular with practitioners of all types were in the three parishes with the highest density of medical personnel overall; Saint Michel, Saint Eloy and Saint Projet.

Nonetheless, the general spread of practitioners over the city, six parishes with more than average percentages, and the two wealthier faubourgs attracting around 5% each, seems to indicate that practitioners were still remaining at the service of their own neighbourhood, and choosing to exploit the wider market for health.[77] This tendency is particularly noticeable for the surgeons and physicians, as can be seen on Map 4.1, who had a representative of the corps in most parishes, in contrast to the concentration of apothecaries in the old city near the port. This tends to indicate that the geographical spread of merchants described by Garrioch for Paris was also taking place in the medical world of Bordeaux.[78] As mentioned in chapter one, rich merchants began to build fine hôtels in the faubourgs of Chartrons and Saint Seurin, which extended the areas available to the élites from the traditional core of the city in the parishes of Projet, Pierre, Remy, and Mexant, thus the numbers practising in such areas began to rise. These are tentative findings, yet it seems clear that two simultaneous

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[77] Average percentage over the 14 parishes was 6.04%.
[78] Garrioch, *Formation*, 273.

patterns of change were occurring in Bordeaux. One was concentrating practitioners in a lucrative area of trade linked directly to the activities of the port, while the other was distributing medical men throughout the city to take advantage of the essentially local needs of their patients. Again this indicates that conflict may have arisen among the needs of the governing corporations, firmly urban, and their increasingly diversely situated members.

This section has used the collective biography to analyse the geographical spread of practitioners in the city, further developing the argument concerning the importance of networks begun in the last section on family. It has revealed two contrasting trends, clustering and dispersal of practitioners, through an innovative analysis of practitioners and their site of practice, further emphasising the importance of the use of collective data to investigate trends in medical careers. The next section will introduce the idea of career, and how to measure success within medical practice, proposing three distinct cohorts of practitioners within Bordeaux in the period in question.

Careers

A career indicates the progress made in an occupation or profession. Medical careers, whether those of the corporations, or of their members, are also the main focus of this study. Chapters two and three have described the transformations within corporatism, and this chapter and the next, in establishing the changing patterns of successful careers, will also demonstrate how the relative rates of change among corps and individuals resulted in tensions and conflicts of interest. A successful career might be indicated by a range of evidence such as an increase in wealth, a rise in social status, or an increase in cultural activities: in other words the achievement of a more comfortable and respectable life than the previous generation. For the medical practitioner success might also be estimated through the numbers and status of patients treated; rising numbers would indicate a growing reputation, higher status patients would indicate either successful treatments or a successful manner of treatment. Evidence of such success with patients is, however, not widely available, and the practitioners of Bordeaux left very few traces of their numbers of, relationships to and charging of patients. Thus it is necessary to seek elsewhere for evidence concerning career, aided by the assertion of Brockliss and Jones that a successful practitioner was certainly a pluralist.[79] The idea of pluralism allows a wider assessment of 'success', including a range of achievements, after the model established by Anne Digby for Britain, such as hospital posts, attendance on the poor, advertising, the provision of courses of

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[79] Brockliss and Jones, 544.

of publications, and involvement in élite cultural organisations.[80] A career in these terms may be more widely defined, and more easily traced, as a visible success within both occupation and society; working on the premise that contacts in the familial or social realm may have been productive occupationally, in much the same way as overtly 'professional' contacts were useful.

Nonetheless, success was not within the grasp of all practitioners. Their progress could be inhibited by a variety of unforeseeable and unavoidable factors. These include early death, trade slumps due to war or competition, death of a patron, entry of a competitor into the vicinity, an increase in numbers of practitioners, and the intervention of authorities. The example of Garrellon given above demonstrates two issues that could inhibit the development of a career, the longevity of a parent delaying independence, and the early death of a spouse, particularly if young children were involved. In contrast, the early death of a father could interrupt training; for example, the son of a surgeon in a nearby town was apprenticed to Francois Boyer after such an event in 1762.[81] Many biographies of practitioners might be used to demonstrate these external factors: for example the business problems of Barthélémy Grégoire described below, or the tragic early death of Marc-Antoine Modéry. Careers were fragile and easily interrupted, inhibited or completely destroyed by circumstances beyond the control of the individual. Thus the careers to be described in the remainder of this chapter are in some senses unrepresentative. Those below portray the 'typical' and the ordinary, while the last section concentrates on 'success stories'.

Notwithstanding Gelfand's assertion concerning the meaninglessness of typical career patterns, such an analysis is useful if one city is used as an example. The typical medical practitioner in Bordeaux at the beginning of the period had been born in or around the city. He was frequently the son of a medical man, inheriting the family business in due course, having been trained in part by his own father. He lived within the city, and married within his social group, often to another medical family. However, over the century changes occurred within this pattern. Gradually sons were also trained elsewhere, either privately with masters in other parts of France, or at universities and schools in Paris or Montpellier. This extra training added a new dimension to their practice, and many became expert in one aspect of their calling. This was described in chapter two, and may loosely, if contentiously

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[80] Digby, *Making a Medical Living.*
[81] ADGC1709, 7 September 1762. Boyer was paid 200 livres for the apprenticeship of Jacques, son of master surgeon Joseph Boission, from St. Just, Saintes.

according to Brockliss and Jones, be described as professionalisation.[82] Increasing numbers gained prominence with posts in the hospitals in the city, and became members of academies in Bordeaux and elsewhere, largely in line with the 'statist' model suggested by Brockliss and Jones. Their 'publicist' model may also be found in increasing tendencies to exploit the market and enter into the world of print. For both models of change, however, the 'political edge' and implied criticism of the state in general, although complying with a general awareness of the dysfunctions within the old regime described more generally in the Introduction and chapter one, cannot be traced in any detail in the careers of practitioners in Bordeaux.[83] At the same time numbers of practitioners from outside the city and the region increased as opportunities for successful practice extended, with the expansion and greater wealth of Bordeaux. Yet even by the end of the period substantial numbers of practitioners conformed to the traditional pattern, they were from existing medical families in the city, and as such took advantage of the networks of contacts established by their fathers.

There was an immense variety in types of careers, and several cohorts of practitioners may be seen in all three groups. Although the surgeons show the most pronounced change, as they raised the entry requirements in mid-century, excluding exclusively practically trained men in favour of those with both practical and theoretical training, such changes were discernable in the other two groups. For all three groups the first cohort was generally traditional, in all probability trained exclusively in the city, and was often followed by a son. These men conform to the earlier pattern of practitioners in which surgeons were less highly qualified and learned than the other groups, and in which the apothecaries were generally simply practitioners of their craft. The physicians were, on the whole, similarly limited in their horizons. The next cohort, active from around 1740, were less bound by the confines of the city. Many had trained elsewhere, and tended to take advantage of the career possibilities opening within the city as it expanded in wealth and population. For example this generation of apothecaries had increasing opportunities to be involved in foreign trade. For the surgeons this was the group involved in the creation of the School, an endeavour that brought them into the public gaze, and provided new contacts with the élite of the city. The physicians of this cohort were a mixture of the élite group who trained in Montpellier and Paris and those who had remained in the city, producing conflict within the group as the college resisted changing medical practices and new types of practitioner. The third cohort saw a movement

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[82] Brockliss and Jones, 32. In explaining why they avoid the use of terms such as professionalization they say 'our account throws out of kilter efforts to present an account of early medicine moving in unilinear fashion towards scientific medicine achieved through forces of 'professionalization''.
[83] Brockliss and Jones, 30.

towards an increasingly public type of practitioner, one who gained fame or reputation in the wider world, who began to publish their work and form relationships with the medical world at large, and who were slightly less likely to be Bordeaux-born or to have a father from the medical world. The apothecaries in this generation could be part of a horizontal rather than a vertical family linkage, and several were active chemists and members of academies. The élite surgeons too contained growing numbers with a reputation within the medical world for some innovative instrument or technique, and increasing numbers were actively publishing their work. For the physicians this was the time when the college steadily refused new members, when it attempted to limit the activities of its existing members, when the rift between the traditional Bordeaux based practitioner and those who had gained experience elsewhere in new areas such as midwifery grew wider.

Generalisations are not the best way to understand change, however, and thus this section concentrates on the careers of nine practitioners who typify the different stages. Although accepting the particularities of such an approach, nonetheless this analysis will, in establishing examples from all three corporations for all three cohorts, offer a unique view of the progressions and transformations within medical careers, using the case study of Bordeaux as a potential means to understand the wider changes in France. The description of such a range of careers will also add detail to the argument concerning differential rates of change among practitioners and their corporations. It will be argued that the professionalisation of surgery, and the creation of an élite within the group, served to produce two areas of conflict, the traditional surgeons against the modernisation of their corps, and the élite against the residual corporatism of their governing body. For physicians the emergence of practitioners in the statist and publicist models served to produce a divergence between their more modern approach to practice and the essentially traditional and privileged attitude of the college. The apothecaries also suffered disharmony between the traditional needs of the corps and those of its members, increasing numbers of whom were involved in the market and science. The discussion will centre on the physicians Pierre Cambert, Jean-Baptiste Barbeguière, and Candide-François De Grassi, the apothecaries Jean Belin, Jacques Vidal, and Louis Alphonse, and the surgeons Bertrand Gaussens, Jean-Robert Grossard, and Pierre Guerin.

Bertrand Gaussens was accepted as a master surgeon in July 1700 and practised until at least 1760.[84] His father Mathurin had been a surgeon before him, practising from 1667 to around

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[84] ADGC1712; C1715; *Almanach,* 1760.

1714, and his mother was Marguerite, the daughter of Gascon Ferbos, master apothecary.[85] Gaussens married and had a son Guillaume who in turn married into the extended Ferbos family, but did not enter surgery.[86] Although Bertrand did not act as officer within the corps, nor hold any posts in the city, he enjoyed a long and successful career, as indicated by the bourgeois status of his son, and the substantial fortune left on his death, which included several properties in the city.[87] In addition the family enjoyed a wide network of friends and relatives in the city, as shown by his attendance at the Betbeder-Ferbos wedding in 1752 and his involvement as guardian for his sister's children when she was widowed at a young age.[88] However successful he may have been in achieving prosperity for his family, nonetheless he did not gain any public recognition for his service as a surgeon, and he typifies the first generation of surgeons in the city: son of a surgeon, trained in the city, with a quietly successful career.

In contrast the career of Jean-Robert Grossard (c.1711-1778) was more publicly successful. He had gained his mastership in June 1738 and worked until at least 1778, his widow continuing his practice until 1782.[89] He was an active member of the corps, being one of the three surgeons considered to take the post of *greffier* in May 1745, and was closely involved in the creation of the School, acting on the committee to oversee the design of the building and on that to distribute invitations to the grand opening.[90] His profile as a surgeon was increased by his hospital posts; he was surgeon to the hospitals Saint Louis and de la manufacture, and consultant to the hôpital Saint André.[91] In addition he was a member of the Society of Surgery, acting as director during 1771.[92] His career was therefore more public than that of Gaussens, and he was one of the few surgeons who appeared in the *affiches*: in November 1778 he, Delort and Felloneau endorsed the mouthwash of the Paris surgeon-dentist Bouchereau.[93] His efforts were also financially successful; he bought three properties near the city in 1764, which exempted him from *taille*.[94] He had lived in Sainte Colombe for most of his career, but by 1760 had moved to the popular medical address of rue Neueve in

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[85] J. Cluchard, 'Quelques', 24.
[86] ADG3E24038, 10 May 1749.
[87] ADG3E24038, 7 August 1749.
[88] ADG3E24041, 18 December 1752; ADG3E24038, 10 May 1749.
[89] ADGC1711; C1715; C2792.
[90] Péry, 193.
[91] ADGC1711; *Almanach*, 1760; Péry, 242.
[92] ADG6E24.
[93] AAADB, 5 November 1778.
[94] ADGC4882 14 August 1764.

Saint Michel.[95] His son also became a surgeon, gaining his mastership in January 1767, and had trained as a physician, gaining his doctorate from Montpellier in 1764.[96] Jean-Charles (1748-1800) went on to make a successful career within the city, although he did not attempt to join the college, becoming a member of the Academy of Science in 1773, of the Society of Surgery in 1766, and was a founder member of the Society of Medicine and Surgery in 1798.[97] Grossard thus offers a good example of the career of a surgeon around mid century, whose son, although following him into medicine raised his social and professional status by extending his training.

Pierre Guerin (1748-1827) is a fair example of the third generation of surgeons in the city, who benefited from the efforts of the previous groups to establish surgery as respectable and profitable, and, from the creation of the School and the raising of entry standards, attracted a higher echelon of surgeons to work in the city.[98] Guerin was born near Lyon, was partially educated in Paris, and trained as a surgical *interne* in the hôtel Dieu in Lyon for four years.[99] In 1769 he wrote *Traité sur les malades des yeux*, which was published in Lyon, yet by 1773 he had been accepted as a member of the exclusive Bordeaux Academy of Science. The story told by Féret explains his presence in the city thus: he wished to go to sea as a marine surgeon, but during his examination the surgeon to the admiralty, Antoine Dubruel, was struck by his knowledge and persuaded him to stay in Bordeaux.[100] This was the beginning of a long and fruitful multiple relationship; Dubruel was Guerin's patron, friend, and ultimately his father in law. Guerin was an active and inventive surgeon, professor, and academician. He was a member of the Paris Academy of Surgery, the Montpellier Academy of Science, a founding member of the Bordeaux Society of Surgery, the post-revolutionary Society of Medicine and Surgery and a founder member of the Society of Medicine that

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[95] ADGC1715; 3E24037, 5 September 1748; ADGC4882; *Almanach*, 1760.
[96] Féret; Desgraves, *Les livres*; Jean-Charles Grossard, *De optima et tutissima celeberrimi rothomagensis professoris methodo; qua in viris calculosis celebratur sectio naturalis dissertatio anatomico-chirurgica* (de la Court, Bordeaux, 1766); Jurade, III, 311.
[97] De Gères, *Académie*; A.-A. Chabé, *Histoire de la Société de médecine et de chirurgie de Bordeaux à l'occasion de son Cent-cinquantenaire* (1798-1948) (Bordeaux, 1948).
[98] Much information on the careers of the Guerins was drawn from Corlett, '"No Small Uncertainty"', 217-234; P.-J. Darracq, 'Les chirurgiens à Bordeaux au XVIIIe siècle', *Histoire des sciences médical*, XV, 4 (1981), 299-303; Y. Dordain, 'La chirurgie provinciale Française au XVIIIe siècle. Son niveau technique d'après les membres non résidents de l'academie royale de chirurgie' (unpublished Ph.D. thesis, Rennes, 1962); P. Hurd and M.-J. Imbault-Huard, 'Pierre Guérin (1740-1827)', *Congrès national des sociétés savantes, Pau*, 1, Histoire des sciences (1969), 151-156.
[99] ADG6E24, records Guerin as of the University of Paris and living in Saint Simeon.
[100] Féret.

lasted only from 1796-8.[101] He is chiefly remembered for his innovative additions to surgical techniques. He had some experience of oculism before his arrival in Bordeaux, and then trained with Beranger who had been a student of the famous oculist Daviel; Guerin invented a special instrument for making an incision in the cornea.[102] Perhaps his most innovative surgical process was one for easing lithotomy; his catheter first expanded the urethra to allow safer removal of the stone. His son Jean-Basile-Paulin (1776-1835) became a physician and oculist, training with Boyer in Paris, before returning to Bordeaux where he became surgeon in chief at the hôpital Saint André. Pierre Guerin was attracted to practise surgery in Bordeaux, and enjoyed a successful career in the professional and academic worlds.

The change traced from the first to third cohorts within surgery is thus striking, indicating the growing professionalisation of surgery, the advancements in techniques, post-holding, immigration into Bordeaux and rise in status of surgeons themselves within the city. However, the example of Guerin has been taken from the élite within surgery, and the majority of surgeons were not so innovative or culturally successful. This adds further emphasis to the divergence which this chapter and the next seek to trace, between the needs of the corps - to enhance the reputation of surgery through support of élite practitioners, and the needs of the more ordinary members outside the élite group - for support in the everyday practice of their profession or craft. At the same time, the élite within the group were also, as was shown in their increasing rejection of the control of the jurade in chapter three, moving away from the corporatist model and thus were in conflict with traditional corporate values.

The situation for apothecaries was different to that for surgeons. Change was more gradual as the progress of pharmacy towards professionalisation was slower than for surgery. Nonetheless the three cohorts of apothecaries were markedly different one from another. The first cohort is typified by Jean Belin (c.1685-1762) who was accepted as master in 1710, following his father Gabriel and his grandfather into pharmacy.[103] He was in turn succeeded by his son Gabriel (1714-c.1794) who practised from 1741 to 1790, thus the Belin dynasty reached from the mid-seventeenth to the late eighteenth century. Jean had been trained by his father, and in turn trained his own son, and was an extremely active member of the corps. He and his father attended most meetings, and Jean acted as officer for at least eight years

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[101] Dordain, 'La chirurgie'; ADG D56; Chabé, *Histoire*.
[102] AMB FF82b; Péry, 272; Hurd and Imbault-Huard, 'Pierre Guérin', 154.
[103] ADGC1716; C1717.

between 1712 and 1723.[104] Jean was appointed apothecary to the hôpital Saint André in 1712, a post he held until 1731.[105] He owned a property in rue Bouquière, Saint Michel, and lived there from 1714 to 1725, then buying and moving to another property in rue Saint James, Saint Eloy, both popular parishes with apothecaries as discussed above.[106] The family was involved in both borrowing and lending money, and was wealthy enough for Gabriel to employ a valet in 1762, a prosperity that is reflected in the high level of tax he paid in 1777, almost 82 livres.[107] Some of this wealth may have been obtained through Jean's marriage to Marie Carmeil in 1717, she was the widow of Etienne Doual, and had one son Bernard from this marriage.[108] Jean Belin was also the major beneficiary on the death of Jean Mathieu Berton, bourgeois and merchant, and acted as his executor in distributing the other bequests.[109] Jean Belin's career was thus based firmly in the city and his corporation, achieving success in accumulating wealth.

Jacques Vidal (c.1722-c.1778) was also a successful apothecary, but his interests ranged outside the city and he was involved in a lucrative international trade in medicaments.[110] Vidal was the son of Jacques, who had begun his examinations to gain entry to the corps in May 1734, but died before acceptance.[111] Vidal therefore took the full range of examinations prior to his own acceptance in May 1752, as he was not technically the son of a master. He was assiduous in attending meetings, and acted as officer eleven times between 1752 and 1773. The difference in marriage settlement amounts between his marriage in 1759 and that of his son in 1780, also a master apothecary, reveal the increasing fortunes of the family. When Jacques married Françoise Georges, his portion was 1,000 livres compared to her contribution of more than 14,000 livres.[112] However, the marriage of their son François to Jeanne, the daughter of negotiant Dominique Ollies saw the male contribution rise to 12,000 livres while the portion from her parents was 10,000 livres.[113] Vidal was able to exploit the growing market for medicine chests for vessels as the maritime trade of Bordeaux expanded, as was discussed in chapters one and two, for example providing a chest for the *Aimable Therèse* in 1778 which contained around 80 items, and two chests for captain Chigaray of

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[104] ADGC1716.
[105] ADGC1716, 15 September 1712.
[106] ADG3E7972-5, 9 January 1714; 3E24037, 31 October 1748.
[107] ADGC2792.
[108] ADG3E24051, 15 February 1762.
[109] ADG3E24037, 2 March 1748.
[110] Dalat, 'Un chirurgien de mer', 275-281; Cluchard, 'Quelques'.
[111] ADGC1716, 24 May 1734.
[112] ADG3E13048.
[113] ADG3E20594.

L'heureuse Marie in 1774 worth more than 1,300 livres.[114] François followed his father into pharmacy, and practised from around 1780.[115] Vidal thus exemplifies the second cohort of apothecaries; his family was connected with pharmacy, he trained locally, was active in the corps, and was involved in wholesale and international trade in medicaments.

The third cohort is best shown in the career of Louis Alphonse (1743-1820), who although not part of a horizontal family linkage, was an active chemist and academician. Alphonse was the son of a master apothecary of Bordeaux, whose acceptance in 1745 I have discussed elsewhere.[116] Joseph was involved in the international trade in drugs, and was probably from Nantes, as in 1771 he inherited from an aunt who lived near that city.[117] Louis Alphonse was accepted in 1767 following instruction from both Rouelle and Macquer in Paris, and paid the full fee of 1,000 livres so that he and his father could have two businesses in Saint Pierre: despite this they paid tax jointly in 1777 at only 4% of the total.[118] Both were active members of the corporation, acting frequently as officers, and attending regularly to the end of the records. In addition Louis published an analysis of the different springs from which water was supplied to the city, gave a paper to the Academy of Science in Bordeaux, to which he had been elected in 1777, on the treatment and care of Negro slaves on the passage to the West Indies, was a corresponding member of the Agricultural Society of the Landes, and a member of the post revolutionary Society of Medicine and Surgery in Bordeaux.[119] The respect in which Louis Alphonse was held in the corps is indicated by his role in the early years of the revolution, when he was chosen by the apothecaries to represent them at the meeting to decide on the city's representatives to the Estates General in 1789.[120] This respect was clearly maintained, as the pharmacist Lartigue wrote his eulogy shortly after Alphonse's death in 1820. Alphonse was an active member of the corps, and worked through his career within the corps to maintain the standing of his fellow apothecaries; his chemical interests did not prevent his continuing activities as an apothecary. He encapsulates the third stage of apothecaries, showing a strong move towards a more rigorous training, and a more scientific approach to the craft of pharmacy. His success was most marked in the cultural rather than the economic world, although he enjoyed moderate financial success, owning a rural property to which he 'retired' to escape the turmoil of the revolution.

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[114] ADG3E23451, 24 August 1774; ADG3E23452, 26 June 1777.
[115] Cheylud, *Histoire*.
[116] Smith, 'Weighed in the Balance?', 22.
[117] ADG3E20575, 21 February 1771.
[118] Much detail on his career is drawn from Féret; Tax from ADGC2792.
[119] De Gères, *Académie*; Tournon, *Liste*.
[120] Bordeaux, *Liste alphabetique des députés du Tiers-État de la sénéchaussée de Guienne* (Bordeaux, 1789).

The change over cohorts of apothecaries is thus quite plain. They became more involved in international trade and the cultural world, and the familiar pattern of vertical continuity seen in the Belin dynasty was increasingly replaced by more complex horizontal linkages, to be discussed in the next chapter. Although the corporation did change in response to pressures of inheritance, such as the increasing tendency for sons to enter practice before the retirement of their father, nonetheless the 'harmony' in the corps proved difficult to maintain, as the discussions in chapters two and three demonstrated. What had emerged as a result of the additions to practice of many members was a conflict between the traditional stance of the group and the more innovative approach of its members, which is also conspicuous in the physicians.

The change in the cohorts of physicians is most marked when compared to the strongly traditional character of the college. All three groups tended to have academic interests, they were members of an academy or taught medicine in some capacity, as might be expected from the high status of physicians within the city. The first cohort is rather difficult to typify, however, the career of Pierre Cambert (c.1690-1777), aside from his lack of involvement in the academy and his site of practice in Saint Seurin, is the best example. Cambert was accepted into the college in 1718 after taking his doctorate of medicine in Bordeaux and practised to 1777, an extraordinarily long career.[121] He was an active member of the college, acting as officer, and was a member of the panel of judges who chose the new professors of medicine in the 1750s. He had been one of the four physicians who contested the chair of medicine in 1716 that was awarded to Grégoire, and taught pharmacy to the apprentice apothecaries from 1718 to 1728.[122] Cambert was a regular attendee of the masses organised by the college, which attests to his continuing observance of religious festivals.[123] The tax records kept by the college demonstrate his growing wealth as his contribution increased steadily from 6 livres to a maximum of 33 livres from 1736 to 1771, compared to his colleagues whose contributions often decreased towards the end of their careers. His average tax paid over career was the seventh highest of those recorded over the years from 1736 to 1770, at 16.87 livres, as shown in Table 4.6. Like several of his contemporaries, Cambert did not marry, and thus left his substantial fortune to his sisters and a cousin on his death.[124] His

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[121] ADGC1696; C1697; *Almanach,* 1760.
[122] Cheylud, *Histoire,* 93.
[123] ADG6E71.
[124] ADG3E23451, 30 August 1773.

career may thus be seen as a successful one in the economic realm, although he was not active in the academy, nor did he enter into publishing.

In contrast the career of Jean-Baptiste Barbeguière (c.1727-c.1799) was much more public. He published several works, and was involved in consultations with higher authorities. In addition he was part of a network of physicians within the city who were active in various areas for the potential good of medicine. Barbeguière swore his oath before the jurade of the city on the same day, 14 June 1755, as his contemporary Jean Betbeder, with whom he contested the two vacant professorial chairs in the 1750s.[125] Betbeder, thanks to the intervention of the king, was successful, but Barbeguière did not cease his efforts to obtain a chair. Together with Doazan, who had also taken part in the contest, he wrote to the authorities, attempting to persuade them of the need for two further chairs.[126] They suggested that teaching in medicine should be extended to include pharmacy and chemistry, and surgery and anatomy. For this they gained the support of chancellor Lamoignon, who then persuaded the Intendant to approach the University and the jurade. Although all those who were directly involved were in favour of the plan, the two chairs were not established, because the jurade was not willing to pay the annual salaries of 300 livres. Barbeguière went on to be employed by the jurade to report, together with Doazan and Vilaris, on the water quality in the public fountains, recommending that the copper pipes be replaced with iron to ensure purity.[127] He was one of the extensive panel of physicians and surgeons that recommended the creation of a hospital for venereal disease in the city, although this suggestion was supported by those in charge of military and marine operations in the city, the authorities eventually decided to reserve a part of the hôpital Saint André for the treatment of sufferers.[128] Barbeguière also played a large part in the college, and was chosen to be their correspondent with the Royal Society of Medicine via Vicq D'Azyr.[129] His career in the academic world did not include membership of the Bordeaux Academy of Science, but he was a member of the Society of Medicine and Surgery from 1798.[130] He was an opponent of Mesmerism, publishing a satire on the theme in 1784, as was discussed in chapter two.[131] His public career was also successful. He was physician to the hôpital de la manufacture and

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[125] AMB ii 20, 14 June 1755; ADGC1696.
[126] ADGC1701, various letters.
[127] ADGC3571.
[128] ADGC3670.
[129] ADGC1697, 20 December 1777.
[130] Chabé, *Histoire*.
[131] Barbeguières, *Maçonnerie mesmérienne*.

to the maison de la force, and acted as physician royal for three years from May 1768.[132] The respect in which he was held in the college, and his social status, is underlined by their choice of him as their representative to the meeting of the nobility in November 1788 to discuss the re-establishment of the estates of Guyenne.[133] In 1799 he published *Petition au conseilles de 500, les officiers de santé de Bordeaux*, and his was the first signature on the letter requesting the creation of a new medical school in the city.[134] Barbeguière's career did not reach the heights of his contemporary Betbeder, yet it demonstrates the innovative types of endeavour that his cohort embarked upon, and their attempts to improve the standards of teaching of medicine in their local University. He also shows how the traditional quality of the college was not, even in mid-century, reflected in the careers of its members, who were much more modern in outlook.

The third cohort of physicians is again difficult to generalise, including a number of different career patterns. However, that of Candide-Frederic de Grassi (1753-1815) offers an example of a practitioner whose roots were not in the city, and whose career continued throughout and after the revolution. De Grassi was born in Dresden, the son of the physician to the king of Poland, Florio-Hyacinthe, who died in Bordeaux in 1774.[135] The family had moved to Bordeaux following the death of their patron, the mother of Louis XVI, and de Grassi was accepted into the college in July 1781, acting as officer in 1788.[136] De Grassi was involved in the balloon ascent in Bordeaux from the *Jardin public* in 1784, although he did not remain in the basket for the ascent itself.[137] The publicity following his involvement was not all favourable, and several scathing poems on the subject are recorded by Lapouyade. This aside he established a successful career in the city, and was described by Saincric in his thesis of 1806 which was dedicated to de Grassi as 'practicien heureux et habile, savant aimable, philosophe sensible'.[138] His reputation was founded on his involvement in the academic life of the city from 1796 when he co-founded the short-lived Society of Medicine. He went on to become a member of the Society of Medicine and Surgery and was president for three years between 1801 and 1813.[139] De Grassi was influential in the city, as the physician for

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[132] *Almanach*, 1760; Péry, 63.
[133] Péry, 402-403.
[134] J.B. Barbeguières, *Petition au conseilles de 500, les officiers de santé de Bordeaux* (Bordeaux, 1799); Péry, 393.
[135] Much detail has been drawn from Féret.
[136] ADGC1697.
[137] M.de Lapouyade, *Les premiers aéronautes bordelais, 1783-1799* (Bordeaux, 1910).
[138] Saincric, 'Essai', 'A skilful and fortunate practitioner, kind scholar and sensitive philosopher'
[139] Chabé, *Histoire*.

epidemics, linked to his interest in vaccination that was expressed in his one publication, and administrator for both the hôpital Saint André and the institute for the deaf and dumb.[140] Following his interest in hygiene he was involved in various schemes to improve health within the city that included drainage of the marshes, improvements to prison hygiene, and schemes to provide clean drinking water to the city. The respect with which he was held by his contemporaries is demonstrated in the inscription on his tomb that read,

Superieur dans son art	[Superior in his skill
honoré parmi les savants	Honoured among scholars
distingué parmi ses concitoyens	Celebrated among his fellow citizens
et connu de tous les malheureux	And known by all unfortunates
il fut digné d'une plus longue vie....[141]	He was worthy of a longer life...]

De Grassi therefore was one of those who moved the emphasis of medicine into prevention through vaccination, and into better hygiene for the city dwellers, away from the more secluded practice with the élites of those in practice earlier in the century.

For the physicians the difference that emerges between the three cohorts is a growing tendency towards public service in various forms, from the attempts of Barbeguière to obtain an increase in medical professors to the involvement of de Grassi in public health and vaccination, what might be termed 'statist' behaviour. At the same time there is also evidence of a growing involvement in publicist behaviour, as the physicians above published on more popular subjects and were active in popular science. The differential rate of change among the members and the essentially traditional and status-conscious college described in chapters two and three was thus noticeable, and the corps and its members increasingly had different needs. For the physicians the forms of corporatism with which they complied so strictly within their meetings, such as the use of Latin, were becoming less relevant to their increasingly public careers.

This section has therefore, in establishing three distinct cohorts of practitioners, also demonstrated four interlinked issues. First, it has shown that careers became increasingly pluralistic over the eighteenth century, as practitioners used new opportunities in the market and public service to extend their activities. Secondly, and linked to the first point, it has shown how pluralism was common for all levels of practitioner, not merely the élite. This demonstrates the importance of a consideration of both élite and 'ordinary' career patterns for an understanding of underlying trends. As mentioned earlier, previous studies have used

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[140] La société de médecine de Bordeaux, *Rapport sur la vaccine, présenté au citoyen conseiller d'état, préfet du département de la Gironde* (Bordeaux, 1801).
[141] Féret.

a variety of examples to demonstrate pluralism or other trends, in somewhat episodic manner. This innovative approach, a collective biography encompassing all members of the three medical corporations, has therefore provided a more nuanced analysis of career trends than previously available. Thirdly, the individual careers described represent examples of a widespread acceptance of 'statist' and 'publicist' behaviour, as described by Brockliss and Jones. However, as the previous chapters showed, this acceptance was not found in all the corporations governing practice, which remained essentially traditional and 'corporatist' in many ways. Thus, and fourthly, I would argue that this latter point demonstrates how the needs of the individual practitioner gradually became divorced from the needs of the group to which he belonged. As the surgeons professionalised, establishing their School, rising in status, having previously increased rapidly in numbers, so too the careers of their members were transformed. However, for the surgeons the conflict was different for élite and ordinary practitioners. The former worked outside the boundaries of traditional corporatism and thus the forms became irrelevant, while for the latter the modernisation of their corporation was in conflict with their own traditional needs. The physicians, although becoming involved in more publicity and public service as individuals, remained part of a group that was keen to retain its traditional place within the hierarchies of the city and the medical world. The apothecaries too were absorbing new ideas and new forms of practice which led to conflicts between the traditions and privileges of corporatism.

However, it would be wrong to suppose that all practitioners fitted into such generalised stereotypes, and the subjects of the next section are those men whose careers were substantially different from the norm in some way. These differences range from those physicians who were professors and academicians, and the surgeons who were innovative either in the creation of their school or in the invention of new instruments and techniques.

Success

Success is intangible and the 'typical' careers discussed above have indicated the economic, cultural, and professional realms in which it may be found. Practitioners rarely enjoyed success in all areas, however pluralistic their careers may have been, and this section is concerned with a comparison of parallel careers to demonstrate further the difficulty of establishing 'success'. The assessment which relates to patients and fees, however thin the evidence, is the subject of the first part, which then moves on to consider some of the more obviously successful practitioners. Taking the measures of success in a medical career established above, that is, evidence of prosperity, a rise in status both professionally and socially, generally achieved through a range of medical activities, then many practitioners in

Bordeaux can be seen to be successful. Yet such achievement was not always complete, there may not have been an increase in prosperity, or perhaps evidence of a well-rounded career, or they may have thrived in one realm, profession, without a reflection of that attainment in cultural or economic terms. This discussion therefore concentrates first on ways to assess economic prosperity, and then considers pairs of more obviously successful practitioners in an endeavour to assess different kinds of achievements.

Although little evidence of fees paid remains in the archives, the few bills paid to practitioners reveal that surgeons were the highest paid at an average of almost 650 livres, with the apothecaries next at more than 200 livres and the physicians lowest at 31 livres. However, these figures are undoubtedly inaccurate overall, being drawn from only ten bills for surgeons, four for apothecaries and two for physicians. A closer consideration of the higher amounts, such as the bill for 800 livres presented by Carrie for services to the merchant Montagnat, reveals that this represented five years of care for a large family, including the long illness of one person.[142] In similar manner, the higher amounts rendered by the apothecaries usually represent the provision of a marine medicine chest, and were therefore a single and expensive outgoing for the ship's owners. The lack of evidence concerning physicians' fees may be related to the manner in which their bills were presented, the two included are drawn from the final accounts of Jean Ducot in 1791.[143] There is no evidence in Bordeaux of any scales of fees similar to those of Nîmes, as mentioned by Brockliss and Jones.[144]

Perhaps a better way to establish relative wealth is to examine tax records, faulty and partial though these may be. As established above, on average surgeons and apothecaries paid more tax than physicians. However it was the latter group who recorded their tax contributions for most years from 1736 to 1770, thus allowing a more detailed analysis of patterns of tax payments over a career. Again the strength of the collective biography as a methodology is revealed in the range of data available for analysis in Tables 4.6 and 4.7. The latter table, showing the proportion paid by each practitioner for each year, reveals that most physicians, and by inference other practitioners, began their career paying a lesser proportion of the tax burden, then paid gradually more to reflect their growing success. Many also paid gradually less towards the end of their careers: for example, the proportion of tax paid by Bernada fell from the mid 1760s. The band of tax paid by most physicians was 10-20 livres from 1758-

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[142] ADG 7B 540.
[143] ADG - serie U, fonds negotiants, dossier Ducot.
[144] Brockliss and Jones, 545. For a general discussion on fees and payments, 534-548.

Table 4.6 Annual capitation paid by physicians, Bordeaux 1736-1770.

Name	average	1736	1737	1741	1743	1744	1746	1748	1749	1758	1759	1760	1762	1763	1764	1765	1766	1767	1768	1769	1770
Cardoze	41.2	40	40	37.5	46.1	46.1	41.1														
Labruë J.	27.1	36	14	31.2																	
Caze P	19.0		9	8.1	13.0	13.0	11.1	13.1	13.1	19.0	22.1	40.3	19.0	43.2	21.2	21.2	21.2	21.2	21.0	21	22
Doazan P	19.0									10.1	12.9	21.1	20.0	26.1	13.5	17.0	21.0	21.0	21.0	21	23
Barbeguière	17.5									7.0	10.1	18.8	16.8	25.2	16.7	17.0	20.0	20.0	18.0	19	21
Cazaux	17.4	6	6	8.6	13.2	13.2	12.3	14.2	14.2	17.0	19.0	34.2	32.0	38.2	19.7	21.5					
Cambert	16.9	6	6	7.4	9.2		8.2	10.2	10.1	12.0	14.5	24.1	24.0	30.2	15.7	19.1	22.1	22.1	22.1	14	27
Puyperoux	16.8			13.0	18.8	18.8	16.1	19.0	19.0												
O'Sullivan	16.8											17.6	16.0								
Caze J-J	16.7									10.0	11.7	19.9	16.0	24.0	13.1	17.0	17.4	17.1	17.0	17	20
Grégoire B	16.6					12.2	11.4	12.2	12.2	12.0	14.5	24.2	11.5	30.2	15.7	18.0	20.0	20.0	17.0	18	21
Castet D	16.2									8.0	10.1	19.9	18.0	25.1							
Grégoire J	16.2	14	14	13.0	18.8	18.8	16.1	19.0	19.0												
Lucquin	16.2	14	14	13.0	18.8	18.8	16.1	19.0	19.0												
Lamontagne	15.3									9.0	9.1	17.7	18.0	25.1	12.2	15.0	16.1	16.1	15.0		
Doazan J	15.3	14	14	13.0	18.8	18.8															
Gramaignac	15.2						9.2	11.7	11.7	14.1	11.2	24.2	23.0	25.1	12.2	14.1	16.2	15.0	13.0	13	15
Seris	15.1	14	14	13.0	18.8	9.2	16.1	19.0	19.0												
Desault	14.0	14																			
Mathereau	13.1										8.6	14.0	13.0	22.1	11.5	13.4	14.4	13.0	12.0	12	10
Alary F	12.3																		12.0	12	13
Laglenne	12.0								8.0	8.1	9.1	16.4	14.0	16.2							
Betbeder	11.0									7.0	7.2	11.7	11.1	16.0	8.0	10.1	11.1	11.1	11.1	12	15
Lafargue	9.3																		9.0	9	10
Peyrault	9.2						9.2														
Boniol	8.5	1								7.0	7.2	11.2	10.1	16.0	8.0	6.0	10.1	9.0	8.0	8	9
Bernada	8.0			5.4	8.2	8.2	7.6	8.8	8.8	7.0	8.6	12.2	23.0	16.0	8.0	6.0	5.0	3.0	3.0	3	5
Campaigne	7.9	6	6	7.7	12.2																
Lamothe	7.5																			7	8
Fitzgibbon	7.3																		6.0	7	9
Lavigne J	5.1									4.0	3.1	5.6	5.0	8.0	4.0	6.0					
Total		165.0	137.0	170.7	195.8	177.0	174.5	146.2	154.1	151.3	179.1	333.0	290.5	386.4	179.4	201.4	194.6	188.6	205.2	193.0	228.0

Source: Tax amounts were noted by the physicians in ADGC1696.

Table 4.7 Annual percentage of tax paid by physicians, Bordeaux 1736-1770

Name	1736	1737	1741	1743	1744	1746	1748	1749	1758	1759	1760	1762	1763	1764	1765	1766	1767	1768	1769	1770
Cardoze	24.2	29.2	22.0	23.5	26.0	23.6														
Labruë J.	21.8	10.2	18.3																	
Caze P		6.6	4.7	6.6	7.3	6.4	9.0	8.5	12.6	12.3	12.1	6.5	11.2	11.8	10.5	10.9	11.2	10.2	10.9	9.6
Doazan P									6.7	7.2	6.3	6.9	6.8	7.5	8.4	10.8	11.1	10.2	10.9	10.1
Barbeguière									4.6	5.7	5.6	5.8	6.5	9.3	8.4	10.3	10.6	8.8	9.8	9.2
Cazaux	3.6	4.4	5.1	6.7	7.4	7.0	9.7	9.2	11.2	10.6	10.3	11.0	9.9	11.0	10.7					
Cambert	3.6	4.4	4.3	4.7		4.7	7.0	6.6	7.9	8.1	7.2	8.3	7.8	8.8	9.5	11.4	11.7	10.8	7.3	11.8
Puyperoux			7.6	9.6	10.6	9.2	13.0	12.3												
O'Sullivan											5.3	5.5								
Caze J-J									6.6	6.5	6.0	5.5	6.2	7.3	8.4	8.9	9.1	8.3	8.8	8.8
Grégoire B					6.9	6.5	8.3	7.9	7.9	8.1	7.3	4.0	7.8	8.8	8.9	10.3	10.6	8.3	9.3	9.2
Castet D									5.3	5.7	6.0	6.2	6.5							
Grégoire J	8.5	10.2	7.6	9.6	10.6	9.2	13.0	12.3												
Lucquin	8.5	10.2	7.6	9.6	10.6	9.2	13.0	12.3												
Lamontagne									5.9	5.1	5.3	6.2	6.5	6.8	7.4	8.3	8.5	7.3		
Doazan J	8.5	10.2	7.6	9.6	10.6															
Gramaignac						5.3	8.0	7.6	9.3	6.2	7.3	7.9	6.5	6.8	7.0	8.3	8.0	6.3		
Seris	8.5	10.2	7.6	9.6	5.2	9.2	13.0	12.3												
Desault	8.5																			
Mathereau										4.8	4.2	4.5	5.7	6.4	6.7	7.4	6.9	5.8	6.2	4.4
Alary F																		5.8	6.2	5.7
Laglenne								5.2	5.4	5.1	4.9	4.8	4.2							
Betbeder									4.6	4.0	3.5	3.8	4.1	4.5	5.0	5.7	5.9	5.4	6.2	6.6
Lafargue																		4.4	4.7	4.4
Peyrault						5.3														
Boniol	0.6								4.6	4.0	3.4	3.5	4.1	4.5	3.0	5.2	4.8	3.9	4.1	3.9
Bernada			3.2	4.2	4.6	4.4	6.0	5.7	4.6	4.8	3.7	7.9	4.1	4.5	3.0	2.6	1.6	1.5	1.6	2.2
Campaigne	3.6	4.4	4.5	6.2																
Lamothe																			3.6	3.5
Fitzgibbon																		2.9	3.6	3.9
Lavigne J									2.6	1.7	1.7	1.7	2.1	2.2	3.0					

Source: Table 4.6.

