

**Beyond the Sun King's bedside: Antoine Vallot and the broader identity of
the *premier médecin du roi* in Louis XIV's reign**

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Illustration 1: Antoine Vallot. Undated engraving by Jean Grignon. Image courtesy of the Wellcome Library, London.

Abstract

Antoine Vallot worked as *premier médecin du roi* (Chief Physician to the King) to Louis XIV of France from 1652 to 1671. In this position, he participated in some of the most important political and medical developments in early modern France. Yet without a single substantial biography to his name, he remains the least studied of the three successive *premiers médecins* who cared for Louis XIV during his personal reign. This thesis attempts to rectify this disparity, but not through the means of a traditional biography. Instead, it aims to shed greater light upon Vallot's career as *premier médecin*, and his place in the world around him in this role, through an exploration of his interactions with contemporaries.

The royal court of France, and the kingdom's wider medical profession, provide the two main backdrops for this investigation. The relationships which Vallot sustained within these two environments are explored with the help of a broad range of source material, including personal correspondence, archival records from the king's household and Vallot's medical record for Louis XIV. Within the source material relating to the royal court, a picture emerges of an extremely prolific physician whose professional popularity contrasted with a distinct lack of social significance. Although this social shortcoming was exacerbated by a tumultuous relationship with the royal medical team, Vallot's exchanges with some of the court's most important ministers reveal the achievements he accomplished within another dynamic sphere of court life: patronage. In the kingdom's medical profession, Vallot kept a measured distance from the heated discussions of his medical contemporaries working beyond the court. Behind this distance, however, lay ambitious plans to secure a uniquely authoritative voice within the medical world as *premier médecin*. Throughout this investigation attention is drawn to the emerging continuities that can be traced between Vallot's experiences in the role of *premier médecin*, and those of his better-known professional successors.

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Introduction

Antoine Vallot (1595/6–1671) had been working as *premier médecin* (Chief Physician¹) to King Louis XIV of France² for just six years when disaster struck in the summer of 1658. The nineteen year-old king was travelling to Dunkirk, where his army had just achieved a resounding victory against Spanish forces, when he suddenly began to exhibit a number of extremely worrying symptoms. After complaining of terrible headaches, a loss of appetite and an unusual heaviness of his limbs, Louis XIV quickly deteriorated into a delirious state in which he suffered from convulsions and ominous markings on his skin.³ By 4th July, it was clear to his *premier médecin*⁴ that very serious action needed to be taken.

Vallot had over three decades of medical experience behind him in 1658, although few of his past professional encounters are likely to have prepared him for the predicament that he faced in this year in terms of gravity and urgency. A faculty-educated physician of relatively obscure origins, Vallot had ascended the ranks to become the kingdom's most prestigious medical practitioner in July 1652. During his time at court he had already successfully treated Louis XIV for a range of ailments, including smallpox and a controversial genital illness.⁵ His successful career as *premier médecin* would eventually span almost two decades – ending only upon his death in August 1671 – although this lengthy tenure must have been hard for Vallot himself to envisage in 1658, as Louis XIV slipped dangerously in and out of consciousness.

During this illness, Vallot kept an extensive record of his treatment of Louis XIV. In this record he described many of the interactions in which he engaged with others in order to ensure the king's successful recovery. Vallot recounted, for instance, how he convinced his influential patron not only to agree to the controversial course of treatment that he suggested, but also to voice his support for it in the lengthy medical

¹All translations are by the author unless otherwise stated.

²Countless historical texts have been written on the subject of Louis XIV (1638–1715), king of France from 1643 until his death in 1715. This thesis has primarily utilised the following three texts in relation to the king: François Bluche, *Louis XIV*, trans. Mark Greengrass (Oxford: Basil Blackwell, 1990); Peter Burke, *The Fabrication of Louis XIV* (London: Yale University Press, 1999) and Nicolas Milovanovic and Alexandre Maral, eds, *Louis XIV : l'homme et le roi* (Paris: Skira Flammarion, 2009).

³Antoine Vallot, Antoine d'Aquin and Guy-Crescent Fagon, *Journal de santé de Louis XIV*, ed. Stanis Perez (Grenoble: Jérôme Millon, 2004), 115–18.

⁴For ease of reading, Vallot's title will often be referred to in the following pages as '*premier médecin*'. However, his fuller title of '*premier médecin du roi*' will be used in instances in which confusion between Vallot and the court's other *premiers médecins* would otherwise be a possibility (such as in Chapter 3).

⁵Vallot's treatment of both of these illnesses (the first of which occurred in 1647, the second in 1655) will be discussed in the following chapters.

consultation that ensued between the court's physicians. He also recorded the royal court's reactions to the ongoing treatment and, after recounting the circumstances of Louis XIV's eventual recovery, even broke away from the medical narrative to reflect upon the impact that his work might have made upon the kingdom's wider medical profession.⁶

Little historical interest has been shown in the life of Antoine Vallot in the centuries since his death. For those wishing to discover more about him, therefore, Vallot's accounts of his encounters with contemporaries are an extremely valuable resource. Not only do they offer a relatively personal glimpse into Vallot's life as *premier médecin* outside of the direct glare of the royal spotlight, but they also provide clues as to the ways in which he may have been understood – by both himself and others – to have fitted into the worlds in which he lived and worked. Through the examination of these accounts and other sources, the following thesis explores some of the relationships that Vallot sustained, during his time as *premier médecin*, with contemporaries other than Louis XIV. In doing so, the aim is to encourage a more developed understanding, and greater appreciation, of Vallot's career as *premier médecin du roi*.

Ideally, a pre-existing biographical monograph about Vallot would have been utilised in this thesis, as a solid foundation upon which the following investigation could be constructed. As no text fitting this description has – to my knowledge – ever been published, however,⁷ it seems a sensible undertaking to provide a brief equivalent here before plotting the path of this investigation any further. In the following section, key biographical information will be provided about Vallot's background, early career and experience of life by the king's side as *premier médecin*, alongside information about the most important medical and political developments that occurred during his career. This information will be recalled frequently throughout the ensuing chapters in order to provide context for the source material under examination. Following this biographical section, the introduction will continue with further information about the rationale behind this thesis, the sources which will be utilised within it and a brief outline of the structure of the following chapters.

⁶ Vallot, d'Aquin and Fagon, *Journal*, 113–38.

⁷ The only dedicated historical monograph that I have been able to find on the subject of Vallot is a four-page article, published in 1915. See Edmond Bonnet, "Antoine Vallot, premier médecin de Louis 14," *Bulletin du Muséum d'histoire naturelle* 6 (1915): 170–4.

I.1 The Life and Times of Antoine Vallot: A Brief Biography

I.1.1 Education and Ascendance

Antoine Vallot was appointed as *premier médecin du roi* to Louis XIV on 8th July 1652, and held the position until his own death nineteen years later, in August 1671.

Information regarding Vallot's life prior to his career at court is decidedly thin on the ground. Documents relating to his later ennoblements refer to Vallot as a 'bourgeois de la ville de Caen',⁸ suggesting that he may have originated from this town in northwestern France. There is also some evidence to suggest that he obtained his medical doctorate from the university of Reims on 9th July 1624.⁹ A relatively new institution during Vallot's youth,¹⁰ Reims University was known for awarding degrees at competitive prices to students who had received the bulk of their medical education elsewhere.¹¹ As there is some historical disagreement over the institution in which Vallot received his medical education with some arguing that he was educated at the renowned Montpellier medical faculty, others at Reims¹² – it seems at least plausible that Vallot may have received part of his medical education from the former before graduating at the latter. If this was indeed the case, then it would perhaps indicate that Vallot came from a less prosperous background.

Neither the date of, nor the circumstances surrounding, Vallot's eventual migration to Paris are known. That said, it seems likely that his first movements in the capital were dictated by a century-old ruling which decreed that only graduates of Paris' own medical faculty, and physicians associated with the royal court, were allowed to practise medicine there.¹³ As he would almost certainly have not wanted to run the risk of practising illegally in the capital, it would have been imperative for Vallot to hit the

⁸ '[B]ourgeois from the town of Caen'. François Godet de Soude, *Dictionnaire des ennoblissemens, ou Recueil des lettres de noblesse depuis leur origine, tiré des registres de la Chambre des comptes et de la Cour des aides de Paris* (Paris: Palais Marchand, 1788), vol. 1, 139.

⁹ Bonnet, "Vallot," 171. The article states that Bonnet's friend had discovered the details of Vallot's graduation in a register at Reims medical faculty. Unfortunately, my own enquiries into the existence of this register with both the Archives départementales de la Marne and the Bibliothèque universitaire de l'Université de Reims-Champagne Ardenne have proved fruitless. Neither institution was able to locate the register and both expressed the strong likelihood that it had been destroyed at some point during the First World War.

¹⁰ Whilst the kingdom's oldest medical faculties – Paris and Montpellier – dated back to the late twelfth century, Reims University opened in the middle of the sixteenth century. Octave Guelliot, *Les Thèses de l'ancienne faculté de médecine de Reims* (Reims: F. Michaud, 1889), 3.

¹¹ Laurence W.B. Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 212, 487 and 493–4 and Alexandre Lunel, *La Maison médicale du roi, XVI^e–XVIII^e siècles : Le Pouvoir royal et les professions de santé* (Seysssel: Champ Vallon, 2008), 215.

¹² For more information about this disagreement, see Jean Astruc, *Mémoires pour servir à l'histoire de la faculté de médecine de Montpellier* (Paris: P.-G. Cavelier, 1767), 380–1.

¹³ Lunel, *Maison médicale*, 87.

ground running by acquiring a position in the court's royal medical team as soon as he could. This was easier said than done. Professional positions in the royal household were extremely coveted, and it proved very difficult to obtain one without the help of an acquaintance who was already working there.¹⁴ Unlike many of the court's prospective domestics, Vallot does not appear to have had any relatives within the royal family's households to whom he could turn for help acquiring a position. Despite this shortcoming, the future *premier médecin* was evidently successful in his attempt to secure a position at court as he was on the royal family's roster of consultable physicians by 1647.¹⁵ The circumstances surrounding this development are hazy but it appears likely that Vallot had found support in the clientele network of Cardinal Jules Mazarin: the most powerful minister in Louis XIV's early court.¹⁶ The *premier médecin* prior to Vallot, named François Vautier,¹⁷ also belonged to this network¹⁸ and Parisian contemporaries described the pair of physicians as being very attached.¹⁹

The royal household whose service Vallot entered in the second quarter of the seventeenth century revolved primarily around the figure of Louis XIV, who had assumed the French throne in 1643 at the tender age of four. Other key figures at court during this period included Louis XIV's mother and regent, Anne of Austria,²⁰ the

¹⁴ In his recent history of Louis XIV's *valets de chambre*, Mathieu da Vinha revealed that the majority of these office holders appointed between 1640 and 1720 had parents who were already working in the king's household. Mathieu de Vinha, *Les Valets de chambre de Louis XIV* (Paris: Editions Perrin, 2004), 174–5 and 233. This dynastic behaviour was also prevalent within the royal medical team. See Chapter 3 of this thesis for more information.

¹⁵ Vallot was called into consultation over Louis XIV's smallpox in 1647. See Vallot, d'Aquin and Fagon, *Journal*, 69.

¹⁶ For more information about Jules Mazarin (1602–61), whose life and career at the French court will be discussed in greater depth in later chapters of this thesis, see Simone Bertière, *Mazarin : Le Maître du jeu* (Paris: Éditions de Fallois, 2007) and David J. Sturdy, *Richelieu and Mazarin: A Study in Statesmanship* (Basingstoke: Palgrave Macmillan, 2004). Evidence to support Vallot's early involvement with Mazarin's clientele network can be found in his regular treatment of *surintendant des finances* (Superintendent of Finances) Michel Particelli d'Émery – another member of the network – in 1650. See François-Nicolas Baudot Dubuisson-Aubenay, *Journal des guerres civiles de Dubuisson-Aubenay : 1648–1652*, ed. Gustave Saige (Paris: H. Champion, 1883–5), vol. 1, 218 and 254 and Gui Patin, *Lettres de Gui Patin*, ed. Joseph-Henri Reveillé-Parise (Paris: J.-H. Ballière, 1846), vol. 1, 521, letter to Spon dated 1st April 1650. The patronage relationship between Vallot and Mazarin will be discussed in greater depth in the second chapter of this thesis.

¹⁷ For more information about François Vautier (1589–1652), who worked as *premier médecin du roi* from 1624 until his death, see Nicolas-François-Joseph Éloy, *Dictionnaire historique de la médecine ancienne et moderne, ou Mémoires disposés en ordre alphabétique pour servir à l'histoire de cette science, et à celle des médecins, anatomistes, botanistes, chirurgiens, et chymistes de toutes nations* (Mons: H. Hoyois, 1778), vol. 4, 486–7.

¹⁸ For evidence of the patronage relationship between Vautier and Mazarin, see *Ministère des affaires étrangères* (henceforth MAE), Mémoires et documents : France, 261/449 and Patin, *Lettres*, vol. 2, 238, letter to Spon dated 26th February 1656.

¹⁹ Patin, *Lettres*, vol. 1, 521, letter to Spon dated 1st April 1650.

²⁰ For more information about Anne of Austria (1601–66), who became Queen of France following her marriage to Louis XIII in 1615, see Ruth Kleinman, *Anne of Austria, Queen of France* (Columbus: Ohio State University Press, 1985).

king's younger brother, named Philippe,²¹ and the aforementioned Cardinal Mazarin. During these early years of Louis XIV's reign and Vallot's career, the royal court was an uncertain and unstable place. Its anxious state was caused in part by a complex civil war known as the Fronde. The dispute first shook the monarchy's foundations in May 1648 when the Parisian *parlement* pitted itself against the crown, in protest against rising taxes and a number of other grievances. The conflict became more dramatic when a contingent of the nobility expressed their own discontent with the crown and joined forces with the *parlement*. These 'Frondeur' nobles provoked disorder and violence across Paris and the provinces over which they presided, and it was not until the celebration of Louis XIV's majority in 1653 that the conflict was resolved once and for all, in the crown's favour. With the official marking of his adulthood it finally became possible for the young king to impose – or at least give the impression of imposing – a modicum of personal authority over his subjects.²²

The medical world to which Vallot belonged as a faculty-educated physician was an equally eventful space during these formative years of his career at court. The seventeenth century heralded many changes which were to make France's medical landscape a much more colourful place. Developments such as William Harvey's discovery of the circulation of blood galvanised discussion amongst practitioners,²³ whilst medical enquiry was increasingly conducted in a variety of new disciplinary settings, like botanical gardens and museums.²⁴ Ancient Galenic and Hippocratic doctrines – which remained the foundations upon which most Western medical thought was built – continued to be moulded and adapted to suit the new medical ideas that were emerging in the syllabi of universities' medical faculties.²⁵ The disagreements that erupted between those who primarily sought advancement in these new ideas, and those

²¹ Philippe (1640–1701) was known by the title of the duc d'Anjou until the death of Gaston, duc d'Orléans in 1661. After this point, he automatically assumed the title of duc d'Orléans as the oldest surviving younger brother of the French king. At court, the duc d'Orléans was referred to as 'Monsieur' and his wife as 'Madame'. For more information about Philippe, see Nancy Nichols Barker, *Brother to the Sun King: Philippe, Duke of Orléans* (Baltimore: Johns Hopkins University Press, 1989).

²² For a comprehensive summary of the Fronde's key events, see Sturdy, *Richelieu and Mazarin*, 103–26.

²³ One of the nineteenth century's most prominent and prolific medical historians, Charles Daremberg, described Harvey's discovery as the single event which most epitomised the development of medicine in the seventeenth century. See Charles Daremberg, *La Médecine, histoire et doctrines* (Paris: Didier et cie, 1865), 577–619. For more information about William Harvey (1578–1657) and contemporary reactions to his discovery, see Roger French, *William Harvey's Natural Philosophy* (Cambridge: Cambridge University Press, 1994).

²⁴ For more information about this phenomenon, see Paula Findlen, *Possessing Nature: Museums, Collecting and Scientific Culture in Early Modern Italy* (Berkeley: University of California Press, 1994). For a concise summary of the general medical climate in Louis XIV's reign, see: Mirko Dražen Grmek, "L'Émergence de la médecine scientifique en France sous le règne de Louis XIV," *Medizinhistorisches Journal* 11 (1976): 271–98.

²⁵ Brockliss and Jones, *Medical World*, 85–169.

who strove to uphold medical tradition, gave birth to some of the early modern period's most dramatic medical conflicts. Disputes like the Antimony Wars – a particularly embittered example which revolved around the use of a medical component named antimony²⁶ – were rife during Vallot's lifetime.

Despite the negative impact that hostilities like the Fronde and the Antimony Wars made upon the spaces in which he lived and worked, Vallot's first years in the capital appear to have been relatively successful. In February 1634 he married Catherine Gayant,²⁷ whose maiden name suggests that she may have come from the prosperous family of Parisian surgeons of the same name.²⁸ The marriage was prolific and produced a number of offspring who lived to adulthood: at least two daughters and four sons.²⁹ In addition to his work at court, Vallot was kept busy during this period with patients who belonged to the court's administrative sphere: *conseiller d'état* (Councillor) Olivier Lefèvre d'Ormesson recounted his medical interactions with the physician in his journal during the years 1645 and 1647.³⁰ Vallot's efforts in both court and capital appear to have paid off: his professional popularity was confirmed in 1647 by a well-known periodical named the *Gazette de France*, which described him as one of the 'médecins des plus employez'³¹ in Paris. At several points in his aforementioned written reports of his medical practice – about which more will be learnt later – Vallot placed great emphasis upon the twenty-eight years of medical experience that he had acquired during

²⁶ The Antimony Wars will be discussed in greater detail in the second half of this thesis.

²⁷ The date of Antoine and Catherine's wedding (27th February 1634) is scrawled into the margins of a fifteenth-century prayer book, currently kept at the Bibliothèque Sainte-Geneviève, Paris. Jean le Munerat, ed., *Breviarium Parisiense* (Paris: Jean du Pré, 1492). The note can be found on the third page of text. The prayer book was owned by François de Marisy; a member of the powerful bourgeois Marisy family of Troyes. Unfortunately, the links between the Vallot and Marisy families remain unknown.

²⁸ Louis Gayant (d.1673) worked as a *chirurgien consultant des armées du roi* (Consulting Surgeon to the King's Armies), and was also one of the founding members of the *Académie des sciences* (Academy of Sciences). For more information about Gayant, see Éloy, *Dictionnaire*, vol. 2, 318. The year of his death suggests that Gayant would have been in the same generation as Vallot's wife, suggesting in turn that they may have been siblings.

²⁹ Louis Pierre d'Hozier and Antoine Marie d'Hozier de Sérigny, *Armorial général de France, ou Registres de la noblesse de France* (Paris: J. Collombat, 1741), register 2, vol. 1, 115–16.

³⁰ See Olivier Lefèvre d'Ormesson, *Journal d'Olivier Lefèvre d'Ormesson, et extraits des mémoires d'André Lefèvre d'Ormesson*, ed. Adolphe Cheruel (Paris: Imprimerie impériale 1860–1), vol.1, 853 and 874. Vallot remained Ormesson's physician of choice even after the latter had been appointed as *premier médecin*: see *ibid.*, 184 and 300–1. Olivier Lefèvre d'Ormesson (1616–86) descended from a long dynasty of magistrates and *conseillers du roi*. For more information about the d'Ormesson family, see Jean-François Solnon, *Les Ormesson : au plaisir de l'Etat* (Paris: Fayard, 1992).

³¹ '[M]ost employed physicians'. Vallot, d'Aquin and Fagon, *Journal*, 413. Many of the French quotes provided in this thesis derive from texts which have been adapted by editors to conform to modern orthographical standards. However, when quotes are provided from seventeenth-century French texts which have not received this treatment – such as this example – I have decided to retain the original spelling. Any irregularities in the spelling of French words in the following chapters are therefore, to my knowledge, true to the spelling of the original texts.

this period prior to his appointment as *premier médecin*.³² Sometimes, he even described how his care of these earlier patients provided inspiration for his treatment of Louis XIV.³³

Vallot's big break came in the winter of 1647 when the then *premier médecin*, the aforementioned François Vautier, summoned Vallot to Louis XIV's bedside alongside a host of court physicians. The nine-year-old king was suffering from smallpox. In his written account of the event, Vallot placed great emphasis upon his advocacy of a specific course of treatment which involved a series of well-timed bleedings and purges. Although initially disapproved of by some of his colleagues, the treatment was eventually decided upon and administered to Louis XIV with successful results.³⁴ His presence at the king's bedside was scarcely even acknowledged in other contemporary accounts of the illness,³⁵ yet Vallot himself was convinced of the event's significance to his later professional success at court.³⁶ Equally, there is evidence to suggest that his actions in this instance made a very good impression upon the royal family. In the following two years, Vallot not only acquired the prestigious position of physician to Louis XIV's brother Philippe, but was also ennobled.³⁷ Documents relating to Vallot's later accomplishments confirm that his successful treatment of the royal brothers for a host of illnesses during this period – including Louis XIV's smallpox in 1647 – was one of the main reasons for the bestowal of these coveted accolades.³⁸ A number of these documents also confirm that Vallot acquired the position of *médecin ordinaire du roi* (Physician in Ordinary to the King) – the second highest-ranking

³² Ibid., 74, 92 and 124.

³³ When Louis XIV developed a callus on his right nipple in 1653, for instance, Vallot applied a remedy which he described as having previously used to treat the hardened knees of the nuns of the Ave-Maria convent in Paris. See Vallot, d'Aquin and Fagon, *Journal*, 79.

³⁴ Ibid., 69–72.

³⁵ The *Gazette de France* acknowledged Vallot's presence at the king's bedside in 1647 without elaborating upon his influence over the latter's treatment. Vallot, d'Aquin and Fagon, *Journal*, 411–17.

Other contemporary accounts of the illness, such as those of physician David l'Aigneau and courtier Françoise de Motteville, do not mention Vallot's presence at all. Stanis Perez, preface to *ibid.*, 23.

³⁶ Vallot included an account of Louis XIV's illness in 1647 as a preface to his annual medical record of the king's health, which he began in his first year as *premier médecin*. See Vallot, d'Aquin and Fagon, *Journal*, 69–72. Its placement at the beginning of the text suggests that Vallot may have seen the event as a deciding moment in the progression of his career. Perez, preface to *ibid.*, 23.

³⁷ *Archives nationales* (henceforth AN), PP/146^{bis}/67 and Godet de Soude, *Dictionnaire*, vol. 1, 139.

³⁸ An archival document relating to Vallot's later ennoblement in 1665 states that 'les bons et utiles services que [...] le Sieur Vallot nous avoit rendus en qualité de nostre medecin ordinaire ensemble a nostre tres cher et tres ame frere unique le duc Dorleans en diverses et perilleuses maladies, nous auroient conviez de l'annoblir' ('the good and useful services that... Sir Vallot has rendered us as our Physician in Ordinary, in addition to those that he has rendered to our very dear and beloved only brother the duc d'Orléans in many different, perilous illnesses, has incited us to enoble him') AN, AJ/15/502/87/2–3. See AJ/15/502/93 for similar praise of Vallot's treatment of Louis XIV in 1647.

medical position at court – during this period before his appointment as *premier médecin*.³⁹

On 7th July 1652, during a particularly violent phase of the Fronde, Vautier passed away. The death could not have come at a more impractical time for the royal family. Just days before Vautier's death, the prince de Condé⁴⁰ – at this time a rebellious 'Frondeur' – had broken into Paris and caused severe damage to the city. The ensuing destruction prevented Louis XIV and his court, then situated at Saint-Denis, from returning to the capital.⁴¹ As extensive deliberation over Vautier's successor can hardly have been a priority for the court's dominant figures during this turbulent period, it is perhaps unsurprising to discover that the matter appears to have been decided upon relatively swiftly. Although the disappointment expressed by one of the other contenders suggests that the decision was reached after at least some amount of deliberation,⁴² Vallot's own account of his appointment – in which he described being called upon to assume Vautier's duties the day preceding the latter's death – gives the impression that the affair had been quite rushed.⁴³

There is strong evidence to suggest that Vallot's patron, Cardinal Mazarin, had played a pivotal role in the appointment. Vallot himself stated that, upon Vautier's death, Mazarin had recommended his services to Louis XIV and Anne of Austria, drawing their attention in particular to the physician's performance during the treatment of the king's smallpox in 1647.⁴⁴ In the capital, rumours abounded that Vallot had in fact bought the position from Mazarin,⁴⁵ a scandalous proposition as the *premier médecin*'s position was generally agreed to be non-venal and awarded upon the sole basis of the king's preference.⁴⁶ The particularly dire state which the crown's finances are known to have been in after the Fronde lends these otherwise far-fetched rumours a

³⁹ AN, AJ/15/502/87/2–3 and O¹/7/129–30.

⁴⁰ The prince de Condé – and his younger brother, the prince de Conti – shared a common ancestor with Louis XIV in the form of Charles de Bourbon, the grandfather of Henri IV. As such they enjoyed an extremely high status at court, ranking just below the grandsons of France. For more information about Louis de Bourbon, prince de Condé (1621–86) also known as 'le grand Condé' (the Great Condé) – see Katia Beguin, *Les Princes de Condé : Rebelles, courtisans et mécènes dans la France du grand siècle* (Seysssel: Champ Vallon, 1999).

⁴¹ Bluche, *Louis XIV*, 48.

⁴² Another court physician named Marin Cureau de la Chambre wrote of his disappointment at not getting the job. See Marin Cureau de la Chambre, *Recueil des epistres, lettres et prefaces de Monsieur de la Chambre* (Paris: C. Barbin, 1664), 103–4.

⁴³ Vallot, d'Aquin and Fagon, *Journal*, 73.

⁴⁴ *Ibid.*, 74.

⁴⁵ Patin, *Lettres*, vol. 3, 6, letter to Falconet dated 5th July 1652.

⁴⁶ Jean Verdier, *La Jurisprudence de la médecine en France : ou Traité historique et juridique des établissements, réglemens, police, devoirs, fonctions, honneurs, droits et privilèges des trois corps de médecine, avec les devoirs, fonctions et autorités des juges à leur égard* (Alençon: Malassis le jeune, 1763), vol. 2, 57.

degree of plausibility:⁴⁷ in such desperate circumstances, the possibility of selling such a position may not have seemed quite as untoward to those responsible for the appointment as it might have in more prosperous times.⁴⁸

Speculations of a bribe aside, it seems worth noting that Vallot must always have appeared a strong contender for the position of *premier médecin* from a professional perspective. His career at court had literally grown alongside his royal patients. Although the court's medical household did not modify its practices significantly for the treatment of children,⁴⁹ it does not seem entirely unlikely that Vallot's extensive knowledge of the royal children's hereditary and humoral make-up – factors which were generally acknowledged to be important in the treatment of infants in early modern Europe⁵⁰ – would have proved an advantage in his case. Of course, Vallot's skills in this respect were far from unique: a lot of the court's physicians would have developed a similar knowledge of the young king's medical make-up during the performance of their duties. Yet it seems at least worth postulating that Vallot's experience as physician to Philippe may have helped to further his case in this respect, as it had provided him with the opportunity to concentrate upon the care of a royal body extremely similar to Louis XIV's without exposure to the levels of pomp and hysteria which accompanied all of the king's medical encounters.⁵¹

A seventeenth-century transcript exists of the oath which Vallot swore between Louis XIV's hands in July 1652, during his appointment as *premier médecin*. It highlights some of the main duties that Vallot was expected to fulfil in his new role:

Vouz jurez et promettez a Dieu de bien et fidellement servir le Roy en la charge de son premier médecin dont sa Majesté vous a pourveu par le decedz du Sr Vautier d'apporter pour la conservation de sa personne et pour l'entretienement de sa santé tous les soins et toute l'industrie que l'art et la connoissance que vous avez de son temperament vous serons jugez nécessaires de ne recevoir pension ny gratifications d'autres personnes que de Sa Majesté, de tenir la main que ses officiers qui sont sous votre charge s'acquittent fidellement de leur devoir et généralement de savoir en ce qui la concerne tous ce qu'un bon et fidel sujet et serviteur doit estre tenu de scavoir ainsy que vous le jurez et promettez.⁵²

⁴⁷ Sturdy, *Richelieu and Mazarin*, 116.

⁴⁸ Lunel, *Maison médicale*, 71.

⁴⁹ Stanis Perez, *La Santé de Louis XIV : une biohistoire du Roi-Soleil* (Seysssel: Champ Vallon, 2007), 32.

⁵⁰ Hannah Newton, "Children's Physic: Medical Perceptions and Treatment of Sick Children in Early Modern England, c. 1580–1720," *Social History of Medicine* 23 (2010): 456–76.

⁵¹ In comparison to Louis XIV's encounter with smallpox – an event which enjoyed heavy literary coverage in 1647 – Philippe was left on his own when he contracted smallpox in Paris the following year. The rest of the royal family used the illness as an opportunity to flee from the capital, in order to escape their adversaries in the Fronde. See Barker, *Brother*, 33.

⁵² 'You swear and promise to God to serve the King correctly and loyally in the charge of his Chief Physician, with which His Majesty has endowed you following the decease of Sir Vautier; to apply all of

As the oath attests, the most important of Vallot's new duties as *premier médecin* was the conservation of the king's health. This duty, which had of course also been an essential element of his previous medical roles at court, would have assumed a new significance for Vallot upon this appointment because he was now held almost entirely responsible for steering the course of Louis XIV's medical experiences. This was a truly grave responsibility in consideration of the fact that the effective running of the entire kingdom was considered to rely in a very real sense upon the king's own health.⁵³

One of the ways in which the *premier médecin* historically attempted to ensure his royal patient's continued wellbeing was by maintaining a near-constant medical surveillance upon the king's person.⁵⁴ Unlike the hundreds of other courtiers who also kept their gaze fixed firmly upon the king from day to day, the *premier médecin* was expected to view all of his royal patient's experiences through a medical filter.⁵⁵ Vallot was permanently on hand to observe Louis XIV during daily events such as the famous *lever* and *coucher* ceremonies⁵⁶ and meals, in order to identify anything which could pose a threat to the king's health, or might generally seem amiss from a medical perspective.⁵⁷ One of the only times during the average day in which Vallot would not have been expected to be present at the king's side as *premier médecin* was during his own meal times.⁵⁸

When Louis XIV did become unwell, it was up to Vallot to steer the course of the illness. As the first and main point of medical contact for the king, the *premier médecin* would lead the examination of his royal patient, preside over any ensuing consultations with his colleagues, and have the final say in any treatments or regimens

the care and industry that you judge necessary from your art and knowledge of the king's temperament to the conservation of his person and maintenance of his health, to receive neither wages nor gratuities from persons other than His Majesty, to swear the oaths of his officers who are under your charge to acquit themselves loyally of their duty and to be generally a good and loyal subject and servant; to this you swear and promise'. AN, O¹/4/406.

⁵³ Werner Friedrich Kümmel, "De Morbis Aulicis: On Diseases Found at Court," in *Medicine at the Courts of Europe, 1500–1837*, ed. Vivian Nutton (London: Routledge, 1990), 33–4.

⁵⁴ Lunel, *Maison médicale*, 76 and Verdier, *Jurisprudence*, vol. 2, 57–9.

⁵⁵ Perez, *Biohistoire*, 172–3.

⁵⁶ The *lever* and *coucher* were daily ceremonies at court, which marked the beginning and end of the king's day. Performed first thing in the morning, the *lever* saw the court's grandees greet the king in strict hierarchical order just after he had woken. The *coucher* saw these same courtiers bid the king farewell before he retired to bed at night. For more information about these ceremonies see Norbert Elias, *The Court Society*, trans. Edmund Jephcott (Oxford: Blackwell, 1983), 83–5.

⁵⁷ See Perez, *Biohistoire*, 167–73 for more information about the *premiers médecins*' medical surveillance of Louis XIV.

⁵⁸ Sophie de Laverny, *Les Domestiques commensaux du roi de France au XVII^e siècle* (Paris: Presses de l'Université de Paris-Sorbonne, 2002), 57.

that were proposed for the king's recovery.⁵⁹ In addition to directing the efforts of his medical subordinates during these periods, the *premier médecin* could also impose a degree of control over the king's routine and relevant areas of his royal household, in order to ensure the swiftest possible recovery. In the royal kitchens, for instance, Vallot could advise for foods to be served which would complement or improve Louis XIV's current state of health.⁶⁰

Vallot was aided in the fulfilment of his duties as *premier médecin* by a host of medical colleagues at court. Physicians such as the *médecins du roi par quartier* (Quarterly Physicians) and *médecin ordinaire du roi* helped to enhance the *premier médecin*'s medical surveillance of the king and, in the latter's case, also served as his replacement in the event of absence.⁶¹ Whilst the king's surgeons performed surgical procedures upon Louis XIV, such as phlebotomy, at the *premier médecin*'s behest,⁶² the court's apothecaries were also expected to follow Vallot's orders for the composition of medicaments.⁶³ As *premier médecin*, Vallot presided over all members of Louis XIV's medical team and was responsible, as the above oath attests, for receiving the appointment oaths of all of his subordinates.⁶⁴

As *premier médecin*, Vallot also enjoyed a number of privileges and rights over the kingdom's medical profession beyond the court. In every town in France, for instance, Vallot held the right to appoint surgeons known as *chirurgiens jurés* (Surgeon Jurors), who were responsible for both assisting with the treatment of, and compiling reports upon, violated bodies that had been brought to the law's attention.⁶⁵ Again on a national level, Vallot also enjoyed the right to create new, legally-recognised communities of apothecaries in areas which did not fall under the jurisdiction of a medical faculty.⁶⁶ The *premier médecin* was officially recognised as the Superintendent

⁵⁹ Verdier, *Jurisprudence*, vol. 2, 57–9.

⁶⁰ Lunel, *Maison médicale*, 76.

⁶¹ As the *médecin ordinaire du roi* was responsible for the king's medical care in the *premier médecin*'s absence, he was present at all of the king's medical consultations. The king traditionally had eight *médecins par quartier*. Working in pairs in three-month shifts, these physicians would monitor the king during his meals (they drank his wine in order to ensure against poison attempts), as well as during the *lever* and *coucher* ceremonies. See Verdier, *Jurisprudence*, vol. 2, 72–4 and Laverny, *Domestiques*, 56.

⁶² Verdier, *Jurisprudence*, vol. 2, 91–7.

⁶³ *Ibid.*, 133.

⁶⁴ Verdier, *Jurisprudence.*, vol. 2, 63–6. Vallot's relationship with the royal medical team will be discussed in greater depth in Chapter 3.

⁶⁵ AN, AJ/15/502/92.

⁶⁶ AN, AJ/15/502/91 and Verdier, *Jurisprudence*, vol. 2, 69–70.

of the kingdom's baths, fountains and mineral waters,⁶⁷ and was also the Superintendent of the king's botanical garden in Paris, the *Jardin du roi* (Garden of the King).⁶⁸

I.1.2 Counterparts and Conflicts

Although the title of *premier médecin* was considered the 'première dignité'⁶⁹ that a physician could aspire to in seventeenth-century France specifically, it is worth bearing in mind that there were many powerful counterparts of the position across the various states and kingdoms that constituted early modern Europe. With this in mind, it seems a worthwhile undertaking to briefly step aside from our protagonist's narrative, in order to provide an account of the lives and roles of some of these professional contemporaries. Their experiences can help to give a sense of the ways in which Vallot's career as *premier médecin* differed in a broader European context.

In England, for instance, Vallot's equivalent was called the First Physician. Earning around £400 a year, the First Physician manned a team of three to four subordinate physicians in the royal medical household – similar in status to the French *médecin ordinaire du roi* – known as 'Physicians in Ordinary'. Theodore Turquet de Mayerne – a prominent yet controversial physician who first rose to fame in the French court – held the position of First Physician during the successive reigns of James I and Charles I.⁷⁰

Although traditionally chosen by the Lord Chamberlain – rather than the king himself, as was the custom in France⁷¹ – many of the seventeenth century's First Physicians enjoyed much closer relationships with their royal patients than Vallot was destined to share with Louis XIV. During the joint reign of William III and Mary II, one of the best-known and best-loved First Physicians was a man named John Hutton, who began life as a humble herd-boy in Dumfriesshire. After being granted a medical education by the region's minister, Hutton first made his face known to the royal family by tending to the then Princess Mary after she fell from her horse in the Netherlands.

⁶⁷ AN, AJ/15/502/90 and Verdier, *Jurisprudence*, vol. 2, 71.

⁶⁸ Verdier, *Jurisprudence*, vol. 2, 70.

⁶⁹ '[G]reatest dignity'. Verdier, *Jurisprudence*, vol. 2, 57.

⁷⁰ Theodore Turquet de Mayerne (1573–1655) worked as *médecin ordinaire* to Henri IV of France from 1600 to 1606, before moving to England to become Chief Physician to James I of England in 1611. He was kept on as Chief Physician by both Charles I and Charles II following James I's death in 1625, but had much less to do with these two later kings. For more information about Turquet de Mayerne, see Hugh Trevor-Roper, *Europe's Physician: The Various Life of Sir Theodore de Mayerne* (London: Yale University Press, 2006).

⁷¹ William Frederick Bynum, "Medicine at the English Court, 1688–1837," in *Medicine at the Courts of Europe*, 274.

Despite being surrounded at court by physicians with much more prestigious educational backgrounds than himself, Hutton was personally chosen by William and Mary to be their First Physician in 1690.⁷² Hutton went on to become an indispensable favourite of their household and he accompanied the king on many of his military campaigns; an activity for which he was rewarded particularly generously, with the lucrative position of Physician General to the Army. William and Mary's successor to the English throne, Queen Anne, was so close to her First Physician that he was often able to write in his diary of the interesting conversations that he enjoyed with his patient; on a variety of topics ranging from politics and friendship to amorous relationships.⁷³ As will be revealed in the following pages of this introduction, these relatively warm exchanges present quite a contrast to the often strained doctor-patient relationship to which Vallot's own written records attest.

Interestingly, in addition to their medical duties, the First Physicians of England were often called upon to undertake other important tasks in the royal household. Whilst John Hutton helped William III to decipher codes produced by the royal family's network of spies,⁷⁴ Theodore Turquet de Mayerne was often used by James I as an agent and ambassador for important confidential missions. The monarch dispatched Turquet de Mayerne to France on several occasions, to perform tasks that included the relaying of correspondence to controversial religious and political figures, and the intellectual dressing-down of others who publicised opinions and arguments which were not to the English king's liking.⁷⁵ Vallot may have been considered too indispensable, too busy or perhaps simply too inappropriate as *premier médecin* to be entrusted with such duties by the French court, as there is no extant evidence to suggest that he ever performed such diplomatic tasks for his royal patient.

Much more so than the English court physicians, the true multi-taskers in the royal medical households of early modern Europe were the physicians who presided over the health of German princes. As the courts of German princes were many in number, but modest in size in the seventeenth century, the physicians within them often

⁷² Harold Cook explains that, whilst William and Mary chose many of their Physicians in Ordinary from the ranks of England's prestigious medical institutions (particularly the universities of Oxford and Cambridge), the monarchs often reserved the primary position of First Physician for 'very well trusted servant[s]' whom they admired for their innovation, rather than their institutional links. For more information see Harold Cook, "Living in Revolutionary Times: Medical Change under William and Mary," in Bruce T. Moran, ed., *Patronage and Institutions: Science, Technology and Medicine at the European Court, 1500-1750* (Bury St Edmunds: Boydell, 1991), 111–36.

⁷³ Bynum, "Medicine at the English Court," 276–7.

⁷⁴ Cook, "Living in Revolutionary Times," 124–5.

⁷⁵ Trevor-Roper, *Europe's Physician*, 195–201.

doubled up as administrators, ambassadors, and occasionally even innovators.⁷⁶ The German Landgrave Maurice of Hesse-Kassel (1572–1632) was particularly interested in the practice of medicine and chemical pharmacy, and as such he encouraged many of his physicians to contribute to the court’s many alchemical and pharmaceutical projects, as well as to the creation of the region’s medical ordinances. A few of his physicians were expected to contribute even more than this, however: Hermann Wolf (1562–1620) also used his mathematical skills to contribute to the court’s architectural and building design-projects, whilst physician Jacob Mosanus (1564–1616) was dispatched by Maurice to France in 1604, to act as the Landgrave’s personal envoy and ambassador.⁷⁷

Perhaps one of the most remarkable examples of this multi-faceted behaviour came in the form of a court physician named Johann Joachim Becher (1635–82), who began work at the court of Ferdinand Maria, the Elector of Bavaria, in 1664. Although he had been officially employed for medical purposes by Ferdinand Maria, Becher was in fact a polymath who published works in alchemy, chemistry, universal language theory, ethics, politics and moral philosophy, in addition to medicine. Becher was hired by Ferdinand Maria on the back of a promising treatise about prospective commercial projects in the Bavarian court; a development which provides an indication of the extent to which the Elector’s expectations for Becher went far beyond the purely medical. During his time as Ferdinand Maria’s physician, Becher began work on a silk manufactory and a chemical laboratory for Bavaria, and also put forward exciting new proposals for workhouses, warehouses and a trade company in the New World.

In a statement which perhaps best encapsulates his professional outlook, historian Pamela Smith describes Becher as calling ‘on his status as physician and healer of ills to establish his authority to treat the body politic.’⁷⁸ As Part Two of this thesis will later confirm, neither Vallot nor his professional successors as *premier médecin du roi* would ever transcend the boundaries of their official duties to such a startling extent as this – nor, perhaps, did they ever even comprehend the possibility of doing so in light of their already busy schedules at court. In the comparatively large court of the French monarch, there would always be much less need or desire for physicians to expand their professional repertoires beyond the treatment of their patients. Although Vallot and a number of later *premier médecins* would indeed embark

⁷⁶ Bruce. T. Moran, “Prince-Practitioner and the Direction of Medical Roles at the German Court: Maurice of Hesse-Kassel and his Physicians,” in: *Medicine at the Courts of Europe*, 95.

⁷⁷ For more information about the court of Maurice of Hesse-Kassel, see *ibid.*, 95–116.

⁷⁸ For more information about Becher, see Pamela H. Smith, “Curing the Body Politic: Chemistry and Commerce at Court, 1664–70,” in *Patronage and Institutions*, 195–209.

upon ambitious medical projects in the early modern period,⁷⁹ these undertakings would not appear to have threatened to broaden their strictly medical mindsets to the same extent as Becher's had done.

