From Piety to Professionalism: Women Teaching Women to Become Lay Nurses Serving *le bien public* at Beaune’s *Hôtel-Dieu*, 1600-1750

*Kevin C. Robbins*, Indiana University-Purdue University, Indianapolis

The complex, contentious history of the *Hôtel-Dieu* in Beaune demands superlatives. This private charity hospital for the sick poor, founded in 1443 by Nicolas Rolin, Chancellor of Burgundy, spawned the largest health care network in early modern Europe. By 1750, this system comprised fifty-five civic and charity hospitals operating all over eastern and southeastern France and western Switzerland. Vital to the operations of this immense medical-charitable edifice was a remarkable sorority of female lay nurses. First instituted in Beaune, these nurses then immigrated outward to found or take over fifty-four other medical care facilities. By modern times, the venerated alumnae of this hospital network numbered over 500 in Beaune and counted more than a thousand well-trained lay nurses overall, including staff at all satellite hospitals. All of these venerated care facilities functioned according to Rolin’s rule and ran with lay female nursing staffs well into the early twentieth century.¹

The lay nurses of Beaune and its many affiliated hospitals showed remarkable allegiance for centuries to the peculiar rule (*le regle* or *le saint regle*, as they called it) by which Rolin intended his hospital and its nurses to be governed. At great initial cost, Rolin obtained multiple privileges from the pope perpetually exempting the *Hôtel-Dieu* from the jurisdiction of archbishops and bishops.² Rolin then lavished attention on organizing the internal staff and

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¹ A note on sources: Currently (September 2012) the entire private archive of the nursing sisters in Beaune is being transferred from the *Hôtel-Dieu* to the *Archives Municipales* in Beaune (hereafter AMB). Municipal staff are in the process of assigning new catalogue numbers to all incoming documents generated by the nurses. That process is still incomplete. All references here to these materials designate the new depot followed by the original reference numbers and letters the nurses applied to their own documents. Concordances now in preparation by municipal archivists in Beaune will allow easy cross-references between old and new document numbers.

² The rule of the house exists in multiple manuscript copies within the Archives of the *Hôtel-Dieu* in Beaune (hereafter AHDB), see for example “Acte de foundation” or “Titre
operations of his hospital. In 1459, Rolin personally dictated the detailed new operating statutes of the mother-house hospital in Beaune.° Rolin stipulated that his organization be overseen by a board of directors drawn from the town council of Beaune. The mayor became chief executive and a treasurer was selected from among wealthy city merchants. Rolin entrusted medical care and pharmacy development to a body of laywomen nurses. Rolin specifically prohibited these nurses from ever taking holy orders or becoming nuns. Professed nuns in Catholic orders could not serve in his hospital.° Female recruits to the lay nursing staff could range in age from eighteen to thirty, had to be unmarried, could not be parenting children, and had to prove a reputable life and good Catholic values. Successful aspirants to the nursing sorority in Beaune made temporary vows of poverty, chastity, and obedience to their headmistress and to the hospital’s male directors. Rolin established a daily round of masses and common Catholic prayers for staff and patients that all nurses must attend. Rolin intended for his hospital to become an exemplar of physical and spiritual care for the most afflicted. While working at the hospital, all staff had to avow self-abnegation and devotion to compassionate care for the sick poor.

Lay nurses in Beaune’s hospital retained full rights to hold and dispose of their external property. They owed no fees or dowry to the institution. They could leave the institution at will after giving notice and returning institutional property. Rolin and his heirs accorded these women the right to elect their headmistress and her second-in-command by secret ballot. Once elected, the headmistress was to serve for life. Rolin assured the headmistress a deliberative voice on the executive council of the hospital. She and her deputies were singularly responsible for the recruitment, admission, evaluation, and dismissal (if necessary) not only of all nursing candidates, but also of all patients seeking admission to the hospital. Rolin and his descendants stipulated that no lepers, plague victims or pregnant women of any social rank should ever be admitted to