Figure 4.6 Physicians. Tax bands, Bordeaux 1736-1749

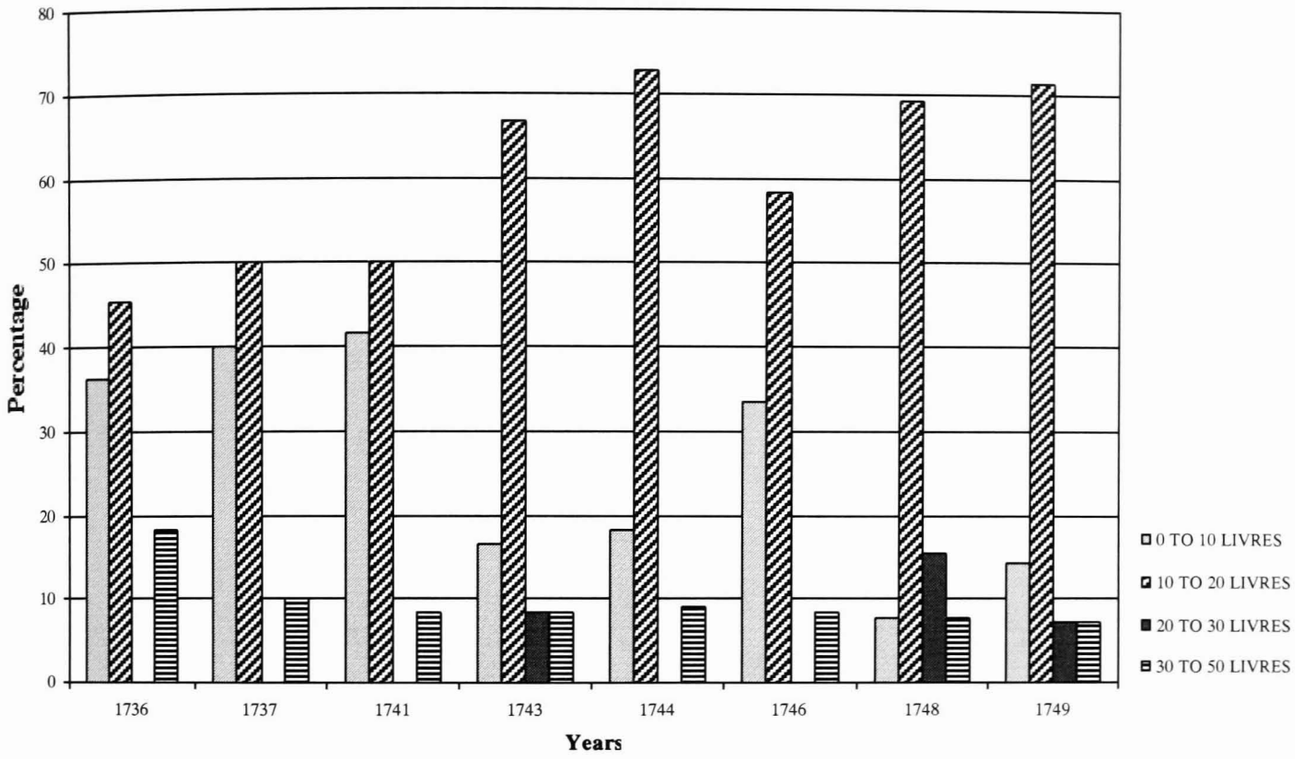

Figure 4.7 Physicians. Tax bands, Bordeaux 1758-1770

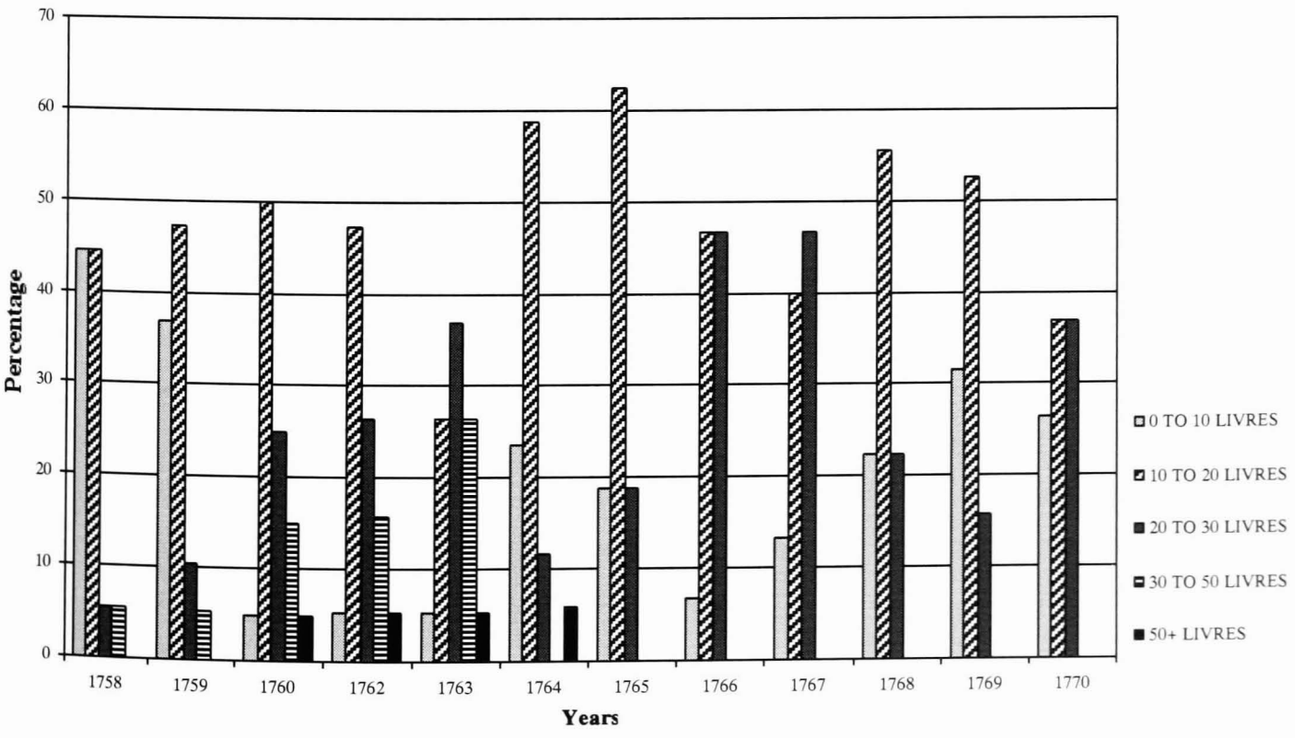

Table 4.8 Capitation paid by master surgeons, Bordeaux 1777

Name	Amount livres	% of Total	Name	Amount livres	% of Total
Laurent Larrieu	90.80	6.82	Saintourens	25.16	1.89
Lafourcade *fils*	69.00	5.19	Bechaud	22.40	1.68
Felloneau	63.12	4.74	Belin-Dupon	18.12	1.36
Dupuy, J.	62.80	4.72	Gouteyron, P.	18.00	1.35
Delort, F.	59.80	4.49	Guerin	16.40	1.23
Grossard, J.-C.	57.12	4.29	Mestivier, P.-F.	16.16	1.21
Carrie, L.	52.16	3.92	Bounal, J.	15.12	1.14
Lattes	49.40	3.71	Lucy	15.00	1.13
Gemain	49.16	3.69	Dupont	15.00	1.13
Beaudu	47.80	3.59	David, Joseph	14.80	1.11
Mathereau, J.G.	47.80	3.59	Vigneau	14.80	1.11
Sainjeannet, J.J.	45.12	3.39	Lassabe	14.80	1.11
Dubruel	43.16	3.24	Amourousmeau	13.16	0.99
Roux, F.-A.	40.40	3.04	Bouchet	12.12	0.91
Lafargue	40.40	3.04	Vitrac	11.80	0.89
Gouteyron, J.	38.80	2.92	Gignac	10.16	0.76
Briere	33.00	2.48	Bounal *fils*	10.16	0.76
Mamousse	30.40	2.28	Rivière, Jean	9.00	0.68
Laporte, J.	29.80	2.24	Touton	9.00	0.68
Pascaud	28.40	2.13	Duburg, A.	7.40	0.56
Martin, G.	27.00	2.03	Maserin	5.80	0.44
Taillefer	25.16	1.89	Total	1330.76	100

Notes: Arranged by highest to lowest amounts paid. Average payment was 30.24 livres.
Source: ADGC2792.

1770 and from 1736-1749, as shown in Figures 4.6 and 4.7, which emphasises the relatively low level of tax paid by physicians compared to the two other groups. Table 4.6 shows the practitioners in descending order according to the total amount of tax paid throughout their careers, and reveals that Joseph Cardoze paid the most tax amongst his colleagues, emphasised by the continuing payment of tax by his widow, from his death in 1748 to 1764. Because the total of tax demanded by the crown was divided among practitioners by the group, the proportions thus decided represent the relative success of each physician as seen by his peers. Thus some practitioners were seen to be more successful than others. For example Pierre Caze consistently paid more tax than his son Jean-Jacques over the years from 1758-1770, although both paid substantially more than either Pierre Boniol or Guillaume Bernada. Thus although Jean-Jacques Caze might be seen to be highly successful in other ways - he was professor of medicine, and physician to the hospitals Saint André and Saint Louis - his tax payments tend to demonstrate a lack of financial success of the first order. In an earlier period the professors Grégoire and Seris both paid less than half the contribution of Cardoze in the years from 1736 to 1746. The measure of 'success' for a practitioner must therefore be a flexible one: an individual may have sacrificed a widespread medical clientele to concentrate on other aspects of practice, such as service to the poor of the city, or activities within the academy, as will be further discussed in chapter five.

Taking this idea of peer assessment of a practitioner's 'success' to the available tax records for surgeons and apothecaries reveals a similar pattern. For the surgeons in 1777 the highest paying practitioner was Laurent Larrieu, as can be seen in Table 4.8, when perhaps the numerous posts, including lieutenant to the first surgeon, held by Lafourcade *fils* might indicate that he should have paid most tax. Larrieu also held an array of posts and positions, but not sufficient to indicate the highest income amongst his peers; it must be assumed, however, that the group as a whole was able to assess income accurately, and that he was seen to be the most financially successful at that time. The next tier of success, with payments ranging from 3.6 to 3.9 percent of the tax burden contained the other professors, Lafourcade, Felloneau, and Dupuy, although the fifth came much lower down the scale of payments. The next tier contained Massie, Delort, and J-R Grossard, all of whom held posts within the city, but there is little indication otherwise of their comparatively outstanding success. Hence the term 'success' must be used cautiously to describe the career of any practitioner, because success was measured in a variety of ways, and income derived from a variety of sources, as will be further discussed in the next chapter.

Perhaps the best way to demonstrate different kinds of success is to offer two examples, the parallel yet different careers of two surgeons and two physicians. Two surgeons demonstrate different kinds of success within the medical world. Raymond Lafourcade *fils* (1718-1784) and Jean Dupuy (1714-1772) were accepted in June 1739 and July 1740 respectively, and their subsequent careers ran in parallel in many ways, yet Dupuy was a member of two élite academies, while Lafourcade was the representative of the crown in the city.[145] This account seeks to draw out the similarities and differences in their careers, attempting to assess how the route to success was based on surgical innovation for Dupuy, and service to the corps for Lafourcade. Lafourcade was the son of a master surgeon, accepted as part of a group by order of the Intendant in 1713.[146] Both men quickly came to prominence within the corps, and it was they as officers who first suggested the creation of the School of Surgery at a meeting on 17 August 1750.[147] Although most of the credit for the creation of the School goes to the lieutenant of the first surgeon at that time, Ballay, both Lafourcade and Dupuy were chosen as professors.[148] Their parallel success continued and both were named, together with Jean Felloneau, as possible successors to Ballay on his death in August

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[145] Sources for both men include an enormous variety of documents from ADG series C; *Almanach,* 1760; Darracq, 'Les chirurgiens'; Maitre, 'Récherches'.
[146] ADGC1712, 6 November 1713.
[147] ADGC1711.
[148] See Table II.I in Appendix II.

1760.[149] Lafourcade was chosen by the king and was the titular head of the surgeons, and their link with the first surgeon, until his death in 1784. However, Dupuy enjoyed success in the cultural world, due partly to his surgical inventions especially those concerned with trepanning.[150] He was a member of the Bordeaux Academy of Science and a corresponding member of the Academy of Surgery in Paris.[151] Lafourcade chose to take his sons out of the medical world, training one as a lawyer and the other as a negotiant, whereas Dupuy's son trained to be a surgeon and physician, becoming a member of the corps in 1768, and going on to make a successful career within the medical world of the city.[152] Indeed Dupuy's daughter married the surgeon Lapeyre, who succeeded Lafourcade as lieutenant in 1784, holding the post until its abolition during the revolution.[153] It seems that Grassby's assertion that families remain in the same business for two generations rather than longer holds true for successful surgeons in Bordeaux. What does become clear when examining these two surgeons is that complete success professionally may be obtained in one realm only. Lafourcade's greatest success was in his post as lieutenant and therefore head of surgery in the city, whereas Dupuy's was the more intangible success within the cultural realm of academies. Nonetheless, their vision and energy helped to raise surgery within the city and within France.

The careers of two physicians demonstrate the conflicts within the college, and that the traditional quality of the group was not necessarily reflected in the careers of its members. Both Jean Betbeder (c.1727-1805), and Barthélémy Grégoire (1720-1784) were sons of practitioners; the former the son of an apothecary of neighbouring Mont-de-Marsan and part of the extended Ferbos family described above, and the latter the son of a physician of the college and professor of medicine.[154] Yet it was Jean Betbeder who became the next professor on the death of Jean Grégoire.[155] Why? As described in chapter three, the physicians of the college objected to the inheritance of the chair by Jean Grégoire's son due to his lack of knowledge. However, they had also objected to the qualifications of Jean Betbeder, only accepting him into the college after his endorsement by the king.

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[149] Jurade, III, 311.
[150] Le Maitre, 'Récherches', 15, 57.
[151] Dordain, 'La chirurgie provinciale', 19; *Almanach*, 1760; De Gères, *Académie*.
[152] ADG 6E25; C2906; C1707.
[153] Féret.
[154] Sources for both men include a range of documents from ADG series C; Bernadau, *Annales*; De Gères, *Académie*; Desgraves, *Les livres*; Féret; M. Thomas, *Les surséances et sauf-conduits à Bordeaux au XVIIIe siècle* (Bordeaux, 1912); and much detail from Péry.
[155] Parlement de Bordeaux, *Extrait des régistres de l'université de Bordeaux* (Bordeaux, 1764).

Notwithstanding their objections, Barthélémy Grégoire applied for the chair, although he received no votes after his submissions. Jean Betbeder fared little better, receiving only three votes compared to the seven each of Caze and Doazan (both sons of Bordeaux physicians and accepted as members of the college in late 1755). However, the crown intervened and the professors were named as Betbeder and Caze. Thus they both had reason to hold a grievance against the judges, Barthélémy Grégoire perhaps more so because he had read the minutes of the meeting which condemned his lack of knowledge, torn the sheet from the book, and been officially reprimanded.[156] Grégoire was not estranged from the college, however, as an examination for Massie was held at his home in January 1782.[157] Betbeder continued to enter into dispute with the college over a number of years, despite this his son Timothée was accepted as a member in August 1785.[158] The conflicts were over questions of precedence, Betbeder arguing that as professor he had seniority, and therefore power, over the group. Despite these conflicts, Betbeder enjoyed a long and successful career within the city. He maintained friendly relations with the surgeons, and later became a member of the Society of Medicine and Surgery.[159] Thus it would seem that Jean Betbeder enjoyed a more 'successful' career than Barthélémy Grégoire. However, Barthélémy Grégoire was also a businessman, who had concerns in the American isles, and investments in shipping ventures.[160] But he had a run of bad luck and only the intervention of his patrons prevented him being declared bankrupt.[161] Grégoire had debts of around 160,000 livres, yet his business dealings meant that he was owed sufficient to cover this amount. However, as Reynard describes more generally, potential bankrupts were often encouraged to continue working to clear their debts.[162] Hence his patrons argued, successfully, that he should be allowed time to reclaim money owed, for example the 16,000 loaned to the Jesuits, and be encouraged to continue practising medicine in the city, describing him thus 'Grégoire est sans contradit le médecin le plus rénommé de la ville de Bordeaux'.[163] Grégoire clearly managed, despite the doubts of the college on his competence, to maintain a thriving and successful practice in the city, and to enlist the aid of influential patrons in his hour of need.

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[156] Péry, 49, 29 January 1752.
[157] ADGC1697.
[158] ADGC1697, 19 August 1785.
[159].Chabé, *Histoire*.
[160] See for example ADG3E13589, 15 November 1764.
[161] ADGC3487, 24 January 1766; C3497, 15 April 1772; C3505, 28 November 1775; C3543, 2 August 1782.
[162] P.C. Reynard, 'The Language of Failure: Bankruptcy in Eighteenth-Century France', *Journal of European Economic History*, 30, 2 (2001), 358. He says 'the failli could be granted time to rebuild his or her affairs and repay the debts'.
[163] ADGC3505, correspondence with Bertin in 1775. 'Grégoire is without doubt the most renowned physician in the city of Bordeaux'.

Both men therefore had successful careers as physicians within the city, yet in different spheres, a subject that will be further investigated in chapter five. The careers of Betbeder and Grégoire demonstrate the new opportunities available to physicians, the statist approach of the former, and the publicist approach of the latter. As indicated above, the careers of individuals were increasingly in conflict with the needs of their governing body, which were expressed for both these men in open disagreements with the group. They may be seen therefore to be representative of the growing divergence between corporations and individuals.

These two examples of parallel yet dissimilar careers offer a comparison with the more standardised lives of cohorts described above. They establish the different areas of success possible for practitioners of the same calling within the same city at roughly the same time, demonstrate the importance of powerful connections in the 'making' of a career, and offer examples of the discrepancy arising between corporate and individual needs.

Conclusion

Like the medical practitioners on whom it focuses, this chapter has attempted to balance the collective with the individual. It has used the results of the collective biography in the first place to establish the importance of family and family connections in creating and maintaining a medical career, and in the second to demonstrate the spread of practice within the city. In seeking to establish the factors that influenced careers, and thereby demonstrating the patterns of change in such careers, it has suggested that three distinct cohorts of typical careers may be seen in the medical practitioners of Bordeaux. At the same time it has investigated the various meanings of success within a career, and begun a discussion that will be continued in the next chapter on the ways to understand different kinds of achievement in the medical world. Building on the descriptions of the transformations within corporatism explained in the previous two chapters, it has argued that a conflict arose among corporations and their members. Although corporatism was changing in response to external and internal pressures, changing conditions of entry, raising standards and seeking to balance the primacy of inheritance with pressure to limit numbers, the transformation was not at the same rate as the changes in patterns of careers. Largely, practitioners were more modern in their careers than their governing bodies, accepting and using new areas of practice such as hospital posts and involvement in the market, while at the same time becoming more involved in scientific endeavour and the cultural world of academies. It might be argued that there are parallels with venality, as individuals continued to invest in offices and work within the systems of the old regime, while at the same time, as Doyle states, believing that the

system was wrong. Within the corporate medical world, this chapter has suggested, there was a differential rate of change among individuals and institutions, expressed perhaps most clearly in the refusal of the surgeons to follow the forms of corporatism in their oath-taking, which led to a 'collective individuality' at variance with corporate cohesion. The complex networks of connections within Bordeaux, established for corporations in chapter three and for individuals above, will form the basis of the discussions in the final chapter, which suggests that the family was the most important source of career support, especially as the needs of individuals became separated from those of their corporations.

Chapter Five: Private Networks

> Everyone belonged, or should belong, to one or more collegiate bodies, be they professional, occupational, religious or honorific. ... the confraternities, the trades corporations, ... and the associations formed by those holding the same office ... are all examples of the sometimes overlapping and often conflicting corporate institutions that composed the body social and the body politic of the Old Regime.[1]

> Professional advancement in the medical world of the eighteenth century, then, was achieved by means of individual recruitment, through personal contacts, of a group of regular clients upon whose fees and favours the practitioner relied. To obtain a clientele of this kind it was necessary for a medical man to move in the social circles from which he hoped to draw his fees.[2]

> Upward progress [in a medical career] depended not only on ability, but also on connections ...[3]

> Any group of historical actors can be analysed as a network when they are represented as a set of points and the relationships among them as lines drawn between the points ...[4]

Introduction

Contacts and connections, linked together to form a network, were crucial in the making of a medical career. The importance of such connections has already been established by Digby for the 'upward progress' of provincial practitioners in England, and by Jewson for 'professional advancement' more generally in the eighteenth century. The last chapter investigated the evolutions in patterns of medical careers, and this chapter will argue that such changes were made possible by transformations in attitudes and opportunities which led in turn to an expansion of networks, and hence connections available to individual practitioners. The 'historical actors' mentioned by Plakans, here set within corporations, families, and neighbourhoods may be seen to form the 'sometimes overlapping and often conflicting' networks explained by Garrioch, yet changes in the medical, social, economic and cultural realms served to extend such networks of influence. The changes in the medical world included medicalization of hospitals, a general attempt to raise standards, and a concomitant rise in status. In the economic realm the onset of the market and commercialisation led on the one hand to an expansion of consumerism, and in the particular

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[1] Garrioch, *Formation,* 155.
[2] N.D. Jewson, 'Medical Knowledge and the Patronage System in Eighteenth Century England', *Sociology*, 8, (1974), 379.
[3] Digby, *Making a Medical Living*, 124.
[4] Plakans, *Kinship in the Past,* 217.

situation of Bordeaux increased wealth, and on the other to an increased desire for health and hence a need for medical aid. Although the horizontal barriers within French society were still strong, they were also being overstepped by more open and transitory relations within the market and the new forms of sociability. The latter was merely one expression of cultural changes taking place as a result of enlightened ideas. Nonetheless, as this chapter will explain, despite all such changes and new opportunities, the older ties of corporation and family retained their power. It was enduring family ties that remained the most important factor in medical careers.

As chapter one established, and discussions concerning the medical corporations and their members in the following three chapters have emphasised, profound changes occurred in the material world of Bordeaux from 1690. The business of the port expanded bringing both wealth and a growth in the size of the city. As historians have traced more widely, an improvement in general economic conditions brought a gradual increase in the consumption of goods.[5] Within this broad heading of consumption might also be placed the expansion of the medical market, as individuals became more interested in maintaining health, itself linked to the ideas of the Enlightenment.[6] Arguably this series of changes brought increasing opportunities for medical practice, especially in the favourable conditions of Bordeaux, which contained growing numbers of inhabitants, and substantial numbers of notables able and willing to pay for health care. At the same time the onset of capitalism brought a change to society, as contractual and temporary connections began to replace more permanent relationships, and thus made possible connections among previously separate parts of society. For medical practitioners this was expressed in their involvement in the market for goods and services, as has been mentioned especially for the apothecaries in previous chapters. Again these new connections offered an extension to traditional networks, outside the confines of corporatism and the family. Although, as chapter three established, the reputations of the corps governing practice were inextricably linked with the reputations of their members, these new opportunities and linkages allowed practitioners to extend their traditional remit by advertising to gain access to a wider public.

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[5] J. Dupâquier, 'Demographic Crises and Subsistence Crises in France, 1650-1725' in J. Walter and R. Schofield (eds.), *Famine, Disease and the Social Order in Early Modern Society* (Cambridge, 1989); For a range of approaches to consumerism see J. Brewer and R. Porter, *Consumption and the World of Goods* (London, 1993).
[6] W. Coleman, 'Health and Hygiene in the *Encyclopédie:* A Medical Doctrine for the Bourgeoisie', *Journal of the History of Medicine*, 29, (1974), 399 - 421.

Access to a wider public was also gained indirectly through public service in hospitals, further enhanced through the medicalization of hospitals in general. As ideas concerning the need for health care for the sick poor became widespread, partly as a result of the needs of the crown to maintain population, so hospitals became a site not merely for the care of the sick but also for the training of personnel, and clinical experience.[7] In this way a medical post, as explained by Bynum, offered various benefits, 'the prestige of the hospital made it easy to attract rich patients, access to the hospital's governors was often to the cream of local elites' and the service to the public inherent in the post was 'good for business'.[8] However, he also goes on to indicate that most physicians saw 'hospitals as a means to a successful private practice', rather than seeing hospital work as an end in itself.[9] Although Bynum is discussing the particular situation of London, there are strong indications that a similar situation was common in France. As Brockliss and Jones comment, 'if hospital service was not a way of making a fortune, it could be a way of establishing a reputation', although most posts in Bordeaux were remunerated.[10] Thus the benefits of a hospital post changed over the period as such positions gained prestige, and the active practitioner could use the new connections made with the élite either by contact or reputation, to extend his own practice.

Yet the exploitation of such connections was also dependent on wider socio-cultural changes in France, as vertical ties began to overstep the previously strong boundaries of social groups. Most practitioners belonged to the bourgeoisie, thus the new forms of sociability traced by historians such as Gordon, particularly in lodges, salons and academies, served to offer access to the élite on terms of equivalence for some medical men.[11] As de Tocqueville indicates, French society was divided into distinct and selfish groups, yet he also comments that French people became more and more alike, thus the analysis of historians such as Chaussinand-Nogaret follow his reasoning when they assert that wealth and education could unite like-minded men within the confines of private groups such as academies.[12] It was only through such equivalent relationships, founded on similar interests rather than divided by

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[7] L.S. Greenbaum, 'Jacques Necker and the Reform of the Paris Hospitals Before the French Revolution', *Eighteenth-Century Life*, 9, 1 (1984), 1-15; Imbault-Huart, 'Concepts and Realities', 59-70; T.D. Murphy, 'The French Medical Profession's Perception of its Social Function Between 1776 and 1830', *Medical History*, 23, 1979 (1979), 359-78.
[8] Bynum, 'Physicians', 109.
[9] Bynum, 'Physicians', 118.
[10] Brockliss and Jones, 705.
[11] Gordon, *Citizens Without Sovereignty*; For the debate on the bourgeoisie see for example M. Vovelle and D. Roche, 'Bourgeois, Rentiers and Property Owners : Elements for Defining a Social Category at the End of the Eighteenth Century' in J. Kaplow (ed.), *New Perspectives on the French Revolution: Readings in Historical Sociology* (New York, 1965); Jones, 'Bourgeois Revolution Revivified'.
[12] De Tocqueville, *Ancien Régime*, Chapters 8 and 9; Chaussinand-Nogaret, *French Nobility*.

rank, that medical practitioners were able to utilise the new connections formed through the market, the hospital, and the academy.

At the same time other forces were at work, as chapter one indicated, serving to fragment the governance of the country as the absolutist state became dysfunctional.[13] This was most obvious in the finances of the state, which increasingly became chaotic, due in part to the systems of taxation within private hands.[14] Thus the debates within the assembly of notables, or the resistance of the parlements to changes in taxation might be seen as symptomatic of the growing paradoxes within the state.[15] While men continued to remain part of the system, especially through their venal offices, increasingly, as Doyle remarks, they were convinced that the system was both wrong in principle and harmful to the state.[16] This could find expression in conflicts among authorities, and the medical corporations, as chapter three indicated, were able to exploit such conflicts for their own ends. The growing mutability at the heart of the old regime was further emphasised by a change in patronage, as outlined by Kettering, the traditional form of permanent relationships of obligation were replaced by more temporary and instrumental relations. As she states, '... the crown had supplemented its authority with patron-broker-client ties that functioned inside and outside the institutional framework: they were used to manipulate political institutions from within, to operate across institutions, and to act in place of institutions. They were interstitial, supplementary, and parallel structures...'[17] The traditional permanence of patronage, as explained by Brockliss and Jones, balanced present and future rewards, '... the continued protection and favour of a significant figure ... was much more valuable than cash in hand'.[18] A more fluid patronage system, as will be discussed below, provided more temporary alliances, offering more immediate response if less potential future gain. Overall the conflicts within the system of governance, fuelled by the debates of the enlightened in the closed environment of academies and lodges, were expressed at personal level by distaste for the 'petty barriers' described by de Tocqueville as 'equally contrary to public interest and common sense'.[19] Such barriers included venality, the traditional boundaries established by corporations that limited practice, and those between different social groups. It is the argument of this chapter that, as such barriers were increasingly overstepped, practitioners in Bordeaux were able to

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[13] Ertman, *Birth of the Leviathan,* Chapter 1.
[14] Aftalion, *The French Revolution,* Chapter 1 'The Fiscal Crisis'.
[15] Goodwin, 'Calonne', 202-234.
[16] Doyle, *Officers*. Chapter 6, '4 August 1789: The Intellectual Background to the Abolition of Venality of Offices'.
[17] Kettering, *Patrons,* 5.
[18] Brockliss and Jones, 324.
[19] De Tocqueville, *Ancien Régime*, 77.

extend their personal networks to gain access to more successful careers. This said, there were still many practitioners, as the last chapter indicated, who were not in a position to exploit these changes, or the developments in the medical world, and they continued to work within the traditional boundaries of practice and limited networks of corporation, family, and neighbourhood.

Networks are, however, not only difficult to trace with any accuracy, but also present problems of interpretation. The following discussion therefore seeks to explain the underlying theory concerning networks and their use, as an introduction to the analysis offered in this chapter. Boissevain suggests that each individual is at the centre of a complex web of connections, echoing the analysis of Benedict when describing early modern cities, 'a complex web of associational, residential, occupational, and family solidarities thus bound town dwellers together...'[20] In addition there has been a recent movement within French historiography to 'situate the social within networks ...rather than in social structures, geographical patterns, or occupational categories' as Desan reports.[21] This approach focuses on the ability of 'actors to interact with cultural norms ... and webs of relationships', which leads to a local level of analysis, well suited to the collective biography of this study. One person plays many roles in different situations, and each role leads to a set of connections, which may be exploited to gain contact with individuals in other groups. Boissevain goes on to explain that such contacts are not fixed but change according to needs and context, as Kettering explained for early modern patronage, which offers a more flexible view of society in general. Aside from the fixity of familial and corporative relations all other relationships are changing and changeable, new roles and contacts may be negotiated to fulfil new needs, thus potentially expanding possible contacts indefinitely.

The exceptions to this concept of society as changing and changeable were the bonds of kinship and corporation. For both of these the imperative of inheritance forced a sense of continuity of relationship - loyalty and trust were essential to both - and created permanent relationships. Permanence was created because roles were inherited; the master's, or patriarch's place was taken by the next in line, thus achieving total continuity, although individual players changed over time. Both families and corps thus created not only sets of connections horizontally between members at any one time, but also connections which moved back and forward in time. These unchanging relationships, and three-dimensional

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[20] Benedict, *Cities*, 19; Boissevain, *Friends of Friends.*
[21] S. Desan, 'What's After Political Culture? Recent French Revolutionary Historiography', *French Historical Studies*, 23, 1 (2000), 163-196.

networks, were used to help establish the temporary alliances discussed above, without jeopardising the continuity of the family or corporative group.

Thus all practitioners in Bordeaux inhabited a complex web of connections, through which they made their careers. The more successful were part of a wide range of different milieux, their role as medical pluralists being expressed not only through their hospital posts and academy memberships but also through their use of corporative contacts and their extensive family networks. The means to analyse such networks has involved the use of social network theory, working from the basic instruction of Plakans quoted above concerning historical actors represented as points and their connections as lines connecting individuals. As Lópes and Scott comment 'relational sociology borrows heavily from the ideas and models of geometry, and metaphors of space'.[22] The network surrounding any individual may thus be visualised as three-dimensional at least, spanning different institutions, the family, friends, and acquaintances, and moving through both time and space. Its representation is according to Mitchell, a 'first order abstraction from reality', and thus remains a tool for analysis rather than a realistic representation of all possible connections.[23] In addition the network also contains 'partial networks' of kinship, corporate identity and so on. As Plakans explains, 'the network concept, however, does not require complete information ... all that is needed is *some* set of actors and *some* evidence about relationships between them'.[24] It has thus been possible, with partial information on the wide range of practitioners contained within the collective biography to begin to map the interconnected quality of medical practice in Bordeaux. This has been achieved in the first place by family trees, to which may then be added other alliances such as joint memberships and known contacts of other types.[25] This was shown in the last chapter in the extensive linkage around the Ferbos family that included apprentices, employees, and neighbours.

Although bonds of kinship may be assumed to be 'enduring', in O'Day's phrase, those outside the family present problems of interpretation. The lines between individuals, as Boissevain says, 'represent potential communication channels not actual'.[26] However he

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[22] Plakans, *Kinship in the Past,* 217; J. Lópes and J. Scott, *Social Structure* (Buckingham, 2000), 57

[23] J.C. Mitchell, 'Networks, Norms and Institutions' in J. Boissevain and J.C. Mitchell (eds.), *Network Analysis, Studies in Human Interaction* (The Hague, 1973), 22.

[24] Plakans, *Kinship in the Past*, 222-223.

[25] Only the permanent ties of kinship have been represented diagrammatically. Ties between corporate members are cross-referenced in the biographies in Appendix V. Other more temporary ties and connections have been described rather than visually represented.

[26] Boissevain, *Friends of Friends*, 25.

goes on to explain that as individuals are members of different groups, then if two individuals share more than one joint membership that creates a 'many-stranded relationship' or multiplex relation. Thus he stresses that 'where multiplex relations exist they will be more intimate (in the sense of friendly and confidential) than single-stranded relations'.[27] He also adds that frequency of interaction and duration of contact also improve the 'quality' of relations, although the latter is more important due to the investment of time involved.[28] Yet relations are also purposeful, and the reason for the meeting may be for communication or to perform transactions that involve the exchange of expectations and obligations, although as Mitchell explains, they can also be normative, that is expectations may be related to the attributes of the actors.[29] In the context of this study a meeting may be to exchange information in an academy, to obtain favour as a means to secure a post, or simply as colleagues at a consultation. The influence exerted by any individual is thus partly linked to the network of connections created and maintained through investment in the time spent in 'servicing relations' between actors, thus as Boissevain adds, 'a person who has more time to devote to the management of his social relations is more likely to have more multiplex social relations and to be better informed than others'.[30] In this way occupation may be crucial in the maintenance of an extended network, either in fixity or availability. Those who are generally to be found in their place of work in a public place, such as a shop, may be able to maintain a wide range of contacts through their very fixity and visibility, while those whose work involves protracted contact with clients may be able to maintain strong relations through the time invested.[31] Thus for all three types of medical practitioner the creation and maintenance of an extensive network of contacts was possible through either their shops or their prolonged contact with patients.

To summarise, this chapter will discuss the extensive networks available to medical practitioners that spanned family, corporation, and other institutions and individuals in the city. To assemble the networks it has used the accumulated data on relationships assembled in the collective biography. Although admitting that in many situations no proof of a 'friendly' relationship may be found, using the sociological theory outlined above it has made certain assumptions concerning contacts. The existence of multiple points of contact between individuals has been assumed to indicate a stronger probability of real contact, exploitable by either party. The extended and frequent contact particular to medical practice,

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[27] Boissevain, *Friends of Friends*, 32.
[28] Boissevain, *Friends of Friends*, 34.
[29] Mitchell, 'Networks', 23-26.
[30] Boissevain, *Friends of Friends*, 157.
[31] Boissevain, *Friends of Friends*, 84 & 156.

although also found in other situations, has also been assumed to allow if not encourage the creation of useful bonds. Both these factors were enhanced, I would argue, by the erosion of some social barriers between individuals, and led to further career opportunities for many practitioners.

The different kinds of connections available to practitioners as they built and maintained their careers will be discussed in five main sections. First the connections forged within the brotherhood of the corporations will be analysed with special reference to the conflicts between inheritance and merit already established in chapter two. The second discussion will focus on the new forms of sociability available in academies, and will be concerned with the conflicts this brought with corporate bonds. The medical market broadly defined is the subject of the third section, focusing on marketing strategies such as official posts, new and old forms of self-advertisement, and a more general discussion on the burgeoning market for goods and services within Bordeaux, based on the discussions on the growth of the city in chapter one and exploitation of the market more generally in chapter two. The fourth section concentrates on the relationships established between patients and practitioners, including a consideration of the flexible approach of patients to medical care, the networks of practitioners around patients and the boundaries of acceptable practice as negotiated over the period. Finally the complex networks of kinship and friendship, including patrons, will be discussed, and will extend to a consideration of endogamy and other strategic consolidations of connections. However, because of the interconnected quality of city life in general and medical careers in particular, these issues cannot be entirely viewed in isolation, and the separate discussions often include relationships from another section.

Networks within corporations

The three medical corporations had their own characteristics that changed over the century, as described in chapters two and three. The surgeons, in sacrificing their local autonomy to the power of the first surgeon, became part of the larger movement towards higher standards in and status for surgery, which served to slow entry to the group and strengthen their internal hierarchy. The physicians maintained a traditional attitude, limiting numbers, and defending their prestige and status within the city. The apothecaries fell somewhere between the two extremes, changing to accommodate rising standards yet maintaining the character of the corps despite accepting new forms of members in increasing numbers. Such changes had their effects on the members of the three corps, resulting, as the last chapter described, in a growing discord between corporate and individual needs. This section concentrates on the concomitant results of these conflicts for the careers of practitioners. Nonetheless, some

aspects of corporate life remained throughout the period, such as attitudes to new members and those at the end of their careers, and all three groups remained faithful to the governing principles of corporations - inheritance and privilege. Networks within the group at a personal level, as the discussion above indicated, were similar in part to the bonds of obligation within kinship networks. The members were joined by common aims and interests, accepted rules of behaviour, and similar entry qualifications, thus they were able to take joint action and to mutually divide tasks and responsibility among the group, as described more generally for corporations by Mitchell.[32] These bonds and their frequent and prolonged contact lead to the conclusion that mutual relations among members were close, and that the network of connections within any corps was both dense and useful to members, as will be more fully discussed below.

The conflicts created by change are most marked among the apothecaries. As they sought to balance the primacy of inheritance against the need to maintain and raise standards, difficulties between the cohorts of practitioners emerged. Those who were more traditionally trained and less open to new forms of trade could feel particularly threatened by the increasing numbers of new types of practitioner, especially in the turbulent years of the mid-century, as the second cohort described in chapter four gained prominence. The best example of such conflicts may be seen in the career of Louis Dubuisson, as was mentioned at the start of the Introduction, who was accepted as master in May 1727, and was therefore towards the end of his career in the mid century when there was an influx of new members.[33] Before this time the older more experienced practitioners, the *anciens,* had been influential in the group, as was the case in most corps according to both Garrioch and Kaplan.[34] Subsequently the power of the senior members waned as the numbers of apothecaries who had been trained outside the city and those who had scientific interests increased.[35] Such a change in the power structure was further exacerbated by the new tendency for sons to open separate businesses from their fathers, thus doubling each family's voice in discussions within the group. Dubuisson clearly expected his opinion in debates to be respected, and his anger at the result of discussions in the last meeting perhaps influenced his reaction when an officer called at his shop to present a new apprentice. He was publicly abusive to the officer, although careful to exclude the other elder members from his insults. His behaviour was

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[32] Mitchell, 'Networks', 31-32.
[33] The discussions may be found in ADGC1717 beginning on 19 April 1754.
[34] Garrioch, *Formation*, 154; Kaplan, 'Character and Implications', 631.
[35] Kaplan, 'Character and Implications', 633; Garrioch, *Formation*, 155. He states ' in every area of public life, seniority – and the underlying principle of age and experience – bestowed privilege and power'.

unacceptable to the public dignity of the group and they formally excluded him from meetings for six months in 1756. The importance of inheritance is emphasised by Dubuisson's return to the group to secure the inheritance of his mastership for his son Pierre in 1759.

In complete contrast the physicians, as a group, holding firmly to their traditional character, continued to use the expertise and respect the knowledge of their more senior members. The older practitioners were those chosen to judge the competition to appoint new professors, and their voting reveals much about the power structure within the group. Generally the practitioners from the city who were already established within the corps were most favoured, with the outsider Betbeder, despite his obvious talents, receiving few votes. Their attitude towards the latter, including their earlier refusal to accept his credentials, undoubtedly influenced his later behaviour, to be discussed at various points below. Betbeder was unable to create good contacts within the college and therefore turned his efforts elsewhere, using his position as professor as a means to attack the standing of the corporation. The group was not always antagonistic towards new members, indeed several of the older physicians actively encouraged Victor Lamothe to join the corps, assuring him that a successful career could be forged in the city. His brother relayed their encouragement by letter, mentioning Caze, Doazan, and Barbeguière, even offering the *survivance* of Caze's professorial chair.[36] Lamothe duly returned to the city from Paris, and enjoyed a long career.

The conflicts between the traditional attitudes of the college compared to the more innovative careers of its members were, as mentioned in chapter three, recorded in their records. Thus it is possible to trace, for example, the battle over Mesmerism, already discussed in chapter two, within the group. They were successful in preventing the entry of Archbold, who was a founder of the Society of Harmony in the city, although he was a graduate of Montpellier whose father who was also a physician.[37] They were less successful in preventing existing members becoming involved in the Society, which contained merchants and lawyers, five Bordeaux parlementaires, and was under the protection of d'Eprémesnil of the Paris Parlement.[38] Membership of the Society therefore offered an opportunity to gain powerful contacts within the legal and merchant élite of the city.[39] They

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[36] Adams, 'Bourgeois Identity', 369-370. Letter from Alexis to Victor Lamothe, 1766.
[37] Archbold, *Receuil,* 164.
[38] Doyle, *Parlement*, 135; For the role of d'Esprémesnil in the pre-revolution see Thomas Carlyle, *The French Revolution* (London, 1910), 87-91.
[39] Of the 53 members 20 were negotiants and seven were from the legal world. See Archbold, *Receuil*, 164-167.

repeatedly reprimanded Fitzgibbon for his involvement, and eventually he was excluded from the corps for three months in February 1785; he was reinstated after an apology later that year.[40] The college had thus reasserted the rules of the group, which prevented members from associating with non-corporate physicians in the city. In an era with multiple consultations, such a ruling, firmly policed, had consequences for those who were building their clientele, as will be discussed below. Indeed Fitzgibbon, despite his position as physician royal in the city, and his involvement with Mesmerism, paid tax at less than half the average, and must therefore not have been seen by his peers to be very successful in his career.[41]

The more senior members of the surgeons continued to be strongly influential within the corps, and it was they, and the officers, who were responsible for the arduous task of examining not only the applicants for mastership, but also rural surgeons and midwives.[42] Such examinations were profitable both for the corps and for the examiners, which goes some way to explaining why practitioners were willing to devote time to applicants rather than patients. Because the corporation of surgeons was more hierarchical, discord appeared to be kept to a minimum. For example, the records consulted reveal no conflicts within the corporation concerning the creation of the School. Nonetheless, the moves towards professionalisation wrought changes in practice even for well-established surgeons such as Garrellon who extended his range of activities to include the writing of a surgical textbook, as discussed in chapter three.

The position of officer in all three corps was a means to furthering a career, providing access to the workings of the group and other institutions. As discussed in chapter two, both the apothecaries and the physicians tended to appoint new members as officers early in their careers, which acted as an aid to extending networks of contacts, yet this tendency was not extended to all. Those who were already connected with the group were more likely to serve as officer within a shorter period than those without such contacts, for example Fitzgibbon waited for eleven years after his acceptance in 1768 before becoming an officer. For the more hierarchical surgeons, the position of officer was difficult to obtain, thus further emphasising the monopolization of rewards by the élite to be discussed below. They tended

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[40] Péry reproduces the apology on page 68, dated 23 June 1785. His banishment is mentioned by Ramsey, but not his reinstatement, Ramsey, *Professional*, 49.
[41] See Table 4.6.
[42] ADG 6E24. The total from 70 acceptances of rural surgeons in two years was more than 3,500 livres. Part of the fee went to the examiners, for example out of 1,724 livres paid by one applicant for mastership, 160 went to the lieutenant and 264 livres to the officer present.

to concentrate their appointments within a small group of successful surgeons. Out of the 171 surgeons in the study, only 38 (22%) acted as officer during their careers. This exclusive group thus held a disproportionate amount of power within the corps, further enhanced by the tendency to appoint officers for longer than one year. Such a concentration of power and rewards led in part to the tension traced in the last chapter between the needs of the more ordinary members and those of the élite, who thus controlled the discussions within and decisions of the corporation. Although in many respects the physicians were overly traditional, their egalitarian nature mentioned in chapter three is further shown by their appointment of officers. They appointed two thirds of their members as officers, out of 65 practitioners 45 (69%) acted as officer, partly due to their annual replacement. Similarly, the apothecaries changed their officers each year, by a system of voting by members, thus helping to ensure that positions of power were fairly distributed.

While both apothecaries and physicians were aided in their early careers by appointments as officer, the further progress towards power in the group was retarded in the latter by their insistence on traditional respect for experience, while the erosion of such respect in the former brought internal conflicts. The surgeons, although eager to support and enhance the networks of the élite, in so doing effectively blocked the progress of those with fewer existing connections within the group. Thus as the previous chapter argued, different rates of change among groups and their members led to conflict between the needs of each, controlled by tradition and hierarchy in the physicians and surgeons respectively, while the apothecaries continued to suffer from internal strife. Arguably, these tensions were further exacerbated by the new kinds of contacts that many practitioners made within the cultural world that are discussed in the next section.

Cultural Institutions

New forms of sociability, as expressed in academies and lodges, are crucial to an understanding of changes in French society in the eighteenth century. They are no less important to an understanding of medical careers. However, the complex historical debate on the analyses of the public and the private are perhaps tangential to the main point to be discussed: the effect on medical careers of such new forms of contact.[43] Thus the major

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[43] The central text is J. Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (Cambridge, 1989), from which theoretical beginning sprang a long debate. See for example D. Goodman, 'Public Sphere and Private Life: Towards a Synthesis of Current Historiographical Approaches to the Old Regime', *History and Theory*, 31, 1992 (1992), 1-20; S.D. Kale, 'Women, the Public Sphere, and the

concerns of this discussion are the contacts formed by medical men within their academies, and the changes such networks wrought on their professional lives. Although other academies existed within Bordeaux and there were substantial numbers of Masonic lodges, this discussion is concerned only with the membership of academies in which medical men could discuss medical and related matters in Bordeaux and elsewhere. Again, it is concerned mainly with the prestigious Academy of Science and Arts of Bordeaux, because of the greater numbers of medical men who were members, and the frequency with which medicine was a subject for papers. However, it was the manner in which the academy was organised, largely by its own members, which is of interest. As Roche describes, the academy was autonomous, with an internal hierarchy, but whose 'basic rule was equality of talent and merit'.[44] The academicians were free to vote to appoint members and posts, and 'became accustomed to the idea of equality ... [where] individual members were free to express themselves on any issue'.[45] Sociability within the academy thus led to a freedom of opinion, and a freedom to express that opinion, between members who were unequal in social position and fortune, yet equals because of their intellectual endeavour.

Thus for the medical practitioners of Bordeaux, the change in form of social contact within the academies, the meeting of those from different social circles on terms of intellectual equality wrought changes in their professional careers. A practitioner who met with the luminaries of the Bordeaux Academy of Science on a regular basis may have had the potential to exploit that contact with benefit to his career; he may have gained patients through both his enhanced reputation as a member and through his superior network of contacts. Such contacts, in extending the reach of a practitioner socially, perhaps encouraged both the spread of practitioners throughout the city and the emergence of medical districts noted in the last chapter. In addition openness to discussion may have changed attitudes to the workings of the corporation, and to the knowledge of fellow members. Although not all the practitioners who were members of the Academy of Science can be seen to change their habits because of that membership, one in particular was changed by contact with the scientific world. Marc-Hilaire Vilaris was a master apothecary, who had inherited his mastership from his father Jean, as mentioned in chapter two.[46] The family was moderately wealthy, owning a range of properties within and outside the city, and Vilaris enjoyed a

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Persistence of Salons', *French Historical Studies*, 25, 1 (2002), 115-148. Later editions of Habermas have omitted the 'bourgeois' part of the title, perhaps because much recent analysis is directly opposed to the Marxian underpinnings of his work.

[44] Roche, *France in the Enlightenment*, 440.

[45] Roche, *France in the Enlightenment,* 440.