In the various Spanish kingdoms, medicine was primarily presided over by royal medical tribunals known as *Tribunals del Protomedicato*. These powerful entities were established and strengthened by successive generations of Spanish monarchs, who attempted to impose the model upon most of the territories that they controlled. The *Protomedicato* had numerous important functions within their spheres of jurisdiction. In addition to examining and granting the licenses of all the medical practitioners working in their territories – from prestigious physicians to the humblest of spice-sellers – the *Protomedicato* also worked with their respective local authorities to inspect the premises where practitioners sold medicines and spices. The *Protomedicato* could punish those whom they caught in the act of practising medicine in an unlicensed or unauthorised manner, and they could also play a role in shaping the medical outlook of their territories, by adapting the content of medical training in their educational institutions.⁸⁰

In the *premier médecin*'s stead, then, there stood at the apex of Spain's medical hierarchy a cluster of influential, royally-appointed communities of physicians. As shall again be confirmed in later chapters, these communities appear to have enjoyed a much better defined and much greater sense of power over their spheres of medical influence than that which was exercised by the the *premier médecin*.

In the papal courts of Rome, the leading physician led a similar, but often significantly more fast-paced, transitory life than Vallot in the French king's orbit. With most men elected to the papacy already in advanced old age, there was a much swifter turn-around of early modern popes than of monarchs, who like Louis XIV often occupied their thrones for many decades on end. Of course, this swift turn-around of popes necessitated a similarly frequent turn-around of papal staff, including medical practitioners: of the 118 physicians who served the popes of the sixteenth century, only twenty held office under more than one pontificate.⁸¹ Whereas Vallot could sleep safe in

⁷⁹ See Chapter 8 for more information about some of Vallot's projects, which primarily centred around his role as Superintendent of the *Jardin du roi*.

⁸⁰ For more information about the *Tribunal del Protomedicato*, see Michele Clouse, *Medicine, Government and Public Health in Philip II's Spain* (Farnham: Ashgate, 2011) and Maria Luz Lopez Terrada, "Medical Pluralism in the Iberian Kingdoms: The Control of Extra-Academic Practitioners in Valencia," in *Health and Medicine in Hapsburg Spain: Agents, Practices, Representations*, eds John Arrizabalaga et al. (London: Wellcome Trust for the History of Medicine at UCL, 2009), 7–25.

⁸¹ Richard Palmer, "Medicine at the Papal Court in the Sixteenth Century," in *Medicine at the Courts of Europe*, 54.

the knowledge that his job was for life (that is, of course, for as long as he managed to ensure the continued health of his young royal patient), there was no such guarantee for the pope's personal physician.

Heading a medical household which consisted of around three to six subordinate physicians, and a single surgeon, the pope's private physician (*medico secreto*) often came into the position as a result of his longstanding loyalty to his patient, rather than as a consequence of any renowned professional prowess on his part. Although his time at the top may have been fleeting, the pope's private physician was often generously rewarded with an academic position at the University of Rome as part of his position. This privilege allowed him to forge constructive institutional relationships in the wider medical world which, as we shall see in later chapters, often proved problematic for Vallot to build in France.⁸² This privilege was often counterbalanced, however, by an unusual drawback which Vallot would never have to endure to such a great extent. Unlike Vallot's impeccably noble medical charge, many of the papal physicians' patients came from decidedly humble backgrounds. Some popes grew up with relatives working in the medical profession, and their experiences with these relatives would allow them to acquire some practical knowledge of their physicians' trade in later life. Unlike Vallot, therefore, papal physicians often had to contend with patients who heartily contested their medical knowledge in favour of their own.⁸³

In most of the Italian states beyond Rome, a leading physician existed who was known as the *protomedico*. Presiding over a magisterial structure similar to those in the Spanish kingdoms – called the *protomedicato* – many of these leading Italian physicians were closely associated with royal courts. In states like Naples, Milan and Sicily, for instance, the *protomedico* had first been established in the Middle Ages, when the *protomedici*'s broader role had effectively been an extension of his status as the personal physician of the Aragonese king. In Vallot's time the *protomedico* was often still chosen amongst the ranks of those practitioners who were best connected to the courts of Spanish monarchs, or those of their Italian viceroys.⁸⁴ Other Italian states, however, had much looser ties with royalty. In states like Rome and Siena, for instance,

⁸² English First Physicians also enjoyed similar automatic, institutional privileges as part of their position: Theodore Turquet de Mayerne, for example, accepted the offer of a Fellowship from London's College of Physicians when it was offered to him in his capacity as First Physician in 1616. Turquet de Mayerne was also offered the position of Elect of the same company in 1627, but declined it due to his commitments at court. See Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell University Press, 1986), 95.

⁸³ For more information about the physicians who worked in the papal courts of Rome, see Palmer, "Medicine at the Papal Court," 49–78.

⁸⁴ For most of Vallot's career as *premier médecin*, the *protomedico* of Naples was a formidable traditionalist named Carlo Pignataro, who held onto the position for a record of five terms.

the *protomedico* and accompanying *protomedicato* tribunal were in fact borne out of the old and prestigious colleges that had regulated medicine in these areas for centuries. Evidently, the prince's ear wasn't always enough to guarantee prominence in the Italian states.

Regardless of their association with, or distance from, royalty, the Italian *protomedici* all had very similar purposes and aims in mind: to regulate medicine in their states, and to perform tours of inspection upon the premises of medical practitioners – especially apothecaries – to ensure that they were all providing the best possible medical service to the population. Although they were officially responsible for the supervision of all medical practitioners in their respective states, however, the royally-appointed *protomedici* in states like Naples had in reality very little practical power over anybody but unlicensed medical practitioners, and they subsequently had a very limited impact upon public health in general.⁸⁵ In their ceremonial, yet somewhat toothless prominence, these Italian *protomedici* shared a similar fate to Vallot with regards to their governance of their spheres of medical jurisdiction.

Neither as cherished as the First Physicians of England, multifaceted in his work as the court physicians of the German states, nor certain in his powers as the royal Spanish *Protomedicato*, Vallot's career as the leading royal physician of France would certainly appear to have been less dynamic and vivid than many of his European counterparts'. In fact, it can be argued that the comparison of these royal practitioners leaves the distinct impression that Vallot's life in the position of *premier médecin* was quite rigidly defined by the professional expectations of his role, with relatively little room for sentiment or deviation beyond the scope of his formal duties.

Closer to home within France itself, Vallot often came into contact with another powerful medical entity known as the Paris medical faculty. An important centre of medical teaching since at least the twelfth century, the Paris medical faculty – alongside Montpellier's equivalent – was one of the oldest, and without doubt one of the most prestigious medical institutions in early modern France.⁸⁶ It also had a long – albeit not

⁸⁵ Because of the existence of significant pre-existing power structures, like the Colleges of Physicians, the roles of *protomedici* in royal Italian kingdoms like Naples were generally understood to be mostly ceremonial and fiscal (in the sense that the *protomedico* essentially collected dues from practitioners) in nature. For more information about the *protomedici* of Italy, see David Gentilcore, “‘All that Pertains to Medicine’: *Protomedici* and *Protomedicati* in Early Modern Italy” *Medical History* 38 (1994): 121–42 and David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998).

⁸⁶ The Paris and Montpellier medical faculties occasionally argued over which of the two institutions was the eldest – and thus the most prestigious – in the kingdom. Although both faculties dated back to the twelfth century, it remains a matter of contention as to which of the two was founded first. See Brockliss and Jones, *Medical World*, 87.

particularly cordial – relationship with the royal medical household in which Vallot worked.

In Vallot's lifetime, the Paris medical faculty was a relatively small, yet elite and extremely proud community of licensed physicians working in the heart of the capital. Medical education within the institution was notoriously strict, costly and prolonged,⁸⁷ but it also fostered a strong sense of belonging between those who survived to graduate, and to consequently enjoy life-long membership.⁸⁸ Once fully qualified, the physicians of the Paris medical faculty stood comfortably at the apex of the capital's medical hierarchy. In addition to enjoying an exclusive legal monopoly over the patients of Paris for many centuries,⁸⁹ faculty members controlled many aspects of the movements and trade of other medical practitioners in the capital. Although challenges to its dominance were not uncommon during the seventeenth century, the Paris medical faculty enjoyed the right to inspect the shops of apothecaries, as well as the right to be present and participate in the examinations of candidates within Paris' apothecary community.⁹⁰ Candidates to the capital's community of barber-surgeons could also expect to see a member of the Paris medical faculty at their examinations, and in addition to paying a fee to the institution before being accepted into their legal community, all licensed Parisian barber-surgeons were also expected to swear an annual oath of obedience to the faculty.⁹¹

The Paris medical faculty and the royal medical household over which Vallot presided were without doubt the two main powerhouses of medical thought and practice in early modern Paris. Whereas Vallot and his team in the royal medical household

⁸⁷ From the beginning of the seventeenth century, candidates for the doctorate at the Paris medical faculty had to be over 25 and had to have already studied medicine for no less than four years in the capital before they could be considered for enrolment. Having obtained their MA in Paris no later than four years prior, candidates for the doctorate studied for two further years during which time they were expected to sustain five dissertations, and subject themselves to individual examinations in the homes of each of the faculty's other members. Brockliss and Jones, *Medical World*, 195–6. For more information about the education received by students in the Paris medical faculty, see Laurence W.B. Brockliss, "Medical Teaching at the University of Paris, 1600–1720," *Annals of Science* 35 (1978): 221–51.

⁸⁸ In an act designed to cement their sense of belonging, before receiving their doctorates, students of the Paris medical faculty were symbolically 'wedded' to the institution in a ceremony which saw them pledge adherence to its strict medical policies. For more information about this symbolic marriage – known as the 'paranymph' – see Joseph William Courtney, "Molière and the Faculty," *Annals of Medical History* 5 (1923): 318 and Auguste Corlieu, *L'Ancienne Faculté de médecine de Paris* (Paris: V. Adrien Delahaye et Cie, 1877), 67–9.

⁸⁹ Until the beginning of the sixteenth century, the only physicians who were permitted by law to practise medicine in Paris were those who had graduated from the capital's medical faculty. Brockliss and Jones, *Medical World*, 16 and Lunel, *Maison médicale*, 45–7.

⁹⁰ For more information about the Paris medical faculty's relationship with the capital's apothecaries, see Brockliss and Jones, *Medical World*, 216–19 and Lunel, *Maison médicale*, 47–53.

⁹¹ For more information about the Paris medical faculty's relationship with the capital's barber-surgeons, see Brockliss and Jones, *Medical World*, 219–24, and Lunel, *Maison médicale*, 53–65.

represented the absolute power of the crown in the medical realm, the Paris medical faculty represented the cream of the vast corporative world that dominated medical practice in early modern France. Practitioners such as physicians, surgeons and apothecaries had begun to form incorporated communities like the Paris medical faculty in the centuries leading up to the early modern period, in order to establish legal monopolies of practice in their geographical regions and to better protect their professional interests. In addition to acting as the structural backbone of the licensed medical profession in France, medical faculties like Paris' played a vital role in the transmission of medical knowledge across the kingdom.

Of similar size and clout, it was perhaps inevitable that a degree of antagonism would develop between the Paris medical faculty and the royal medical household. Whenever one of these institutions attempted to expand and improve their prominence in the capital— whether through practical acts such as the establishment of a botanical garden, or through legal sureties such as the confirmation of a privilege — the other could often be seen observing developments from the sidelines, ready to prevent any growth that could compromise its own.⁹² From an institutional perspective, furthermore, it could be argued that the Paris medical faculty and the royal medical household acted as the perfect counterbalance to one another. Whereas the Paris medical faculty was indisputably one of the most powerful and prestigious medical educational institutions in the country — capable of monopolising the medical marketplace and controlling vast swathes of the medical practitioners in the capital — its members were still ultimately answerable to Vallot's royal patient. Equally, Vallot may have boasted of representing the medical interests of the most powerful man in the kingdom, but as *premier médecin* and leader of the royal medical household, he possessed little to no legal authority over the Paris medical faculty, or indeed any other medical faculty in the kingdom.⁹³

From a practical, professional perspective, the antagonism between the Paris medical faculty and the royal medical household was also exacerbated by the institutions' need to share the capital's sizeable patient base. Members of the Paris medical faculty may have enjoyed a historical monopoly over medical practice in the capital from as early as the beginning of the fifteenth century, but from the early sixteenth century, faculty members became legally obliged to share this space with the

⁹² See Chapter 8, Section 2 for information about the Paris medical faculty's attempts to first prevent the growth of, and then gain influence over, the royal botanical garden. Equally, see Chapter 5, Section 1 for information about a lawsuit which Vallot filed against representatives of the Paris medical faculty, who were examining apothecaries whom the *premier médecin* believed came under his own professional jurisdiction.

⁹³ Verdier, *Jurisprudence*, vol. 2, 67–8.

court's physicians. The ruling inevitably led to the development of bitter rivalries over the bedsides of Paris' most illustrious non-royal patients.⁹⁴

Perhaps most importantly, however, the antagonism between the Paris medical faculty and the royal medical household was also nurtured by a deep ideological rift.

From an ideological perspective, the Paris medical faculty was famed for being wedded to the doctrines of ancient medical authors, most noticeably Hippocrates and Galen. The teachings of these ancient medical authorities – whose works enjoyed a renaissance in the early modern period following centuries of neglect – were deeply embedded into the ethos of the faculty and were followed by some its members with a tenacious loyalty. From a physiological perspective, this loyalty necessitated a firm belief in the four humours of the body, and the existence of a unique, natural blend of these humours in every living soul. In turn, such loyalty to ancient medical authorities often necessitated a slower acceptance of new physiological developments, such as William Harvey's findings on the circulation of the blood, which were accepted much more swiftly in less traditional institutions like the Montpellier medical faculty. Within this traditional, orthodox framework, disease was understood by many Paris medical faculty members to be an 'imbalance' of the four humours, caused by the patient's failure to maintain a healthy moderation in his or her lifestyle. Illness was treated with as little artifice as possible, with the intention of letting nature take care of itself until medical intervention was deemed unavoidable. Once an illness reached this drastic stage, traditional therapies such as phlebotomy and purgation were eventually turned to. Firm in the belief that the best therapeutics were the simplest – that is, medicaments of animal and plant origin which had been relied upon by generations of practitioners before them – traditionalists within the Paris medical faculty turned to well-known components like cassia, rhubarb and roses⁹⁵ time and again in their treatment of patients. Although the institution's historically traditional attitude was beginning to become a little more relaxed by Vallot's time as *premier médecin*,⁹⁶ there were still enough die-hard traditionalists in its cohort to render this impression of the Paris medical faculty relevant and recognisable to many contemporaries of the mid-seventeenth century.

⁹⁴ See Chapter 5, Section 1 for more information about the court and capital's jostling over Parisian patients during Vallot's time as *premier médecin*.

⁹⁵ A syrup of pale roses was a particular therapeutic favourite of arguably the best known Parisian traditionalist of Vallot's generation: Guy Patin. See Patin, *Lettres*, vol. 2, 69 and Henri Leclerc, "Un Remède de Gui Patin : Le Sirop de roses pâles," *Bulletin de la Société française d'histoire de la médecine* 15 (1921): 212–6.

⁹⁶ See Chapter 5, Section 2 for more information about the growing contingent of non-traditional members of the Paris medical faculty in the mid-seventeenth century.

The royal medical household, on the other hand, was well-known for encouraging innovation, and being much more open-minded towards the new medical doctrines and remedies which were emerging with increasing frequency during the sixteenth and seventeenth centuries. Like many of their European counterparts – such as the aforementioned Maurice of Hesse-Kassel – French monarchs and their courtiers proved fond of using their wealth to explore the medical marketplace as widely as possible, rather than sticking to the medical traditions beloved of the Paris medical faculty. Controversial new medical doctrines like Paracelsianism enjoyed a preliminary burst of popularity in European courts before making their way to the broader populace,⁹⁷ whilst fashionable new remedies – like antimony and quinine⁹⁸ – also first rose to fame in France in the royal court. Applying these new remedies and doctrines in the French court was a diverse crowd of court practitioners; most of whom had – like Vallot – not received their medical education at the Paris medical faculty.⁹⁹ Although many of these court practitioners had in fact received their medical education at the Montpellier medical faculty – which was generally acknowledged to be the more open-minded of France’s two main medical faculties – some had in fact received no formal medical education at all. Robert Talbor – who rose to fame after curing the Dauphine of a serious fever with quinine in 1680¹⁰⁰ – is perhaps one of the best examples of a court practitioner who had not received a formal medical education, and who relied instead upon his innovative and novel practices to become a fixture in the royal medical household.

Compared to the Paris medical faculty, then, the royal medical household to which Vallot belonged was a diverse, fashionable and often temperamental medical entity. The fundamental ideological differences between these two institutions caused a number of conflicts to erupt between them in the early modern period; conflicts which

⁹⁷ As a general rule, Paracelsianism encouraged a more empirical approach to medical practice – and greater focus on chemical remedies – than traditional early modern medical doctrine. As it stressed that chemical practices such as extraction and distillation were important processes in the quest to obtain the purest form of medical remedies, supporters of Paracelsianism encouraged experimentation on new mineral and metallic medicaments, like antimony, mercury and arsenic. For more information about the reception of Paracelsian medicine in the early modern period, see Allen George Debus, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth and Seventeenth Centuries* (New York: Science History Publications, 1977), 2 vols. For more information about Paracelsianism in the courts of early modern Europe – including the court of France – see Hugh Trevor-Roper, “The Court Physician and Paracelsianism,” in *Medicine at the Courts of Europe*, 79–94.

⁹⁸ Antimony’s presence in the French court will be discussed in greater depth in Chapter 4. For information about the French court’s relationship with quinine wine, see Stanis Perez, “Louis XIV et le quinquina,” *Vesalius: acta internationalia historiae medicinae* 9 (2003): 25–30.

⁹⁹ Brockliss and Jones, *Medical World*, 329.

¹⁰⁰ See Chapter 8, Section 3 for more information about this event.

were often instigated by a faculty who felt that their primogeniture and privileges were being undermined at the same time as their traditional values.¹⁰¹

Despite his non-Parisian education, Vallot generally played as safely as many of the capital's most orthodox faculty members when it came to his treatment of patients. This was especially the case whenever he treated the most important of his charges: Louis XIV. As his written records of the king's health confirm – and as later chapters of this thesis will attest – the most trusted weapons in Vallot's medical arsenal were a series of tried-and-tested simple medicaments, as well as traditional dietary regimes which emphasised moderation in the king's lifestyle.¹⁰²

Ultimately, however, Vallot's general caution did not stop him from taking an open-minded stance towards new medical doctrines and practices. Vallot occasionally elaborated upon his thoughts regarding new medicaments and practices in his written records of Louis XIV's health,¹⁰³ and as shall be seen in later chapters, he also relied upon one of the seventeenth century's most controversial medicaments – antimony – to treat the king during a particularly serious illness. Through this open-mindedness and willingness to embrace new medical developments, Vallot proved himself to be a very fitting representative of the royal medical household.

Vallot's appointment as *premier médecin* appears to have done little to warm the decidedly frosty relationship that prevailed between the royal medical household and the Paris medical faculty in the early modern period. There is little evidence to suggest that Vallot shared a particularly active relationship with the faculty, and the extant accounts of several of his medical contemporaries – particularly those of the ultra-traditionalist faculty elder, Guy Patin¹⁰⁴ – confirm that hostilities remained between the two institutions during his time as *premier médecin*. In fact, some major conflicts did erupt between members of the Paris medical faculty and the royal medical household during Vallot's time as *premier médecin*: the Antimony Wars – which will be discussed in greater depth in Part Two of this thesis – arguably being the most significant and interesting of these.

¹⁰¹ See Chapter 4, Section 2, Sub-Section 1 for more information about one of the most controversial of these disputes, which erupted between the Paris medical faculty and the physicians of Henri IV in the first decade of the seventeenth century.

¹⁰² See Chapter 4, Section 1 in particular for more information about Vallot's medical practice with regards to Louis XIV.

¹⁰³ See, for instance, Vallot, d'Aquin and Fagon, *Journal*, 161–2, in which Vallot discusses the medical efficacy of infusions of metallic and mineral substances.

¹⁰⁴ For more information about Gui Patin (1601–72), see Joseph-Henri Reveillé-Parise, introduction to Patin, *Lettres*, vol. 1, i-iv and Jacqueline Vons, "Le Médecin, les institutions, le roi. Médecine et politique aux XVI^e–XVII^e siècles," last modified 1st April, 2012, <http://cour-de-france.fr/article2342.html>, 59–62.

Before painting too stark a picture of the division between these two institutions, however, it is worth noting that many of Vallot's closest team members in the royal medical household were also members of the Paris medical faculty. François Guénault – who worked as physician to Queen Marie Thérèse and was one of Vallot's closest colleagues¹⁰⁵ – *médecin par quartier* Charles Baralis, father and son team René and Jean Chartier (also *médecins par quartier*)¹⁰⁶ and royal physician Pierre Yvelin¹⁰⁷ all worked closely with Vallot within the court, and there is no extant evidence to suggest that there was any strong antipathy between them. The presence of these practitioners in the royal medical team acts as a reminder of the complex, yet important and not entirely negative role that the Paris medical faculty was to play in Vallot's career as *premier médecin* to Louis XIV.

I.1.3 Life as Premier Médecin du Roi

During his time as *médecin ordinaire*, Vallot would have noticed that the *premier médecin*'s duties often required him to perform a delicate balancing act. On the one hand, the *premier médecin* was medically responsible for the body of a physically average, upper-class, adolescent male; similar, presumably, to the many others that Vallot would have treated during his twenty-eight years of prior medical experience.¹⁰⁸ On the other hand, however, the *premier médecin* had always to remember that the patient for whom he was caring was a unique, semi-divine being: from a spiritual perspective, the monarch's body acted as a living, physical incarnation of the state. France's royal residences were littered with portraits of Louis XIV and his predecessors conversing with deities in the heavens, acting as a constant reminder to Vallot and the rest of the court that the monarch existed on both a physical and divine level.¹⁰⁹ The sacred nature of his royal patient's body compelled the *premier médecin* to treat it with

¹⁰⁵ François Guénault (d.1667) worked as physician to the prince de Condé's family in the first half of the seventeenth century before being appointed to the position of *premier médecin* to Queen Marie-Thérèse in 1661. He remained in this position until his death. Guénault's professional relationship with Vallot will be discussed in chapter 3, Part 2.

¹⁰⁶ Jean Chartier (1610–62) succeeded his father, René, as *médecin du roi par quartier* in 1639 and worked in this position until his death. For more information about both René and Jean Chartier, see Éloy, *Dictionnaire*, vol. 1, 601–3.

¹⁰⁷ Pierre Yvelin worked as *médecin par quartier* to the king and *premier médecin* to Louis XIV's sister-in-law, Henriette. Vallot and Yvelin worked together during the princess' final illness in 1670.

¹⁰⁸ Perez, *Biohistoire*, 173–4.

¹⁰⁹ Burke, *Fabrication*, 9 and Colin Jones, "The King's Two Teeth," *History Workshop Journal* 65 (2008): 79–80. For more information about the concept of the king's two bodies, see Ernest Kantorowicz, *The King's Two Bodies: A Study in Medieval Political Theology* (Princeton: Princeton University Press, 1957).

the utmost care, as well as with appropriate respect and deference when doctor and patient failed to agree on medical matters.¹¹⁰

To help him accomplish this challenging task to the very best of his abilities, Vallot began to write an annual record of the king's health during his first year as *premier médecin*.¹¹¹ In its introductory remarks, Vallot wrote how he intended for the text to grow into a comprehensive record of effective treatments for Louis XIV, which could be consulted by both himself and his professional successors in future illnesses to ensure the monarch's continued health.¹¹² Vallot's decision to maintain a regular patient record for Louis XIV saw him tapping into a rich medico-literary tradition which had been cultivated by generations of early modern court physicians before him. Theodore Turquet de Mayerne, who worked briefly as a *médecin ordinaire* to Henri IV of France before becoming Chief Physician to the British royal family, left to posterity reams of medical records relating to his noble and royal patients.¹¹³ Half a decade before his own appointment as *premier médecin*, one of Vallot's professional predecessors had in fact kept a particularly extensive medical record of Louis XIV's father. Unlike Vallot's *Remarques (Remarks)*,¹¹⁴ the medical journal kept by Jean Héroard¹¹⁵ – *premier médecin* to Louis XIII from 1601 to 1628 – provided an account of its subject's medical

¹¹⁰ Perez, *Biohistoire*, 14–15.

¹¹¹ The original manuscript is kept in the *Bibliothèque nationale de France* (henceforth *BNF*): Manuscrits français, 6998–9.

¹¹² Vallot, d'Aquin and Fagon, *Journal*, 68.

¹¹³ For more information about Turquet de Mayerne's medical case books, see Brian Nance, *Turquet de Mayerne as Baroque Physician: The Art of Medical Portraiture* (Amsterdam: Rodopi, 2001), 24.

¹¹⁴ The record of Louis XIV's health which Vallot began in 1652 has been published twice in its entirety: for the first time in 1862, and more recently in 2004. See Antoine Vallot, Antoine d'Aquin and Guy-Crescent Fagon, *Journal de la santé du roi Louis XIV de l'année 1647 à l'année 1711*, ed. Joseph-Adrien Le Roi (Paris: A. Durand, 1862) and Vallot, d'Aquin and Fagon, *Journal* respectively. Interestingly, both editors of these publications chose to use the name *Journal de santé*, despite the fact that Vallot himself did not refer to the text as a 'journal'. Although he did not give the full manuscript a name, Vallot did begin each of its annual entries with the title, 'Remarques pour l'année [year]'. Important differences in seventeenth-century definitions of the terms 'journal' and 'remarque' can be perceived in Antoine Furetière's famous *Dictionnaire universel*, which defines the former word as '[une] mémoire de ce qui se fait, de ce qui se passe chaque jour' ('a report of what has been done, of what has happened each day'), and the latter as '[une] observation qu'on fait d'une chose singulière ou notable' ('an observation that one makes of a singular or notable thing'). See Antoine Furetière, *Dictionnaire universel contenant généralement tous les mots français tant vieux que modernes et les termes de toutes les sciences et des arts* (Rotterdam: Arnout and Reiner Leers, 1690), vol. 2, 385 and vol. 3, 360. The text's annual rather than daily structure, as well as Vallot's own description of it as an account of 'tous les accidents' ('all the mishaps', see Vallot, d'Aquin and Fagon, *Journal*, 68) that occurred to Louis XIV, rather than of all the king's experiences, appears to reinforce the appropriateness of the name *Remarques* over its more recently adopted title. It is for this reason that I have chosen to refer to the text as the *Remarques* for the remainder of this thesis. That said, all ensuing footnotes will refer to the *Remarques* by the abbreviation of 'JS' (*Journal de Santé*), as these citations will direct the reader to page numbers from the 2004 edition of the text known by this name.

¹¹⁵ For more information about Jean Héroard (1550/1–1628) and his medical record of Louis XIII, see Elizabeth Wirth Marvick, "Louis XIII and His Doctor: On the Shifting Fortunes of Jean Héroard's Journal," *French Historical Studies* 18 (1993): 279–300.

experiences on a daily rather than annual basis. For twenty-six years, Héroard regularly recorded such minutiae of his royal patient's life as the times at which he rose from bed in the morning and returned to it at night, his religious devotions, the time and content of his meals, the nature and duration of his leisure activities and the medical treatments which the king received.¹¹⁶

Although by no means as extensive in his reportage as Héroard had been, Vallot nevertheless provided a remarkably vivid medical portrait of his royal patient in the *Remarques*. He wrote an entry for almost every year that he worked as *premier médecin*,¹¹⁷ with the majority of these reports containing extensive information about the ailments from which Louis XIV suffered during the year, the circumstances surrounding the onset of the illnesses, as well as the nature and efficacy of ensuing treatments. In keeping with the dual nature of his royal patient's body, Vallot wrote his *Remarques* in a tone which blended the medical and reverential. Whilst no detail of Louis XIV's pathological experiences was spared from a medical perspective in the text – with lengthy Latin formulations of remedies even provided in some instances¹¹⁸ – Vallot took care to ensure that this decidedly technical information was presented in a manner befitting the prestige of its royal subject. In the *Remarques*' early entries, for example, Vallot emphasised Louis XIV's youthful strength¹¹⁹ and bravery in the face of illness: '[O]n devait avec raison concevoir', wrote Vallot of his royal patient in 1647, 'de très grandes espérances de la grandeur de son courage'.¹²⁰ In later accounts of ill health, such as the aforementioned critical illness from which Louis XIV suffered in the summer of 1658, Vallot praised 'la grandeur de son âme dans les extrêmes dangers de sa maladie, par le mépris de la mort [et] par les fortes résolutions de ne se point abandonner aux impatiences'.¹²¹

Vallot's interpretation of Louis XIV in the *Remarques* as a singularly strong, heroic patient – battling with all his might against negative pathological forces¹²² – was shared by many other contemporaries who were personally acquainted with the king.¹²³

¹¹⁶ Jean Héroard, *Journal de Jean Héroard sur l'enfance et la jeunesse de Louis XIII (1601–1628)*, ed. Eudore Soulié et al. (Paris: Firmin-Didot frères, 1868), 2 vols.

¹¹⁷ Vallot was too ill to write the *Remarques* entry for 1671. See *JS*, 170.

¹¹⁸ *Ibid.*, 86–8.

¹¹⁹ In 1652, Vallot described Louis XIV as 'croissant en force de jour en jour' ('growing in strength day by day') and enjoying 'une jeunesse accompagné de force et de vigueur' ('a youth accompanied by strength and vigour'). *JS*, 74–7.

¹²⁰ '[W]e ought rightly to have very high hopes for the greatness of his courage'. *Ibid.*, 74.

¹²¹ '[T]he strength of his spirit in the extreme dangers of illness, through his contempt for death and his strong resolve to not give up in impatience'. *JS*, 138.

¹²² Lunel, *Maison médicale*, 77.

¹²³ Louis-Henri de Loménie, comte de Brienne wrote of Louis XIV, for instance, 'Souffrir une grande douleur sans se plaindre est sans doute une marque d'un grand courage et d'une patience héroïque. Le Roi

This interpretation conformed in turn to a wider public representation of the king which was ubiquitous in early modern French culture. Media such as newspaper articles, poetry and works of art, as well as public celebrations like *Te Deums*, fireworks and feasting, were all encouraged to disseminate a consistent image of Louis XIV which changed only as the king aged and sought different representational influences for himself with his advisers.¹²⁴ The *Remarques*' literary representation of a brave warrior-patient thus seems to find its visual equivalent in the celebrated marble bust of Louis XIV by Italian artist and architect Gian Lorenzo Bernini, completed in 1665.¹²⁵ The bust seems, in turn, reminiscent of Flemish painter Adam Frans van der Meulen's sweeping contemporary landscapes depicting the king at the head of his army,¹²⁶ or surrounded by his courtiers in the grounds of his sumptuous royal residences.¹²⁷ As historian Stanis Perez aptly surmised in his 'biohistory' of Louis XIV, 'écrire le journal de la santé du roi revient à expérimenter une autre forme d'historiographie, un autre type de peinture héroïque'.¹²⁸

Vallot's *Remarques* offer a medical view of a royal life which was also active in many other respects. Although Cardinal Mazarin performed the lion's share of the kingdom's administrative duties during the first decade of Vallot's career as *premier médecin*, these years also saw the young Louis XIV kept to an equally busy schedule, designed to prepare him for life as an independent adult king. Marie du Bois, a *valet de*

possède cette vertu au souverain degré' ('To suffer great pain without complaining is, without doubt, a sign of great courage and heroic patience. The king possesses this virtue to the highest degree'). Louis-Henri de Loménie, comte de Brienne, *Mémoires de Louis-Henri de Loménie, comte de Brienne, dit le jeune Brienne*, ed. Paul Bonnefon (Paris: H. Laurens, 1919), vol. 3, 181.

¹²⁴ For an in-depth examination of these cultural responses to Louis XIV's person and reign, see Burke, *Fabrication*. Perez points to particularly close similarities in the literary style and content of the medical reportage found in the *Remarques* and in the aforementioned periodical, the *Gazette de France*. See Perez, *Biohistoire*, 262.

¹²⁵ Gian Lorenzo Bernini, *Louis XIV*, 1665, marble bust (106 x 96 cm), *Musée national des châteaux de Versailles et de Trianon*. For more information about the bust, see Alexandre Maral, "Louis XIV et le Bernin," in *Louis XIV: l'homme et le roi*, 378–81. For more information about Gian Lorenzo Bernini (1598–1680), who will appear at several later points in this thesis, see Franco Mormando, *Bernini: His Life and His Rome* (Chicago: University of Chicago Press, 2011).

¹²⁶ Adam Frans van der Meulen, *La Défaite du comte de Marisin près du canal de Bruges*, c. 1670, oil on canvas (50 x 80 cm), *Musée du Louvre*, Paris. For more information about van der Meulen (1632–90), see Isabelle Richefort, *Adam François van der Meulen (1632-1690). Peintre flamand au service de Louis XIV* (Rennes: Presses universitaires de Rennes, 2004).

¹²⁷ Adam Frans van der Meulen, *Vue de Saint-Germain-en-Laye avec Louis XIV à cheval accompagné de Turenne*, 1669, oil on canvas (56 cm diameter), *Musée national des châteaux de Versailles et de Trianon*, and van der Meulen, *Vue du château de Vincennes avec Louis XIV et Marie-Thérèse à cheval suivis de leur cour*, 1669, oil on canvas (53 x 95 cm), *Musée national des châteaux de Versailles et de Trianon*.

¹²⁸ '[W]riting a journal of the king's health comes down to experimenting with another form of historiography; another type of heroic portraiture'. Perez, *Biohistoire*, 12.

chambre ordinaire (Valet of the Bedchamber) to Louis XIV in the 1650s,¹²⁹ left to posterity a detailed account of the king's daily routine during this period. It reveals how, before even leaving his bedchamber in the morning, the young king would receive a private tutor for various lessons. The average day involved a lengthy exercise regime with lessons in acrobatics, horse riding, swordsmanship and dancing, two lengthy study sessions and several periods of diplomatic tutoring with ambassadors and courtiers. The evening was devoted to socialising, dining and regular trips to the theatre.¹³⁰

Once he had successfully integrated himself into this demanding royal routine as *premier médecin*, Vallot began to pinpoint the elements of Louis XIV's lifestyle which gave him greatest cause for concern from a medical perspective. Early *Remarques* entries are littered with his tentative misgivings about Louis XIV's passion for physical activities in particular: a concern which was exacerbated by the king's apparently excessive longing to be the best at all of them.¹³¹ Vallot was worried about Louis XIV's love of horse riding, which he believed posed a very serious threat to the king's already naturally weak generative faculties.¹³² Louis XIV's fondness for dancing was another bugbear: the king performed in no fewer than nine ballets from 1651 to 1659¹³³ and Vallot was convinced that his excessive practising for them in 1653 was responsible for an ensuing slew of colds and fevers.¹³⁴ Vallot was also concerned that the sugary food and drinks that were favoured by the young king provoked stomach problems,¹³⁵ whilst novel courtly trappings – such as a slide that Louis XIV had installed in the grounds of Versailles in 1663 – also seemed to him to contribute to periods of ill health.¹³⁶

The nature of the concerns that Vallot expressed about these health hazards in the *Remarques* suggest that, like many of his faculty-educated contemporaries, he was convinced that the key to his patient's wellbeing lay in a more balanced and moderated approach to life. The belief that all patients could achieve good health through the

¹²⁹ For more information about Marie du Bois (1601–79), who worked as a *valet de chambre du roi* from 1634 to 1671, see Laverny, *Domestiques*, 367–71 and Marie du Bois, *Moi, Marie du Bois, gentilhomme vendômois valet de chambre de Louis XIV*, ed. François Lebrun (Rennes: Éditions Apogée, 1994).

¹³⁰ Du Bois, *Moi*, 110–12.

¹³¹ In 1655 Vallot wrote, '[c]omme [Louis XIV] a toujours eu de très belles dispositions à toutes sortes d'exercices, il a souhaité de surpasser tous ceux de son âge, et même ceux qui étaient plus avancés'. ('[a]s [Louis XIV] has always had a very great disposition in all manner of exercises, he wished to surpass everybody of the same age as him, and even those who were more advanced'). *JS*, 94.

¹³² *Ibid.*, 94 and 109.

¹³³ Burke, *Fabrication*, 45.

¹³⁴ *JS*, 79–81.

¹³⁵ *Ibid.*, 81 and 77.

¹³⁶ *JS*, 152. For a contemporary description of the slide, see Madeleine de Scudery, *La Promenade de Versailles : dédiée au roi* (Paris: D. Thierry, 1669), 98–9. Well into the eighteenth century, many court physicians continued to harbour similar concerns about their patients' lifestyles to those expressed by Vallot. See Kümmel, "De Morbis Aulicis," 20–4.

maintenance of a balanced personal regimen – which encouraged moderation in bodily functions such as eating, sleeping and exercising – dated back to the Hippocratic Corpus,¹³⁷ and still enjoyed an immense popularity in Vallot’s lifetime.¹³⁸ For the *premier médecin*, the ideal patient was a king who not only respected and heeded his physician’s medical advice, but was also willing to reduce the presence of the hazardous factors which often enjoyed such prominence in royal routines.

Interestingly, after his first full year as *premier médecin*, Vallot began to write much less about the courtly activities which had given him such cause for concern in his first months on the job.¹³⁹ The end of this first year seems to have marked the turning point at which Vallot began to acknowledge that, as the king’s *premier médecin*, it was not his place to severely criticise Louis XIV’s lifestyle or attempt to make drastic changes to it.¹⁴⁰ From the first days of his career as *premier médecin*, Vallot would have been only too well aware of the fact that the king, and the majority of his courtiers, considered the aspects of Louis XIV’s routine which Vallot was identifying as medical hazards to be some of the most crucial elements of his kingship. Many considered it essential, for instance, for the monarch to try his very best at the exhausting physical activities in which he participated, as such behaviour not only served as valuable practice for future military campaigns, but also helped to diminish the possibility of another civil war by deterring the malevolent intentions of any potential rebels.¹⁴¹ The king’s perfect proficiency at dancing – one of the most crucial skills for any early modern nobleman to master – was also an absolute must from a courtly perspective.¹⁴² Equally, the surplus and sheer exoticism of the dishes served at Louis XIV’s table were

¹³⁷ Vivian Nutton, “Medicine in the Greek World, 800–50 BC,” in *The Western Medical Tradition: 800 BC to AD 1800*, ed. Lawrence I. Conrad et al. (Cambridge: Cambridge University Press, 1995), 26–7.

¹³⁸ Andrew Wear, “Early Modern Europe, 1500–1700,” in *ibid.*, 360–1. Perez explores the alimentary context of the medical regimens proposed for Louis XIV by his *premiers médecins* in his *Biohistoire*, 183–204.

¹³⁹ Vallot’s only significant complaint about the king’s daily routine at court post-1653 occurred in 1655 when, as previously mentioned, the *premier médecin* was gravely concerned that Louis XIV’s excessive fondness for horseriding was threatening the conception of a royal heir. See *JS*, 904–109. Of course, this was a matter of such serious consequence that the *premier médecin* could not have afforded to suppress his misgivings, no matter how much his recommended treatments might interfere with court life. Although Vallot’s aforementioned complaints about the slide occurred in 1664, he acknowledged that the ‘machine’ was not the main cause of the king’s ailments in this instance (over-working was). See *ibid.*, 152.

¹⁴⁰ Kümmel, “*De Morbis Aulicis*,” 34.

¹⁴¹ Perez, *Biohistoire*, 204.

¹⁴² Wendy Hilton, “A Dance for Kings: The 17th-Century French *Courante*,” *Early Music* 5 (1977): 161–72; Daren Hodson, “A Would-Be Turk: Louis XIV in *Le Bourgeois Gentilhomme*,” *Seventeenth-Century French Studies* 32 (2012): 92 and Perez, *Biohistoire*, 204–6. Louis XIV’s dance performances in the early 1650s were particularly important as it was during these events that he first appeared in the guise of the ‘Sun God’ Apollo: a visual metaphor which would later become synonymous with his reign. See Jérôme de La Gorce, “Les Ballets du roi,” in *Louis XIV : l’homme et le roi*, 344.

also an important part of his image: an abundance of enticing food reflected the king's goodwill towards his guests, and acted as a visual confirmation of his wealth, good health and strength.¹⁴³ With the overwhelming majority of the court society thus in agreement with these practices, Vallot must soon have come to the realisation that his enthusiastic aspirations for restricted regimens and constraining remedies were doomed to failure in all but the most serious of illnesses. The key to Vallot's success in the role of *premier médecin* lay not in imposing his own will, but in perfecting his skill at adapting his medical practice to suit the king's personal preferences.

The skills of adaptation and compromise were most essential to Vallot when his royal patient embarked upon military campaigns. Accompanied by Cardinal Mazarin, military figures like the vicomte de Turenne¹⁴⁴ and, of course, his *premier médecin*, Louis XIV gained his first experiences of the battlefield during the early 1650s. During this period, the young king oversaw his army's efforts against Spanish forces in several skirmishes including the siege and captures of Mouzon, Saint-Menehould, Stenay and Montmedy.¹⁴⁵ A decade later, Louis XIV also participated in the War of Devolution, in which France fought against Spain over the dowry and succession rights of the king's Spanish-born wife, Queen Marie-Thérèse.¹⁴⁶ Campaigns such as these nurtured a profound, lifelong love of military pursuits on Louis XIV's part: a passion that had indeed been expected of, and instilled in, the king from a very early age.¹⁴⁷

Perhaps even more so than was the case for the king's various pastimes at court, Vallot appears to have respected Louis XIV's need to participate in military campaigns. The *premier médecin*'s lengthy accounts of many of these events in the *Remarques* seem to demonstrate a sense of pride in his royal patient's involvement in them.¹⁴⁸ Nevertheless, from a medical perspective, military campaigns could not have failed to

¹⁴³ Perez, *Biohistoire*, 188–9.

¹⁴⁴ For more information about Henri de la Tour d'Auvergne, vicomte de Turenne (1611–75), who served as Louis XIV's *maréchal général des camps et armées du roi* (Marshal General of the King's Camps and Armies) and *colonel général de la cavalerie légère* (Colonel General of the Light Cavalry), see Jean Bérenger, *Turenne* (Paris: Fayard, 1987).

¹⁴⁵ For a brief account of these skirmishes, see Bluche, *Louis XIV*, 70.

¹⁴⁶ For more information about the War of Devolution, which was fought between 1667 and 1668, see *ibid.*, 241–4. For more information about Marie-Thérèse (1638–83), who became Queen of France following her marriage to Louis XIV in 1660, see Simone Bertière, *Les Reines de France au temps des Bourbons. 2: Les Femmes du Roi-Soleil* (Paris: de Fallois, 1998).

¹⁴⁷ Burke, *Fabrication*, 40. Commissioned portraits from as early as 1643 attempted to emphasise Louis XIV's potential for military prowess, a good example being a large portrait of the young king in military garb astride a white pony, attributed to Jean Nocret: *Portrait équestre de Louis XIV*, c. 1653, oil on canvas (251 x 206 cm), *Musée national des châteaux de Versailles et de Trianon*. For more information about Louis XIV's continued passion for military pursuits into later life, see Bluche, *Louis XIV*, 128, 224 and 242.