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°° Rolin and his successors regularly referred to the nurses as “sisters” (*soeurs*). This title has led to many confusions over centuries. Allies and adversaries of the *Hôtel-Dieu* in Beaune often believed that the lay nurses were actually nuns. This is false and was never intended by the hospital’s founder or agents. Beaune’s lay nurses only incorporated themselves as members of the Catholic nursing order of Saint Marthe in 1939. That belated embrace of Catholic Church affiliation has further complicated the history of the *Hôtel-Dieu* and its satellite hospitals since many modern commentators mistakenly impute religious affiliation to the lay nurses in all prior centuries of their hospital work. This, too, is mistaken and false. Beaune’s nurses were laywomen for nearly the entire operational history of the main hospital and its many affiliated care facilities.
their hospital. The first prohibition stemmed from a fear of virulent communicable diseases decimating the nursing staff. The second discrimination, against pregnant women, is curious and uncommon. Although potentially attributable to the prudery of male hospital directors who might wish to separate celibate nurses from sexually active women, a more compelling reason for exclusion would be administrators' concerns over expending institutional resources and spiritual capital on parturient women who were not poor. Regardless of the root cause, official refusal to admit pregnant women to Beaune's hospital broke a long-standing, pan-European connection between women's medical service and their exclusive care for female patients with gynecological and pediatric complaints. At Beaune, female nurses gained empowerment to admit and to treat both men and women, so long as patients of either sex were impoverished. Lay female nurses trained and working in Beaune and its satellite hospitals tenaciously defended their expanded authority to deal professionally with both men and women.

This was Rolin's hallowed rule to which all operatives of the hospital had to swear complete allegiance and defense. In return, from hospital resources, competent staff nurses received free lodging, all meals, a nominal annual salary, and team clothing suitable to their vocation. Recruits to this nursing sorority came principally from notable local families anchored in the middle to upper-middle ranks of society. Biological sisters as well as female cousins occasionally joined the nursing staff together. Proving the expansive reputation of Beaune's hospital and its offshoots, some postulants to the cadre of local nurses came from cities and towns scattered across the Burgundian Netherlands, Flanders, and eastern France. The fathers and kinsmen of local nursing recruits included skilled artisans, wine merchants, notaries, lawyers, and civic and parliamentary

5 Operating statutes for Hôtels-Dieu in other parts of France do not commonly prohibit the admission of pregnant women. See, for example, the manuscript statutes, circa 1491, of the Hôtel-Dieu in Valenciennes, an early institutional model for Rolin in his own hospital foundation, in “Ordonnance et regle des poures filles...en l'hospital et maison dieu de Valenciennes,” paragraph iii, folio 2, 4 bis D, Hospitalières, AMB.
6 See Anne Leflaive, L'Hôtel-Dieu de Beaune et les Hospitalières, (Paris: Grasset Editeur, 1959), 83-5. Leflaive, wrongly I believe, attributes the prohibition on admitting pregnant women at Beaune's hospital to directors' over-valuation of virginity as the most suitable state for nursing staff. But working nurses previously married and previously mothers were admitted to service in Beaune's hospital. Nicolas Rolin repeatedly insisted that his charities serve the poor above all others.

office holders. Investiture ceremonies for new nurses became public holidays at Beaune and elsewhere, accompanied by special processions and rites. A woman’s dutiful service to any hospital in this network clearly redounded to her own repute for active piety and brought honor to her extended family.

Determined assertion of this rule by hospital staff in Beaune soon led to the institution’s growing renown. The *Hôtel-Dieu* in Beaune and its female ward servants gained accolades as epitomes of kind, patient, Christian charity. Fueling this repute were their compassion toward the sick poor of both sexes and rescue of even the sickest patients via effective ward care and prescriptions from their own pharmacy. Internally, the nurses often spoke of their sincere devotion to the welfare of their most humble sick. Nurses at Beaune prided themselves on sustaining, via their individual and collective service, what they commonly called and frequently announced as the “*honnêteté publique*” of “their house” – what may be termed the hospital’s popular repute for the honesty, integrity, propriety, civility, and decorum of its operations. The nurses’ rhetoric here can be interpreted both offensively and defensively. They were un-cloistered women working outside their family homes, in constant, supervisory contact with the diseased poor of both sexes, and frequently navigating city streets on service errands. Thus the nurses cloaked themselves in a mantle of domesticity (“our house”) to fend off any imputations of ill-discipline or immorality to their conduct. They positioned themselves and their caring service as integral to maintaining public trust and support of the hospital for its communal good works. Here, the female nursing staff claimed wide allies while intimidating potential adversaries (like senior male administrators and jealous local churchmen) with the fear that any effort to restrict or minimize nurses’ work would outrage the public and harm the entire hospital operation via diminished charitable support.