[46] Details of his career are mainly drawn from Cazayus-Claverie, 'L'apothicaire'; Lamothe, *Essai de complement*; Féret.

substantial training with Rouelle and others in Paris after time spent with his father in their shop in rue des Ayres. Vilaris was able to devote sufficient time to his chemical endeavours to establish a successful career as an experimental chemist, and discovered deposits of kaolin in nearby Limoges that were instrumental in the creation of the porcelain industry in that area. He also continued to practise as an apothecary until his death during the revolution, and was active for many years in the corps. However, he was also a member of the Academy, and was involved in a number of conflicts with other scientists, during what has been termed the 'chemical revolution', gaining a certain reputation for being a difficult man with whom to deal.[47] It seems that he was, as Tournon describes, 'gruff' with all his contacts, and this may have led to a break with his fellow apothecaries.[48] Vilaris had been part of several conflicts within the corps, but the final straw for his fellow apothecaries came when he supposedly poached an apprentice from Pigeon, and refused to apologise.[49] He was excluded from the company for six months, but did not return after this period to attend meetings, although he continued to pay tax with the corps. We cannot know that it was his extended network of scientific and other contacts that changed Vilaris' attitudes to the corps, but it seems clear that his career moved away from the quiet proceedings of the provincial corporation and into the élite debates of the wider scientific world. As with the examples of Lafourcade and Dupuy given in chapter four, success could not be obtained in all realms at once, and Vilaris chose the scientific world over the corporative.

Of the 89 corporate medical practitioners who were members of academies to 1800, 24 were apothecaries, 28 physicians, and 37 surgeons. As Table 5.1 shows, taking only academic memberships prior to 1790, and expressed as percentages of practitioners within the study, these demonstrate the predictably heavier involvement of physicians with almost 22% of academy members, and the roughly equal participation of apothecaries and surgeons with 14.7% and 15.18% respectively. The numbers of physicians overall who were members of the Bordeaux Academy of Science, 19 (of whom ten were not in the college), is similar to

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[47] For an account of the 'revolution' see M. Crosland, 'Chemistry and the Chemical Revolution' in G.S. Rousseau and R. Porter (eds.), *The Ferment of Knowledge* (Cambridge, 1980).

[48] Cazayus-Claverie, 'L'apothicaire', 198. She quotes Tournon, 'Biographie'. *Le magasin encyclopédie*, 1798, no. 3, 61. 'Vilaris posseda dans un degré éminent les vertus de l'honnête homme et les connaissances du pharmacien qui honore son état. Il fut chimiste sans charlatanisme, habile sans prétentions, et présenta quelques fois dans sa vie le modèle animé du bourru bienfaisant'. [Vilaris possessed to a high degree the virtues of an honest man and the knowledge of a pharmacist who honoured his calling. He was a chemist without charlantanism, skilful without pretensions, and his life presented a model of gruff charity].

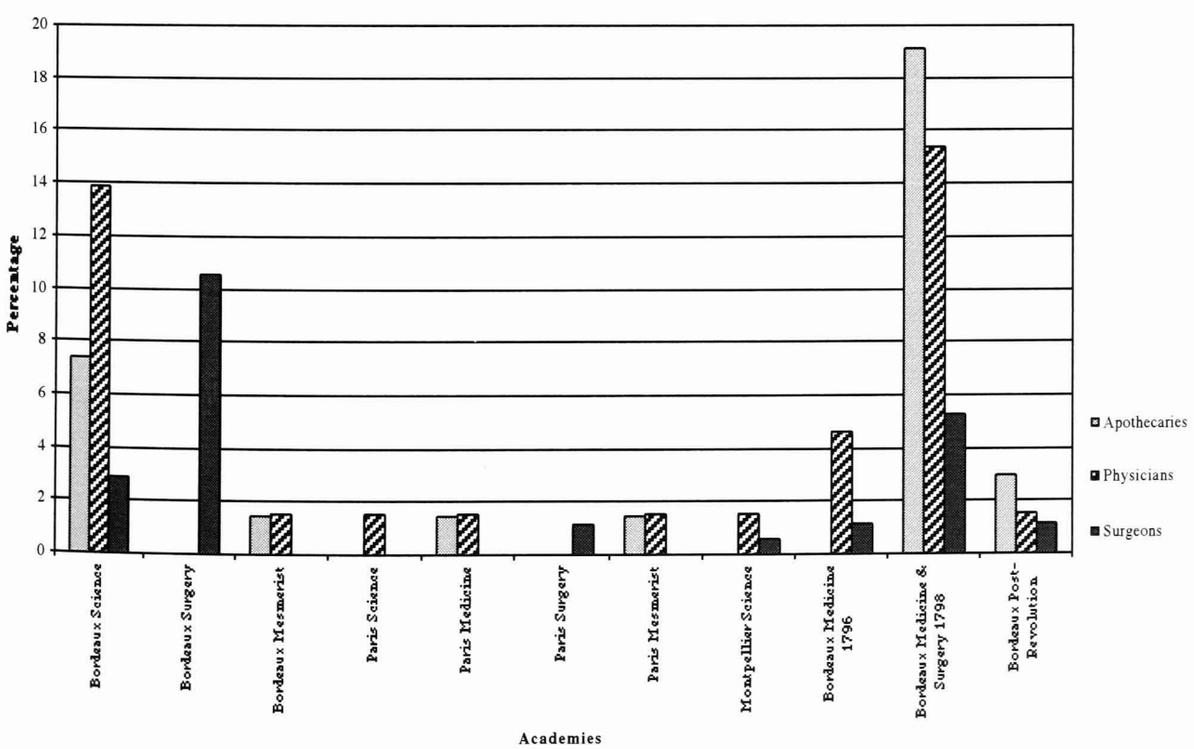
[49] ADGC1717, 5 July 1758.

Table 5.1 Numbers of academy memberships per corporation (percentage of total members), Bordeaux, 1700-1800.

Academy name	Apothecaries	Physicians	Surgeons
Bordeaux Science & Arts	4 (7.35%)	9 (13.86%)	3 (2.92%)
Bordeaux Surgery	-	-	18 (10.52%)
Bordeaux Mesmerist	1 (1.47%)	1 (1.53%)	-
Paris Medicine	1 (1.47%)	1 (1.53%)	-
Paris Science & Arts	-	1 (1.53%)	-
Paris Surgery	-	-	2 (1.16%)
Paris Mesmerist	1 (1.47%)	1 (1.53%)	-
Montpellier Science & Arts	-	1 (1.53%)	1 (0.58%)
Others	2 (2.94%)	-	-
Total membership pre-revolution	9 (14.7%)	14 (21.51%)	24 (15.18%)
Bordeaux Medicine 1796	-	3 (4.61%)	2 (1.16%)
Bordeaux Society Medicine & Surgery 1798	13 (19.11%)	10 (15.38%)	9 (5.26%)
Bordeaux Science Post-Revolution	2 (2.94%)	1 (1.53%)	2 (1.16%)
Total	24 (36.75%)	28 (43.03%)	37 (22.76%)

Sources: ADG D56; De Gères, *Académie*; Barrière, *L'académie de Bordeaux*; Péry; Cluchard, 'Quelques'; Féret; Chabé, *Histoire*; Dordain, 'La chirurgie provinciale Française'; Maitre, 'Récherches'; Archbold, *Receuil*; *Almanach,* 1760; Cheylud, *Histoire*.

Figure 5.1 Academy membership, percentage of members to numbers of practitioners, 1700-1800



the percentage estimated for most provincial academies.[50] However, the numbers of academies of which all practitioners were members reveals that apothecaries were members of more institutions than either other group with an average membership of 1.8 academies compared to 1.6 for physicians and 1.4 for surgeons.[51] This is further expressed in Figure 5.1 that shows membership of academies as a percentage of the total numbers of practitioners. Apothecaries, in this representation, can be shown to be proportionally more active than either other group in the Society of Medicine and Surgery founded in 1798.[52] However, the main reason for their apparent success within academies is due to the activities of a few apothecaries. Both Cazalet and Louis Alphonse were members of four organisations (and the latter was also a member of the Landes Society of Agriculture), but this was due more to their activities as scientists than their status as apothecaries.[53] Nonetheless such a point could also be made for most other members of élite academies, they were members because of their work outside medical practice. For example Dupuy's membership of the Society of Surgery in Paris was due to his invention of surgical instruments, not necessarily his practice in Bordeaux. The Bordeaux Society of Surgery formed the only exception to this; all members were local master surgeons, although drawn largely from the élite. This point was discussed in chapter three with reference to the low proportion, 23%, of surgeons from the faubourgs accepted in 1752 who later became members.[54]

What cannot be seen from such an analysis is the effect that membership had upon the career of an individual, and it is difficult to separate academic endeavour from other factors. The example of Vilaris has already been given, and chapter four discussed the difference between the successful careers of Lafourcade and Dupuy, and the mixed success of Barthélémy Grégoire who was a member of the Bordeaux Academy, despite his problems with the college and in business matters.[55] One way to assess the effect academic membership had upon the career of a practitioner is to focus on other measures of success. Taking as a sample group those physicians who were members of the Bordeaux Academy of Science, for whom there is evidence of tax paid and posts held, it seems that not all careers were directly aided

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[50] Brockliss and Jones, 392-393.
[51] This may also be compared to the average for other groups that was 1.2.
[52] Figures may be enhanced for apothecaries due to the excellent secondary studies that traced such memberships in detail, a resource that is not available for either physicians or surgeons, whose memberships have thus been traced through a wide variety of other sources.
[53] For further details of their careers see Smith, 'Weighed in the Balance?', 17-37.
[54] These men were among the most successful of the group accepted in 1752 in other ways. See biographies of Belin-Dupon, Gemain, and Dubruel.
[55] Arguably, Gregoire's membership of the academy was due more to the respect in which his father Jean was held, than his intrinsic merit in the medical world.

Table 5.2 Physician members of academy and their tax and posts

Name	Tax Paid as % of Average	Medical Posts Held
Cardoze	200.6	3
Pierre Doazan	92.45	1
Jean Cazaux	84.6	1
Barthélémy Grégoire	80.6	0
Dominique Castet	79.1	0
Jean Grégoire	78.8	4
Jacques Doazan	74.3	3
Jean Betbeder	53.3	3
Victor Lamothe	36.5	2

Sources: Tax from ADGC1696; C1697; Posts from AMB ii20; GG 1203; 1204; ADGC2510; C4053; C4880; C4882; *Almanach*, 1760; Archbold, *Receuil*; SAHG, *Archives historique du département de la Gironde* (Bordeaux, 1859-1913); Barckhausen, *Statuts et règlements*; Barraud, *Vieux*; Chabé, *Histoire*; De Gères, *Académie des Sciences*; Féret; Péry.

by the access this provided to other spheres within the city. The information contained in Table 5.2 showing the average tax paid by academy members as a percentage of the total average tax paid by physicians, demonstrates that success was varied. Although admitting that tax paid is always a poor indicator of wealth, the peer group assessment of the proportion to be paid does give a fair indicator of the success of any practitioner as seen within his corporation, as discussed in the previous chapter. Setting aside the two extremes of Cardoze, who perhaps had other sources of income, and Lamothe who was then at the very beginning of his career, the table reveals that most practitioners who were members of the academy paid more than 75% of the average tax. The only exception to this was Betbeder, whose success in other realms is beyond doubt. The conclusion must be that although the latter gained success within the Academy and the University, this was at the expense of his medical practice with patients, hence his low tax assessment by the corps. Betbeder arguably exchanged an extensive practice for other activities, and used the contacts he made within the Academy to further his other projects, such as that to establish a specialised hospital for treatment of venereal disease.[56] In contrast, Barthélémy Grégoire, despite his difficulties in the business realm and the low esteem in which he was held by his colleagues, paid sufficient tax to suggest that he had a substantial practice within the city, further emphasised by the support of his patrons mentioned in the previous chapter.[57] Grégoire utilised his networks of contacts and patrons to aid his practice and his business.

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[56] ADGC3591.

[57] A point reaffirmed by the many letters in his support during his financial problems that referred to his widespread practice within the city.

Alternatively, an analysis taking all medical members of academies, and including all academies, reveals a greater number of post-holders than for those outside the academic world. Over the period there were 241 medical post-holders, and 59 medical members of academies. Forty-four were both in an academy and held a post, with an average of 4.5 posts per person.[58] Compared to the average of 2.2 posts per post-holder over the 241 in the sample, this reveals that academic membership was closely related to success in post-holding. However, it is not clear which of the two was the prime cause; were post-holders more likely to be elected to an academy, or the reverse? The close relationship between the furtherance of career through greater expertise gained in hospitals, and the expression of that expertise in learned papers read to the academy, will be explored in the next section. In conclusion, although membership of academies brought esteem and the possibility of extended contacts to obtain patients, not all practitioners availed themselves of the latter, preferring to concentrate on other aspects of their pluralist careers. Thus involvement in academic life was by no means a guarantee of success as a practitioner, which was more reliably found in the realm of posts and involvement in the market.

Self-advertisement

Self-advertisement was nothing new. Practitioners had always announced their presence in the city in a variety of ways, by their dress, their premises, and in formal processions. Distinctive clothing included the cane and wig of the physician, and the leather apron of the apothecary, and as Pelling emphasises, displaying such signs was 'not only necessary but honourable'.[59] Practitioners of all kinds were personified through their appearance, which as Sewell argues, helped to maintain the visible unity of the corps.[60] Both surgeons and apothecaries had their shops that were open to the street, often with a sign indicating their calling, such as for the apothecaries, a silver mortar, or other symbol of their craft.[61] The presence of corporations was further emphasised by their involvement in public events such as religious processions, in which, as confraternities, they would appear walking behind their

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[58] The 44 (75% of academy members) held 200 posts, 83% of the total.
[59] Pelling, 'Medical Practice', 112-113. She goes on to say that 'learned men also declared themselves in public by their dress and accessories',
[60] W.H. Sewell, 'Visions of Labor: Illustrations of the Mechanical Arts Before, In, and After Diderot's *Enclyclopédie*' in Kaplan and Koepp ,*Work in France*, 265. The symbolic importance of dress is emphasized by its role during the revolution, see R. Wrigley, 'The Formation and Currency of a Vestimentary Sterotype: The *Sans-Culotte* in Revolutionary France' in W. Parkins (ed.), *Fashioning the Body Politic: Dress, Gender, Citizenship* (Oxford, 2002).
[61] Bouvet, *Histoire de la pharmacie*, 136-137.

standard.[62] Although no direct evidence for such involvement has been found for Bordeaux, aside from details on the banner of the apothecaries which showed their patron Saint Michael carrying a sword in his right hand and a balance in his left, reports from other cities show that such processions were an important part of civic life and pride.[63] The dress worn on formal occasions also added to the prestige of the group, the physicians wore long robes and cap in their dealings with the jurade and the University, and the surgeons were given a similar right in 1763.[64] In addition practitioners used the printed word, whether in the form of learned books or advertising pamphlets, to broadcast their services and proficiency.[65] Although all these forms remained valid in the eighteenth century, the onset of the medical market saw an expansion in methods of self-advertisement and an intensification of those involving print, although as Brockliss and Jones comment, blatant self-publicity was not accepted by many physicians in the provinces.[66] In addition, it might be argued that public service could be added to these as a form of publicity, in the guise of hospital and other posts, as a respectable way to maintain professional standing. However, such service had several uses, not only public service to the poor, but also the furtherance of medical or scientific skills and knowledge. The essence of promotion was to raise both the public profile of the practitioner, and the esteem in which he was held, although as Victor Lamothe commented in a letter to his brother, the position, even of a physician, was not generally esteemed. 'When one is in the position to choose a profession, one must make a choice that is not only honourable, and estimable, but also honoured and esteemed. Unfortunately, the medical profession is neither'.[67] Notwithstanding Lamothe's gloomy view of his calling, many practitioners availed themselves of various forms of self-promotion to further their careers. This discussion is thus concerned first with public service, secondly with private transactions within the medical market, and thirdly with direct forms of advertising.

Public service within the medical world could take several forms, all within the 'statist' model of Brockliss and Jones. These included work with the poor in a hospital or prison,

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[62] Darnton offers a view of such events in chapter three 'A Bourgeois Puts his World in Order: City as Text' in *Great Cat Massacre*.
[63] Cheylud, *Histoire*, 41-42; Schneider, *Public Life in Toulouse* & Schneider, *Ceremonial City*.
[64] For example the officers of the college are recorded as entering the hôtel de ville on 4 April 1754 in their caps and robes, see AMB i.i.-20 (Fonds Baurein). The surgeons were congratulated by Martinière on the permission granted by the Parlement in July of that year to wear the long robe and square cap, see Péry, 214.
[65] See Féret biography of Mingelousaulx; J. Baumel, *Publicité d'un maître apothicaire-parfumeur au XVIIe siècle* (Montpellier, 1974).
[66] Brockliss and Jones 660-661.
[67] Adams, 'Bourgeois Identity', 339.

consultative work on improvements to the city to aid health, or the provision of courses of instruction, not linked to an institution. All three areas offered the chance to gain publicity for the practitioner, whether within his own social and professional group, in the wider world of the city, or potentially within the intellectual realm, thus falling within the 'publicist' model of Brockliss and Jones. Work with the poor in a hospital especially offered the chance to observe and treat diseases and conditions in greater numbers than those available in private practice, as Jones observes for Montpellier hospitals from the late seventeenth century.[68] Such observations could be seen as a form of research leading to learned papers, reports and ultimately publications, as Gelfand has shown for surgeons.[69] Many practitioners made public in this way the findings from their hospital work and thus perhaps aided their public profile, following in the pattern endorsed by Vicq D'Azyr and the Royal Society of Medicine. The message was clear according to Roche, the experience gained in clinical observation should be 'put into concrete form in written books'.[70] They were seen to be on the one hand aiding the poor of the city through their expert care, and on the other aiding scientific progress through the extension of knowledge of certain diseases. Such experimentation was not confined to surgeons, and some physicians were involved in these endeavours.[71] The surgeons of Bordeaux were particularly interested in hernias and lithotomy, and published a variety of works detailing their work and experiences, for example Guillaume Martin, then surgeon to the hôpital Saint André, published several comments on hernias and their treatment in the Journal de Médecine de Paris.[72] The link between public posts and academy membership is further strengthened by the tendency of practitioners to share their findings first with their peers. For example, of the 333 medical papers presented to the Bordeaux Academy of Sciences listed by de Gères, no fewer than 37% of the 117 papers with named authors were by medical men of the city, of which Jean Grégoire and Jacques Doazan between them presented 17%.[73] Both these men had posts with the sick poor, and perhaps used their positions to further their academic research. The most notable case of the relationship between academic endeavour, public service, and the

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[68] Jones, *Charity and 'Bienfaisance'*, 124.
[69] Gelfand, *Professionalizing Modern Medicine*, 64-67.
[70] D. Roche, 'Talent, Reason and Sacrifice: The Physician During the Enlightenment' in R. Forster and O. Ranum (eds.), *Medicine and Society in France* (London, 1980), 78.
[71] BMB 828 –27. Valleton de Boissiere, physician of Bergerac and member of the Bordeaux academy presented eighteen cases studies in February 1787, many of which were surgical, including cancers and fractures. His use of specialist surgeons is discussed below. I am grateful to L.W.B. Brockliss for information leading to this source.
[72] 'Sur une hernie avec gangrene' in 1766, 'Observations qui prouve le danger qu'il y a operer les hernies qui font un trop gros volume' in 1768. See Maitre, 'Récherches'.
[73] De Gères, *Académie*, 264-277. The original papers submitted by Jean Grégoire are in BMB 828-8.

furtherance of a career is shown in the life of Victor Lamothe, whose career was mentioned above. His early interest in the care of mothers and their children was shown in the courses he took while still in training, despite the opposition of his family. On his return to the city he continued this interest, working with foundling children, experimenting with artificial feeding, and ultimately being appointed to the specialist hospital founded in 1799. He linked this work with reports to the Academy of Science, arguably raising his own status within the intellectual world, and raising the profile of such work. His work perhaps also aided the acceptance by the city of the courses in midwifery of Madame du Coudray in 1770 and the appointment of her niece Madame Coutanceau in 1782, which were discussed in chapter one.[74]

However important post-holding was in aiding medical careers, it was also, through the small stipends paid, intended to aid the financial situation of the practitioner, and by extending his reputation, to lead to further paying patients. Table 5.3 shows the different levels of average capitation paid by the groups, and demonstrates that for the surgeons the most lucrative posts were those of admiralty surgeon, followed by venal office.[75] The next highest taxpayers were those who held posts within the academy, and those who taught surgery, reflecting the importance of diversity within a career. In contrast the table reveals that the physicians who paid the highest levels of tax were those who were officers within the academy of science, followed by those who taught, including the professors of medicine and the members of the college who offered courses for apprentices. Although the apothecaries held few posts, the table reveals that those who acted as inspectors for drugs entering the city paid more tax than the admiralty apothecaries, both posts were lucrative, as the holder charged for their services. A comparison with average tax paid by all apothecaries reveals that both posts increased the income of the holder, a tendency even more marked for the surgeons.

The surgeons who held posts of any kind all paid more tax than the average, from 17.6% more for hospital posts to 121% for those who were surgeon to the admiralty.[76] The 32 surgeons who held posts and for whom tax records are available were clearly the élite of the group, emphasised by the 19 (59.4%) who were also academy members. What begins to

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[74] See his report on artificial feeding in BMB 828 – 25.
[75] This is a partial analysis, drawing as it does only on tax payments late in the century for the surgeons. It is more accurate proportionally for the physicians, for whom a longer period of records of tax payments was available.
[76] Surgeon to the admiralty involved the examination of candidates for the position of ship's surgeon, and the incumbent was paid per examination.

Table 5.3 Average capitation taxes paid per corporation and by post type, livres

Post type	Apothecaries	Physicians	Surgeons
Admiralty	29.59	-	65.17
Venal	-	13.19	47.08
Academy	-	24.34	43.59
Teaching	-	19.07	41.92
Other	41.45	13.82	38.00
Hospital	-	15.88	34.64
Average over all capitation payers	28.00	15.41	29.46

Note: Not all types of posts were recorded or available for all corporations.
Sources: Tax from ADGC1696; C1697, C2792; Posts from AMB ii20; GG 1203; 1204; ADGC1711; C1712; C2510; C4053; C4880; C4882; 6E24; *Almanach*, 1760; Archbold, *Receuil*; Jurade, III; SAHG, *Archives historique*; Barckhausen, *Statuts et règlements*; Barraud, *Vieux*; Chabé, *Histoire*; Cluchard, 'Quelques'; Darracq, 'Les chirurgiens'; De Gères, *Académie des Sciences*; Dordain, 'La chirurgie provinciale'; Féret; Péry.

emerge for the 1760s and 1770s is the hierarchy within the corporation of surgeons, the élite taking most of the posts and thus most of the excess income available for surgeons within the city. These men were of course also those with more extensive training and hence more expertise than the non-élites. The previous discussion therefore tends to emphasise the importance of post-holding, especially for the surgeons, in the forging of a successful career in economic terms, in addition to the importance of such positions in the cultural world, and the forging of new links and hence extension of the network of contacts available to the practitioner.

As might be anticipated from the above discussion, those practitioners who were involved in consultative work for the city authorities, those who volunteered suggestions for changes, and those who offered private courses of instruction were generally members of the élite group who were either academy members or who held important posts. Practitioners were therefore adept, once in a position of prominence, at utilising the contacts thus made with the authorities within and outside the city. For example, the physician Betbeder established a private *jardin des plantes* and offered courses in botany to supplement his income while waiting for acceptance into the college and thus permission to practise medicine.[77] He continued his efforts by advising the city on several plans, including that in 1759 to found a specialist hospital for venereal disease, together with his fellow physicians Grégoire, Boniol, Barbeguière and Lamontagne and the surgeons Lafourcade and Laporte.[78] The situation for apothecaries was different to the other groups, as the posts available to them were limited to

[77] Péry, 137; Bernadau, *Annales*. Entry for 1726 on the various *jardin des plantes*.
[78] ADGC3591.

apothecary to the entry office, policing the entry of drugs to the city, and apothecary to the admiralty, examining the drugs chests supplied to naval vessels. Thus post-holding was minimal within the group, and those who achieved success did so generally in a more independent manner. Cazalet gained prominence through his courses in physics and his involvement in balloon ascents, while Vilaris gave courses in chemistry and informed the city authorities on water purity, advised them to establish an independent laboratory to manufacture drugs for marine medicine chests, and was involved in the verification of the purity of the orvietan produced by an itinerant apothecary in 1776.[79] However, although both these men were practising apothecaries, they were also scientists, and it was largely through their scientific knowledge, rather than as medical practitioners *per se*, that they gained success.

Those practitioners, who were active in the public realm of post holding and assisting the authorities in the maintenance of the health of the city more widely, must therefore be seen to be amongst the most successful of their peers. Many were also academy members, and it is almost impossible to judge which area offered most assistance to a career, especially as the two areas were so closely linked, with many practitioners being active in both realms. Most practitioners achieved both posts and academic status at around the same time, the cohort of early members of the Academy of Science, Doazan, Cardoze and Grégoire who were accepted in 1713, all obtained their posts and positions within the next few years. Jean Grégoire became professor in 1716, and physician to the hôpital de la manufacture in the same year, while Cardoze, an anatomy expert, was appointed to teach apprentice surgeons from 1718, and Doazan became physician to the city in 1719.[80] There is thus a close, if not necessarily causal, link between academy membership and post-holding within the city.

Although as Meadows indicates, businessmen in the eighteenth century established and maintained widespread networks which had 'ties of support and cooperation, which often crossed the bounds of particular political affiliations, racial groups, or social classes', such relationships were different to those found in academies and corporations.[81] The monetary transactions of the market, because they involved the exchange of goods for payment, tended to be instrumental and temporary. Allegiances were forged for a specific purpose, and

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[79] Cazalet - course *Almanach de commerce d'arts et métiers pour la ville de Bordeaux et la province de Guienne* (Bordeaux, 1781); ballooning Lapouyade, *Premiers aéronautes bordelais*; Vilaris course ADGD57 9 June 1755, purity ADGC1701; Cazayus-Claverie, 'L'apothicaire', 66; the proposal is undated; laboratory ADG D57-59; orvietan AMB GG1203.

[80] De Gères, *Académie*; Péry, 77, 110, 176.

[81] Meadows, 'Engineering Exile', 72.

although some became more permanent, most expired after the transaction, which was formally or informally contractual. Merchants funding the voyage of a vessel to the colonies would group together to fund the expedition, and disband after the successful return of profits. Thus those practitioners who were involved in trade inhabited a quite different world from the closed enclave of the academicians. The apothecaries were more deeply involved in the market, partly because they were able to sell their goods without advice more easily than either other group. Medical chests of drugs and instruments were the most distinctive area of profit for the apothecaries, as discussed in chapter two, although they could also supply drugs wholesale for sale at fairs or for sale or distribution in the colonies.[82] Those involved in such trade had contacts with merchants, negotiants, and captains of vessels. For example, the apothecary Jacques Vidal, whose career was discussed in chapter four, had business dealings with three captains, one merchant apothecary in the French West Indies, and a surgeon in Cayenne, French Guyane, South America.[83] Vidal supplied drugs and imported raw materials for the production of further drugs. However lucrative such trade was, it was also perilous, and ships could be lost or late, leading to damaged products, such as Vidal's claim that the materials imported for him in September 1774 were spoilt in transit from Cayenne and were therefore useless.[84] One can only conjecture that Vidal would not trust his trade with the same captain after one failure, and would use his contacts within the city, which as chapter one described had around 700 merchants at that time, to procure another carrier.[85]

The surgeons, although only allowed to sell remedies for external use, were able to sell their skills, and there is evidence that service in the colonies or as marine surgeon was a useful way to raise sufficient funds to obtain a mastership. All ships with a crew of more than twenty were required to carry a medicine chest, and a surgeon.[86] The surgeon would be examined by the surgeon to the admiralty to certify his competence, and would be paid a salary. Although such payment was not in itself large, the practitioner had opportunity to gain valuable experience through his treatment of the officers and crew, and to carry small amounts of goods for re-sale on arrival.[87] As Adobati indicates for Nantes, such posts could be held by apothecaries, and he cites the example of an apothecary who acted as marine

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[82] See for example a letter from the Intendant of 17 July 1778 concerning drugs from Bordeaux which were tampered-with before arrival at Beaucaire fair, in ADGC4257.
[83] ADG3E23452, 26 June 1777.
[84] ADG3E23451, 9 September 1774.
[85] Aided by the large numbers of vessels involved in colonial Atlantic trade.
[86] The situation for navy service is described in Suberchicot, 'Le corps des officiers'.
[87] P. Butel, 'Les problèmes de santé à bord des navires marchands au XVIIIe siècle, le cas bordelais' in Buchet, *L'homme, la santé*; Clark, *La Rochelle and the Atlantic Economy*.

surgeon for five voyages in six years, raising almost 6,500 livres, enough to buy a mastership in the port.[88] There are many examples of young surgeons who contracted to work in this way from the port of Bordeaux.[89] As an alternate to such a course, surgeons could also work in the colonies for a set period and salary, caring for the slaves and other employees of a planter. Such arrangements were often made at long-distance, through the use of an intermediary, a kind of clientage. For example, in November 1764 Barthélémy Grégoire, acting as the agent for Ducla of Saint Domingue engaged André François Roux, master of arts and surgery, to travel to the island and care for Ducla's slaves for two years.[90] He was to be paid 2,000 livres annually, and was thus able to return to Bordeaux and purchase his mastership in January 1767, paying tax of 40 livres in 1777, 36% more than the average.[91] Thus involvement in the trade of the city could aid practitioners at the beginning of their career, enabling them to accumulate sufficient funds to purchase a mastership on their return to the city. They used one network, trade, to facilitate entry to another, corporatism.

Trade networks were also aided by entry into the world of print. Many practitioners advertised their services or their expertise through publications. However, there was a difference between overt advertising in the *affiches* or in handbills, and the more understated self-advertisement of knowledge in the form of learned or intellectual works. Of the 166 medical works with a named author collected together and shown in tabular form in Appendix III, almost 80% (132) were published in Bordeaux, and a similar number were written by corporate medical practitioners. Almost 75% were by physicians (53 authors), around 20% by surgeons (19 authors), with a few each from specialists and apothecaries. Almost 13% were published theses for entry into the corps or entries for competitions for a chair in medicine, in Latin. Of the remainder (66), nine were published before 1730, seven during the next 20 years, nine each in the 1750s and 1770s, 13 in the 1760s and 12 in the 1780s. The interest in medical subjects thus increased over the century, as did the willingness of practitioners to enter into the world of print. The physicians were by far the most likely to move into print, and published on average almost two works per member, while the surgeons although more numerous than the apothecaries as authors, tended to

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[88] Adobati, D. Laguérenne and Kerneïs, 'Jean Lafiton, apothicaire navigant du port de Nantes (1680-1740)', *Revue d'histoire de la pharmacie*, 39, 3 (1992), 253-256.
[89] ADG3E20596, 3 October 1781; 3E7990-2, 23 April 1719.
[90] ADG C 13589 15 November 1764. See also the agreement made for two apothecaries and one tailor to work in St. Domingue for two years, ADG 3E8006, 4 July 1725.
[91] ADG C2792. His mastership is recorded by the jurade on 11 January 1767 see Jurade, III, 311; he practised until 1791, see Bordeaux, *Dénonciation à M. l'accusateur public, par plusieurs citoyens actifs de Bordeaux, d'un article scandaleux & impie, inséré dans le Journal de Bordeaux & du département de la Gironde, no. 79* (Bordeaux, 1791).

publish fewer works, less than 1.4 per member. Many of the corporate medical practitioners who were academicians were also post-holders, and as a result of their double involvement that allowed medical experimentation and observation, some also published their findings. Thus there is a strong correlation between the three areas, for example Betbeder was a member of academies, held the post of professor, published on a wide variety of topics, including an analysis of the sulphurous rain which fell on Bordeaux in 1750, and offered a course in chemistry which was advertised through a prospectus.[92] Nonetheless many men who published used print as a medium of self-advertisement yet did not gain entry to any academy, including 30 physicians and eleven surgeons, such as Guillaume Martin who took advantage of his position as surgeon in the hôpital Saint André to publish accounts of his findings throughout the later 1760s, as mentioned above.

Guillaume Martin was one of the very few corporate practitioners who also published his findings in the *affiches*, discussing the possibility of surgical severance of the pubic bone to assist women during difficult births on 25 July 1765.[93] He was one of the seven surgeons, three physicians, and one apothecary who wrote for or were mentioned in the *affiches*, in the three years studied in detail. Compared to the level of involvement of corporate medical practitioners in the *affiches* elsewhere in France, and the typicality of the Bordeaux news-sheet that carried the usual mix of advertisements for medical services, a wide variety of remedies, discussions of medical phenomena and an abundance of medical advice, this lack of interest by the local practitioners is striking.[94] Although most issues carried medical items, those who offered advice generally lived outside the city or were laymen, while those who offered goods and services were not usually members of the three medical corporations.[95] In addition, many of the items mentioning local practitioners were non-medical in intent, for example, offering a room for rent or announcing a studentship at the

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[92] Tournon, *Liste*, 19. Jean Betbeder, *Prospectus d'un Cours de Chymie*, published by Brun in Bordeaux, no date.

[93] AADB 25 July 1765. An observation by M. Martin the principle surgeon of the hôpital Saint André on the question of whether the pubic bone could safely be separated to help women with long and difficult labours. He cites a woman who had a very bad fall, suffered severe injuries, and died soon after. He was able to examine the body after death and continues to wonder if the surgical separation would be helpful - coming to the conclusion that this would not damage a woman, but help prevent death in labour.

[94] Jones, 'Great Chain of Buying', 32; J. Sgard, *Dictionnaire des journaux: 1600-1789* (Oxford, 1991).

[95] For example, advice and a recipe for a remedy for rheumatism were given by Le Galais of Saint Malo on 7 July 1773. Madamoiselle Dubois advertised regularly during 1765 (7 March, 25 April, 11 July & 17 October); from her lodgings with a master wig-maker she sold a mouthwash and anti-venereal Belloste pills. For details on the Belloste dynasty see Brockliss and Jones, 624.

University.[96] Such a lack of involvement in advertisement is closely linked to two areas, the amazing commercial success of Bordeaux, and the inherently traditional quality of the three medical corps. Arguably, the burgeoning success of the city, with its expanding trade and population, as described in chapter one, resulted in a rapidly expanding market for medicine, in which few practitioners had need to actively advertise for trade. This is further emphasised by the lack of expansion in numbers for both the physicians and apothecaries discussed in chapter two, whose monopoly was therefore protected. For the surgeons, who dealt with physical injuries and offered bleedings, the dangers associated with heavy labour and other work in the city resulted in an expansion of trade, as noted earlier. However, perhaps more crucial is the attitude of the practitioners themselves to self-advertisement. As indicated above blatant self-publicity was not acceptable, provincial practitioners relying more heavily on the principle of reputation, gained through corporate membership and expanded through the respectable media of family, friends, and word-of-mouth recommendations. To such traditional media may be added the reputation gained within the élites of the city through academy membership and post-holding as discussed above. Reputation within the city was therefore established and maintained using networks of contacts, in themselves created using a variety of respectable and acceptable connections.

This section has established the existence of self-advertisement by medical practitioners in Bordeaux, who used a variety of means to extend their networks of contacts, reputations, and hence their careers. It has traced the strong relationship among post-holding, publications, and academic membership, suggesting that this created an élite within the medical world, whose achievement in one realm was linked to success in others. Using a range of examples it has shown how activity in one area, such as trade or science, could be used either to access membership to the corporation, or to further a career in other ways. It has thus demonstrated how the new fluidity within French society and the expansion of trade in general served to aid practitioners in the creation and extension of networks of influence. Nonetheless, as will be discussed below, the prior existence of a set of family connections was almost a pre-requisite for substantial success.

All three types of practitioner may therefore be seen to comply with the emerging 'statist' and 'publicist' models suggested by Brockliss and Jones as they used new forms of practice and hence extended their networks of contacts within the city. Although the corporations

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[96] AADB, 26 November 1778, Jean Betbeder, physician and professor of medicine was then rector of the University. Montus (who was to become a master surgeon) was one contact address in an advert for lodgings available in rue Saint-François on 8 April 1773.

governing practice did change over the period their slower rate of absorption of new ideas served to create conflicts of needs among practitioners and corps. This was most marked in the surgeons, where the élite within the group, as this section has indicated, were more able to accept new areas of practice thus creating two areas of tension, as will be more fully explored in the next section.

Patients and Practitioners

Historians have already established that patients in the eighteenth century had an eclectic approach to medicine. They would use a variety of practitioners and a variety of methods to attempt a cure, or relief of symptoms. Advice and recommendations would be given by friends, family and neighbours, members of all three corporate groups would be consulted, sometimes in groups, and remedies would be obtained from a variety of other practitioners – street sellers, wise-women, other practitioners selling specific cures, as most tellingly described by Porter.[97] Thus each patient, especially those suffering from chronic conditions, would be surrounded by a network of different kinds of carers. In addition, few consultations took place in private, thus the patient's illness and its treatment were known to their family and servants, and to their neighbours and friends. Hence, this network extended into most parts of the life of a patient, their illness was public property. It is also argued that patients were knowledgeable about their condition, hardly surprising when faced with the range of advice from individuals, self-help manuals, and the press.[98] The standard picture of the patient is thus complex. They were stoic in the face of discomfort, except when such pain interfered with work, they were the focus of an extensive network of advisors on health matters, and they would use any possible means of relief, including prayer and saintly intercessions.[99] For France the situation is further complicated by the changes in social relations outlined above. Increasingly social barriers were being overstepped by cross-social links, while the state itself provided further complexities of conflicts. Aside from the very poor, who would rarely consult a physician (although they might encounter them in hospitals), many chronic sufferers will have had contact with medical practitioners and advisors from groups outside their own milieu. For example, nobles and bourgeois alike used the cures purchased from mountebanks at the same time as they consulted with their own physician, also taking advice from their own circle, their servants and so on. In Bordeaux as

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[97] R. Porter, *Health for Sale: Quackery in England 1660-1850* (Manchester, 1989).
[98] A self help manual published in Bordeaux that offered simple remedies for a range of ailments in the form of a letter from a surgeon was A.S. Martin, *Almanach des laboureurs, ou le conservateur des richesses du paysan, pour l'année 1766* (Bordeaux, 1766).
[99] Jones, *Charity and 'Bienfaisance'*, 115.

Rousellot describes, the visit of the famous charlatan Cagliostro - who lodged with the marquis de Canolle in Saint Seurin from November 1783 to October 1784 - enabled him to make a comfortable living 'introducing rich and credulous citizens to his mystic health cures'.[100] Hence, medicine overstepped social boundaries, and in so doing it established further possible sets of contacts for practitioners. Many patients were loyal to their practitioners, as Vess contends 'people rarely changed physicians'.[101] However, in the context outlined above of temporary relationships established for a single end, it seems likely that some patients changed their practitioners regularly, especially those from the non-corporate realm. Hence the networks of contacts which are the theme of this chapter will be seen to be both temporary and shifting, and as productive of further and wider connections for the ambitious and able practitioner.

Because of the tendency towards non-interventionist medicine practised generally in France in the eighteenth century, practitioners were frequent attendants on the sick. As Brockliss and Jones assert 'the learned physician and his representative (generally an apothecary) would be frequent visitors' and would carefully monitor the progress of the illness and the provision of treatment, thus being able to alter the course of drugs or other treatments as necessary.[102] Such a tendency is reflected in the few bills presented by apothecaries and surgeons that have survived; their rarity was discussed in chapter four. Especially for a serious illness, the visits and treatment became more frequent and more invasive, such as the bill presented by the apothecary Chardevoine to his patient Ambaut in 1736, which totalled more than 100 livres, with one particular remedy being given 28 times during a bout of illness between August and October of 1736.[103] This episode indicates that Ambaud's treatment was being overseen by a physician, who, together with Chardevoine would be in frequent attendance on the patient. The experience of Charles Perrault during his visit to Bordeaux in the seventeenth century reveals that, especially for an élite patient, several practitioners would be consulted at the same time. His diary explains that his brother was taken ill during their visit, and the three most respected physicians consulted; Galatheau, Lopes and Tartas. Despite their frequent attendance and range of treatments, including consultation with the surgeon Mondein, his brother died.[104] However, such multiple

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[100] E. Rousselot, 'Cagliostro à Bordeaux', *Revue historique de Bordeaux*, 8-9, (1915-16); the quotation is from Doyle, *Parlement,* 135; Ramsey, *Professional*, 227. The visit is also noted by Bernadau.
[101] D.M. Vess, *Medical Revolution in France, 1789-1796* (Gainesville, 1975), 15.
[102] Brockliss and Jones, 297.
[103] Cluchard, 'Quelques', 64.
[104] C. Perrault, *Mémoires de ma vie. Par Charles Perrault. Voyage à Bordeaux (1669)* (Paris, 1909), 191-198. He does not mention the cost of the consultations.

consultations had both disadvantages and advantages for patients and practitioners alike. First, the corps had to police the behaviour of their members who might become involved in consultations with those outside the corporate world, as mentioned above. Secondly, the multiplication of opinions about the illness and its treatment could lead to discord between practitioners. Thirdly, the presence of more than one medical expert could present problems to do with payment for both patient and attendants. Finally, there is evidence to suggest that practitioners would tend to use trusted associates within their normal practice, thus giving rise to medical networks between corporative members.

The statutes of the physicians forbade them to enter into joint consultations with those from outside the college, which, because of the increasing numbers of non-corporate physicians within the city, as established in chapter two, led to problems for the corps. As numbers of such outsiders increased, so the likelihood of joint consultation with a college member also rose. Towards the end of the period the college found their regulations increasingly difficult to maintain, and reprimanded several of their members for such offences. For example, as has already been mentioned in chapter two, in 1760, during the process of his acceptance, the Irish physician O'Sullivan was reprimanded for his involvement in joint consultations with non-corporate physicians. He apologised, declaring his ignorance of this part of the statutes.[105] The physicians needed to police the boundaries of their practice, to prevent the creation of links between corporate and non-corporate members that could lead to an erosion of their privileges, which as chapter three indicated were essential to the status of the corps. At the same time, as discussed in chapter two, the privileged identity conferred by membership was of prime importance to individuals within the group. Thus contact between those excluded from the corps and members of the college might serve to tacitly endorse the non-member, hence their strong actions against Fitzgibbon. He was involved with Archbold, an adherent of Mesmer, and any joint consultation between the two physicians would tend to confer on the latter the respectability of the whole group. Thus they excluded Fitzgibbon from the college until he apologised for his behaviour, as described above. For potential patients the message needed to be clear, only those who were members of the college were authorised to practise in the city.

More crucially, the joint consultation could lead to conflicts of opinion and knowledge. Pierre Desault, whose career was discussed in chapter four, was quite clear on this matter, the presence of more than expert at the bedside did not necessarily mean that the wisest

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[105] ADGC1696, January 1760 passim.

voice was heard.[106] He objected to the fact that the rich, who could afford more than one physician, might not necessarily be any better served, because the practitioner who was most experienced (and this sounds like the voice of experience) was not perhaps the one whose advice was taken. Thus for the patient, the ability to pay for more than one practitioner did not always lead to more accurate diagnosis or better care. In addition, the use of one practitioner might lead to further expense or a treatment that was not acceptable. The case notes of Valleton de Boissier (a physician of Bergerac), who submitted his more interesting cases to the Bordeaux academy, reveal that he used other experts in difficult cases, which could lead to conflict with the family of the patient.[107] In some instances he used a surgeon who was expert in difficult childbirth, an *accoucheur*, whereas in others he used less specifically experienced men. In one example, when a pregnant woman was having fits that he was unable to control either through medication or bloodletting, he eventually called in the *accoucheur* to forcibly deliver the child.[108] The family were unhappy with his diagnosis and the use of the specialist, perhaps for a variety of reasons. Arguably they were objecting not only to the use of a male midwife, but also to the greater expense. Boissier had already used one surgeon, and eventually used a second; the family thus would have received three bills for the treatment.

The discussions of the physicians also reveal conflict over charges to patients and the type of treatment. In cases where developments demanded the use of another practitioner, as their statutes ruled, disagreements could develop over treatment and payment. The regulations of all three corporations were clear, if a case continued too long, or the nature of the ailment was outside the expertise of the practitioner called, then they were to call upon another more experienced practitioner, in addition both other disciplines were to obey the instructions of physicians. An example of a transgression of the latter rule was when the surgeon Vitrac was severely reprimanded for not obeying the instruction of the physician Mathereau concerning a convalescent patient.[109] Thus individual surgeons and physicians could become involved in conflict over patients where the boundaries of their expertise or practice were not clear. Nonetheless, such conflicts seemed to be rare and it appears that the three groups and their members were able to co-exist in harmony, aided by their own networks of other contacts established outside the medical world.

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[106] Mauriac, *Le Bordélais Pierre Desault*, 58.
[107] BMB 828 – 27. Nineteen cases presented in February 1787, they include three histories of problems in childbirth, the cure of a cancer of the nose using *corrosif sublimate* and hemlock, the amputation of an arm, and the use of quinine for haemorrhage.
[108] As the child was delivered the fits ceased, and after a long convalescence the mother recovered entirely. She went on to have two further children.
[109] Péry, 62.