¹⁴⁸ See *JS*, 162–3 for Vallot's description of the king's participation in the War of Devolution. See *ibid.*, 76, 82 and 89–90 for his accounts of the aforementioned skirmishes in which Louis XIV participated in the 1650s.

send a chill down Vallot's spine. The *premier médecin* was convinced that the travelling which such campaigns necessitated exposed Louis XIV to a plethora of pathological dangers, deriving not only from the different towns in which the army stayed,¹⁴⁹ but also perhaps from the army itself.¹⁵⁰ Furthermore, he was deeply concerned that such military exploits were dangerously tiring for his royal patient, especially during his adolescent years.¹⁵¹ Unfortunately for Vallot, Louis XIV expressed little concern for his health when he assumed the guise of warrior king. In 1653, the king boldly declared to his *premier médecin* that he 'aimait mieux mourir que de manquer la moindre occasion où il y allait de sa gloire et du rétablissement de son État'.¹⁵² During military campaigns, Louis XIV's rather heedless attitude towards his health corresponded in part to a contemporary cultural ideal, which encouraged a heroic outlook towards the self through disdain for the petty necessities of the body.¹⁵³ Vallot worked hard to adapt his medical practice to best suit the needs of a king at war: concocting a variety of customised regimens and remedies in an attempt to ensure Louis XIV's continued health on the road.¹⁵⁴ His medical advice often fell on deaf ears, however, as the king's aforementioned illness in 1658 attests. Although in this instance Vallot had repeatedly attempted to warn Louis XIV of the likelihood of impending illness several days before it finally struck, the king refused to listen to his *premier médecin*'s advice until his condition became critical.¹⁵⁵

In the early hours of 9th March 1661, Cardinal Mazarin passed away. The death robbed Vallot of his patron, and Louis XIV of his beloved godfather, mentor and most

¹⁴⁹ Just before the French army's siege of Dunkirk in 1658, for instance, Vallot wrote of the area: 'l'air de tout le pays était corrompu, et [...] la plus grande partie des habitants de ladite ville et de ceux qui suivaient la Cour se trouvaient incommodés d'un rhume fort opiniâtre et accompagné de plusieurs fâcheux accidents' ('the air was corrupted in the entire region, and... the majority of the aforementioned town's inhabitants, and those who followed the court, found themselves inconvenienced by a very stubborn cold accompanied with many disagreeable mishaps'). *Ibid.*, 114. Vallot shared this concern with many other early modern court physicians. See Kümmel, "De Morbis Aulicis," 26–7.

¹⁵⁰ Many of the armies of early modern Europe consisted of disposable mercenaries, expected to die of sickness or injury before being swiftly replaced. Uncared for and untreated in their afflictions, they often spread a vast cloud of famine and pestilence in their wake. See David Parrot, "War and International Relations," in *The Seventeenth Century*, ed. Joseph Bergin (Oxford: Oxford University Press, 2001), 119 and Brockliss and Jones, *Medical World*, 55–7.

¹⁵¹ Vallot wrote in 1653 that military campaigns exposed Louis XIV to 'fatigues extraordinaires'. *JS*, 82.

¹⁵² '[P]referred to die than to lose the least opportunity for glory and the rehabilitation of his kingdom'. *Ibid.*, 82–3 and 94.

¹⁵³ Perez, *Biohistoire*, 49 and 174.

¹⁵⁴ In 1653, for instance, Vallot managed to convince Louis XIV to keep to a health regime which involved sleeping more and eating less of the foods which the *premier médecin* believed to be bad for him (these included raw fruit, salad and over-cooked meat). See *JS*, 82–3. Vallot often had to compromise on the treatments he administered to Louis XIV during military campaigns: in 1668, for instance, he had to settle for purging rather than bleeding the king, as he had wanted, as a precautionary measure before travelling to Franche-Comté. *Ibid.*, 162–3.

¹⁵⁵ *JS*, 115–16. Vallot's medical practice during this 1658 illness will be explored in greater depth in Chapter 4.

influential adviser. It also provoked important changes in the king's reign. The morning following Mazarin's death, Louis XIV summoned his remaining ministers and announced his intention to rule his kingdom personally, without the aid of a powerful principal minister like the late Mazarin. The decision was a momentous one: the definitive nature and extent of its impact upon Louis XIV's reign remains the subject of intense historical debate to this day.¹⁵⁶ Although it had little to no immediate effect upon our protagonist's treatment of the king, Vallot became increasingly aware of the impact that Louis XIV's new responsibilities were having upon the latter's health in the years that followed. By 1670, for instance, the king had given up dancing: this once pleasurable pastime now made him feel too unwell to make it seem worthwhile.¹⁵⁷ Several years beforehand, Vallot had also noticed that Louis XIV was starting to regularly suffer from severe headaches and nervous disorders such as 'mouvements confus, vertiges et faiblesse de tous les membres'.¹⁵⁸ The *premier médecin* believed that these symptoms had been caused by Louis XIV's blood being over-heated; a consequence in turn of the phenomenal effort that the king exerted in the daily meetings that he held with his advisers.¹⁵⁹ The last years of Vallot's career, and life, became increasingly preoccupied with the alleviation of these symptoms, with treatments ranging from opiates to mineral water baths.¹⁶⁰ The exasperated tone of his last *Remarques* entry in 1670 – replete with his misgivings about Louis XIV's refusal to consider the copious remedies and regimens that he had proposed¹⁶¹ – suggests that the king was no more acquiescent towards his medical treatment during the onset of middle age than he had been during the onset of his adulthood.

¹⁵⁶ For a brief summary of differing historical views on this topic, see Jeroen Duindam, "1661: A Turning Point of Monarchy? The French Example and European Perspectives," *Francia: Forschungen zur westeuropäischen Geschichte* 30 (2003): 129–39.

¹⁵⁷ Hodson, "A Would-Be Turk," 92 and Marc Fumaroli, "Louis XIV : Une Introduction," in *Louis XIV : l'homme et le roi*, 26.

¹⁵⁸ '[C]onfused movements, dizziness and weakness in all of his limbs'. *JS*, 152.

¹⁵⁹ *Ibid.*

¹⁶⁰ For a comprehensive discussion of Louis XIV's work-related ailments and their treatment by his *premiers médecins*, see Perez, *Biohistoire*, 64–73.

¹⁶¹ 'Le roi ayant négligé, sur la fin de l'année précédente, les bons conseils que je lui avais donnés touchant ses vapeurs, [...] n'a pas si bien passé la fin de ladite année, et s'est senti plus qu'à ordinaire de ses incommodités. Ne pouvant obtenir de S.M. de se soumettre au régime et aux remèdes nécessaires si j'ai été contraint de me contenter d'en faire quelques-uns par intervalles, et seulement quand le mal pressait un peu davantage' ('The king, having neglected the good advice that I had given him regarding his vapours towards the end of last year... had not passed the end of that year so well, and felt the consequences of his ailments more than usual. Proving unable to get His Majesty to commit to either a regimen or necessary remedies, I have had to content myself with administering some of the latter in intervals, and only when the ailments press themselves particularly badly'). *JS*, 166. Admittedly, Vallot later acknowledged that Louis XIV became a little more amenable to his treatment as the year progressed. See *ibid.*, 169.

During this period, Vallot himself was of course succumbing to his own, considerably more advanced age. After suffering from a prolonged and severe respiratory illness, he is reported to have died in Paris between 8th and 9th August 1671.¹⁶²

I.2 Vallot's Place in the World(s) Around Him as *Premier Médecin*

I.2.1 Objectives

As the pages above attested, Louis XIV played a pivotal role in Vallot's life. The health of his relationship with the king was naturally crucial to Vallot's success in the role of *premier médecin*, and much of the substantial amount of literature which has recently been published on the subject of Louis XIV and his medical household explores and reiterates the importance of this connection between the king and his physician.¹⁶³ Whilst appreciating its significance, however, it is of course imperative to acknowledge that his connection with Louis XIV was not the only relationship of importance to Vallot during his career as *premier médecin*. Far from condemning him to a life in the king's pocket, the position of *premier médecin* brought Vallot into contact with a broad variety of contemporaries with whom he sustained many different relationships. Within the court society, his constant medical surveillance of Louis XIV exposed Vallot to the company of many different types of courtiers, from aristocrats to fellow domestic servants. Whilst his interactions with these individuals could often assume a professional nature in the form of his medical treatment of them, the potential was always there for Vallot to develop more social relationships, and sometimes even lucrative patronage relationships with some of these individuals. The royal medical team was a community with which Vallot interacted with a particular regularity, and which was also home to some of his closest colleagues at court. In the world beyond the court society, Vallot's relationships with the wider medical world of France – both its practitioners and patients – were equally various and significant. Each and every one of Vallot's interactions with his contemporaries helped to shape the nature of his role and image as *premier médecin*. His accounts in the *Remarques* of these interactions, as alluded to at the very beginning of this thesis, provide but a fraction of the extant

¹⁶² The circumstances of Vallot's death will be discussed in greater depth in this thesis' conclusion.

¹⁶³ Perez' aforementioned *Biohistoire* provides an extensive examination of the relationships that Louis XIV shared with his *premiers médecins*. See in particular pages 165–79. Lunel's *Maison médicale* also discusses this topic in some depth. See 76–81.

information that is available on these important, yet relatively little-documented relationships.

Following his death in 1671, Vallot's *Remarques* were continued by the two *premiers médecins* who cared for Louis XIV until the king's demise. The first of these men, Antoine d'Aquin, was the son of one of Vallot's closest colleagues in the court's medical community.¹⁶⁴ D'Aquin worked as *premier médecin* from 1672 to 1693 before being replaced by Guy-Crescent Fagon: a physician whom Vallot had supported during his early years in the royal household.¹⁶⁵ Although they disliked one another intensely,¹⁶⁶ d'Aquin and Fagon both held Vallot in the highest professional and personal regard.¹⁶⁷ Interestingly, however, both chose to write their *Remarques* entries in a style which was noticeably different to their professional predecessor's, in the sense that neither chose to elaborate upon their interactions with others to the same extent in the text. As historian Stanis Perez aptly points out, the *Remarques* tends to 'piège le lecteur dans un rapport d'exclusivité entre le roi et son premier médecin'¹⁶⁸ in its later stages.

Whatever the reason may have been for this difference in writing style,¹⁶⁹ its existence points to an intriguing avenue of historical investigation. An examination of Vallot's interactions with the people and societies which populated his world as *premier médecin* – interactions that were documented by both himself and others – might help to

¹⁶⁴ For more information about Antoine d'Aquin (1620–96), see Jean-Jacques Peumery, "La Disgrâce d'Antoine Daquin, premier médecin de Louis XIV (1693)," *Vesalius: Acta internationalia historiae medicinae* 2 (1996): 79–85. Vallot's relationship with Antoine d'Aquin's father is discussed in the third chapter of this thesis.

¹⁶⁵ For more information about Guy-Crescent Fagon (1638–1718), who worked as *premier médecin* from 1693 until Louis XIV's death, see Bernard le Bouvier de Fontenelle, *Éloges des académiciens de l'Académie Royale des Sciences* (La Haye: I. van der Kloot, 1731), vol. 2, 41–53 and Lunel, *Maison médicale*, 204–34.

¹⁶⁶ In November 1693, d'Aquin was surreptitiously dismissed as *premier médecin* by Louis XIV and replaced by Fagon. The *Remarques* contain abundant evidence of the antipathy that the two physicians felt towards one another whilst working together under d'Aquin's jurisdiction: see in particular *JS*, 272–9.

¹⁶⁷ For evidence of d'Aquin's affection for Vallot, see *ibid.*, 173–4. For evidence of Fagon's affection for Vallot, see his (Latin) dedication to the latter. Guy-Crescent Fagon, "Illustrissimo Horti Regii Restauratori Domino D. Antonio Vallot Archiatorum Principi," in Denis Joncquet, *Guy-Crescent Fagon and Antoine Vallot, Hortus Regius, Pars Prior* (Paris: D. Langlois, 1665), non-paginated introduction, and *JS*, 268.

¹⁶⁸ "[T]rap the reader in an exclusive relationship between the king and his *premier médecin*." Perez, preface to *JS*, 39 and 42.

¹⁶⁹ A potential explanation could be that, as the text's creator, Vallot may have had a broader conception of the *Remarques*' desired purpose and content than his professional successors and as such, included references to others because he believed that future *premiers médecins* would find it useful to read how a former holder of the office had successfully navigated its social elements. D'Aquin and Fagon, however, may have found Vallot's references to interactions with people other than Louis XIV unhelpful or irrelevant, and consequently chosen not to include this kind of information in their own *Remarques* entries. Another explanation may lie in the court's generally increasing focus upon Louis XIV's person in his later reign: a development caused in part by the deaths of the court's other dominant figures (such as Anne of Austria, Cardinal Mazarin and the king's son, the Grand Dauphin) as well as the king's tightening of court ceremony following his permanent move to Versailles in 1682.

shed new historical light upon Vallot's life, as well as upon the history of the *premier médecin* in Louis XIV's reign in general. Through the exploration of Vallot's interactions with his contemporaries other than the king, it may be possible to discover more about the ways in which both Vallot, and those around him, understood him to have fitted into the worlds in which he lived and worked as *premier médecin*. A greater knowledge of Vallot and his experiences as *premier médecin* may also make it possible to view the better-documented careers of his professional successors in a new light, casting fresh historical perspectives upon the history of the *premier médecin* in turn. In the following chapters of this thesis, these premises will be put to the test.

1.2.2 Historiographical Overview

In many ways, the historiographical climate is currently at its most amenable for an investigation of this nature. The field of early modern court studies has, for example, long been the subject of healthy development. Although the history of Louis XIV and his court has always solicited an immense amount of historical interest, recent decades have seen this field of research benefit from rigorous questioning of formerly dominant historical concepts. The once-powerful narrative of France's transformation from ministerial rule to absolute monarchy upon Louis XIV's assumption of personal rule in 1661 has gradually given way to a more nuanced understanding of this transitory period.¹⁷⁰ Equally, the theories posited by twentieth-century sociologist Norbert Elias – whose hugely influential text entitled *The Court Society* portrayed the court's inhabitants as dominated by, and trapped within, the orbit of the Sun King¹⁷¹ – have also come under close scrutiny.¹⁷² This general move away from Louis-centric discourses has allowed for greater focus on, and more fruitful examination into, the experiences of a wide range of his courtiers, paving the way for studies on the multifaceted roles of members of the aristocracy,¹⁷³ ministers¹⁷⁴ and domestics¹⁷⁵ at court. Some aspects of

¹⁷⁰ William Beik, "Review Article: The Absolutism of Louis XIV as Social Collaboration," *Past and Present* 188 (2005): 195–224; Duindam, "A Turning Point of Monarchy?," 136–8 and Roger Mettam, *Power and Faction in Louis XIV's France* (Oxford: Basil Blackwell, 1988).

¹⁷¹ Elias, *Court Society*.

¹⁷² See Jeroen Duindam, *Myths of Power. Norbert Elias and the Early Modern European Court* (Amsterdam: Amsterdam University Press, 1995) and Jeroen Duindam, "Norbert Elias and the History of the Court: Old Questions, New Perspectives," in *Hof und Theorie: Annäherungen an ein historisches Phänomen*, eds Reinhardt Butz, Jan Hirschbiegel and Dietmar Willoweit (Cologne: Böhlau, 2004), 91–104.

¹⁷³ See, for example, Beguin, *Condé* and Jonathan Spangler, *The Society of Princes: The Lorraine-Guise and the Conservation of Power and Wealth in Seventeenth-Century France* (Farnham: Ashgate, 2009).

early modern court life, such as patronage, have also received particularly close historiographical attention.¹⁷⁶ In many ways, then, the stage has been set for a more insightful examination of Vallot's life at court to be undertaken, with the option to explore beyond the constricting methodological boundaries which were formerly imposed by the image of Louis XIV as an all-powerful, omnipotent focal point in this society.

The royal court of Louis XIV's later reign is undeniably the best-remembered manifestation of this society: frequently evoked in the public imagination by splendid relics such as the château de Versailles – the court's permanent residence from 1682 – the memoirs of the duc de Saint-Simon¹⁷⁷ and Hyacinthe Rigaud's ubiquitous portrait of the king, completed in 1701.¹⁷⁸ As will be discussed in greater depth in later chapters, the earlier court society in which Vallot lived and worked was different in many ways to this later manifestation. Unfortunately for this investigation, it is also considerably less documented. Across the centuries, human variables such as differing attitudes towards administrative recording, negligence and destructive incidents such as fires have all played their part in significantly reducing the number of archival sources remaining from Louis XIV's early household.¹⁷⁹ Furthermore, the memoirs and correspondence of Vallot's courtly contemporaries¹⁸⁰ are generally overshadowed by their later counterparts in terms of size and scale.¹⁸¹ Although little can be done to resolve these

¹⁷⁴ See, for example, Sara E. Chapman, *Private Ambition and Political Alliances: The Phélypeaux de Pontchartrain Family and Louis XIV's Government, 1650-1715* (New York: University of Rochester Press, 2004) and Christophe Blanquie, "Dans la main du Grand maître. Les offices de la maison du roi, 1643–1720," *Histoire & Mesure* 13 (1998): 243–64.

¹⁷⁵ See, for example, Jacqueline Boucher, "L'Évolution de la maison du Roi: des derniers Valois aux premiers Bourbons," last modified 1st September, 2012, <http://cour-de-france.fr/article2483.html>; da Vinha, *Valets and Laverny, Domestiques*.

¹⁷⁶ For a comprehensive overview of the development of court-related early modern patronage studies, see Elie Haddad, "Noble Clienteles in France in the Sixteenth and Seventeenth Centuries: A Historiographical Approach," *French History* 20 (2006): 75–109.

¹⁷⁷ Louis de Rouvroy, duc de Saint-Simon, *Memoires : Additions au Journal de Dangeau*, ed. Yves Coirault (Tours: Gallimard, 1983–7), 7 vols. For more information about the duc de Saint-Simon (1675–1755), see Emmanuel Le Roy Ladurie with the collaboration of Jean-François Fitou, *Saint-Simon and the Court of Louis XIV*, trans. Arthur Goldhammer (London: University of Chicago Press, 2001).

¹⁷⁸ Hyacinthe Rigaud, *Portrait de Louis XIV*, 1701, oil on canvas (277 x 194 cm), *Musée du Louvre*, Paris. For an interesting medico-historical exploration of this royal portrait, see Jones, "King's Two Teeth".

¹⁷⁹ Boucher, "L'Évolution," 360–3 and Laverny, *Domestiques*, 139–40.

¹⁸⁰ For a few examples of courtly memoirs and correspondence that were written during Vallot's time as *premier médecin*, see du Bois, *Moi*; Anne-Marie-Louise d'Orléans, duchesse de Montpensier, *Mémoires de M^{lle} de Montpensier, petite-fille de Henri IV*, ed. Adolphe Cheruel (Paris: Charpentier, 1858–9), 4 vols and Françoise de Motteville, *Mémoires de Mme de Motteville sur Anne d'Autriche et sa cour*, ed. Francis-Marie Riaux at al. (Paris: Charpentier, 1855), 4 vols.

¹⁸¹ For a few examples see Charlotte-Elisabeth de Bavière, duchesse d'Orléans, *Lettres nouvelles et inédites de la Princesse Palatine*, trans. Abraham Auguste Rolland (Paris: Collection Hetzel, 1863); Louis-François du Bouchet, marquis de Sourches, *Mémoires du marquis de Sourches sur la règne de Louis XIV*, ed. Gabriel-Jules de Cosnac et al. (Paris: Hachette, 1882–93), 13 vols; Saint-Simon, *Mémoires*

material setbacks, it is important not to be deterred by them. The exciting developments which Vallot witnessed first-hand in Louis XIV's early court – the Fronde, numerous military campaigns, Mazarin's death and the king's assumption of personal rule – were not only some of the most important events of Louis XIV's reign, but were also important in the sense that they made unique impacts upon Vallot's experience of life as *premier médecin*. If we want to develop a richer understanding of the *premier médecin du roi*, it is important for us to try and ascertain how Vallot navigated such events whilst in the position. The images of Vallot that these sources convey may be a little blurry when compared to those of his successors, yet they will undoubtedly be valuable and interesting images nevertheless.

The environment in which Vallot arguably spent most of his time at court – the royal medical household – has been the subject of growing historical interest in recent decades, with publications such as *Medicine at the Courts of Europe, 1500-1837*¹⁸² exploring many of the regional and chronological variations that could be found of this medical microcosm in the early modern period. Academic research projects such as *cour-de-france.fr*'s recent online venture – entitled 'Medicine and Doctors at Court'¹⁸³ – have continued to galvanise discussion in this field, as have a number of conferences arranged in very recent years,¹⁸⁴ which will also hopefully yield interesting publications on the topic in the near future.

The publication of a new edition of the *Journal de santé* in 2004¹⁸⁵ – the first new edition since the text was first published in 1862¹⁸⁶ – has also heralded a new phase of historical interest in the dynamics between Louis XIV and his medical team. The aforementioned French historian, Stanis Perez – who edited the 2004 edition of the *Journal* – has written extensively elsewhere on the subject of Louis XIV's health and body,¹⁸⁷ with his insightful 'biohistory' of the monarch acting as his most extensive

and Primi Visconti, *Mémoires sur la cour de Louis XIV, 1673–1681*, ed. Jean-François Solnon (Paris: Perrin, 1988).

¹⁸² Nutton, *Courts of Europe*. See also *Patronage and Institutions*.

¹⁸³ "Medicine and Doctors at Court," <http://cour-de-france.fr/rubrique313.html>.

¹⁸⁴ Such conferences include "Pouvoir médical et fait du prince au début des temps modernes," Université François-Rabelais de Tours, 17th–18th June, 2010; "Medici di corte e reti dell'informazione politica in età moderna," Università di Roma Sapienza, 3rd April, 2012 and the London School of Economics' conference on early modern court medicine, 21st–22nd June, 2012.

¹⁸⁵ See footnote 3 for bibliographic details.

¹⁸⁶ See footnote 76 for bibliographic details.

¹⁸⁷ See Stanis Perez, "La Fabrique du corps royal: les *maximes d'éducation* pour le jeune Louis XIV," *La lettre de l'enfance et de l'adolescence* 4 (2004): 115–22; Perez, "Louis XIV et le quinquina," Perez, *La Mort des rois. Documents sur les derniers jours de souverains français et espagnols, de Charles Quint à Louis XV* (Grenoble: Jérôme Millon, 2006) and Perez, "Les Rides d'Apollon. L'évolution des portraits de Louis XIV," *Revue d'histoire moderne et contemporaine* 50 (2003): 62–95.

analysis to date.¹⁸⁸ Alexandre Lunel's recently published history entitled *La Maison médicale du roi* also provides an extensive overview of the royal medical household during Louis XIV's reign.¹⁸⁹ Recent histories such as Perez and Lunel's have been able to take advantage of the wealth of historical literature – both old¹⁹⁰ and new¹⁹¹ – that has been written on the topic of medicine in early modern France. The vast number of medical texts that were published in Vallot's lifetime,¹⁹² as well as other seventeenth-century sources like the vast correspondence of Parisian physician, Gui Patin, are also invaluable resources for the compilation of historical texts relating to this time period.

In some instances, however, the timeliness of this investigation is evidenced as much by a lack of relevant historical attention as it is by an abundance. This is certainly the case when it comes to the study of our protagonist himself. Although, as indicated above, a proliferation of recent studies have made it easier for us to construct a more vivid image of the environments in which Vallot lived and worked as *premier médecin*, this surge of historical interest does not yet appear to have extended to the figure of Vallot. Recent changes in attitudes towards biography as an historical genre mean that now may be the perfect time to harness the opportunity presented by this deficiency. Recently published historical biographies, such as the late Hugh Trevor-Roper's fantastic account of the life of Theodore Turquet de Mayerne,¹⁹³ as well as apologetic essays, such as those collected in *The History and Poetics of Scientific Biography*,¹⁹⁴ highlight how recent examples of this genre have increasingly benefitted from the incorporation of a variety of different methodological approaches. Whereas socio-historical approaches are now frequently accommodated within biographies to allow for more fulfilling studies of 'individual trajectories through richly textured social spaces',¹⁹⁵ enlightening monographs such as Nance's *Turquet de Mayerne as Baroque Physician: The Art of Medical Portraiture*¹⁹⁶ reveal how a biographical focus can offer

¹⁸⁸ Perez, *Biohistoire*. For an earlier 'bio-history' of Louis XIV, see Michelle Caroly, *Le Corps du Roi-Soleil : grandeur et misères de sa majesté Louis XIV* (Paris: Imago, 1990).

¹⁸⁹ Lunel, *Maison médicale*.

¹⁹⁰ This topic was particularly popular amongst French historians in the nineteenth century. See Corlieu, *L'Ancienne Faculté* and Darenberg, *Médecine*.

¹⁹¹ Laurence W.B. Brockliss and Colin Jones' aforementioned *Medical World of Early Modern France* remains one of the most comprehensive modern studies of this subject.

¹⁹² This thesis has primarily made use of seventeenth-century medical literature which related to the Antimony Wars. See Part Two for examples.

¹⁹³ Trevor-Roper, *Europe's Physician*.

¹⁹⁴ Thomas Söderqvist, ed., *The History and Poetics of Scientific Biography* (Aldershot: Ashgate, 2007).

¹⁹⁵ David Aubin and Charlotte Bigg, "Neither Genius nor Context Incarnate: Norman Lockyear, Jules Janssen and the Astrophysical Self," in *ibid.*, 54. For more information about the successful fusion of biographical and socio-historical approaches, see Jacalyn Duffin, "'La Mauvaise Herbe': Unwanted Biographies Both Great and Small," in *ibid.*, 185–197.

¹⁹⁶ Nance, *Turquet de Mayerne*.

a fresh perspective on aspects of medical history such as medical records and doctor-patient relationships. An integrated attitude towards biographical writing allows for the construction of a significantly more far-reaching and multi-faceted examination of Vallot's time as *premier médecin* to be undertaken; shedding light upon elements of our protagonist's career as diverse as his professional participation in medical debates, relationships with institutions, and private financial dealings within the court society.

The need for an investigation of this nature is also brought into sharp focus by the noticeable contrast in the level of historical interest that has been shown in Vallot, and that which has been shown in his professional successors. Whilst Antoine d'Aquin has been the subject of several brief monographs,¹⁹⁷ Guy-Crescent Fagon has enjoyed a popularity amongst historians that is arguably unmatched by any other *premier médecin du roi*. One of the reasons for this historical disparity is the fact that, as previously mentioned, Fagon worked at court in a significantly better-documented period of this society's history than Vallot. Caring for an ailing, increasingly dependent king within the densely populated château de Versailles, Fagon caught the attention of many courtiers like the duc de Saint-Simon, who chose to write about the *premier médecin* in their memoirs and correspondence.¹⁹⁸ As a member of the *Académie des sciences* – one of the seventeenth-century's most influential, crown-sponsored institutions for scientific research¹⁹⁹ – Fagon's legacy has also been boosted by an official eulogy written by one of the secretaries of this institution.²⁰⁰ The text has been utilised by generations of historians since its publication in the early eighteenth century.²⁰¹

The subject of at least four historical monographs in the twentieth century alone,²⁰² Fagon continues to routinely dominate histories of the *premier médecin* in

¹⁹⁷ These monographs include Jacques Levron, "À l'ombre de la cour : Antoine d'Aquin, courtisan malheureux," *La Revue des Deux Mondes* 11 (1967): 376–85 and Peumery, "Disgrâce".

¹⁹⁸ Saint-Simon, *Memoires*, vol. 1, 823, vol. 2, 521 and vol. 3, 1041. Fagon also appears frequently in the aforementioned memoirs of the marquis de Sourches, as well as in the correspondence of Philippe's second wife, Elisabeth-Charlotte, duchesse d'Orléans and princesse Palatine. Fagon appears frequently in the correspondence of Madame de Sévigné too, but mostly in his earlier guise as her physician and not as *premier médecin*. See Jacob Rosenbloom, "Statements of Medical Interest from the Letters of Madame de Sévigné," *Medical Life* 30 (1923): 71–307.

¹⁹⁹ For more information about the *Académie des sciences*, see Alice Stroup, *A Company of Scientists: Botany, Patronage and Community at the Seventeenth-Century Parisian Royal Academy of Sciences* (Berkeley: University of California Press, 1990).

²⁰⁰ Fontenelle, *Éloges*, vol. 2, 41–53.

²⁰¹ The *Éloges*' influence can be easily perceived in the following accounts of Fagon's life: Jacques P. Caen and Gilles Pidard, "Gui-Crescent Fagon (1638–1718) Médecin du 'Roi-Soleil,'" *Histoire des sciences médicales* 30 (1996): 359; François Millepierre, *La Vie quotidienne des médecins au temps de Molière* (Paris: Hachette, 1964), 261; Joseph-Adrien Le Roi, preface to *Journal de santé*, xxx–xxxii and Lunel, *Maison médicale*, 205.

²⁰² Caen and Pidard, "Gui-Crescent Fagon"; Auguste Corlieu, *Guy Crescent Fagon (1638–1718)* (Poitiers: Imprimerie Blais et Roy, 1901); Pierre Eloy, *Fagon, archiâtre du Grand Roi* (Paris: Vigot

Louis XIV's reign.²⁰³ This dominance can pose a problem. As the *Remarques*' three authors had very different experiences of life as *premier médecin*, a disproportionate historical focus on one of these physicians can lead to the mistaken impression that his experience of life in the position was representative of the role as a whole during Louis XIV's reign. A study specifically dedicated to Vallot's experiences may help to redress this imbalance and encourage a more multifaceted understanding of the complex role that our protagonist shared with his two successors. Furthermore, as mentioned earlier, a better understanding of Vallot's experiences may even allow us to develop new ways of looking at the careers of better-documented *premiers médecins* like Fagon.

I.2.3 Structure

The *premier médecin* of early modern France was a vital component of two fundamentally different, yet occasionally intermingling social spaces. The royal court was the society in which the *premier médecin* could most often be physically found, fulfilling his primary duties of care by the side of his royal patient. The second of these social spaces – the kingdom's medical profession – was an environment in which he played a different, yet equally important role as the king's main medical representative. Vallot sustained very different relationships with, and individual relationships within, these two spaces during his time in the position. In the following chapters, Vallot's social navigations through both of these worlds as *premier médecin* will be explored.

Part One will focus upon Vallot's social experiences within his official workplace: the court of Louis XIV. The first chapter will examine his relationship with the most traditional, visible elements of this society. The memoirs and correspondence of some of the court's *grandeues*, as well as those who served them on an intimate basis, will be examined alongside the *Remarques* with the aim of discovering how the *premier médecin* was understood to fit into this elite community. With their interactions informed by factors such as medical need, the attitude of their young leader and the farcical medical plays of Molière, the relationship(s) that formed between Vallot and the court society were at once both physically close, and very distant.

frères, 1918) and Jean Baptiste Fréguel, *Guy Crescent Fagon, premier médecin de Louis XIV* (Bordeaux: Victor Cambette, 1923).

²⁰³ Lunel, for instance, devotes two chapters of his history of the king's medical household to the examination of Fagon's career (neither Vallot nor d'Aquin have their own chapters). See Lunel, *Maison médicale*, 201–35. Other particularly conspicuous examples of disproportionate focus upon the career of Fagon can be seen in Charles Daremberg, *Médecine*, 198–253 and Millepierres, *Vie quotidienne*, 261–4.

One of the best documented, yet least examined aspects of Vallot's life at court will be explored in the second chapter of Part One. Utilising the extensive correspondence that has survived between Vallot and Cardinal Mazarin, this chapter will primarily focus upon the patronage relationship that flourished between the pair. It will attempt to shed light upon the dynamics of this alliance; primarily what Vallot sought from it, and the 'services' that he was expected to offer his patron in return. Mazarin's death provoked profound changes in the administration of both court and kingdom. Its smaller, yet no less important impact upon the *premier médecin*'s life at court will be the focus of interest here. Intriguingly, despite the seemingly successful nature of the relationship, Mazarin does not appear to have been Vallot's only patron. The *premier médecin*'s dealings with other patron figures will thus also be investigated in this chapter.

The final chapter of Part One will act as a brief examination of the relationships that Vallot sustained within his own sphere of jurisdiction at court: the royal medical team. Meshed together by a variety of familial, social and even financial connections, this close-knit community – and Vallot's involvement with it – will be fleshed out with the help of extant archival material from Louis XIV's household. The authoritative element of Vallot's relationship with the team as their leader will also be explored, as an aspect of his career which provoked a surprising amount of tension and conflict.

The second part of this thesis will focus upon Vallot's relationship(s) with the kingdom's wider medical profession: primarily the official, corporative community to which he officially belonged as a faculty-educated physician. Rather than attempting to provide a general overview of his experiences within this sprawling, diverse and complex professional network, this section will primarily act as a case study examining Vallot's involvement with one particularly interesting aspect of contemporary medical life. This aspect will be the aforementioned Antimony Wars: a medical dispute which raged throughout the first half of Vallot's career as *premier médecin*. A wealth of contemporary literature from both sides of the dispute will be examined, ranging from critical personal correspondence to the published poems of some of antimony's supporters. In addition to providing a diverse array of contemporary professional opinions about Vallot, the sources hint at a surprisingly consistent attitude towards his role as *premier médecin* within (inter)national medical discussions. The final chapter of this section will aim to discover the reasons behind the distanced approach which contemporary evidence suggests that Vallot took towards his involvement in the medical debates of his day.

The final chapters of Part Two will consider how Vallot might have felt about his role in relation to the wider medical world of France, beyond the court. An examination of sources such as the *Remarques*, and archival edicts relating to the *premier médecin*'s national powers, will offer a snapshot of our protagonist actively adapting and improving his role in relation to this wider professional sphere. The *Jardin du roi* – a unique space in which the worlds of court and medicine met in relative harmony – will be examined as a particularly valuable realisation of his desires in this respect.

PART ONE. VALLOT AT COURT

Introduction

Following Louis XIV, and Vallot himself, the most frequently mentioned presence in the *Remarques* is the society in which the *premier médecin* spent the majority of his time. The people of ‘la Cour’ (‘the court’) – usually described in the text as a collective whole – appear in many of its annual entries, and their presence hints at an important and complex relationship which the Louis-centric nature of the *Remarques* inevitably prevented Vallot from elaborating upon in great detail.

Of course, Vallot’s use of the simple term ‘la Cour’ did little justice to the scale and complexity of this society. Situated at the apex of a hierarchy of interlinked court systems in early modern France,¹ the royal court included a number of households in which a variety of different social groups lived, intersected and interacted.² Domestic servants, ministers, artists, scientists, aristocrats (in both a governing and serving capacity) and royalty (both domestic and foreign) – to name but a few social groupings – all had their part to play in this large community. With this in mind, historian Jacqueline Boucher’s description of the French royal court as ‘un véritable creuset social’³ seems very appropriate.

Vallot was not only in diverse, but also very sizeable company within this court society. From 1659 to 1660, Louis XIV’s court reached its largest size in the king’s entire reign; comprising over fifteen thousand people.⁴ Like Vallot, many of these courtiers held professional positions within this society and as such were known as *commensaux du roi*.⁵ The social make-up of the court’s community of *commensaux* was incredibly diverse: both commonplace domestic servants such as apothecaries, and nobles as high-born as the prince de Condé – who traditionally held the title and office

¹ Recently published histories of early modern French courts besides the monarch’s include Beguin, *Condé* and Jonathan Spangler, “Material Culture at the Guise ‘Court’: Tapestries, a Bed and a Devotional Dollhouse as Expressions of Dynastic Pride and Piety in Seventeenth-Century Paris,” *Seventeenth-Century French Studies* 34 (2012): 158–75.

² Olivier Chaline, “The Valois and Bourbon Courts c. 1515–1700,” in *The Princely Courts of Europe: Ritual, Politics and Culture Under the Ancien Régime: 1500–1750*, ed. John Adamson (London: Weidenfeld and Nicolson, 1999), 67–8.

³ ‘[A] véritable social melting pot’. Boucher, “L’Évolution,” 359.

⁴ R.J. Knecht, “The Court of France, 1550–1650,” *Seventeenth-Century French Studies* 10 (1988): 10.

⁵ In the early modern period, the term ‘*commensal*’ referred to an individual who spent some, or all, of his or her time at court in a serving capacity in the households of members of the royal family. Their work entitled *commensaux* to wages, food and a bed at court. See Joseph-Nicolas Guyot, *Traité des droits, fonctions, franchises, exemptions, prérogatives et privilèges annexés en France à chaque dignité, à chaque office et à chaque état, soit civil, soit militaire, soit ecclésiastique* (Paris: Visse, 1786), vol. 1, 399. Jacqueline Boucher estimated that, between 1651 and 1660, there were at least 1,149 individuals in the royal court who would classify as belonging to this group. Boucher, “L’Évolution,” 365. For more information about seventeenth-century *commensaux* see Lavrny, *Domestiques*.

of *grand maître de la maison du roi*⁶ – were officially included within this demographic.

Overall, the court society to which Vallot belonged appears to have been a dynamic and restless space. The average year exposed the courtier to both the dangers of the battlefield⁷ and the pleasures of lavish celebrations and fêtes;⁸ all dictated by the changing needs and personal whims of a growing monarch. Within the court's administrative sphere, there was equally little opportunity for complacency between the political turbulence of the Fronde in the early 1650s and the death of Cardinal Mazarin in 1661. The court's medical household occupied a relatively tiny amount of space within this vast machine but was nevertheless galvanised by its own events, discourses and disputes. All of this activity took place against an ever-changing backdrop. With its permanent migration to Versailles still over a decade away, the court society was nomadic during Vallot's time as *premier médecin*, and it spent most of this period travelling around the Île de France.⁹

A society as vast and diverse as the royal court provided fertile ground for the development of a wealth of different relationships between its inhabitants. The following chapters will explore just some of the relationships that Vallot maintained within this sphere as *premier médecin*.

⁶ The title roughly translates as Grand Master of the King's Household. For more information about the *grand maître*'s role at court, see Blanquie, "Grand maître."

⁷ For more information about the enduring importance of military pursuits to Louis XIV's court – especially within noble circles – see Ruth Kleinman, "Social Dynamics at the French Court: the Household of Anne of Austria," *French Historical Studies* 16 (1990): 517–35 and Ladurie, *Saint-Simon*, 47–8 and 51.

⁸ Causes for grand celebrations in Louis XIV's court included the king's marriage to Marie-Thérèse in 1660, the birth of the Dauphin in 1661, and the king's thinly concealed passion for his mistresses. For more information about some of these events, see Jérôme de la Gorce and Raphaël Masson, "Les Fêtes de Versailles," in *Louis XIV : l'homme et le roi*, 150–7.

⁹ The court also embarked upon some more distant tours of the provinces during this period. See Knecht, "Court of France," 15–16.

Chapter 1. Vallot's Relationship(s) with 'la Cour'

'It is the genius of all Princes that whatsoever they desire they dare, even at peril of safety, so that their physicians ought truly to be judged unhappy men, called as they are to play the part of Cassandra. Whatever, on the theatre of the Court, they may advise by way of caution, or predict from dangerous premisses, they are either not listened to, or laughed at, at least, as of no account.'

Extract from a letter by Theodore Turquet de Mayerne to William Harvey, dated 3rd February 1636.¹

In his recently published *Social and Cultural History of Early Modern France*, William Beik provided a useful social breakdown of the royal court. He divided it into four sectors, with each sector relating to a different function which was performed by the court's inhabitants. The first of these functions relates to the upkeep of the royal family's households: a sector which incorporated *grande*es with authoritative *commensal* positions, and domestic servants who performed the majority of the practical work. The second function relates to the dignitaries who travelled with the king and made up his entourage. The third function is the governance of the realm; a task which primarily fell to a community of ministers, councillors and other advisers who tended to work and live at a distance from the court's *grande*es. The fourth function – a little less formally defined – relates to the court's role in promoting elements of art and culture.² This first chapter will explore Vallot's relationship(s) with courtiers primarily belonging to the first two sectors of this society: the *grande*es, *commensaux*, and members of the king's wider entourage who comprised the court's most visible sphere.³

Indeed, visibility appears to have played an important role in Vallot's own understanding of his relationship with these courtiers. As with all aspects of the king's life, Louis XIV's medical experiences were a source of acute and constant interest to the court society and Vallot seemed keen to emphasise in his *Remarques* the extent to which this interest trained the courtiers' gaze upon his actions as *premier médecin*. In

¹ Thomas Gibson, "A Sketch of the Career of Theodore Turquet de Mayerne: Physician to Four Kings, Spagyric Therapist, and Pioneer in the Compilation of Elaborate Records of Clinical Cases," *Annals of Medical History* N.S. 5 (1933): 323. Translation from the original Latin by Gibson.

² William Beik, *A Social and Cultural History of Early Modern France* (Cambridge: Cambridge University Press, 2009), 313–4.

³ Although they essentially belonged to the first of these sectors, the royal medical team will not make a significant appearance in this chapter as their relationship(s) with Vallot are the basis of the third chapter of this thesis.

his account of Louis XIV's treatment for chickenpox in 1663, for instance, Vallot recalled how the king's symptoms 'alarmèrent toute la Cour'⁴ and remained a continuous concern for them until the *premier médecin* administered a successful treatment.⁵ The observation and attitudes of these courtiers appear to have been of particular importance to Vallot during Louis XIV's aforementioned illness in the summer of 1658. Once the worst of the illness had passed, Vallot described how he assured the court's inhabitants that Louis XIV was on the path to recovery,⁶ and also boasted of how 'tous les remèdes ont été donnés si à propos, que toute la Cour a vu et remarqué des effets miraculeux et extraordinaires, particulièrement dans l'extrémité de sa maladie'.⁷ Such accounts give the strong impression that whilst in the act of performing his primary duties as *premier médecin*, Vallot viewed the court society partially as a captive audience, whose approval and respect he was keen to gain.

Such reactions to Louis XIV's treatment were by no means the only ways in which the court society interacted with the *premier médecin*, however. In fact, there is plentiful evidence to suggest that many of these courtiers' relationships with Vallot were informed and influenced as much by their own medical experiences as by the king's. Many of the memoirs and much of the correspondence that was written by Vallot's courtly contemporaries during his time as *premier médecin* is littered with brief references to him treating different patients at court. In their written accounts of this society's most dramatic and important medical events – and sometimes just the events of this nature which mattered the most to them from a personal perspective – the *premier médecin*'s treatment of the patient often acted as an essential component of the narrative.⁸

Perhaps unsurprisingly, Vallot rarely mentioned this aspect of his career in the *Remarques*. Neither he nor Louis XIV appear to have considered his treatment of other patients to be a priority: the *premier médecin*'s responsibilities in this field receive no

⁴ '[A]larmed the entire court'.