Nurses trained and working in Beaune’s hospital took principal responsibility for the salubrity and efficiency of the institution. The highly conscientious, healing work of Beaune’s nurses and their singular aptitude for resourceful economy drew the attention of city fathers elsewhere anxious to reform or establish hospitals in adjacent towns under French, Spanish-Imperial, and Swiss government. In 1632, the town council of Chalon-sur-Saône requested immediate dispatch of a delegation of nurses from Beaune to take over the moribund local hospital of St. Laurent. Ultimately, two nurses and three probationary staff (novices) from Beaune volunteered for service in Chalon on

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8 See for examples the recruitment lists and correspondence files now in “Nomenclature des soeurs de 1452 à 1974,” Hospitalières, AMB.
the prime condition that they could bring Nicolas Rolin’s complete rule with them and conduct patient care in their new hospital exclusively on that model.10 Leading town governors in Chalon readily agreed and made common cause with the nurses in joint legal battles against meddlesome local churchmen.11 In 1647, it was the turn of the mayor of Grenoble and the First President of its Parlement to ask the hospital in Beaune for a similar draft of the famous nurses. Four nurses, loyal to Rolin’s rule, set out for Dauphiné. In 1663, nurses from Beaune, at the direct invitation of the city council of Dôle (then under nominal Imperial rule in Spanish Franche-Comté), colonized and took over the war-torn hospital there. Nurses from this delegation, including two sisters from the same family, entirely revamped Dôle’s old hospital, greatly improved local recruitment of new lay nurses, and fanned out to take over or found many new hospitals in the region.12

This extraordinary expansion of hospital operations on the Beaune model occurred for several reasons. The nurses’ hard work and well-earned fame brought them widespread attention and public admiration. The nurses’ repute for a rare, disciplined esprit de corps gave new civic employers added incentives to recruit them. The nursing sorority at Beaune nurtured that solidarity and fame via the patronage of wealthy and widely influential female members of the Rolin clan. Both Nicolas Rolin’s widow and his youngest daughter became supreme patrons of the hospital and nurses at Beaune. The nurses from Beaune, all highly literate, maintained constant communications with home base via exchanges of letters and books. The nurses also insisted that written contracts be drawn up with all new civic overlords, stipulating precisely the services they would render, the local resources to be devoted to hospital use, and the nurses’ freedoms of operation according to their cherished rule.

However, any history of the nurses’ remarkable progress must acknowledge the deep tensions within Rolin’s hospital design and the confrontations its assertion by revered lay women provoked. The Hôtel-Dieu in Beaune was dedicated as much to God as to medicine. It was initially intended as an agency of spiritual welfare as much as – or even more than – an institution of physical betterment. All of the hospitals’ female staff labored under the

10 Minutes of the Executive Council, 13-14 November 1632, II E 7, AHDB. See also Henri Batault, Notice Historique sur les hopitaux de Chalon-sur Saone avant 1789 (Chalon: L. Marceau, 1884), 126-7. Batault’s analyses are based on his careful reading of the original archives of the Hospital of St. Laurent, Series A-D, now conserved in the Archives Municipales of Chalon-sur-Saône (hereafter AMCSS).