The examples given also reveal that individuals tended to call upon a favoured member from an associated group, thus creating medical networks within the community. Not only did practitioners group together in medical districts, they also grouped together in medical meshes or networks of like-minded or sympathetic individuals. Evidence for this is, however, rather circumstantial, allusions by physicians to 'my' apothecary, the association of Desault with seven master surgeons, the disagreement over division of fees between Lafourcade and Lavigne discussed in the last chapter, the association of Vilaris with several physicians, and many others.[110] However, such groupings were normally under the control of the physician, reflecting the medical hierarchy and their continued efforts to maintain status as a group indicated in chapter three. As Brockliss and Jones comment, the physician was to act in 'controlling and organizing a bevy of outworkers, surgeons, apothecaries ... to the rich and poor'.[111] The traditional hierarchy of status was challenged over the century by such factors as the rise of surgery, and resulted in the joining of physic and surgery on the grounds of labour and utility during the revolutionary period. Thus the evidence of more informal networks of connections among medical men of all types, and the existence of master surgeons with medical qualifications, would indicate that the lowering of barriers elsewhere were being mirrored in the medical world. This tendency towards informal networks will be more fully discussed below.

If the patient, therefore, was at the centre of a complex network of different practitioners, and those practitioners also inhabited complex networks both inside and outside their occupational lives, the inter-connectedness of those networks must have had consequences for individual practitioners. Arguably, the practitioner who established and maintained contacts in several realms, in his corporation, in the academy, through his posts, and who through his patients came into contact with other practitioners, had yet more opportunity to capitalise on those contacts. Thus those who had widespread achievements elsewhere were more likely to be able to benefit from their contact with patients. The élite physicians and surgeons who shared membership of the same academy would be likely to consult with each other in difficult cases, as would those who worked in the same hospital. That success bred success seems clear from the discussions above concerning tax payments, especially for the surgeons. A link between professional and financial success is much more difficult to trace

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[110] Mauriac, *Le bordelais Pierre Desault*. Also a quotation given by Vess from a caricature by Cabanes that implies collective appearance if not action, 'as soon as they enter the room, one sticks out his tongue to the doctor, turns his backside to the apothecary and extends his arm to the barber', Vess, *Medical Revolution*, 15.
[111] Brockliss and Jones, 550.

for the physicians. However, it does seem that they were not well remunerated compared to Paris, according to the judgement of the brother of Victor Lamothe in 1765. Delphin wrote to Victor explaining that although in Paris a doctor could 'easily earn eight to ten thousand livres per year', that it was the opinion of the physician Caze, a family friend, that all the physicians in Bordeaux 'together earn barely 60,000 livres, and that might be saying too much'.[112] If such an estimate were true, this would mean that the average income of the physicians of Bordeaux at that time would be 3,750 livres. However, if this is compared to the income of the Seurin family in Bordeaux in the late seventeenth century, 5,000 livres annually as discussed by Jouhard, then the amount seems to be reasonably representative.[113] Again, if the figures for capitation for Toulouse for bourgeois notaries and physicians are compared to those of physicians in Bordeaux, then the latter can be seen to be wealthier: the average over 147 men in 1786 in Toulouse was 5.9 livres according to Frêche, while for the Bordeaux physicians paid an average over the years 1736 to 1770 of 15.41 livres.[114] The situation in Bordeaux, although not comparable to the success possible in the capital, was preferable to provincial cities that were not experiencing massive economic growth. There should be evidence to suggest, therefore, that those physicians who paid higher levels of tax were part of larger networks in all respects. Thus, of those physicians, shown in Table 4.6, who paid tax at higher than average levels in the period from 1758-1770 it is no surprise to find that all seven were well connected in one sphere or another in the discussions above. For example, Barbeguière, Cazaux, and Pierre Caze had all acted as physician royal, Jean-Joseph Caze was professor of medicine, Pierre Doazan held various posts, and was a member of the academy together with Cambert and Barthélémy Grégoire. Wider networks in any realm seemed to lead to greater access to patients and thus to monetary rewards.

However, as might be expected, not all physicians were intent on financial gain only. Both Desault and Lamothe, whose careers were discussed in chapter four, were more interested in the service they could give to the sick than in financial gain, indeed such an altruistic attitude is enshrined in the statutes of the apothecaries. Their oath reiterated the need for disinterestedness in providing medicines stating 'de ne faire rien temerairement sans avis des médecins ou sous l'ésperance de lucre tant seulement'.[115] Hence, the apparent lack of

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[112] Adams, 'Bourgeois Identity', 367. Letter dated 23 March 1765.
[113] C. Jouhard, 'Des besoin et des gouts : la consommation d'une famille de notables bordelais dans la première moitié de XVIIe siècle', *Revue d'histoire moderne et contemporaine*, 27, oct-déc (1980), 631-646.
[114] Frêche, *Toulouse et la région Midi-Pyrénées*, 383.
[115] L. André-Pontier, *Histoire de la pharmacie. Origines, moyen age, temps modernes* (Paris, 1900), 205. 'To never act recklessly, without the physician's advice, or in the sole hope of financial gain'.

financial success visible in the careers of Desault, Lamothe or Vilaris was more closely linked to the manner of their practising than to any failure to gain patients: all enjoyed wide reputations in the city, yet chose to concentrate their efforts on medical or chemical research, rather than on financial gains. For example the career of Desault involved him in the treatment of patients from all realms - nobles, parlementaires, and rich bourgeoisie - yet, according to his biographer Mauriac, he continued to live frugally.[116]

In conclusion, the dense network of connections that joined patients and practitioners within the city acted both for and against the interests of those involved. Although for the patient the requirement that practitioners call in other experts if the case exceeded their skills or knowledge was intended to protect them against inappropriate treatment, it could also lead to multiple consultations that did not necessarily consider their best interests, and to greater expense. For the practitioner such regulations could result in conflicts over professional opinions or non-payment of fees. On a more positive note, joint consultations could lead to a further expansion of networks of influence, this time joining practitioners from different corporations. This section has established the existence and use of networks around patients and their practitioners; the next will explore how family networks and influence were of primary importance in the creation of medical careers in eighteenth century Bordeaux.

Networks of Families, Clientage and Patronage

Family connections were important in establishing medical careers. The duty of the family, and its head, was to ensure the continuation of the family line. As Darrow comments, the obligation of a master was to ensure the future of his family through the production of an heir to continue the family name and the business.[117] Inheritance was therefore of paramount importance to the apothecaries and surgeons, where a mastership could be passed on through generations of practitioners, as was discussed in chapter two. Although this feature was not so crucial to physicians, many were sons of practitioners from both Bordeaux and elsewhere. Families thus produced a linear continuity, aiding a succession of individual practitioners. However, families also formed horizontal links with other families through marriage, producing a network of 'cousinship', traced by Doyle for the Bordeaux parlementaires.[118] Although many dense networks of practitioners can be traced, intermarriage within or among groups was not the 'defining feature' for medicine as it was for the Parlement. As chapter four established, endogamy was particularly frequent in the apothecaries, and therefore

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[116] Mauriac, *Le Bordélais Pierre Desault*, 58.
[117] Darrow, *Revolution in the House*, 133.
[118] Doyle, *Parlement*, 15.

tended to create tight-knit groups within the corps. Families also wielded influence in other ways, and their extensive contacts could be used to further careers. Such relationships, covering friends, neighbours, colleagues, associates and distant kin, might all be subsumed under the heading of friendships, where friends were chosen rather than inherited.[119] Grassby labels such connections 'fictive kin', and they could come to play a large role in the life of an individual, acting to establish informal connections, or using their influence in the manner of a patron. However, connections formed through the family were more likely to be enduring than those formed in other ways, the reciprocal nature of social contacts approximating more to the obligatory nature of kin than the distant and mutable contacts of patronage. Such an analysis highlights the similarities between corporative and familial bonds of obligation, and as Garrioch has shown for the churchwardens of Saint Médard in Paris, those who were joined together by both family and corps were linked by a series of relationships of obligation.[120]

Medical practitioners, in addition to inhabiting their corporative and familial worlds, were also part of the wider community of Bordeaux, as introduced in chapter one. Although it is possible to trace networks of contacts for the few practitioners for whom many records remain, it would be impossible to trace the whole community-wide network. However, as Plakans indicates, smaller individual networks of connections may be used in place of an analysis of the whole community. Further, using the direction of Bertaux as applied to life stories, a series of examples may serve to construct a clear idea of the whole community. Thus the sample of networks that have emerged from the study may be used, with discretion, as indicative of the whole. Remaining records, however, are almost silent on the subject of friendship. In the absence of memoirs and letters, aside from those used by Adams in her study of the Lamothe family, the information on which networks have been established comes from, for example, signatures on marriage documents, occasional biographies of the more successful practitioners, and affiliations found in official sources. Using the notion of multiplex relationships discussed in the introduction to this chapter, many-stranded connections have been assumed to permit communication at the least. Thus sufficient evidence has been collected to give an indication of the importance of family and friends in several key areas. First, of these is the primacy of inheritance, together with changing patterns of family linkages. Secondly, the different ways in which a family could influence a

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[119] Tadmor, *Family and Friends,* 36. She suggests that not only distant kin but also servants, lodgers, apprentices, and friends became part of the family or household while in residence.
[120] Garrioch, *Formation,* Chapter two 'The Elect'.

career, including endogamy. Thirdly, the strong linkage traced between patronage and family connections.

Inheritance within the city was most marked within the apothecaries, of whom 36% directly inherited their mastership. Although surgeons also inherited masterships the figure was much lower at 19%, indicating on the one hand that surgeons trained their sons for other careers, and on the other the more mobile nature of surgical work.[121] As Baudot among others asserts, a surgeon was more at liberty to relocate than an apothecary who was bound by his shop and extensive stock. Almost a quarter of physicians (23%) had fathers who had been physicians before them, but only a few were members of Bordeaux dynasties, the majority having fathers who practised elsewhere. For example, as established in chapter four, Pierre Desault's father had practised in Pau, and de Grassi's had been physician to the king of Poland. These figures indicate the primacy of inheritance for the three groups, and demonstrate again the continuity of the family. The position of head, or patriarch, was taken by different individuals in turn. Inheritance was based on the ceding of rights, thus the new tendency for sons to open independent business traced for the apothecaries in chapter two, but also evident for the surgeons from mid-century, moved against the linear nature of corporate and familial continuity previously encountered. Such a change produced new patterns within the corps and within families, as sons and fathers practised not side by side in the same business, but side by side in the same market, with not one but two market shares. The consequences for the corps have already been discussed, for individuals the change was important. As Vess has indicated 'medical practice was commonly attained by a kind of inheritance from a relative'.[122] The parallel practice of two generations in the same family allowed the younger the space and time to build up their own business and clientele, while under the protection of the older, more established practitioner. Signatures at meetings demonstrate that both new and old masters would attend the meetings of the corps for several years, then the elder would gradually release their hold on corporative doings, paralleled perhaps in their businesses. The father thus eased the entry of his son into the medical world. This is demonstrated in the careers of the Lafourcades, with the younger gradually taking over some of his father's posts. The linear quality of inheritance had thus been superseded by a transitional period of parallel practice.

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[121] Baudot, *Pharmacie en Bourgogne*, 388. The surgeon was a naturally mobile practitioner who could carry his tools.
[122] Vess, *Medical Revolution,* 15.

At the same time other tendencies created more enduring horizontal linkages. By the mid-century it became more common for fathers to introduce more than one son into medical practice, creating a permanent linkage between siblings. This is most marked in the example of the Malevilles discussed in the last chapter, where Jean was able to fund the entry into pharmacy by two of his sons, while another became a physician practising in the city, albeit outside the auspices of the corporation. Alternatively, a master could, through the marriages of his children, form a permanent set of familial alliances within medicine. Lacotte's three apothecary sons-in-law, shown in their family tree in Figure 5.2, allowed the extended family to take an increasingly large share of the available masterships, and hence the market for drugs in the city. Guillaume Bessas de Lacotte, master from 1741, was the son of an apothecary in the Limousin.[123] In 1778 his daughter Marie-Delphine married Jean-Baptiste Lamegie, who was accepted as master apothecary in the same year. In 1783 another daughter, Marguerite, married Guillaume-Marie Darles who became master the following year, and in 1788 Jeanne married Augustin Doubrere who attained his mastership in the same year. The proportion of the business of pharmacy in the city held by the family thus rose from 1:15 in the 1740s when Lacotte practised alone, to 1:9 when he was joined by Lamegie in the 1760s, and continued to increase, despite Lacotte's retirement, to more than 1:6 in the 1780s when Lamegie was joined by Darles and Doubrere. Thus the linear nature of corporate inheritance had been overtaken by an increasing tendency to multiply membership, and by intermarriage, to produce a network of linkages within one generation.

Endogamy was particularly strong within the apothecaries and surgeons, and served to create strong networks of 'cousins' within the groups, helping to safely introduce new members. As Doyle points out for the parlementaires, 'when an outside match was made, the outsider was at once accepted and absorbed because he acquired not just a wife, but a host of relatives...'[124] This, to a greater or lesser extent, holds true for medical men. For example, the apothecary Lacotte was no doubt able to ease the entry of each of his three sons-in-law into the corps, through his prior presence and reputation; indeed he was followed in his lucrative post as apothecary to the bureau d'entrée by Lamegie.[125] A similar case might be made for the surgeons. One of Dupuy's students, who also attended the School of Surgery in 1768 at 15, returned to Bordeaux after further training in Paris, was accepted as master, and

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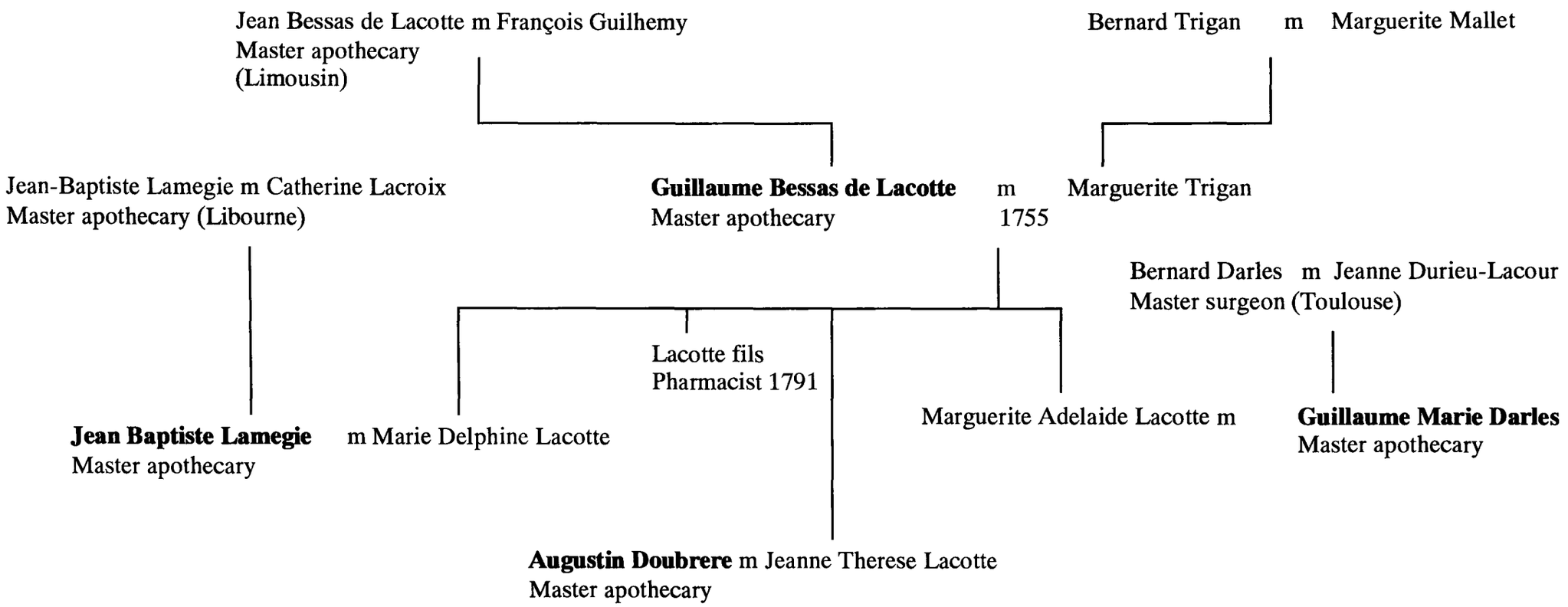
[123] Sources for the Lacotte extended family include ADGC1716; C1717; C2792; 3E23083; 3E24087; 3E24237.
[124] Doyle, *Parlement*, 17.
[125] Cluchard, 'Quelques', 76.

Figure 5.2 Family tree: Lacotte – Lamegie – Darles - Doubrere



married Dupuy's daughter. Jean-Baptiste Lapeyre (1753-1817) went on to be appointed professor at the School of Surgery, and held posts in two hospitals in the city.[126] More intriguingly he was also the next holder of the post of lieutenant to the first surgeon of the king after the death of Lafourcade, a close contemporary and colleague of Dupuy. Although there is no evidence to suggest that either Lafourcade or Dupuy could directly interfere in the choice of this office, the family connection tends to indicate an extensive and influential network of influence surrounding Lapeyre. The career of Lapeyre overstepped those of his predecessors. He combined post holding, teaching, and academy membership and, according to one account also had 'une nombreuse et riche clientèle'.[127] Lapeyre's career was successful in many realms, perhaps due in part to his extensive kinship and corporative connections.

There is also evidence of intermarrying between practice groups, which further extends the possible areas of influence. Such groups are discernable throughout the century, yet their positive influence is difficult to assess. Nevertheless, the existence of family groups that crossed corporate boundaries would tend to indicate the presence of networks of practice, echoing the discussion concerning joint consultation above. If a family contained any combination of the three groups it seems likely that the practitioners within that group would favour their 'cousins' for both joint consultations and referral. Although there is no direct evidence for such a familial medical network, the primacy of family concerns would indicate that preference would be given to those known and trusted. Thus as Betbeder not only lived in the same street but was also related to the Ferbos family, as was discussed in chapter four, he may have favoured their apothecary business over others. A more complex example is that offered by the family group headed by Arnaud Delort (c.1683-c.1740) containing members of the Ducourneau and Dumaine families, whose family tree is shown in Figure 5.3.[128] This kinship network contained both surgeons and apothecaries, related directly or through marriage, creating a group that covered four generations and spanned four distinct families.

The surgical mastership of Arnaud Delort was passed to his son and grandson, while his daughter married the apothecary Guillaume Ducourneau whose mastership passed on

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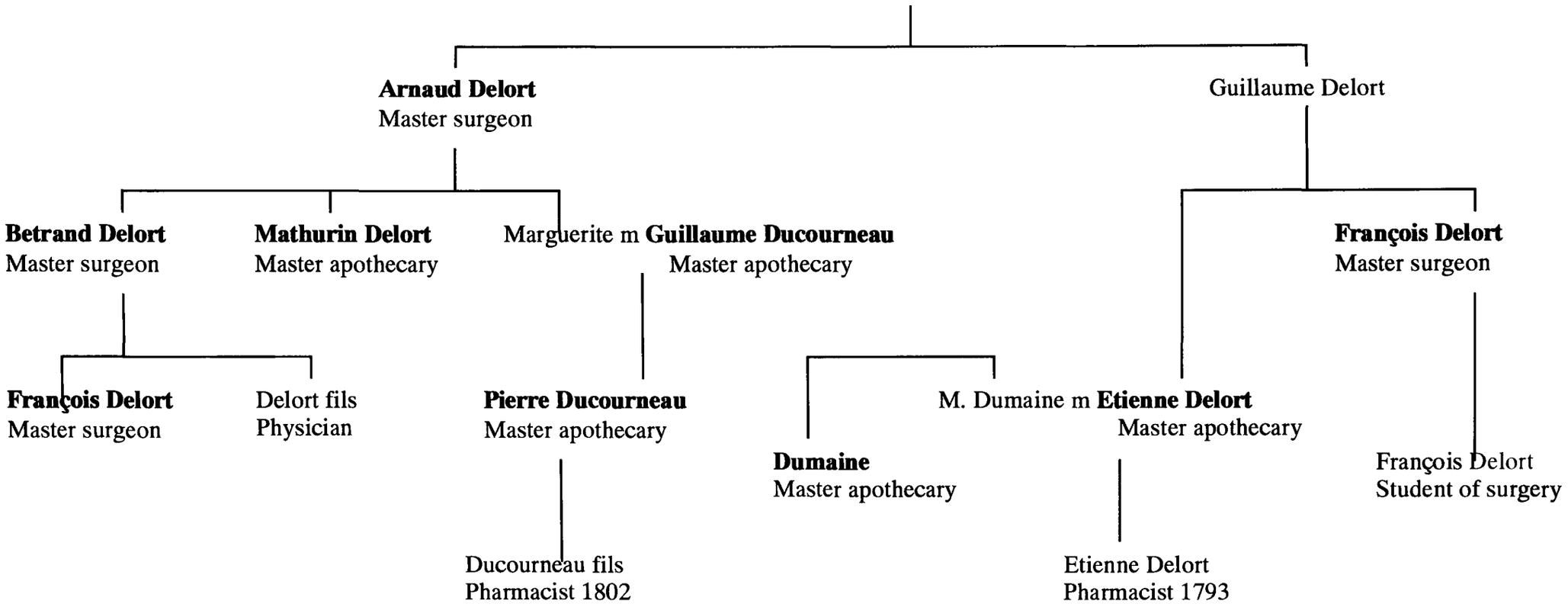
[126] Sources for Lapeyre include ADGC1705, 1707, 1709; 6E24; Bordeaux, *Liste alphabetique*; Barraud, *Vieux;* Bernadau, *Annales*; Chabé, *Histoire*; De Gères, *Académie*; Maitre, 'Récherches'; Péry.
[127] See his entry in Féret.
[128] Sources for the extended family include ADGC1701; C1705; C1711; C1712; C1715; C1716; C1717; C2740; C2792; 3E13225; 3E24034; 6E24 &25; D56; *Almanach*, 1760; Barraud, *Vieux*; Cheylud, *Histoire*; Cluchard, 'Quelques'; Féret.

Figure 5.3 Family tree: Delort – Ducourneau – Dumaine



through two further generations. Another of Delort's sons, Mathurin, became an apothecary, and passed his mastership to his son and grandson. Arnaud Delort's nephew also became a master surgeon and his son in turn was a student at the school of surgery in 1760. The family was further extended by the marriage of Etienne Delort (grandson of Arnaud and son of Mathurin) to the sister of his apprentice Dumaine, who became a master apothecary in 1774. The positive influence of the kinship network is difficult to assess within this group, aside from the longevity of the dynasties, yet may be seen in the posts held and tax paid by the members. The three posts held and the high level of tax paid by Bertrand Delort indicates his success within his occupation. The Ducourneau family was also successful. The post of apothecary to the admiralty was held by father and son from 1728 to the end of the period, while Pierre, who was active from 1759-1802, also acted as apothecary for the bureau d'entrée, and was a member of two academies. Both Bernard Delort and Pierre Ducourneau enjoyed careers of more than forty years, and the tax paid by Pierre rose as his career developed. Although evidence is not available for all members of this extensive group, several can be seen to achieve success. However, this success seems to be more closely linked to direct inheritance than to the extensive family network. For example, there is no evidence that the apothecaries within the group formed a clique within their corps, although they all acted as officer at some point in their careers, none served at the same time as another 'cousin'.

The strong influence of direct inheritance is further emphasised by an analysis of the highest tax paying apothecaries and surgeons in 1777; those who paid most tax were most likely to have had fathers who practised before them. The only group that offers direct evidence of the efficacy of the extended family grouping are the apothecaries, as demonstrated in Table 5.4. Of the five highest paying members two were part of long-running medical dynasties, and three were members of extended family groups. However of the latter only Pigeon was part of a complex group containing several families over several generations, while the other two, Lacotte and Maleville, were part of horizontal family groups.[129] It would seem, therefore, that although an extended family could aid a career, that the influence of direct inheritance remained the strongest factor in individual careers.

The physicians exhibit a similar pattern, higher taxpayers being more likely to have followed their father into medicine. However, many fathers had practised elsewhere, and few dynasties extended beyond two generations, thus there was much less continuity within the

[129] See Pigeon's biography and family tree for further details.

Table 5.4 Capitation paid by master apothecaries, Bordeaux 1777

Name	Amount paid Livres, sols	Amount paid as % of total
Belin	81.90	14.60
Lacotte	69.50	12.39
Pigeon	57.30	10.22
Chardevoine	40.17	7.16
Maleville, F.-M.	40.16	7.16
Vidal, Jacques	31.00	5.53
Dubedat	30.14	5.37
Alphonse, J. & L.	24.00	4.28
Delort, M.	21.00	3.74
Delort, E.	20.10	3.58
Deleau, F.-J.	20.10	3.58
Maleville, J.	19.10	3.41
Falquet, P.I.	17.80	3.17
Dubuisson, P.	17.70	3.16
Aubert	17.00	3.03
Ducourneau, P.	13.40	2.39
Vilaris	13.10	2.34
Cadilhon	9.13	1.63
Dumaine	9.13	1.63
Falquet, P. *fils*	9.13	1.63
Total	560.86	100
Average	28.04	

Note: Arranged by highest to lowest amounts paid.
Source: ADGC2792.

physicians than either other group. In addition there is no evidence of endogamy within the group, most marriages were within the professional and legal milieu of the city rather than the medical world. As Gelfand notes, many physicians preferred their sons to enter the legal profession, moving away from the lower status of medicine.[130] Many physicians were sons of legal practitioners, Jean Grégoire's father was a notary, and several were able to introduce their children into the legal world, Boyrié had both a son and son-in-law who were *avocats en parlement*.[131] The higher status of physicians is thus reflected in their social origins and the marriages of their children; hence their family networks were of different value to the more medical contacts of the apothecaries and surgeons. The kinship networks of physicians therefore gave them access to a wider range of the élites of the city, and many were able to utilise these contacts within their careers. In addition, those physicians who were new to medicine were therefore in a favourable position to use their family contacts to enhance their careers.

[130] Gelfand, *Professionalizing Modern Medicine*, 135.
[131] Grégoire ADG3E8679; Boyrie ADG3E7972-5; 3E7976-8; 3E7990-2.

The networks of friends which surrounded a family, the fictive kin, could be seen when furthering the career of an individual to be acting as patrons. Although patronage may be seen as a more temporary relationship, when allied with friendship and kinship it could form part of a lasting and obligatory connection. Hence the actions of the friends of the Lamothe family who were physicians to secure a place for Victor in the city, were part of their continuous relationship with the family, as has been mentioned above. Their medical friends had offered advice on matters such as training over a number of years, and their interest in and influence over his career were perhaps continued in his appointment as physician to the hôpital Saint André. Indeed the action of Caze in offering the inheritance of his professorial chair as an inducement to Victor to return to the city is an example of outright patronage, although the latter was able to establish a successful career and the chair was thus ceded to Comet. Many of the physicians of the city can be seen to benefit from such direct or indirect interference. Indeed such influence can also be seen in the other two groups; for example, Cazalet's contact with the Ferbos family helped him to establish a career in Bordeaux. The boundary between kinship, friendship and patronage was therefore a permeable one, and all types of contacts could act to further the career of another individual, however, the most striking examples of such interference are those that came from powerful persons outside the city.

Powerful patrons could offer substantial aid to individuals. Those of Betbeder helped him to enter not only the college but also to obtain the post of professor, hence launching a successful career within the city and the University, as mentioned previously. His powerful friends at court, allied with his substantial family connections, allowed him to set aside his botany course and *jardin des plantes* and establish himself as practitioner, academy member, and member of the University. Betbeder was probably part of a network of clientage, having a powerful ally at court able to influence the king to act in his favour. Thus Louis XV acted twice, first to endorse Betbeder's qualifications, thus forcing the college to accept him as a member, and secondly to over-rule the decision of the judges in choosing the most able candidates for the professorial chairs. No record has yet been found of the source of Betbeder's court influence, the informal nature of clientage leaving few traces. However, another practitioner had powerful patrons whose letters in his support survive, thus we can trace the network of clientage which resulted in the promotion of Lamegie in a variety of fields. Jean-Baptiste Lamegie, whose place in the Lacotte family group was mentioned above, was the son of a master apothecary of the same name from nearby Libourne, who perhaps was able to influence his son's acceptance as apprentice to Cassaigne, apothecary to

the king. Through his powerful master, Lamegie was able to obtain the patronage of duc de Mouchy, lieutenant to the governor whose role with respect to the corporations was discussed in chapter three, who wrote a letter in March 1778 asking for his acceptance by the corporation in Bordeaux.[132] He duly obtained his mastership, and married the daughter of his colleague Lacotte, taking the post of apothecary to the bureau d'entrée after the latter's retirement. Lamegie thus benefited from the networks of influence of his own family, those he encountered at court, the networks of his in-laws, and those formed within the corporation. Perhaps the same analysis might be made for all practitioners, their success depended their exploitation of a range of connections, of which the first and thus the basis of all others were those of the family.

In summary, this section has continued the main theme of this chapter, the importance of networks of contacts in establishing a career. It has established the interconnected quality of the medical world at familial level, using examples both of the newer horizontal linkages within one generation and the more traditional linear family. For both it has also shown how endogamy, within and among corps, served to produce extended family networks encompassing different parts of the medical world, which could also aid careers through links to patrons. It has argued that although a wide range of networks were available to practitioners, that of all these the prior existence of family links in a variety of realms were of prime importance in the making of a medical career.

Conclusion

Networks within the medical community of Bordeaux were complex. This chapter has established a variety of ways in which practitioners could exploit that complexity to the benefit of their careers. Based on the premise that the rigid demarcations within the old regime were eroding as the century progressed, due to social and economic changes, it has argued that the new freedoms of communication among individuals allowed medical practitioners to gain new and wider networks of connections within the city. Thus, as practitioners inhabited different groups, membership of which could aid the formation and development of their careers, so the plurality traced for both medical careers and the use of medical care by patients served to extend networks and create new alliances. The first section discussed links within corporations, establishing that the bonds between members were important to career, and that the group aided the formation of careers by such strategies as early election to office. Quite different to the bonds of obligation within the corps were

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[132] For the letter see AMB GG1202, 15 March 1778.

those of equivalence forged in academies, which as the next section showed served to give access to the élites, thus for some practitioners creating a distance between their own interests and those of their corporation. Access to the élites could be used either to extend medical practice or for general career achievements. A strong link was traced in the next section between academy membership and post holding, and practitioners were also shown to be active in self-advertisement in a variety of areas, all of which served to enhance their reputations within the city and the medical world. Such developments in careers were not matched by changes in corporatism, as chapters two and three indicated, thus a divergence between the needs of the group and those of its members emerged. Conflict was also a concern of the next section which focused on relations between practitioners and patients, establishing the existence of medical meshes of those from all corps, aided by the pluralist approach to medical care, and the ties of family. However, multiple consultations were also shown to pose problems for practitioners and patients alike, in payment of fees and disagreements over treatment. The final section examined the changing patterns of kinship within the medical world of Bordeaux, establishing the strong tendency towards endogamy, the existence of inter-practice dynasties, and the creation of horizontal family linkages. It argued that the most important network available to most practitioners was that of their family group. For many their access to the medical corporation was through direct inheritance, for others the influence of their family, whether medical or not, was crucial in the creation and furtherance of their career. Kinship provided a secure base from which to enter the medical world providing networks of cousinship, links with other families, access to 'friends of the family', and sometimes to patronage. Many of the more successful practitioners were sons of Bordeaux medical men. They thus inherited not only the family place in the corps, but also the family's networks of influence within the city from which all manner of other connections could spring.

The chapter has therefore attempted to bring together several arguments from earlier chapters, tracing the effects at individual level of alterations in corporate attitudes, and transformations in the social, economic and cultural realms of the old regime, following the changing patterns of practice as established in the dense and interconnected world of Bordeaux. It has argued that the ties of family were the most important single factor in career creation. Corporate membership was of course crucial to the creation of a career, and brought the right to practise, various privileges, and a certain status within the city. Yet it also brought duties and responsibilities, and an interest in the continuance of the group. As careers could and did expand outside the traditional boundaries of corporate control, then the individual and their career could be at one and the same time less protected by the privileges

and rights of the corporation, and less bound by the rules and regulations governing practice. On a personal level the new contacts made outside the brotherhood of the corporation, that increasingly overstepped previous boundaries, could minimise the importance of corporate bonds as career aids. This produced tension between the needs and aims of the corporation and the needs and aims of its members, expressed in disenchantment with the forms if not the functions of corporatism. This disenchantment has also been traced in other areas of the old regime, in for example the actions of the parlements in resisting the crown over taxation, the debates of the Assembly of Notables, and the growing dissatisfaction with venality. What began to emerge within absolutism was a tension between the increasingly dysfunctional state apparatus and the individuals whose lives and careers were affected by the diminishing rigidity of social and other boundaries. Individuals outside state control were able to amend their actions to suit new conditions in way not available to corporate bodies. Thus the actions of families in supporting their members were less constrained by rules imposed by external agencies, and could therefore be amended to suit prevailing conditions. As historians have already established, families amended their behaviour in accordance with the new circumstances associated with capitalism, and their marriage strategies as social boundaries were eroded. This chapter and the last have shown how families within the medical world of Bordeaux adapted, in two major ways. First, inheritance strategies began to encourage more than one child to enter into the business, as was seen in the Maleville family. Secondly, marriage strategies emerged that had a similar effect. The example of the Lacotte family, that produced a horizontal family alliance through marriages, shows how successful endogamy within medicine could be in enhancing the market share of one kinship group. Thus the flexibility of the family in reacting to external influences was different to the comparative rigidity of corporatism. The latter was largely bound by existing rules, and thus was unable to adapt rapidly to circumstances as they altered over the century. I would therefore argue that practitioners, already impatient with the forms of corporatism, and part of the general dissatisfaction with dysfunctions within the absolutist state, thus relied more and more on their family and associated friends. The wider implications of this impatience and dissatisfaction will be discussed in the conclusion.

Conclusion

When Louis Dubuisson stood in the doorway to his pharmacy and shouted abuse at an officer of his corps he was vividly expressing a major theme in this study, the tensions emerging between the needs of individuals and their governing bodies. His cry of 'scoundrels' was used to open the Introduction for this very reason: his dissatisfaction with developments within the corporation of apothecaries was clearly and publicly articulated. Subsequent events in his career were then used to demonstrate another theme: the emerging conflict between the need to raise standards and the principle of inheritance underpinning corporatism. The fragile balance between birth and worth was demonstrated in Dubuisson's need to return to the group to ensure the inheritance of his mastership by his son. His acceptance of the need for higher standards was shown in the wide training received by Pierre to fit him for this inheritance. Yet further themes have emerged in the previous five chapters that may also be demonstrated in the careers of the Dubuissons: the centrality of family and the fragility of career success. In addition the Dubuissons, and their 'ordinary' careers demonstrate one major concern of the study, to include all types and ranks of practitioner, not merely the elite or well documented.

The Dubuissons were part of an extended family grouping that included members of each of the three medical corporations in Bordeaux. They were related to their fellow apothecaries the Ferbos family, and thus to the physician Betbeder, and to the Gaussens family of surgeons.[1] Family networks were widespread in the medical world of Bordeaux, including not only endogamy within practice groups but also a range of inter-corporate linkages. In addition their family group demonstrates the strongly dynastic quality of the medical world, all four families exhibited kinship continuity over two or more generations. Hence, using a range of other examples, the study has argued that the influence of family was of prime importance in career creation.

Although the family was crucial in the formation of career, the idea of success has proved as difficult to assess, as it was to maintain. In this example the membership of an extended family group and the achievement of one generation were no guarantee of continued success in the next. Louis Dubuisson owned a house in the popular street of rue Sainte Colombe, in addition to a substantial country property, and trained one son to inherit his pharmacy and another as a merchant, yet this financial stability was later threatened.[2] Louis had ceded his

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[1] See Figure 4.3 on page 142.
[2] ADG3E24038, 10 May and 7 August 1749; ADG3E23063, 1763.

mastership to his son Pierre in 1759, yet by 1771 the latter needed the support of his father to avoid bankruptcy, and still paid tax at a low level six years later.[3] Membership of an extended family group, the benefits of wider training, and the inheritance of a thriving business were no guarantee of continued success. As with many practitioners whose careers failed or faded, there is little indication of the source of Pierre's problems, thus demonstrating the fragility of success.

This very fragility underlines the importance of the decision to include all practitioners in the study. Although elite careers are more accessible through their very success and hence documentation, the comparison with more 'ordinary' careers, such as those of the Dubuissons, has provided a more detailed and nuanced view of the varieties and vagaries of 'making a medical living' in eighteenth century Bordeaux. I would suggest that the collective biography, that includes all corporate medical practitioners, has provided a novel and potentially important contribution to knowledge concerning the medical world of eighteenth century France.

The example of Louis Dubuisson may therefore be seen to demonstrate the complexities of the medical world of Bordeaux, and the parallel and interlinked conclusions of this thesis. At the outset the aims were simple, to assess the validity of analyses concerning change in the corporate medical world, and to establish the patterns of careers of medical men over the eighteenth century. The investigation, using as a case study the city of Bordeaux, combined institutional histories of the three corporations governing medical practice with a collective biography of all their members. The findings were less simple, and several interlinked themes emerged. First, although many of the analyses offered by historians to explain the changes in the corporate medical world were visible in Bordeaux, that no one group complied with any one 'model'. Despite the favourable situation of the city, and certain markers of professionalisation, nonetheless the three groups all demonstrated a combination of traditional and progressive tendencies. Secondly, it was shown that medical careers became more pluralist over the century. This, it has been argued, led to tensions between the needs of members and their governing bodies, as individuals accepted new practices more rapidly than groups were able to amend their attitudes and regulations. Thirdly, through an investigation into careers, it was established that a variety of networks of influence could aid career formation, and hence success. Yet of all these, the networks established around kinship groups, and the direct intervention of families were judged to be the most important in creation and maintenance of careers. The first part of this conclusion will discuss these

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[3] ADGC3497; C2792.

three themes. Each themed discussion will also include an assessment of the different approaches used by the study, and how far their use has been justified by the analyses thus produced. The final part will briefly examine the wider implications of the findings of this study on the social history of medicine and the history of France in the eighteenth century.

The first chapter established the context of the study, the city of Bordeaux, and its remarkable growth in population and prosperity over the eighteenth century. It also described the complex hierarchies of power within the city, the effects of the onset of the market and the erosion of social barriers as an introduction to later arguments. Overall the study has provided a valuable addition to the history of the city, concentrating on the medical world at both institutional and individual levels. The next two chapters investigated in detail the experiences of the three corporations governing medical practice, assessing these against the analyses already established by historians. By concentrating on the reactions of the corps to wider changes, these chapters established the individual characters of the corporations, and argued that although several characteristics such as professionalisation were visible, the corps exhibited different reactions to roughly similar pressures. However, as was typical of the old regime, all three combined traditional and modern features. All attempted to retain traditions while rewarding merit, although the tension this produced was expressed differently for each group. As I have also argued elsewhere, the apothecaries succeeded in balancing the two forces.[4] They amended their regulations governing inheritance to balance the influx of new members, whose forms of practice exploited the expansion of the market and other factors. In contrast to failing groups in other parts of France they allowed numbers to steadily increase, balancing their need to protect their monopoly with the need to exploit the market. At the same time they utilised the connections formed by their members in academies and elsewhere to secure the position of the group within the hierarchy of the city. The balance they achieved between new practices and traditional formats did not prevent internal tensions, as expressed in the example of Dubuisson. The use of this case study has established that the models established by historians for pharmacy of stagnation and decline did not apply to the apothecaries of Bordeaux, who remained a viable and steadily growing group to the end of the old regime.

In contrast the surgeons superficially comply with the model of professionalisation established by Gelfand for Paris. They established their School, raised standards of entry, and rose in social status, serving to slow the previously rapid expansion of the group. An internal hierarchy also mirrored the experience of the Paris surgeons, and the effects of this

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[4] Smith, 'Weighed in the Balance?', 17-37.

stratification on the non-elite provided a new form of tension within the group. There emerged two forms of conflict as the hierarchy divided surgery into elite and ordinary practitioners. For the elite the transformations towards profession progressed too slowly, as shown in their impatience with the forms of corporatism such as oath taking before the jurade. On the contrary, for the ordinary more traditional practitioner, such changes served to distance their needs from the aspirations of the elite group who pressed for more professional standards and structures. Nonetheless, as the discussions showed, the overt professionalisation of the surgeons masked an underlying traditional quality, demonstrated in the lack of formal contests for important teaching posts. I argued therefore that although professionalisation did occur, its effects were both incomplete and divisive.

The portrayal of groups of physicians as protectionist and traditional is largely confirmed in a study of the college in Bordeaux. They rigorously controlled numbers, and retained a traditional format to the end of the period. However, a close examination of numbers has shown that membership levels were also controlled by circumstances beyond their power to amend, such as the increasing longevity of members and the lesser force of inheritance compared to the other groups. In addition their overtly traditional stance on many matters was balanced by apparent insistence on merit and by their internal equality of opportunity. Of all the groups they had the highest level of involvement in attendance at meetings and in service as officer. In contrast, their declared desire for merit, demonstrated in their involvement in the choice of new professors in the 1750s, was shown to be more apparent than real. Many of their actions were aimed more to maintain their own position in the hierarchy and hence their status, than to achieve a meritocratic decision. Despite their status-conscious stance, their concerns for standards of education were expressed in various ways throughout the period. The physicians cannot therefore be seen to comply with the analysis of historians concerning corporate protectionism, they were neither backward looking, nor entirely protectionist, but exhibited strong tendencies to reward merit and appreciate worth over birth.

The original aim, to assess the experiences of the medical groups in Bordeaux against the analyses established by historians more generally for France was aided, I would argue, by the comparative nature of the study. The examination of the characteristics of all three groups provided a nuanced view of the transformations within medicine, set within the particular and favourable context of one city, which in itself offered a coherent framework suitable for comparisons. These comparisons were further extended through a consideration of the careers of all corporate members, in which the tendencies traced within the corps were

more strongly marked. The tension thus produced between individual and group is the subject of the second theme.

The conflict between the needs of the group and those of its members was established primarily through the findings of the collective biography. Because this included all ranks of practitioner from all three groups it provided a more comprehensive set of careers than had previously been available, concentrating on the inclusion of ordinary or less prominent careers as a counterbalance to 'success stories'. Through an analysis of all careers emerged the growing pluralism within medicine in Bordeaux, demonstrated in three distinct cohorts of practitioners. In addition the fragility of success was examined, and the tendency noted for achievement to be concentrated in one rather than many contexts. In contrast to their governing bodies, therefore, individuals accepted and used new forms of practice in increasing numbers, while their corporations retained many of their traditional characteristics. I have therefore argued that a tension thus emerged between the needs of the individual and those of the corporation. This was based on the relatively slow acceptance of new formats by the groups, held by their rules and regulations, compared to the freedom of the individual to exploit new markets and new opportunities. For both physicians and apothecaries the tensions were between the traditional attitudes of the corps set against the increasingly varied career patterns of their members. Within the increasingly hierarchical surgeons the tensions were more complex. On the one hand the elite were urging the group towards professionalisation through the creation of the School and the raising of standards, while on the other the ordinary members were increasingly isolated from their governing body by both the hierarchical nature of the group, and by the rejection of traditional standards by the ruling minority. For both groups within surgery the corporation thus fulfilled fewer needs as it began the transformation to professional body. For practitioners from all three groups who embraced new forms of practice their governing bodies became less able to police their practice, maintain their monopoly and thus became increasingly irrelevant to their needs. Although medical men continued to obtain membership of the three groups to obtain practice rights, arguably the support offered by the group diminished as their functions if not their forms ceased to have relevance to the needs of individuals.

The difference between the needs of individuals and those of their governing bodies was established through the combination of institutional and individual histories. As discussed above, the comparative nature of the study aided analysis of medical corporatism, and the use of a collective biography has provided extensive detail on careers at all levels. The inclusion of all practitioners, rather than a concentration on the elite, has aided analysis of

both career patterns and the transformations in corporate practices. The tensions traced between individual and corporation emerged out of a consideration of a wide range of careers, and through an analysis of a wide range of collective data. I would argue that it is only through the study of this crucial relationship between individual and institution that we may gain further knowledge and understanding of the corporate medical world. We have been perhaps too confined by corporate boundaries and thus too blind to change at individual level. Rather than seeking to categorise the changes perceived in successful groups or individuals, we should turn our attention to the ordinary practitioners and groups, whose careers were made in less favourable conditions, to truly understand the alterations to practice in the years before the galvanic changes of the revolutionary years. Rather than consigning corps who effected no visible development to the convenient and confining category of 'traditional', we should seek to understand how smaller and less obviously significant alterations in practice were instigated and understood by practitioner and corporation alike. Such subtle alterations in practice were traced through an examination of networks, the subject of the third theme.