⁵ *JS*, 148–9. For a similar portrayal of the courtiers dating from 1653, see *ibid.*, 82.

⁶ When Louis XIV's recovery took an unusual turn (he urinated in prodigious quantities), Vallot wrote how 'les assurances que je donnai [...] à la reine-mère, à toute la Cour et à S. E., ont bien diminué l'appéhension que l'on avait de quelque mauvais événement de cette prodigieuse évacuation' ('the assurances that I gave... to the queen mother, to the entire court and to His Eminence [Cardinal Mazarin] have greatly diminished their concerns that this prodigious evacuation was a bad thing'). *Ibid.*, 131.

⁷ '[A]ll of the remedies were given so appropriately, that the entire court saw and remarked on their miraculous and extraordinary effects, particularly in the extremes of his [the king's] illness'. *JS*, 134. For a similar portrayal of the court admiring Vallot's handiwork in 1647, see *ibid.*, 72.

⁸ This treatment of additional patients as *premier médecin* was certainly not an experience unique to Vallot. Whilst working in the English equivalent of the position, the aforementioned Theodore Turquet de Mayerne had so many extra courtly patients that his extant records of their cases take up over twenty volumes. For more information about these casebooks, named by Turquet de Mayerne *Ephemerides Morborum* ('Diaries of Diseases'), see Nance, *Turquet de Mayerne*.

mention in the position's aforementioned appointment oath. Nevertheless, in consideration of the significant amount of time that Vallot devoted to this duty, and the variety of courtiers with whom it brought him into close, regular contact, its importance in terms of his relationship(s) with the wider court society cannot be denied. Within the context of this investigation, therefore, this aspect of Vallot's role as *premier médecin* definitely seems worthy of further exploration.

1.1 Vallot's Professional Popularity

Many of Vallot's additional patients were members of Louis XIV's family. The king's eldest son, known as the Dauphin,⁹ traditionally shared the majority of his household with his father¹⁰ and as such was one of the extra patients whom Vallot treated the most regularly. Vallot acted as the Dauphin's main point of medical contact throughout the latter's infancy¹¹ and was still frequently called upon to provide medical assistance for him in later years. In 1667, for instance, Vallot was summoned by the anxious Queen Marie-Thérèse to provide his professional opinion on the Dauphin's emerging measles.¹² A month before his own death in 1671, Vallot also assisted with the final illness of Louis XIV and Marie-Thérèse's second son, the young duc d'Anjou.¹³ Anne of Austria turned to Vallot – despite having her own sizeable medical household¹⁴ – for help in the early stages of a cancerous affliction which eventually killed her in 1666.¹⁵

One of the most dramatic of Vallot's medical encounters with the royal family occurred in 1670 when Henriette d'Angleterre,¹⁶ the first wife of Louis XIV's brother Philippe, died in unexpectedly tragic circumstances. Known at court as Madame, Henriette had been one of the most popular and vivacious members of Louis XIV's

⁹ For a brief description of Louis de France (1661–1711), who died before he could succeed his father as king, see Bluche, *Louis XIV*, 357–8.

¹⁰ Verdier, *Jurisprudence*, vol. 2, 75–6.

¹¹ N. Besongne, *L'Etat de la France, nouvellement corrigé et mis en meilleur ordre* (Paris: E. Loyson, 1663), vol. 1, 351–2.

¹² Thomas-François Chabod, marquis de Saint-Maurice, *Lettres sur la cour de Louis XIV*, ed. Jean Lemoine (Paris: C. Lévy, 1910), vol. 1, 63, letter to the duc de Savoie dated 13th June 1667.

¹³ Charles Trochon, "Journal d'Eusèbe Renaudot : Régent en médecine à Paris 1646–1679," *Mémoires de la Société de l'Histoire de Paris et de l'Île de France* 4 (1877): 264. Philippe-Charles, duc d'Anjou – Louis XIV and Marie-Thérèse's second son – died at the age of two on 10th July 1671.

¹⁴ In 1663 Anne of Austria had four physicians, four surgeons and four apothecaries employed in her household. Besongne, *L'Etat de la France* (1663), vol. 1, 280.

¹⁵ Vallot's involvement in this illness will be explored in greater depth in Chapter 3.

¹⁶ For a contemporary literary portrait of Henriette d'Angleterre (1644–70), who was the daughter of King Charles I of England and Henriette de France (Henri IV's daughter), see Marie-Madeleine Pioche de la Vergne, comtesse de La Fayette, *Histoire d'Henriette d'Angleterre par Madame de La Fayette*, ed. Anatole France (Paris: Charavay Frères Editeurs, 1882).

entourage since her arrival in 1661. She was just twenty six years old when she suddenly became violently ill with stomach pains on a summer afternoon. The king's cousin – Anne-Marie-Louise d'Orléans, duchesse de Montpensier¹⁷ – recalled how Queen Marie-Thérèse summoned Vallot to Henriette's bedside immediately upon receiving news of the illness.¹⁸ Once there Vallot consulted with the physicians who worked in the princess' household, including her *premier médecin*, Pierre Yvelin and Esprit, the *premier médecin* of her husband.¹⁹ To the astonishment of the entire court, Vallot and his colleagues' collected efforts proved to be in vain, as the patient died in the early hours of the following morning.²⁰

Henriette's final weeks of life had been upturned by dramatic developments of both a political and personal nature. Less than a fortnight before her death she had returned from a clandestine diplomatic mission to England in which she had negotiated with her brother, King Charles II,²¹ on Louis XIV's behalf. She had also successfully engineered the downfall of her husband's lover in this time. Henriette's violent death came so swiftly in the wake of these events that many suspected that her death had been no coincidence. With rumours circulating that Philippe's disgraced lover had poisoned Henriette in an act of vengeance,²² hundreds of curious courtiers crowded into her autopsy.²³

In light of the distressing and controversial nature of Henriette's death, a medical report was deemed necessary. Vallot was consequently set to work on one after he had participated in the autopsy.²⁴ In the report, Vallot expressed his surprise at the 'circonstances assez particulières et extraordinaires'²⁵ of Henriette's death. However, he

¹⁷ Also known at court as 'Grande Mademoiselle', Anne-Marie-Louise-d'Orléans was the daughter of Louis XIII's younger brother – Gaston d'Orléans – and Marie de Bourbon, duchesse de Montpensier. For more information about Anne-Marie-Louise, see her memoirs. Montpensier, *Mémoires*.

¹⁸ *Ibid.*, vol. 4, 143. For the duchesse de Montpensier's full account of the illness, see *ibid.*, 142–52.

¹⁹ Next to nothing is known about the life of Esprit, excepting the fact that he held the position of *premier médecin* to Philippe, Louis XIV's brother. See *L'Etat nouveau de la France, dans sa perfection* (Paris: Jean-Baptiste Loyson, 1661), 307 and Besongne, *L'Etat de la France* (1663), vol. 1, 365. He also appears to have worked as a physician to Cardinal Mazarin in the 1650s. See *MAE, Mémoires et documents : France*, 884/133–4 and Patin, *Lettres*, vol. 2, 351–3, letter to Spon dated 6th November 1657. For an account of the consultation that took place between Vallot, Yvelin and Esprit during Henriette's final illness, see La Fayette, *Histoire*, 134.

²⁰ Henriette died on 30th June 1670.

²¹ Henriette's brother, Charles II (1630–85), ruled as King of England from 1660 until his death.

²² Saint-Maurice, *Lettres*, vol. 1, 485, letter to the duc de Savoie dated 12th September 1670. For more information on the personal and political developments preceding Henriette's death, the death itself as well as its aftermath, see Barker, *Brother*, 98–120.

²³ Montpensier, *Mémoires*, vol. 3, 150–1 and Saint-Maurice, *Lettres*, vol. 1, 453–4, letter to the duc de Savoie dated 2nd July 1670.

²⁴ See Antoine Vallot, "Sentiment de M. Vallot sur les causes de la mort de Madame," in *Archives de la Bastille : Documents inédits. IV. Règne de Louis XIV (1663 à 1678)*, ed. François Ravaissin-Mollien (Paris: A. Durand et Pedone-Lauriel, 1870), 37–8 for a transcript of the report.

²⁵ '[R]ather peculiar and extraordinary circumstances'. *Ibid.*

also emphasised that her poor health had been a cause of concern for him for a number of years; suggesting that he had been acting as a regular point of medical contact for her for some time. The verdict must have come as a huge relief to a royal family terrified of the multifarious negative consequences of a suspected poisoning. The fact that Vallot – rather than Henriette’s own physicians – had been tasked with the compilation of this report would appear to suggest that his position had invested him with a degree of responsibility for the shaping of such official royal medical texts.

A year before Henriette’s death Vallot had also played a role in the final illness of her mother; Henrietta Maria,²⁶ the wife of Charles I of England. Unfortunately, Vallot’s efforts to save Henrietta Maria appear to have been no more effective than they would later prove for her daughter: she died of her illness on 10th September 1669.²⁷ Vallot’s professional reach also appears to have extended beyond the royal families of France and England to some extent: in the summer of 1664, he provided medical advice in writing for the Queen Consort of Poland²⁸ through the intermediary of the prince de Condé.²⁹ The exchange hints at the possibility that the position of *premier médecin* had afforded Vallot a degree of international acclaim.

The royal families of Europe aside, contemporary accounts also confirm that Vallot treated a host of aristocrats during his time as *premier médecin*. These patients included the princesse de Palatine Anne de Gonzague,³⁰ the comtesse de Fiesque,³¹ Madame de Roquelaure³² and the marquis de Villeroy.³³ It seems likely that there would

²⁶ Henrietta Maria (1609–69) was the daughter of Henri IV and Marie de Medicis.

²⁷ After Henriette Marie died, rumours circulated around Paris about Vallot’s involvement in her final illness. Some attributed the death to a laudanum pill which Vallot had allegedly administered to Henriette Marie shortly before her demise. See Patin, *Lettres*, vol. 3, 705–6, letter to André Falconet dated 8th September 1669 and d’Ormesson, *Journal*, vol. 2, 572.

²⁸ The daughter of Charles I de Gonzague, duc de Nevers and Catherine de Lorraine, Marie-Louise de Gonzague (1611–67) was Queen Consort to two Polish kings: Wladyslaw IV (whom she married in 1646) and John II Casimir (whom she married in 1649). Guy Antonetti, “Gonzague (Maison de),” in *Dictionnaire du Grand siècle*, ed. François Bluche (Paris: Fayard, 2005), 665.

²⁹ Louis II de Bourbon and Henri Jules de Bourbon, princes de Condé, *Le Grand Condé et le duc d’Enghien : Lettres inédites à Marie-Louise de Gonzague, Reine de Pologne sur la cour de Louis XIV (1660–1667)*, ed. Émile Magne (Paris: Emile-Paul frères, 1920), 35–6 and 51, letters from the duc d’Enghien to the Queen of Poland dated 12th June and 31st July 1664.

³⁰ *BNF*, Manuscrits français, 2392/120. Anne de Gonzague (1616–84) was the younger sister of the aforementioned Queen Consort of Poland. Vallot worked in consultation with her personal physician when Anne fell ill in Paris in May 1654.

³¹ Vallot advised the comtesse de Fiesque (1619–99) on her unusual pregnancy in October 1652. See Henri d’Orléans, duc d’Aumale, *Histoire des princes de Condé, pendant les XVI^e et XVII^e siècles* (Paris: C. Lévy, 1892) vol. 6, 582 and Valentin Conrart, “Mémoires de Valentin Conrart,” in *Collections des mémoires relatifs à l’histoire de France, depuis l’avènement de Henri IV jusqu’à la paix de Paris conclue en 1763*, ed. Claude-Bernard Petitot (Paris: Foucault, 1825), vol. 48, 371. The Fiesques were closely associated with the prince de Condé’s family. The duchesse de Montpensier harboured an intense dislike for the comtesse de Fiesque. See Montpensier, *Mémoires*, vol. 3, 57 and 75–6.

³² Unfortunately, Madame de Roquelaure did not survive the illness for which Vallot treated her in December 1657. She was the wife of Gaston-Jean-Baptiste de Roquelaure (1617–83): a Lieutenant

have been an element of emulation in at least some of these courtiers' use of Vallot. The *premier médecin*'s medical attentions would have been coveted because of his unparalleled professional status at court, and the significant status boost that such a visit from the king's personal physician could bring.³⁴

The court's grandees may not have considered medicine to be a particularly agreeable topic of polite conversation,³⁵ but this did not mean that they chose to remain wilfully ignorant of their own states of health. With a medical outlook which occupied the middle-ground between the apparent indifference of their youthful monarch, and the famous hypochondriacal obsessions of Marie de Rabutin-Chantal, marquise de Sévigné,³⁶ the average noble would have had enough medical knowledge to be able to comfortably conduct a conversation about their health with a professional. Such knowledge was essential in a period when the patient was expected to lead medical consultations by disclosing information to their practitioners about the nature and potential causes of their ailments.³⁷ An examination of the extant written medical exchanges between Vallot, his colleagues and their patients can help to give an impression of the informed and intensive nature of these medical consultations. For instance, when a patient wrote to a member of Vallot's medical team – a *médecin par quartier du roi* named Urbain Bodineau³⁸ – to express her concerns about the differing colours of her urine, the physician was happy to respond with a lengthy explanation of the phenomenon's causes, including the urine's journey through the body and interaction with different types of humours.³⁹ A letter that Vallot addressed to an

General and the Governor of Guyenne. See Patin, *Lettres*, vol. 2, 364, letter to Spon dated 18th December 1657.

³³ Vallot cared for Nicolas de Neufville, marquis de Villeroy (1598–1685) during the autumn of 1659. See *MAE*, Mémoires et documents : France, 280/287–8 and 369 and 281/120–1. The marquis – who became the duc de Villeroy in 1663 – had been Louis XIV's governor during the king's youth.

³⁴ Brockliss and Jones, *Medical World*, 288–9; Lunel, *Maison médicale*, 206 and Perez, *Biohistoire*, 156.

³⁵ The court society's attitude towards medicine as a topic of conversation will be explored in greater depth in the next section of this chapter.

³⁶ The marquise de Sévigné (1626–96) lived on the periphery of Louis XIV's court. She is best remembered for her unusually personal correspondence, in which she often discussed her health. For more information about the marquise de Sévigné see Marie de Rabutin-Chantal, marquise de Sévigné, *Lettres de Madame de Sévigné, de sa famille, et de ses amis*, ed. Louis Jean Nicolas Monmerqué (Paris: L. Hachette, 1862–8), 14 vols and Centre méridional de rencontres sur le XVII^e siècle, *Madame de Sévigné, Molière et la médecine de son temps : actes du troisième Colloque de Marseille* (Marseille: Marseille, 1973).

³⁷ Brockliss and Jones, *Medical World*, 299.

³⁸ Little is known about the life of Urbain Bodineau (d. 1671). A graduate of the Paris medical faculty, he is recorded as having worked in the role of *médecin par quartier du roi* in 1656. See *AN*, KK/209/15. He also held the title of *demonstrateur des plantes* (Demonstrator of Plants) at the *Jardin du roi* from 1635 until his death. See Lunel, *Maison médicale*, 172 and *AN*, O¹/16/77–8.

³⁹ *BNF*, Manuscrits français, 17055/34.

unknown patient in July 1667 included an extensive daily medical regime with exact measurements and preparation procedures for the remedies he advised.⁴⁰

During Vallot's time as *premier médecin*, the court's nomadic nature added an element of difficulty to his work which Louis XIV's later, Versailles-bound physicians would rarely have to face. Whilst on the road, as previously mentioned, Vallot was constantly on the look-out for potential pathological dangers which could harm the king. Yet a number of allusions in the *Remarques* to the health of courtiers suggest that, even during times of travelling, Vallot kept his medical gaze broad to accommodate the medical concerns of others. In his first *Remarques* entry as *premier médecin*, Vallot wrote how a fever had killed the duc de Bouillon during his stay in Pontoise⁴¹ and six years later, he expressed his concern that a number of those 'qui suivent la Cour'⁴² had succumbed to illness during the court's stay in Calais, as a result of the corrupt air in the region.⁴³ Louis XIV would always remain Vallot's priority as *premier médecin*, so it seems likely that his reportage of these occurrences reflected his concern for the king's health as much as it did a concern for the plight of the sufferers themselves. Nevertheless, the anecdotes do give an impression of the kind of mental map which Vallot may have kept of the court's medical climate, allowing him to react swiftly and effectively to any medical consultation that he was called into.

Antoine de Courtin, a seventeenth-century French author who wrote about matters of etiquette, described travel as 'being a kind of warfare, accompanied with cares, diligences, and precautions, as well as with downright labour and fatigue'.⁴⁴ The analogy seems particularly apt in the case of the royal court's embarkation upon military campaigns: events which often proved in themselves to be highly dangerous and gruelling excursions. Although he played no part in the combat himself, the *premier médecin* was by no means exempt from the trials and tribulations of warfare. In similar fashion to the military leaders of the sixteenth century, who took their medical practitioners with them onto the battlefield to tend to the wounded,⁴⁵ Louis XIV expected his *premier médecin* to remain by his side on military campaigns in order to provide medical care for the royal entourage. Military life necessitated a significant

⁴⁰ *Ibid.*, 17055/8.

⁴¹ *JS*, 75. A former Frondeur, Frédéric-Maurice de la Tour d'Auvergne, duc de Bouillon (1605–52) was the elder brother of the aforementioned vicomte de Turenne.

⁴² '[W]ho follow the court'.

⁴³ *JS*, 114.

⁴⁴ Antoine de Courtin, *The Rules of Civility, or, Certain Ways of Deportment Observed Amongst All Persons of Quality upon Several Occasions. Translated Out of French. The Second Edition with Additions* (London: J. Martin and John Starkey, 1671), 24–5 and 140. Antoine de Courtin (1622–85) wrote a number of other advice books on topics such as laziness and maintaining a healthy marriage.

⁴⁵ Brockliss and Jones, *Medical World*, 287.

reduction of facilities and it seems likely that the *premier médecin* frequently found his team cut down to size during these periods.⁴⁶ Military endeavours consequently appear to have represented extremely busy phases of the *premier médecin*'s career, in which he was called upon to organise and provide the medical treatment of swathes of patients on the battlefield.⁴⁷ The detail with which Vallot elaborated upon the court's military activity in the *Remarques* – as mentioned in this thesis' introduction – certainly gives the impression that he was working with a sense of heightened awareness during these periods.⁴⁸

Contemporary accounts of Vallot's medico-military encounters reveal how his treatment of patients on the battlefield brought him into contact with a variety of different courtiers. In his *Remarques* entry for 1658, Vallot recounted how Louis XIV sent him to Calais to treat the maréchal de Castelnault⁴⁹ for a wound that he had received at the siege of Dunkirk. Whilst there he was also expected to resolve a dispute that had erupted between the medical practitioners who were already treating him.⁵⁰ Four years beforehand the *premier médecin* had also been called upon to care for the duc de Joyeuse, who had received a bullet wound to his upper arm during a battle against the Spanish army. A small collection of handwritten texts relating to the illness, currently kept in the *Bibliothèque nationale de France*, include the following brief note in Vallot's hand:

La nuit passée a esté meilleur et plus tranquille que toutes les autres lenfleur du bras est beaucoup diminuee la suppuration commence a se faire de la bonne

⁴⁶ Vallot attests to the reduction of his medical team during military campaigns in the *Remarques*: in his entry for 1658, for instance, he described how he had to summon two of his closest colleagues at court (physicians Louis-Henri d'Aquin and François Guénault) from Paris in order to help him treat the critically ill Louis XIV. See *JS*, 121. In the politically turbulent period immediately preceding his appointment as *premier médecin*, Vallot himself had been kept at a distance from the court, being summoned to the king's side only when Vautier's death appeared inevitable. *Ibid.*, 73.

⁴⁷ Lunel, *Maison médicale*, 78.

⁴⁸ Vallot's intense professional immersion in military life may have been one of the reasons why many of his children later forged links with the army. Whilst Jean-Baptiste Vallot became a *capitaine* of the *Régiment des gardes* (Captain of the Regiment of Guards), both of Antoine's daughters married military men after his death. In 1672, Louise Elisabeth Vallot married Denis de Banne, who was then Captain of the Herleville and Seguiran companies. In 1676, Olympe Vallot married Jacques Jubert, who was the marquis du Thil and a Brigadier of the King's Armies. See Hozier, *Armorial général*, register 2, vol. 1, 115–16 and François-Alexandre Aubert de la Chesnaye des Bois, *Dictionnaire de la noblesse contenant les généalogies, l'histoire et la chronologie des familles nobles de la France, l'explication de leurs armes et l'état des grandes terres du royaume, possédées à titre de principautés, duchés, marquisats, comtés, vicomtés, baronies, etc., par création, héritages, alliances, donations, substitutions, mutations, achats ou autrement* (Paris: Antoine Boudet, 1774), vol. 8, 296.

⁴⁹ Roughly translates as 'Marshall of Castelnault'.

⁵⁰ *JS*, 115. Unfortunately, *maréchal de France* Jacques de Castelnault (1620–58) died of the mortal wound for which Vallot was summoned to help treat him.

maniere sans fiebvre et sans aucun accident ce qui nous faist bien esperer pour ladvenir⁵¹

The blunt and informal nature of the note gives the impression that it was meant for a medical audience only, perhaps even for Vallot's eyes alone. The latter possibility brings to mind the voluminous aforementioned case notes of Theodore Turquet de Mayerne, and hints in turn at the tantalising possibility that our protagonist may have kept his own similar set of records for his additional patients.

The note is accompanied by three letters: one by Vallot, another by a court practitioner named Gabriel Cressé,⁵² and the last by a different, unnamed practitioner.⁵³ All three letters were addressed to the duc de Joyeuse's mother, the duchesse de Guise.⁵⁴ Informing the duchess of their high hopes for her son's recovery, all three of the letters reiterate the practitioners' agreed intention to prevent the patient from travelling back to Paris until he was feeling completely ready for the journey.⁵⁵ Evoking images of Vallot carefully analysing and recording his patient's symptoms, collaborating with fellow professionals and corresponding with the patient's family in what must undoubtedly have proven to be extremely challenging circumstances, this small collection of texts on the duc de Joyeuse's treatment reveals the impressive extent to which Vallot worked to ensure the continued health of all of his patients – not just the king's – as *premier médecin*.

Another interesting account of Vallot's medical interactions with the court's inhabitants on the battlefield can be found in the correspondence of Thomas-François Chabod, marquis de Saint-Maurice,⁵⁶ who wrote a decade after the duc de Joyeuse suffered from his battle wound. The marquis had been sent to the French court by Charles-Emmanuel II, duc de Savoie⁵⁷ to act as his ambassador. Stationed at Lille during the War of Devolution in 1667, the marquis became increasingly unwell and wrote to his master about how he came to use the *premier médecin*'s services:

⁵¹ 'Last night was better and more tranquil than the others the swelling on the arm is greatly diminished the pus is beginning to form in the correct manner without fever or any other mishaps which gives us high hopes for the future'. *BNF*, Manuscrits français, 20652/156.

⁵² Although next to nothing is known about Gabriel Cressé, his status as a court practitioner is confirmed by a selection of small royal *brevets* (certificates), dating from February 1670, which approve his request for continued residency in London. See *AN*, AJ/15/509/207–8.

⁵³ *BNF*, Manuscrits français, 20652/157–61.

⁵⁴ For more information about the duchesse de Guise (1585–1656), the duc de Joyeuse (1622–54) and the rest of the Guise family, see Spangler, *Society of Princes*.

⁵⁵ Unfortunately, despite the practitioners' collective optimism, the duc de Joyeuse died as a result of his injury before the year's end.

⁵⁶ For more information about Thomas-François Chabod, marquis de Saint-Maurice (1624–82), see Jean Lemoine, "Introduction," in Saint-Maurice, *Lettres*, vol. 1, i-l.

⁵⁷ Charles-Emmanuel II (1634–75) held the title of duc de Savoie from 1638 until his death.

Monsieur le Duc est tombé malade, on l'a porté à Arras avec la fièvre fort violente ; les maladies commencent dans cette armée et moi, de crainte de la devenir, voyant que [...] je ne dormais pas et que je n'avais pas de l'appétit mais beaucoup de langueur, j'ai envoyé prendre M. Vallot, le médecin du Roi, qui a trouvé à propos de me mettre dans les remèdes et je vais commencer dès ce soir avec beaucoup de répugnance.⁵⁸

It seems at least plausible that the poorly duc to whom Saint-Maurice referred was the prince de Condé's son: Henri Jules de Bourbon, the duc d'Enghien.⁵⁹ Other contemporary sources cited the duc d'Enghien as having received medical treatment from Vallot during this campaign for an illness that had afflicted him on the battlefield;⁶⁰ attesting again to the busy nature of the *premier médecin*'s wartime schedule.⁶¹ The marquis de Saint-Maurice's anecdote is particularly interesting because it appears to imply that courtiers like him did not have to rely on Louis XIV's intervention to procure the *premier médecin*'s services, but could instead summon the physician themselves for treatment.⁶² Vallot's proximity to Louis XIV, and status as the latter's personal physician, evidently were not supposed to be understood within the court society as a sign of his professional exclusivity to the king alone. Perhaps even more so than was the case within Louis XIV's many royal residences, the battlefield – with its reduced facilities and palpable dangers – was a space in which it made sense for the king's most trusted physician to make himself as useful and available as possible to potential patients other than the king.

Interestingly, in some of the contemporary accounts of times when Vallot did treat courtiers at the king's behest, he appears to have been performing in a capacity for Louis XIV which went beyond the purely medical. In the summer of 1665, for instance, Louis XIV charged Vallot with the medical care of the Italian artist and architect Gian

⁵⁸ 'The Duke has fallen ill, he has been taken to Arras with a very violent fever; illnesses are beginning to affect the army and I, fearing that I will fall ill, too, seeing that... I was not sleeping and that I had no appetite but a lot of sluggishness, I've sent for Mr Vallot, the king's physician, who found it appropriate to provide me with remedies, which I will begin this evening with great repugnance.' Saint-Maurice, *Lettres*, vol. 1, 111, letter to the duc de Savoie dated 24th August 1667.

⁵⁹ Henri Jules de Bourbon (1643–1709) became the prince de Condé upon his father's death in 1686.

⁶⁰ Aumale, *Histoire des Princes du Condé*, vol. 7, 259.

⁶¹ Luckily for Vallot, Louis XIV was in peak condition for most of 1667. See *JS*, 162. This meant that the *premier médecin* probably had significantly more free time to treat patients who needed him more, such as the duc d'Enghien.

⁶² An extant letter written by Roger de Rabutin, comte de Bussy to Antoine d'Aquin in September 1683 – in which the count invites the *premier médecin* to his home in order for the physician to consult him over a chronic illness – gives another impression of how courtiers may have solicited the *premier médecin*'s services of their own accord. See Roger de Rabutin, comte de Bussy, *Correspondance de Roger de Rabutin, comte de Bussy avec sa famille et ses amis (1666–1693)*, ed. Ludovic Lalanne (Paris: Charpentier, 1859), vol. 5, 367.

Lorenzo Bernini, who was visiting Paris to discuss his plans to design a facade for the Louvre. Although Bernini did feel slightly unwell for one night of his stay in Paris, the *premier médecin*'s intervention was decided against in this instance and it eventually transpired that Vallot's services were not required by the artist at all during his visit.⁶³ The actions of Vallot himself are of significantly less interest here than the king's offer of his services to Bernini in the first place. By offering the artist the use of his own personal physician, Louis XIV appears to have been sending a conspicuous gesture of goodwill to his artistic guest. In other words, Vallot was offered to Bernini not only in his conventional guise as a physician, but also as a living embodiment of his host's benevolence and welcome. A similar situation appears to have occurred in 1652, when Vallot was sent by the king to Paris to treat an off-duty *premier valet de chambre* (Chief Valet of the Bedchamber) named Pierre de la Porte.⁶⁴ As the court's *commensaux* had their own designated physician,⁶⁵ it seems likely that Louis XIV's dispatch of Vallot in this case was again meant to be interpreted as a sign of the king's particular benevolence towards the patient.

In slightly less benign circumstances, Vallot was sent in April 1665 to the bedside of a patient imprisoned in the Bastille. Roger de Rabutin, comte de Bussy, had been arrested after writing a number of controversial texts which had greatly displeased Louis XIV.⁶⁶ The comte's wife wrote to the king in 1665, imploring him to provide her ailing husband with medical care as the facilities in the Bastille were apparently woefully inadequate. In response, Louis XIV sent Vallot and his *premier chirurgien* (Chief Surgeon), François Félix de Tassy,⁶⁷ to examine the prisoner.⁶⁸ Far from being

⁶³ Paul Fréart de Chantelou, *Journal du voyage du Cavalier Bernin en France*, ed. Ludovic Lalanne (Paris: Gazette des Beaux-Arts, 1885), 30.

⁶⁴ Pierre de la Porte, *Mémoires de M. de la Porte, premier valet de chambre de Louis XIV* (Geneva: 1756), 314. La Porte (1603–80) had a long and controversial career in the royal household. Whilst working as *Portmanteau de la reine* (roughly translates as Queen's Attendant) from 1621 to 1624, he was exiled and even briefly imprisoned in the Bastille before acquiring his next position as *premier valet de chambre du roi* in 1643. He lost this position – and with it his entire career at court – in punishment for conspiring against Mazarin in 1653. See Laverny, *Domestiques*, 371–2.

⁶⁵ Perez, *Biohistoire*, 142.

⁶⁶ For more information about Roger de Rabutin, comte de Bussy (1618–93), see Daniel-Henri Vincent, *Bussy-Rabutin : Le libertin puni* (Paris: Perrin, 2011).

⁶⁷ François Félix de Tassy worked as *premier chirurgien du roi* from 1653 until his death in 1686. For more information about François and his better-known son and professional successor, Charles-François Félix de Tassy, see Éloy, *Dictionnaire*, vol. 2, 203–4, Perez, *Biohistoire*, 390–1 and Chapter 3 of this thesis.

⁶⁸ Vallot and Félix de Tassy concluded that the comte de Bussy would indeed need more medical attention than the Bastille could provide, although Louis XIV ultimately proved unwilling to release the count from his incarceration despite this advice. See Roger de Rabutin, comte de Bussy, *Mémoires de Roger de Rabutin, comte de Bussy, Lieutenant général des armées du roi, Mestre de camp général de la cavalerie légère : Nouvelle édition revue sur un manuscrit de famille, augmentée de fragments inédits, suivie de l'Histoire amoureuse des Gaules*, ed. Ludovic Lalanne (Paris: Charpentier, 1857), vol. 2, 275.

sent as a gesture of goodwill in this instance, Vallot appears to have been dispatched to the Bastille as an extension of Louis XIV's authority and justice. As king, Louis XIV could have ordered any physician of his choosing to tend to the Count, but it appears that he instead chose to send an individual whose opinion he knew he could trust when making further decisions about such a prisoner's fate.

In addition to his treatment of courtiers, Vallot also appears to have been valued as an approachable and reliable source of medical news within the court society. Several courtly authors wrote accounts of their conversations with Vallot about the health of other patients. The memoirs of Françoise de Motteville, a *première femme de chambre* (Chief Woman of the Bedchamber) and close friend of Anne of Austria,⁶⁹ contain several brief accounts of her conversations with Vallot about the final illness of the queen mother in the mid-1660s.⁷⁰ As a domestic servant whose fate was deeply intertwined with that of her mistress, it seems likely that Motteville would have been desperate to acquire reliable medical information about the ailing queen mother in these troubling times. Even if she was not always complimentary about his treatment of Anne of Austria,⁷¹ Motteville's numerous accounts of her conversations with Vallot about her mistress' ongoing treatment would appear to suggest that she felt comfortable approaching and conversing with the *premier médecin* about medical matters. The marquis de Saint-Maurice appears to have initiated similar medical conversations with Vallot about Louis XIV's health, although as an ambassador he was – unlike Françoise de Motteville – obviously collecting this information on behalf of another. The marquis included Vallot's medical pronouncements in several of his dispatches to the duc de Savoie, suggesting that he too may have viewed the *premier médecin* as an easily consultable, reliable and official source of information on the royal family's health.⁷²

A journal that was kept by a *commensal* named Paul Fréart de Chantelou contains a particularly interesting account of a medical conversation with Vallot. Chantelou had been charged with accompanying Bernini on his aforementioned trip to

⁶⁹ Françoise de Motteville (1621–89) worked as *femme de chambre* to Anne d'Autriche from 1628 to 1631, and as *dame d'honneur* (Lady of Honour) to the same queen from 1643 to 1666. For more information about her, see Laverny, *Domestiques*, 372–4.

⁷⁰ See Motteville, *Mémoires*, vol. 4, 365 in particular. In her account of Louis XIII's final illness, Motteville provided a similar description of her conversations with Anne of Austria's *premier médecin*, Claude Séguin, who was tending to the dying king. *Ibid.*, vol. 1, 95.

⁷¹ Motteville's criticisms of Vallot's treatment of Anne of Austria will be discussed in greater depth in the third chapter of this thesis.

⁷² Saint-Maurice was particularly meticulous in his reportage of Vallot's opinions about the aforementioned nervous complaints from which Louis XIV suffered in 1670. See Saint-Maurice, *Lettres*, vol. 1, 380–2, letter to the duc de Savoie dated 22nd January 1670.

Paris in 1665,⁷³ and he described in his journal how the artist struck up a conversation with Vallot at court whilst Louis XIV was eating his supper one evening. Bernini asked the *premier médecin* why the king's wine appeared to be so diluted, to which Vallot responded that the wine was served in this way in order to preserve the health of the king's liver. Bernini – who was working on his famous, aforementioned bust of the king at the time – jokingly responded that Vallot would never be able to get Louis XIV to last as long as the marble equivalent of him upon which the artist himself was working.⁷⁴ Interestingly, the anecdote seems to hint at the possibility that medical conversations with Vallot were just as likely to be initiated by the idle curiosity of a guest than by the driven need for information of more permanently-stationed courtiers, hinting at a sense of universal, professional approachability in this respect.

Summoned by king and courtiers alike, with a vast patient base comprising princesses and prisoners, Vallot was undoubtedly considered to be one of the royal court's most prominent and prolific physicians during his time as *premier médecin*. Courtly memoirs and correspondence give the strong impression that – far from being viewed as the sole possession of the king – Vallot was turned to by many courtiers for medical treatment which would be performed with as much care and effort as if the patient were Louis XIV himself. That Vallot's contemporaries chose to both write so often about his medical treatment of courtiers, and approach him for information about the medical progress of those they cared about, would appear to bear witness to the huge influence that his professional responsibilities had upon the court society's general perception of him. Vallot's own testimony reveals that, whilst his eyes were almost permanently trained on Louis XIV, a part of his mind was nevertheless constantly churning with thoughts regarding the medical experiences of other courtiers.

That said, although it was evidently an incredibly important element of his relationship with the court society, this broader performance of his professional duties did not mark the limits of Vallot's social potential at court as *premier médecin*. As a courtier in his own right, the possibility theoretically existed for Vallot to develop relationships at court which transcended this primarily medical context. The prospect brings a number of questions to mind: how, for instance, did the court's inhabitants feel about the *premier médecin*'s presence in their society beyond his professional duties? How did Vallot himself feel about the idea of connecting with courtiers in ways which

⁷³ Paul Fréart de Chantelou (1609–94), a *maître d'hôtel du roi*, was chosen to accompany Bernini because of his passion for (and knowledge of) Italian art. See Ludovic Lalanne, "Notice," in Chantelou, *Journal*, 4–5.

⁷⁴ *Ibid.*, 157–8.

were not exclusively medical? Could Vallot's professional popularity have been indicative of a broader social popularity on his part?

In his aforementioned 'biohistory' of Louis XIV, Stanis Perez provides a decidedly optimistic overview of the *premier médecin*'s social standing at court:

[L]es médecins attachés aux personnes royales font figure d'officiers commensaux très privilégiés par leur proximité, voire leur familiarité, avec le souverain. [...] En une période de forte personnalisation du pouvoir, leur accès direct au corps et au quotidien du prince, avec tout ce que cela implique de prestige, de faveur et de privilège, fait d'eux des "médecins courtisans" aussi admirés que détestés.⁷⁵

In a society in which all power was believed to emanate from the king, Perez argues, the court physician's close and near-constant proximity to his royal patient invested him with an impressive potential for prominence and privilege. The court physician's regular presence by Louis XIV's side presumably afforded him ample opportunity to develop a more personal, amicable acquaintance with his royal patient, and with such royal favour came a significantly improved status within a society whose members all strove to improve their own relationships with the king.⁷⁶ Perez finds evidence to confirm the *premiers médecins*' success at realising this potential in the apartments that they were given at the king's exclusive, intimate holiday retreat – named Marly⁷⁷ – as well as in their enduring professional popularity within the court society.⁷⁸

Although close, regular proximity to Louis XIV – like that which Vallot enjoyed as *premier médecin* – certainly increased any courtier's potential to enjoy a prominent status within the court society, I would argue that its effect upon court physicians in Louis XIV's early reign was a lot more nuanced than Perez' interpretation would appear to imply.⁷⁹ Indeed, a closer examination of source material relating to Vallot's time at court certainly seems to conjure a very different interpretation of the *premier médecin*'s

⁷⁵ 'Physicians attached to members of the royal family are very privileged *commensaux* because of their proximity – their familiarity, even – with the sovereign... In an age when power was strongly personalised, their direct access to the prince's body and everyday life – with all that this implied in terms of prestige, favour and privilege – transformed them into "physician-courtiers," as admired as they were hated.' Perez, *Biohistoire*, 139.

⁷⁶ For more about this particular theory of power dynamics in Louis XIV's court society, see Elias, *Court Society*.

⁷⁷ Vallot neither saw nor stayed at Louis XIV's Marly retreat, as its construction began eight years after his death.

⁷⁸ Perez, *Biohistoire*, 155–7.

⁷⁹ Duindam also favours a more nuanced, multifaceted understanding of the links between royal access, favour and power within the French court as a whole. See Duindam, *Vienna and Versailles*, 324.

social standing to that suggested by Perez' image of the prosperous and powerful 'médecin-courtisan'. Beyond the professional popularity which his position evidently ensured, Vallot's relationship with the court society appears to have been characterised more by distance than by social prominence, popularity or power.

1.2 Beyond Medical Intervention: Vallot's Social Life Within Louis XIV's Court

The *premier médecin*'s routine physical closeness to Louis XIV was certainly an important factor in the determination of his social standing at court. However, in Vallot's case, this closeness does not necessarily appear to have been significant in the sense that it facilitated greater integration and influence within this society, as Perez has suggested. Whilst certainly ensuring his presence amongst Louis XIV's intimate and influential acquaintances at the beating heart of the court, Vallot's professional responsibilities as *premier médecin* appear to have encouraged him to experience the court society, and relate to the people within it, in ways which often served to distance him from this environment from a social perspective.

One of the most significant contributing factors to Vallot's social standing at court as *premier médecin* – the factor from which his professional responsibilities and royal proximity essentially derived – was his status as a *commensal*. As a high-ranking, non-honorific *commensal* whose presence at court was predicated upon his professional purpose, rather than noble rank, the *premier médecin* appears to have led a physically integrated, yet socially segregated existence within the court's upper echelons during Louis XIV's early reign. Other *commensaux* of similar rank to the *premier médecin*, such as the *premier valet de chambre*, appear to have shared this predicament in a number of respects. Whilst their work ensured these officers' constant presence within the innermost circle of Louis XIV's court society, it also served to differentiate them from those whom they served, shaping their identities within this environment in the process.

The *commensaux*'s integrated, yet simultaneously segregated presence within the court society is perfectly reflected in one of the first commitments which both the *premier valet de chambre* and *premier médecin* fulfilled on the average day: their participation in an event known as the *lever*. This daily ceremony, which occurred in the early morning, saw the cream of the court society pay their respects to the king as he rose from bed. The *lever* was important to the court's inhabitants because it confirmed

and broadcast each courtier's rank based upon the time at which he or she entered the royal bedchamber to greet the king. Courtiers entered the bedchamber in groups known as *entrées* and the earlier the *entrée* that a courtier was a part of, the more prestige s/he was understood to accrue.⁸⁰

The *premier valet de chambre* and *premier médecin* were some of the very first men to greet Louis XIV in the morning as part of the *lever*. However, they did not enter the king's bedchamber as part of an *entrée*. Both men belonged to the prestigious team of *commensaux* who woke the king every morning, and tended to his needs before the first *entrée*, known as the *petit lever*, entered the bedchamber.⁸¹ This duty ensured these officers' daily presence at the *lever* and in the process, afforded them a degree of access to Louis XIV which most of the *entrée*'s participants would have envied immensely. However, neither *premier valet* nor *premier médecin* were necessarily a part of the event in the sense that they did not belong to any of the *entrées* which constituted the ceremony proper. At the same time as revealing the similarities in presence and purpose which united all of the members of this elite sector of the court, the *lever* drew lines between its participants: identifying them as either server, or served. Whilst Louis XIV was served by the prestigious courtiers who ceremoniously greeted him in the morning, both he and many of the *entrée*'s other ceremonial participants were served by the domestic servants who were present at, but not necessarily a part of, the *lever* itself.

Of course, the contours of the line between server and served did not appear the same to all of the inhabitants of Louis XIV's early court. In fact, for many of the *commensaux* with whom Vallot worked in the innermost sphere of the king's household – the *Chambre du roi* (the King's Bedchamber) – it may have looked relatively thin and permeable. One of these officers, the *gentilhomme ordinaire* (Gentleman), tended to the king's needs by delivering messages, performing errands, offering advice and participating in the monarch's favourite pastimes.⁸² The role of another such officer named the *valet de chambre ordinaire* involved helping the king to dress and undress, in addition to duties such as making his bed, inspecting his food and seeing his guests to their seats in meetings.⁸³ These two offices – both within the king's household and within all of the other noble French households in which they were present – revolved around the fulfilment of their master's most intimate needs. As such, they were similar

⁸⁰ Elias, *Court Society*, 83–5.

⁸¹ Da Vinha, *Valets*, 57–8.

⁸² Besongne, *L'Etat de la France* (1663), vol. 1, 86 and Laverny, *Domestiques*, 496.

⁸³ Besongne, *L'Etat de la France* (1663), vol. 1, 61–2 and da Vinha, *Valets*, 41–5.

in the sense that they encouraged the *commensaux* who held them to think from the perspective of those whom they served.