12 Boudrot, Hôtel-Dieu de Beaune, 198-205.
supervision of male directors and governing councils, internal and civic. The lay nurses’ evident charitable, administrative, and medical prowess no doubt engendered myriad jealousies, even animosities among rival bodies of men and women, religious and secular. Potential adversaries included: guild apothecaries, physicians, regular and secular priesthhoods, professed nuns, and the great bishops of France. Senior Catholic clerics throughout Burgundy and south-eastern France were stymied from meddling in the affairs of these hospitals by Rolin’s rule, by inviolable papal bulls denying episcopal jurisdiction over his Hôtel-Dieu, and by the royal favors repeatedly granted to the hospitals’ chief carative actors: humble, highly principled women. Comprehensive study of surviving records for all life and testamentary gifts made to the hospital in Beaune indicates that local Catholic churchmen not only vied for burial spots within the sanctified precincts of the hospital, but also predicated their gift-giving on the establishment of new, perpetual funeral and commemorative masses, rites, and processions in and around the hospital. These wily donors compelled the nurses’ active participation in these ceremonies.

In Beaune, the power politics of this ecclesiastical philanthropy can be read as a persistent clerical attempt at infiltrating the women’s hospital and accentuating the institution’s religiosity under priestly direction. This more pious orientation would come at the expense of its medicinal operations confided exclusively to women’s supervision. What were the consequences of this proliferating conflict of interests? How did lay nurses respond to and manage the inherent tensions within their mother-house hospital? By what means did they speak up for themselves and assert their own ethical identity as the most experienced caregivers of the hospital responsible for maintaining the institution’s reputable public service?

One way to answer such questions is to examine the private library lay nurses in Beaune built up for their own use and to indoctrinate and train new recruits. No such study has ever been made before either at Beaune or in the nurses’ many private libraries accumulated at their satellite hospitals.\(^{13}\) The following analysis results from reconnaissance of these texts at Beaune. It is a first measure of the values articulated and the education conveyed through handmade books by and for French women nurses.

Beaune’s nurses cherished the history of their hospital and kindred institutions. They clearly wished to maintain their own record of Nicolas Rolin’s first foundation and early rules of operation for the hospital. They possessed a

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\(^{13}\) This lacuna is confirmed by the great rarity of studies devoted to the content and dynamics of libraries in institutions built up and controlled by women, such as nunneries. On this theme, see Monica Green, “The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy,” in *Women’s Healthcare in the Medieval West* (Burlington, VT: Ashgate Velorium, 2000), 8-9 and footnotes 15-16.
well-thumbed copy of the first printed edition of the *Fondation et regles du tres celebre Hospital de la ville de Beaune*, produced at Autun in 1636.\(^{14}\) This acquisition also had serious, strategic political importance since this text had been first prepared for Comte Louis de Pernes, heir of Rolin and current patron of the *Hôtel-Dieu*. De Pernes was an imperious man who first sought to move his family into the noble apartments of the hospital. Later he schemed to alter the traditional election procedures of the headmistress and to appoint his own candidates to that post. Beaune’s nurses repeatedly sued de Pernes and his son, successfully thwarting their meddlesome plans.\(^{15}\)

More impressive by far in the nurses’ library are two separate texts that describe the official duties of all hospital staff members and the ceremonial rules governing admission of new nurses to the institution. Both manuscripts conclude with a month-by-month and day-by-day listing of all the church rites, masses for donors’ souls, donor name-day services, and processions that the nurses are now obligated to perform in perpetual recompense for gifts received.\(^{16}\) Although composition by a female nurse’s hand cannot be proven here, both of these once well-bound, even elegant manuscripts were clearly treasured possessions in the nurses’ library. They saw heavy use. The nurses were clearly struggling to record, to manage, and to cope with the demands lay and ecclesiastical benefactors (mostly men) made for continual acknowledgment of prior gifts.

More importantly, both manuscripts contain expanded descriptions of the precise duties, prerogatives, and salaries of key hospital staff members, especially the offices of father confessor and assistant chaplains. The duties and the powers of the nurses’ headmistress are also enumerated here far more extensively in size and sharp advice than all earlier descriptions of the post.\(^{17}\) These documents reiterate that the headmistress will fully exercise: “government over the sisters serving the poor and authority over them to instruct them in good morals and to maintain them together in good affection and charitable devotion, exhorting them to carefully serve the sick.”\(^{18}\) The headmistress alone has the power to delegate nurses for the surveillance and government (*gouvernement*) of sick patients.

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\(^{14}\) D1, *Hospitalières*, AMB.