The study sought to investigate how networks of influence could aid the careers of both corporations and individuals, establishing that those of family were the most important for the latter. Using a variety of different criteria, and based on the collective biography of practitioners that traced connections of various kinds, the report discussed the new contacts available and how these affected careers. Networks were examined within a variety of contexts, from the geographic grouping of practitioners within the city, to the more egalitarian contacts available through academic membership. As the first chapter had established, the previously rigid social boundaries in the old regime were being eroded by various developments such as the onset of the market and the new forms of sociability available in academies. The investigation into networks established that practitioners utilised new forms of contacts in their increasingly pluralistic careers, and traced connections between different areas. An examination of self-advertisement, for example, showed the effects on income of both post-holding and academic membership, and the three areas were judged to be closely, albeit not causally, linked. The results of the collective biography were also displayed in the tendency to endogamy within groups, and in several inter-corporate family linkages such as the family group of the Dubuissons. The emergence over the century of horizontal family linkages, particularly within pharmacy, was linked to the increasing importance of the market and the adaptation of rules concerning inheritance by the apothecaries. Although these family linkages of all kinds were seen as important to careers, the effect of family influence in the guise of friends and patrons was deemed the most

important single factor in the creation of overtly 'successful' careers. This conclusion is tentative, as the evidence from which it has been drawn has tended to favour the official relationships within kinship groups over more informal friendships or other contacts, and thus awaits further study. Nonetheless a concentration on the effects of networks of influence has revealed the interlinked quality of the careers of the more successful practitioners, and has justified this approach as a means to understanding the increasing acceptance of new forms of practice by all levels of medical men. Again the medical world has been shown to be in transition between birth and worth, as the traditional emphasis on inheritance was joined by a need for higher standards. The emphasis on the primacy of family set within the context of a need to reward merit echoes the words of Henri de Boulainvilliers, when he wished for a time when 'the lustre of birth will be sustained by true merit'.[5] The balance between birth and worth awaits further study.

The final section of this conclusion is concerned with the potential use of the approach of this study in other areas, and the consequences of its conclusions. Within the social history of medicine, for example, the combination of a comparative case study with a collective biography might be used for other cities or regions to aid our understanding of the transformations within the medical world. As I have shown, the combination of individual and collective attitudes may be used to illuminate various aspects of medical corporatism and practice, to test particular examples against more general analyses, and to establish more accurate figures concerning numbers of practitioners. Yet further studies would also provide potentially different lines of enquiry. The choice of Bordeaux was made deliberately to investigate the onset of the market in an essentially commercial centre, and to investigate the move towards surgical professionalisation in a provincial setting. An investigation set in cities such as Lyon or Rouen would allow a consideration of the opportunities available within an industrialising centre, especially important for apothecaries and chemists. A port such as La Rochelle, that also founded a surgical school, could be examined to assess the differences wrought in the medical world by the comparative failure of the town to thrive over the eighteenth century. In addition the conclusions concerning Bordeaux could be tested and extended in two distinct ways. First, an extension of the study into the early years of the nineteenth century would provide evidence concerning the effects of the tensions traced between individuals and corporations as the structures of medical institutions were amended during and after the revolutionary years. Secondly, and perhaps more challengingly due to

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[5] H.A. Ellis, 'Genealogy, History and Aristocratic Reaction in Early Eighteenth-Eentury France: The Case of Henri de Boulainvilliers', *Journal of Modern History*, 58, June (1986), 446. He quotes H. de Boulainvilliers, *Essais sur la noblesse de France* ed. J.-F. de Tabary (Amsterdam, 1732), 300.

the difference in source materials, the study could be extended to include in more detail those practitioners outside the boundaries of the corporations. Such a broadening of focus could trace the effects of the raising of standards and the strengthening of barriers to membership on those whose careers were affected by their exclusion. This would provide a yet more detailed account of the medical world of Bordeaux in the eighteenth century.

The conclusions of the study within the social history of France accord well with earlier analyses. The transformations already traced by historians include the dysfunction and hence tensions endemic within the state apparatus, the erosion of some social barriers especially among the elites, and the pressures associated with the onset of capitalism and consumerism. Such transformations affected individuals and institutions alike. Venal office holders, for example, although continuing to purchase offices have been shown to be disenchanted with venality, which was increasingly seen as contrary to public benefit. Although no such major transformation in attitudes has been claimed for the medical practitioners in this study, the tensions traced between individuals and corporations echo the dysfunctions and dissatisfactions already established for other groups. The study thus extends the areas of tensions traced in the old regime to outside the elites, including as it did all corporate medical practitioners, and hence a full range of experiences. I would suggest that a similarly inclusive approach to other areas, especially the guilds, might provide further evidence of the widespread tensions within the old regime.

Finally, to emphasise the central role of the ordinary or 'modest' practitioners in the study, I offer a comment on medical careers made by a physician in 1799.[6] Tournon, in his tribute to Pierre Desault, stated that a medical career does not lead to glory. This was certainly true for most medical practitioners in eighteenth century Bordeaux whose careers were 'obscure'. The 'modest success' and 'partial benefit' of their careers is perhaps reflected in this investigation into the medical world of eighteenth century Bordeaux.

> La médecine n'offre pas une carrière propre à mener à la gloire: celui qui veut la parcourir doit être vertueux, savant, et jouir d'un tact particulier, don précieux de la nature. Ses travaux seront obscurs et pénibles, ses succès modestes et d'une utilité partielle; mais de quel prix n'est point aux yeux du philosophe, et de l'homme souffrant, celui qui sait calmer la douleur, prolonger la vie, et consoler son semblable?

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[6] Tournon, *Liste*, 33. 'Medicine does not offer a career path that leads to glory: one who travels it must be virtuous, learned, and possessed of the gift of tact. Their work will be obscure and hard, their success modest and of partial benefit: but what cost is this to the philosopher, and the sick, for one who can reduce pain, prolong life, and comfort their fellows?'

Appendix I Hospitals

Hôpital de la manufacture

Founded in the early seventeenth century, with the building completed in 1658, this hospital was also known as the hôpital des metiers or hôpital general des manufactures.[1] It offered care for convalescents from the plague hospital and shelter to the indigent and their families. It also housed orphan children until the creation of the hôpital Saint Louis in 1714, and the two functions were again joined from 1779.[2] By 1724 there were more than 1,000 inmates, although by 1760 this number had fallen to 400, served by 35 religious sisters.[3] Children, who were housed to the age of 14, were educated by two priests. Although the function of the institution was not curative, the sick were cared for by two physicians and a team of surgeons who shared the duties, *par quartier*, as shown in Tables I.I and I.II.[4] Drugs were supplied from outside the hospital, and the high level of need is demonstrated by the cost of medicinal substances purchased in one month in 1693, almost 80 livres.[5] The medicines had been ordered by one of the religious sisters, who acted as apothecary within the hospital, a role that has also been demonstrated within other hospitals in France.[6] The governing bureau was composed of the Archbishop, the premier president, and five further parlementaires, two members of the jurade, one member of the religious order in the hospital, one lawyer, six former administrators, with one officer and one clerk.[7] It thus contained representatives from the main authorities in the city, church, Parlement, and jurade. The latter two organisations changed their representatives annually, while all others served more permanently.

Hôpital Saint Louis

The foundling hospital was finished in 1714, after a first suggestion, and funding, from the Archbishop in 1706.[8] It had a bureau of three, an Augustin almoner and 11 *sœurs grises*.[9] The infants were normally sent out to wet-nurses, and later returned to the hospital until the

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[1] Imbert, *Le droit hospitalier,* 123.
[2] Bernadau, *Annales,* 21 June 1714.
[3] *Almanach*, 1760, 161.
[4] ADGC1711; C1712; *Almanach*, 1760; Péry, 241-242.
[5] E.-H. Guitard, 'Fourniture de drogues à l'hospice de Bordeaux (Hôpital général de la manufacture) sous Louis XIV', *Bulletin de la société de l'histoire de la pharmacie*, 3, 30 Juin (1913), 43-44.
[6] Baudot, *La pharmacie en Bourgogne*, 337, 440.
[7] *Almanach*,1760, 160-161.
[8] Bernadau, *Annales*, 9 May 1706-21 June 1714.
[9] *Almanach*,1760, 159.

age of nine, when they were transferred to the hôpital de la manufacture.[10] The children wore distinctive tabards, red until 1775, and blue thereafter.[11] Their medical needs were served by two physicians and one surgeon, as shown in Tables I.III and I.IV. The hospital was reunited with the larger hôpital de la manufacture in 1779, and the buildings on rue Bouhaut, Saint Eloy were sold.[12]

Hôpital des incurables

Founded in 1741 by Louis-Amable Bigot, conseiller au parlement, this hospital housed those who could not be admitted to other institutions, the poor suffering from cancers and ulcers, and those who were weak, paralysed, or otherwise incurable.[13] It was situated just outside the city walls at the porte d'Aquitaine, Saint Julien. It had a administrative bureau of four, and employed three consultants, one physician and two surgeons, shown in Table I.V.[14] There is no record of how many patients it contained, nor of the numbers or type of other staff, although it seems likely that it was served by religious sisters from a nursing order.

Hôpital Saint André

Founded in 1390 by Vital Carles and situated near the cathedral on rue Saint André, the hôpital Saint André was the main medical hospital in Bordeaux.[15] The original hospital had 26 beds for poor travellers and pilgrims. From the origins of the Parlement in 1462 it was involved with the hospital, and their powers were confirmed by Louis XV in 1718.[16] The hospital was replaced and enlarged considerably, notably in 1672 when its cemetery was moved first to outside the city at Porte Dijaux then in 1755 to chemin du Tondu (now rue de Kater).[17] By the end of the eighteenth century there were twelve wards with different functions, with male and female separated, and it took 'malades et blessés' to a total of 384 in 258 beds, although by 1789 it housed more than 500 patients.[18] It was run by a bureau that showed the importance of the Parlement in its administration. The bureau was headed by the Archbishop, with one other church representative, the premier president and five other

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[10] ADGC3456 item number 34, report by Doazan; *Almanach*, 1760, 161.
[11] Bernadau, *Annales*, June 1714.
[12] Rèche, *Mille ans*, 125, 127.
[13] Rèche, *Mille ans*, 135.
[14] *Almanach*,1760, 162.
[15] For general histories of the hospital see for example Courteault, *Le Vieil Hôpital*; M. Billaut, 'Historique de l'hôpital Saint-André de Bordeaux' (unpublished thesis, Bordeaux, 1975).
[16] Courteault, *Le Vieil Hôpital*, 33.
[17] Rèche, *Mille ans*, 129-130; Courteault, *Le Vieil Hôpital*, 37.
[18] Courteault, *Le Vieil Hôpital*, 37-39.

parlementaires, three members of the jurade, and five bourgeois administrators.[19] In addition it had two treasurers in charge of finance and funding, an onerous and unpopular task, usually undertaken by rich negotiants, and it was financed precariously by charitable gifts, special taxes levied on such items as theatre tickets, and borrowing.[20] Various administrators were appointed to provide the hospital with flour, wood, linen, wine, and medicaments, and the permanent staff numbered more than 38 including bakers, cooks, valets, servants, and porters.[21] The medical staff within the hospital included 24 *sœurs grises* to care for the sick and three each of trainee surgeons and apothecaries.[22] Those outside the hospital included two physicians and two surgeons, shown in Tables I.VI, I.VII, and I.VIII, who were employed in consultant capacities.[23] In addition a series of lithotomists and oculists were paid by the jurade to provide free treatment to the poor of the city, and the former also trained other surgeons in their speciality as was described in chapter three. The link between the cure of the soul and of the body was made clear not only in the essentially religious nature of most of its carers, but also in the presence of a small chapel with a painting of an appropriate saint in each ward.[24] The hospital was replaced by a new building on cours d'Albret in 1829, and the old hospital was demolished in 1838.[25]

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[19] *Almanach*,1760, 158.
[20] Gifts - Courteault, *Le Vieil Hôpital*, 30-32; Tax on theatre tickets - Bernadau, *Annales*, February 1710, 15 June 1735.
[21] *Almanach*,1760, 158-159; Courteault, *Le Vieil Hôpital*, 34-36.
[22] Courteault, *Le Vieil Hôpital*, 34.
[23] *Almanach*,1760, 159.
[24] Courteault, *Le Vieil Hôpital*, 37.
[25] Rèche, *Mille ans*, 131-133.

Table I.I Physicians to hôpital de la manufacture

Name	Known Date
Jean Lafon	post 1785
Jean-Baptiste Barbeguière	pre 1760
Victor Lamothe	1770
Jean Grégoire	1716

Sources: Féret; *Almanach*, 1760; *Autographs.*

Table I.II Surgeons to hôpital de la manufacture

Name	Date Noted
Pierre Bacqué	1789
Pierre Bonnet	1789
[Ichery]	1789
Jean-Baptiste Lapeyre	1789
Jean-Baptiste Saintourens	1789
Jean Seguy	1789
Jacques David	1760
Jean Dupuy	1760
Jean Lafargue	1760
Raymond Lafourcade fils	1760
Pierre Mamousse	1760
Jean-Robert Grossard	1739
Pierre Cassé	1739

Note: Duties were shared 'par quartier'. Surgeons who were attached to the hospital, but for whom no firm date is known include - Jean-Pierre Cazeaux, Bernard Faure, Isaac Garrellon, Jean Guinlette, Jean Lamarque, and Jean Tursan.
Sources: ADGC1711, C1712; Péry 242; *Almanach*, 1760.

Table I.III Physicians to hôpital Saint Louis

Name	Date
Victor Lamothe	1770-
Jean Betbeder	1760
Jean-Joseph Caze	1760

Sources: *Almanach*, 1760; Adams, 'Bourgeois Identity', 375, 384.

Table I.IV Surgeons to hôpital Saint Louis

Name	Date
Elie Perrochon	-1760
François Roudes	-1760
Pierre Cassé	1718
Raymond Birot	1717-1718
Pierre Billot	1717
Jean Lartigue	1717

Note: Between 1718 and 1760 the dates of service for surgeons are unknown, but those who were appointed as surgeon to the hospital were - Charles Alary, Bernard Bladineau, Pierre Boniol, Dominique Cassaigne, Jean-Pierre Cazeaux, Guillaume Collas, Jacques David, Bertrand Delort, Bernard Faure, François Gard, Jean-Robert Grossard, Pierre Lagarde, Jean Lamarque, Jean Lartigue, Mace, Michel Mercier, Jean-François Mestivier, Jean Pascaud, Pierre Plasse, and Jean-Baptiste Saintourens.
Sources: Péry, 242; ADGC1712.

Table I.V Surgeons to hôpital des incurables

Name	Start Date	End Date
Pierre Toussaint Lassabe	1783	1794
Pierre Gouteyron	1783	1828
Jacques Gouteyron	1743	1783
Jean Felloneau	1743	1783

Note: In 1760 the physician was Jean-Joseph Caze.
Sources: *Almanach*, 1760; Péry, 242.

Table I.VI Physicians to hôpital Saint André

Name	Start Date	End Date
Paul-Victor de Sèze	?	1800
François Alary	?	1800
Victor Lamothe	1769	?
Pierre Lamontagne	1762	?
Jean-Joseph Caze	pre 1760	?
Jean Betbeder	pre 1760	1800
Daniel O'Sullivan	1753	1758
Jean Grégoire	1716	?

Sources: Péry, 272; Féret; *Almanach*, 1760; *Autographs*.

Table I.VII Surgeons to hôpital Saint André

Name	Start Date	End Date
Jean Rivière	?	1800
Treyeran	1800	1802
Pierre Guerin	?	1800
Pierre Gouteyron	?	1800
Philippe Thibaut	1770	?
Guillaume Martin	1765	?
Jean Dupuy premier	pre 1760	?
Jacques Gouteyron (adjoint)	1760	?
Mace	1718	?
Joseph Pinganau	1717	1718
Collas	1715	1717
Larré	1716	?
Pierre Lagarde	1716	?
Billot	1716	?
Manadé	1716	?

Table I.VIII Surgical *internes* to hôpital Saint André

Name	Start Date	End Date
Caussade	1776	?
Jean Rivière	1769	1775
Guillaume Martin	1763	1769

Sources for Tables VII & VIII: Péry, 242; ADGC1711; C1712; *Almanach*, 1760.

Appendix II School of Surgery

The creation of a School of Surgery in Bordeaux was first suggested at a meeting of the corporation of surgeons on 8 September 1752 by the officers of the corps, Lafourcade *fils* and Dupuy.[1] The corps had the support of the first surgeon of the king in this venture, and he pressed them to receive a number of surgeons from the faubourgs at a cost of 1,000 livres each to help finance the project.[2] They obtained premises owned by the hôpital de la manufacture which they later bought, and built a new amphitheatre on rue de la Lande, Saint Eulalie, using the architect Alary.[3] The École de Saint Côme was opened with all solemnity on 18 June 1755, a ceremony attended by thirty members of the corporation and a host of other dignitaries from the city.[4] The guests included the premier president and procureur générale of the Parlement, the Archbishop, members of the other major courts in Bordeaux such as the cours des aydes, the president of the Academy, rector of the University, the Intendant, and the lieutenant to the Governor of the province. The jurade, although invited, did not send a representative.[5] The event was celebrated with distribution of wine and a display of fireworks.

The School began with four professors. They were appointed in July 1754 for principles of surgery, osteology & diseases of the bone, anatomy, and operations, and in August 1756 a professor for medicaments & blood letting was appointed. Much later in 1786 a professor of obstetrics was appointed, bringing the total of professors to six, as can be seen in Table II.I. Courses each lasted for one year and records remain of students from 1760-1783.[6] Over these years a total of 486 students enrolled at the School, as shown in Table II.II, with the greatest number attending the course in 1766, 134 (27.5%). The students had an average age overall of 20.3 years, although the youngest recorded was 15 and the eldest 43. Most students stayed for only one year of instruction, although 33 (8.25%) remained for a second year. Twelve students (3%) attended for three years, with only Raymond Gignac, who became a master surgeon in 1777, attending four separate courses, in 1763, and from 1765 to 1767. Gignac was one of only three students who went on to become master surgeons in the city. Raynal was a student in 1773 and became master in 1785, and Roux spent two years in

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[1] ADGC1711, 10 August1750.
[2] Péry, 180-187.
[3] Péry, 190; ADGC1715.
[4] Péry, 193-195.
[5] Péry, 196.
[6] ADGC1705.

Saint Domingue as a surgeon before returning to Bordeaux to attend the School in 1766, and became a master the following year.[7]

Most students (383 or 79%) noted their place of origin on enrolment and an analysis of the records reveals that the overwhelming majority came from the region of Aquitaine. Only single students enrolled from Paris, Normandy and Brittany, with two from the Languedoc, while a few came from further afield. A single student came from London in 1767, and in the previous year there had been individuals from Martinique and Gorée, West Africa.[8] Of the remaining students the majority, 80, more than 20% of known addresses, came from Bordeaux and the region immediately around the city, as demonstrated on Map II.I. The next most frequently recorded areas were those around Tarbes and Auch, with 17% and 19% respectively. This is broadly in line with the preponderance of students from those areas noted by Gelfand for the Paris School of Surgery, and may be due to two factors.[9] First, the tradition of barbers from the region of Gascony, and secondly, the increase in career opportunities in the spa towns in the area.[10] The nearby region around Agen and the Landes also supplied substantial numbers, almost 8% each, and the Saintonge and Perigord were also well represented with almost 6% each. Areas more distant such as Bearn, Toulouse, Limousin, Cahors and Poitiers supplied a smaller proportion, all less than 3%. Thus the traditional inward pull of the city within the region was reflected in the enrolment of students to the School.

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[7] For further details see their biographies in Appendix V.
[8] Raymond Ferret from London aged 19; Lequeire from Martinique aged 18; Joseph Marrie from Gorée aged 21.
[9] T. Gelfand, 'Deux cultures, une profession: les chirurgiens Français au XVIIIe siècle', *Revue d'histoire moderne et contemporaine*, 27, (1980), 468-484.
[10] D.P. Mackaman, *Leisure Settings: Bourgeois Culture, Medicine, and the Spa in Modern France* (London, 1998) and L.W.B. Brockliss, 'The Development of the Spa in Seventeenth Century France', *Medical History*, Supplement no. 10, (1990), 23-47.

Table II.I Professors at the School of Surgery, Bordeaux, 1754-1792

Name / Title of Post	Start Date	End Date
Principles of Surgery		
Carrie *fils*	1784	1792
Raymond Lafourcade *fils*	1754	1784
Operations		
Pierre Guerin	1777	1792
Jean Dupuy	1754	1777
Anatomy		
Jean Cazejus	1783	1792
Joseph David	1777	1783
Laurent Larrieu	1754	1777
Osteology		
Antoine Dubruel	1755	1792
Etienne Faure	1754	1755
Medicaments		
Antoine Dufourg	1777	1792
Jean Felloneau	1756	1777
Obstetrics		
Jean-Baptiste Lapeyre	1786	1792

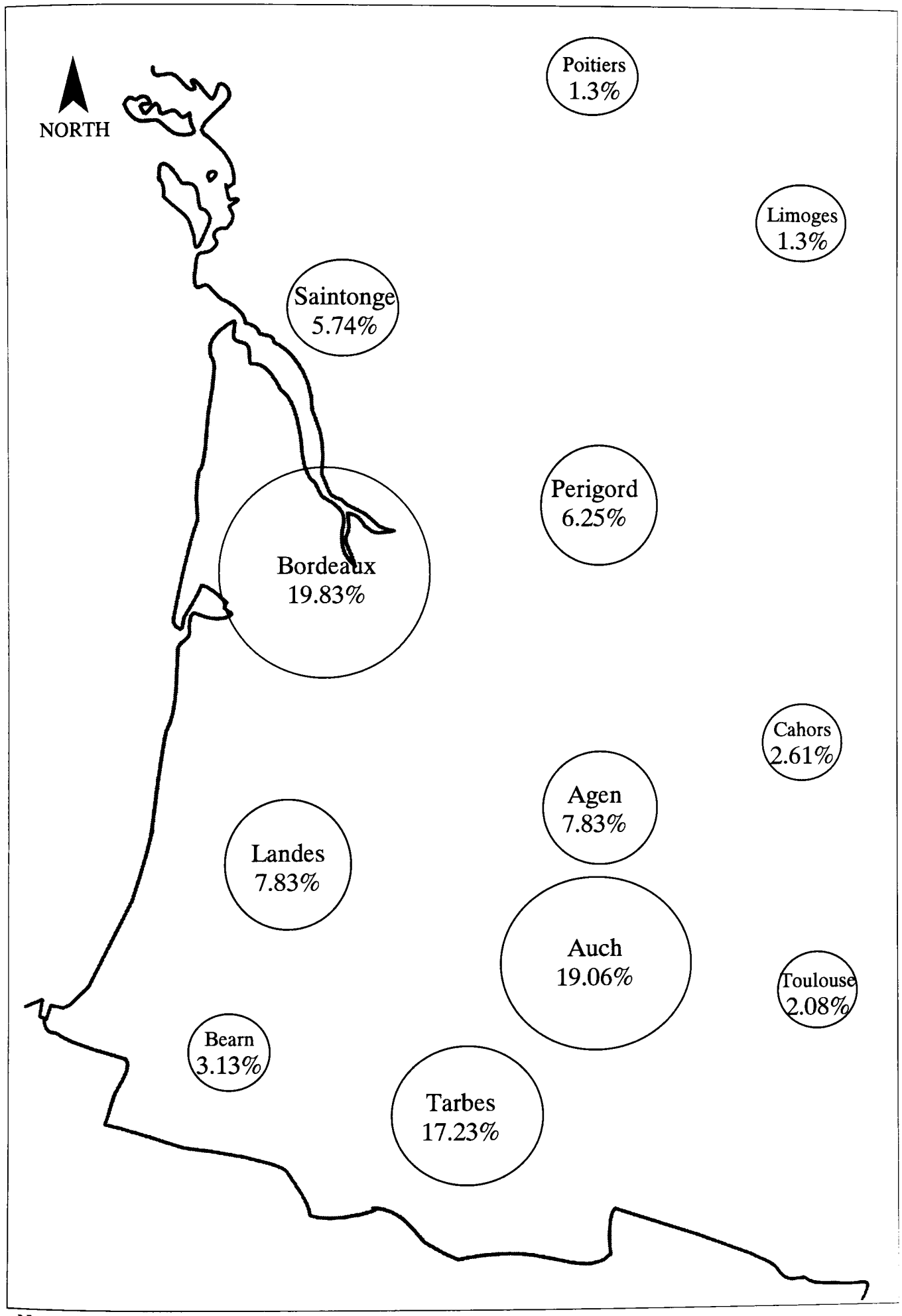
Sources: *Almanach*, 1760; Féret; Péry, 154, 191-192, 204-205, 253.

Table II.II Students of surgery

Year	Number Students	Percentage of Total	Average Age	Min/Max Age
1760	39	8.0	20.6	16/24
1762	65	13.4	20.4	16/25
1763	22	4.5	20.3	17/26
1765	34	7.0	21.1	16/40
1766	134	27.6	19.7	17/26
1767	33	6.8	20.8	18/25
1768	23	4.7	18.2	15/21
1769	37	7.6	20.2	16/43
1771	14	2.9	-	-
1775	66	13.6	20.7	17/26
1783	19	3.9	21.1	17/29
Totals	486	100.0	20.3	15/43

Source: ADGC1705.

Map II.I Origins of students of surgery, Bordeaux 1760-1783



Note: Not to scale

Appendix III Lists and Tables

Table III.I Intendants to Bordeaux

Name	Earlier Intendancies	Bordeaux	Later Intendancies
Nicolas Dupré de Saint-Maur	Bourges 1767-1776	1776-1785	
Charles Francois Hyacinthe Esmangart		1770-1775	Caen 1775-1783 Lille 1783-1790
Louis Urbain Aubert de Tourny	Limoges 1730-1743	1743-1757	
Bernard Chauvelin de Beauséjour	Tours 1709-1718	1717-1718	Amiens 1718-
Urbain Guillaume de Lamoignon de Courson	Rouen 1704-1709	1709-1715	
Yves Marie de la Bourdonnaye	Poitiers 1690-1695 Rouen 1695-1700	1700-1709	Orléans 1709-1713

Source: V.R. Gruder, *The Royal Provincial Intendants: A Governing Elite in Eighteenth-Century France* (Ithaca, 1968), 246-252, Appendix IV.

Table III.II Medical members of the Bordeaux Academy of Science, 1713-1790

Physicians of the College	Date of Entry
Martial Campaigne	1783
Victor Lamothe	1769
Jean Betbeder	1761
Pierre Doazan	1757
Dominique Castet	1751
Barthélémy Grégoire	1746
Jean Cazeaux	1731
Isaac Bellet	1725
Joseph Cardoze	1713
Jacob Doazan	1713
Jean Grégoire	1713
Master Surgeons	
Jean-Charles Grossard	1773
Pierre Guerin	1773
Jean Dupuy	1742
Master Apothecaries	
Jean-André Cazalet	1780
Louis Alphonse	1777
Marc-Hilaire Vilaris	1752
Other Physicians	
Ysarn	1781
Nicholas Chesneau	1779
Augustin Roux de Saint Armand	1760
André Peysonnel	1756
Jean-Baptiste Aymen	1755
Pierre Brescon	1747
François Bellet	1712

Sources: Barrière, *L'académie de Bordeaux*; De Gères, *Académie des Sciences*. The latter has been considered the more accurate in most cases of uncertainty. See also Féret.

Table III.III Reports surgeons (*Chirurgien commis aux rapports*)

Name	Start Date	End Date
Raymond Gignac	1783	?
Pierre Guerin	1781	?
Jean-Alexandre Bechaud	1780	1783
Pierre Bouchet	1777	1781
Antoine Dufourg	1776	1780
Pierre Gouteyron	1772	1777
Jacques Laporte	1765	1776
François Cizos	1764	1772
Jean Pascaud	1763	1765
Laurent Larrieu	1762	1764
Jean-Dominique Gemain	1760	1763
Guillaume Vigneau	1760	1762
Louis Carrie	1756	1760
Laurent Larrieu	1756	1760
Raymond Lafourcade *fils*	1754	1756
François Roudés	1752	1756
Jacques Gouteyron	1750	1756
Charles Darjo	1750	1752
Jean Felloneau	1746	1750
Jean Dupuy	1746	1750
Bertrand Delort	1744	1746
Bertrand Dutoya	1744	1746
François Gard	1740	1744
Pierre Ballay	1740	1744
Isaac Garrellon	1736	1740
Bernard Faure	1734	1740
Jean Guinlette	1734	1740
François Gard	1730	1734
Bernard Larrieu	1730	1734

Note: Two surgeons appointed to examine all corpses and injured persons, and report to the jurade.
Source: Jurade, III, 300-313.

Table III.IV Physicians to the poor in Bordeaux, 1768

Parish	Physician(s)
Saint André	Pierre Lamontagne
Saint Christoly	Barthélémy Grégoire
Saint Croix	Victor Lamothe
Saint Eloy	Guillaume Bernada
Saint Eulalie	François Alary & Pierre Doazan
Saint Maixant	Jean-Joseph Caze & Pierre Caze
Saint Michel	Guillaume Bernada & Pierre Lafargue
Saint Pierre	Jean-Baptiste Barbeguière
Saint Projet	Jean-Baptiste Mathereau
Puy Paulin	Pierre Boniol
Saint Remy	Jean-Joseph Caze, Pierre Caze & Jacques Fitzgibbon
Saint Simeon	Jean Gramaignac
Saint Seurin	Jean Betbeder & Pierre Cambert

Source: ADGC1697.

Table III.V Physicians to the city (*médecin ordinaire de la ville*)

First Physician	Date Appointed	Second Physician	Date Appointed
Pierre Alary	1781	Jacques Fitzgibbon	1781
Guillaume Bernada	1756	Pierre Doazan	1765
Louis Seris	1721	Jean Cazaux	1745
Jean Boyrié	1701	Jacques Doazan	1719
Lartigue Rangeard	1687	Jean Lascous	1683
François Silva	1678	Lascous *père*	1678

Note: Two posts, first and second, former paid 200 and latter 100 livres. Each was to offer service in the hôpital Saint André and inspect apothecaries.
Source: Péry, 73-77.

Table III.VI Capitation paid by widows of master surgeons, Bordeaux 1777

Name of Widow	Amount Paid Livres
Capelle	37.16
Grossard	36.00
Castet	30.12
Meric	2.80
Boyer	1.40
Lougier	1.40
Cizos	1.40

Note: Arranged by highest to lowest amounts paid.
Source: ADGC2792.

Table III.VII Capitation paid by licensed surgeons, Bordeaux 1777

Name of Licensed Surgeon	Amount Paid Livres
Massy	59.80
Labarrière	46.40
Perroua	42.12
Saint-Hilaire	35.80
Montus (later a master)	34.14
Saint Bois	33.00
Bouderon	18.00
Boyer, P. (later a master)	16.40
Garelin	16.40
Lassalle, G.-F.	12.12
Cazenave	12.00
Lafargue, P.	4.16
Clusel	3.12

Note: Arranged by highest to lowest amounts paid.
Source: ADGC2792.

Table III.VIII Publications of corporate medical practitioners, Bordeaux 1690-1800

Name	Year	Title	Publisher	Place	Source/Site
Alary, F.	1766	Quaestiones medicae. An variolarum singulis speciebus diversa therapeia aff? An hoemoptysi adstrengentia validiora?	Calamy	Bordeaux	Tournon Supp.
Alphonse, L.		Analyse des eaux des différentes sources de la ville de Bordeaux et des environs	-	Bordeaux	Féret
Barat	1774	Quaestio medica. An fluori albo aquae minerales acidulae vitriolucae? An pertussi emetica?	Racle	Bordeaux	Tournon Supp.
Barbeguière J.-B.	1757	Urum in febribus malignis vesicantium utilitas a solo stimulo? An lactuntium morbi a nutricus lactae?	Brun	Bordeaux	BMB S 2954/11
Barbeguière J.-B.	1784	La maçonnerie mesmérienne, où les leçons prononcées par Fr. Mocet, Viala, Thermola, Seca et Cephalon, de ordre de Fr. de l'Harmonie, en Loge mesmérienne de Bordeaux, l'an des influences 5784, et du mesmérisme le premier	-	Bordeaux	BMB S12940/4
Barbeguière J.-B.	1754	Quaestiones medicae pro agregatione burdigalensi assequenda. An ex diversa obstructiones indole diversa curandi methodus? An febris medicamenti vim ac virtutem in inflammatione exerceat?	JB Lacornée	Bordeaux	BMB S 2954/12
Bellet	1721	Quaestiones medicae - an pesti acida? An variolis narcotica?	Brun	Bordeaux	BMB S 2954/6
Bernada	1738	Quaestiones duae medicae - an asthmati vinum emeticum? An amni febri peruvianus cortex?	JB Lacornée	Bordeaux	Desgraves
Betbeder, Jean	1750	Dissertation sur les eaux minérales du Mont de Marsan, addressé à l'académie de Bordeaux	Brun	Bordeaux	BMB S 12899
Betbeder, Jean	1761	Dissertation sur la pluie sufureuse qui tomba à Bordeaux le 19 avril 1761, depuis le matin à onze heures et a diverses réprises jusqu'a cinq heures du soir	Calamy	Bordeaux	Tournon
Betbeder, Jean	-	Prospectus d'un cours de chymie	Brun	Bordeaux	BMB D68638
Betbeder, Jean	1757	Essai sur la nature des ésprits animaux	-	Bordeaux	Féret
Betbeder, Jean	1754	Quaestiones medicae. An debellandis morbis acutis, imperate medico, simulatneum diioetae, pharmaciae et chirurgiae auxillium? An morbis chronicis vinum burdigalense optimum pharmacum? Quibus accedunt assertiones variae et philosophia et medicina	Brun	Boe, agen	BMB MS 7132 TII NO30
Betbeder, Jean	1757	Quaestiones medicae. Utrum in morbis quibus cauteris adhibenda fides? An quolibet gestationis tempore tuta venae sectio	Brun	Bordeaux	Tournon Supp.
Betbeder, Jean	1755	Histoire de l'hydrocephale de Bègles, qusqu'au 13 septembre 1755	Brun	Bordeaux	BMB B 10705/1
Betbeder, P. T.	1784	Quaestiones medicae. De pneumonitide et de scorbuto	Racle	Bordeaux	BMB S 2954/24

Name	Year	Title	Publisher	Place	Source/Site
Boniol, Pierre	1753	Quaestiones medicae. An inflammationni generaliter sumptae sectionis venae repetio certis legibus fulciatur? Et an oedemati universali seu anasarcae, pro aggregatione burdegalensi	JB Lacornée	Bordeaux	BMB S 2954/10
Campaigne, P.	1728	Quaestiones duae medicae - an pleuritidi venae sectio? An in dysenteria turpenthum gummosum fit ipecacuanhae anteponendum?	A Furt	Bordeaux	BMB S 2954/7
Capelle, J.F.	1788	Mémoire couronne par l'académie des sciences de Bordeaux, le 25 aout 1787, sur cette question: Quels seraient les mailleurs moyes de corriger les abus qui régnent dans les hôpitaux relativement au service des malades et de lier à leur sort l'interet de ceux qui les servent?	Racle	Bordeaux	Tournon
Capelle, J.F.	1789	Quaestio medica. An ex atmosphaera plerique morbi? An peripneumoniae vapor aquosus?	Beaume	Bordeaux	Tournon Supp.
Capelle, J.F.	1796	Journal de santé et d'histoire naturelle - organ de sociétée de médecin où philanthropique de santé de Bordeaux	-	Bordeaux	Chabé
Cardoze	1724	Réflections sur les purgatifs	-	Academie	Féret
Cardoze	1720	Traité des maladies causée par les insects	-	Academie	Féret
Castelbert	1762	Traité des eaux minerales de Baignères, Barèges, Cauterets, Eaux-Bonnes, Eaux-Chaudes, Tertis, Dax, Barbotan, Loubouer, Cambo, Mont-de-Marsan, et autres petites sources de la Guienne et du Bearn, avec l'analyse des eaux minérales de la rue de la Rousselle	Chappuis	Bordeaux	BMB D 37456
Castelbert	1768	Quaestio medica. An colicae a diversiis principiis varia topia? An rhumatismo vulgari serum lactis?	JB Lacornée	Bordeaux	Tournon Supp.
Castet, D.	1757	Quaestiones medicae sub hac verborum serie. An a pulsus natura certo praesagiri possit crisis proxime vel remote futura? An minerales aquae tutum in morbis praesidium	-	Bordeaux	BMB S 2954/14
Castet, D.	1751	Essai sur la construction et comparaison des thermomêtres etc	Durand	Paris	Féret
Castet, D.	1751	Explication des premiers causes de l'action dans la matière et de la cause de gravitation. Trans. Anglaise Cadwallader	Colden	Paris	Féret
Castet, D.	1755	Quaestiones medicae. An convulsione opium? An febribus putridus cortex peruvianus?	Chappuis	Bordeaux	BMB S 2954/13
Cazalet	1789	Plan d'un cours public de physique expérimentale, par M. Cazalet	Racle	Bordeaux	BMB MS 7132 T45 No. 8
Cazalet	1796	Theorie de la nature	-	Bordeaux	Féret
No author stated	1784	Première liste de Messieurs les souscripteurs pour le globe aerostatique proposé par M. Cazalet	Racle	Bordeaux	BMB BR252
Cazaux	1728	Quaestiones medicae - an variolis opium? An febribus malignis saphaenae sectio?	JB Lacornée	Bordeaux	BMB S 2952/3
Caze, J.-J.	1757	Quaestiones medicae. An morbo pediculari remedium specificum? An ex urinae inspectione, certum judicium in morbis elici possit	Labottier	Bordeaux	BMB S 2954/16

Name	Year	Title	Publisher	Place	Source/Site
Caze, J.-J.	1753	An apoplexiae emeticum? An pluriitidi venae section	Calamy	Bordeaux	Tournon
Caze, P.	1792	Comparaison des constitutions de la Grande Bretagne et de la France	-	Paris	Féret
Caze, P.	1804	Essai sur la décomposition de la pensée	-	Bordeaux	Féret
Caze, P.	1805	La mort de Jeanne d'Arc où la pucelle d'Orleans.	-	Bordeaux	Féret
Caze, P.	1829	Essai de philosophie religieuse sur les monuments astronomiques dès anciens et sur la concordance intime du zodiaque avec la theologie sacre	-	Bordeaux	Féret
Comet	1775	Quaestiones medicae. An in melancholia ecce protica drasticus, anteponenda?	Racle	Bordeaux	Tournon Supp.
David, Joseph	1764	Thèses anatomico-chirurgicae	Labottier	Bordeaux	Desgraves
De Grassi	-	Manuel pratique de vaccination - 2 eds.	-	Bordeaux	*Autographs*
De Seze, P.-V.	1783	Quaestiones medicae. An phraenitidi verae pluries repetita venae sectio? An cachexiae tonica?	Philippot	Bordeaux	BMB S2954/22
De Seze, P.-V.	1786	Récherches physiologiques et philosophiques sur la sensibilité ou la vie animale	Prault	Paris	Féret
Desault	1733	Dissertation sur les maladies vénériennes, contenant une méthode de les guérir sans flux de bouche, sans risque et sans dépense; avec deux dissertations, l'une sur la râge, l'autre sur la phtisie	Calamy	Bordeaux	Féret
Desault	1735	Dissertationi sur la goutte et la méthode de la guérir radicalement; avèc un receuil d'observations sur les maladies dépendantes du defaut de la respiration	-	Paris	Féret
Desault	1736	Dissertation de médecin contenant une dissertation sur la pierre des reins et de la vessir, avèc une méthode simple et facile pour les dissoudre, sans endommages les organes de l'urine	-	Paris	Féret
Desault	1733	Dissertation sur les maladies vénériennes, contenant une méthode de les guérir sans flux de bouche, sans risque et sans dépense, avèc deux dissertations, l'une sur la râge, l'autre sur la phtisie et la manière de les guérir radicalement	De La Court	Bordeaux	BMB S 12549
Desault	1736	Dissertation sur la pierre des reins et de la vessie	-	Unknown	Darracq
Despalets, N.	1767	Quaestiones medicae. Utrum ipecacuanha dysenteriae remedium specificum? An tussis stomachalis curatio vomitoriis incipienda, et purgantibus perficienda?	Labottier	Bordeaux	Tournon Supp.
Doazan, J.	1708	Quaestiones medicae, sub hoc verborum serie: an scorbuto alkalia	Brun	Bordeaux	Desgraves
Doazan, J.	1721	Lettres sur la peste de Joseph de Navarre sur la maladie épizootique régnante à Bordeaux	Racle	Bordeaux	Féret
Doazan, J.B.	1785	Quaestiones medicae. Vis apoplexia, sive sanguinea, sive serose, eadam remedia? An diaphoretica arthridi laborantibus conducant?	Racle	Bordeaux	Tournon Supp.
Doazan, P.	1757	Quaestiones medicae. An salubris aer burdigalensis? Utrum navigatio prosit sanitati?	Brun	Bordeaux	BMB S 2954/17
Doazan, P.	1774	Mémoire sur la maladie épizootique regnant, présenté au collège des médecins agréges de Bordeaux	Racle	Bordeaux	BMB D38203/4&5

Name	Year	Title	Publisher	Place	Source/Site
Doazan, P.	1754	Quaestiones medicae. Utrum in haemmoragis internis cohibendis semper conducant adstingentia? An cuique hydropsis specii conveniant hydrogaga	JB Lacornée	Bordeaux	Tournon Supp.
Dufourg, A.	1770	Utrum in ischuria inchassum adhibitis cujuscumque remediis, prae ceteris fonctionibus felicior paracenthesis lateralis vesicae. Quaestion anatomica-chirurgica	-	Bordeaux	Tournon Supp.
Dupont	-	Observation sur une plaie de la poitrine compliquées dès fractures des deux fausses côtés, l'une d'icelles rompue en deux endroits et épanchement de sang dans la capacité	-	Société académique de chirurgie	Le Maitre
Dupuy, J.	1768	De cancro mammarum dissertio anatomico-chirurgico	Labottier	Bordeaux	BMB S 2954/21
Fitzgibbon	1766	Quaestiones medicae. An malis quisbusdam effectibus ex ventriculi debilitate vel inertia ortis remedia alvum leniter lexantia simulque roborantia conveniant? An in variolis vel etiam repercussis balnea tepida?	Calamy	Bordeaux	BMB S 2954/19
Garrelon, I.	1755	Essais physio-pathologiques sur la nature, les qualités et les effets des bains des boues de Barbotan et sur les maladies de la même espèces auxquelles elles conviennent en certains cas et non en autres	-	Bordeaux	Féret
Garrelon, I.	1755	Traité de therapeutique, où la méthode de guérir, pour l'instruction dès élèves en chirurgie	-	Bordeaux	BMB S 12416
Garrelon, I.	1757	Traité de therapeutique, où la méthode de guérir, pour l'instruction dès élèves en chirurgie	-	Toulouse	Féret
Gouteyron, P.	1770	De fistula lachrymali, dissertatio anatomico-chirurgica	Racle	Bordeaux	Tournon Supp.
Gramaignac, J.	1780	Tributum academicum. Utrum in debilitate chronica, gymnastica? An vulvulo venae sectio?	De La Court	Bordeaux	Tournon
Grégoire, B.-T.	1758	Quaestiones medicae. Uturm in lue venera, plus multo sperandumsit a curatione, monspesullana methodo peracta, quam ab ea quae fit methodo salvationis? An absque remediis curari possit puerorum epilepsi?	Brun	Bordeaux	Tournon Supp.
Grégoire, B.-T.	1761	Objet de réflexions sur la petite vérole et principalement sur celle de cette année	-	Bordeaux	BMB S12272/1
Grégoire, B.-T.	1757	Quaestiones medicae. An abstemii diutius vivant quam vino utentes? An in nutriendis aegris consuentunalis ratio habenda sit?	Chappuis	Bordeaux	BMB S 2954/4
Grégoire, J.	1714	Quaestiones medicae. An corporis aegritudines ab animo. An in acutis cum materia turget, venae sectio prairie debeat puganti remedio	De La Court	Bordeaux	BMB S 2954/10
Grossard, J.-C.	1766	De optima et tutissima celeberrimi rothomagensis professoris methodo qua in viris calculosis celebratur sectio lateralis, dissertatio anatomica-chirurgica	De La Court	Unknown	Rouen BM S 2206
Guerin	1787	Lettre à M. Tarboche [sur le traitement de la fistule à l'anus]	Pallandre	Bordeaux	BMB S13146/3
Lafargue, P.	1766	Quaestiones medicae sub hac rertotium seve. An sihilis mercurius	Calamy	Bordeaux	Tournon Supp.
Lafon	1789	Principes constitutionels et matières fondamentales pour une répresentant aux Etats Généreux	-	Bordeaux	Féret
Lafon	1788	Institution national d'après les principes philosophiques de Chancelier Bacon	-	Paris	Féret