In order to interact with their masters and please them to the best of their abilities, the *gentilhommes* and *valets* in many courtly households found it advantageous to adopt some of the same mannerisms and sensibilities as the *grande*es they served. Nicolas Goulas provided an account in his memoirs of how he set about doing just that, after obtaining the position of *gentilhomme ordinaire* to Gaston, duc d'Orléans in 1627.⁸⁴ Goulas studied the behaviour of the courtiers around him assiduously; learning to emulate 'l'air, le maintien, le procédé, l'abord ouvert et civil, le son de la voix [et] la manière de s'exprimer'⁸⁵ which they exhibited. In addition to developing a greater knowledge of his new master's favourite pastimes (music and mathematics), Goulas also learned more about the duc himself from fellow *commensaux* in order to ensure that he could easily participate in, and successfully contribute to, the conversations in which Gaston participated.⁸⁶ Although they were still identified as domestics, it seems at least plausible that the *gentilhommes* and *valets*' ability to think and act like the people they served would have helped them to develop more sociable relationships with their masters.

From Vallot's perspective, in contrast, the line between server and served may have appeared a lot less penetrable. Unlike the *gentilhommes* and *valets* with whom he worked on a daily basis, the *premier médecin* was not expected to view the court society in ways which were similar to that of the traditional courtier. As previously explained in this thesis' introduction, the *premier médecin*'s duties required Vallot to both view and react to his environment within a primarily medical context: quickly identifying pathological hazards, and serving as an immediate source of medical aid in the process of doing so. A patient-base as large and important as Vallot's must have necessitated his adoption of this viewpoint on a near-permanent basis. Such a medical perspective on life at court did not necessarily completely destroy the *premier médecin*'s ability to consider the world around him from the perspective of those he served. As his early interactions with Louis XIV demonstrated, Vallot's awareness of his patient's sensibilities needed to be keen enough to enable him to successfully prescribe remedies

⁸⁴ Nicolas Goulas (1603–83) spent his career in the service of Gaston duc d'Orléans, first as *gentilhomme ordinaire* in his household from 1626 to 1635, and then as *gentilhomme ordinaire de la chambre* (Gentleman of the Bedchamber) from 1635 until the prince's death in 1660. For more information about Goulas, see Laverny, *Domestiques*, 374–5.

⁸⁵ '[T]he airs, the deportment, the conduct, the open and civil manner, the tone of voice [and] manner of expressing oneself'. Ibid., 462.

⁸⁶ Laverny, *Domestiques*, 462. In a similar vein, Marie du Bois – the aforementioned *valet* of Louis XIV and his son – used to take great pleasure in discussing music with the king. See da Vinha, *Valets*, 407–8.

which would not disrupt his patients' lifestyle too significantly. Beyond these professional considerations, however, it seems likely that Vallot's primarily medical focus would have made it much more difficult for him to connect on a social level with those that he served.

Equally, from the perspective of his courtly patients, Vallot's preoccupation with medical topics can hardly have rendered him a particularly tempting prospect as a social acquaintance. Although, as previously mentioned, many of Vallot's courtly contemporaries would have been reasonably well-versed in medical matters, this did not necessarily mean that they considered medicine to be an interesting or valuable topic of conversation amongst themselves. During Vallot's time as *premier médecin*, Louis XIV expressed very little interest in scientific topics such as medicine.⁸⁷ As an interest in this subject was thus unlikely to earn them the esteem of the king at this point in time, courtiers had little incentive to develop an interest of their own in medical matters through discussion with the practitioners working around them. In this way, Louis XIV's indifference towards scientific topics deprived Vallot of an avenue through which many other early modern court physicians – who were attached to scientifically-inclined princes – had been able to develop much more fulfilling social relationships within the societies in which they worked.⁸⁸ In the minds of both Vallot and his patients, a sense of professional distance appears to have existed between them: suggesting that the *premier médecin*'s professional popularity was not mirrored by a similarly strong social presence within the court during this period.

Their close, regular presence at the king's side, in addition to their ability to attune themselves so masterfully to his needs and tastes, occasionally afforded *commensaux* like *gentilhommes* and *valets* the opportunity to develop particularly personal and amicable relationships with their royal masters.⁸⁹ As Perez' extract above

⁸⁷Stroup, *Company*, 7 and 26. It took the intervention of minister Jean-Baptiste Colbert to encourage Louis XIV to establish the *Académie des sciences* in 1666, a full five years after the king had built similar institutions for the pastimes which were of interest to him (the royal academies of dance and music were both established in March 1661).

⁸⁸ In courts that were ruled by princes who showed a keen interest in scientific development, physicians often enjoyed positions of considerable prominence. For more information about scientifically-inclined French courts in which physicians enjoyed a more favoured status – such as those of the prince de Condé and Gaston d'Orléans – see Beguin, *Condé*, 363–75 and M.J. de Petigny, “Notice sur la vie et les ouvrages d'Abel Brunyer,” *Mémoires de la Société des sciences et lettres de la ville de Blois* 3 (1840): 478–9. This phenomenon was much more common in early modern Italy. See Findlen, *Possessing Nature*, especially 100–8. As the next section of this chapter attests, however, Louis XIV's later interest in medicine within the context of his *own* health did allow his later *premier médecin* to enjoy a more prominent presence within the court society.

⁸⁹ Their subservient status and lack of official political clout, yet ability to fine-tune themselves to their masters' needs and tastes, rendered domestic servants ideal companions for princes desirous of conditionless amicability. Duindam, *Vienna and Versailles*, 235.

implied, the familiarity and esteem that the king exhibited in such instances towards a *commensal* was the latter's ultimate key to greater prominence and influence within the court society. If a *commensal* enjoyed the king's favour, courtiers proved far more willing to interact with him because his acquaintance presented a lucrative opportunity for the courtier to improve his own relationship with the king.⁹⁰ Alexandre and Louis-Alexandre Bontemps – a father and son team of *premiers valets du chambre du roi* – are particularly well known examples of *commensaux* who enjoyed Louis XIV's personal esteem and the court society's respect.⁹¹

Nicholas Goulas wrote that, in his experience, there were essentially two ways to develop a closer relationship of familiarity and favour with your master: firstly by knowing how to successfully divert him with his preferred entertainments, and secondly by proving to him that you were a judicious councillor.⁹² Of course, both of these methods required a fluency in cultural and social sensibilities which Vallot – with his thoughts trained almost permanently on medical matters – could hardly have been expected to possess. However, with regards to gaining Louis XIV's favour and the courtly popularity this entailed, it could be argued that an even greater obstacle was presented to Vallot by the approach which his position required him to adopt towards the king himself. Unlike non-medical *commensaux*, the *premier médecin* was expected to view the king not just as a master, but also as a *patient*, and this difference in professional outlook had a dramatic effect upon the power relations between them.

The implications of the *premier médecin*'s outlook in this respect become clearer upon consideration of the ways in which he interpreted his duty towards his master-patient. Whereas *gentilhommes* and *valets* were expected to meet the needs of the king by swiftly and efficiently obeying all of his commands – behaviour which required them to adopt a subservient manner towards their master at all times⁹³ – the *premier médecin*'s role required him to prioritise the needs of the king's health above all other things. As this thesis' introduction aimed to emphasise, Louis XIV's personal desires and medical needs were rarely one and the same thing during Vallot's time as *premier médecin*. Advocacy of the latter outlook, therefore, often meant suggesting a

⁹⁰ Ladurie, *Saint-Simon*, 42.

⁹¹ For more information about Alexandre (1626–1701) and Louis Alexandre (1669–1742) Bontemps, see Mathieu da Vinha, *Alexandre Bontemps : premier valet de chambre de Louis XIV* (Versailles: Perrin, 2011). For insightful explorations of the personal favour which some *commensaux* received from the king, see da Vinha, *Valets*, 403–12 and Laverny, *Domestiques*, 489–98.

⁹² Laverny, *Domestiques*, 496.

⁹³ Marie du Bois wrote in his memoirs 'qu'il faut s'adapter aux désirs [du roi] en toutes circonstances' ('that it is necessary to adapt oneself to the desires [of the king] in all circumstances'). See *ibid.*, 463 and da Vinha, *Valets*, 411.

course of action which openly went against Louis XIV's preferences. In order to convince the king to agree to particular treatments, or to adapt his lifestyle for the sake of his health, Vallot would have had to adopt a deferential, yet suitably authoritative and commanding tone which may have irked a king accustomed to perfectly subservient behaviour from the vast majority of his domestic servants.⁹⁴ Furthermore, the medical surveillance that had led Vallot to propose these suggestions to Louis XIV in the first place had required the physician to examine and dwell upon his patient's pathological imperfections, both physical and mental. This behaviour would again have served to distinguish Vallot from the average non-medical *commensal* who was expected to view his master as the height of perfection, at least in public.⁹⁵

As king, Louis XIV could of course easily quash Vallot's attempts at medical control by refusing to cooperate with his suggestions; a course of action which, as previously mentioned, he regularly chose to pursue. Whenever the king became seriously ill, however, his *premier médecin* gained the upper hand. When Louis XIV was bedridden, Vallot could impose a significant degree of control over almost every aspect of the king's life; a situation which must have given more than a few contemporary bystanders the impression that the status quo between server and served had been temporarily turned on its head.⁹⁶ Of course, such a topsy-turvy scene appears more likely to have elicited the courtly bystanders' irritation rather than respect for Vallot, as any adaptation that the *premier médecin* imposed upon the king's routine was likely to have an irritatingly direct impact upon their lives too. When perpetually affectionate and compliant companions could be found in almost every room, the friendship of a preoccupied, pedantic and occasionally even pushy *commensal* like the *premier médecin* can hardly have appeared appealing to a king like Louis XIV in the

⁹⁴ Vallot was by no means the only member of the royal household who was expected to adopt a relatively commanding tone with Louis XIV: as the 'keeper of the royal conscience', the royal confessor advised the king in a similar fashion, on a broad range of personal and political matters. See Joseph Bergin, "The Royal Confessor and his Rivals in Seventeenth-Century France," *French History* 21 (2007): 187–204. From 1655 to 1670, the office was held by François Annat (1590–1670). As carers of the physical and spiritual body respectively, physicians and clergymen shared a close, interwoven relationship in the early modern period, although their association with the wealthy and powerful church meant that clergymen were understood to take precedence over their medical counterparts. See Brockliss and Jones, *Medical World*, 71–80. With this established hierarchy in mind, it seems likely that the royal confessor's commanding tone with the king would have been much less of a social hindrance for him within the court than it would prove for the *premier médecin*.

⁹⁵ Although they did sometimes highlight their faults, most *commensaux* chose to describe their masters or mistresses in their memoirs in an overwhelmingly positive light. Laverny, *Domestiques*, 438–54. Du Bois was particularly extreme in this sense; admitting to no fault in either Louis XIV or his son, the Dauphin. *Ibid.*, 453.

⁹⁶ For a deeper exploration of the power dynamics prevalent in the doctor-patient relationship between Louis XIV and his *premiers médecins*, see Perez, *Biohistoire*, 165–79.

first flushes of adulthood.⁹⁷ Indeed, a contemporary account of Vallot and his royal patient's alleged last conversation – in which the dying *premier médecin* was sharply rebutted by Louis XIV for pleading that the king consider leading a healthier lifestyle – certainly gives the strong impression that a more professional than amicable relationship existed between the pair.⁹⁸

With the human centre of their society exhibiting often little more than a begrudging indifference towards the *premier médecin*, it seems likely that the overwhelming majority of Vallot's courtly contemporaries would have adjusted their own attitudes to match this sentiment. The following anecdote appears to show this emotional mimicry in action within the community of non-medical *commensaux* who worked in the royal family's households. In his memoirs, *valet de chambre ordinaire* Marie du Bois recounted how Vallot's death caused a somewhat unusual stir in the household of the ten year-old Dauphin:

Le 13 aout 1671, jour que l'on doit marquer pour avoir osté à Monseigneur le Dauphin les bouillons qu'il prenoit tous les matins et quy estoient sy préjudiciables à sa santé, aussy les prenoit-il avec tant de repugnance que cela est incroyable. Ce jour après la mort de M. Vallot, premier medecin du Roy, quy ne les luy avoit jamais voulu oster, il commença à déjeuner d'ung morceau de pain et d'ung peu de vin et d'eau, et nous avons remarqué que sa santé a toujours augmenté et il a commencé à croistre et à enforcer : ce quy nous donnoit tant de joye !⁹⁹

⁹⁷ It is perhaps no coincidence that Vallot shared his social distance from the court society with a courtly demographic who also served Louis XIV in an advisory capacity: the royal ministers. As Beik implied in his aforementioned four-sector interpretation of the court, the court's ministerial set was a bonafide courtly community in its own right. Although they enjoyed a close working relationship with the king, these ministers generally had little to do with court ceremonial or the everyday activities of the *grandees*. See Mettam, *Power and Faction*, 60. Elements of Vallot's interaction with the court's ministerial sector will be discussed in greater depth in the next chapter.

⁹⁸ 'Mr Valot qui vient de mourir premier Medecin du Roy lui a dit peu de jours avant sa mort quil estoit obligé en son honneur et en sa conscience et comme son sujet et son premier medecin de lui dire que s'il ne changeoit de facon de vivre quilouroit fortune de ne pas vivre age d'homme, à quoi le Roy repondit qu'il se soucioit peu de vivre longtems, s'il ne vivoit avec plaisir' ('Mr Valot, who died in the position of *premier médecin du roi*, said to the king a few days before his death that as his subject and *premier médecin*, his honour and conscience obliged him to tell the king that if he did not change his way of life, he ran the risk of not living long enough to become a grown man. The king responded that he cared little for living a long time, if it meant that he had to live without pleasure.') *BNF*, Manuscrits français, 23251/art. 1238.

⁹⁹ 'The 13th August 1671: a day that should be remembered for the removal of the bouillons which the Dauphin had been consuming every morning; which were so bad for his health and which he had consumed with such repugnance that it was incredible. This day after the death of the king's *premier médecin*, Vallot – who had never wanted to remove the bouillons – the Dauphin started to dine upon a morsel of bread and a little wine and water, and we have noticed that his health has already improved and he has started to grow and strengthen, which gives us much joy!' Léon Aubineau, "Fragments des mémoires inédits de Dubois, gentilhomme servant du roi, valet de chambre de Louis XIII et de Louis XIV," *Bibliothèque de l'École des chartes* 9 (1848): 40.

Although it is a little unclear who du Bois was referring to with his use of the word ‘nous’ (‘we’) in the last sentence of this extract (was the memoirist sharing his joy over the happy turn of events with his fellow *valets*, or with the Dauphin himself?), the anecdote nevertheless appears to provide a stark reflection of the extent to which du Bois’ own opinion of the *premier médecin* had been informed by that of his master. As the Dauphin disliked the bouillon that Vallot had advised him to consume each morning, it naturally made sense for his *valet*, too – so naturally attuned to the tastes and desires of his prince – to dislike it. The decidedly blasé nature of his announcement of Vallot’s death gives the strong impression that du Bois’ negative feelings also extended to some extent to the individual who insisted on pressing the bouillon’s consumption, despite their master’s evident repugnance. Even within the intimate microcosms of the royal family’s bedchambers – in the company of some of the courtiers with whom he enjoyed the most contact as *premier médecin* – Vallot’s professional outlook appears to have condemned him to a relatively ostracised existence.

This somewhat bleak interpretation of Vallot’s social standing faces little refutation from the literature of other courtly contemporaries. As previously discussed, Vallot’s *Remarques* entries occasionally hint at a degree of professional concern for the health of his patients other than Louis XIV, as well as a desire to impress the society as a whole through his treatment of the king. Neither the *Remarques* nor any other extant text in Vallot’s hand, however, gives any indication to suggest that he wanted to get to know his fellow courtiers on a deeper level than this. Equally, the overwhelming majority of Vallot’s courtly contemporaries provided no information in their memoirs and correspondence which could be construed as indicative of a sociable relationship between themselves and the *premier médecin*. In these texts, Vallot is rarely depicted as speaking or acting in anything other than a purely medical context: unlike many of his fellow *commensaux*, he is certainly never recorded as indulging in the guilty pleasures of court gossip.¹⁰⁰ No courtly author deemed it necessary to provide a description of Vallot’s character which went beyond the most perfunctory assessment of his medical practice.¹⁰¹ In fact, once he had contributed in one way or another to the medical

¹⁰⁰ The duchesse de Montpensier recalled in her memoirs, for instance, how one of her messengers informed her of some malicious gossip that he had heard about the duchess herself from a *valet de chambre* in 1657. Montpensier, *Mémoires*, vol. 3, 74–5.

¹⁰¹ Motteville came the closest of all the aforementioned courtly authors to providing any insight into Vallot’s character. During Anne of Austria’s final illness, the memoirist accused Vallot of being professionally incompetent and weak in the face of opposition from his medical colleagues, writing that ‘il montra tant de foiblesse à soutenir ses avis contre ceux qui lui étoient opposés, qu’elle en fut dégoûtée’

developments that they depicted, the *premier médecin* simply faded from the narrative of most of these authors' texts; ceasing to be a character in whom they expressed even the slightest interest. The social constraints that the *premier médecin*'s responsibilities imposed upon him, the dearth of source material relating to his social interactions and simultaneous abundance of references to his medical practice all combine to give the strong impression that Vallot was understood to possess an almost entirely professional identity at court: effectively considered to be more of a position than a person.

There is little evidence to suggest that Vallot's assumption of such an overwhelmingly professional persona was a cause of significant concern or disappointment for him. From a practical perspective it must have allowed him to fulfil his responsibilities as *premier médecin* much more effectively than would have been the case if he had been on sociable terms with his patients, which was surely an advantageous situation for everybody involved. That said, however, Vallot's lack of a strong presence within the court society would presumably have left him relatively defenceless in the face of any form of abuse from this sphere: a scenario which was not quite so amenable. The consequences of this shortcoming are perhaps nowhere better evidenced than in the court's love of the medical plays of Molière.¹⁰² During Vallot's time as *premier médecin*, Molière first performed two plays which disseminated highly critical messages about the medical profession: *L'Amour médecin*¹⁰³ and *Le Médecin malgré lui*.¹⁰⁴ In *L'Amour médecin*, which was first performed at Versailles in September 1665, four physicians comically argue themselves into theoretical circles when called into consultation over the treatment of a secretly lovesick girl. Whilst some of the play's physicians stubbornly assert that the preservation of their theories is more important than the lives of their patients,¹⁰⁵ others follow the precepts dictated by these

(‘he showed such weakness when defending his opinions against those who opposed them, that [the queen mother] was quite disgusted by it all’). Motteville, *Mémoires*, vol. 4, 363–4. For more about this incident see Chapter 3.

¹⁰² Countless historical monographs have been written on the subject of Jean-Baptiste Poquelin, known as Molière (1622–73), but for information about the medical context of his oeuvre see Centre méridional de rencontres sur le XVII^e siècle, *Madame de Sévigné, Molière et la médecine de son temps* and Brockliss and Jones, *Medical World*, 336–46.

¹⁰³ Roughly translates as ‘Love’s the Best Doctor’.

¹⁰⁴ Roughly translates as ‘The Physician in Spite of Himself’. *Le Médecin malgré lui* was first performed in 1666.

¹⁰⁵ M. Tomes at one point pronounces: ‘Un homme mort, n’est qu’un homme mort, et ne fait point de conséquence ; mais un formalité négligé porte un notable préjudice à tout le corps des médecins’ (‘A dead man is only a dead man, but a neglected formality causes a notable prejudice to the entire party of physicians’). *L'Amour médecin*, Act 2, Scene 3. See Jean-Baptiste Poquelin, dit Molière, *Œuvres complètes*, ed. Georges Couton (Paris: Gallimard, 1971), vol. 2, 107.

theories to far beyond the point of reason.¹⁰⁶ To the delight of the audience, the actors who played these four physicians in 1665 wore masks which resembled some of the court's most prominent medical practitioners, including the personal physicians of Queen Marie-Thérèse and the king's brother.¹⁰⁷ Although Vallot's features may not have been found upon any of these masks – undoubtedly, Molière would have known better than to risk provoking Louis XIV's rage by mocking his personal physician – this fact certainly did not remove the *premier médecin* from the playwright's line of fire. The play mocked above all the contemporary physician's relentless dedication to his craft, and of that accusation – as the preceding pages have aimed to attest – Vallot must have appeared just as guilty to the audience¹⁰⁸ as the rest of his medical team.

L'Amour médecin was hailed as a resounding success upon its first performance at court: Louis XIV himself was reported to have laughed at the preposterous antics of Molière's physicians.¹⁰⁸ The duc d'Enghien included a gushing review of the play in one of his letters to the Queen Consort of Poland, praising in particular how Molière had made his actors 'si bien parler comme des médecins et dire tous leurs grands mots et prendre si bien leurs airs qu'il n'y a rien de plus plaisant à voir'.¹⁰⁹ Unfortunately for Molière, the play was not to prove a success in all of the ways that he had initially hoped. The playwright was a passionate critic of the contemporary medical profession and had hoped that *L'Amour médecin* would convince the court society to agree with his sentiments, and stop relying so heavily upon the physicians around them.¹¹⁰ The previous section's overview of Vallot's professional popularity should provide ample evidence to confirm that a few gags were never likely to effect a significant change in the courtiers' outlook in this respect. This didactic failure aside, however, Molière must at least have drawn some consolation from the courtiers' readiness to laugh at their

¹⁰⁶ When informed that one of his patients had died the previous day, for instance, M. Tomes retorts, 'Cela est impossible. Hippocrate dit, que ces sortes de maladies ne se terminent qu'au quatorze, ou au vingt-un, et il n'y a que six jours qu'il est tombé malade' ('That's impossible. Hippocrates says that these sorts of illnesses can only finish themselves off on the fourteenth or twenty-first day, and that particular patient had only fallen ill six days ago.'). *L'Amour médecin*, Act 2, Scene 2. See *ibid.*, 106.

¹⁰⁷ Aumale, *Histoire des princes de Condé*, vol. 7, 198. Marie-Thérèse's physician was François Guénault, who will be discussed in greater depth in several later chapters. Philippe's physician was the aforementioned Esprit. Many nineteenth- and early twentieth-century historians enjoyed indulging in speculation over the true identities of *L'Amour médecin*'s fictional physicians. For examples of this speculation see Courtney, "Molière and the Faculty," 324; Joseph Girard, *A Propos de "L'Amour médecin" : Molière et Louis-Henry Daquin, Conseiller et Médecin Ordinaire du Roi* (Paris: Éditions des "Amis des vieux logis Parisiens", 1948), 7; Auguste Jal, *Dictionnaire critique de biographie et d'histoire : Errata et supplément pour tous les dictionnaires historiques, d'après des documents authentiques inédits* (Paris: H. Plon, 1872), 660–2 and Francis R. Packard, "Guy Patin and the Medical Profession in Paris in the Seventeenth Century," *Annals of Medical History* 4 (1922): 365.

¹⁰⁸ Jérôme de la Gorce, "Louis XIV, la musique et les spectacles," in *Louis XIV : L'homme, le roi*, 137.

¹⁰⁹ '[S]peak so much like physicians – using all their fancy words and taking all their fancy airs – that there was nothing more pleasant to watch'. Aumale, *Histoire des princes de Condé*, vol. 7, 197–8.

¹¹⁰ Brockliss and Jones, *Medical World*, 343.

physicians' professional behaviour. Consciously or not, Molière had singled out for mockery the characteristic which the court's inhabitants appear to have associated with their physicians the most: their relentless medical focus.¹¹¹ The courtiers' willingness to laugh at this characteristic would appear to give a good indication of the extent to which it served to distance the physicians from the rest of the court from a social perspective. Vallot's experiences as *premier médecin* stand testament to the fact that no matter how far one ascended up the court's hierarchy as a physician, one's success would always be accompanied by a tangible lack of social relevance within this community.

Before concluding on this somewhat sombre note, it is worth briefly noting that there appears to have been at least one other way in which Vallot interacted with fellow courtiers. To my knowledge, however, the only extant confirmation of Vallot's engagement in this kind of courtly interaction is a single, barely legible document which is currently kept in the archives of the Wellcome Trust. The document relates to a financial transaction which took place between Vallot and two aristocrats in the mid-1600s. On 25th July 1651, while he was still a *médecin ordinaire*, Vallot paid off a loan of 500 *livres* on behalf of Marie Hennequin, who was the widow of Henri Gouffier – the late marquis de Boisny and comte de Maulevrier – and her son, Artus Gouffier, who was Henri's successor and also held the title of duc de Rouannés.¹¹² Twelve years later on 12th October 1663, Marie Hennequin and the duc de Rouannés paid the loan money back to Vallot, with interest, to the tune of 10,600 *livres*. The document in question was signed by all three participants in the transaction as well as by notaries, and acted as written confirmation of this latter transaction.¹¹³ Despite apparently having very little to

¹¹¹ Molière's last medical play, *Le Malade imaginaire* (The Hypochondriac) – which was first performed at court in 1673 – focused its criticism and mockery of the medical profession upon the physician's (failed) attempts at social integration within polite society. For more information, see *ibid.* This shift in critical focus may have been symptomatic of broader shifts in courtly attitudes towards the court physician around this time, which will be discussed in greater depth in the next section of this chapter.

¹¹² Artus Gouffier (d.1696) inherited the duchy of Rouannés directly from his grandfather, who died several years after the death of Artus' father, Henri. Artus was a close friend of savant Blaise Pascal, and harboured a keen interest in mechanics and geometry. In the late 1660s he retreated from court life, unmarried, to follow a religious calling. For more information about Artus Gouffier, see Louis de Rouvroy, duc de Saint-Simon, *Mémoires de Saint-Simon : nouvelle édition collationnée sur le manuscrit autographe, augmentée des additions de Saint-Simon au Journal de Dangeau*, ed. Arthur-Michel de Boislisle et al. (Paris: Hachette, 1881), vol. 3, 315–19.

¹¹³ *Wellcome Archives*, MS.7757/7. The document is accompanied by a summarising label, written at a later date, which reads: 'Antoine Vallot reconnaît avoir reçu de la marquise de Boisny et du duc de Roannés la somme de 10.600 livres, 10 sols tournois, pour le rachat et amortissement de 500 livres tournois de rentes vendus par les dits seigneurs et dames au dit Vallot par contrat du 25 juillet 1651.' ('Antoine Vallot acknowledges having received from the marquise de Boisny and the duc de Roannés the sum of 10,600 *livres*, 10 *sols tournois*, for the buying back and paying off of 500 *livres tournois* of interest on a debt sold by the aforementioned gentleman and lady to the aforementioned Vallot by contract on 25th July 1651.'))

do with such individuals from a social perspective, Vallot seems to have been quite comfortable engaging in financial activity with the court's elite.

That Vallot was capable of engaging in such large financial transactions with the aristocracy is not a particularly surprising fact in itself. He was paid enough as *premier médecin* to be considered wealthy not only amongst his professional colleagues, but also within the court society as a whole. Vallot's official annual wages were permanently fixed at 3,000 *livres* throughout his career as *premier médecin*, as they would remain throughout the entirety of Louis XIV's reign.¹¹⁴ In addition to these wages he also received an annual sum of 12,000 *livres* to cover his everyday living expenses.¹¹⁵ An extant breakdown of the position's overall pay in 1699 – when Fagon held the title – reveals that the *premier médecin* took home approximately 40,000 *livres* each year whilst in the position.¹¹⁶ When one considers the fact that *ducs et pairs* (dukes and peers) – the uppermost rank of the ducal hierarchy to which Artus Gouffier belonged – enjoyed annual incomes of around 50,000 to 250,000 *livres* in the seventeenth century,¹¹⁷ the *premier médecin*'s wages were evidently not to be sniffed at. Vallot was rumoured to have left 200,000 *livres* for his children upon his decease, which if true, would suggest that he was also reasonably proficient at managing the wealth that his position brought his way.¹¹⁸

Most of the physicians who held permanent positions at court enjoyed very impressive remuneration for their services,¹¹⁹ and as such, many of them enjoyed engaging in activities which they hoped would turn their wealth to profit. One of Vallot's colleagues – a *médecin du roi par quartier* named Louis-Henri d'Aquin¹²⁰ – bought at least three different properties in Paris during his career at court. After prolonged and pricey renovations, he leased out his final acquisition – a property on the

¹¹⁴ Perez, *Biohistoire*, 147.

¹¹⁵ AN AJ/15/502/89.

¹¹⁶ Fagon's official wages as *premier médecin* were supplemented by a payout for living expenses of 21,000 *livres*: a significantly larger amount than Vallot had received. Fagon is also recorded as receiving 16,000 *livres* of *pension* from the royal treasury for his respective offices of *premier médecin*, *conseiller d'état* and Superintendent of the *Jardin du roi*. See *L'Etat de la France, contenant tous les Princes, Ducs et Pairs, et Maréchaux de France les Evêques, les Juridictions du Roïaume ; les Gouverneurs des Provinces, les Chevaliers des trois Ordres du Roy, etc* (Paris: Guillaume de Luyne, 1699), vol. 1, 245. As Vallot also held all of these titles whilst he was *premier médecin*, it seems at least plausible to speculate that he might also have received a similar *pension* amount.

¹¹⁷ Brockliss and Jones, *Medical World*, 325.

¹¹⁸ BNF, Manuscrits français, 23251/art. 1238.

¹¹⁹ For more information about the wealth enjoyed by the royal court's physicians, see Brockliss and Jones, *Medical World*, 324–7, Lunel, *Maison médicale*, 72 and Perez, *Biohistoire*, 146–8.

¹²⁰ For more information about Louis-Henri d'Aquin (d. 1671) and his family, see Girard, *A Propos de "L'Amour médecin"*, 13–19.

highly respectable rue Saint-Thomas-du-Louvre – to tenants that included, in an amusing twist of fate, the physician-phobic Molière.¹²¹

At the same time as these court physicians were enjoying financial prosperity, however, many nobles found themselves falling into increasingly dire straits in this respect. Concepts such as ‘living within one’s means’ and ‘balancing the budget’ had long been considered base bourgeois preoccupations within the more elite circles of high society, and many courtiers were living with the consequences of failing to heed such advice during Vallot’s lifetime.¹²² These may have been the circumstances which caused Marie Hennequin, the duc de Rouannés and Vallot’s paths to cross in the mid-1600s. Indeed, the fact that the duc de Rouannés chose to sell his duchy to his sister and her husband just four years after he paid off his debt to Vallot may indicate that his financial transaction with the *premier médecin* had taken place during a time of considerable financial hardship for him.¹²³

From the perspective of an indebted courtier – eager to find the money to maintain their costly lifestyles as quickly as possible, yet concerned about the negative social implications of borrowing – the wealthy court physician must have appeared in many ways to be the perfect lender. His situation at court ensured the transaction could be undertaken as quickly and discreetly as possible, whilst his social distance from this society also provided some guarantee against the development becoming the subject of court gossip.¹²⁴ Although the financial transaction which Vallot undertook with Marie Hennequin and Artus Gouffier was thus a very tangible and important kind of courtly interaction, its discreet nature ensured that it was also one which would not improve, or perhaps even contribute to the *premier médecin*’s social standing within the court in any meaningful way.

¹²¹ Ibid., 16–17 and 21–3. Another court physician named Eusèbe Renaudot appears to have dabbled in similar financial activity with his properties: see Trochon, “Journal”. Vallot owned at least two properties but, to my knowledge, did not rent either of them out for profit. Vallot’s properties were both in Paris: one was situated on the rue Matignon in the fashionable Saint-Germain district, the other lead off the rue Cuvier next to the *Jardin du roi*. See *Wellcome Archives*, MS.7757/7 and Charles Lefeuvre, *Les Anciennes maisons de Paris : Histoire de Paris rue par rue, maison par maison* (Paris: C. Reinwald Leipzig, 1875), vol. 2, 453–4 respectively.

¹²² Mettam, *Power and Faction*, 61–2.

¹²³ Saint-Simon, *Mémoires de Saint-Simon : nouvelle édition*, vol. 3, 317–18. It is important to bear in mind, however, that Artus’ decision to sell his duchy may have been motivated as much by his desire to spend the rest of his life in religious retreat as it was by financial concerns.

¹²⁴ For more information about the seventeenth-century court society’s increasing reluctance to talk openly about money, see Orest Ranum, “Words and Wealth in the France of Richelieu and Mazarin,” in John H. Eliot and L.W.B. Brockliss, eds, *The World of the Favourite* (London: Yale University Press, 1999), 123.

1.3 From Disparity to Continuity: Vallot and Fagon's Shared Experiences of Life in Louis XIV's Court

At first glance, such an interpretation of the *premier médecin* as a socially isolated member of the court may appear to contrast quite starkly with courtly depictions of the role in Louis XIV's later reign. The duc de Saint-Simon's extremely popular memoirs provide a decidedly more optimistic portrait of Fagon's time at court, as the following extract from 1714 attests:

Fagon, le plus savant et le plus habile médecin qui fût peut-être nulle part de son temps, étoit premier médecin du roi [...] Personne n'avoit plus d'esprit ni plus de connoissance de la cour et du monde, personne aussi n'en profitoit mieux, et d'autant plus qu'étant parfaitement désintéressé, tout n'en alloit en lui qu'à crédit et à domination dans son art qu'il poussa jusqu'à la plus parfaite tyrannie. Ses avis étoient arrêts ; [...] aucun courtisan n'osoit dérober sa santé à sa pleine juridiction ; la moindre désobéissance à ce qu'il prescrivoit tournoit en crime auprès du roi. [...] Toute la cour étoit en respect devant Fagon, qui, arbitre de la santé d'un roi vieux [...] étoit monté de bien des degrés au-dessus des ministres¹²⁵

Saint-Simon's detailed descriptions of Fagon as a figure of unquestionable prominence at court – of which there are many in his memoirs – have long been favoured by historians. The memoirist's influence can be perceived in many of the historical accounts that have been published on the subject of Louis XIV's medical team in recent decades, in which Fagon is described as '[d]ominateur et craint',¹²⁶ 'an extremely powerful figure at court',¹²⁷ who 'dominated French lords and medicine alike',¹²⁸ and acted as 'une pièce maîtresse sur un échiquier où le clientélisme, l'arrivisme et la protection de la santé du roi faisaient ou défaisaient les fortunes'.¹²⁹ Saint-Simon-inspired remarks such as these help to perpetuate the enduring popular

¹²⁵ 'Fagon, arguably the most knowledgeable and skilful physician of his time, was *premier médecin du roi*... Nobody had more spirit nor knowledge of the court and of the world than him, neither did anybody profit more from these things than he, especially in consideration of the fact that, being perfectly disinterested, things only went to his credit and domination of his profession, the latter of which he pushed to the most perfect tyranny. His opinions were final judgements... no courtier dared to do anything but commit their health to his complete jurisdiction; the slightest disobedience to his prescription was considered a crime in the king's eyes... Everybody at court respected Fagon who, as arbiter of the health of an ageing king... enjoyed an ascendancy at court which went even beyond that enjoyed by its ministers'. Saint-Simon, *Mémoires*, vol. 4, 1026.

¹²⁶ '[D]ominating and dreaded'. Jean-Jacques Peumery, *Les Mandarins du Grand siècle* (Paris: Synthélabo, 1999), 83–4.

¹²⁷ Brockliss and Jones, *Medical World*, 288.

¹²⁸ Louis Bernard, "Medicine at the Court of Louis XIV," *Medical History* 6 (1962): 204.

¹²⁹ '[O]ne of the key pieces on a chessboard [the court] where patronage, pushiness and protection of the king's health used to make and unmake fortunes'. Perez, *Biohistoire*, 154.

historical image of Fagon as a somewhat unique *premier médecin*, whose circumstances and personal attributes allowed him to acquire an unprecedented degree of dominance over the court. In modern histories of Louis XIV's medical team, the comparative dearth of information about the courtly experiences of Fagon's professional predecessors can make it all the more tempting to agree with this compelling – and seemingly quite fitting – portrayal of the last *premier médecin* to the powerful 'Sun King'.

In Louis XIV's later reign, the *premier médecin*'s circumstances had indeed changed in a number of important ways which allowed Fagon to enjoy a much more prominent presence within the court society than his professional predecessors had. The most important of these changes was evidenced in the comparatively close relationship that Fagon shared with Louis XIV. According to Saint-Simon, Fagon's credit 'était extrême auprès du Roi',¹³⁰ and the king trusted the physician's opinions wholeheartedly in all medical matters.¹³¹ It seems extremely likely that the main cause of this unprecedentedly close relationship was Louis XIV's advancing age and degenerating health. In his twilight years, the king was far more likely to appreciate, heed and perhaps even take an interest in his physicians' medical advice than he had in his youth, under Vallot's protection.¹³² As had been the case for *gentilhommes* and *valets* from time immemorial, Fagon and Louis XIV's shared interests facilitated the growth of a much more intimate and amicable relationship between the pair; a development which invested the *premier médecin* in turn with a far greater prominence within the court society than he had enjoyed before. Indeed, Saint-Simon's willingness to paint a literary portrait of Fagon as extensive as the extract above would certainly appear to attest to this development.

Ideological changes that were sweeping across the medical profession in Europe during the eighteenth century may also have contributed to Fagon's improved position at court as *premier médecin*. These changes saw court physicians begin to adopt much less subservient attitudes towards their work in order to engage with their patients in a more assertive and frank manner.¹³³ Fagon's references to the court society in the *Remarques* certainly appear to reflect the outlook of an increasingly confident *premier médecin* in this respect. In addition to describing the court society's general observation

¹³⁰ '[W]as very great in the king's eyes'. Saint-Simon, *Mémoires*, vol. 1, 823. See also *ibid.*, 109.

¹³¹ *Ibid.*, 521.

¹³² Perez, *Biohistoire*, 168.

¹³³ As historian Werner Friedrich Kümmel aptly summarised, 'humble discretion [gave] way to a growing self-assertiveness'. Kümmel, "*De Morbis Aulicis*," 35–9.

of his treatment of Louis XIV, as Vallot had done, Fagon also included in his *Remarques* entries scathing criticisms of courtiers whom he accused of obstructing his work. In 1694, for instance, he lost his temper when some courtiers almost convinced Louis XIV to continue drinking a wine that he believed was extremely bad for the king. Fagon bitterly accused these alleged meddlers of deciding ‘avec autant de témérité que d’ignorance sur les choses les plus importantes de la médecine’:¹³⁴ a criticism which he repeated almost word for word a decade later when they successfully obstructed what he believed to be a much-needed bleeding.¹³⁵ Of course, Vallot never exhibited anything close to Fagon’s level of antagonism towards other courtiers in his *Remarques* entries.¹³⁶ This stark contrast in outlook seems indicative of a professional confidence on Fagon’s part which could only have developed alongside a more integrated and authoritative standing within the society in which he worked. Undoubtedly, it had been with Fagon’s more positive experiences in mind that Perez had written his aforementioned depiction of Louis XIV’s physicians as powerful ‘médecins courtisans’.

Although they held the same title for very similar lengths of time, changing circumstances evidently compelled Vallot and Fagon to experience life at court in a number of different ways. At first glance, Saint-Simon’s extensive, emotive references to Fagon may appear to do little but highlight these differences in the two *premiers médecins*’ experiences. However, closer investigation of this valuable resource quickly disproves this assertion. In his numerous descriptions of Fagon, Saint-Simon often highlighted behaviour which seems to bear a surprising resemblance to Vallot’s whilst he was working in the same position, two decades earlier. The potential existence of such similarities is exciting because it hints at a distinct sense of continuity between the two *premiers médecins*’ careers: an interesting development to occur within an area of historical research in which – with its traditionally disproportionate focus upon Fagon – disparity has more often been highlighted.

¹³⁴ ‘[They judged] the most important medical matters with equal measures of recklessness and ignorance’. *JS*, 285.

¹³⁵ *Ibid.*, 344. For another equally heated example of Fagon losing his temper with courtiers, see *ibid.*, 341.

¹³⁶ The closest that Vallot came to criticising the court’s grandees in the *Remarques* was in his entry for 1655, in which he accused some ‘personnes de grande qualité’ (‘persons of great quality’) of disrupting his treatment of Louis XIV by writing letters of concern to the absent Cardinal Mazarin. Even then, Vallot seems to have been keen to soften this criticism: he explained shortly after this accusation that the real damage had been done in this instance by mutinous members of his own medical team, who had fed these courtiers false information about the illness at hand. *JS*, 101. In his study of literary depictions of the French court physician, Brockliss acknowledges changes in perception between doctor and patient on a broader courtly scale. See Laurence W.B. Brockliss, “The Literary Image of the *Médecins du Roi* in the Literature of the Grand Siècle,” in *Medicine at the Courts of Europe*, 117–54.

The increased sense of prominence which the *premier médecin* enjoyed in Louis XIV's later reign encouraged courtiers like Saint-Simon to describe Fagon and his work in much greater detail than earlier courtiers had of Vallot. Naturally, these circumstances make it possible to discover within this later, more detailed court literature some of the similarities that existed in Vallot and Fagon's professional approaches. However, in Saint-Simon's case, the detection of these similarities is also strongly influenced by the apparent prevalence of a specific socio-political concern in the memoirist's writing. This concern related to Saint-Simon's hostility towards an altogether different member of their shared community: the 'robin' administrators who worked in the ministerial sector of Louis XIV's court. As a *duc et pair*, Saint-Simon belonged to the oldest, most privileged sector of the kingdom's nobility known as the *noblesse d'épée* (nobility of the sword) and, like many members of this rank, he believed that this privileged status entitled him and his peers to proportionately influential positions within the king's government. In reality, however, the majority of the government's most important positions were held by more recently ennobled – and thus hierarchically inferior – administrators belonging to the *noblesse de robe* (nobility of the robe). As the years passed, this community of 'robins' grew in size, status and prosperity, and their continued dominance over the ministerial realm remained a source of intense indignation for Saint-Simon.¹³⁷

In practical terms, Fagon's position at court as *premier médecin* could not have appeared more different from that of these extremely powerful ministerial nobles. However, Fagon's relatively base origins, recent nobility as *premier médecin*,¹³⁸ increasingly influential relationship with the king and similarly definitive monopoly over his (medical) sphere of jurisdiction at court¹³⁹ made for some considerable similarities with this community which Saint-Simon could not have failed to notice. His awareness of these resemblances may have been one of the reasons why Saint-Simon wrote about the *premier médecin* in ways which differed so considerably to other courtly authors. Whereas Vallot's contemporaries appear to have viewed the *premier médecin*'s movements as being informed by primarily professional sensibilities which were different to their own, Saint-Simon's circumstances and beliefs appear to have

¹³⁷ Ladurie, *Saint-Simon*, 58–61.

¹³⁸ The *premier médecin*'s was one of many offices at court which automatically ennobled its holder upon their appointment. See Verdier, *Jurisprudence*, vol. 2, 10 and 59–60. As previously mentioned in this thesis' introduction, Vallot had in fact been ennobled several years before his appointment as *premier médecin*, as a reward for his exemplary medical care of the king. Of course, these ennoblements had endowed Vallot with a rank of nobility which paled in comparison to the *noblesse d'épée*'s from a hierarchical perspective.