\(^{15}\) See Robbins, “Patrimony, Trust, and Trusteeship.”

\(^{16}\) “*Ordo Servandus in Receptione Puellarumque Conversari Cupiunt in Hospitali Belnensis,*” E1 and E4, *Hospitalières*, AMB. E1 can be dated to the period 1600-1602 and E4 to the period 1620-1625.

\(^{17}\) E1, folios 24-25, and E4, folio 12, *Hospitalières*, AMB.

\(^{18}\) “*La maîtresse… ayant le government sur les soeurs servants des pauvres et autorite sur i celles les doit instruire de bonnes moeurs et de tout son pouvoir les entretenir ensemble en bon amour et charitable dilection, les exhortant de soigneusement server aux malades,*” folio 24, E1, *Hospitalières*, AMB.
Composed throughout in the third person singular, future tense, as a series of verbal confirmations of the head nurse’s exclusive administrative and curative powers, these lines remind herself of all that she is to do and to guard. She will see to the proper nourishment and repose of her subordinate nurses. She will steel herself against all flatterers, liars, and tattletales (all masculine nouns), spurning them as enemies of vital concord and staff unity through which the hospital operates most effectively.\textsuperscript{19} She will easily excuse, for the love of God, all insults made to her person “but not to her authority.”\textsuperscript{20} She will also maintain a master account book (\textit{livre de contrôle}) in which are noted the personal effects of all admitted patients. These goods will be scrupulously returned to the patient when cured. For patients who may die, the headmistress will make certain that the defunct’s property goes immediately to the right heirs or as a donation to the hospital if so intended. Here, the text becomes quite explicit, asserting that the headmistress and her nurses have a complete, superintending power over and responsibility for conserving the material goods and personal effects of every patient.

In the same manuscript, the hospital’s two official chaplains are specifically prohibited from taking any patient property, from retaining any such property, and from extorting (\textit{extorquer}) anything from patients or heirs for return of that property. The priests are to convey every patient’s personal estate directly into the hands of the headmistress or nurses “so that it may be loyally returned upon convalescence or, at death, carefully disbursed according to their exact instructions and last will.”\textsuperscript{21} I find these direct insinuations of potential priestly avarice and vile malfeasance against the sick poor extraordinary. Even more noteworthy is the clear assertion of lay, female nurses’ superior capacity for honest care and trusteeship of patients and their worldly goods. Lines like these reinforce my conviction that probably both of these manuscripts were written by a lay nurse herself. She was an author deeply wary of interloping, dishonest male clerics. She was determined to alert her sisters to necessary police of the local clergy within the confines of the wards. Only through vigilant preservation of an integral female supervision of patient care over the entire course of hospitalization could the “decency and public honor” (\textit{bien et honneur public}) of

\textsuperscript{19} “\textit{Se gardera d’applaudir aux flatteurs et rapporteurs ains[i] les tancera et fuire comme perturbateurs de paix et concorde},” Hospitalières, folio 24, E1, Hospitalières, AMB.
\textsuperscript{20} “\textit{Remettra facilement pour l’amour de Dieu les injures faites a sa personne (et non a son autorité)…},” Hospitalières, folio 24, E1, Hospitalières, AMB.
\textsuperscript{21} “\textit{…se garderont lesdits chaplains de les recevoir en garde, d’en retenir a soi ou extorquer aucune chose. Mais sera le tout reservé par et entre les mains des soeurs afin de fidelement leur restituer venant a convalescence. Sinon, vent a mourir, sera soigneusement accompli selon leur ordonnance et dernier volonté},” folio 20, E1, Hospitalières, AMB.
their hospital be maintained. Sustaining by their own actions that honor or good public repute of the hospital was a constant concern of the lay nurses at Beaune and elsewhere. Their creation of multiple, hand-made instruction books attests to that fact. These books also measure the nurses’ determination to assure that their chief responsibilities for patients’ physical and material welfare were properly acknowledged and never undermined by local churchmen jealous of the hospital’s many riches.