Name	Year	Title	Publisher	Place	Source/Site
Lafon	1788	Introduction à la médecine de Cullen	Bergeret	Bordeaux	Desgraves
Lafon	1789	Voeux impartial d'un bon citoyen sur la nature des pouvoirs à donner aux députes au tiers état	-	Bordeaux	Féret
Lafon	1785	Quaestiones medicae. An et haereditatiis luis venerae affectibus medela? An et omni cholerae morbo medela eadem?	Racle	Bordeaux	Tournon Supp.
Lafon	1796	Philosophie médicale où principes fondamentaux de la science et de l'art de maintenir et de rétablir la santé de l'homme	-	Paris	Féret (Maradan)
Lafourcade, R	-	Observation pour une plaie d'abdomen	-	Société académique de chirurgie	Le Maitre
Laglenne	1746	Quaestiones medicae. An melancholio affectui objectorum varietas, vitaque gymnastica? And passioni illiacae diversa occurendi methodus? Quibus accedunt assertiones variae e philosophia et medicina	JB Lacornée	Bordeaux	BMB MS 713/2 TII No. 2
Lamontagne, P.	1762	Essai sur les fièvres aiguës	Labottier	Bordeaux	BMB D 34350
Lamontagne, P.	1761	Lettre à M. G***		Bordeaux	Tournon /Féret
Lamontagne, P.	1757	Quaestiones medicae. An in febribus acutis, initii, quam declinationis tempus purgationem, potiori jure, sibi vindicet? An pisces convalescentibus?	Labottier	Bordeaux	BMB S 2954/15
Lamontagne, P.	1756	Quaestiones medicae. An febri malagno simliciter dicto, purgantia?	Calamy	Bordeaux	Desgraves
Lamothe, Victor	1767	Quaestiones medicae. An irruptioni lactis in cerebrum mammarum sectio? Utrum rachitidi lac maternum mediatur? Et assertiones duodecim	Viduam	Bordeaux	BMB S 2954/20
Lartigue, F.	1778	Projet de l'établissement d'un nouvel hotel-dieu à Bordeaux	-	Bordeaux	BMB MS 7132 T35 NO4
Lasalle	1704	Traité des maladies de la poitrine, appuyé sur le système le mieux reçu	De La Court	Bordeaux	Niort BM S 2177/ Féret
Lavigne, J.	1751	Quaestiones medicae. An gravidarum marbis venae sectio? An in infantum morbis obserentia?	-	Unknown	Tournon
Martin, G.	1768	Observations qui prouve le danger qu'il y a opérer les hernies qui sont un trop gros volume	Journal De Médecine	Paris	Le Maitre
Martin, G.	1766	Sur une hernie avec gangrène	Journal De Médecine	Paris	Le Maitre
Martin, G.	1769	Sur les découvertures des os	Journal De Médecine	Paris	Le Maitre
Martin, G.	1767	Sur une hernie avec gangrène	Journal De Médecine	Paris	Le Maitre

Name	Year	Title	Publisher	Place	Source/Site
Martin, G.	1763	Sur un empyme qui auroit sauve le malade si on l'avoit pratique	Journal De Médecine	Paris	Le Maitre
Mathereau, J.-B.	1757	Quaestiones medicae. Num a lacticinio plus detrimenti quam emolumenti in phtilisis affectibus? An venenis quibusdam eadam remedia?	Brun	Bordeaux	Tournon Suppl.
Mathereau, J.-B.	1754	Quaestiones medicae. An variolarum insertio burdigalae proficua? An febri quartenae emeticum?	Brun	Bordeaux	Tournon Supp.
Mestivier, J.-F.	1764	De vulneribus thoracis, theses anatomico-chirurgicae	Labottier	Bordeaux	Tournon Supp.
Mestivier, P.F.	1759	Observations sur une tumeur, située prôche la région ombilicales, du côte droit, occasionnée par une grosse épingle touvée dans l'appendice vermiculaire du cæcum	Journal De Médecine	Paris	Le Maitre
Modéry, Fils	1702	Quaestiones duae medicae - an potio caffé etc	Boude	Unknown	BMB 2954/1
Molenier	1768	Essai sur la méchanisme de l'électricité et de l'utilité que on peut en tirer pour la guérison de quelques maladies	Sejourne	Bordeaux	BMB S 12930
O'Sullivan	1757	Quaestiones medicae. An periodorum in morbis ratio habenda? An ruris incolae vivaciores?	Brun	Bordeaux	Tournon Supp.
Ponsard	1779	Pratique de médecine sur ces maladies opiniâtres dont le principe est un virus vénérien déguise, et sur la maladie vénérienne, câché ou masquée	-	Bordeaux	BMB D67724
Ponsard	1772	Quaestio medica. De apoplexia, de paralysi	-	Bordeaux	Tournon Supplement
Ponsard	1776	L'inoculation justifée	Bergeret	Bordeaux	Féret
Ponsard	1776	L'inoculation rectifiée	Labottier	Bordeaux	BMB S12279/1
Ponsard	1784	Précis de médecine pratique sur la maladie vénérienne, evidente, câchée où masqué, et sur les maladies chroniques, opiniatres et cutanées, telles que les dartres, la gâle, la lepre, la teigne, etc qui ont résiste às leurs remèdes ordinaires, afin de les guérir, sans être privé de vâquer à ses affaires, ni du commerce de la société	Pallandre	Bordeaux	Nantes BM 16426
Puyperoux	1738	Quaestiones medicae et assertiones - Burdigalae	Sejourne	Bordeaux	BMB S 2954/18
Rangeard	1768	Veritable entrée de l'agrégation de médecin de Bordeaux	Sejourne	Bordeaux	Féret
Riviere, G.	1768	Quaestiones medicae. An paralysis diversa methodo sit curanda? An inflammationi ventriculi topica?	Calamy	Bordeaux	Tournon Supp.
Riviere, Jean	1710	Queastionnes duae medicae: utrum variolis apparentibus phlebotemia. Utrum phtisi lactis usu	Calamy	Bordeaux	BMB S 2854/2
Seris	1720	Quaestiones duae medicae - an catalepsi cortex peruvianus? An cholerae morbo diluentia?	Boude-Boé	Bordeaux	BMB S 2954/5
Treyeran	1802	Parallèle des diverses méthodes proposées pour l'extraction des calculs vesicaux	-	Paris	Darracq

Table III.IX Publications in Bordeaux on medical subjects, 1700-1800

Author	Date	Title	Publisher	Source/Site
	1786	Code des maitres barbiers, perruquiers, baigneurs et étuvistes de la ville, faubourgs et banlieue de Bordeaux, contenant les anciens et nouveaux status, les édits, déclarations, lettres patentes du Roi, rendus depuis l'année 1676, jusqu'a present	Philippot	BMB H3366
	1785	Receuil d'observations et de faits relatifs au magnetisme animal, présente à l'auteur de cette découverte, et publié par la société de Guienne	Pallandre	BMB B10719/2
	1784	Essai sur la découverte du magnetisme animal et sur la manière de magnetiser	Pallandre	BMB D66943
	1780	Lettres patentes et statuts pour l'académie de peinture, sculpture et architecture civile et navale de Bordeaux. Du 25 mai 1780	Racle	BMB BR6660
	1778	Traitements éprouves avec succes pour la guérison de la râge, et pour rappeler à la vie les noyes, les personnes suffoquées, et les enfans qui semblent morts en naissance	De La Court	BMB S12413/3
	1771	Instruction pour se préparer a bien mourir	Racle	BMB T 7247
	1721	Statuts de l'hôpital St Louis pour les enfans trouvez et de la ville de Bordeaux, du mars 3 1720	Boude-Boé	AM F 5/6/1
	1724	Les propriétés amirables du cassis qui la vertu de guérir de plusieurs maux, avec un remède	Albespy	Desgraves
Académie	1715	Receuil des dissertations de ceux qui ont remporte le prix de l'académie royale des belles lettres, sciences et arts de Bordeaux	Brun	BMB H 5138
Alexandre	1726	Dissertation sur les causes du flux et du réflux de la mer, qui a remporte le prix de l'académie royale de Bordeaux	Brun	BMB H 18262 TII No. 3
Archbold	1785	Receuil d'observations et de faits relatifs au magnetism animal, presente à l'auteur de cette découverte et publie par la société de Guienne	-	BMB S12942/1
Archbold	1783	Quaestiones medicae. Utrum varia sit adhibenda curandi methodus in angina maligna et inflammatoria? Utrum malum hypocondriacum et affectio hysterica sint unum et idem; et eadem methodo curari debeant	Labottier	BMB S2954/23
Barbaret	1750	Dissertation sur le rapport qui se trouve entre les phenomènes du tonnere et ceux d'électricité, qui a remporte le prix au jugement de l'académie royale	Brun	BMB H 5138 TII NO 5
Boissier De Sauvages	1751	Dissertation sur les médicamens qui affectent certains parties du corps humain plutôt que d'autres, et quelle seroit la cause de cet effet, qui a remporte le prix au jugement de l'académie de Bordeaux	Brun	BMB H 5138 TII No. 6
Boissier De Sauvages	1753	Dissertation ou l'on récherche comment l'air suivant ses différentes qualités, agit sur le corps humain, qui a remporte le prix au jugement de l'académie de Bordeaux	Brun	BMB H 5138 T II No. 8
Bouillet	1718	Dissertation sur la cause de la multiplication des fermens	Brun	BMB H 18262
Brescon	1742	Traité de l'épilepsie	De La Court	BMB S 12411/1
Caillau	1797	Suivant philosophie médicale par le Dr Lafon, médecin à Bordeaux	-	Féret (Moreau)

Author	Date	Title	Publisher	Source/Site
Colot	1727	Traité de l'operation de la taille, discours préliminaire	-	LEM, WEL EPB 1833/B
Communauté des chirurgiens	1755	Statuts pour la communauté des maitres en l'art et science de chirurgie de Bordeaux	Chappuis	BMB MS 7132 TI No. 16
Communauté des chirurgiens	1764	Règlement de la société académique de chirurgie de Bordeaux, de 25 juin 1763	Labottier	BMB B6320/2
Communauté des chirurgiens	1784	Statuts et règlemens pour la communauté des maitres en l'art et sciences de chirurgie de Bordeaux	Philippot	BMB D 10968/3
Coutanceau-Ducoudray	1784	Elements de l'art d'accoucher, en faveur des élèves sages-femmes de la généralité de Guienne	Racle	BMB S12343
Dajarte	1784	Examen du privilege de l'hotel-dieu Saint André de Bordeaux donnant la maitrise au premier élève en chirurgie de cette maison - suivie de la déliberation du bureau d'administration	Philippot	BMB D10968/1
Dodart	1723	Lettre sur l'inoculation	Labottier	Desgraves
Doumerc	1739	Quaestiones medicae - an lui veneris mercurius? An febri lactae diaeta tennuis?	Chappuis	BMB S 2954/9
Dupont Des Jumeaux	1781	Prospectus d'un cours public et gratuit de mathématiques, de méchanique, d'astronomie, d'optique et d'hydrodynamique	Labottier	BMB MS7132 TIII No. 34
Fournier-Choisy	1775	Mémoire sur les maladies épidemiques qu'occasionne ordinairement le déssèchement des marais, qui a remporte le prix en 1770, au jugement de l'academie de Bordeaux	Racle	BMB S2817/1
Galineau	1782	Quaestio medica. De febre acuta. De chlorosi, seu de pallidis virginum morbis	Racle	Tournon Supp.
Hamberger	1746	Dissertation sur la méchanique des secretions dans le corps humain, qui a remporte le prix de l'académie de Bordeaux	Brun	
Hurlot	-	Observations sur l'extraction des pierres qui se forment dans l'uréthre	-	Le Maitre
Lafaye	1788	Theses anatomico-chirurgicae, de claviculae fractura	Racle	Tournon Supp.
Laniere	1704	Aux curieux de ce temps, sur l'art de la pharmacie	Albespy	Desgraves
Mairan	1717	Dissertation sur la cause de la lumière des phosphores et des notiluques	Brun	BMB S 8534/3
Mairan	1715	Dissertations sur les variations du baromêtre	Brun	BMB H 18262,TI
Mairan	1716	Dissertation sur la glace, où explication physique de la formation de la glace et ses diverses phénomènes	Brun	BMB H 18262 T1
Meyserey	1782	Methode aisée et peu couteuse de traiter avec succes plusieurs maladies epidemiques, comme la suette, la fièvre militaire, les fièvres pourprées, putrides, vermineuses et malignes, suivie dans différens endroits du royaume et des pays étrangers, avec les moyens de s'en préserver, publiée en 1753	Pallandre	BMB S12310/1
Mingelousaulx, J.	1672	La grande chirurgie de maistre Guy de Chauliac, médecin à l'université de Montpellier, traduite nouvellement en françois et enriché de plusieurs remarques tant de theorie que de pratique, en forme de commentaires	Boe	Féret

Author	Date	Title	Publisher	Source/Site
Navarre	1721	Lettres sur la peste, écrites à un médecin de Bordeaux, contenant les extraits des principaux auteurs, depuis près de 200 ans, qui ont donné leurs observations et leurs méthodes après avoir travaille sur des pestiferez	Brun	BMB S 12331
Perron	1765	Réflexions sur les hernies où descentes, et sur les bandages propre à les contenir	Chappuis	BMB B10706/1& 2/;Le Maitre
Perron	1766	Réflexions sur les hernies où descentes, et sur les bandages propre à les contenir	-	BMB S 13151/3
Pestalozzi	1722	Dissertation sur les causes et la nature de la peste	Brun	BMB H 18262 TII No. 2
Rives	1775	Quaestio medica. An collicis mettalicis venae sectio? An rheumatismo recreatis pila prophylacticum	Philippot	Tournon Supplement
Roux De SaintArmand	1749	Dissertio medica. Eaque patholgico-therapeutica, de inflammationibus in genere	Labottier	BMB S 858
Saint Bris	1775	Avis aux pauvres et riches sur le traitement des maladies syphillitiques	-	Tournon Supplement
Sarrabat	1728	Dissertation sur la cause de la salure des eaux de la mer	Brun	H 18262 T III No. 2
Stephens	1739	Recette des remèdes de Mlle. Jeanne Stephens pour guérir la pierre et la gravelle	JB Lacornée	Tournon Supplement
Stephens		Recette des remèdes de Mlle. Jeanne Stephens, pour guèrir la pierre et la gravelle avec la manière de les préparer et de les donner, publiée par ordre du parlement d'Angleterre, à la fin de l'acte qui accorde à cette demoiselle une récompense de cinq mille livres sterlings	Chappuis	BMB MS589 Folio 164-5
Subercazaux	1680	Réflexions sur la nature d'asthme	De La Court	Féret
Subercazaux	1679	Histoire d'un femme morte par la piqûre d'une araignée	Sejourne	Féret
Thouvenel	1779	Mémoire médico-chymique sur les principes et les vertus des substances animales et médicamenteuses qui a remporte le prix en 1778 au jugement de l'académie	Racle	BMB H5138 TIII No. 6
Vicq D'azyr	1774	Observations sur les moyens que l'on peut employer pour préserver les animaux sains de la contagion et pour arrêter les progres	Racle	BMB S13713/1

Sources for Tables III.VIII and III.IX: L. Desgraves, *Les livres imprimés à Bordeaux au XVIIIe siècle: (1701-1789)* (Genève, 1975); A.-A. Chabé, *Histoire de la Société de médecine et de chirurgie de Bordeaux à l'occasion de son Cent-cinquantenaire (1798-1948)* (Bordeaux, 1948); P.-J. Darracq, 'Les chirurgiens à Bordeaux au XVIIIe siècle', *Histoire des sciences médical*, XV, 4 (1981), 299-303; É. Féret, *Statistique générale ... du département de la Gironde. Biographie* (Bordeaux, 1889); M.L. Maitre, 'Récherches sur les procédés chirurgicaux de l'école bordelaise des origines à la revolution' (unpublished thesis, Bordeaux, 1903); SAHDG, *Autographs de personnages ayant marqué dans l'histoire de Bordeaux et de la Guyenne* (Bordeaux, 1895); D.J. Tournon, *Liste chronologique des ouvrages des médecins et chirurgiens de Bordeaux: et de ceux qui ont exercé l'art de guérir dans cette ville, avec des annotations, et l'éloge de Pierre Desault* (Bordeaux, 1799).

Appendix IV Collective Biography

Collective biography was the main methodological tool for this study for several reasons; it can be used for groups with comparatively plentiful source materials, it allows a consideration of all individuals not merely the élite, and the collective nature of the data can compensate for the lack of detail available for many lives. The wealth of data within the prosopographical study was stored, collated, and analysed using a relational database and other computer tools; the gaps and silences within many biographies were thus minimised in the extensive analysis of collective data to support individual examples. The following discussion aims to clarify the reasons for and the use of both collective biography and computer-aided analysis within this study.

Any collective biography or prosopographical study is dependent on sources, and thus most focus on either élite groups or on the middling-sorts[1]. Historians have recently used collective biography to study scientists, the encyclopédists, revolutionary Russian women, and other groups.[2] As the process of collective biography is the tracing of individuals' lives, then it is not always a useful tool for the lower groups within society for whom fewer records remain. For this study, the sources were clear, the corporative records of the three medical corporations within Bordeaux, and it is from these that the initial lists of members were compiled, providing the core of the study: names of practitioners and their dates of practice.

But the essence of any collective biography is the individual biographies of which it is composed, and these present a variety of problems to the historian, especially those to do with sources and range. To be significant the collective biography needs to contain sufficient numbers of individuals to create an overall picture of the group, where numbers are very large then some sort of sample needs to be chosen, as study of the whole population might not be feasible. The choice of sample is itself a problem, how to chose the members to be

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[1] L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class 1780-1850* (London, 2002).
[2] S. Shapin and A. Thackeray, 'Prosopography as a Research Tool in History of Science: The British Scientific Community 1700-1900', *History of Science*, XII, 1974 (1974), 1-28; F.A. Kafker, *The Encyclopedists as a Group: A Collective Biography of the Authors of the Encyclopédie* (Oxford, 1996); A. Hillyar and J. McDermid, *Revolutionary Women in Russia, 1870-1917: A Study in Collective Biography* (Manchester, 2000).

studied, how large a sample and so on.[3] A sample population was considered for this study, and rejected because such a partial approach would have tended to include only those who were prominent practitioners and who thus left stronger traces of their lives, thus excluding the more ordinary or less successful. As the total population of medical practitioners was estimated at around 250, the decision was taken to include all men who were active as practitioners within the corporations from 1690-1790.[4] The sample group was therefore set by the actual numbers of practitioners, and automatically excluded those who were not members of the corporations - whether illegal practitioners, those working outside the corporations or the city boundaries, or those who were still in training or education. However it was necessary to include such non-corporate practitioners within the study as a whole, not only to trace the route to mastership or full membership from study at university or apprenticeship, but also to uncover the links between corporate and non-corporate practitioners; the number of 'medical men' of different standing included in the study thus came to number over 1,000, including students, rural practitioners, illegal practitioners, applicants to membership of the three groups, midwives, and specialists.

The names of such large numbers of practitioners of all kinds were extracted from a wide range of sources, and it is such sources that can present further problems. Once the basic list of subjects has been assembled, from official lists or obituaries, from biographies or publications, the second part of the collective biography is assembled - the lives of the subjects. For all subjects the historian needs to have decided which items of information are necessary, based on the nature of the study, and to obtain such information on each individual. Such an undertaking can be both difficult and time-consuming, as the sources may be diverse, and the numbers of subjects large. For this study, aside from the valuable secondary sources such as earlier work on medical practitioners by Péry, Cluchard and others, the major sources were found in the Archives Départementales de la Gironde especially the notarial records in Series 3E, which were valuable in tracing the social context of practitioners through records of marriages and other legal documentation which contained such information as names of relations of practitioners and addresses.[5]

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[3] R.E. Beringer, *Historical Analysis: Contemporary Approaches to Clio's Craft* (New York, 1978), Chapter 13 'Quantitative Collective Biography'.
[4] Bertaux describes how in gathering life-stories from bakers that an understanding of the underlying themes, or the 'typical career pattern', was established after 30 such stories. Because historical data is much less complete and coherent than interviews, the numbers considered here are larger. D. Bertaux, 'From the Life-History Approach to the Transformation of Sociological Practice' in D. Bertaux (ed.), *Biography and Society* (London, 1981).
[5] ADG series 3E, 6E and the records of the Intendancy in series C.

As the collection of data progressed, assembling diverse information on increasingly large numbers of practitioners, and beginning to trace connections between practitioners whether through marriage or business affairs, the sheer volume of information became increasingly difficult to record in simple form. Although the original aim was to collect information leading to marital status, occupation and status of parents, places and means of training, length of career, membership of other groups, and activity within the medical corporations, the amount of information on increasing numbers of practitioners began to overstep mechanical means of collation such as forms, lists and cross referencing. As with all collective biographies the problem was, after collection, how to sort and use the raw data, and how to ensure that the data used was both significant and statistically sound.

Historians have begun to make use of information technology in recent years, notably in the use of databases, which can store and collate large amounts of data, and they have been used as a tool for collective biographies as discussed by Bulst and Greenstein.[6] A database can provide an efficient tool to store and sort information, offering an alternative to more traditional methods, however there are several problems to do with all methods of data storage and collation. The large numbers of individuals and the potentially large amounts of data on each individual present particular problems in mechanical methods of storage and retrieval: the large numbers of files or pieces of paper, each containing data which may or may not relate to other records. The use of a database can solve both these problems, storing large amounts of data that can be retrieved easily, and the use of a relational database can establish links between sets of data and individuals not possible in 'flat' databases or mechanical methods. However, the relational database can only forge links between similar sorts of data, and any database can only be used to compare like with like, for example it is not possible to establish proper comparisons between different types of data; to compare wealth using tax records, property owned and estate upon death would be neither possible nor desirable. Thus the data to be entered into a database must first be sorted to establish possible comparisons, dates of entry into the various medical corporations for individual practitioners must be entered into the database in a manner which allows for sorting, some system must be established which allows for both actually known dates and those which offer evidence of membership from a particular date, so that such dates may be used not only

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[6] N. Bulst, 'Prosopography and the Computer: Problems and Possibilities' in P. Denley, S. Fogelvik and C. Harvey (eds.), *History and Computing II* (Manchester, 1989); D.I. Greenstein, 'Multi-Sourced and Integrated Databases for the Prosopographer' in E. Maudsley, N. Morgan, L. Richmond and R. Trainor (eds.), *History and Computing III* (Manchester, 1990).

to establish average career lengths for the whole corporation, but also the career lengths of individuals.

A database also acts as a useful tool in the collation and sorting of information, for quantitative analysis of data, only if the data thus sorted and analysed is of the same order. Within a collective biography much of the data is only open to comparison with similar data of the same kind, nominal; it is only possible to establish occupations if the list of such occupations is potentially limitless, to include for example those who were both surgeons and lithotomists, or surgeons and physicians in addition to those who were either surgeons, lithotomists or physicians. The use of a database allows such flexibility.[7] Other information, such as amounts of tax paid by individuals may offer insight into levels of wealth, in this case the figures are directly comparative, and tax records can thus provide indications of differences in wealth between the three medical groups. They may also establish changes in wealth over time, as such data establishes exact relationships between categories of tax paid: it is interval data. After manipulation much of the data entered into the database can be viewed as interval, such as career lengths and ages on acceptance, and nominal data such as places of birth and father's occupation may be sorted to establish trends and averages if large numbers are recorded.

However, as with collective biography, the use of a relational database is not without problems, mainly associated with the input of data. Not only is the data input as time-consuming as the collection of data, but it is also dependant upon the accuracy of input. In addition the creation of the design of such a database, establishing as it does the relationships between the various sets of data, is normally a specialist task, but in this case it was necessary to design the database with knowledge of the information and relationships already contained within the data collected: the historian's task was therefore extended to database design. Various decisions were taken to do with the design of the database that have allowed a degree of flexibility in its use, especially fortunate as the numbers of practitioners and their contacts far exceeded the original estimates. The total number of people recorded in the database is 2,134, of these 1,292 are classified as medical persons of whom 954 are surgeons (including 428 students at the school and 83 rural surgeons), 151 are physicians, 102 are apothecaries, with 16 specialists, 46 midwives and 23 'charlatans'. The remaining

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[7] The database records 1,600 people and their occupations from a list of 142. A few record more than one occupation: the specialists Thural and Thibaut who were also surgeons, J.-R Grossard who was a surgeon and physician, the physician Jacques Doazan who was a meteorologist, and the apothecaries Vilaris and Cazalet who were also chemists.

people are traced in their connections with medical practitioners through for example membership of the academy, legal connections, family and business relationships, in a network of connections recorded in more than 1,800 relationships including categories such as friend, apprentice, spouse, executor, child, inheritor, debtor, patient.

The database has proved to be an efficient way to store and sort a diverse set of information on a fairly large population, but it does not solve all the problems of data sorting. The greatest problem is to sort information to achieve answers to the questions asked at the outset, and due to the partial nature of the records that remain, to allow for the gaps in information that result. For example, in attempting to establish career lengths for practitioners various parameters had to be established; only those with firm dates, or with proof of membership in some other way were included in the totals, but such choice of necessity sometimes includes a person for whom little other information has been found - thus their recorded career appears to be very short. The decision has been taken to include such members despite this drawback, as such short careers may be set against the long careers of those who may not have been active to the end of their recorded career.

The real strength of the database lies not so much in averages, but in the collation of data of all kinds, in the lists of post holders, in the mapping of addresses over time, in the comparisons possible between the careers of fathers who were followed by their sons in the same career, in the analysis of the meetings of the corporations and many other areas which cannot be turned into interval data for individuals but which may be considered in a collective manner. Thus the database has proved to be the ideal tool for a collective biography, it stores and can assist in the collation of data, which helps to analyse and understand the underlying trends of the whole study, providing alternative ways to approach data, especially where information was only partially available. The results of the collective biography are to be found in the various biographies within the main text, in the sample of biographies and lists of members in Appendix V, and in the tables and figures in the appendices and throughout the study.

Appendix V Biographies

This appendix is divided into three parts. The first contains short biographies of practitioners mentioned in the main text, and those with whom they had links, arranged alphabetically. Cross-references to other biographies are marked * for those in this appendix, and † for those in the main text. The second part contains those family trees not contained in the main text. The third part contains lists of all members of the three medical corps from 1690-1790, with practice dates and brief indications of career achievements, arranged alphabetically by corporation.

Selected Biographies

Alphonse – master apothecaries

Joseph Pierre Alphonse practised 1745-1777

Louis Alphonse† practised 1767-1820

Joseph Alphonse, who came from Nantes, began to practice around 1741 in Bordeaux without first gaining membership of the corps, he was therefore forced to take his examinations and prove his competence by the existing masters, and was accepted on 17 August 1745.[1] He was quickly accepted by his colleagues and was officer for the first of fourteen separate years of service in the following year.[2] He inherited property from his aunt who had lived in Nantes in 1771, and instructed a physician of Montpellier, then resident in the city, to act as his executor.[3] Joseph was also involved in international trade, and had links with a negotiant and several marine and colonial surgeons.[4] Although his son Louis established his own premises, the pair paid tax together, and both shops were in the parish of Saint Pierre.[5] The career of Louis is discussed in chapter four.

Fort Amourousmeau master surgeon practised 1752-1791

Amourousmeau was accepted just before the group of surgeons from the faubourgs in 1752, and continued to practise in rue du Palais Galien in the faubourg of saint Seurin to the end of the corps in 1791.[6] He held no posts, nor a position in the corps, and paid about a third of the average tax in 1777 (13 compared to 29 livres) and may therefore have been one of the majority of ordinary surgeons, whose relationship with the raising of standards within the group might have been difficult.[7] He did, however, use the creation of the School and the rise in numbers of students needing accommodation to supplement his income, housing a series of students, including three in 1766.[8] In 1773 the apothecaries criticised their colleague Aubert* for supplying him with dangerous substances.[9] He continued to practise during the revolution, and was named as an active citizen in 1791.[10]

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[1] ADGC1716, 22 August 1741-17 August 1745.
[2] ADGC1717, 9 May 1746.
[3] ADG3E20575, 21 February 1771.
[4] ADG3E20575, 6 April 1771.
[5] ADGC2792; SAHG, *Autographs*, 283.
[6] ADGC1715.
[7] ADGC2792.
[8] ADGC1705; 6E25. Joseph Touton in 1760, Pierre de Casson in 1762, Jean Alias, Mathurin Guion and Dominville in 1766, and Joseph Chaubin in 1775.
[9] ADGC1717, 8 August 1773.
[10] Bordeaux, *Dénonciation à M. l'accusateur public, par plusieurs citoyens actifs de Bordeaux* (Bordeaux, 1791).

Jean-Baptiste Gerard Archbold physician practised 1784-1804
Archbold was the son of the physician to the hospital of Lodève, Languedoc, and a graduate of Montpellier.[11] He was also a member of the Mesmerist Societies of Harmony in Paris and Bordeaux, and a head of treatment in the latter, together with Pradelle*, Fitzgibbon* and Louis Alphonse†. He applied to become a member of the college and was refused due to his association with Mesmerism.[12] A corresponding member of the Paris Academy of Science and the Society of Medicine, he later joined the Society of Medicine and Surgery in Bordeaux, acting as secretary in 1799 and president in 1804.[13] His more secure place in the medical world is marked by his signature on the request to form a new school of medicine, together with Barbeguière†, a previous opponent of Mesmerism.[14]

Aubert master apothecary practised 1771-1777
Aubert had established a shop in Porte Dijaux, Saint Seurin in 1767, and was referred to by the existing masters as 'le serait ingère' the would-be meddler, without gaining membership of the corps.[15] They threatened to close his business, and he therefore took his examinations and paid his fees, to be accepted in 1771 as a master.[16] In July 1773 he was reprimanded by his colleagues for supplying clandestine and prohibited drugs to surgeons, especially Amourousmeau*.[17] He paid tax at about two-thirds the average with the corps in 1777.[18]

Pierre Ballay master surgeon practised 1732-1760
Ballay's career demonstrates the rapid changes in surgery. It was successful professionally, he held many posts and acted as lieutenant to the first surgeon from 1743, yet he seems not to have been able to exploit those achievements in extensive financial success, and thus falls between the first and second cohorts, albeit as a member of the élite group within the corps.[19] He was accepted in February 1732 although a Ballay had been signing the register at examinations in the 1720s, thus he might have had a father in the corps.[20] His mother was Marie Frugier, his brother Jean.[21] His sister Marie Rose was married to the nobleman Jacques Dutoya, and he had a further cousin Jean who was a priest in Saintonge, who sold a property without the permission of the family.[22] His daughter Marguerite Rose, from his marriage to Marie Rose Cholet, married soon after his death the young merchant Dominique Boereau, son of Pierre also a merchant of rue de Parlement.[23] Ballay's widow continued his practice in the parish of Sainte Colombe from his death to March 1774, using a series of licensed surgeons. This would indicate either that she had need to continue his practice in order to live, which seems the more likely in view of Marguerite's lack of dowry, or that his business (perhaps already carried on largely by others) was so lucrative as to demand continuance by a manager-surgeon. Her chosen surgeons, accredited by the corps, were Henry-François Gayellin in 1761, and Jean Dupont* from March 1762 to March 1774.[24] The latter went on to become a master surgeon.

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[11] Archbold, *Receuil*, 164.
[12] ADGC1697, 8 July 1784.
[13] Archbold, *Receuil*, 164; Chabé, *Histoire*, 12, 87.
[14] Péry, 393.
[15] ADGC1717, 31 March 1767.
[16] Cheylud, *Histoire*, 131.
[17] ADGC1717, 8 July 1773.
[18] ADGC2792.
[19] Péry, 151-153, 191-195, 200-203.
[20] ADGC1711; 6E24.
[21] ADG3E24047, 12 July 1758.
[22] ADG3E24042, 29 October 1753.
[23] ADG3E24050, 2 September 1761.
[24] ADGC1709.

His lack of overt financial success aside, Ballay was in all other respects successful. He was lieutenant in the crucial years of the creation of the School and thus formed the connection between the corps and the first surgeon (although perhaps it was Lafourcade† and Dupuy† who were the prime movers in Bordeaux), and held numerous posts including: surgeon for the plague in 1735, reports surgeon from 1740-44, was surgeon of health, surgeon to the admiralty, and consultant to the hôpital Saint André.[25] Ballay's career demonstrates the tensions encountered by surgeons whose career spanned the old and new systems. He was successful in creating a varied array of interests in the surgical world, but was not notably financially successful despite the prestige of his lieutenancy.

Pierre Beaudu master surgeon practised 1747-1785
Beaudu was probably one of the majority of ordinary master surgeons who neither attended meetings nor had any real voice in proceedings, as his signature was rarely recorded.[26] However, his place of practice, in the square just outside Porte Dijaux, then place Dauphine (now place Gambetta) may be used to illustrate the tendency of practitioners to group together, as he and his fellow surgeons Belin-Dupont* and Claveric* all lived there for more than ten years.[27] He also supplemented his income by housing students in the early years of the 1760s.[28]

Pierre Belin-Dupon master surgeon practised 1752-1789
Belin-Dupon (or Bellin-Dupont) was accepted in the group of surgeons from the faubourgs in 1752 to help fund the building of the School of Surgery, and practised from place Dauphine, just outside the city walls, his neighbours were master surgeons Beaudu* and Claveric*.[29] Although he held no hospital posts he was an active member of the Society of Surgery, acting as vice-director in both 1775 and 1789.[30] He was not a member of the élite despite this allegiance with the Society, and paid below average tax, supplementing his income by taking three students of surgery in 1766.[31] He offers an example of the aspirations of surgeons to rise socially, as his son was studying to become a physician in the 1770s.[32] Belin-Dupont falls into the second cohort, but as an ordinary member of the corps, who did not achieve entry to the élite.

Isaac Bellet physician of the college practised 1722-1729
Bellet was the son of a physician, François, who practised in nearby Saint-Foy-le-Grand, who in turn was the son of a surgeon-apothecary of the same place.[33] François had trained in Montpellier and Paris, and became sub-delegate to the Intendant of Guyenne for his area. Isaac trained in Bordeaux, and joined his father as a member of the Academy of Science in 1725.[34] They were both active in the academy, giving many papers, some of which are available in the Bibliothèque Municipale de Bordeaux.[35] Although Isaac became a member of the college in 1722, and was active within the corps, he soon moved to Paris.[36] There he became a physician to the king, and was appointed inspector of mineral waters. He died in

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[25] Jurade, III, 301, 303; *Almanach*, 1760.
[26] ADGC1711.
[27] ADGC1715; *Almanach*, 1760.
[28] ADGC1705; C2792.
[29] ADGC1707; C1715; 6E24
[30] ADG D56; Péry, 215.
[31] ADGC2792; 6E25.
[32] ADGC6E25.
[33] Much detail for both men is drawn from the biographies offered by Féret.
[34] *Almanach*, 1760; De Gères, *Académie*.
[35] AMB828-12 & 27/
[36] ADGC1696; AMBGG1201.

Paris in 1778 or 1780.[37] His career at court was perhaps aided by the contacts obtained through the post of his father, and in turn his influence may have been of use to the college.

Antoine Boniol physician of the college practised 1754-1789
Antoine Boniol was a native of Agen, and became a member of the college despite the opposition of Doazan* and Caze* to his acceptance.[38] They were banished from the city by *lettres de cachet* for their opposition to his entry, although no trace can be found for their reasons.[39] In 1768 he was living in rue Margaux, Saint Mexant, and was physician to the poor in Puy Paulin.[40] He became physician royal in 1771, a post he held for eight years, and in 1779 distributed to his colleagues copies of *Discours sur la maladie épizootique des animaux, et sur les moyens propres à les conserver*, which was later published.[41] He was oldest member of the college from 1779.[42] No relationship to Pierre Boniol* can be discovered.

Pierre Boniol physician of the college practised 1720-1757
First presented formally to the jurade by nine physicians, including Desault†, Grégoire* and Silva†, on 17 April 1717, Boniol was accepted on 19 June 1720.[43] He was active within the corps, acted as officer, and was one of the panel of physicians appointed to preside over the choice of new professors in 1757.[44] No other evidence concerning his career has been discovered, and no relationship to Antoine Boniol*.

Billot – master surgeons
Billot practised 1701-1729
Pierre Billot practised 1707-1737
There is evidence of a Billot master surgeon in 1658, yet no definite link has been traced. There is no record of the date of acceptance of Billot *père*, thus his practice dates are drawn from records of meetings.[45] The two men practised in tandem in place des Augustines, Sainte Eulalie for many years, and attended meetings frequently, both acting as officer, father in 1707 and son in 1713.[46] Pierre was surgeon royal for two years from 1709, and held posts in the hospitals Saint André in 1716 and Saint Louis in 1717.[47] He was one of the six surgeons suggested for the latter post to the hospital authorities, and served with Raymond Birot* and Jean Lartigue*. Pierre also had professional links with his colleague Jean Guinlette*, who was accepted in the same year; they acted together to force Brethous to stand down from his position of surgeon royal in 1710.[48] The post-holding of Pierre indicates the slight rise in status over one generation, although both were members of the first cohort.

Raymond Birot master surgeon practised 1700-1718
Raymond Birot was already practising as a master surgeon in 1700, and continued to his sudden and early death in 1718.[49] He was acting at that time as surgeon royal, and surgeon to

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[37] Féret says 1778; AMB828-12, 1780.
[38] Bernadau, *Annales*, 1749.
[39] AMB ii 20, 22 June 1754; ADGC3290.
[40] ADGC1697, 1768.
[41] ADGC1697, 2 March 1771 & 25 June 79; Tournon, *Liste*, 28, gives the place and date of its publication as Noubel, 1789.
[42] ADGC1697, various entries in 1789.
[43] AMB ii 20, GG1201.
[44] ADGC1696, passim.
[45] ADGC1712; C1717; 6E24.
[46] ADGC1712, Billot attended 38, Pierre 22.
[47] Péry, 241.
[48] ADG3E7963-5, 17 January 1710.
[49] ADGC1712.

the hospitals de la Manufacture and Saint Louis.[50] He had been chosen for the latter post by the administrators out of a list of the most senior surgeons by the administrators of the hospital, together with Pierre Billot* and Jean Lartigue*. He died in Bordeaux on 4 May 1718.

Bounal – master surgeons

Jean Bounal practised 1752-1777

Bounal *fils* practised 1777-1789

Jean Bounal was one of the surgeons of the faubourgs accepted in December 1752.[51] He lived in Chartrons, and continued to practice from his shop on the waterfront until at least 1777.[52] He had taken several students who were enrolled at the school, especially in 1766 when he was housing a total of seven, not all of whom were attending formal classes.[53] His son followed him into surgery, gaining his mastership before 1777, when both paid fairly low amounts of capitation, and continued to practise until the revolution.[54]

Boyer – surgeons

François Boyer master surgeon practised 1752-1775

P. Boyer licensed surgeon practised 1777-1791

François Boyer was one of the surgeons from the faubourgs accepted in 1752, and although his widow continued practising for some time after his death, his son did not inherit his father's position in the corps, but continued to work as a licensed surgeon for his mother.[55] François was paid 200 livres in 1762 for the two-year apprenticeship of Jacques Boission from St. Just, Saintes.[56] Boission's father Joseph had been a master surgeon, but his early death forced his widow Marie to make provision for their eighteen-year-old son. Boyer continued to share his house in rue saint Eulalie with students, taking four in 1766.[57] His early success in acting as *greffier* to the corps in 1760 did not lead to further achievements.[58]

Jean Boyrié physician of the college practised 1682-1721

Boyrié was an active member of the college, acting as officer, and being appointed as one of the physicians to the city in 1701.[59] The competition to choose a new professor of medicine after the death of Modéry* demonstrates that he had powerful patrons. Rather than choosing from those who had contested the chair, the king nominated Boyrié in 1716.[60] He bought substantial properties outside the city in Barsac in 1688 and 1716, the latter costing 85,000 livres, but continued to live in rue Saint James, Saint Eloy.[61] The three children from his marriage with Catherine Raymond all married well. Both daughters married lawyers in the parlement, one of whom was also noble, and his son became a lawyer in the parlement and married the daughter of a magistrate and a noblewoman.[62] The total given to his children in their marriage contracts was 27,000 livres. His career demonstrates the importance of

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[50] ADGC1712; Jurade, III, 297; Péry, 242.
[51] ADGC1715.
[52] ADG6E24; *Almanach*, 1760.
[53] ADGC1715; 6E25.
[54] ADGC1707; C2792.
[55] ADG1715; C1709; C2792; Boyer was named in Bordeaux, *Dénonciation à M. l'accusateur public.*
[56] ADGC1709, 7 September 1762.
[57] ADG6E25; *Almanach*, 1760.
[58] ADGC1709; he was present as greffier at the acceptance of Berta oculist see SAHG, *Archives Historique du Département de la Gironde* (Bordeaux, 1881), Volume 23, 428.
[59] ADGC1696; AMB ii 20, 3 July 1701.
[60] Péry, 104-108.
[61] ADGC4869, 14 December 1688; 3E7979, 16 December 1716.
[62] ADG3E7977, 9 July 1715; 3E7992, 26 & 28 July 1720.

patronage, family connections, and the tendency for practitioners to establish their children in higher status connections.

Jean-Felix Capelle (1761-1833) physician practised 1790-1833
Capelle, a native of Bordeaux, applied to become a member of the college in April 1790, they refused to examine him, as the regulations governing practice in the old regime were no longer applicable.[63] Nonetheless he had a successful career acting as physician to the hôpital Saint André and becoming a member of the Society of Medicine and Surgery, of which he was president in 1827.[64] He published several works including his prize-winning essay for the Academy of Science in 1787.[65] No connection has been found between Jean-Felix and Jean-Jacques Capelle* the surgeon.

Jean-Jacques Capelle master surgeon practised 1752-1766
Capelle had clearly practised for a number of years in Chartrons by the time of his acceptance with the group of surgeons from the faubourgs in December 1752, as his marriage was much earlier.[66] He was the son of Jean Capelle and Louise Cayze and married Jeanne Desbats, daughter of Guillaume, a merchant cooper, on 1 May 1740.[67] The couple were given a house on rue Notre Dame in Chartrons worth 3,000 livres and a substantial amount of furniture by her father, and a gift of 1,000 livres by his parents. The capitation roll of 1763 shows that Capelle was asked for a higher than average amount of 36 livres by his colleagues, a sum for which he requested and gained exemption from the Intendant.[68] His widow continued his practice until at least 1777.[69] Capelle was a second cohort surgeon, whose rare attendances at meetings indicates his non-élite status, and hence lack of access to rewards within the group. There is no evidence of a relationship with Jean-Félix Capelle*, physician.

Joseph Cardoze physician of the college practised 1717-1747
Cardoze was of Portuguese Jewish origin, and renounced his faith to be accepted into the college.[70] He had a successful career within the college, acting as officer on four occasions from 1718 to 1746, and was chosen to teach anatomy to the apprentices of surgery in 1718.[71] He was a founder member of the Academy of Science, and gave several papers.[72] He bequeathed his extensive library to the Academy: it is now available in the Bibliothèque Municipal of Bordeaux.[73] He was married to Laurence-Françoise Bamia, who survived him. They owned a substantial property named Cardozière in Saint Seurin for which they claimed exemption from *taille*, but lived in fosses des Salinières in the parish of Saint Michel.[74] His tax payments were the highest of all physicians, and his widow continued to pay substantial

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[63] ADGC1697, 15 April 1790.
[64] Chabé, *Histoire*; Féret.
[65] Tournon,Liste, 28. J.-F. Capelle. *Les abus qui règnent dans les hôpitaux, relativement au service des malades, et de lier à leur sort l'intérêt de ceux qui les servent?(*Bordeaux, Racle, 1788). See also Courteault, *Vieil Hôpital Saint-André,* 49.
[66] ADGC1715.
[67] ADG3E13225.
[68] ADGC2740.
[69] ADGC2792, she paid higher than average, 37 livres.
[70] Féret.
[71] ADGC1696; C3290.
[72] De Gères, *Académie*, page 54 - J. Cardoze *Une dissertation sur les maladies causées par les insectes parasites du corps humain*, page 56 - *Des réflections sur le nouveau mode de traitement, par extraction, de la maladie de Naples*.
[73] *Almanach*, 1760, 365.
[74] ADGC4880, 8 July 1762.

sums with the college until 1764.[75] His success as a practitioner may be measured by his involvement in the academy, and the judgment of his peers on his income derived from his practice.