¹³⁹ Brockliss, "Literary Image," 133–5.

encouraged him to view the *premier médecin*'s actions more closely within the context of his own courtly perspective. This outlook encouraged the memoirist to take much more notice of the physician's actions, describe them in greater detail and interpret them in ways which made them appear much more significant and consequential within the context of the wider court society.

When viewed in isolation, the powerful nature of the descriptions which Saint-Simon consequently provided of Fagon can give the (in my opinion mistaken) impression that every characteristic that is attributed within them to Fagon was unique to him alone as *premier médecin*. Such an impression helps to maintain the equally powerful historical portrayal of Fagon which, as previously mentioned, continues to dominate accounts of Louis XIV's *premiers médecins* to this day. Of course, some of the characteristics which Saint-Simon described were indeed unique to Fagon: a result, as previously mentioned, of the comparatively improved circumstances in which he worked as *premier médecin* in Louis XIV's later reign. However, a knowledge of Vallot's earlier experiences makes it possible to detect similarities between his behaviour and Fagon's other reported characteristics. This detection, in turn, makes it possible to appreciate the two *premiers médecins*' shared attributes as belonging to the broader historical narrative of the position, rather than simply being the sole possession of one of its most well-known holders.

One such shared characteristic appears perceptible, for example, in Saint-Simon's descriptions of Fagon's medical practice at court. The memoirist described Fagon as enjoying an ominous kind of dominance over the courtiers' medical experiences; a situation which was perpetuated by the king's constant, determined recommendation of his services in almost every conceivable instance. So insistent was Louis XIV that his courtiers rely upon his *premier médecin* during times of illness, Saint-Simon wrote, that the king became angry if they failed to do so.¹⁴⁰ Fagon's medical dominance over the court was apparently so extreme in this respect that Saint-Simon described the *premier médecin* as imposing a kind of 'tyrannie [...] sur ceux qui avaient le malheur d'en avoir besoin'.¹⁴¹

When stripped of their negative connotations of dominance and tyranny – sentiments which perhaps related to Saint-Simon's aforementioned misgivings about the court's 'robins' – the references above seem to paint quite a similar picture to our understanding of Vallot's wider medical practice at court, as discussed in the previous

¹⁴⁰ Saint-Simon, *Mémoires*, vol. 3, 136.

¹⁴¹ '[T]yranny... over those who had the misfortune of needing them [his services]'. Ibid., vol. 1, 823.

sections of this chapter. The memoirist's depiction of Fagon as a dominant medical presence at court, with a hand in many patients' treatment, evokes images of a patient base as considerable in size as the previous chapter revealed Vallot's to have been. The memoirist described Fagon's services as often being proffered at the king's strong recommendation and behest: a privilege which – albeit not quite to same passionate degree, in his less favoured case – Vallot also enjoyed from the king. Whilst no courtly contemporary explicitly referred to the sense of authority which Vallot enjoyed in medical consultations, as Saint-Simon had for Fagon, contemporary source material relating to the two *premiers médecins* certainly appears to attribute similar degrees of success to the pair when it came to getting their patients to follow their medical advice.¹⁴² Although the ways in which Vallot and Fagon's courtly medical practice was depicted in contemporary source material differs immensely, the actions themselves seem remarkably similar in essence. It seems at least plausible that what Saint-Simon – and many historians since – have interpreted as an ominous and unique form of medical dominance on Fagon's part may in fact have simply been his fulfillment of a duty which had been an important part of the *premier médecin*'s role at court for generations.

Another potential similarity between the two *premiers médecins*' professional experiences can be discerned in Saint-Simon's descriptions of Fagon's general outlook towards his work. In his account of Fagon's appointment in 1693, Saint-Simon provided an enlightening description of the subjects which most attracted and repelled the *premier médecin*'s interest:

Fagon était le plus savant homme en tout genre de science de son métier qu'il y eut, et le plus grand médecin, savait beaucoup d'autres choses, avait infiniment d'esprit [...] excellent courtisan, fort respectueux envers les seigneurs, et le demeura dans la grande considération où il parvint ; point intéressé¹⁴³

¹⁴² Saint-Simon's account of how Fagon successfully forbade Louis XIV's granddaughter-in-law, the duchesse de Bourgogne, from travelling with the king to Fontainebleau in 1706 is often cited as an example of the remarkable dominance that Fagon was believed to hold over the king and court. See, for example, Brockliss, "Literary Image," 134. However, the memoirs of one of Saint-Simon's courtly contemporaries – the marquis de Souches – contain several examples of instances in which Fagon's orders were bluntly rejected by his noble patients, including the king. See Souches, *Mémoires*, vol. 11, 88 and 172. As was the case with Vallot's similar experiences discussed in the previous sections of this chapter, Fagon's attempts at imposing his authority on his patients as *premier médecin* appear to have been decidedly hit and miss.

¹⁴³ 'Fagon was the most knowledgeable man that there was in all of the existing sciences of his profession, and the greatest physician, knew a lot about other matters, had infinite esprit... excellent courtier, very respectful towards lords, and remained so despite the great regard that he reached, not self-serving'. Saint-Simon, *Mémoires*, vol. 1, 996.

Fagon's talent and passion for the medical sciences was a topic which Saint-Simon returned to at several other points in his memoirs, describing the *premier médecin* as 'curieux de tout ce qui avait trait à son métier, grand botaniste, bon chimiste, habile connaisseur en chirurgie, excellent médecin et grand praticien'.¹⁴⁴ With his own interest in, and strong praise for, this aspect of Fagon's personality undoubtedly influenced by the ageing Louis XIV's increased regard for medicine, Saint-Simon may not have been aware of the fact that the *premier médecin*'s strong medical focus was taken as an unspoken given by the earlier courtiers of Vallot's day.

Unconsciously or not, Saint-Simon broke away from this traditional interpretation of the *premier médecin* in the extract above by describing Fagon as an 'excellent courtier'. This was an accolade which, as the previous sections of this chapter have aimed to attest, Vallot's contemporaries were unlikely to have bestowed upon him as *premier médecin*. Interestingly, however, Saint-Simon supported this assertion with a number of positive social characteristics which do appear to have been as applicable to Vallot as they later proved to Fagon. The memoirist described, for instance, how Fagon was always respectful towards lords: a point which Saint-Simon also laboured elsewhere in his writing, when he explained that despite his favour and consideration with the king, Fagon was 'toujours respectueux et toujours à sa place'.¹⁴⁵ As a hierarchical superior concerned about his rank in the face of such influential new nobles, this quality was presumably of particular importance to Saint-Simon. Again, however, it seems appropriate to view the literary silence of Vallot's contemporaries on this subject as a sign of their unspoken expectation of the *premier médecin*'s deference, rather than as confirmation of comparatively exceptional and noteworthy performance of this behaviour on Fagon's part.

Perhaps most significantly, however, Saint-Simon also followed his assertion with the remark that Fagon was 'not interested': or, as the memoirist emphasised in a later memoirs entry, 'desintéressé'.¹⁴⁶ In the courtly context in which he was writing, it seems likely that the lack of interest which Saint-Simon attributed to Fagon related to the social and financial intrigues which developed around them both at Louis XIV's court.¹⁴⁷ Fagon's aforementioned exasperation with the court's inhabitants for their

¹⁴⁴ '[C]urious of all that his profession covered, great botanist, good chemist, skillful expert in surgery, excellent physician and great practitioner'. Ibid., 108–9.

¹⁴⁵ '[A]lways respectful and always knew his place'. Saint-Simon, *Mémoires*, vol. 1, 108–9.

¹⁴⁶ Ibid., 108 and vol. 4, 1026.

¹⁴⁷ I have based my understanding of the term 'desintéressé' on Furetière's seventeenth-century definition: 'On dit qu'un homme est fort *desintéressé*, quand il n'est sujet à aucun intérêt ni argent, ni de

medical meddling certainly gives the impression that he adopted a similarly distanced stance to the court society as Vallot had. Yet in 1693 – the year to which the extract above related – these similarities are unlikely to have been noticed in the wake of the disgrace of the *premier médecin* who had immediately preceded Fagon. When Antoine d’Aquin was suddenly dismissed amidst rumours of his excessive favour-seeking from the king,¹⁴⁸ the comparative social indifference of his professional successor may have appeared quite unusual and unique to courtiers like Saint-Simon, who had not even been conceived when Vallot died in 1671.

Saint-Simon was not the only contemporary author whose powerful writing contributed to the strong adhesion of these professional qualities to Fagon’s legacy. The *Académie des sciences*’ aforementioned eulogy for Fagon also contrasted his passion for medicine with his admirable lack of interest in courtly developments; emotively describing how ‘[I]es fêtes, les Spectacles, les Divertissements de la Cour, quoique souvent dignes de curiosité, ne lui causoient aucune distraction’.¹⁴⁹ Hopefully, the preceding sections of this chapter have provided enough convincing evidence to support the assertion that there is little in this enduringly popular portrayal of Fagon which differs too strongly from the image of Vallot conveyed in the literature of the latter’s contemporaries. The only real difference lies in the way in which Vallot and Fagon’s approach to life at court was interpreted by these authors.

It is interesting to note that, rather than supporting Saint-Simon’s views about Fagon, the literature of many of the memoirist’s courtly contemporaries also appear to have reflected this more static view of the *premier médecin*’s place at court. Although courtiers’ attitudes certainly appear to have been changing towards the *premier médecin* – for a variety of different reasons – in Louis XIV’s later reign,¹⁵⁰ there is evidence to suggest that in a number of respects, courtiers continued to view the *premier médecin* in similar ways to Vallot’s contemporaries, two decades earlier. For instance, the marquis

passion’ (‘One says that a man is very *disinterested*, when he is not swayed by interest, money or passion’). Furetière, *Dictionnaire*, vol. 1, 657.

¹⁴⁸ Saint-Simon, *Mémoires*, vol. 1, 107-8. The definitive reason for Louis XIV’s dismissal of d’Aquin remains unknown. For historical analyses of the event see Perez, *Biohistoire*, 158–64 and Peumery, “Disgrâce.” The event will be discussed in greater depth in the next chapter of this thesis.

¹⁴⁹ ‘[F]êtes, performances, the court’s entertainments, although frequently the subject of [others’] curiosity, proved no distraction for him’. Fontenelle, *Eloges*, 51. Fontenelle’s emphasis upon Fagon’s disinterestedness was informed by his vision of the ideal scientist as a selfless individual who desired nothing but the attainment of truth. See Thomas L. Hankins, “Biography and the Reward System in Science,” in *History and Poetics Scientific of Biography*, 95.

¹⁵⁰ Another potential change in courtly attitudes towards the *premier médecin* in Louis XIV’s reign will be explored in greater depth in the next chapter.

de Sourches¹⁵¹ – another courtly memoirist from Louis XIV’s later reign – did not deem Fagon important enough to provide extensive literary portraits of him, as Saint-Simon had. In a letter to a friend in 1696, Monsieur’s second wife, the Princess Palatine Elizabeth Charlotte,¹⁵² provided a comically disparaging description of Fagon’s physical appearance which seems highly reminiscent of the irreverent, Molière-esque outlook of Vallot’s courtly contemporaries:

Le docteur Fagon est une figure dont vous aurez la peine à vous faire une idée. Il a les jambes grêles comme celles d’un oiseau, toutes les dents de la mâchoire pourries et noires, les lèvres épaisses, ce qui lui rend la bouche saillante, les yeux couverts, la figure allongée, le teint bistre et l’air aussi méchant qu’il l’est en effet¹⁵³

The mocking tone of the princesse Palatine’s letter paled in comparison, however, to the way in which another courtier named the marquis de Brissac¹⁵⁴ treated Fagon in person. A *lieutenant général* who enjoyed a robust state of health, the marquis de Brissac was known at court for ridiculing Fagon to his face, and Saint-Simon recounted several times when he did so to the evident delight of the court. In one instance the memoirist recounted how Brissac criticised the medical profession so fiercely, and counterattacked Fagon’s defences on the topic so wittily, that the physician flew into a rage, causing Louis XIV and his entourage to fall into fits of laughter.¹⁵⁵ Neither the marquis de Sourches, the princesse Palatine nor the marquis de Brissac’s reactions to Fagon would appear to suggest that they considered the *premier médecin* to be a particularly ominous or powerful presence at court, and as such they remind us to take Saint-Simon’s popular interpretation of the physician with a pinch of salt. Interestingly, they also appear to shed light upon another similarity between Vallot and Fagon’s careers as *premier médecin*, in the sense that they prove that the latter was still

¹⁵¹ Louis-François de Bouchet, marquis de Sourches (1639–1716) was *grand prévôt de France* (Great Provost-Marshal of France) and Governor of Maine and Perche. For more information about him see Gabriel-Jules de Cosnac, “Introduction,” in Sourches, *Mémoires*, vol. 1, i–xliii.

¹⁵² For more information about Elizabeth Charlotte (1652–1722) and her relationship with medicine at the French court, see Lucie Coignerai-Devillers, “Médecine, diététique et santé à la cour de Louis XIV d’après les lettres de la princesse Palatine (1652–1722),” *Revue d’histoire de la pharmacie* 30 (1983): 265–74.

¹⁵³ ‘The physician Fagon is a figure that you will struggle to get an idea of. He has legs as skinny as a bird’s, all the teeth in his jawbone are rotten and black, he has thick lips, around a prominent mouth, hooded eyes, an elongated figure, a yellow complexion, and an appearance as horrid as he generally is.’ Duchesse d’Orléans, *Lettres*, 164.

¹⁵⁴ Albert de Grillet, marquis de Brissac (1623–1713) enjoyed a long military career spanning three decades.

¹⁵⁵ Saint-Simon, *Mémoires*, vol. 4, 589. For more references to Brissac’s ridicule of Fagon, see *ibid.*, 985 and vol. 3, 105.

subjected to many of the less savoury social experiences which had been characteristic of earlier *premiers médecins*' careers at court, despite his improved status.

Finally, perhaps the most significant indication of the similarities that existed between these two *premiers médecins*' professional approaches at court can be found in the testimony of Fagon himself. Louis XIV's last *premier médecin* was one of the first to acknowledge his indebtedness to the work of past holders of the position, and he was in this respect very keen to acknowledge the inspiration that he drew from one particular *premier médecin*. Vallot had held the position during Fagon's formative years at court and the pair had worked closely together on many occasions in the *Jardin du roi*, where Vallot had given the young physician his first royal position.¹⁵⁶ In his very first entry in the *Remarques* as *premier médecin*, Fagon revealed the extent to which Vallot's time in the role had inspired, and would continue to inspire, his own work by the king's side during his medical career:

Le deuxième jour de novembre de cette année, le roi m'ayant fait l'honneur de me nommer son premier-médecin, je suppliai S.M. d'ordonner qu'on me remît entre les mains le Journal de ce qui regarde sa santé, que M. Vallot avait sagement commencé [...] Le désir que j'avais de profiter au plus tôt des observations et de la conduite d'un si habile premier-médecin, que le zèle, la capacité et l'application continuelle à sa profession avaient rendu très digne de cet important emploi, me faisaient attendre ce manuscrit avec grande impatience¹⁵⁷

Despite enjoying a much more influential and prosperous position within the court society than Louis XIV's earlier *premiers médecins*, Fagon nevertheless chose to draw his first inspirations in the role from the 'conduct' of one of the least prominent of these individuals. It is perhaps no coincidence that in his praise for Vallot's 'zeal', 'competence' and unflagging dedication to the medical profession, the newly-appointed

¹⁵⁶ Vallot initially hired Fagon to collect plant specimens for the *Jardin du roi*, as part of a project which culminated in the publication of a botanical catalogue for the institution. See Joncquet, Fagon and Vallot, *Hortus Regius*. In the years that followed, Vallot appointed Fagon to various positions within the *Jardin* including the positions of *démonstrateur et opérateur pharmaceutique* (Pharmaceutical Demonstrator and Operator) and *sous-démonstrateur et professeur des plantes et simples médicinales* (Deputy Demonstrator and Professor of Plants and Medical Simples). See AN, O¹/15/346–8 and O¹/16/77–8. In September 1669, Vallot also provided Fagon with the requisite certification for him to be received as an official *médecin ordinaire du roi*. See Lunel, *Maison médicale*, 82.

¹⁵⁷ 'On the second day of November this year, the king having done me the honour of nominating me to be his *premier médecin*, I pleaded His Majesty to order that the Journal regarding his health, which Mr Vallot had so wisely started, was placed back in my hands... The desire that I had to profit as soon as possible from the observations and the conduct of such a skillful *premier médecin* – whose zeal, competence and continual application to his profession had rendered so worthy of this important work, lead me to wait for the arrival of this manuscript with great impatience'. *JS*, 268.

premier médecin inadvertently provided an image of his professional predecessor which bore noticeable similarities to Saint-Simon's descriptions of Fagon's own conduct, written several decades later. In Fagon's eager intentions to draw inspiration from Vallot's earlier career as *premier médecin*, we find perhaps the most unequivocal confirmation of the often overlooked, yet increasingly tangible sense of professional continuity which traced its way between the careers of Louis XIV's *premiers médecins*. The two physicians' similarly focused approach to, and passion for, their work appears to have led them to achieve very similar degrees of professional popularity and social distance, even if the connection between their professional experiences was not quite so apparent to some of their courtly contemporaries.

Saint-Simon can hardly have been expected to detect the similarities which existed between Fagon's work as *premier médecin* and that of the latter's little-known professional predecessor, who had died before he was even born. With the benefit of hindsight, however, our awareness of these similarities between Fagon's and Vallot's approaches to their shared role should at least allow us to start formulating our own portrayals of Louis XIV's *premiers médecins* a little differently. With the acknowledgement of such continuities may come the development of a more integrated history of the *premier médecin*: a history which assesses the experiences of all of these officer holders in equal measure, rather than focusing attention upon those who enjoyed the most perceived power, and literary coverage, in the past.

Chapter 2. Vallot as Client

This chapter will examine the relationships that Vallot formed and sustained within Beik's third social sector of the royal court: the community responsible for the governance of the kingdom. As mentioned in this thesis' introduction, Vallot shared a patronage relationship with the controversial figure who dominated this sector during Louis XIV's early reign. After helping Vallot to obtain his position as *premier médecin*, Cardinal Jules Mazarin continued to play an active and important role in the physician's life until his death in 1661. In terms of this investigation, an examination of the relationship between them is important for a number of reasons. Firstly, with a wealth of correspondence between the pair in existence,¹ the relationship is arguably the best-documented of all those which Vallot sustained with his contemporaries. As such it provides an incredibly insightful, and at times even surprising glimpse into the *premier médecin*'s life at court. Secondly, as patronage was an important and arguably ubiquitous aspect of life for his courtly contemporaries,² it would prove impossible to develop a meaningful understanding of Vallot and his world without getting to grips with his experiences in this arena.

The patronage networks of early modern France have been the topic of intense historical interest in recent decades. Many features of these relationships such as the environments in which they developed, the terminology that was used by their participants and the degrees of affection that patron and client exhibited towards one another have been examined in minute detail.³ At the same time as unearthing the importance of patronage to the social underpinning of early modern France, this meticulous research has also revealed the extent of the phenomenon's complexity. With an overwhelming array of different names provided for the relationships' participants in seventeenth-century literature ('fidèle', 'ami', 'créature', 'protecteur', to name but a few⁴), and the simultaneous absence of a contemporary, universally-recognised term for the patronage networks to which such participants belonged, even the terminology that

¹ The bulk of this correspondence is currently kept in the *Ministère des affaires étrangères*, Paris.

² For more information about the importance of patronage in the early modern period, especially within the scientific sectors of royal courts, see Mario Biagioli, *Galileo, Courtier: The Practice of Science in the Culture of Absolutism* (Chicago: University of Chicago Press, 1993), especially 4–16.

³ For a concise summary of these examinations, and ensuing debates, see Sharon Kettering, "Patronage in Early Modern France," *French Historical Studies* 17 (1992): 839–62.

⁴ These names roughly translate as 'loyal person', 'friend', 'creature' and 'protector'.

was adopted in the patronage relationships of early modern France remains a hotly contested issue amongst historians.⁵

However, out of this complexity, at least two basic characteristics have emerged which historians generally agree were likely to have been prevalent in all patronage relationships in early modern France. The first of these was inequality. The patronage relationship of Vallot's day was essentially a vertical tie between an individual of superior status: the patron, and one of inferior status: the client.⁶ The second characteristic was each participant's obligation to render services to the other, with services understood in this context to mean 'what one did for someone, an advantage one procured benevolently'.⁷ This obligatory exchange of services theoretically lay at the heart of early modern patronage relationships in the sense that it ensured that both patron and client gleaned value from their affiliation with one another. The continuous nature of the exchange helped to ensure the relationship's longevity, by nurturing growing sentiments of trust and loyalty between its participants.⁸

On the preliminary understanding that Mazarin was the patron, and Vallot the client, the following chapter will aim to shed light upon the ways in which the second basic characteristic of early modern patronage manifested itself in their relationship. An examination of the services that Vallot rendered for his patron, and the services that he received from Mazarin in return, should hopefully prove an effective way of discovering how this important relationship affected the *premier médecin*'s identity and experience of life at court.

2.1 Mazarin: The Minister-Patron

In order to gain a comprehensive understanding of the effect which Vallot's patronage relationship had upon his life as *premier médecin*, it is first necessary to learn a little more about his patron. Unlike the nobles with whom he mingled in the French court, Cardinal Mazarin had not become a powerful patron as an automatic consequence of his birth. In a sense he had in fact been born into the role of client, as his Italian family

⁵ Kettering, "Patronage in Early Modern France," 848–50 and Haddad, "Noble Clienteles," 76.

⁶ Arlette Jouanna, "Réflexions sur les relations internobiliaires en France aux XVI^e et XVII^e siècles," *French Historical Studies* 17 (1992): 872–3.

⁷ Sharon Kettering, "Gift-Giving and Patronage in Early Modern France," *French History* 2 (1988): 134.

⁸ Kettering, "Patronage in Early Modern France," 844.

owed their prosperity to their close links with the powerful Colonna clan.⁹ During a spell in the army, Mazarin's aptitude for diplomacy blossomed, and this skill eventually afforded him the opportunity to become a papal diplomat. It was in this capacity that Mazarin first met Cardinal Richelieu: the man whom he would eventually succeed as France's most powerful minister. Richelieu was so impressed by Mazarin upon their first meeting in 1630 that he had the Italian naturalised. By the end of the decade he was permanently stationed in France and was regularly performing diplomatic missions on Louis XIII's behalf. By the time that Richelieu and Louis XIII died in relatively quick succession – in December 1642 and May 1643 – Mazarin was one of the most influential members of the *Conseil d'en haut*: the king's inner council and the most senior organ of government. During her subsequent regency Anne of Austria depended heavily upon Mazarin to keep the wheels of government turning to her liking. During this period, Mazarin's additional title of Superintendent of the King's Education allowed him to develop an enormous influence over the royal household.¹⁰ It seems likely that it had been through his work in this position that the cardinal had first met Vallot.

Having acquired an immense degree of power during Anne of Austria's regency, Mazarin is historically considered to have been one of the early modern period's last 'minister-favourites'. This term – a modern construction – relates to a small group of ministers who rose to phenomenal, unparalleled power as the 'right-hand men' of early modern princes. Minister-favourites were extremely efficient and loyal administrators, who performed much of the hard work that was involved in the day-to-day ruling of their princes' kingdoms.¹¹ They accomplished this by controlling access to their princes and diverting it through themselves: harnessing the power that this technique afforded them in order to undertake a range of important tasks including co-ordinating the government, supervising the formulation of policy, maintaining national networks of royal patronage and suppressing factions against the crown.¹² The minister-favourite's role was a naturally elastic one and as such defied easy labelling,¹³ although the modern term *premier ministre* (Principal Minister) seems a reasonably effective way of referring

⁹ Mazarin's father, Pietro Mazzarino, was chief manager of the Roman household of Filippo Colonna, Grand Constable of the King of Naples. See Sturdy, *Richelieu and Mazarin*, 87–8.

¹⁰ Barber, *Brother*, 22–3 and da Vinha, *Valets*, 158.

¹¹ Sturdy, *Richelieu and Mazarin*, 1–4.

¹² For more information about the minister-favourite's responsibilities, see Eliot and Brockliss, *The World of the Favourite*, especially Thompson, "Institutional Background," 13–25 and Brockliss, "Concluding Remarks," 279–309.

¹³ Mettam, *Power and Faction*, 182.

to the role which Richelieu and Mazarin played in the French government of the seventeenth century.

Perhaps unsurprisingly, the minister-favourite's position of unparalleled power and royal popularity traditionally attracted great envy and hostility. Mazarin's career was to prove no exception to this general rule: in his case, public hostility in fact became so intense that it proved to be one of the most significant aggravating factors in the eruption of the Fronde. Mazarin was involved in the establishment of many of the aforementioned tax rises and unpopular proposals which the Parisian *parlement* had opposed in the first phase of this conflict. His support of these proposals led many of the cardinal's contemporaries to view him as a corrupt foreigner who was maliciously lining his pockets and increasing his power at the crown's expense.¹⁴ Sensibly heeding his opponents' increasingly violent calls for his withdrawal from France, Mazarin fled the kingdom with the royal family's permission on a number of occasions between 1651 and 1653. He resumed his powerful position by the royal family's side once the Fronde was over.

Even in the final, most successful years of his career and life, Mazarin was never quite able to shift the cloud of suspicion and hostility which lingered over his reputation as *premier ministre*. However, this unpopularity rarely presented a problem for him from a patronage perspective. Both before and after the Fronde, many prospective clients proved willing to overlook Mazarin's infamous reputation in order to take advantage of the immense power that he wielded as *premier ministre*. Mazarin's patronage relationships with Vallot and Vautier, as well as his similar support of other *commensaux-clients*,¹⁵ would appear to attest to his popularity within the court society in this respect.

Mazarin's status as a *premier ministre* had some interesting repercussions for his reputation as a patron, however. His circumstances in this respect were somewhat unusual, due to the fact that the power that he wielded as a minister-favourite was not his, but ultimately belonged in its entirety to Louis XIV. Unlike many of the traditional, noble patron-figures of the court society, who possessed powerful fief-based clienteles

¹⁴ For a concise summary of anti-Mazarin sentiments during the Fronde in particular, see Sturdy, *Richelieu and Mazarin*, 103–6. For anti-Mazarin sentiments within the royal household specifically, see Laverny, *Domestiques*, 484–6.

¹⁵ For example, *premiers valets de chambre* Clair-Gilbert d'Ornaison de Chamarande and Jérôme Blouin – who both entered court in similarly connection-less predicaments to Vallot – owed the success of their careers to Mazarin's support. See da Vinha, *Valets*, 175–6.

which were personally attached to them alone,¹⁶ Mazarin's power – and thus his reputation as a patron – was solely the result of his connection to Louis XIV. Of course, this power could be revoked by the king at any time. In comparison to more traditional courtly patrons, therefore, *premiers ministres* like Mazarin were often viewed as potentially lucrative, but also somewhat risky patron-figures, whose staying-power prospective clients were encouraged to think long and hard about before establishing long-term patronage relationships with them.

These power dynamics also meant that the king's presence could be felt keenly in the services which Mazarin procured as a patron. In keeping with the minister-favourite's duty to wield the power that he possessed on his prince's behalf, the services that he sought as a patron were also expected to serve the prince first and foremost, with his own interests an important, but nevertheless secondary concern. The subtle interplay of interests that inevitably arose from these circumstances can be discerned in Mazarin's work as an intermediary for royal patronage during the Fronde. The cardinal's deft management of Louis XIV's patronage during this period – which he harnessed to secure the allegiance of former 'Frondeurs' in exchange for favours¹⁷ – was certainly undertaken with the king's interests in mind. Yet when these former rebels' avowal of royal allegiance also required them to express deference to their former enemy, Mazarin, as the patronage broker – ensuring his continued success as *premier ministre* in the process – can this patronage behaviour really be seen as an entirely selfless act on the cardinal's behalf? On the other side of the coin, Mazarin's notoriously extravagant patronage of the arts may appear at first glance to be the quintessential example of traditional patronly behaviour, in the sense that it allowed the cardinal to exercise the skills of master craftsmen for the aggrandisement of his own image.¹⁸ However, Mazarin's initial bequeathment of his entire legacy, including this artwork, to Louis

¹⁶ In contrast to minister-favourites, many members of the high nobility were born with large, personal and permanent clientele bases – situated within their own fiefdoms – at their disposal. As their origins were rooted in medieval, feudalistic traditions, these clientele bases often exhibited much more emotional and loyal ties to their patrons than their counterparts in ministerial patronage relationships (for whom power was the main, if not only concern). See Mettam, *Power and Faction*, 60–1 and Thompson, "Institutional Background," 22. For more information about noble patronage networks see Sharon Kettering, "Patronage and Politics During the Fronde," *French Historical Studies* 14 (1986): 409–41.

¹⁷ For examples of Mazarin's work as a patronage-broker during the Fronde see Richard Bonney, "Cardinal Mazarin and the Great Nobility during the Fronde," *The English Historical Review* 96 (1981): 827–8 and Sharon Kettering, "Brokerage at the Court of Louis XIV," *The Historical Journal* 36 (1993): 71.

¹⁸ Mazarin filled his Parisian residence, the Palais Mazarin (Mazarin Palace), with countless works of art fashioned in the baroque style of his native country. For more information about Mazarin's patronage of the arts see Sturdy, *Richelieu and Mazarin*, 140–8.

XIV¹⁹ would again appear to act as a reminder of the king's omnipresence in the *premier ministre*'s experiences as a patron.

A patronage relationship between a minister-favourite and a court physician – an individual who was expected to have as close a physical relationship with the prince as his patron – would certainly appear to have provided the ideal circumstances for an especially complex interplay of interests to develop in this respect. Despite this complexity, however, the relationship also had the potential to be a highly lucrative one for *premier ministre* and *médecin* alike.

2.2 Services Rendered: Vallot's Responsibilities as Mazarin's Client

Vallot is unlikely to have been bending the truth when he proudly recounted in the *Remarques* how, as previously mentioned, Mazarin had strongly supported his promotion to the position of *premier médecin* to Louis XIV.²⁰ The existence of correspondence between the cardinal and Vallot's professional predecessor²¹ gives the strong impression that Mazarin was well aware of the value that could be gained from supporting the *premier médecin*. As the court's medical practitioners often became embroiled in the intrigue and faction-fighting that developed around them in this society, it proved a worthwhile undertaking from a strategic perspective to secure the support of their leader.

The *premier ministre* had not always proved successful at securing the support of the court's medical community: when battle lines had been drawn between the court's inhabitants in the past, its medical practitioners had in fact often chosen to side against him. During the famous 'Day of Dupes' in November 1630, for instance, a number of court physicians were caught in the act of actively conspiring against Cardinal Richelieu.²² These unsavoury developments may not have been far from Mazarin's mind when a similarly dangerous predicament threatened to emerge twenty years later, following Vautier death during the violent penultimate months of the Fronde. One of Vallot's main rivals for the vacant position of *premier médecin* during this period was François Guénault: an extremely popular court physician whose patients

¹⁹ Bertière, *Mazarin*, 827–9. The action was intended as a gesture of gratitude towards the king: by bequeathing all of his possessions to Louis XIV, Mazarin expressed the belief that he owed it all to the king. As expected, Louis XIV politely refused the legacy in its entirety and it was consequently shared amongst Mazarin's family members.

²⁰ *JS*, 74.

²¹ *MAE*, Mémoires et documents : France, 261/449.

²² Brockliss, "Literary Image," 125.

included some of Mazarin's bitterest enemies, and the Fronde's most destructive noble agitators.²³ With his reputation at an all-time low during this period, it seems likely that the idea of promoting a physician with such dangerous affiliations would have appeared particularly repugnant to Mazarin. Although it cannot be confirmed whether he backed Vallot with the specific intention of preventing Guénault's promotion, it cannot be doubted that our protagonist's eventual appointment as *premier médecin* must have provided Mazarin with immense peace of mind in this respect.

Fortunately for Mazarin, the services which Vallot provided as a client appear to have been just as advantageous for him as the physician's placement as *premier médecin* was in the first place. Undoubtedly the most important of these services was Vallot's provision of regular written reports on Louis XIV's state of health: an invaluable contribution to the vast network of information which Mazarin sustained as *premier ministre*.²⁴ Vallot included an update on Louis XIV's medical condition in every extant letter that he sent to Mazarin, regardless of whether the king was actually suffering from an illness at the time. The pair's subsequent exchanges on this topic were to prove vital not only to their continued careers, but also to the continued health of Louis XIV's reign.

The significance of this service is perhaps best evidenced in the circumstances surrounding Louis XIV's critical illness in the summer of 1658: a particularly turbulent period of the king's reign from which a number of Vallot's letters to Mazarin have survived. As with all royal ailments of this gravity, Louis XIV's illness in 1658 threatened to have an incredibly damaging impact upon the kingdom from a political perspective. When the human embodiment of the state fell so severely ill that his survival was questionable – as was the case for Louis XIV in this instance – the kingdom was plunged into a sense of uncertainty which could easily provoke the formation of cabals, violent faction fighting and rebellious attacks. The latter threat was particularly palpable in 1658 as there were still many former 'Frondeurs' scattered

²³ During the mid-seventeenth century, Guénault's main patients were the prince de Condé and his family, Gaston d'Orléans, and the latter's daughter: the duchesse de Montpensier. For examples of Guénault's treatment of members of the Condé family during the Fronde, see Aumale, *Histoire des Princes du Condé*, vol. 3, 202 and 570; vol. 5, 642 and vol. 6, 34. For examples of his treatment of Gaston d'Orléans and the duchesse de Montpensier see Montpensier, *Mémoires*, vol. 2, 372 and vol. 3, 414–15. Guénault's celebrity in the public domain was attested to by a number of cameo appearances in the satires of the famous poet Boileau. See Boileau, *Satire IV*, line 32 and *Satire VI*, line 68. For more information about Guénault see Félix Vicq-d'Azyr and Jacques-Louis Moreau, *Encyclopédie méthodique, médecine, par une société des médecins* (Paris: Vve Agasse, 1793), vol. 6, 776–7.

²⁴ The vast scale of this information network is perhaps best evidenced in the huge collected edition of Mazarin's correspondence that was published in the nineteenth-century. See Jules Mazarin, *Lettres du cardinal Mazarin pendant son ministère*, ed. Adolphe Chéruel et al. (Paris: Imprimerie nationale, 1872–1906), 9 vols.

across the capital, nursing grievances from their defeat five years earlier. With Louis XIV stationed far away in Calais, Paris was left dangerously vulnerable to their advances.²⁵ Of course, any disruption to the political status quo could also be catastrophically detrimental to Mazarin from a personal perspective. For former 'Frondeurs', Louis XIV's unexpected removal from the political scene must have appeared to provide the perfect opportunity to chase this seemingly corrupt foreign cardinal from the kingdom once and for all.²⁶

As *premier ministre* it was one of Mazarin's primary duties to ensure that the French government was kept running smoothly at all times. As Louis XIV's health was so deeply intertwined with the kingdom's, it was crucial for Mazarin to receive prompt and accurate updates on the king's medical condition so that he could resolve any problems that were provoked in this area by his ill health as soon as they arose, and thwart the plans of any would-be aggressors in the process. As the nature of Mazarin's work meant that he was often expected to work away from the royal family,²⁷ he was rarely in a position to receive this medical information first-hand. Receiving updates on Louis XIV's health from the court's most authoritative physician was therefore the ideal way for Mazarin to keep himself informed on this matter. Once he had received an update from Vallot, Mazarin could disseminate its content across his information network to ensure that a consistent, efficient approach was adopted by the government in the event of any problem.

Seven of Vallot's medical updates to Mazarin survive from the summer of 1658, dating from the later stages of Louis XIV's illness when the *premier médecin* was beginning to feel increasingly optimistic about the king's recovery.²⁸ Through these letters Vallot informed the cardinal of Louis XIV's gradually improving condition, the modest activities of which the king was beginning to partake²⁹ and the remedies which were being administered to further strengthen the royal body.³⁰ The first was written during the earlier days of the king's recovery, at three o'clock in the morning on 18th

²⁵ Perez, *Biohistoire*, 277–81.

²⁶ Sturdy, *Richelieu and Mazarin*, 130.

²⁷ Brockliss, "Concluding Remarks," 283.

²⁸ MAE, *Mémoires et documents : France*, 905/278–9, 307, 321, 323, 330, 355 and 415.

²⁹ These activities included bathing and horse riding. True to form, Louis XIV proved especially keen to get back in the saddle after his illness. A month into his recovery, Vallot recounted to the cardinal how the king was able to ride for almost two hours without stopping. See *ibid.*, 905/307.

³⁰ These remedies included bouillons and tablets, which Vallot prescribed to fortify the king's chest. See MAE, *Mémoires et documents : France*, 905/330.

July. Vallot informed his patron that Louis XIV was beginning to sleep through the night and eat again, now that the worst of the illness had passed.³¹

Interestingly, this first letter is entirely devoid of the eloquence, affectionate sentiments and strict linguistic conventions which underpinned many of the other extant patronage letters dating from this period.³² It is focused entirely on the raw provision of medical information about the king. During less tumultuous times Vallot and Mazarin often adhered to the platitudes of contemporary patronage as closely as would any other patron and client,³³ yet in the troubling circumstances of 1658 the *premier médecin* evidently felt comfortable shedding them in order to communicate as efficiently as possible with his patron. That Vallot and Mazarin felt comfortable communicating in this unembellished way as patron and client would appear to bear witness to the huge influence that Louis XIV, and his continued wellbeing, had upon their patronage relationship.

Vallot's medical updates proved invaluable to Mazarin in more ways than one in the summer of 1658. In addition to disseminating these reports across his own information network, the cardinal also chose to propel them into the public realm by publishing a similar letter that Vallot had written to the Governor of Paris about the progression of the king's illness. In the letter, Vallot confirmed that Louis XIV's recovery was going smoothly and that the king would soon be in a position to return to Paris, where he intended to thank the subjects who had prayed for his recovery. By publishing the letter Mazarin appears to have been acknowledging that the *premier médecin*'s official verdict on the king's state of health was one of the strongest antidotes that he possessed against the political uncertainty and disorder that had emerged with the onset of Louis XIV's illness.³⁴ The publication helped to enhance Vallot's status as an official medical spokesperson for the royal family: a role that he would assume again during the aforementioned circumstances surrounding Henriette d'Angleterre's death.

One of the other main services which Vallot provided for Mazarin was of a more personal nature, in the sense that it was an aspect of their patronage relationship upon which the otherwise imposing figure of Louis XIV barely encroached at all. This service was Vallot's medical treatment of both Mazarin and the cardinal's loved ones. In

³¹ Ibid., 905/278–9.

³² For more information about these linguistic conventions, see Kettering, "Gift-Giving," especially 132–4 and Arthur L. Herman, "The Language of Fidelity in Early Modern France," *The Journal of Modern History* 67 (1995): 1–24.

³³ For examples see *MAE*, Mémoires et documents : France, 884/133–4, letter from Vallot to Mazarin dated 27th August 1652 and 896/275, letter from Mazarin to Vallot dated 29th September 1655.

³⁴ For a deeper analysis of the cabal that developed during Louis XIV's illness in 1658, including a full transcript of Vallot's letter, see Perez, *Biohistoire*, 274–87.

several of his letters to Mazarin, Vallot described how he had communicated with the cardinal's regular physicians in order to inform himself of the progress of the latter's chronic ailments.³⁵ The *premier médecin* also offered his own advice to Mazarin regarding the treatment of these ailments.³⁶

In addition to his medical care of the cardinal himself, Vallot also provided regular medical treatment for Mazarin's eleven young nieces and nephews, who arrived at the French court from Italy in dribs and drabs throughout the mid-1600s.³⁷ The arrival of these relatives presented a lucrative opportunity for Mazarin. By marrying them into high-ranking noble families, he could ensure the continuation of his legacy in a way which he was unable to do himself as a man of the cloth.³⁸ After Mazarin had successfully married off a couple of his nieces, he thus put Vallot to work ensuring the healthy completion of the ensuing pregnancies. In the summer of 1658, for instance, Vallot cared for the pregnant princesse de Conti, Anne-Marie Martinozzi,³⁹ whose medical care he had already overseen for several years before the birth.⁴⁰ A year beforehand Vallot had also cared for the duchesse de Mercoeur, Laure Mancini, whose labour unfortunately ended in her death.⁴¹ In a similarly tragic development Vallot also unsuccessfully strove to save the life of the youngest of Mazarin's nephews, who suffered a fatal head injury whilst playing with friends in 1658.⁴²

These eventful developments aside, Vallot also appears to have remained on hand to provide more mundane, everyday medical advice for his patron's relatives. Even in the wake of Louis XIV's illness in 1658, the *premier médecin* took the time to treat Mazarin's nieces and inform the cardinal of their states of health. The letters that Vallot wrote to Mazarin during this period often ended with news of his two youngest nieces' health: Marianne's stomach pains were being treated, Vallot ensured the

³⁵ In 1658, Vallot received updates on Mazarin's health from the aforementioned *médecin du roi par quartier*, Louis-Henri d'Aquin, who had been dispatched to Saint-Jean-de-Luz to care for the cardinal. See *MAE, Mémoires et documents : France*, 905/355.

³⁶ In August 1659, for instance, Vallot suggested that Mazarin try the Barreges waters for the alleviation of his gout. See *MAE, Mémoires et documents : France*, 280/226. For examples of Vallot's other medical suggestions to the cardinal, see *ibid.*, 905/323.

³⁷ For their specific dates of arrival see Bertière, *Mazarin*, 632–3.

³⁸ *Ibid.*

³⁹ The marriage of Anne-Marie Martinozzi (1637–72) to the prince de Conti was a political gesture on the latter's part; intended to reconcile him to the cardinal and crown after his opposition during the Fronde. See Sturdy, *Richelieu and Mazarin*, 146.

⁴⁰ For Vallot's medical care of Anne-Marie during her pregnancy in 1658, see *MAE, Mémoires et documents : France*, 905/415. For his involvement in her medical care before this date, see Mazarin, *Lettres*, vol. 7, 644.

⁴¹ Patin, *Lettres*, vol. 2, 278, letter to Spon dated 16th February 1657 and François de Potshoek and Philippe de Villers, *Journal du voyage de deux jeunes hollandais à Paris en 1656–1658*, ed. Armand-Prosper Faugère et al. (Paris: H. Champion, 1899), 60–1.

⁴² Bertière, *Mazarin*, 635 and Patin, *Lettres*, vol. 2, 369, letter to Spon dated 18th January 1658.

cardinal, with the help of her customary tablets, whilst Hortense Mancini had been prescribed powder for her pale complexion.⁴³ These letters, alongside the other sources relating to his treatment of Mazarin's large family, provide further evidence of the impressive scale of Vallot's patient base as *premier médecin*. In his willingness to treat such a large number of additional patients on Mazarin's behalf, we see an indication of just how important this patronage relationship was to Vallot.