Beaune’s nurses also maintained collegial and textual control over recruitment and training of all novices applying to join their ranks. Official engagement of any new applicant on a trial basis required prior approval by the hospital’s male director and consultation with the nurses’ spiritual advisor. However, during that year-long probationary period, only lay nurses supervised and evaluated the aptitude of all applicants. Moreover, eventual admission of an advanced nursing trainee to live-in status at the hospital and her final graduation to the full-time, in-house staff could only come through a vote in her favor by all senior nurses. Here, the nursing sorority at Beaune and elsewhere operated like a guild: taking in apprentices, stipulating their proper course of instruction, testing them for admittance, and then voting on final promotion to the revered rank of full-time staff nurse.

This system of formation, entirely organized and enforced by laywomen, is remarkable and rare. It has been forcefully argued that early modern female medical practitioners, like midwives, constantly lost any claims of expertise and authority to university-educated, professionalizing, male physicians precisely because midwives never “attempted to organize or control themselves by means of guilds or other formal associations.” Medieval, female healthcare providers suffered like their sisters because “women rarely benefited from formal training in the work place, thus… segregating them into low- or unskilled jobs.” At Beaune and in its fifty-four affiliated hospitals, this is certainly not the case. Lay female nurses, adhering to Rolin’s rule, built up, maintained, and exported an elaborate system of work place training. They produced a cadre of experienced nurses whose public repute stemmed directly from their identification with a recognized and prestigious association of their talented peers. Clearly, Beaune’s nurses did not aspire to pursue university education or to become licensed

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22 See E1, folio 24, Hospitalières, AMB.
23 On the recruitment and training procedures for new nurses at Beaune, see the manuscript on the history of these practices authored by sister Jardeau for the ongoing instruction of new apprentices: “Reception des Converses ou Novices” in “Histoire du Noviciat, 1443-1880” (1890), 13, AMB.
physicians. That branch of professionalizing medical service remained closed to them. However, within their own hospitals, they worked diligently to raise the standards of vocational training for nurses and built up their own instructive libraries to do so. Over decades and at multiple sites, this joint labor undoubtedly contributed to broader public recognition of skilled nursing as a craft and not just as a religious mission or calling.

Another undated but early modern manuscript in the nurses’ library at Beaune, composed in a clear, seventeenth-century hand and probably written by an experienced nurse, stipulates the proper regimen of spiritual and practical exercises for all new aspirants to the sorority.\textsuperscript{26} Applicants are exhorted to make every effort to become worthy of admission to the post of nurse, “un état si sain, si honorable,” a rank “so sound, so healthy, and so respectable” because nurses unstintingly aid the poor.\textsuperscript{27} (Note how the author here emphasizes the salubrious and prestigious nature of nursing work, not its inherent or ennobling religiosity.) Although continually reminded that they ultimately serve Jesus Christ, who perpetually incorporates Himself in the bodies of the poor, postulants are told especially (\textit{punctuellement}) to focus their attention and obedience on senior nurses and all that they teach on proper ward care.\textsuperscript{28} Throughout these documents, punctuality (not piety) emerges as the nurses’ special claim to fame. At a fixed hour every afternoon, all applicants are to gather together in the headmistress’s chamber. There they must listen attentively to the lessons she dispenses on best practices in care of the sick poor.\textsuperscript{29} Throughout this manuscript, no similar provisions are made for any such close instruction to the trainees on any other subject by either the father confessor or the chaplains of the hospital. Women teaching women the good offices of kindly, competent, and timely medical care for the sick poor becomes the main instructive message. This focus anticipates and, in part, explains why, in the latter eighteenth century, the title of “Institutrice” was conferred at Beaune on the nurse responsible for training all new applicants.\textsuperscript{30} Education for effective ward care of the sick poor, not simply the exercise of a pious devotion, takes pride of place in the nurses’ own rule books and in their documented working lives.