Carrie – master surgeons
Carrie practised 1710-1729
Louis Carrie practised 1756-1791
Carrie *fils* practised 1783-1812
A clear example of three generations of master surgeons in Bordeaux whose careers become more successful over the period, and thus demonstrate the changing cohorts of practitioners. The first Carrie had a short career, and was followed after a number of years by his son Louis who was accepted after 1753 and before 1756 and enjoyed a long career to around 1791.[76] Louis was a student of Lafourcade *père* from 1756 to learn lithotomy, although there is no further evidence of his practice in this area.[77] The third Carrie, *fils*, was accepted around 1783, having been a licensed surgeon for several years, and went on to practise until at least 1812, at which point he was president of the Society of Medicine and Surgery.[78] Louis was successful financially, paying a high level of tax in 1777, over 50 livres, and was owed 800 livres in 1790 by Montagnat, master grocer, for several years of treatment of his large family, including the long illness of Montagnat's mother-in-law.[79] Louis had also taken advantage of the large numbers of students of surgery, housing six, of which three were officially enrolled on the course in 1766; the others perhaps were apprentices.[80] The two latter Carrie surgeons practised together for many years, and both attended meetings of the corps, although it was the son who gained more success. Louis had been demonstrator of anatomy from 1756 to 1764, and acted as reports surgeon from 1756 for at least four years.[81] He was also a member of the Society of Surgery in 1775 and was vice director in 1785 and 1791, being joined by his son in 1785.[82] Perhaps it was the contacts established by his father, and his access to higher levels of training that aided Carrie *fils* in inheriting the chair of principles of surgery in the Bordeaux School of Surgery from Lafourcade *fils*†. He was promised the professorship early in 1784, gained the post in October of that year, and taught until 1792.[83]

Dominique Castet physician of the college practised 1757-1764
Castet was born in Tarbes, took his degree in Bordeaux, and undertook the teaching of professor Seris* in his final illness, including botanical instruction in the *jardin des plantes* on rue Mauriac.[84] He had published two translations from English works in 1751, and became a member of the Academy of Science in Bordeaux in the same year.[85] He later became librarian to the academy.[86] It was not until 1757 that he became a member of the

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[75] ADGC1696; Table 4.6.
[76] ADGC1712, 26 June 1710 for Carrie.
[77] Jurade, III, 306, 1 April 1756.
[78] ADGC1709, 15 March 1786; Chabé, *Histoire*.
[79] ADGC2792; 7B540.
[80] ADGC1705; 6E25.
[81] Jurade, III, 306-307; *Almanach*, 1760.
[82] ADG D56; Péry 215.
[83] Péry, 154.
[84] Féret; ADGC1696, November 1756.
[85] Tournon, *Liste*, 19. D. Martine, translated D. Castet *Essais sur la construction et comparaison des thermomêtres, sur la communication de la chaleur, et sur les différentes dégrés de la chaleur des corps* (Paris, Durand, 1751), Cadwallader, translated D. Castet *Explication des premières causes de l'action dans la matière, et de la cause de la gravitation* (Paris, 1751); Barrière, *L'académie*, 44.
[86] *Almanach*, 1760.

college, perhaps in order to be considered for one of the medical teaching posts for which he applied.[87] He did not obtain a professorship. Féret states that Castet died in 1764, and no further record of his attendance at meetings has been found, however, a physician of the same name presented a paper to the academy in 1783.[88]

Jean-André Cazalet master apothecary practised 1784-1825
Cazalet, the son of a surgeon to the regiment of the Médoc was born in Angles, and had been apprenticed to the master apothecary Pailhasson of Lourdes.[89] His master had in turn been apprenticed to Guillaume Ferbos† of Bordeaux, thus when Cazalet first came to the city he acted for the widow of Ferbos.[90] His stay in Bordeaux dated from around 1780 when he was paid 400 livres for providing medicines to the poor.[91] He taught chemistry at the collège de la Magdelaine, and gave a private course of 50 lessons in chemistry in 1781 costing 75 livres.[92] Later he taught physics at the collège de Guienne, and in 1789 published a plan for a course in physics.[93] Cazalet was also a successful experimental and industrial chemist, and self-publicist. He organised a balloon flight in 1784, for which he not only obtained funding from the Academy of Science of which he had become a member in 1780, but also through public subscription and ticket sales.[94] This earned him some notoriety in the city. His chemical endeavours encompassed the creation of a factory in Listrac to refine sugar from sugar-beet, experiments to dry meat for long voyages, and the production of high quality flint-glass.[95] The success he achieved in his career is perhaps reflected in his marriage in 1796 to Anne Bordé to which he brought 50,000 livres.[96] Cazalet was a Freemason, Royalist, and member of a secret society in Bordeaux.[97] On his return from a journey to London during the revolutionary years he was imprisoned. He became a member of the Society of Medicine and Surgery, and a corresponding member of the Institut and Royal Society of Medicine in Paris.[98] He was a successful member of the third cohort.

Caze – physicians of the college
Pierre Caze practised 1729-1782
Jean-Joseph Caze practised 1755-1793
Pierre, who had been born in Montségur, was an active member of the college, acting as officer on several occasions.[99] In 1743 he purchased the venal office of physician royal that he sold in 1762 to André-Moise Boyer.[100] The college purchased the office in 1763 for 5,000 livres.[101] In 1754 he and Doazan* were banished from Bordeaux by *lettres de cachet* from Louis XV, from June to September, because of their opposition to the admission of

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[87] AMB ii 20, 11 May 1757.
[88] Féret; BMB 828-27, XVII a, 1783.
[89] Cluchard, 'Quelques', 78.
[90] Cluchard, 'Quelques', 6.
[91] ADGC2510, note dated 24 January 1780.
[92] Féret; *Almanach de commerce d'arts et métiers pour la ville de Bordeaux et la province de Guienne* (Bordeaux, 1781).
[93] Lamothe, *Notes pour servir à la biographie*; J. Cazalet, *Plan d'un cours public de physique experimentale* (Racle, Bordeaux, 1789) BMB MS 7132 T45 No. 8
[94] M.de Lapouyade, *Les premiers aéronautes bordelais*, 1783-1799 (Bordeaux, 1910), 45-53.
[95] Féret; Lamothe, *Notes*.
[96] S.M. Peterson, 'The Social Origins of Royalist Political Violence in Directorial Bordeaux', *French History*, 10, 1 (1996), 80, he cites ADG3E20465 5 January 1796.
[97] J. Coutura, 'Le Musée de Bordeaux', *Dix-Huitième Siècle*, 19, (1987), 149; Féret.
[98] Féret; Lamothe, *Notes*.
[99] ADGC1696.
[100] Péry, 63-65; AMB ii 20, 17 June 1743.
[101] ADGC1696, 13 January1763.

Boniol*.[102] Pierre had two sons, Pierre became *sous-prefet* of Bergerac and then Bordeaux, and Jean-Joseph followed his father into medicine.[103] While Pierre had taken his degree in Toulouse, Jean-Joseph favoured the more prestigious Montpellier, and returned to Bordeaux to make his career.[104] He was appointed professor of medicine in 1757, together with Betbeder†, and they both acted as physician to the hospitals Saint André and Saint Louis.[105] The father and son team lived together in rue du Loup, although the family owned a property in Bouliac that exempted them from *taille*.[106] The financial success of Pierre, measured through tax payments, was greater than that of his son, despite the more prestigious posts of the latter, although in 1764 Jean-Joseph was awarded the individual status of bourgeois of Bordeaux.[107] In 1789 Jean-Joseph organised the *survivance* of his professorial chair for Comet*.[108] This family demonstrates the variety of career options available for physicians within Bordeaux.

Cazejus - master surgeons

Martial Cazejus licensed surgeon 1750-1766, master 1766-1776
Jean Cazejus master surgeon 1777-1814

The rise from one generation to the next is marked in this family, Martial acting for many years as surgeon to widows continuing to use the privilege of their husbands, while his son achieved a professorial post. Martial was surgeon to the widow of Lougier* while accepting several students of surgery, including his own son in 1766.[109] Jean was still a student of surgery at his marriage in 1776 to Jeanne Grillot, but became a master soon after.[110] Her parents, Pierre Grillot and Thereze Tartas were able to give the couple 5,000 livres, and to offer them and Jean's mother accommodation in their home in rue Fondaudege in Saint Seurin. Jean and his mother each contributed 1,000 livres to the marriage. Jean was acting professor of anatomy at the School of Surgery from 1777, and was given the post in 1783 on the retirement of Joseph David*.[111] He continued to teach surgery and midwifery from 1793, and was still teaching the latter in 1814.[112] In 1798 he became a member of the Society of Medicine and Surgery, and was president in 1808.[113] Jean had been a representative at the meeting in Bordeaux to choose their delegates to the Estates General, and an enquiry into the events of the Terror in the city reveals that he was an active participant.[114] Martial Cazejus had been able to provide his son with the training and qualifications suitable to gain access to the élites within surgery in Bordeaux, an opportunity that Jean utilised to the full.

Chardevoine – master apothecaries

Arnaud Chardevoine practised 1690-1708
François Chardevoine practised 1730-1752
Gabriel Chardevoine practised 1751-1794

All three members of this extended dynasty were active within the corps, attending meetings and serving as officers.[115] Arnaud was married to Catherine Lamarque and one of their

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[102] ADGC3290, 5 June 1754, 13 September 1754.
[103] Féret's biography of Pierre *fils*.
[104] *Almanach*, 1760.
[105] Péry, 134, 28 October 1757.
[106] ADGC4880.
[107] Tables 4.6 & 4.7; AMB BB214.
[108] Barkhausen, *Statuts et règlements*, 142.
[109] ADGC1705; C1709.
[110] ADG3E23452, 14 November 1776.
[111] Péry, 205, 253.
[112] Péry, 253-258.
[113] Chabé, *Histoire*, 12.
[114] Bordeaux, *Liste alphabetique*; Barraud, *Vieux*, 150.
[115] ADGC1716; C1717 passim.

daughters, Catherine, married Pierre Falquet*, a master apothecary from 1715, and their son in turn became a master from 1741, as shown in Figure V.I.[116] Another child of Arnaud, François, became a master apothecary and married Marie Lussy; one of their sons Gabriel went on to become a master.[117] Gabriel married Jeanne, daughter of negotiant Jean Paget, in 1753 and their marriage settlement totalled 12,000 livres, 5,000 from Gabriel and his family.[118] Gabriel went on to pay tax at above average in 1777, demonstrating the success of the family.[119] The Chardevoines thus demonstrate the interlinked quality of the medical world in Bordeaux, and the continuity possible within a dynasty.

Jean-Pierre Cizos master surgeon practised 1758-1776
Jean-Pierre may well have been the son of Jean Cizos, who was awarded the post of surgeon major to the town and forts of Blaye by Louis XV in 1746, as he claimed exemption from *taille* because of his bourgeois status in 1764 on a property he owned near the town.[120] He acted as treasurer for the corps in 1763, and was reports surgeon from 1764 to 1772.[121] Jean Vaur was apprenticed to him in 1761, and then remained with Cizos while taking a course at the School of Surgery the following year.[122] Cizos lived in the popular parish of Saint Michel in rue Neueve, and was an active member of the Society of Surgery until his death in 1776.[123] His son François was a student of surgery at the school in 1775, and Jean-Pierre's widow continued his practice until at least 1780, paying tax at a very low level in 1777.[124]

Jean Claveric master surgeon practised 1752-1789
Claveric was one of the surgeons of the faubourgs accepted in 1752 to help fund the creation of the School of Surgery, and he practised from Place Dauphine just outside the city walls.[125] There are no further indications of his involvement in the corps than his signature on entry, and that at the discussions on the eve of the revolution.

Claude Clerget master surgeon practised 1752-1771
One of the surgeons of the faubourgs accepted as a group in 1752, he was thereafter largely absent from the records of the corps.[126] He practised in Chartrons, moving from rue des Carmes to rue Saint Joseph in 1760.[127] In 1771 his apprentice for six years Jean Adouet chose to renounce all claims on his hopes of becoming a master wigmaker, despite an earlier apprenticeship of ten years.[128]

Guillaume Collas master surgeon practised 1698-1717
Collas was an active member of the corps, attending most meetings, and acting as officer so many times that in 1711 he asked to be relieved after five years of service.[129] He was a

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[116] Cluchard, 'Quelques', 24; ADG3E24029, 13 July 1740.
[117] Cluchard, 'Quelques', 24.
[118] ADG3E13144, 23 December 1753.
[119] ADGC2792, he paid over 40 livres compared to the average of 28 livres.
[120] ADG6E24, 24 December 1746; ADGC4882, 29 September 1764. I have so far been unable to obtain a copy of Pierre Cizos-Natou, 'Une intrigue de la noblesse envers le sieur Jean-Baptiste Cizos, maître chirurgien de la citadelle de Blaye, ville et hôpital de ce lieu', *Archistra*, 116, (1994), 82-4.
[121] ADGC2740; Jurade, III, 309.
[122] ADGC1709, apprentice 23 December 1761; ADGC1705.
[123] ADGD56.
[124] ADGC1705; C1709; C2792.
[125] ADGC1715; *Almanach*, 1760.
[126] ADGC1715.
[127] ADG 6E24; *Almanach*, 1760.
[128] ADG3E20575, 12 January 1771.
[129] ADGC1712, 21 February 1711.

successful surgeon, having posts in the hospitals Saint André and Saint Louis, and was surgeon royal from 1711 to 1713.[130] However, in 1716 he asked not to be appointed as surgeon to the poor in Saint André when Lartigue* had injured himself, requesting that the next in line Manadé* be chosen in his stead.[131] As the latter was in Paris, they appointed Larré* and Collas in tandem. After his death his widow continued his practice until at least 1737.[132] He offers a good example of a first cohort surgeon.

Hyacinthe Comet physician of the college practised 1777-1805
Comet was first presented at the hôtel de ville in 1775, and gained full entry to the college in August 1777.[133] He was an active member of the corps, and was officer from 1786 to the end of the corporation.[134] In 1789 he was awarded the survivance of the chair in medicine held by Caze*.[135] He was a founder member of the Society of Medicine and Surgery in 1798, and acted as joint president in 1799 and alone in 1805.[136] His son became a lawyer.[137]

Guillaume-Marie Darles master apothecary practised 1784-1798
Darles was the son of a master surgeon in Toulouse, and married a daughter of the master apothecary Jean Lacotte* in 1783.[138] He brought a total of 7,000 livres to the match, and his wife brought 10,000 from her mother Françoise. In March of the following year he was accepted as a master apothecary, joining his father-in-law and his brother-in-law Lamegie* in the corporation.[139] He was later joined in this new form of horizontal linkage by Doubrere* who married another daughter of Lacotte.[140] He was accepted into the Academy of Science in 1796, and became a member of the Society of Medicine and Surgery in 1798.[141]

David - master surgeons
Jacques David practised 1744-1777
Joseph David, also a physician, practised 1764-1792
The David family demonstrates the rise in surgical ambitions, as Joseph was also educated as a physician, although he did not apply for admission to the college. Jacques had been born in nearby Limousin, and his elder brother, also Jacques, was a surgeon in Dutch Surinam before his early death. In 1765 David authorised a negotiant of Amsterdam to sell all the property and effects of his brother, and those of his mother and father, who had died in 1760 and 1763.[142] David had married Catherine Dumas in 1735, and in 1765 arranged for 10,000 livres from the sale of property brought by his wife to their marriage to be given to their son Joseph.[143] In 1753 his wife had taken action with her sister Anne Lassalle-Dumart to recover goods after the death of their mother Anne Dumart-Jacques from their brother Joseph.[144] The family were comparatively comfortably circumstanced and therefore were able to support Joseph in his education as a physician, and then examinations to become a surgeon. In 1763

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[130] ADGC1712; 6E24.
[131] ADGC1712, 16 January 1716.
[132] ADGC1711.
[133] ADGC1697, 14 June 1775 & August 1777.
[134] ADGC1697.
[135] Barkhausen, *Statuts*, 142.
[136] Chabé, *Histoire*, 12.
[137] Féret, biography of Augustin Comet.
[138] ADG3E23083, 1783.
[139] Cheylud, *Histoire*, 131.
[140] ADG3E24087, 1788.
[141] De Gères, *Académie*, list of members; Cheylud, *Histoire*, 125.
[142] ADG3E23589, 26 September 1765.
[143] ADG3E23589, 27 November 1765.
[144] ADG3E20638, 22 & 24 March and 3 May 1753.

while Joseph was being examined by Dutoya*, his father was examining other applicants.[145] Joseph presented his thesis in Latin to the corps on 14 April 1764.[146] The difference in the careers of the two men is evident from their posts, while Jacques acted as surgeon to the hospitals Saint André and de la manufacture, his son was in 1777 appointed professor of anatomy in the School of Surgery, a post he held until 1783.[147] In addition Joseph was a member of the Society of Surgery from 1777, and was active, together with Mestivier* and Guerin†, in observing ophthalmic operations in the hôpital Saint André.[148] However, by 1783 Joseph David was reported to have travelled to the colonies, and his post was given to Cazejus*.[149] We may only speculate that he had, following the death of his father, been forced to travel to Surinam to collect his inherited property, and conclude that, however useful the fortune of his family had been in gaining access to the élite of the surgical world, family affairs served to end his promising career in Bordeaux.

Deleau – master apothecaries

Pierre Deleau practised 1715-1754

François Joseph Deleau practised 1756-1790

Pierre Deleau had begun his training with Labruë*, who died in 1698, thus he was presented to the corps as trainee apothecary to the widow of the latter in September 1712.[150] He was accepted in 1715 and immediately appointed officer, and continued to attend meetings and serve as officer for the remainder of his career.[151] In 1725 he was appointed to receive the one livre of tax payable on each marine medical chest supplied by members of the corps.[152] One of his daughters, Elisabeth, was married to his colleague Jean Pigeon*, and one of his sons followed him into pharmacy, as shown in Figure V.II.[153] François was accepted as son of a master in 1756, when Pigeon was officer, and, as was typical, appointed officer in the following year.[154] He continued to be active within the corps, and was later joined by the husband of one of his daughters, Gayet*.[155] The financial success of the family is demonstrated in their substantial marriage settlements, for example François was able to give both his daughters an annual income of 500 livres and Pierre had given one of his daughters 12,000 livres.[156] In addition the social standing of the family is demonstrated in the occupations of their in-laws: a daughter of Pierre married a *procureur en parlement*, and the father-in-law of François was a notary. The family was therefore successful within the corps, and demonstrates the endogamy within pharmacy.

Delort – master surgeons and apothecaries (see Figure 5.3)

Arnaud Delort master surgeon practised 1716-1740

Bertrand Delort (son) master surgeon practised 1738-1778

François Delort (grandson) master surgeon practised 1752-1789

François Delort (nephew) master surgeon practised 1740-1777

François Delort (great nephew) student of surgery

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[145] ADG6E24, 4 May 1763.

[146] Péry, 217; Desgraves, *Livres*, Joseph David, *Theses anatomico-chirurgicae* (Labottière, Bordeaux, 1764).

[147] *Almanach*, 1760; Péry, 204 & 242.

[148] ADGD56; Le Maitre, 'Récherches', 65.

[149] Péry, 204-205.

[150] ADGC1716, 10 September 1712.

[151] ADGC1716, 9 May 1715.

[152] Cheylud, *Histoire*, 82.

[153] Cluchard. 'Quelques', 24.

[154] ADGC1717, 31 December 1753-19 August 1756, 10 May 17157.

[155] ADG3E13177, 1787.

[156] ADG3E13171; 3E13177; 3E13155.

Mathurin Delort (son) master apothecary practised 1745-1777

Etienne Delort (son of Bertrand) master apothecary practised 1762-1787
[Brother in law to Etienne was Guillaume Dumaine master apothecary]
Etienne Delort (great-grandson) master apothecary practised 1793-1850

Guillaume Ducourneau (son in law) master apothecary
Pierre Ducourneau (grandson) master apothecary
Ducourneau *fils* (great grandson) master apothecary

Arnaud Delort headed an extensive network of master surgeons and apothecaries that spanned four generations and four families. His own career began in 1716 when he was accepted as part of a group of surgeons from the faubourgs. Although Arnaud did not achieve any posts, he was an active member of the corps, a success that his son Bertrand was able to build upon.[157] Bertrand enjoyed a long and successful career, acting as reports surgeon for two years from 1744, surgeon to the hospital Saint Louis, and he obtained the lucrative post of surgeon to the admiralty before 1760.[158] He also became a member of the Society of Surgery and acted as vice director in 1763 and 1767-1769 and as director from 1773-1774.[159] Bertrand had practised in rue saint Catherine in the parish of Saint Projet, but little record of his son François remains aside from his attendance at meetings.[160] His son Etienne became an apothecary. Another son was training to be a physician in 1766.[161]

François Delort, son of Arnaud's brother Guillaume practised from Chartrons, in 1740 he was forced to take legal action against his brother-in-law to obtain the property of his mother after her death[162] His son, also François, was a student at the School of Surgery in 1760.[163]

Another of Arnaud's sons, Mathurin, became a master apothecary in 1745 on the same day as Joseph Alphonse*.[164] He was active in the corps, attending meetings and acting as officer eight times, although he did encounter some financial differences with the group in 1768.[165] His nephew Etienne had difficulty in being accepted as master, the panel of judges, from which Mathurin was excluded, being divided about his skills.[166] He was finally accepted in 1762, and both paid similar amounts of tax in 1777.[167] Etienne married Marguerite Dumaine in 1764, and took her brother Guillaume as apprentice three years later.[168] Guillaume Dumaine* became a master in 1776.[169] Etienne's son, also Etienne, practised as a pharmacist in the city from 1793, and went on to make a substantial fortune from his pomade, dying in 1850.[170] This extended family, although perhaps not typical, indicates the interconnected quality of the medical world in Bordeaux, and moreover that success was not necessarily assured even when a member of such a group.

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[157] ADGC1712.
[158] Jurade, III, 303; Péry, 242; *Almanach*, 1760.
[159] Péry, 215.
[160] ADGC1715.
[161] ADGC6E25.
[162] ADG3E13225.
[163] ADGC1705.
[164] ADGC1716, 17 August 1745.
[165] ADGC1717. He was reprimanded by the group for his handling of money received on behalf of the corps on 21 July 1768.
[166] ADGC1701. Copies of discussions removed from records in C1717 dated from 15 August 1762.
[167] ADGC2792.
[168] ADG3E26582; Cluchard, 'Quelques', 24.
[169] Cheylud, *Histoire*, 31.
[170] Servantie, 'De frère Placide', 392; Féret.

Doazan – physicians of the college
Jacques Doazan practised 1710-1745
Pierre Doazan practised 1755-1784
Jacques Doazan was a successful physician and co-founder of the Bordeaux Academy of Science and Arts in 1718.[171] He had two sons, one became a lawyer, and acted for the college from 1766, and the other, Pierre, followed him into medicine.[172] Jacques was physician to the city from 1719 to his death in 1745, and had been awarded the individual status of bourgeois of Bordeaux in 1744.[173] Pierre took his medical degrees in Montpellier and became physician to Bordeaux one year after his acceptance into the college in 1755.[174] He contested for the chairs in medicine which were awarded to Caze* and Betbeder† in 1757, and then attempted to persuade the authorities to establish two further chairs to provide better standards of medical education.[175] Pierre followed his father into the academy, and was active in producing papers, also becoming a member of the Montpellier Academy of Science.[176] His career also extended into public service and advertising. He advised the city on the quality of water in the public fountains, and provided a report on the provision for orphan children, recommending that five further homes to house such children be established elsewhere in Aquitaine.[177] At that time the hôpital Saint Louis accepted 600 infants each year, who were sent to wet-nurses at a cost of 30 livres annually. Pierre also put his name to a cure for worms advertised in a poster in 1776.[178] Both men were active members of the college and acted as officer for many years.[179]

Auguste Doubrere master apothecary practised 1788-1798
In the same year as he was accepted as a master apothecary, Doubrere also married Jeanne-Therese, the third daughter of his colleague Lacotte*.[180] He brought 3,000 livres to the marriage and his wife contributed 12,000 livres, the couple were therefore comparatively comfortably circumstanced. The marriage brought extensive links within pharmacy for Doubrere as the other daughters of Lacotte had also married apothecaries.[181] His brothers-in-law and in pharmacy were Lamegie* and Darles*. Doubrere later became a member of the Society of Medicine and Surgery in 1798.[182]

Jean Dubedat master apothecary practised 1771-1802
Dubedat and his father François had traded both in France and abroad from their home in Agen for twenty years together before Jean applied to become a master apothecary in Bordeaux.[183] He was accepted in May 1771, having married Andrée Bellard in the previous year. She was the daughter of a master tailor, and brought 20,000 livres to the marriage, while the contribution of Dubedat from his own efforts was 13,000 livres.[184] He was widowed and therefore in 1782 married again. His second wife, Cecile-Rosalie Bernard brought 6,000 livres to the marriage, while he was able to contribute more than 35,000 to the

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[171] De Gères, *Académie.*
[172] ADGC1697, 1766.
[173] AMB ii 20, 20 March 1745; AMB BB214.
[174] *Almanach*, 1760; AMB ii 20, 5 December 1765.
[175] ADGC1701, various letters.
[176] Barrière, *L'académie*; *Almanach*, 1760.
[177] ADGC3670, 20 February 1766; ADGC3456, number 34.
[178] AMB GG 1203, 'Avis au public' 1776.
[179] ADGC1696, passim.
[180] Cheylud, *Histoire*, 131; ADG3E24087.
[181] Cluchard, 'Quelques', 24.
[182] Cheylud, *Histoire*, 125.
[183] ADGC1717, 17 May 1771.
[184] ADG3E24417.

match and to give 15,000 livres to his spouse.[185] He became apothecary to the admiralty in 1776, and was one of the very few medical men in Bordeaux to use the *affiches*.[186] In April 1778 he announced that he was selling the Keyser remedy for venereal disease from his shop in place du Palais, in the parish of Saint Pierre.[187] Dubedat later became a member of the Society of Medicine and Surgery in 1798.[188] His son became a pharmacist in Bordeaux, gaining acceptance in 1802, and paid tax with the group in 1812.[189] The career of Dubedat was therefore financially successful, combining foreign trade, advertising and post-holding, and is an example of a career from the third cohort.

Antoine Dubruel master surgeon practised 1752-1792
Dubruel enjoyed a long and successful career, and might be seen as a typical member of the second cohort. He was accepted just before the group of surgeons from the faubourgs in 1752, and was an active participant in corporate affairs. He was appointed professor of osteology in 1755, replacing Faure* after only one year of tenure.[190] He also acted as reports surgeon and became an active member of the Society of Surgery, being vice director in 1773 and director in 1786.[191] He became surgeon to the admiralty after Bertrand Delort* in 1778.[192] It was this post that brought him into contact with Guerin†, whose career he was able to aid, and who married his daughter in 1772.[193] The success of Dubruel thus spanned a variety of posts, and was reflected in the above average tax he paid in 1777.[194]

Ducourneau – master apothecaries
Guillaume Ducourneau practised 1723-1773
Pierre Ducourneau practised 1759-1802
Guillaume Ducourneau was married to Marguerite, the daughter of Arnaud Delort* and sister of Bertrand*, master surgeons.[195] Another of her brothers, Mathurin*, was a master apothecary, as seen in the family tree in chapter five. They were therefore part of the extensive family group of surgeons and apothecaries headed by Arnaud Delort. Guillaume was accepted in December 1723 and acted as officer for the following two years.[196] He continued to be an active member of the corps, and was officer for at least fourteen separate years in his long career. Ducourneau was appointed apothecary to the admiralty in 1726, a post that was in turn taken by his son Pierre in 1768.[197] Pierre had been accepted in 1759, as son of a master, but with the right to open his own shop in a separate part of the city to that of his father. One of them also held the post of apothecary of the entry bureau, inspecting the purity of drugs entering the city. Pierre brought gifts of almost 5,000 livres to his marriage to Therese Bouet the daughter of a merchant, who contributed 12,000 livres to the match.[198] Although the tax contribution of Pierre in 1777 was around half the average, he did continue to practise through the revolution, and became a member of the Society of Medicine and Surgery.[199] His son became a pharmacist in 1802.[200] Another son of Guillaume did not

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[185] ADG3E21591.
[186] Cheylud, *Histoire*, 124.
[187] AAADB, 16 April 1778.
[188] Cheylud, *Histoire*, 125.
[189] Servantie, 'De frère Placide', 392; Arléry, 'Le pharmacien', 57.
[190] *Almanach*, 1760.
[191] *Almanach*, 1760; Péry, 215.
[192] Féret.
[193] See Guerin's entry in Féret.
[194] ADGC2792.
[195] Cluchard, 'Quelques', 24.
[196] ADGC1716, 19 December 1723.
[197] ADGC1701, 25 June 1726; Cheylud, *Histoire*, 124.
[198] ADG3E24395.
[199] ADGC2792; Cheylud, *Histoire*, 125.

survive the revolution. Also named Pierre, he had been a lawyer in the parlement, became an active member of the *Amis de la Liberté*, and was taken to Paris and executed in 1794.[201]

Jean Dugarry master surgeon practised 1720-1750
The process of acceptance for Dugarry lasted from his matriculation on 18 May 1719 through seven examinations culminating in his presentation to the jurade at the hôtel de ville on 27 January 1720, on the same day as Manadé* *fils*, Mathereau* and others.[202] He attended meetings regularly, but his career was interrupted by a disastrous fire in his premises in November 1731. All three medical corporations gave him financial aid; the surgeons 500 livres (which they borrowed), physicians 300 livres, and the apothecaries 160 livres.[203] His widow continued to practise for at least 24 years after his death using a series of licensed surgeons. Of these Cizos*, Tastet* and Cazejus* went on to become masters.[204]

Guillaume Dumaine master apothecary practised 1776-1808
Dumaine was the son of a master locksmith and was apprenticed to Etienne Delort* for three years at a cost of 400 livres in 1767.[205] His sister Marguerite had married Etienne three years previously.[206] Guillaume married in 1774, bringing no capital to the marriage, as he declared this was being used to obtain entry to the corporation of apothecaries.[207] His wife Marie Jeart, daughter of a merchant brought 4,000 livres from her parents. He paid a low level of tax in 1777, as was typical for practitioners at the beginning of their careers.[208] Dumaine went on to practise throughout the revolution, and was *commisaire de police* for section 23 in the city.[209] He later became a member of the Society of Medicine and Surgery and acted as treasurer in 1808.[210]

Jean Dupont master surgeon practised 1777-1789
Dupont was a surgeon for whom few sources of information remain. Having acted as licensed surgeon to the widow of Ballay for twelve years from 1762, he paid tax at about half the average with the group in his year of acceptance, and was present at the meeting to choose their representative to the larger meeting to decide on deputies to the Estates General in 1789.[211]

Bertrand Dutoya master surgeon practised 1732-1766
A highly successful surgeon who moved from the parish of Saint Eulalie to Saint Eloy in 1753, although his career was aided more by his post of *greffier* to the corps than by his two years as reports surgeon from 1744.[212] The *greffier* was appointed by the lieutenant, and was present at all examinations for masters, licensed and rural surgeons alike: it was thus a lucrative post as the holder was paid for his attendance. He was married to Marie Bayle, a widow, who had inherited her husband's property outside the city that was rented out.[213] They also owned other property and were able to support their son Bernard into a position as

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[200] Servantie, 'De frère Placide', 392.
[201] Féret; Doyle, *Parlement*, 153, 228.
[202] ADGC1712, passim.
[203] ADGC1716, 26 November; C1711, 5 November; C1696, 10 November.
[204] ADGC1709.
[205] Cluchard, 'Quelques', 6.
[206] ADG3E26528.
[207] ADG3E24991.
[208] ADGC2792.
[209] Cluchard, 'Quelques', 47.
[210] Chabé, *Histoire*, 88.
[211] ADGC1709; C1707; C2792; Jurade, III, 313.
[212] ADGC1711; Jurade, III, 303.
[213] ADC3E24045, 16 September 1757.

procureur in the parlement. In 1785 Bernard married Marie Catherine, daughter of Jean Barreyre a lawyer in the parlement, and she was given a substantial dowry, including several properties, by her parents.[214] Dutoya was thus able to accumulate sufficient funds from his career to raise the social status of his son.

Falquet – master apothecaries

Pierre Dantoni Falquet practised 1715-1726
Pierre Ignace Falquet practised 1741-1788
Pierre Falquet *fils* practised 1775-1788
Falquet *fils ainé* practised 1788-?

Pierre Dantoni Falquet was married to Catherine, daughter of fellow master apothecary Arnaud Chardevoine* and sister of François*, as shown in Figure V.I.[215] He was the son of a merchant of Cahors, and was appointed apothecary to the admiralty in 1718.[216] Both Pierre Dantoni and his son were active within the corps, and acted as officer frequently. After the death of her husband, and before the acceptance of her son, Catherine continued their practice, claiming 200 livres for treatments over six years for a religious house.[217] Pierre Ignace was awarded the individual status of bourgeois of the city in 1762 and was followed into pharmacy by two of his sons, although neither he nor his son paid substantial sums in tax in 1777.[218] Pierre Ignace may have been involved in foreign trade, as in 1743 he lent 600 livres to a captain with links in La Rochelle, Rouen and Quebec.[219] The family lived in rue des Caperans in Saint Remy.[220] This family demonstrates the interconnected quality of the medical world of Bordeaux, and the growing tendency within pharmacy to introduce more than one son into the corporation.

Faure – master surgeons

Jean Faure practised 1688-1715
François Faure practised 1712-1719
Bernard Faure practised 1723-1760
Etienne Faure practised 1752-1755
[Gabriel Sulpice Faure practised 1753-1766]

This dynasty demonstrates clearly the faster turnover of surgeons, although Bernard enjoyed a longer career. Jean was treasurer to the corps in 1688 and surgeon royal in 1695-1697, 1705-1707, and 1713-1715 and he lived in the parish of Sainte Colombe.[221] François began the process of acceptance in January 1711, and his anatomy examination, including a dissection of a male cadaver, was held before the physician royal.[222] Bernard lived in Saint Michel and held several posts: reports surgeon from 1734-6, and surgeon to the hospitals Saint Louis and de la manufacture.[223] Etienne, who lived with his father Bernard, served briefly as professor of osteology from 1754 to 1755, before being replaced by Dubruel*.[224] There is no direct evidence to establish that Gabriel, who rented a house in fosses des Salinières, Saint Michel, was part of the same family.[225] Nonetheless this example does show how a position within the corps could be retained by the same family for 80 years or more,

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[214] ADG3E15035, 21 January1785.
[215] Cluchard, 'Quelques', 24.
[216] Cheylud, *Histoire*, 124; ADGC1701.
[217] Jurade, VI, 219-220, 7 April 1736.
[218] AMB BB214; Servantie, 'De frère Placide', 392; ADGC2792.
[219] ADG3E24032, 18 April 1743.
[220] ADG3E24029, 13 July 1740.
[221] ADG6E71; Péry, 149; Jurade, III, 295.
[222] ADGC1712, 20 March 1711.
[223] Jurade, III, 301; Péry, 242.
[224] Péry, 191-192. He was 'absent'.
[225] *Almanach*, 1760; ADG3E24042; 3E20638.

although it also shows how early involvement in the corps – all attended frequently and acted as officer – might not be reflected in posts and financial success overall.

Jean Felloneau master surgeon practised 1741-1783
Felloneau was a successful surgeon of the second cohort. He was surgeon to the hospital for incurables, consultant to Saint André, and held the post of professor of medicaments from 1756 to 1777.[226] In 1747 he bought a house for 4,500 livres from Cantinolle a greffier in the parlement, which was in rue du Caherman, Saint Eloy.[227] One year later he was awarded the individual status of bourgeois of the city.[228] He later became officer to the corps and was one of the few medical men in the city to advertise.[229] In 1778 Felloneau, Delort* and Grossard* declared that they could supply the 'Eau Souveraine' of Bouchereau, surgeon-dentist of Paris, then resident in Bordeaux.[230] His financial success, reflected not only in his property but also his high level of tax, he paid twice the average in 1777, was a measure of his career achievements.[231]

Jacques Fitzgibbon physician of the college practised 1768-1797
Fitzgibbon came to Bordeaux from Ireland, and died in the city at 58.[232] He was one of the physicians who unsuccessfully contested for the medical chairs in 1757. As he lived in Chartrons, he was assigned the part of the parish of Saint Remy that was outside the city in 1768 to act as physician to the poor.[233] He was active within the corps and acted as officer for several years, and was appointed physician royal in 1779, a post he held until 1782.[234] He became a member of the Society of Harmony of Paris and then a head of treatment in the same organisation in Bordeaux.[235] However, his association with Mesmerism created friction in the college and he was excluded from meetings for three months in February 1785.[236] He apologised to the college in that July and was readmitted to proceedings.[237]

Jean-Pierre Gayet master apothecary practised 1788-1801
The year before he was accepted as a master apothecary, Gayet had married Anne-Sophie the daughter of his future colleague François Deleau*.[238] His father Pierre, a notary, provided 12,000 livres for the marriage, Gayet contributed a present to his bride of 3,000 livres, and her parents supplied an annual income of 500 livres.[239] Gayet was one of those apothecaries who supplied marine medicine chests, and he became a business partner of his father-in-law.[240] In 1787 they established a depot for mineral water, asking for an inspection by the officers of the physicians.[241] His career thus demonstrates the interconnected quality of the medical world, and the tendency for practitioners to engage in new forms of trade.

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[226] *Almanach*, 1760.
[227] ADG3E24036.
[228] AMB BB214.
[229] ADGC1715.
[230] AAADB, 5 August 1778.
[231] ADGC2792, 63 livres.
[232] See his biographical entry in SAHG, *Autographs*.
[233] ADGC1697, 1768.
[234] ADGC1697.
[235] Archbold, *Receuil.*
[236] ADGC1697, 8 July 1784-10 February 1785.
[237] ADGC1697, 28 July 1785.
[238] Cheylud, *Histoire*, 131.
[239] ADG3E13177.
[240] SAHG, *Archives,* Vol 24, 439.
[241] Péry, 70, 30 June 1787.

Jean-Dominique Gemain master surgeon practised 1752-1785
One of the surgeons from the faubourgs accepted in 1752, who nonetheless was accepted into the Society of Surgery, which he attended frequently.[242] His career may have been marked by financial if not professional success, as he moved from rue Serpoulet to live in the more prestigious rue du Parlement from 1760.[243] In addition by 1777 he paid in the second highest level of tax, 49 compared to the average of 29 livres.[244] Thus although little evidence of his career remains, he was judged to be successful by his colleagues.

Raymond-Auguste-Marie Gignac master surgeon practised 1777-1792
Gignac offers a rare example of a surgeon who trained at the School and later became a master. He attended the School of Surgery in 1763 living with Cazenave a licensed surgeon, then for three further years from 1765 while lodging with Lafourcade *fils*†.[245] He was born in 1742 near Angoulême, and lived from 1783 in the prestigious rue Poudiol, Saint Eloy.[246] He acted as reports surgeon from 1783 and was active within the corps.[247]

Jean Gramaignac physician of the college practised 1745-1779
Gramaignac took his medical degree at Montpellier and was accepted in April 1745.[248] He attended meetings and masses for the college regularly, although he did not act as officer.[249] He was chosen in October 1747 to replace the hospital physician of Blaye during his illness, and to fulfil his duties with the regiment of the crown in the town.[250] In 1756, during the process to choose the new professors of medicine, in which he was one of the judges, he was taken ill and missed at least one examination.[251] Gramaignac was physician to the poor in 1768 in the parish of Saint Simeon, although he lived at that time in rue Maucoudinat in Saint Pierre.[252] When he died in November 1774 the college recorded their sorrow at the loss of their dignified colleague who was known for the 'douceur' of his character.[253] His son applied to be accepted in 1780 and completed his first two examinations, but proceeded no further.[254] His widow, Anne Angelique Gramaignac-Damers lived to at least 1785, and moved to live in rue de la Lande in Sainte Eulalie, where she claimed monies owed to his estate by two conseillers of the parlement.[255]

François Graulleau master surgeon practised 1752-1766
Graulleau was one of the surgeons of the faubourgs accepted in 1752 about whom little further information is available, although his sites of practice indicate that he truly did work in the outskirts of the city.[256] At his acceptance he was living in the faubourg Saint Julien and then moved to rue Sainte Croix in the parish of the same name, both were on the southern and poorer side of the city.[257] However, in 1765 he did accept an apprentice, Pierre-Joseph

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[242] ADGC1715; D56; 6E24.
[243] *Almanach*, 1760.
[244] ADGC2792.
[245] ADGC1705; C2792.
[246] ADGC1705; Jurade, III, 313. A neighbour in the same road was the son of Bertrand Dutoya*, Bernard, who was *procureur en la cour du parlement*. See ADG3E15035.
[247] ADGC1707; Jurade, III, 313.
[248] ADGC1696, 3 August 1745; *Almanach*, 1760.
[249] ADG 6E71.
[250] ADGC1696, 4 October 1747.
[251] Péry, 118, 16 November 1756.
[252] ADGC1697, 1768.
[253] ADGC1697, 4 November 1776.
[254] ADGC1697, 6 April-27 May 1780.
[255] ADG3E15035, 27 August 1785.
[256] Jurade, III, 306.
[257] ADGC1715; *Almanach*, 1760.

son of Charles Bonnet, a merchant of Saint Eulalie, for the sum of 200 livres.[258] In the following year Bonnet attended the School of Surgery, and Graulleau housed a further four students.[259]

Grégoire – physicians of the college
Jean Grégoire practised 1715-1757
Barthélémy Grégoire† practised 1743-1784
Jean was the son of the Bordeaux notary Raymond Grégoire, and married Marie Isabeau Gibilly in June 1714, shortly before his admission into the college the following August.[260] The marriage settlement detailed several properties and capital of around 4,000 livres. Grégoire contested for the chair given to Boyrié, and obtained his professorship in 1716.[261] He acted as physician to the poor prisoners from 1735 for at least three years, for which the pay was 75 livres.[262] He was also, jointly with his fellow professor Seris*, responsible from 1730 for the *jardin des plantes* in the city.[263] In 1743 he was joined in the college by his son, whose career is discussed in chapter four. Jean died in May 1757, at 83.[264]

Jean Guinlette master surgeon practised 1707-1752
Guinlette enjoyed a long career, and was extremely active within the corps, attending meetings, and acting as officer.[265] The certificate attesting to his religion, life and morals is one of the few that has remained with the records of the surgeons.[266] He was surgeon to the hôpital de la manufacture and acted as reports surgeon for six years from 1734.[267] He also held the post of surgeon royal from 1723-1727.[268] Guinlette lived on fosses des Salinières and in 1719 he took over the apprenticeship of Louis Contre from a negotiant, who also lived in Saint Michel.[269] The contract records the approval of the change by both Jean Crespin and Louis's parents Jean and Marie, who lived in Lectour. The apprenticeship cost 200 livres for two years of tuition. The tendency for bourgeois city dwellers to own rural property is demonstrated in the rental to the parish priest of Barsac by Guinlette in 1748 of a wine-producing property he owned in that parish.[270] Guinlette was also one of those surgeons involved in trade with the colonies; in 1749 he was paid 525 livres for goods by the wife of captain Pierre Chantilly.[271] The tendency for corporations to borrow from their own members is illustrated in his loan to the corps in 1717 of 1,500 livres in return for an annual payment of 75 livres.[272] The career of Guinlette therefore included posts, property ownership, money lending, and international trade, and therefore encompasses aspects of both first and second cohorts.

Jean-Baptiste Lamegie master apothecary practised 1778-1812
Lamegie was the son of a bourgeois merchant apothecary of nearby Libourne, and trained with the apothecary to the king, Cassaigne. De Mouchy wrote supporting his application to

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[258] ADGC1709, 10 March 1765. Pierre-Joseph was 15.
[259] ADGC1705; 6E25.
[260] ADG3E8679, 26 June 1714; AMB ii 20, 14 August 1715.
[261] Péry, 104-108.
[262] ADGC4053, items 94, 95, 96.
[263] AMB ii 20, 21 June 1730.
[264] ADGC1696, 18 May 1757; Péry, 116-134.
[265] ADGC1711; C1712.
[266] ADG6E25, 10 October 1705.
[267] ADGC1711; C1712.
[268] Jurade, III, 301.
[269] ADGC1715; 3E7990-2, 16 April 1719.
[270] ADG3E24037, 27 November 1748.
[271] ADG3E24038, 20 February 1749.
[272] ADGC1712, 3 November 1717.

become a member of the corps in 1778, and he was duly accepted.[273] His entry may also have been aided by his father-in-law Lacotte*, as Lamegie had married his daughter in 1776.[274] The parents of Lamegie had contributed an annual income of 500 livres to the marriage, he gave Marie-Delphine 1,000 livres, and Lacotte also contributed 10,000 livres. Lamegie went on to take over the post of inspecting drugs entering the city from Lacotte, and was part of the extended family that included Darles* and Doubrere*, also master apothecaries.[275] His practice continued to at least 1812, when he paid a substantial amount in tax.[276] The career of Lamegie was thus marked by patronage, family connections and post-holding.

Larré - master surgeons

Larré *père* practised from 1656-1698
Larré *fils* practised 1698-1737

A dynasty of at least two generations of surgeons. The elder took his oath before the jurade in 1656.[277] The younger was surgeon royal in 1701 for two years, acted as surgeon to the hôpital Saint André in 1716, and was doyen (eldest member) in 1737.[278]

Larrieu – master surgeons

Jean Larrieu practised 1716-1743
Bernard Larrieu practised 1723-1760
Laurent Larrieu practised 1752-1789

A three-generation dynasty, whose financial success may be seen in the extremely high level of tax paid by the final member in 1777[279] Despite this success little can be discovered of their private lives, aside from the fine of ten livres paid by Laurent for hunting with gun and dog in 1760.[280] All three were active members of the corps, and acted as officers.[281] There was a substantial overlap between each successive generation, and, typically, Laurent lived for some years with his father Bernard in rue de la Rouselle in the popular parish of Saint Michel before obtaining his own house elsewhere.[282] Bernard was one of the final holders of the post of surgeon royal in 1727, and both he and Laurent acted as reports surgeon.[283] It was Laurent, however, who obtained the post of professor of anatomy at the School of Surgery in 1754, holding the post until 1777.[284] He continued to practice until 1789, and his mother had continued using the privilege of Bernard for four years after his death in 1760.[285] Laurent was also a member of the Society of Surgery in Bordeaux from 1775.[286]

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[273] AMB GG 1201, letter dated 15 May 1778.
[274] ADG3E23078.
[275] Cluchard, 'Quelques', 76.
[276] Arlery, 'Le pharmacien', 57.
[277] Jurade, III, 282, 4 March 1656.
[278] ADGC1712, 23 May 1701. He called a meeting with his authority as first surgeon royal of Bordeaux; ADGC1712, 16 January 1716. Larré and Collas were to take joint responsibility; ADGC1711, July 1737. Larré recorded as doyen, more senior than Gaussens.
[279] ADGC2792, Laurent paid more than 90 livres.
[280] ADGC3728, 5 December 1760.
[281] ADGC1709; C1711; C1715; 6E24.
[282] ADGC1715; *Almanach*, 1760.
[283] Jurade, III, 299, 300, 306, 308.
[284] *Almanach*, 1760; Péry, 204.
[285] ADG6E24; C1709.
[286] ADGD56.