Through his support of Vallot, Mazarin gained a client who was an invaluable contribution to his information network as well as a talented personal physician. In light of the importance of these services, it is perhaps unsurprising to discover that the pair lived in relatively close proximity to one another when Mazarin's work brought him to the king's side. Administrative correspondence relating to the Louvre's renovation in the early 1650s reveals that Mazarin and Vallot's living quarters within the palace were incredibly close to one another: before renovation work began there in 1655, Vallot's apartments were in fact right next to Mazarin's.⁴⁴ A brief aside in the memoirs of a *conseiller d'état* – written a year after these renovations – hints at the possibility that Vallot and Mazarin made the most of this close proximity by arranging regular meetings with one another. Having arranged to meet Mazarin one day at seven o'clock in the morning, the *conseiller* entered the cardinal's apartments to find him already deep in conversation with the *premier médecin*.⁴⁵ The new arrival was not kept waiting; Vallot was immediately dismissed, hinting at the possibility that his visit had been of a routine nature, rather than urgent or unexpected in any way. Perhaps the *conseiller* had witnessed the verbal equivalent of Vallot's written reports to Mazarin on Louis XIV's health?

2.3 Services Received: What Vallot Gained from his Minister-Patron

Fortunately, the patronage relationship between *premier ministre* and *médecin* appears to have been as advantageous for its client as it was for its patron. In exchange for his

⁴³ MAE, Mémoires et documents : France, 905/330, see also 355 and 415. For more information about Mazarin's nieces, see Jacques Hillairet, *Les Mazarinettes, ou Les Sept nièces de Mazarin* (Paris: Éditions de minuit, 1976).

⁴⁴ Alexandre Cojannot, "Mazarin et le « Grand dessein » du Louvre : Projets et réalisations de 1652 à 1664," *Bibliothèque de l'École des chartes* 161 (2003): 137–9.

⁴⁵ Jean Hérault, baron de Gourville, "Mémoires," in *Nouvelle collection des mémoires pour servir à l'histoire de France, depuis le XIII^e siècle jusqu'à la fin du XVIII^e ; précédés de notices pour caractériser chaque auteur des mémoires et son époque ; suivis de l'analyse des documents historiques qui s'y rapportent*, ed. Joseph-François Michaud et al. (Paris: Ed. du Commentaire analytique du Code civil, 1838), vol. 5, 519.

aforementioned services, Vallot secured a number of favours from Mazarin which were of immense value to him from both a political and personal perspective. As the following section will attest, however, these favours were not always as easily obtained or successfully accomplished as the *premier médecin* would perhaps have liked.

The most traditional service that Mazarin procured for Vallot was material advancement, in the form of ecclesiastical benefices. The *premier médecin* sought this particular service not for himself, but for his son – Edouard Vallot – who was beginning to embark upon a career in the church in the 1650s.⁴⁶ During Louis XIII’s reign, and Louis XIV’s minority, a *commensal* who desired such a favour was expected to request it from the king through the means of an intermediary.⁴⁷ This was where Mazarin came into the equation. Assuming his guise as a royal patronage-broker, Mazarin would negotiate with the royal family on his clients’ behalf in order to facilitate the bestowal of the benefice. As a prolific collector of ecclesiastical benefices himself, Mazarin was the ideal patron to ask for this particular request.⁴⁸

Vallot first asked Mazarin for his help in obtaining an ecclesiastical benefice in 1658, when Louis XIV was recovering from his critical illness. Vallot had worked incredibly hard for both the king and *premier ministre* during this period, so it seems likely that the physician considered a benefice to be a fitting reciprocation for his efforts. The *premier médecin* first broached the subject in his letters to Mazarin about a fortnight after Louis XIV’s illness had reached its climax. After providing his usual update on the king’s health, Vallot brought to his patron’s attention two abbeys which had recently come onto the market due to the death of their previous proprietor. ‘[M]a fortune’, Vallot hinted to Mazarin, ‘est entre vos mains’.⁴⁹

Three days later the *premier médecin* upped his game, in a letter which employed many of the aforementioned linguistic and stylistic conventions that were typical of early modern clients’ exchanges with their patrons. Now that the king’s health was stable, Vallot evidently felt comfortable returning to this more traditional, client-esque behaviour. After confirming Louis XIV’s continued good health, Vallot lavished attention upon Mazarin himself: expressing concern for the cardinal’s health and offering his medical services in person at the drop of a hat. Returning once again to the

⁴⁶ Edouard Vallot’s (1637–1705) prosperous career in the church culminated in his consecration as the bishop of Nevers in 1667. For more information about him, see Honoré Fisquet, *La France pontificale (Gallia christiana), histoire chronologique et biographique des archevêques et évêques de tous les diocèses de France depuis l’établissement du christianisme jusqu’à nos jours, divisée en 17 provinces ecclésiastiques* (Paris: E. Repos, 1866), volume: Nevers et Bethléem, 91–2.

⁴⁷ Laverny, *Domestiques*, 492–3.

⁴⁸ Joseph Bergin, “Cardinal Mazarin and his Benefices,” *French History* 1 (1987): 3–26.

⁴⁹ ‘[M]y fortune is in your hands’. *MAE, Mémoires et documents* : France, 905/307.

subject of the benefice at the end of the letter, Vallot emotionally described the difference that its bestowal would make to his family. More pointedly this time, he also reminded Mazarin of his duties as a patron in terms of benevolence and reciprocation:

[V]re Eminence a maintenant en sa disposition des benefices qui me pourraient soullager de la despens que ie suis obligé de faire pour mes enfants ie scay quelle a trop de justice et trop de bonte pour me desnier la grace que ie luy demander⁵⁰

In these letters, Vallot also described the efforts that his son was making to secure the cardinal's cooperation. Edouard had dedicated his thesis – submitted as part of his religious education at the Sorbonne – to the cardinal: 'cest une legere reconnaissance', wrote the *premier médecin*, 'des obligations quil vous a'.⁵¹ A religious poem that appears to have been published at around the same time may also have been part of Edouard's efforts in this respect.⁵² The short, undated text – attributed simply to 'Vallot' – recounts a tale in which the Greek deity Atlas found his health weakened by the burden of supporting the celestial sphere. This was an allusion, in all likelihood, to Louis XIV's difficulties in maintaining control over his kingdom in the summer of 1658. The poem describes how the hero Heracles (Mazarin, presumably) rushed to Atlas' aid in his time of need: protecting the deity's flock (the state) in the process.⁵³ If the poem was indeed Edouard's work, then it would appear to suggest that both father and son had employed every conceivable weapon in their literary arsenal in the bid to secure Mazarin's favour.

Fortunately for the Vallot family, their impressive efforts paid off relatively swiftly. In a letter to Anne of Austria dated three days after Vallot's last letter to the cardinal, Mazarin informed the queen mother of the *premier médecin*'s request and expressed his opinion that a benefice would be a fitting reward for the physician's hard work during Louis XIV's recent illness.⁵⁴ Two days later the royal family announced to Vallot their intention to bestow a benefice upon his son: a development for which the

⁵⁰ '[Y]our Eminence has currently at his disposal benefices which could help relieve me of the expense that I am obliged to make for my children I know that [His Eminence] is too fair and too kind to deny me the grace that I ask of him.' Ibid., 905/321.

⁵¹ '[I]t is but a small acknowledgement of what he owes you'. MAE, Mémoires et documents : France, 905/321. See also ibid., 905/307.

⁵² Vallot, *Ad utrumque divi Sulpicii Dignissimum et Vigilantissimum Pastorem, Epigramma*, s.l.n.d.

⁵³ For a full transcript of, and more information about, this poem, see Perez, *Biohistoire*, 345–6. Perez attributes the poem to our protagonist specifically, as does the *Bibliothèque nationale de France*'s online catalogue. In light of the text's religious nature, however, I believe that the 'Vallot' who wrote this poem is more likely to have been Edouard. Perhaps the text was an excerpt from his aforementioned doctoral dedication.

⁵⁴ Mazarin, *Lettres*, vol. 8, 557.

premier médecin thanked Mazarin profusely in his next letter.⁵⁵ In a sense, Vallot's success at eventually obtaining the benefice is of much less interest to this investigation than the behaviour he adopted, and methods he applied, to achieve this outcome. In his quest for a benefice, Vallot navigated the world of patronage with a degree of prowess that appears quite surprising in light of his seeming obscurity within the wider court society. As such, his correspondence with Mazarin on this topic reveals the intriguing likelihood that Vallot's success as a court physician was predicated upon much more than his aptitude and popularity in the medical realm.

Both of the remaining two services which Mazarin appears to have procured for Vallot related to the cardinal's authority as *premier ministre*, and his impressive flair for persuasion in the role. As with the ecclesiastical benefice, these services were of particular pertinence to Vallot during the summer of 1658: a period when patron and client needed to work particularly closely in order to achieve their shared objective of the king's swift recovery. Unlike the benefice, however, the value of these last services to Vallot lay in their ability to help him from a professional perspective.

The first target of these services with regards to the cardinal's persuasive skills was the king himself. As previously mentioned, Vallot frequently encountered problems trying to convince Louis XIV to follow his medical advice, and this was especially the case during Mazarin's lifetime when the king was in his teens and early twenties. In contrast to Vallot, Mazarin enjoyed a relationship of considerable intimacy and influence with the king during this period, as his godfather and closest adviser. Recognising that Louis XIV was far more likely to heed medical advice if it came from the mouth of his godfather, rather than from the physician's own, Vallot asked his patron to speak to Louis XIV on his behalf on several occasions when the king proved unwilling to cooperate with him.

In the *Remarques*, Vallot recorded several instances in which he turned to the cardinal for help in this way. Interestingly, however, despite its inherent theoretical promise, the strategy appears to have had decidedly mixed results in practice. One of the instances in which the strategy did appear to prove successful was in 1655. Vallot turned to Mazarin for help during the summer of this year because Louis XIV was persistently overlooking his medical treatment for an unusual genital illness. After Vallot expressed his concerns to the cardinal and Anne of Austria, the king appears to have changed his mind as the *premier médecin's* treatment regime was quickly

⁵⁵ MAE, Mémoires et documents : France, 905/355. The benefice that Vallot procured for his son in this instance was the abbey of Saint-Maurin. See Fisquet, *La France pontificale*, Nevers et Bethléem, 91.

recommenced at its intended pace.⁵⁶ In the summer of 1658, however, a similar request on the *premier médecin*'s part achieved a much less successful outcome. Several days before the king became critically ill, Vallot began to notice the signs of an impending illness and tried to convince Louis XIV to withdraw from the ensuing military campaign in consequence. After his attempts at persuading the king proved unsuccessful, Vallot implored Mazarin to speak to Louis XIV on his behalf. The cardinal sharply rebutted his request, informing the *premier médecin* that Louis XIV would not lose an opportunity to achieve glory when he was not visibly ill.⁵⁷ Vallot went on to describe in the *Remarques* how he eventually managed to convince Mazarin of the gravity of the situation. The cardinal then tried to persuade the king to heed his physician's medical advice after all, but by this point it was too late. The cardinal and *premier médecin*'s combined remonstrances were met with absolute rejection by the ambitious king, whose condition deteriorated very shortly after.⁵⁸

Mazarin occasionally discussed his performance of this service in letters to Vallot. When Louis XIV fell ill in the autumn on 1659, for instance, Mazarin assured the *premier médecin* that he would not lose the least opportunity to remind the king to conserve his health.⁵⁹ Behind Vallot's back, however, Mazarin was a lot more sceptical about his ability to effect any positive change upon the king's medical outlook. Even when Louis XIV was recovering from the illness that he had tried to overlook in 1658, Mazarin genially confided in Anne of Austria about his doubts that Vallot would ever be able to get the king to listen to him. '[D]e la manière que j'ay l'honneur de cognoistre [le roi]', wrote the cardinal, 'je ne doute pas qu'il ne s'émancipe en toutes choses, sans avoir nul esgard aux remonstrances de M. Valot'.⁶⁰

The second target of Mazarin's persuasive skills was the medical team under Vallot's jurisdiction at court. As will be discussed in greater depth in the next chapter, the court's medical community often experienced waves of extreme division and contention in the seventeenth century. Consequently, during times when swift consensus and action were called for – such as during Louis XIV's critical illness in 1658 – the *premier médecin* often needed all the help that he could get to ensure that his team tackled the problem at hand as a productive and harmonious unit.

⁵⁶ *JS*, 95.

⁵⁷ *Ibid.*, 114.

⁵⁸ *JS*, 115–16.

⁵⁹ *MAE*, Mémoires et documents : France, 281/44.

⁶⁰ '[K]nowing [the king] in the way that I have the honour to, I have no doubt that he will try and liberate himself of all things, without having any regard for Mr Vallot's remonstrances'. Mazarin, *Lettres*, vol. 8, 563.

In his lengthy *Remarques* entry for 1658 Vallot described how, after a host of conventional remedies had failed to improve Louis XIV's condition, he decided to administer a metallic drug named antimony to the king. As previously mentioned in this thesis' introduction, antimony was considered to be an extremely controversial medicament during Vallot's early career as *premier médecin*, so he knew that he would face considerable opposition to this decision within the king's medical team. In order to nip this potential problem in the bud, the *premier médecin* turned to his patron. Vallot took great pains to explain the reasons behind his proposed choice of treatment to Mazarin. Once the cardinal's approval had been secured, Vallot convinced him to personally address the sceptical physicians that were in consultation by the king's bedside, in order to convince them of the merits of the treatment.⁶¹ Because of his unparalleled authority at court as *premier ministre*, Mazarin's support of the drug effectively acted as an official seal of approval upon Vallot's actions which helped to persuade the latter's detractors to approve of the decision. Even if they continued to disagree, it must have proved extremely difficult for Vallot's opponents to actualise their dissent when the *premier médecin* had the court's most powerful minister on his side. In this way, Vallot's patronage relationship with Mazarin enabled the *premier médecin* to harness the considerable authority that the cardinal enjoyed within the court, and use it to bolster his own: giving his arguments a much better chance of succeeding within the society's professional medical sphere.

Although not exactly a service, another aspect of Mazarin's patronage which Vallot may have perceived as an advantage was the sense of inclusion that it granted him into an important community within the court society. A number of Mazarin's letters to Vallot evoke fleeting images of our protagonist as an active member of the cardinal's populous and thriving clientele network: a decidedly more sociable rendering of the *premier médecin*'s experiences of court than that which was presented in the previous chapter. In the autumn of 1659, for instance, Mazarin told Vallot to direct his queries regarding another vacant benefice to an important member of his clientele network: the Secretary of State for War, Michel Le Tellier.⁶² In other letters from this period, Mazarin asked Vallot to pass his best wishes onto the marquis de Villeroy,

⁶¹ *JS*, 122–3.

⁶² *MAE*, Mémoires et documents : France, 279/367. The career of Michel Le Tellier (1603–85) revolved around the administration of the kingdom's army. As one of the cardinal's protégés, Le Tellier was a loyal informant and mouthpiece for Mazarin when the *premier ministre*'s work compelled him to travel away from the king. See Bertière, *Mazarin*, 498–508, 531–3 and 750. Mazarin appears to have regularly directed his clients to Le Tellier when, like Vallot in the anecdote above, they sought material favours. For another example see Laverny, *Domestiques*, 495–6.

another member of the cardinal's clientele whom the *premier médecin* was treating for an illness at the time.⁶³ Vallot's written medical advice to the marquis de Villeroy's uncle – the Archbishop of Lyon, Camille de Neufville de Villeroy – in February 1671 could be interpreted as a sign that the connections which Vallot forged with other courtiers during his time in Mazarin's clientele network continued to be of value and importance to him long after the cardinal's death.⁶⁴

2.4 Vallot's Patronage Relationship with Pierre Séguier

With its origins in the emotive ties that had been formed between medieval feudal lords and their followers,⁶⁵ loyalty was an important feature of the early modern patronage relationship. That said, it was not an essential feature. Clients of the seventeenth century were a lot more discerning than their medieval counterparts when it came to the advantages which they could accrue for their services in patronage relationships,⁶⁶ and in consequence, they often proved willing to attach themselves to multiple patrons at a time.⁶⁷ The collected correspondence of one of the seventeenth century's most distinguished administrators, Pierre Séguier, reveals the surprising likelihood that Vallot was also attuned to this way of thinking.⁶⁸ The correspondence contains four letters from Vallot, the contents of which give the strong impression that the *premier médecin* sustained a patronage relationship with Séguier in addition to the one that he shared with Mazarin.

From 1635 to his death in 1672, Séguier held the title of *chancelier de France* (Chancellor of France): one of the most prestigious and important offices in the kingdom. The *chancelier* was the official keeper of the royal seals: a status which bestowed upon him an impressive array of powers in the early seventeenth century. His primary responsibilities included signing and dispatching royal acts, managing aspects of the kingdom's administration – such as its finances – as well as presiding over tribunals and council meetings, in the king's absence.⁶⁹ During his time in the position,

⁶³ MAE, Mémoires et documents : France, 280/287–8 and 369 and 281/120–1.

⁶⁴ *Archives du Muséum d'histoire naturelle*, Ms. 1998/260.

⁶⁵ Kettering, "Gift-Giving," 136.

⁶⁶ For more information about the influence of self-interest in early modern patronage relationships, see Herman, "Language of Fidelity," 3 and Kettering, "Patronage in Early Modern France," 852.

⁶⁷ Kettering, "Patronage and Politics," 410.

⁶⁸ This correspondence is kept in the *Bibliothèque nationale de France*.

⁶⁹ For more information about Pierre Séguier (1588–1672) and his role as *chancelier de France*, see René Kerviler, *Le chancelier Pierre Séguier : second protecteur de l'Académie française. Études sur sa vie*

Séguier was particularly commended for his enhancement of the kingdom's network of *intendants*. These individuals were crown-appointed advisors who were sent to the provinces in order to assist local governors with their financial and judicial administration, and ensure that the king's will was obeyed in the process.⁷⁰

Following the death of Richelieu in 1642, Séguier's powers as *chancelier* became increasingly compromised. His relationship with the new *premier ministre* never really took off and during the Fronde, Mazarin even temporarily took the royal seals away from him for a time. The cardinal's decease in 1661 sounded a veritable death knell for Séguier's career. Despite expressing an evident fondness and sense of respect for his ageing *chancelier*, the young king felt that his subsequent assumption of personal rule was the perfect time to gradually relieve Séguier of his most important duties and in the process, transfer many of these powers into his own hands.⁷¹

Dating from 1658 to 1665, Vallot's extant letters to Séguier were sent during this later stage of the latter's career. Although he was a shadow of his former self at this point in terms of the power that he wielded, Séguier still appears to have been a relatively prominent patron within the court itself, with a healthy and varied clientele network in his possession.⁷² With only a tiny number of letters between the pair in existence to my knowledge, it does not seem a particularly sensible undertaking to try and gauge Vallot's placement within this clientele network. Nevertheless, this correspondence would still appear to have a lot to offer in terms of the insight that it can provide into the ways in which Vallot interacted with other important courtiers as *premier médecin*.

The first of Vallot's letters to Séguier was written on 15th May 1658 from Abbeville, where the king, his army and court had temporarily stopped en route from Paris to their aforementioned military engagement in Dunkirk.⁷³ In the letter, Vallot asked Séguier to continue looking into a suggestion that he had allegedly previously

privée, politique et littéraire et sur le groupe académique de ses familiers et commensaux (Paris: Didier, 1875).

⁷⁰ For more information about the growth of the kingdom's network of *intendants* during this period, see Sturdy, *Richelieu and Mazarin*, 67–9.

⁷¹ For more information about Louis XIV's removal of Séguier's powers as *chancelier*, see Kerviler, *Séguier*, 361–3 and Jean-Marie Constant, "Séguier (Pierre)," in *Dictionnaire du Grand siècle*, 1433–4. Séguier was seventy-three when Louis XIV assumed personal rule in 1661.

⁷² Renowned for his intellectual and artistic pursuits, Séguier was one of the main patrons of both the *Académie française* and the *Académie de peinture et sculpture*. See Kerviler, *Séguier*, 345–9 and 439. Many of his patronage relationships came to being within these institutions, one of the most enduring being that which he forged with Vallot's colleague, court physician Marin Cureau de la Chambre. See *ibid.*, 441–88. For a small selection of letters addressed to Séguier from various clients during the later 1650s and early 1660s, see *ibid.*, 685–9.

⁷³ *BNF*, Manuscrits français, 17395/13–14.

proposed to the *chancelier*. It regarded the establishment of a *médecin du roi* – a crown-appointed physician – in each town in the kingdom.⁷⁴ The nature of this request gives a strong indication as to why Vallot turned to the *chancelier*, rather than his long-established main patron, for help in this instance: Séguier's successful efforts at establishing a provincial network of *intendants* in the years directly preceding this letter bore very obvious similarities to what Vallot appears to have been requesting here. Indeed, Vallot appears to have explicitly acknowledged Séguier's unparalleled suitability for the job when he wrote that the success of the venture depended upon the *chancelier's* authority.⁷⁵

Vallot preceded this request with an eloquent and deferential passage which displayed his impressive abilities as a client to the fullest:

Comme il ny a personne en tout lestat qui ayme plus le Roy que vous ie ne doute point que vous ne soyez bien aise destre assure de sa parfaite sante et que vous me [pardonneriez?] a la liberte que ie prens de vous escrire sur un suiet que vous est si agreable sa maieste partira demain pour aller ioindre son armée [...] et la Reine ira coucher a monstreuil sil arrive en ce voyage quelque chose de considerable comme ie nen doute point ie prendray la [...] liberte pour vous en faire savoir les particularites⁷⁶

His positioning of information on the king's movements at the top of the letter suggests that, as was also the case in his patronage relationship with Mazarin, Vallot had intended for this information to be viewed as a service by Séguier. Like the *premier ministre*, the nature of the *chancelier's* responsibilities made it necessary for him to maintain a clientele network which could be relied upon to provide him with accurate and prompt information about the king and his court.⁷⁷ By offering such information to Séguier, Vallot may thus have felt that he was providing a service which stood the best chance of procuring the favour of this potential patron.

⁷⁴ The medico-political implications of this request are explored in greater depth in Chapter 7 of this thesis.

⁷⁵ '[C]est une affaire qui despend de vre autorite'. *BNF*, Manuscrits français, 17395/13–14.

⁷⁶ 'As there is nobody in the entire kingdom who loves the king more than you do, I do not doubt that you are very glad to be assured of his perfect health and that you [would pardon me for?] the liberty that I take in writing to you about a subject that is so agreeable to you His Majesty will leave tomorrow to join his army... the Queen will spend the night in Montreuil if anything significant happens during this journey as I have no doubt that it will I will take the... liberty to provide you with the details.' *Ibid.* As the bracketed text in this excerpt reflects, Vallot's handwriting is extremely hard to decipher in some passages of this letter.

⁷⁷ Séguier regularly received updates on the court's movements from his two grandsons: the marquis and abbé de Coislin. Some of these letters mentioned other informants whom Séguier relied upon for the disclosure of such information. See Kerviler, *Séguier*, 354 and 664.

Interestingly, the way in which Vallot presented this information – tentatively and extremely reverentially, with the offer of more should the *chancelier* desire it – gives the distinct impression that the *premier médecin* had not often provided this service for Séguier in the past, if at all. Because their boundaries and services had yet to be decided upon and drawn up definitively, new patronage relationships tended to employ much more formality, eloquence and adherence to convention in their related correspondence than their more developed counterparts.⁷⁸ From a linguistic perspective, another potential indicator that this letter may have reflected a new patronage relationship can be found in Vallot’s hopeful reference to himself as one of Séguier’s ‘créatures’.⁷⁹ The term ‘créature’ appears to have had very multifaceted, complex connotations within the context of early modern patronage,⁸⁰ although Gui Patin’s use of the word to describe Vallot’s close attachment to Vautier in 1650⁸¹ can help to give a rough idea of the sentiments that would have laid behind its use in the *premier médecin*’s letter in 1658. It seems significant that Vallot did not use this seemingly emotively-charged term to describe himself in any of his letters to Mazarin: perhaps he felt that he did not need to use it in these more developed exchanges. Again, as with the benefice, Vallot appears to have been putting his utmost into ensuring the success of the request that he asked of Séguier. That Vallot felt able to undertake such an endeavour at the same time as maintaining another patronage relationship would again appear to stand testament to his skill in navigating this often difficult aspect of life at court.

Vallot’s next letter to Séguier, dated January 1660, is similar in content and sentiment to the first.⁸² Its first half recounts Louis XIV’s movements while he was travelling with the court to the Franco-Spanish border for his imminent marriage. After imparting this information, the letter abruptly changes subject: praising Séguier as ‘le principal dispensateur des graces et des benedictions du royaume’,⁸³ Vallot asked the *chancelier* to bestow his blessing upon the marriage of a poor surgeon named Turpin.⁸⁴

⁷⁸Herman, “Language of Fidelity,” 18.

⁷⁹ The nature of Vallot’s request led him to ‘esperer que vous me consideriez en cette occasion comme une de vos creatures’. *BNF*, Manuscrits français, 17395/13–14.

⁸⁰ For a summary of the multiple theories surrounding the definitive meaning of the term ‘créature’ in early modern patronage relationships, see Kettering, “Patronage in Early Modern France,” 848–9.

⁸¹ Patin, *Lettres*, vol. 1, 521, letter to Spon dated 1st April 1650.

⁸² *BNF*, Manuscrits français, 17397/15–16.

⁸³ ‘[T]he principal dispenser of favours and blessings in the kingdom’.

⁸⁴ The ‘Sr. Turpin’ to whom Vallot referred may have been the surgeon of that name who worked for Gaston d’Orléans in 1635, and was recorded as living in the rue du Temple in that year. See Lefeuvre, *Anciennes maisons de Paris*, vol. 5, 409. Although the king himself had given his blessing to Turpin’s marriage, Séguier seemed reluctant to do so for some reason: Vallot wrote to the *chancelier* that ‘si dans son [?] il y a quelque chose qui vous offense considerez sil vous plaist la bonte du Roy’ (‘If there is

Without Séguier's response to this request – or indeed any of the favours that Vallot asked of him in the four extant letters – it is impossible to know the extent to which the *chancelier* acted upon them. The fact that Vallot stated in both this letter and the previous that he had made these requests of Séguier before, however, would at least suggest that these appeals were not dealt with immediately.

Vallot's last extant letters to Séguier were sent in February 1661 and July 1665. In the first, Vallot requested the *chancelier*'s intervention in a legal dispute between his son, Edouard, and a contesting claimant for the aforementioned abbey which they had procured together with Mazarin's help in 1658.⁸⁵ In the second letter, Vallot implored Séguier to intervene in an impending court case against an *officier du roi* (King's Officer) named Sieur du Rud, to whom, Vallot wrote enigmatically, he had 'tres particulieres obligations'.⁸⁶ As with the previous letters, the (judicial) nature of these requests meant that their resolution lay in an area of the *chancelier*'s expertise: suggesting that Vallot had once again strategically turned to Séguier as the patron-figure who was most likely to be able to help him with these matters.

It is a shame that Vallot provided such little information about the characters whose help he appealed to Séguier for, such as du Rud and Turpin. Yet no matter how brief, his references to these characters are nevertheless important in the sense that they offer some insight into the company which Vallot may have kept as *premier médecin*: information which, as the previous chapter demonstrated, is distinctly hard to come by. Vallot's commitment to these men and their plights suggests that they were of considerable personal importance to him, hinting in turn at the possibility that he shared relationships with them which were much more sociable in nature than those which he sustained within the upper echelons of the court society.

Interestingly, although all of Vallot's four extant letters to Séguier were reasonably similar in purpose, there is a significant difference between the content of the earliest two letters and the later pair. The difference lies in a stark omission from the last two letters: both launch into their respective favours without providing any 'service'

anything in Turpin's [?] which offends you, please consider the king's own kindness in this instance'). Again, Vallot's handwriting renders the letter difficult to read. *BNF*, Manuscrits français, 17397/15–16.

⁸⁵ *BNF*, Manuscrits français, 17400/21–2. Fisquet briefly mentions this dispute in *La France pontificale*, Nevers et Bethléem, 91.

⁸⁶ '[V]ery particular obligations'. *BNF*, Manuscrits français, 17405/7–8. Vallot described in the letter how du Rud had been imprisoned for two years (although he does not explain why), and how Séguier had previously agreed to provide the prisoner with an *arrêt* (which can perhaps be understood as an 'interruption' in this context?) in order to defend himself. Vallot felt compelled to seek Séguier's help again when rumours began circulating that du Rud's opponents planned to quash the *arrêt*.

in the form of information about the king, of a medical nature or otherwise.⁸⁷ The absence of this ‘service’ has a tangible effect upon the tone of the letters: without the suggestion of an exchange, they seem to read less like patronage letters than pleas for help. Between his second letter in January 1660, and his third in later February 1661, something appears to have changed about Vallot’s outlook towards his patronage relationship(s). Had something happened to provoke this change? The answer to this question may lie in the end of the *premier médecin*’s relationship with his main patron: a development which also occurred at around this time.

2.5 Life and Patronage After Mazarin

In the 1650s Mazarin began to suffer from gout and kidney stones: debilitating and painful conditions which the cardinal regularly grumbled about in his letters to Vallot.⁸⁸ As the years passed and the ailments took an ever greater toll on his body, the cardinal increasingly threw himself into his work. He successfully arranged Louis XIV’s marriage – one of the finest achievements of his career – during this final phase of his life. However, the irritated and disdainful tone which traces through many of his letters from this period suggests that the accomplishment of this feat did little to soothe Mazarin’s growing frustration at his physical decline.⁸⁹ In a short letter to Vallot dating from August 1659, for instance, Mazarin dismissed the physician’s suggested treatment for gout in a surprisingly curt manner.⁹⁰ He went on to chide the *premier médecin* for badgering him about another ecclesiastical benefice which Mazarin knew for a fact was not even available for the taking: ‘il est inutile de se tourmenter de ce costé la’, the cardinal wrote, ‘du surplus vous devez estre assuré de ma bonne volonté’.⁹¹ Without Vallot’s half of this exchange, it proves impossible to tell whether the cardinal’s apparent exasperation towards his client was justified. In its blunt, unreserved nature,

⁸⁷ At the end of *BNF*, Manuscrits français, 17400/21–2, Vallot did very briefly confirm Mazarin’s recovery from a seemingly minor illness, but that was the extent of the medical information that he provided in these last two letters.

⁸⁸ In 1659, for instance, the cardinal remarked to Vallot, ‘vous croirez facilement qu’il n’y a pas grand plaisir d’avoir trois fois la goutte en six mois’ (‘you will easily believe that it is no great pleasure to have suffered from gout three times in six months’). *MAE*, Mémoires et documents : France, 279/480.

⁸⁹ Even the queen mother appears to have fallen foul of Mazarin’s irritability. For details of an exceptionally grumpy letter that Mazarin sent to Anne of Austria during this period, see Bertière, *Mazarin*, 794–6.

⁹⁰ Vallot had suggested that Mazarin try consuming the waters of Barèges. The cardinal dismissed the idea on the grounds that it was impossible for him to make time to travel to the waters with his busy schedule. See *MAE*, Mémoires et documents : France, 280/226.

⁹¹ ‘[I]t’s useless to torment oneself over that – besides, you ought to be assured of my determination in this matter’. *Ibid.*

the letter reflects some of the more negative consequences that would have been inherent in a patronage relationship as uninhibited by convention as that which was shared between the *premier ministre* and *médecin*.

Mazarin was so ill by the summer of 1660 that he was unable to participate in Louis XIV's triumphal return to Paris with his new bride, Marie-Thérèse: undoubtedly a bitter blow for a man who had done so much to arrange the marriage in the first place.⁹² In the following months Mazarin's condition continued to deteriorate, and it became increasingly clear to the crowd of doctors tending to him that there was nothing they could do to prevent his impending death.⁹³ Vallot kept a close vigil by the cardinal's bedside in these final months of his life,⁹⁴ but this gesture appears to have had little effect upon Mazarin's opinion of him. Françoise de Motteville recounted in her memoirs how in his final days of life the cardinal increasingly blamed his doctors for his demise, regarding Vallot in particular with 'une manière fixe et perçante, qui fit juger aux assistans qu'il le regardoit comme un homme qui l'avoit mal servi'.⁹⁵ After a prolonged and painful period of ill health, Mazarin eventually died at three in the morning on 9th March 1661, at the age of fifty five.

By bringing to an end the lengthy era of the *premier ministre*, and simultaneously heralding the dawn of what would come to be known – rightly or not – as Louis XIV's personal rule, Mazarin's death had an undeniably massive impact upon the political outlook of early modern France. However, it did not provoke any particularly drastic changes in the court's administrative sphere. The transition had been planned in advance to some extent by Louis XIV and Mazarin, who had discussed the matter whilst the cardinal lay on his deathbed.⁹⁶ Rather than rely on the assistance of another single *premier ministre*, Louis XIV decided to spread the late cardinal's responsibilities and powers across a number of ministerial offices which belonged to some of the 'robins' who would later attract Saint-Simon's disapproval. These included some of Mazarin's most trusted former protégés, such as his former aide, Jean-Baptiste

⁹² Burke, *Fabrication*, 44.

⁹³ The aforementioned François Guénault apparently informed Mazarin of this sad verdict. See Brienne, *Mémoires*, vol. 3, 82–3. The comte de Brienne wrote that twelve physicians were eventually consulted over Mazarin's final illness. *Ibid.*, vol. 2, 29.

⁹⁴ Antoine III, duc de Gramont, "Mémoires du maréchal de Gramont," in *Collections des mémoires relatifs à l'histoire de France*, vol. 57, 89.

⁹⁵ '[A] fixed and piercing stare, which gave the assistants present the impression that he viewed him as a man who had served him badly'. Motteville, *Mémoires*, vol. 4, 244. Patin also recounted the Parisian gossip surrounding Mazarin's seeming contempt for Vallot in his last days. See Patin, *Lettres*, vol. 3, 284, letter to Falconet dated 29th October 1660.

⁹⁶ Sturdy, *Richelieu and Mazarin*, 148.

Colbert,⁹⁷ a diplomatic hot-shot named Hugues de Lionne⁹⁸ and the aforementioned Michel Le Tellier. These three *ministres d'état* (Ministers of State) advised Louis XIV on the most important matters of state and worked alongside the king's other close advisers – such as the *chancelier* and *secrétaires d'état* (Secretaries of State) – to keep the wheels of government turning as Mazarin had done.⁹⁹ They shared between them the prominent and influential position which Mazarin had once enjoyed in the aforementioned *Conseil d'en haut*, and by keeping them in permanent competition with one another, the king ensured that none of these *ministres d'état* were able to rise above the others in precedence.¹⁰⁰

How did these changes to the court's ministerial make-up affect the *premier médecin*? From a patronage perspective, Louis XIV's *ministres d'état* and other close advisers continued in a similar vein to Vallot's late patron by working as royal patronage-brokers. As had also been the case for the *premier ministre*, this work allowed many of these administrators to develop their own successful clientele networks which incorporated vast swathes of friends and relatives.¹⁰¹ Where once a single patronage network had dominated the landscape, a crowd of healthy patronage networks grew in its place. Presumably, it would have been quite easy for Vallot to join one of the clientele networks of his patron's former protégés, the *ministres d'état*.

Interestingly, however, Vallot does not appear to have pursued any of the opportunities that were available to him in this respect. In fact, it appears that Mazarin's death may even have prompted Vallot's withdrawal from the world of ministerial patronage at court altogether. With the extremely small exceptions of Vallot's aforementioned discussion with Le Tellier about a potential benefice at Mazarin's behest – and an equally brief interaction with the disgraced former *ministre d'état*,

⁹⁷ In the king's later reign, Jean-Baptiste Colbert (1619–83) was one of the leading lights of the royal ministerial team. Colbert held a wealth of influential positions during his lengthy career at court including those of *intendant des finances* (Intendant of Finances), and *secrétaire d'état de la maison du roi* and *de la marine* (Secretary of State for the King's Household, and the Navy). For more information about him see Jacob Soll, *The Information Master: Jean-Baptiste Colbert's Secret State Intelligence System* (Michigan: University of Michigan Press, 2009).

⁹⁸ Hugues de Lionne (1611–71) had an aptitude for foreign diplomacy, and was made *secrétaire d'état aux affaires étrangères* (Secretary of State for Foreign Affairs) in 1663. For more information about him see Jules Valfrey, *La Diplomatie française au XVII^e siècle : Hugues de Lionne, ses ambassades en Italie, 1642–1656, d'après sa correspondance conservée aux archives du Ministère des affaires étrangères* (Paris: Didier, 1877), vii–xcvi.

⁹⁹ See Bluche, *Louis XIV*, 96–9 for more information about the structure and functions of Louis XIV's various councils post-Mazarin.

¹⁰⁰ Mettam, *Power and Faction*, 179–82.

¹⁰¹ *Ibid.*, 182–3 and Duindam, *Vienna and Versailles*, 252.

Nicolas Foucquet¹⁰² – there is little evidence in the primary source material that I have collected during the course of my doctoral research to suggest that Vallot developed substantial relationships with any of Louis XIV's later *ministres d'état*. Equally, a cursory glance through the histories and published letters of these ministers does not reveal any substantial evidence to suggest that Colbert, Le Tellier or Lionne developed relationships with Vallot which were of anything close to the same significance as that which the *premier médecin* had shared with Mazarin.¹⁰³ It seems at least plausible that Vallot's omission of services in his letters to Séguier during this period was related to this apparent withdrawal.

Although Vallot's apparent lack of affiliation with the king's later ministers may appear surprising at first glance, it begins to make a little more sense when considered in light of the latter's functions and objectives. Colbert, for instance, did act as an important minister-patron in the scientific realm, but rather than engaging with a number of individuals – as Mazarin had done with clients like Vallot – he focused his efforts in this respect upon a single project: the *Académie des sciences*. Colbert enthusiastically encouraged Louis XIV to establish the *Académie* as a site from which the king could exhibit his glory in, and control over, the scientific realm in France: an ambitious endeavour which Colbert continued to manage after the institution's foundation in 1666,¹⁰⁴ but one in which Vallot himself played no part as *premier*

¹⁰² At the height of his powers, Nicolas Foucquet (1615–80) was a *ministre d'état* who held the important office of *Surintendant des finances* (Superintendent of Finances). Along with Mazarin's death, his famous and well-documented downfall is generally considered to have been one of the definitive markers of Louis XIV's transition to personal rule. For more information about Foucquet see Charles Drazin, *The Man Who Outshone the Sun King: the Rise and Fall of Nicolas Foucquet* (London: William Heinemann, 2008). Fouquet had once recommended the services of a promising young botanist to Vallot in the *Jardin du roi*. See Jean-Paul Contant, *L'Enseignement de la chimie au Jardin royal des plantes de Paris* (Cahors: Imprimerie de A. Coueslant, 1952), 91. Despite this seemingly amicable interaction, Vallot demonstrated an evident eagerness to distance himself from Foucquet when in his *Remarques* entry for 1661, he criticised the former Superintendent of Finances for 'l'excessive dépense qu'il a faite durant son ministère' ('the excessive expenses that he made during his time as minister'). *JS*, 143.

¹⁰³ There is no evidence of any substantial correspondence between Vallot and Colbert in the catalogues of the *Mélanges de Colbert* archives, situated in the *Bibliothèque Nationale de France*. See Charles de la Roncière and Paul-Martin Bondonio, *Catalogue des manuscrits de la collection des Mélanges de Colbert* (Paris: E. Leroux, 1920–2), 2 vols. On Lionne's part, no mention is made of Vallot in Valfrey, *La Diplomatie française* or Hugues de Lionne, *Lettres inédites de Hugues de Lionne, ministre des Affaires étrangères sous Louis XIV, précédées d'une notice historique sur la famille de Lionne, annotées et publiées par Dr Ulysse Chevalier*, ed. Ulysse Chevalier (Valence: Imprimerie de Chenevier, 1877). On Le Tellier's side, no mention is made of the *premier médecin* in Louis André, *Michel Le Tellier et Louvois* (Paris: A. Colin, 1942).

¹⁰⁴ From 1666 to his death in 1683, Colbert assumed responsibility for the *Académie des sciences*' funding, housing and recruitment. He also took a great interest in the *Académie*'s scientific developments, and often discussed the projects undertaken at great length with its members. For more information about Colbert's management of the *Académie des sciences*, see Stroup, *Company*, 24–32.

médecin.¹⁰⁵ Vallot's lack of affiliation with the two other *ministres d'état* is perhaps equally unsurprising in consideration of the fact that their areas of expertise – foreign affairs in de Lionne's case, and the military in Le Tellier's – were quite different from his own professional concerns.

From Vallot's perspective, it seems likely that the prospect of patronage relationships with any of these three ministers may have appeared equally unappealing as none of them would have been able to offer him the same kinds of services as Mazarin had. Two of the aforementioned services which Vallot had acquired from his late patron– Mazarin's ability to convince both Louis XIV, and the royal medical team, to adhere to Vallot's orders – had only been made possible by the cardinal's unparalleled position of influence with these two audiences. As his godfather, Mazarin had been able to convince Louis XIV on an intimate and personal level to heed Vallot's advice: behaviour which was not an option for the *ministres d'état* who enjoyed much more formal, professional relationships with the king. Equally, Mazarin's uniquely domineering position within the court society itself – which had helped to ensure that his words were acted upon in the court's medical team – was impossible for a *ministre d'état* to replicate when his authority was equal in nature to several other ministers'. As it was practically impossible for him to find these services in a patron who did not enjoy the title of *premier ministre*, Vallot would, perhaps, have to learn to resolve such issues by himself in the future.

In the months following Mazarin's death, an interesting opportunity emerged with regards to the third, material service which Vallot had procured from the cardinal. Again, however, this development was not to manifest itself in the form of a new minister-patron. As previously mentioned, in the first half of Vallot's career as *premier médecin*, it had been the norm for *commensaux*-clients to rely upon the services of an intermediary to request favours from the king. Following his assumption of personal rule, however, Louis XIV announced his intention to receive and deal with such requests directly in the future.¹⁰⁶ Now that it was theoretically possible for Vallot to approach the king himself to gain benefices, he had no need to forge a relationship with a new patron in order to continue receiving this service.

There is no definitive evidence to confirm whether or not Vallot exploited this new procedure to ask for material advantages from Louis XIV. It seems at least

¹⁰⁵ Vallot's lack of affiliation with the *Académie des sciences* will be explored in greater depth in Chapter 5 of this thesis.