\textsuperscript{26} “Relement de vie pour les demoiselles postulantes au grand hopital de Beaune,” E1, Hospitalières, AMB.
\textsuperscript{27} E1, folio 1, Hospitalières, AMB.
\textsuperscript{28} E1, folio 4, Hospitalières AMB.
\textsuperscript{29} E1, folios 7-8, Hospitalières, AMB.
\textsuperscript{30} “Chapitre premier, De l’Institutrice,” in “Reglement de l’institution et noviciat etabli en 1788 au grand hôtel diieu de Beaune,” E1, folio 1, Hospitalières, AMB. Codification of this teaching office for women was deemed essential “at this hospice of charity so devoted to the relief of suffering humanity.”
A more poignant artifact from the nurses’ library is a hand-written book of instruction that once belonged, circa 1671, to the nurse Estiennette Briois. Briois was a stalwart of the Beaune nursing community and expanded its instruction by volunteering for service in Grenoble’s hospital colonized by Rolin’s nurses in 1647. That her own book or a good copy found its way back to Beaune attests to the close, inspirational written communication common among these highly literate nurses. This text also reiterates the nurses’ strong devotion to self-instruction and formation according to the learned service norms of their own mutually supportive community. Here, the wide geographic dispersion of Beaune’s nurses put a premium on written communication between them. This spatial displacement compelled nurses trained under Rolin’s rule to rely more and more on textual rather than oral transmission of their expertise. This innovation permitted entrepreneurial nurses in the hospital network radiating from Beaune to challenge and to overcome limitations on women’s expertise in healthcare imposed by predominantly oral modes for the transmission of knowledge between midwives and illiterate empirics.

Briois often adopts the first person singular in her teaching text for nurses, imploiring her readers’ attention and directing their consciences to the deeper ethical well-springs of their vocation. Briois’s text is an encomium on the lessons of Jesus heavily emphasizing the self-abnegation and self-control requisite for a nurse’s true charitable service to the sick poor. Briois hybridized her own book of hours. She produced a text that simultaneously endorses heartfelt prayer and emulation of Jesus while advancing the nurses’ ethos of public service via prompt assistance to the sick poor. Briois enumerates a nurse’s best employment of her time in every part of the day. According to Briois, the truly helpful nurse, to recognize and act upon her own just, kindly duties, must first descend before God, tumbling down to that lowly point “where He descended taking the place of a sinful, abject creature amounting to nothing.” For any nurse, this is the crucial first step necessary toward that total destruction of self-love without which honest healing service to the sick poor is impossible. Vital here is the nurse’s individual identification with the suffering Christ. This is best expressed through her

31 “Recueil des plus Importantes pratique de la vie chrétienne, dressé pour quelques ames consacrés au service de dieu et des pauvres et qui peut estre utiles a toute sorte de personne,” Dossier H8, Hospitalières, AMB. The flyleaf of this little duodecimo book reads: “J’appartien a Soeur Estiennette Brioy 1671.” The text is lettered in a neat, uniform, and apparently feminine hand throughout. This text lacks pagination.

32 On the limitations orality imposed on the prestige and authority of women as medical practitioners, see Green, “The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy,” in Women’s Healthcare, 7-9.

33 “…il faudroit descendre devant dieu, jusques ou il est descendu en prenant la place d’une creature de neant et du homme du peché,” “Recueil de plus Importantes pratiques,” Dossier H8, Hospitalières, AMB.
punctual, careful, and charitable attendance to all of her duties in the wards at all the right times. Success in this professional endeavor requires nurses to give swift, obedient compliance to all instructions issued by senior colleagues. As Estiennette reiterates, such conscientious ward actions must be preferred by nurses over “all other devotions and all other practices.”\(^{34}\) Writing as if speaking directly to a fellow nurse, Estiennette tells her always to interrogate her own conduct to see “if you have ever neglected or despicably exercised charity towards the poor; if you have ever badly managed their property (leurs biens) or ever allowed its misuse by others.”\(^{35}\) Only by internal formation of such clear consciences can nurses’ vocation be advanced and the hospital’s public repute better managed and secured. That requires the nurses’ unstinting labor for patients’ welfare and regular consultation of their custom-made instructional library.