Jean Lartigue master surgeon practised 1702-1737
Lartigue's father was also a master surgeon in Bordeaux, and practised to 1700, yet by 1702 his son had been accepted and practised alone thereafter.[287] The monies paid by Lartigue to Faure* had not been paid into the corps by the surgeon royal, Lugeol*, and Faure brought an act to force proper payment.[288] Lartigue was surgeon royal for two years from 1707 and was surgeon to the hôpital Saint Louis.[289] He attended many meetings, including the examinations of applicants to the corps that were presided over by the physician royal, Lartigue, with whom no evidence of a relationship has been discovered.[290] Lartigue is one of those surgeons of the first cohort for whom little evidence remains.

Pierre-Toussaint Lassabe (1738-1794) master surgeon practised 1777-1794
Lassabe was a native of Armagnac, Tarbes, and attended the School of Surgery in both 1760 when he stayed with a relative, and in 1766 when he was with Laurent Larrieu*.[291] He was accepted as a master shortly before 1777 when he paid tax at half the average.[292] Lassabe attended meetings with the corps, and was appointed to be surgeon to the hospital for incurables in 1783, a post he held to his death.[293] He lived in rue des Menuts, Saint Michel with his wife, and was condemned to death in 1794.[294] He was accused of anti-revolutionary sentiment, based on a letter received from his brother in Guadeloupe and his treatment of a patient considered by the tribunal to be an 'aristocrat'. He wife stated in his defence that medical men needed to treat all patients whether aristocratic or not. He was guillotined on 4 thermidor an II.

Pierre Lugeol master surgeon practised 1700-1720
Pierre was apprenticed to his father Isaac in 1693, and duly inherited his mastership before 1700.[295] He attended very many meetings, more than two for each year, and acted as *greffier* for the corps both before 1700 and from 1715.[296] In addition he was appointed surgeon royal in 1701, 1715 and 1721, each time for two years.[297] He lived in the parish of Sainte Eulalie, and was present at the wedding of Jean Grégoire* in 1715.[298] Little further evidence of his career survives, although he was a fairly successful member of the first cohort.

Manadé – master surgeons
Jean Manadé practised 1693-1737
Barthélémy Manadé practised 1720-1753
Jean was an extremely active member of the corps, and was surgeon royal from 1693-1695 and from 1707-1709.[299] During the latter period his action against his colleague Birot* over the care of a patient resulted in a change in their rules. In future if a patient called in another surgeon during an illness the fees were to be paid to the first practitioner, or be given to the corps.[300] The argument between the two surgeons, in which Manadé enlisted the aid of the jurade, was bringing the corps and surgery into disrepute according to the other members,

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[287] ADGC1702.
[288] ADG3E6780, 3 August 1702.
[289] Jurade, III, 295; Péry, 242.
[290] ADGC1712, for example those for Faure held on 20 March 1711 on a male cadaver.
[291] ADGC1705.
[292] ADGC2792.
[293] ADG6E24.
[294] Details on his life and trial from Barraud, *Vieux*, 161.
[295] ADG6E24, articles 20 April 1693; ADGC1702.
[296] ADGC1712, 23 March 1715.
[297] Péry, 149.
[298] ADG3E6780, 3 August 1702; 3 E 8679, 26 June 1714.
[299] ADGC1712, 4 January 1707; Péry, 149.
[300] ADGC1712, 20 December 1707.

and they therefore pressed the two to reach agreement.[301] Manadé went on to become the emissary of the corps during their battle with the Intendant to resist the entry of the surgeons of the faubourgs in 1712.[302] He was sent to Paris to plead their case and obtain a reversal in September 1715 and stayed until spring in the following year. Despite their provision of money, he was provided with almost 1,500 livres over the period, he did not achieve their aim. His absence interrupted the training of his son Barthélémy, who had first been presented to the corps in 1708, but only became a master in 1720.[303] Another son, Pierre, had also been presented in January 1712, but the rules stated that he could only enter through the longer and more expensive route available to 'étrangers'.[304] Pierre did not continue with his examinations. Barthélémy went on to practise until at least 1753; although lists in both 1748 and 1753 state that he was absent from the city.[305] In 1705 the wife of Jean, Catherine Bernard inherited the remainder of her dowry of 10,000 livres from her mother.[306] The couple already lived in place Saint Projet, and were able to buy a house in the same place, and another that was rented out.[307] The career of Jean was thus marked by service to the corps and post-holding, yet his success was not apparently continued by his son.

Joseph Maserin master surgeon practised 1752-1777
Maserin was one of those surgeons from the faubourgs accepted by the corps in 1752, who practised from Saint Seurin.[308] Maserin paid a very low level of tax in 1777, about one fifth of the average.[309]

Mathereau – master surgeons and physician
Jean Mathereau master surgeon practised 1720-1761
Joseph-Giron Mathereau master surgeon practised 1747-1777
Jean-Baptiste Mathereau physician of the college practised 1759-1770
All three members of this medical family practised from place Saint Projet, although the career of the youngest, the physician Jean-Baptiste, was cut short by his early death.[310] Jean Mathereau began the process of acceptance in 1718 as 'premier serviteur chirurgien a l'hôpital Saint André', and became a master within six months, a very shortened examination process.[311] Jean was employed to demonstrate anatomy to apprentices in 1728.[312] He became bourgeois of the city in 1730, and the record establishes that he had four sons.[313] One was a master of arts and master surgeon, the next a physician, and the final two were a negotiant and marine captain. Joseph-Giron practised for a few years before the death of his father, and Jean's widow continued to use his privilege until 1761.[314] The career of Joseph-Giron was successful; he paid a high level of tax in 1777, perhaps aided by his entry into the medical market.[315] Together with the physician Doazan* and his colleague Pascaud* he certified the efficacy of a cure for worms in a handbill published in 1779, which could be

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[301] ADGC1712,.12 & 18 December 1707.
[302] ADGC1712, 14 September, 14 December 1715, 4 April 1716.
[303] ADGC1712, 14 May 1708 presented, 9 January 1720 accepted.
[304] ADGC1712, 11 January 1712.
[305] ADGC1715.
[306] ADG3E6784, 2 October 1705.
[307] ADG3E6783, 10 January 1706; 3E6786, 10 January 1707.
[308] ADGC1715.
[309] ADGC2792.
[310] ADGC1696; C1715; *Almanach*, 1760.
[311] ADGC1712, 10 June 1719, 12 January 1720.
[312] Péry, 177.
[313] AMB BB 214.
[314] ADGC1709, 31 March 1761.
[315] ADGC2792.

obtained from a merchant in the city.[316] His younger brother Jean-Baptiste was active in the college, acting as officer in 1768.[317] The career of the latter, although short, contained a rare conflict between physician and surgeon. He was angry at the action of Vitrac* in bleeding a convalescent patient against his wishes, and the procureur general ruled that the corps, lieutenant, officers and the individual surgeon should be reproached for his conduct, and that in future he should abide by the rules of his profession and act for the good of the public.[318] The different career patterns of these three members of the same family, one from the first and two from the second cohorts, demonstrate the increasing range of possibilities for practice within Bordeaux.

Mestivier – master surgeons

Jean-François Mestivier practised 1733-1755

Pierre-François Mestivier practised 1766-1799

Jean-François attended meetings frequently and acted as officer on several occasions, notably in 1748 when he was inspector.[319] His widow continued his practice until 1782, employing Joseph Labarrere for nineteen years from 1755.[320] His son Pierre-François was accepted ten years after the death of his father, and may have trained with other masters during that time. The older man had practised from place Saint Projet and his son lived in rue Porte Basse in the same parish.[321] The wife of Pierre-François, Catherine Durand-Mestivier made two wills, one in 1768 and one the following year, in the former she made a bequest to her brother Jacques who was an officer in the Spanish army.[322] In 1768 Pierre-François presented a bill for 278 livres for consultation, treatment, and twice-daily visits for Cassaigne, an American then living in Bordeaux.[323] It was paid in August the following year, indicating not only the cost of protracted illness (25 October to 23 November), but also the difficulty in obtaining payment. Pierre-François was a member of the Society of Surgery from 1775, and later of the Society of Medicine and Surgery formed in 1798, as his signature on the request from members to the authorities to form a new school of medicine attests.[324]

Modéry - physicians of the college

Antoine Modéry practised 1646-1701

Marc-Antoine Modéry practised 1685-1710

Antoine was the son of a notary of Bordeaux, and submitted his thesis for acceptance into the college under the guidance of Lopes in 1638.[325] He was appointed professor of medicine in 1676 despite the opposition of the University, and held the post of physician royal from 1698.[326] He had also taught surgery to apprentice surgeons from 1650 for at least seven years.[327] Modéry was married to Marie Roland, who died in the same year as her husband.[328] Both he and his son were active within the college, and each acted as officer for several years.[329] Marc-Antoine was the sole candidate for the chair in medicine after the death of his

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[316] AMB GG 1203, 'Avis au public - le mithocorthon' 4 October 1779.
[317] AMB ii 20, 24 April 1769.
[318] Péry, 62.
[319] ADGC1711; C1715.
[320] ADGC1709.
[321] ADGC1715; 3E24056, 20 May 1768.
[322] ADG3E24056, 20 May 1768; 3E24057, 2 March 1769.
[323] ADG3E20572, 12 August 1769. Bill dated 29 November 1768. Visits were charged thus 'pour avoir vu le malade pendant sa maladie a deux fois par jour – 100 livres'
[324] ADGD56; Péry, 393.
[325] Péry, 97.
[326] Péry, 97; *Autographs*, 146.
[327] Péry, 174.
[328] *Autographs*.
[329] ADGC1696.

father at 84, although Silva† did renounce his religion in an attempt to apply for the post.[330] Modéry was appointed in 1703, and had held the post of physician royal for two years previously.[331] Marc-Antoine died suddenly, and publicly, on the quay of Chapeau Rouge in 1710.[332] These men enjoyed success as post holders, but the early death of the latter prevented any further development of the firm foundation established by the elder.

Daniel O'Sullivan physician of the college practised 1760-1762
O'Sullivan had fled Ireland because of religious persecution, and worked in the hôpital Saint Andre for five years before applying for acceptance into the college.[333] He had also been one of the contestants for the chairs in medicine from 1756, although he received only one vote.[334] The college considered that the requirement of two years of local experience before being accepted could be waived in his case, and successfully resisted the efforts of the jurade to overturn this request, supported by the governor, Richelieu.[335] O'Sullivan died in 1762, and his widow continued to pay tax with the college for one further year.[336]

Jean Pascaud master surgeon practised 1756-1782
Pascaud is one of those surgeons of the third cohort for whom sources are scarce. He lived in 1760 in rue Bouhaut in Saint Eloy, paid around average tax, and acted as reports surgeon for two years from 1763.[337] He also served as surgeon in the hôpital Saint Louis.[338] His wife continued his practise for several years after his death.[339] The handbill advertising a cure for worms in 1779 that was certified by Doazan*, physician, was also endorsed by Pascaud and his colleague Mathereau*.[340] Thus the career of Pascaud within the third cohort began to enter into the publicist model.

Jean Pigeon master apothecary practised 1735-1777
Pigeon was an active member of the corps, and was officer for more than 12 years in his career.[341] He was married to Elisabeth Deleau and was therefore related to his colleagues Pierre Deleau* and François-Joseph Deleau*, as shown in Figure V.II.[342] It was he who first introduced Marc-Hilaire Vilaris† to the corps in 1748, and ten years later it was the 'poaching' of his *garçon* by Vilaris that led to the exclusion from the corps of the latter.[343] Pigeon was appointed apothecary to the admiralty in 1768, and paid almost twice the average in tax in 1777.[344] He was a successful apothecary of the second cohort.

Joseph Pinganau master surgeon practised 1711-1748
Pinganau first presented himself to the corps in 1710 as the son of a master, and was accepted after the usual examinations on 13 July the following year.[345] However, later that year some objection was raised to his status as '*fils*', although his mastership continued, the

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[330] Péry, 101-102.
[331] AMB ii 20, 22 October 1704.
[332] ADGC1696, 14 April 1710.
[333] Péry, 57-59; ADGC1696, letter from O'Sullivan dated 7 February 1760.
[334] Péry, 118, 134.
[335] Péry, 57.
[336] ADGC1696; Table 4.6.
[337] ADGC2792; Jurade, III, 309; *Almanach*, 1760.
[338] Péry, 242.
[339] ADGC1709, 19 July 1784.
[340] AMB GG 1203, handbill 4 October 1779.
[341] ADGC1716, 7 July 1735.
[342] Cluchard, 'Quelques', 24.
[343] ADGC1717, 1 February 1748, 5 July 1758, 25 February 1759.
[344] Cluchard, 'Quelques', 76; ADGC2792.
[345] ADGC1712, 9 September 1710, 13 July 1711.

date on official documents was thereafter given as 1713.[346] No records reveal any detail concerning his father. He was appointed surgeon to the hôpital Saint André in September 1717, but ten months later he was relieved of this post following complaints from the administrators.[347] The confidence of his colleagues was undiminished and he was appointed officer in 1719, a year in which he attended frequently.[348] After this time his signature does not appear in any records, and he is given as 'absent' on their poster naming all masters in 1748.[349]

Jean Pierre Pradelle physician practised in Bordeaux 1784-1794
Pradelle was a graduate of Montpellier and did not apply to join the college, although he practised from his home in rue Judaique.[350] He was a member of both the Paris and Bordeaux Mesmerist Societies of Harmony, and a head of treatment at the latter, together with Fitzgibbon*, Archbold* and Alphonse†.[351] During the revolution he was accused of neglecting his duties in the section because of illness, and visiting the *club de la jeunesse*, a monarchist society.[352] He was guillotined on 12 July 1794.

Raynal master surgeon practised 1780-1799
Raynal was born in Saint Remy, Bordeaux in 1744 and was apprenticed to a master surgeon in Montpellier to 1773.[353] He also attended courses at the School of Surgery in the same city for four years from 1769. He was examined in February 1780 by most of the corps, overseen by Fitzgibbon* who was then physician royal. In 1784 he endorsed the plea to avoid bankruptcy by the coffee seller Reau who had been ill for four months with a tumour.[354] The truth of his account was certified by Guerin†. Raynal was one of those members of the newly formed Society of Medicine and Surgery that pressed the authorities to form a new medical school in 1799.[355]

François-André Roux master surgeon practised 1767-1791
In 1764 Roux contracted via the physician Barthélémy Grégoire† to spend two years at the property of Ducla in Saint Domingue acting as surgeon to the slaves on his estate.[356] He was to be paid 2,000 livres annual salary. He was already a 'maitre en arts et chirurgiens' (sic) yet on his return he spent a further year as a pupil with Lafourcade *fils*†, while enrolled on a course at the School of Surgery.[357] He had therefore accumulated sufficient expertise and capital to obtain acceptance as a master in January 1767.[358] Although he held no posts, by 1777 he paid slightly higher than average tax, and was an active member of the corps.[359] His route to mastership therefore involved patronage, colonial service, and extensive training, and is therefore typical of the range of career options open to the third cohort. There is no

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[346] ADGC1712, 18 August 1711; C1715.
[347] ADGC1712, 15 September 1717, 19 July 1718.
[348] ADGC1712, 12 January 1719.
[349] ADGC1715.
[350] Barraud, *Vieux*, 160; ADGC1697, 8 July 1784.
[351] Archbold, *Receuil*, list of members.
[352] Barraud, *Vieux*, 160.
[353] ADG6E24, 25 February 1780.
[354] M. Thomas, *Les surséances et sauf-conduits à Bordeaux au XVIIIe siècle* (Bordeaux, 1912), 86. His source was ADGC4416, folio 72.
[355] Péry, 393.
[356] ADG3E13589, 15 November 1764.
[357] ADGC1705; 6E25.
[358] Jurade, III, 311.
[359] ADGC2792; C1707.

evidence of any relationship to the more famous Augustin Roux of the Paris faculty, although the latter was born in Bordeaux.[360]

Louis Seris physician of the college practised 1720-1756
Seris obtained the post of medical professor on his third attempt. He had unsuccessfully contested the chair in when both Boyrié* and Jean Grégoire* were appointed, and finally achieved his post in 1719.[361] He had on the first occasion gained the most votes, yet the decision of the judges was overruled by the king. He only gained admission to the college in the following year, and then was appointed physician to the city in 1721.[362] Seris lived in rue Neueve in Saint Michel, a parish popular with medical men.[363] He was an associate of Desault†, and of his fellow professor Grégoire, with whom he ran the *jardin des plantes* from 1730.[364] As his health failed his lessons as professor and in the *jardin* were taken by Castet*.[365] At his death in March 1756 the college appointed Caze* to take his lessons.[366]

Raymond Tastet master surgeon practised 1767-1776
Tastet had acted as a licensed surgeon for the widow of Dugarry* from 1760 until his acceptance.[367] He was from near Auch, and had been born around 1732. He was therefore only 44 when he died in 1776, when his widow continued his practice for at least two more years.[368] His career demonstrates the lengthy wait of some surgeons before acceptance as master.

Jacques Teilhac master apothecary practised 1706-1717
Teilhac, a Jesuit priest, was an active member of the corps for his short career, acting as officer for seven years.[369] As was usual he had first been appointed following his acceptance, and in the same year was given the subject area of 'les sels volatiles essentiels et fixes', for his contribution to the new pharmacopœia.[370] He was last appointed officer in 1717, but did not attend any further meetings from that time.[371]

Tursan – master surgeons
Jean Tursan practised 1739-1750
Pierre Tursan practised 1752-1759
Both generations of this family had short careers, and lived on Porte du Caillau in Saint Pierre.[372] The widow of Pierre continued to use his privilege from 1761 until 1768 with the assistance of Cazenave, whose career as a licensed surgeon lasted for 20 years.[373] The Tursans offer an example of the brevity of many surgical careers.

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[360] Tournon, *Liste*, 21.
[361] Péry, 105-109.
[362] ADGC1696, 1720; Péry, 77.
[363] ADGC1696, 1744.
[364] Mauriac, *Grand médecin*, 58; AMB ii 20, 21 June 1730.
[365] ADGC1696, November 1756.
[366] ADGC1696, 22 March 1756.
[367] ADGC1709, 29 March 1760 – 28 February 1765; Jurade, III, 311.
[368] ADGC1709, 18 November 1776.
[369] ADGC1716, 9 March 1701.
[370] ADGC1716, 9 July 1706.
[371] ADGC1716, 14 May 1717.
[372] ADGC1711; C1715.
[373] ADGC1709, 13 March 1761-15 February 1768.

Guillaume Vigneau master surgeon practised 1752-1789
Vigneau was accepted as part of the group of surgeons from the faubourgs in 1752, although he practised from rue du Loup in Saint Projet.[374] In 1757 he took Jean Coudroy as an apprentice.[375] He was reports surgeon for two years from 1760, and was also appointed to demonstrate anatomy at the School of Surgery by the jurade in the same year.[376] He was not a financially successful surgeon, paying around half the average tax rate in 1777.[377] He continued to attend meetings with the corps to 1789.[378]

Louis Vitrac master surgeon practised 1752-1778
Accepted just before the group of surgeons from the faubourgs, Vitrac made his career in rue Saint Seurin in the faubourg of the same name.[379] He was one of the few surgeons involved in a dispute with a physician. In 1766 Jean-Baptiste Mathereau* obtained a ruling against him, due to his incorrect treatment of a convalescing patient.[380] The son of a servant of Richelieu was apprenticed to him in 1767 for two years at a cost of 500 livres.[381] His widow continued his practice for a further twelve years after his death.[382]

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[374] ADGC1715; *Almanach*, 1760.
[375] ADGC1709, 28 February 1757.
[376] Jurade, III, 307.
[377] ADGC2792.
[378] ADGC1707.
[379] ADGC1715.
[380] Péry, 62.
[381] ADGC1709, 9 July 1767.
[382] ADGC1709, 22 March 1779-5 June 1782.

Family Trees

Figure V.I Family Tree: Chardevoine- Falquet

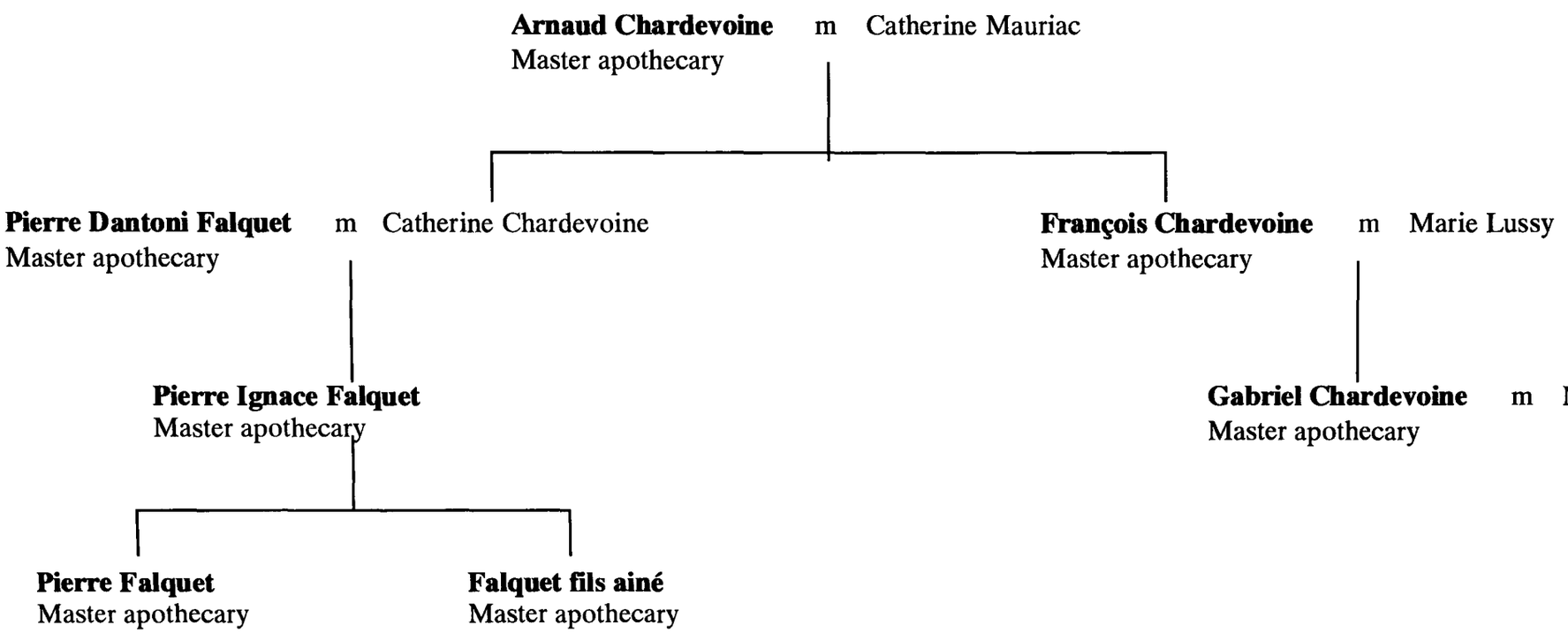
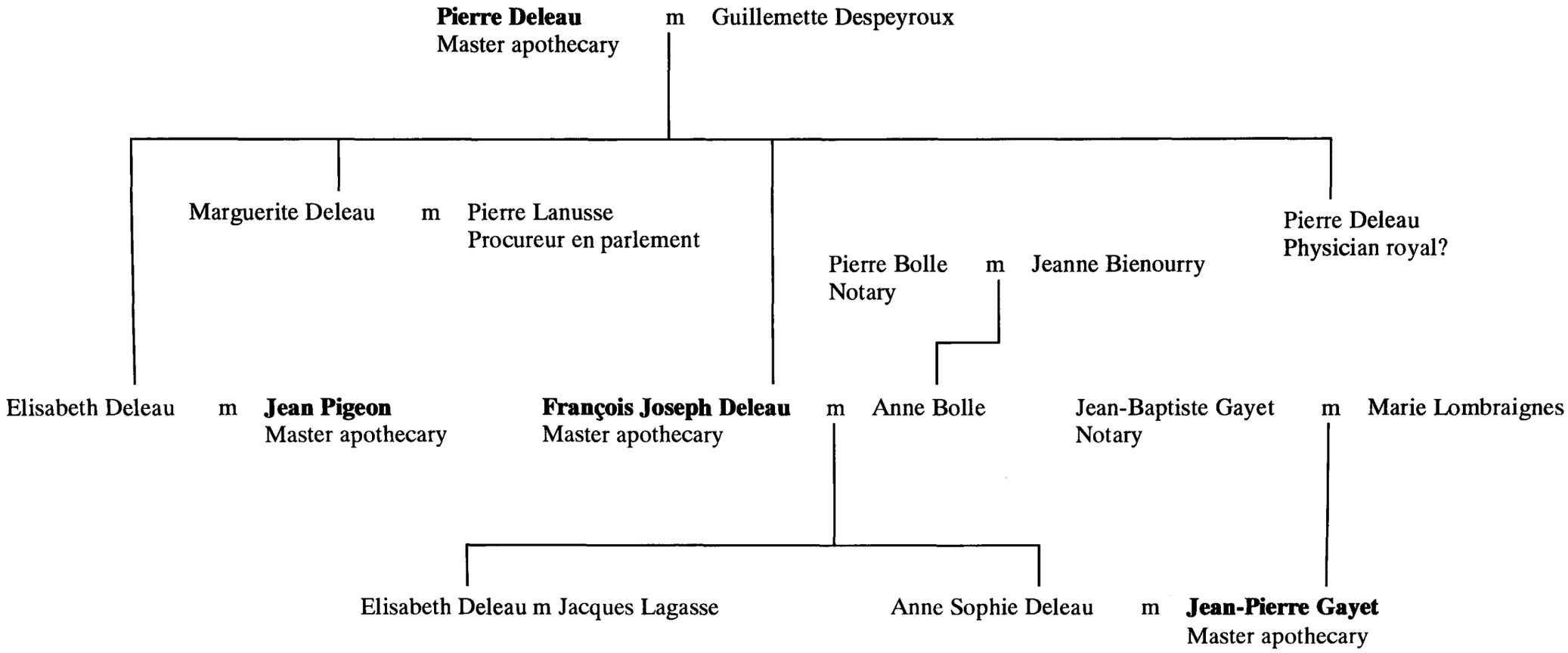


Figure V.II Family Tree: Deleau – Pigeon – Gayet



Biographical Tables

Table V.I Apothecaries, brief biographical data on all members of corps, *c.* 1690-1790

Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
Joseph Pierre Alphonse	1745-1777	Pierre			✓		✓				✓		
Louis Alphonse	1767-1820	Pierre	✓	✓	✓		✓						✓
Aly	1787-1802	Croix											
Aubert	1771-1777	Seurin									✓		
Belin	1690-1723	Eloy			✓		✓						
Gabriel Belin	1698-1741	Eloy/Michel	✓	✓	✓		✓						
Jean Belin	1710-1762	Eloy/Michel	✓	✓	✓		✓						
Gabriel Belin *grandfils*	1741-1790	Michel	✓	✓			✓						
Dominique Cadilhon	1776-1802				✓								✓
Jean-André Cazalet	1784-1825	Eloy							✓	✓		✓	✓
Arnaud Chardevoine	1690-1708	Projet			✓		✓						
François Chardevoine	1730-1752	Projet	✓	✓	✓		✓						
Gabriel Chardevoine	1751-1794	Projet	✓	✓			✓						
Pierre Chaussemer	1690-1706												
Charles Dargent	1692-1730				✓		✓	✓					
Pierre Dargent	1715-1730		✓	✓			✓						
Guillaume-Marie Darles	1784-1798			✓									✓
Pierre Deleau	1715-1754				✓		✓			✓			
François Joseph Deleau	1756-1790		✓	✓			✓						
Leon Delnau	1715-1754						✓			✓			
Mathurin Delort	1745-1777		✓	✓			✓						
Etienne Delort	1762-1787		✓	✓	✓								
Etienne Delort	1793-1850		✓	✓							✓		
Auguste Doubrere	1788-1798												✓
Jean Dubedat	1771-1802	Pierre			✓					✓	✓	✓	
Louis Dubuisson	1727-1773	Colombe			✓		✓						
Pierre Dubuisson	1760-1787	Colombe	✓	✓			✓						
Guillaume Ducourneau	1723-1773				✓		✓			✓			
Pierre Ducourneau	1759-1802		✓	✓	✓					✓			✓
Guillaume Dumaine	1776-1808		✓							✓			✓
Pierre Dantoni Falquet	1715-1726	Remy			✓		✓						
Pierre Ignace Falquet	1741-1788	Remy	✓	✓	✓		✓				✓		
Pierre Falquet *fils*	1775-1788	Remy	✓	✓									
Falquet *fils ainé*	1788-?	Remy	✓	✓									
Guillaume Ferbos	1690-1712	Colombe	✓	✓	✓		✓						
Pierre Ferbos	1693-1730	Colombe	✓	✓	✓		✓						
Guillaume Ferbos *grandfils*	1731-1761	Colombe/Eloy	✓	✓		✓	✓						
Jean-Pierre Gayet	1788-1801										✓		
Antoine Gombault	1690-1695					✓	✓						
Pierre Guignan	1778-1798		✓										✓
Guillaume Guyne	1690-1712	Colombe						✓					
J. Labruë	1690-1698					✓							

Appendix V Biographies

Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
Guillaume Bessas de Lacotte	1741-1787				✓		✓			✓			
Pierre Lafargue	1706-1713						✓						
Jean-Baptiste Lamegie	1778-1812		✓	✓						✓			
Gerard Laudet	1789-1798												✓
Jean Maleville	1723-1765	Michel			✓		✓						
Jean Maleville *fils*	1759-1798	Michel	✓	✓	✓?		✓						✓
François-Martin Maleville	1760-1798	Michel	✓	✓	✓?		✓						✓
Mathieu Oulés	1785-1787												
Jean Pigeon	1735-1777						✓			✓			
Etienne Pouquet	1723-1743					✓	✓			✓			
Pierre Rochet	1690-1724				✓		✓						
Pierre Rochet *fils*	1723-1730			✓		✓							
Jacques Teilhac	1706-1717						✓						
Mathieu Joseph Testas	1786-1798												✓
Anthoine du Verdieu	1690-1699						✓						
Jacques Vidal	1752-1778			✓	✓?						✓		
Jean Vilaris	1694-1736	Eulalie			✓								
Marc-Hilaire Vilaris	1748-1792	Eulalie	✓	✓					✓				✓
Villesuzanne	1788-1790												

Table V.II Physicians, brief biographical data on all members of college, *c.* 1690-1790

Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
François Alary	1768-1803	Pierre					✓	✓	✓	✓		✓	✓
Jean-Baptiste Barbeguière	1755-1799	Pierre					✓	✓		✓		✓	
Isaac Bellet	1722-1729			✓									✓
Guillaume Bernada	1740-1781	Projet/Jacques	✓				✓			✓		✓	
Jean Betbeder	1755-1805	Colombe/Eloy		✓	✓			✓	✓			✓	✓
Timothée Betbeder	1785-1793	Colombe/Eloy	✓	✓									
Antoine Boniol	1754-1789	Mexant	✓							✓		✓	
Pierre Boniol	1720-1757						✓						
Jean Boyrié	1682-1721	Eloy					✓			✓			
Pierre Cambert	1718-1777	Seurin	✓				✓		✓				
Pierre Campaigne	1729-1743						✓						
Joseph Cardoze	1717-1747	Michel					✓		✓				✓
Dominique Castet	1757-1764								✓			✓	✓
Pierre Caze	1729-1782	Projet/Mexant			✓		✓			✓			
Jean-Joseph Caze	1755-1793	Eloy/Remy	✓	✓				✓	✓				
Hyacinthe Comet	1777-1805	Projet					✓		✓				✓
Hermes Comte	1681-1717												
Pierre Desault	1704-1737			✓			✓					✓	
Nicolas Despalets	1773-1788						✓						
Jacques Doazan	1710-1745	Eulalie	✓		✓		✓			✓			✓
Pierre Doazan	1755-1784	Eulalie/Michel	✓	✓			✓			✓		✓	✓
Jean Doreau	1681-1717						✓		✓				
Jean Durocq	1693-?												
Jacques Fitzgibbon	1768-1797	Chartrons					✓			✓			✓
Jean Gaultier	1684-1717												
Jean Gramaignac	1745-1779	Pierre			✓			✓					
Candide Frederic	1781-1815			✓			✓					✓	✓
Antoine de Grassi													
Jean Grégoire	1715-1757	Projet/Christoly	✓		✓			✓	✓				✓
Barthélémy Grégoire	1743-1784	Projet/Christoly	✓	✓							✓		✓
Isaac Griffon	1679-1689						✓		✓				
Joachim Labruë	1686-1741						✓		✓	✓			
Pierre Lafargue	1768-1786	Jacques					✓			✓			
Jean Lafon	1785-1800		✓				✓					✓	
Pierre Laglenne	1749-1764	Michel					✓						
Pierre Etienne Lamontagne	1758-1769	Eloy/Eulalie	✓		✓		✓	✓		✓		✓	
Victor Lamothe	1768-1823	Michel	✓				✓	✓					✓
Langhorne	1782-1786												
Jean Lascous	1680-1719			✓						✓			
Jean Pierre Lassalle	1706-1709						✓					✓	
Jean Lavigne	1754-1765	Pierre						✓					
Jean Lucquin	1695-1749	Pierre											
Massie	1782-1785												
Jean-Baptiste Mathereau	1759-1770	Projet	✓	✓			✓						

Appendix V Biographies

Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
Antoine Modéry	1646-1701				✓		✓		✓				
Marc-Antoine Modéry	1685-1710		✓	✓					✓	✓			
Daniel O'Sullivan	1760-1762							✓					
Pierre Valet de Peyrault	1745-1748												
François Pinsarret	1679-1717												
Jean Pinsarret	1695-1710												
Ponsard	1772-1817											✓	✓
Jean Puyperoux	1740-1754						✓						
Jean Rangeard	1675-1701									✓			
Jean Lartigue Rangeard	1704-1711									✓			
Jacob Rivière	1692-1725						✓						
Jean-Baptiste Rivière	1711-1728						✓						
Louis Seris	1720-1756	Michel							✓	✓			
Paul Victor de Sèze	1785-1820		✓				✓						✓
François Sylva	1678-1728	Eulalie					✓			✓			
Joseph Tartas	1660-1715	Eulalie	✓	✓					✓	✓			

Table V.III Surgeons, brief biographical data on all members of corps, *c.* 1690-1790

Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
Charles-Bernard Alary	1699-1719	Colombe	✓	✓	✓			✓					
Charles Alary	1724-1771	Colombe	✓	✓			✓	✓			✓		
Fort Amourousmeau	1752-1791	Seurin											
Bertrand Arné	1767-												
Pierre Ballay	1732-1760	Colombe				✓	✓	✓		✓			
Pierre Beaudu	1747-1785	Christoly											
Jean-Alexandre Bechaud	1776-1791	Michel								✓			✓
Pierre Belin-Dupon	1752-1789	Christoly			✓								✓
Eymeric Bergues	1656-1692							✓		✓			
Billot	1701-1729	Eulalie			✓		✓						
Pierre Billot	1707-1737	Eulalie		✓			✓	✓		✓			
Raymond Birot	1700-1718							✓		✓			
Bernard Bladineau	1697-1715						✓	✓	✓		✓		
Jacques Boissier	1655-1686							✓	✓				
Pierre Boissier	1688-1735							✓		✓			
Pierre Bonnet	1777-1792				?		✓	✓					
Pierre Bouchet	1767-1785									✓			
Jean Bounal	1752-1777	Chartrons			✓								
Bounal fils	1777-1789	Chartrons	✓	✓			✓						
François Boyer	1752-1775	Eulalie			✓	✓							
Estienne Brethous	1700-1743						✓	✓	✓	✓			
François Briere	1752-1788	Seurin											
Jean-Jacques Capelle	1752-1766	Chartrons				✓							
Carrie	1710-1729				✓								
Louis Carrie	1756-1791	Chartrons	✓	✓	✓				✓	✓			✓
Carrie fils	1783-1812		✓	✓					✓				✓
Dominique Cassaigne	1656-1716							✓		✓			
Castet	1763-1766					✓							
Jean Pierre Cazeaux	1713-1742						✓	✓		✓			
Martial Cazejus	1766-1776	Seurin	✓		✓								
Jean Cazejus	1777-1814	Seurin	✓	✓					✓				✓
Jean-Pierre Cizos	1758-1776	Michel			✓	✓	✓			✓			✓
Jean Claveric	1752-1789	Christoly											
Claude Clerget	1752-1771	Chartrons											
Guillaume Collas	1698-1717					✓	✓	✓		✓			
Antoine Dardenne	?-1702												
Georges Dardenne	1702-1710												
Charles Darjo	1738-1757	Projet											
Jacques David	1744-1777	Michel/Eloy					✓	✓			✓		
Joseph David	1764-1792	Eloy	✓					✓	✓				✓
Arnaud Delort	1716-1740				✓		✓						
Bertrand Delort	1738-1778	Projet		✓	✓			✓		✓			✓
François Delort	1752-1789		✓	✓									
François Delort	1740-1777		✓										
Antoine Dubruel	1752-1792						✓		✓	✓			✓

Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
Antoine Duburg	1769-1803								✓	✓			✓
Jean Dugarry	1720-1750					✓							
Jean Dupont	1777-1789		✓										
Etienne Dupuy	1716-1737				✓	✓							
Jean Dupuy	1740-1777	Mexant/Michel	✓	✓	✓				✓	✓		✓	✓
Jean-Baptiste Dupuy	1777-1789		✓	✓									
Bertrand Dutoya	1732-1766	Eulalie/Eloy					✓			✓			
François Faugeres	1720-1737					✓							
Jean Faure	1688-1715	Colombe			✓		✓			✓			
François Faure	1712-1719		✓	✓	✓		✓						
Bernard Faure	1723-1760	Michel	✓	✓	✓		✓	✓		✓			
Etienne Faure	1752-1755	Michel	✓	✓			✓		✓				
Gabriel Sulpice Faure	1753-1766	Michel											
Jean Felloneau	1741-1783	Eloy					✓	✓	✓			✓	
Antoine Fourcade	1754-1762												
François Gard	1724-1750	Michel					✓	✓		✓			
Jean-Jacques Garrellon	1713-1737	Michel			✓								
Isaac Garrellon	1728-1757	Michel	✓	✓		✓		✓		✓	✓	✓	
Mathurin Gaussen	1667-1714	Eulalie								✓			
Bernard Gaussen	1700-1760	Eulalie					✓						
Jean-Dominique Gemain	1752-1785	Mexant								✓			✓
Raymond-Auguste-Marie Gignac	1777-1792	Eloy								✓			
Jacques Gouteyron	1740-1785	Michel/Eloy	✓		✓			✓		✓			✓
Pierre Gouteyron	1769-1828	Michel/Eloy	✓	✓				✓		✓			✓
François Graulleau	1752-1766	Julien/Croix											
Jean-Robert Grossard	1738-1776	Colombe/Michel			✓	✓	✓	✓					✓
Jean-Charles Grossard	1766-1800	Colombe/Michel	✓	✓					✓		✓		✓
Pierre Guerin	1773-1823	Simeon			✓			✓	✓				✓
Jean Guinlette	1707-1752	Michel					✓	✓		✓	✓		
Gabriel Jullie	1700-1710						✓		✓	✓			
Jean-Joseph-François Lacam	1720-1760	Eloy					✓			✓			
Charles Lacoste	1717-1732		✓	✓						✓			
Jean Lafargue	1747-1789	Michel						✓					✓
Jean Lafitte	1713-1715					✓							
Raymond Lafourcade père	1713-1767	Eulalie			✓			✓		✓			
Raymond Lafourcade fils	1739-1785	Eulalie/Christoly	✓	✓			✓	✓	✓	✓			✓
Pierre Lagarde	1715-1731						✓	✓		✓			
Pierre Lamarque	1713-1737				✓			✓					
Jean Lamarque	1741-1753		✓	✓		✓							
Benoit Lamontaigne	1713-1747					✓				✓			
Jean-Baptiste Lapeyre	1783-1817	Michel	✓		✓			✓	✓	✓			✓
Jacques Laporte	1760-1785	Remy								✓		✓	✓
Jean Laribe	1713-1736	Colombe				✓	✓						
François Larrau	1700-1707					✓	✓						
Larré père	1656-1698				✓								

Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
Larré fils	1698-1737		✓	✓				✓		✓			
Jean Larrieu	1716-1743				✓		✓						
Bernard Larrieu	1723-1760	Michel	✓	✓	✓	✓	✓			✓			
Laurent Larrieu	1752-1789	Michel	✓	✓			✓		✓	✓			✓
Jean Lartigue	1702-1737		✓	✓				✓		✓			
Pierre-Toussaint Lassabe	1777-1794	Michel						✓					
François Lattes	1767-1798												✓
Pierre Lejeune	1738-1766	Pierre					✓						
Bertrand Lougier	1725-1745					✓	✓		✓				
Martin Lucy	1771-1792	André											
Pierre Lugeol	1700-1720	Eulalie		✓			✓			✓			
Jacques Macé	1700-1721							✓		✓			
Pierre Mamousse	1747-1785	Pierre					✓						✓
Jean Manadé	1693-1737	Projet			✓		✓			✓			
Barthélémy Manadé	1720-1753	Projet	✓	✓									
Mandegon	1678-1699									✓			
Guillaume Martin	1769-1785							✓				✓	
Joseph Maserin	1752-1777	Seurin											
Jean Mathereau	1720-1761	Projet			✓	✓		✓	✓				
Joseph-Giron Mathereau	1747-1777	Projet	✓	✓							✓		
Michel Mercier	1720-1736					✓		✓					
Jean Meric	1738-1766	Eloy				✓							
Jean-François Mestivier	1733-1755	Projet			✓	✓	✓						
Pierre-François Mestivier	1766-1799	Projet	✓	✓									✓
Bertrand Montus	1778-1792	Pierre										✓	
Jean-Baptiste Moulinié	1785-1819		✓					✓	✓				
Jean Pascaud	1756-1782	Eloy				✓				✓		✓	
Elie Perrochon	1713-1760	Simeon						✓					
Joseph Pinganau	1711-1748		✓	✓			✓	✓					
Pierre Plasse	1700-1743						✓	✓		✓			
François Bernard Planet	1785-1799												✓
Raymond Prades	1747-1750	Eloy											
Pierre Pujol	1698-1720									✓			
Raynal	1780-1799	Remy	✓										✓
Jean Rivière	1775-1800							✓					
Rosiner	1700-1707												
François Roudés	1745-1767	Remy				✓	✓	✓		✓			
François-André Roux	1767-1791										✓		
Benoit Sainjeannet	1729-1737	Chartrons			✓	✓				✓			
Jean-Joseph Sainjeannet	1741-1777	Chartrons	✓	✓									
Jean-Baptiste Saintourens	1760-1792	Michel					✓	✓		✓			
Jean Seguy	1789-1802							✓					✓
Jean Taillefer	1759-1789	Chartrons	✓										
Raymond Tastet	1767-1776					✓							
Philippe Thibaut	1767-1776	Projet				✓		✓				✓	
Mathurin Thural	1729-1736												
Jean-Pierre Toussaint	1777-1789												
Touton	1777-1792												

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Name	Practice dates	Parish of practice	Born Bordeaux	Medical family				Posts					
				Father	Son	Widow	Officer	Hospital	Teaching	Other	Market	Publicity	Academy
Joseph Treyeran	1781-1807				✓			✓					✓
Jean Tursan	1739-1750	Pierre			✓								
Pierre Tursan	1752-1759	Pierre		✓		✓							
Guillaume Vigneau	1752-1789	Projet							✓	✓			
Blaise Villemur	1778-1789												
Louis Vitrac	1752-1778	Seurin	✓			✓							

Bibliography

Manuscript sources

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Series C

C1696 *Registre de collège de médecins 1623- 1763*

C1697 *Registre de collège de médecins 1764-1791*

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C 1707 *Régistre courant servant aux délibérations des maître en chirurgie de la ville de Bordeaux. Commence le trése mars 1786 finit le 6 juin 1791*

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C 1711 *Livre des déliberations des maîtres chirurgiens jurés de Bordeaux commencé le 16 may 1729 et fini de dix aout 1750*

C 1712 *Livres des déliberations de messieurs les chirurgiens jurés de Bordeaux, commence le cinquieme janvier 1701 et finer de remplir le 29 mars 1729*

C1713 *Progrés professional de chirurgie 1723-1783*

C1715 *École de Saint Côme, etc.*

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C 1717 *2nd livre des déliberations des apothicaires jurés de Bordeaux, 1745-1773*

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Series 3E – *Notaires Royales*

Name	Dates practised	Acts consulted	Répertoire
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Baron	1767-1783	15018-15047	
Brignet	1744-1777	17834-17850	
Grégoire, Raymond	1701-1730	6779-6789	6819
Guy, Jacques	1738-1780	13224-13225	13265
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6 E 71 *Médecins et officiers de santé 1577-1791*

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BB 214 *Liste des bourgeois de Bordeaux*

DD 62c *Jardin botanique 1632-1782*

GG 1201 *Médecins et médecine 1565-1788*

GG1202 *Apothicaires*

GG1203 *Remèdes et drogues*

GG 1204 *Sage femmes cours d'accouchements*

GG 995 *Laboratoire de chimie hydraulique*

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