Even as profiled briefly here, the nurses’ library at Beaune shows their success in building an oral and manuscript curriculum for increasingly professional, lay nursing and pharmaceutical care. At Beaune, female nurses specially deputized and training one another for the task long controlled the in-house pharmacy. One impressive by-product of that formation is the nurses’ meticulously compiled and annotated manuscript herbal still sprouting its pressed plant specimens from every page.\(^{36}\) This aptitude for do-it-yourself empiricism among lay nurses schooled at Beaune and in its satellite hospitals testifies to the innovations and limitations of their sorority. To my knowledge, no lay nurse trained at Beaune ever graduated to university study of medicine and became a doctor. None, of course, could aspire to become licensed physicians since that job track quickly got monopolized by men alone eligible for collegiate training in pre-modern France. But for early modern working women among the nursing staff, few ever wished to leave their nursing positions of uncommon female authority and recognized, perpetually upgraded and documented expertise. From the latter medieval period onward, lifetimes of service in the wards were common for many lay nurses drawn to serve in Beaune and its affiliated hospitals.

More tellingly, to my knowledge, no late medieval or early modern author contributing her works to the nurses’ libraries at Beaune or elsewhere ever

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\(^{34}\) “Je desire que vous preferiez un act d’obeissance, et un acte de charité a toutes austres devotions, et à toutes autres pratiques. C’est pourquoi le reste de la journée sera Employé selon l’exigé[n]ce de nostre regle et du service des pauvres, nous rendant punctuelle aux heures de la Communauté, au devoirs de nostre office et au besoingt des malades,” “Recueil,” Dossier H8, Hospitalières, AMB.

\(^{35}\) “Si vous avés neligé, ou exercé laschemé[n]t la Charité envers les pauvres, si vous avés mal ménage leurs Biens ou souffert qu’ils fussent mal ménagés,” “Recueil,” Dossier H8, Hospitalières, AMB.

\(^{36}\) Now on permanent display in the museum of the Hôtel-Dieu in Beaune.
attempted or succeeded in shepherding her neatly written manuscripts into circulation as printed, published books. The misogyny of many European bookmen notwithstanding, the local status of nurses, individually and collectively, long remained insufficient to warrant publication of their manuscripts as books for broader public consumption and influence. However, degrees and publications alone should not be taken as definitive measures of women's exclusion from or participation within a growing professionalization of early modern European medicine and the delivery of healthcare. Within their wards, within their hospital classrooms, and within the manuscript libraries they so adroitly compiled, lay nurses taught themselves a literature of experientially grounded, effective patient care and healing. Under their guidance, nursing here progressively detached itself from its ancestry as the proper duty of religious women. Here, nursing became the disciplined and self-governing prerogative of laywomen, too. Public recognition and endorsement of the lay nurses' superior expertise in good hospital and patient management came copiously as town councilmen in multiple French and Swiss municipalities actively sought to recruit Beaune's well-trained nurses for their own civic hospitals.

Over decades, the nurses at Beaune and elsewhere, via their own books, trained themselves to concentrate their work and their skillful identities on exacting, medicinal ward care and protection of society's neediest members. They elected that service to men and women as the most important of all their devotions. These nurses labored constantly to guard and to project the good honor and public repute of their hospitals. They increasingly identified institutional integrity with their own rigorous training, efficient physical healing of the sick poor, and effective conservation of their patients' material welfare. In a tutelage dependent upon multiple literacies and combining self-sacrifice, modest self-assertion, and self-respect earned through comprehensive and compassionate managerial talent, the nurses never denied the earlier religious inspirations of their vocation. However, in scrupulous, sisterly, written communication and active defense of their lay vocation, they resolutely marked out and policed the domain of their own emerging professional expertise. They asserted that their compassionate, healing practice assured the hospitals' own welfare by guaranteeing ever greater public respect and public support for their honorable operations of physical healing. In so doing, the famous, well-trained nurses spoke eloquently of how their good management of themselves and conscientious management of others made them essential trustees of their hospital's "public honor" and "public integrity." Via a vast network of similarly disciplined, similarly utilitarian, and similarly philanthropic hospitals, these acclaimed lay nurses amplified their own regard for public welfare, le bien public. Eminently successful in this task, they certainly contributed, via their own works and via their own books, to the formation of the early modern French public sphere and to the articulation of its core values.