¹⁰⁶ Laverny, *Domestiques*, 494–5 and Kettering, "Gift-Giving," 135.

plausible, however, that Edouard Vallot's acquisition of the abbey of Nogent-sous-Coucy in 1660¹⁰⁷ had been acquired by the *premier médecin* in this way. The following piece of contemporary gossip – written by a *conseiller au parlement de Dijon* (Councillor of the Dijon *Parlement*) shortly after Vallot's death – would appear to suggest that in later life the *premier médecin* in fact became a little too confident with regards to his use of this procedure:

Depuis sa mort le Roy n'a point voulu prendre de premier Medecin et est resolu de se servir de ses Medecins ordinaire, le Roy disoit dudit Sr Valot qu'on ne le pouvoit contenter et qu'il estoit toujours à demander.¹⁰⁸

Interestingly, Vallot does not appear to have been the only *commensal* to have infuriated the king in this way in the years that followed Mazarin's death. In the same year that Vallot died and Louis XIV, apparently, reflected upon his late *premier médecin*'s seemingly avaricious behaviour, the king also lost his temper with the aforementioned valet Marie du Bois, who had asked the king for financial help with the completion of a chapel. Du Bois had asked for the same favour every year since 1664, but in 1671 his request was met with indignation: 'plus je vous en donne', the king complained, 'plus vous en demandez'.¹⁰⁹ Could the roots of Louis XIV's frustration with both his valet and his physician have lain in the changes that he had enforced within the court's patronage system, ten years earlier? The transition from reliance upon intermediaries to a more direct form of patronage must have been a very steep learning curve for everybody involved. It seems likely that such clashes of interest would have been inevitable in the years following the new system's implementation, as its participants gradually adapted their expectations of, and behaviour towards, one another.

In a similar fashion to the way in which Louis XIV's increasing reliance upon Fagon would later encourage courtiers to take more notice of the *premier médecin*, the *commensaux*'s increasingly open supplication of the king for favours following Mazarin's death seems to have enhanced the court physician's visibility within this society. Perhaps unsurprisingly, the physicians' behaviour in this respect appears to have led many courtiers to associate them with greed. An Italian writer known as Primi

¹⁰⁷ Fisquet, *La France pontificale*, Nevers et Bethléem, 91.

¹⁰⁸ 'Since (Vallot's) death the king has not wanted to take on another *premier médecin* and is instead resolved to use his other remaining physicians, the king having said of Vallot that it was not possible to content him and that he was always asking for something.' *BNF*, Manuscrits français, 23251/395, art. 1238.

¹⁰⁹ '[T]he more I give you towards it, the more you ask for'. Laverny, *Domestiques*, 495–6.

Visconti, who wrote memoirs of his time at Louis XIV's court from 1673 to 1681,¹¹⁰ recounted how Colbert's son allegedly complained to the king about the obscenely large fortune that the court's physicians accumulated.¹¹¹ This attitude was adopted by many more of the court's inhabitants after Antoine d'Aquin was suddenly stripped of his title in November 1693. Although no official explanation was given for the dismissal, many courtiers – Saint-Simon included, as previously mentioned – posited that the *premier médecin*'s disgrace had been related to the fact that he had asked for too much from the king.¹¹²

When Stanis Perez recently depicted Antoine d'Aquin's dismissal as being the result of an over-inflated sense of worth on the physician's part,¹¹³ he tapped into a popular historical interpretation of d'Aquin as an over-reaching and avaricious individual: an interpretation which has its roots in the courtly accounts of his dismissal described above. Once again, however, Vallot's earlier experiences may provide the tools to allow us to form a different interpretation of this later *premier médecin* and his actions. In light of the challenges that Vallot faced as a client after Mazarin's death, perhaps there is an argument to be made here that d'Aquin's dismissal was caused not by any conscious, deliberate act of greed or delusion of grandeur on his part, but by confused expectations that were borne out of the still-uncertain and tumultuous nature of the 'patronage' relationship of sorts that he shared with Louis XIV both as a *premier médecin*, and as a client seeking favours. That d'Aquin's professional predecessor had managed to adapt his approach to court patronage at all – after so many decades of successful reliance upon the *premier ministre* – seems a feat worthy of greater acknowledgement and perhaps even of further study.

¹¹⁰ Jean-Baptiste Primi Félicien Visconti Fassola de Rasa, comte de Saint-Myol (1648–1713), better known by the pseudonym Primi Visconti, was of Italian descent but became a naturalised French citizen in 1687. In addition to his memoirs of Louis XIV's court, he also wrote a history of the king's military campaigns between 1677 and 1678. For more information about him see Visconti, *Mémoires*.

¹¹¹ *Ibid.*, 53.

¹¹² For accounts of d'Aquin's dismissal for alleged avarice besides that of Saint-Simon, see François-Timoléon, abbé de Choisy, *Mémoires de l'abbé de Choisy*, ed. Georges Mongrédien (Paris: Mercure de France, 1966), 163; Louis le Gendre, *Mémoires de l'abbé Le Gendre*, ed. M. Roux (Paris: Charpentier, 1863), 212 and Sourches, *Mémoires*, vol. 4, 281–2.

¹¹³ Perez, *Biohistoire*, 164–5.

Chapter 3. Vallot's Relationship(s) with the Court's Medical Community

This chapter will explore some of the relationships that Vallot sustained within his own sphere of jurisdiction: the court's medical community. Although the word 'community' will frequently be used in the following pages to refer to the vast collection of medical practitioners who worked at court during Louis XIV's reign, the word's plural form is in many ways just as appropriate. As many members of the royal family possessed their own medical teams – presided over by personal *premiers médecins*¹ – the court's medical community effectively assumed the form of a cluster of medical microcosms. As *premier médecin du roi*, Vallot stood above all of the other medical practitioners in these individual teams in status.

Within the team over which he personally presided as *premier médecin du roi* – the king's medical team – Vallot held many responsibilities towards his fellow practitioners. Working at the team's helm, the *premier médecin du roi* was responsible for steering the course of its members' activities so that all worked together as an efficient, collective unit to maintain the king's health. In addition to examining and personally appointing every new member of the team, the *premier médecin du roi* dismissed departing colleagues and approved or denied any leave-taking requested. He was also expected to supervise and examine team members on a continuous basis, to ensure that they performed their roles to the best of their abilities. Such important and far-reaching responsibilities would have required Vallot to be both closely acquainted with, and well-informed about, the function and state of every practitioner working under him.²

In Louis XIV's court, the practitioners with whom Vallot worked – both within the king's personal medical team and without – together represented one of the most diverse and dynamic communities in the court's entire professional sphere. Innovations in medicine during the early modern period necessitated frequent changes in the court's medical personnel, heralding the appearance of new breeds of practitioners – such as the *médecin spagyrique* in the 1640s – as well as the disappearance of others.³ Changing factors such as personal need and political outlook also caused the community to

¹ Verdier, *Jurisprudence*, vol. 2, 77–80.

² For more information about the *premier médecin du roi*'s official duties with regards to the king's medical team, see *ibid.*, 636 and Lunel, *Maison médicale*, 81–4.

³ The *médecin spagyrique* was a physician who specialised in chemical medical practices.

fluctuate significantly in size: in the space of four decades, Louis XIV's medical team ballooned to 120 practitioners before shrinking to just over a quarter of this size.⁴

With the help of a number of valuable historical resources, it is possible to discover a great deal about the practitioners with whom Vallot worked in the court's medical community. Within the national archives of France, for instance, the scattered remains of the documentation from Louis XIV's early household contains an impressive number of texts relating to the court's practitioners, many of which confirm events such as their appointments and ennoblements.⁵ Information regarding the structure of the royal medical teams, as well as some of the names of the practitioners who worked within them, can also be gleaned from seventeenth-century publications known as *États de France*.⁶ Many of the biographical dictionaries that were published in Europe during the eighteenth and nineteenth centuries also provide invaluable biographical information about the French court's medical practitioners.⁷

With their arguably unsurpassed provision of key biographical information about Vallot's medical colleagues, sources such as archival edicts, royal rosters and biographical dictionnaires may at first glance appear to be extremely promising tools for an investigation of this nature. Upon closer inspection of their content, however, many of these texts can in fact prove to be a little underwhelming in this respect. Although biographical dictionaries and official documentation from the royal household often contain particularly invaluable information regarding the court practitioners' official, professional connections to Vallot, such sources rarely elaborate upon the social dimensions of the relationships that existed between these practitioners and the *premier médecin du roi*. Unfortunately, this shortcoming does not appear to be exclusive to these texts: to my knowledge, reliable source material relating to Vallot's social experiences within the court's medical community is extremely hard to come by. With this in mind, it has been necessary to adopt a considerably more tentative approach to the investigation of Vallot's social experiences within this sphere of the court society, than

⁴ Perez, *Biohistoire*, 140–1. For more about the royal medical team's fluctuations in both size and nature, see Boucher, "L'Évolution," 369–70 and Laverny, *Domestiques*, 145.

⁵ Many of these texts can be found in the 'O¹' series, which contains documents relating to the households of French kings during the *ancien régime*. The 'AJ' series – a collection of nineteenth-century transcripts of archival documents relating to members of staff at the *Jardin du roi* – is also an extremely helpful resource for information about Vallot's colleagues.

⁶ Roughly translates as *Inventories of France*. Sporadically printed on an annual basis throughout the seventeenth century, *États de France* contained basic information about the personnel who worked within the households of the royal family. For more information about these texts, including their collective values and shortcomings as historical resources, see Boucher, "L'Évolution," 360–3; Knecht, "Court of France," 6–9 and Laverny, *Domestiques*, 139–40.

⁷ The biographical *Dictionnaires* of Éloy and Jal are particularly useful in this respect.

was the case for the previous two chapters. Nevertheless, with the help of texts such as Vallot's *Remarques*, courtly memoirs and correspondence, and the resources listed above, it should still prove possible to make some interesting observations about this important area of Vallot's life as *premier médecin du roi*.

Although they may not always prove forthcoming with regards to information about Vallot's specific social placement within the court's medical community, many of the sources mentioned above provide a consistent impression of the community's general social climate when examined together. Interestingly, many of these sources convey an image of the court's medical community as a decidedly interconnected, sociable space. With this interconnectedness in mind, it seems like a beneficial undertaking at this early stage of the chapter to gain a preliminary understanding of some of the social characteristics that were prevalent in the court's medical community, before elaborating upon what we do know about Vallot's relationships within it.

3.1 Professional and Personal Connections: The Social Atmosphere Within the Court's Medical Community

As previously mentioned in this thesis' introduction, extended familial connections often provided a crucial source of support for those who worked in royal households. Nepotism appears to have been as rife amongst the court's practitioners as it was amongst the society's other office holders, and, indeed, as it was within the kingdom's medical profession as a whole.⁸ A number of families enjoyed a particularly strong and prolonged presence within the court's medical community during Vallot's lifetime. The Guénaults were one such family. The father of the aforementioned *premier médecin* to Queen Marie-Thérèse, François Guénault, worked as a physician to Gaston d'Orléans for many years before his son too joined the duke's medical team.⁹ Three successive generations of Guénaults descending from François' uncle also held onto the position of *apothicaire distillateur du roi* (the King's Apothecary Distiller) into the mid-eighteenth century.¹⁰

⁸ For more information about nepotism in the medical communities of early modern France, see Brockliss and Jones, *Medical World*, 207–8.

⁹ Jal, *Dictionnaire critique*, 660–2.

¹⁰ Records of the king's household in 1656 confirm that Jacques Guenault 'père et fils' (father and son) shared the position of *apothicaire distillateur du roi* in this year. See AN, KK/209/18. In May 1679, the position was passed to Anthoine Guenault. He had previously shared it with his father, the younger

As the Guénaults' experiences attest, it was not unusual for one family to hold onto a position in the court's medical community for several generations. Often, the means by which a family achieved this state of professional permanency was through the acquisition of an official document called a 'lettre de survivance.' These letters acted as pre-arranged, royally-recognised confirmations of an office holder's professional successor, which allowed the successor to work conjointly with the official office holder in the role until he assumed sole possession of it upon the latter's retirement or death.¹¹ In an extant catalogue of the officers who worked in Louis XIV's household in 1656, three positions are shown to have been shared this way between father and son in the king's medical team, including by *médecins par quartier* Antoine Baralis and his son, Charles,¹² and by apothecaries Jean Beaulieu and his son.¹³ Later in the year, Louis-Henri d'Aquin also obtained 'lettres de survivance' to allow his son, the future *premier médecin du roi* Antoine d'Aquin, to inherit his position as *médecin du roi par quartier*.¹⁴

Court practitioners appear to have often forged links with other medical families by marriage. Louis-Henri d'Aquin, for instance, was married to a woman named Clare Loppes,¹⁵ whose relatively unusual maiden name suggests a familial connection to François and Pierre Loppes: two physicians who were recorded as working in Louis XIV's household in 1656 as *médecins sans quartier aux gages de quatre cents livres, pour servir quand on les appellera*.¹⁶ François Guénault's aforementioned uncle, Jacques Guénault, married the daughter of a surgeon,¹⁷ whilst Vallot's second-in-command in the king's medical team – *médecin ordinaire du roi* Marin Cureau de la Chambre¹⁸ – was married to the daughter of a physician.¹⁹ As previously mentioned in

Jacques. See AN, O¹/23/176. For more information about the Guénault family, see Jal, *Dictionnaire critique*, 660–2.

¹¹ For more information about 'lettres de survivance' (albeit in a non-medical professional context), see da Vinha, *Valets*, 187–92.

¹² AN, KK/209/15. Antoine Baralis (d.1659) began his career as *médecin du roi par quartier* in 1631, after its previous holder was imprisoned for casting an unfavourable horoscope for Louis XIII. Both Antoine and his son were members of the Paris medical faculty. See Patin, *Lettres*, vol. 1, 12, letter to Belin dated 28th October 1631 and *ibid.*, 240, letter to Belin Junior dated 9th June 1659.

¹³ AN, KK/209/18. The Beaulieus enjoyed an unusually long medical dynasty; occupying a position in the king's team of apothecaries until 1714. See Lunel, *Maison médicale*, 83.

¹⁴ AN, AJ/15/509/277.

¹⁵ Girard, *A Propos de "L'Amour médecin"*, 15.

¹⁶ 'Physicians without a quarterly term, waged at 400 *livres*, who serve only when they are summoned'. AN, KK/209/16.

¹⁷ Jal, *Dictionnaire critique*, 661.

¹⁸ Marin Cureau de la Chambre (1594–1669) was a graduate of the Montpellier medical faculty. In 1635 he obtained the positions of Pharmaceutical Demonstrator and Operator at the *Jardin du roi*, and personal physician to his patron, the aforementioned Pierre Séguier. See AN, AJ/15/509/197. In 1650 he bought the position of *médecin ordinaire du roi* from its previous holder, and remained in this position until his death. For more biographical information about Cureau de la Chambre, see Albert Darmon, *Les corps*

this thesis' introduction, it appears likely that one of Vallot's in-laws also worked on the court's periphery, as a surgeon to the king's armies.²⁰

Again, as previously mentioned, Vallot does not appear to have depended upon familial connections to ease his initial entry into the court's medical milieu. Interestingly, once settled within this community, he does not appear to have encouraged his offspring to forge ties within it either. None of Vallot's four known sons appear to have pursued a medical career, whilst his two known daughters did not marry into medical families. Although Vallot's social distance may at first seem a little unusual in light of the many examples of his colleagues' social integration listed above, such behaviour was in fact quite commonplace amongst those in the upper echelons of the court's medical community. In early modern France, most medical dynasties did not tend to last longer than three generations, as practitioners were keen to see their offspring ascend to more prestigious professions such as the Bar or the Church.²¹ As *premier médecin du roi*, Vallot was at the apex of his profession already, so it made sense for him and his family to think outside of the court's medical community for their social ascension. Two of Vallot's four known sons thus pursued careers in the Church,²² whilst another found his calling in the army: a career path traditionally associated with the prestigious *noblesse d'épée*.²³ In a similar vein, both of Vallot's daughters married men who possessed military titles.²⁴

The Vallot family may not have wanted to enhance their own professional presence within the court's medical community, but they were happy to indulge in a social activity which strengthened their connection to some of the other practitioners within it. In October 1657, Vallot agreed to act as godfather to the first son of Antoine d'Aquin, and two years later, one of his daughters agreed to act as godmother to d'Aquin's first daughter.²⁵ Many court practitioners chose to forge connections with

immateriels : esprits et images dans l'oeuvre de Marin Cureau de la Chambre, 1594–1669 (Paris: Librairie Philosophie J. Vrin, 1985), 5–16.

¹⁹ Kerviler, *Séguier*, 465.

²⁰ See footnote 28 of this thesis' introduction for more information about Louis Gayant.

²¹ Alongside the Bar and the Church, medicine was considered to be one of the most prestigious of the disciplines taught in the universities of early modern France. However, on account of its stronger associations with manual labour, medicine was generally considered to be the humblest in status of these three disciplines. Brockliss and Jones, *Medical World*, 81 and 208.

²² Ferdinand Vallot was an abbot of Epernai and Gaillac. See Hozier, *Armorial général*, register 2, vol. 1, 115–16. Edouard Vallot's career in the church was elaborated upon in the previous chapter.

²³ Jean-Baptiste Vallot was a Captain of the *Régiment des gardes*. In addition to inheriting his father's title of Lord of Andeville, he also held the position of *chef des oiseaux du roi* (Chief of the King's Birds). To my knowledge, Vallot's fourth son – Charles-Ferdinand – is only known to have possessed the rather vague title of *conseiller du roi* (Adviser to the King). For information about both sons, see *ibid*.

²⁴ For information about Vallot's sons-in-law, see Chapter 1, footnote 48.

²⁵ Jal, *Dictionnaire critique*, 61.

their colleagues in this way: the godfather of François Guénault's cousin Jacques, for instance, was Abel Brunyer: the *premier médecin* to Gaston d'Orléans whom François himself succeeded in the late 1650s.²⁶ In turn, François acted as godfather to the fourth son of a court physician named Eusèbe Renaudot.²⁷ Perhaps there is comparatively greater evidence of Vallot's participation in this form of social interaction within the court's medical community – in contrast to other forms such as marriage or 'lettres de survivance' – because unlike these other forms, the act of being a godfather had a comparatively negligible impact upon the social ascension of his family?

3.2 Professional Bonds: Vallot's Closest Colleagues

Of course, one of the most important kinds of relationship which court practitioners could share with one another were those which were forged and nurtured during the performance of their official duties. The ability to work as part of a team was an essential skill for the medical practitioners of early modern France, both within the royal court and without. Working together in situations such as multiple consultations – in which a number of practitioners joined forces to work on a patient's treatment – was extremely common and was generally believed to be much more conducive to the patient's recovery than working alone.²⁸ In an elite professional environment such as the royal court, in which the patients included some of the kingdom's most prestigious inhabitants, multiple consultations were particularly commonplace. Indeed, the structure of many of the royal family's medical teams – which included permanently-based staff such as *premiers médecins* and *médecins ordinaires*, in addition to a plethora of shift-based practitioners such as *médecins par quartier* – ensured that almost all of the consultations for such patients were multiple in nature. Within these busy working environments, even figures as authoritative as the *premier médecin du roi* were compelled to constantly communicate and collaborate with their medical colleagues.

²⁶ Ibid., 660–2. For more information about Abel Brunyer (1573–1665), see Petigny, "Notice."

²⁷ Trochon, "Journal," 244. A graduate of the Paris medical faculty, Eusèbe Renaudot (1613–79) began his career in the royal household as a *médecin d'artillerie* (Physician for the Artillery) before being appointed to the position of *premier médecin* to the Dauphin in 1672. In the early 1650s, he wrote an extremely controversial book regarding the medical use of antimony, which will be discussed in greater depth in Part Two of this thesis. For more information about Renaudot, see *ibid.*

²⁸ For more information about the perceived benefits of multiple consultations in the early modern period, see Brockliss and Jones, *Medical World*, 302; Nance, *Turquet de Mayerne*, 175–86 and Perez, *Biohistoire*, 39.

As the first chapter of this thesis attested, Vallot worked with many different practitioners when he consulted and treated patients at court. However, during his time as *premier médecin du roi*, Vallot appears to have enjoyed particularly strong professional relationships with two fellow physicians. One of these was the aforementioned Louis-Henri d'Aquin. Having entered the royal medical household in 1630, d'Aquin enjoyed a long and prosperous career at court as *premier médecin* to Queen Marie de Medicis before he was appointed as *médecin du roi par quartier*: the position he held until his death in 1671. In addition to working alongside Vallot to successfully treat Louis XIV for a range of illnesses, d'Aquin was also frequently sent abroad to treat foreign dignitaries at Louis XIV's behest. In 1657, for instance, he went to Italy to treat the Duchess of Savoy,²⁹ whilst in 1660 he travelled to England to treat Louis XIV's aunt – the aforementioned Queen Henriette Marie – and her daughter Henriette: the future ill-fated duchesse d'Orléans. D'Aquin's numerous accomplishments by the bedsides of these European royals eventually earned him and one of his sons, Antoine, noble status in 1669.³⁰

Contemporary accounts of Vallot and d'Aquin's collaborative treatment of a *surintendant des finances* – named Michel Particelli d'Émery – for a urethral stone in 1650³¹ confirm that the pair's professional relationship had been forged a number of years before Vallot assumed the role of *premier médecin du roi*. Like Vallot, Particelli d'Émery was known to have been a client of Mazarin's. D'Aquin's later treatment of the cardinal towards the end of the decade, and subsequent correspondence with Vallot on the subject,³² hints at the possibility that he too may have been affiliated with the cardinal. Perhaps the physicians' relationship had been forged as a result of a shared connection with the *premier ministre*?

Vallot referred to d'Aquin in one of his *Remarques* entries, the *médecin par quartier* being one of just two physician colleagues whom Vallot chose to mention by name in the text during his account of his time as *premier médecin du roi*.³³ In Vallot's lengthy account of Louis XIV's illness in 1658, he briefly recounted how d'Aquin

²⁹ The Duchess of Savoy was Christine de France (1606–63): a daughter of Henri IV and Marie de Medicis who had married the Duke of Savoy, Victor-Amadeus I, in 1619.

³⁰ AN, AJ/15/509/277.

³¹ Dubuisson-Aubenay, *Journal*, vol. 1, 218 and 254 and Patin, *Lettres*, vol. 1, 521, letter to Spon dated 1st April 1650. For more information about Michel Particelli d'Émery (1596–1650), see Françoise Bayard, "Particelli d'Émery (Michel)," in *Dictionnaire du Grand siècle*, 1156.

³² D'Aquin was the physician with whom, as mentioned in the previous chapter, Vallot had corresponded about Mazarin's health towards the end of the cardinal's life See Chapter 2, footnote 35.

³³ Vallot also briefly mentioned the queen mother's physicians, Claude and Pierre Seguin, in his entry for 1647. JS, 70. The Seguin family will be discussed in greater depth in the following pages, as will the other physician colleague whom Vallot mentioned in the *Remarques* post-1652.

arrived by the royal bedside on the illness' tenth day, and agreed to the decision that had recently been made to bleed the king from his foot on the morrow.³⁴ Vallot would have been surrounded by a veritable swarm of medical colleagues during this extremely distressing period of the king's illness, yet in the *Remarques*, he chose to neither name the majority of these colleagues nor record their individual participation in the illness. The fact that Vallot chose to name d'Aquin in this account and describe the physician's actions, no matter how briefly, seems significant.

Vallot's presence at the weddings of some of Louis-Henri d'Aquin's children hints at a bond between the two physicians which went beyond the purely professional.³⁵ In 1656, this social connection between the two physicians was strengthened when the Vallot and d'Aquin families were joined by marriage: Antoine d'Aquin wed a niece of Vallot's wife named Marguerite Geneviève Gayant.³⁶ In light of his apparent reluctance to immerse himself too deeply in the social mainstream of the court's medical community, Vallot's willingness to forge such a familial connection with the d'Aquins – even through the means of a relative as distant as a niece-in-law – seems suggestive of a particularly strong, perhaps even personal bond between the two physicians. As previously mentioned, the familial relationship between the two families was further cemented by Vallot and his daughter's aforementioned agreement to act as godparents to some of Antoine d'Aquin's children.

The other colleague whom Vallot mentioned in the *Remarques* was François Guénault. Vallot mentioned the *premier médecin* to Queen Marie-Thérèse by name three times in the text: more times than any other colleague. Guénault appeared alongside d'Aquin in one of these references: Vallot's entry for 1658 described how the pair arrived at court together, to join the multiple consultation over the ailing king. Guénault and d'Aquin's joint arrival, and subsequent approval of Vallot's suggested treatment, hint at the possibility that the trio may have been mutual acquaintances.

As had also been the case with his acquaintance with d'Aquin, Vallot's relationship with Guénault appears to have come into existence several years before his appointment as *premier médecin du roi*. In his *Remarques* entry for 1647 – the year in which, as previously mentioned, Louis XIV suffered from smallpox – Vallot recounted his arrival at the royal bedside with Guénault. Vallot described himself and Guénault as

³⁴ JS, 121.

³⁵ In 1656, Vallot acted as a witness at the wedding of Louis-Henri's son, Antoine d'Aquin. See Jal, *Dictionnaire critique*, 60–1. In 1660, he also acted as a witness at the marriage of Louis-Henri's daughter, Marie-Marguerite, to a court physician named Claude de Fresne. See Girard, *A Propos de "L'Amour médecin"*, 16–17.

³⁶ Jal, *Dictionnaire critique*, 59–60.

‘[les] médecins des plus fameux et des plus employés en Paris’,³⁷ attesting to the high esteem in which the future *premier médecin* held his colleague. After an examination of Louis XIV, Vallot proposed a course of treatment and Guénault was the first to support its administration.³⁸ Years later, in his *Remarques* entry for 1663, Vallot described how he again turned to Guénault for support when the king was suddenly afflicted with chickenpox. Louis XIV appeared to have caught the illness from Guénault’s charge, Queen Marie Thérèse, so when the king’s condition began to deteriorate rapidly late one evening, Vallot woke Guénault to seek his advice on a treatment plan.³⁹ In the following year, in much less promising circumstances, the pair also worked together on what was to prove to be Anne of Austria’s final illness.⁴⁰

Interestingly, despite the evident strength of their professional relationship, there is very little readily-available evidence to link the lives of Vallot and Guénault together beyond their shared work around their patients’ bedsides. From a political perspective, the pair’s aforementioned support of opposing factions during the Fronde would appear to suggest that their relationship was neither forged nor nurtured through a shared patron, as Vallot and d’Aquin’s acquaintance may have been. Equally, to my knowledge, there were no familial links which drew the Vallot and Guénault families together, as had been the case with d’Aquin. Rather, the nature of Vallot’s references to Guénault in the *Remarques* hint at the possibility that their relationship had been primarily based upon similar professional sensibilities: a shared interest in the same forms of medical practice. The pair’s similar support and use of antimony during the famous Antimony Wars of the mid-seventeenth century⁴¹ would appear to put further weight to this image of their relationship as a strong, successful professional alliance, rather than a particularly personal friendship.

His pointed references to d’Aquin and Guénault in the *Remarques* give the strong impression that Vallot turned to these two colleagues more than most others for personal and political support during his time as *premier médecin du roi*. Yet naturally, the anonymous throng of practitioners whose presence Vallot also frequently recorded in the text was no less important to the development of his social identity within the team than these favoured colleagues. The following sections will examine some of Vallot’s most interesting and significant encounters with the physicians, surgeons and

³⁷ ‘[The] most famous and well-employed physicians in Paris’. *JS*, 69.

³⁸ *Ibid.*, 70.

³⁹ *JS*, 148–9.

⁴⁰ Motteville, *Mémoires*, vol. 4, 386 and 406.

⁴¹ This topic will be discussed in greater depth in Part Two of this thesis.

apothecaries who worked alongside him in Louis XIV's court, before considering what these occurrences can tell us about his broader relationship with this community as *premier médecin du roi*.

3.3 Collaborative Closeness and Authoritative Distance: Vallot's Experiences as Leader of the Court's Physicians

As recently mentioned, Vallot's physician colleagues often made a collective appearance in the *Remarques* during his accounts of the multiple consultations over which he presided as *premier médecin du roi*. Vallot depicted these consultations as lively, sometimes even heated events in which an array of medical perspectives were proposed and disputed. The royal court was not a particularly dramatic anomaly in this respect: the medical world of early modern France as a whole incorporated a vast number of doctrinal camps, whose differing viewpoints gave rise to countless debates and disputes throughout the period.⁴² In a professional environment where such confrontational encounters were thus a seemingly inevitable part of working life, even the most authoritative of the early modern period's medical practitioners needed to have a strong fighting spirit.

Vallot's accounts of the multiple consultations in which he participated around the king's bedside often give the impression that he saw himself not just as a leader in these events, but also as an objectively strong participant and confident contender. In his *Remarques* entry for 1647, for instance, Vallot recorded the extensive argument that he provided to his initially sceptical colleagues for his proposed, and ultimately successful, course of treatment for the smallpox-ridden Louis XIV.⁴³ The fact that the then relatively unknown Vallot managed to convince François Vautier to follow his recommendations, despite the opposition of a number of the other physicians present, would appear to stand testament to his aptitude in this respect. Even from his later, loftier position of authority as *premier médecin du roi*, Vallot did not refrain from actively participating in the debates that emerged during the king's multiple consultations. In his entry for 1658, Vallot provided a lengthy account of the argument that he made to convince his colleagues to support his administration of a purge during

⁴² Some of the ideological divisions that were prevalent in the medical world of early modern France will be discussed in Part Two of this thesis.

⁴³ *JS*, 69–72.

the onset of Louis XIV's critical illness.⁴⁴ Later in the entry Vallot also wrote about how, on the other side of the coin, his colleagues managed to convince him to agree to a number of remedies for the king which he had formerly been sceptical about.⁴⁵

Although a collaborative, occasionally even confrontational approach evidently lay at the heart of his work, Vallot's ability to exert his authority over his medical colleagues was also a crucial aspect of his role within the court's medical community as *premier médecin du roi*. Within the context of multiple consultations – especially those which concerned the the king's health – Vallot may have been willing to discuss and dispute the different courses of actions proposed amongst his colleagues, but his authority as *premier médecin du roi* ultimately entitled him to make the final decision as to the course of action decided upon for the patient.⁴⁶ Furthermore, beyond these consultations, it seems likely that Vallot's unsurpassed status as *premier médecin du roi* would have generally encouraged the majority of his fellow practitioners to respond to his commands and pronouncements with a significant degree of respect.

The royal court was a complex space, however, and not all of the medical developments that occurred within it were as black and white from a hierarchical perspective as Vallot would perhaps have liked. The following two sections provide accounts of incidents in which, for very different reasons, Vallot's medical authority as *premier médecin du roi* was portrayed as having been dealt a blow by the physicians who worked alongside him at court. Both accounts are extremely valuable in the sense that they provide fascinating insight into the dimensions – and, crucially, limitations – of one of the most integral aspects of Vallot's relationship with the court's medical community: his authority within it.

3.3.1 *Dispute Within the Queen Mother's Medical Microcosm*

The aforementioned memoirs of *première femme de chambre* Françoise de Motteville elaborate upon a particularly interesting dispute which erupted in the court's medical community in 1664, during the onset of Anne of Austria's final illness. Motteville described how the queen mother decided to seek medical advice after realising that a pain in her chest was worsening significantly. Anne had her own *premier médecin* – a

⁴⁴ Vallot's decision to administer this purge, as well as the arguments that he made to convince his colleagues to approve of its administration, are explored in greater depth in Chapter 4 of this thesis.

⁴⁵ *JS*, 127 and 137. These remedies included a purge and a bath.

⁴⁶ Verdier, *Jurisprudence*, vol. 2, 57.

Paris medical faculty graduate named Claude Seguin⁴⁷ – but instead of resigning herself entirely to his care, she chose to seek additional treatment from Vallot. Motteville believed that Anne’s decision related to the differences in the two physicians’ medical practice: whereas Seguin was young and relatively inexperienced – with an alleged penchant for relying upon more traditional treatments such as bleeding – Vallot was renowned at court for utilising a wider variety of medicines.⁴⁸

Perhaps unsurprisingly, Seguin was far from happy with the prospect of relinquishing control over the treatment of his main patient. Motteville described how he bluntly refused to accept Vallot’s interference in, and advice regarding, the queen mother’s illness. Battlelines were drawn between the court practitioners who supported Seguin’s proposed course of treatment, and those who supported Vallot’s, and the situation quickly reached an impasse in which the queen mother’s treatment was worryingly overlooked. The two factions apparently continued to bicker whilst the queen mother’s condition deteriorated.

During this medical standoff, Françoise de Motteville noticed that Anne of Austria was taking her treatment into her own hands by applying the poisonous plant hemlock to her chest. Increasingly fearful for the queen mother’s life, the memoirist eventually pulled Vallot aside to voice her concerns. His response shocked her:

[Anne] continuoit de mettre alors sur son sein de cette ciguë qui paroissoit empirer beaucoup. Je le dis à Vallot. Il me répondit que s’il avoit été seul [...] il y auroit de quinze jours qu’elle n’en mettoit plus. Je fus surprise de voir que de petits égards empêchoient cet homme de dire la vérité et de la soutenir, en lui faisant hasarder la vie d’une si grande princesse.⁴⁹

Louis XIV eventually intervened in favour of his own *premier médecin* and decreed that Vallot should be allowed to treat the queen mother without opposition from any other practitioners. Vallot’s victory was a hollow one, however. During the prolonged debacle between the *premier médecin du roi* and Seguin, the court’s

⁴⁷ Claude Seguin (d. 1681) belonged to one of the seventeenth century’s most prosperous dynasties of court physicians. He inherited the position of *premier médecin* to Anne of Austria from his uncle, Pierre Seguin, whose own father had forged the family’s successful medical career at court. For more information about the Seguin family, see Brockliss and Jones, *Medical World*, 208–9 and Éloy, *Dictionnaire*, vol. 4, 244.

⁴⁸ Motteville, *Mémoires*, vol. 4, 363–4. Vallot’s general medical outlook will be discussed in greater detail in Chapter 4 of this thesis.

⁴⁹ ‘[Anne] then continued to put hemlock on her chest, which seemed to make her much worse. I said this to Vallot. He replied that if he had been alone, he would have stopped the queen from applying the hemlock fifteen days ago. I was surprised to see that such little considerations had stopped this man from telling the truth and maintaining it, and had caused him to risk the live of this great princess’. *Ibid.*, 365.

practitioners had long since reached the general consensus that the queen mother was suffering from an incurable cancer of the breast and when Vallot's remedies proved ineffectual, the floor was swiftly opened for other medical professionals to make their equally futile attempts to alleviate her condition. Anne of Austria eventually died from the illness on 20th January 1666.⁵⁰

As the extract above reflects, Françoise de Motteville made no attempt to hide her contempt for Vallot's conduct in her account of his dispute with Seguin. She despaired of the *premier médecin du roi*'s apparent weakness in the face of opposition from his subordinates, writing disdainfully that in this instance, '[il] montra tant de faiblesse à soutenir ses avis contre ceux qui lui étoient opposés, qu'[Anne] en fut dégoûtée'.⁵¹ It is unfortunate that other courtly contemporaries appear to have paid little attention to this medical dispute in their memoirs and correspondence: from an historical perspective it would have been interesting to compare Motteville's account of Vallot's actions with others'.⁵² Nevertheless, Motteville's portrayal of Vallot as a tentative, somewhat meek leader of the court's medical community is valuable for the contrast that it presents to the powerful, authoritative image that was (and often still is) more often associated with the *premier médecin du roi*, not least by Vallot himself.

Although Vallot's refusal to take control of the queen mother's final illness may seem quite unusual in light of his unsurpassed medical authority at court, an explanation for his actions may lie in the setting in which the dispute itself occurred. The medical team in which these hostilities erupted – the queen mother's – was, as previously mentioned, a separate entity from the king's counterpart over which Vallot officially presided. Within Anne of Austria's medical team, Claude Seguin enjoyed a similar function and degree of authority to that which Vallot enjoyed within the king's medical team.⁵³ As such, Seguin was in a very real sense the highest medical authority at court when it came to the queen mother's health. The dispute that developed between Vallot and Seguin over the queen mother's treatment was thus, effectively, a dispute between two different, but arguably equally legitimate medical authorities. Although the seventeenth-century medical profession had some generally acknowledged conventions with regards to hierarchy and precedence in multiple consultations, these conventions

⁵⁰ For Motteville's full account of Vallot and Seguin's dispute, see Motteville, *Mémoires*, vol. 4, 363–6.

⁵¹ *Ibid.*, 363–4. See Chapter 1, footnote 101 for an English translation of this quote.

⁵² The duchesse de Montpensier was also critical of Vallot's treatment of Anne of Austria's final illness, but unlike Motteville, her criticisms were related to her disapproval of his choice of remedy rather than his conduct with his colleagues. See Montpensier, *Mémoires*, vol. 4, 15–16.

⁵³ Verdier, *Jurisprudence*, vol. 2, 77–80.

were by no means rigidly adhered to or universally recognised,⁵⁴ so it may have been extremely difficult for all involved to decide who had the right to preside over the illness. That Vallot apparently chose not to push his way to dominance in this instance would appear to suggest that he also acknowledged the complicated nature of the situation in this respect. If Françoise de Motteville's account is to be believed, then Vallot's conduct during the queen mother's illness would appear to reveal a distinct sense of limitation to his authority as *premier médecin du roi* within the court's medical community. Despite his status as this society's most senior member, the sense of unparalleled dominance which Vallot had the right to impose over Louis XIV's personal medical team was seemingly far from being an accepted given in the multiple consultations in which he participated for other patients.

3.3.2 *Secrets and Lies: Rebellion Within the King's Medical Team*

A decade before his spat with Seguin, Vallot became embroiled in a particularly insidious and interesting medical dispute within his own sphere of jurisdiction. In his *Remarques* entry for 1655, Vallot provided a lengthy account of the hostilities, which unfolded shortly after Louis XIV was diagnosed with an unusual genital illness. Although the king himself viewed it as little more than an irritation from a physical perspective,⁵⁵ the ailment was nevertheless treated as a medical emergency by all aware of its existence because, if left untreated, it had the potential to compromise the conception of a royal heir.⁵⁶ Due to the drastic, yet rather delicate nature of the illness, the queen mother and Cardinal Mazarin were insistent that Vallot perform its treatment in the utmost secrecy, and inform only the closest of his colleagues of the true nature of the situation.⁵⁷ These unusually clandestine circumstances appear to have provided some of Vallot's medical colleagues with the perfect opportunity to attempt to undermine his reputation and authority as their leader.

Upon full examination of Louis XIV's ailment, Vallot decided that the king's recovery was most likely to be ensured by his imbibement of regular doses of the

⁵⁴ For more information about the conventions prevalent in early modern multiple consultations, see Brockliss and Jones, *Medical World*, 302–3.

⁵⁵ The illness manifested itself in the form of a discharge, occurring regularly without causing the king either pain or pleasure. See *JS*, 93.

⁵⁶ *Ibid.*, 105.

⁵⁷ In his *Remarques*, Vallot wrote that he received 'commandement exprès de ne déclarer à personne une affaire d'une telle importance'. *JS*, 95. However, as the following pages reflect, his account of the year makes it clear that he was allowed to inform some of his medical colleagues of the true nature of the illness in order for them to be able to help him with the treatment.

famous mineral waters of Forges. Mineral waters were an increasingly popular therapeutic option amongst the nobility during the seventeenth century,⁵⁸ and propitiously, by the middle of the century, the Forges waters already had a particularly strong reputation for aiding royal procreation: Louis XIV's conception had been attributed by many to his parents' prolonged imbibement of them in the 1630s.⁵⁹ In light of this acclaim, Vallot's proposed treatment was likely to have appeared a sensible proposition to many of the few people who were in the know about the true nature of Louis XIV's illness. To those who were not, however, the *premier médecin du roi* was acutely aware that Louis XIV's sudden consumption of mineral waters was likely to appear highly unusual and inappropriate. In his discussions about the treatment with Mazarin and the queen mother, Vallot expressed his concerns that the ban upon any discussion of Louis XIV's illness would lead to a widespread misunderstanding of his actions and consequent slander of his name. The queen mother quickly dismissed these misgivings as trivial.⁶⁰

Louis XIV began imbibing the Forges waters in September 1655, and after a fortnight, his condition appeared to be improving.⁶¹ However, on the 3rd October, the king began to exhibit signs of an imminent fever. Vallot recounted how an increasingly hostile atmosphere descended upon the medical team as the patient's condition deteriorated. A number of physicians began to bicker over the nature of the illness, and the appropriate course of treatment going forward. When Vallot announced his intention to tackle the king's fever with a purge, the proposal was greeted by an unusually hostile degree of opposition by many of these colleagues. In the *Remarques*, Vallot described how he began to perceive decidedly sinister intentions behind this opposition:

[J]e commençai, en cette première ouverture d'un remède purgatif, à reconnaître la force de la cabale qui avait déjà jeté son feu et vomi son venin contre moi et ma réputation, espérant y donner quelqu'atteinte si l'effet de la médecine ne réussissait point, comme cela pouvait arriver. Par ce moyen, ils prétendaient soutenir leur imposture, et faire paraître à toute la France que j'avais, sans sujet, sans raison et trop témérairement, fait prendre des eaux minérales au roi,

⁵⁸ For more information about the popularity of mineral waters during this period, see Laurence W.B. Brockliss, "The Development of the Spa in Seventeenth-Century France," *Medical History* Supplement No. 10 (1990): 23–47. For more examples of the Forges waters' use at the French court in the seventeenth century, see Patin, *Lettres*, vol. 1, 47, letter to Belin dated 16th September 1637 and Aumale, *Histoire des Princes du Condé*, vol. 5, 642.

⁵⁹ Brockliss, "Development of the Spa," 27–8, Perez, *Biohistoire*, 47 and Vons, "Le Médecin," 70–1.

⁶⁰ *JS*, 97.

⁶¹ *Ibid.* For more information about Louis XIV's treatment with the Forges waters in 1655, see Perez, *Biohistoire*, 45–8.

ignorant, ou plutôt feignant d'ignorer cette grande incommodité qui m'avait justement porté à l'usage de ce remède.⁶²

Vallot evidently believed that a number of his subordinates had exploited the public confusion and uncertainty surrounding Louis XIV's clandestine illness in an attempt to oust him from the position of *premier médecin du roi*. By feigning ignorance of the true reasons for Louis XIV's consumption of the Forges waters, these insurgents could wrongly accuse Vallot of malpractice in his administration of this remedy, safe in the knowledge that the *premier médecin du roi* could not defend himself as to do so would involve divulging the true nature of ailment. In his *Remarques* entry for 1655, Vallot provided a very simple explanation for the allegedly rebellious behaviour of his colleagues: jealousy. '[L]es premiers médecins', he mused, 'sont toujours fort enviés des autres, et particulièrement de ceux qui sont en passe d'aspirer à une si belle dignité'.⁶³ Vallot returned to this topic at several later dates in the *Remarques*,⁶⁴ as did his professional successor – Antoine d'Aquin – for whom the jealousy of his subordinates also remained a sore point.⁶⁵ Although it is important not to take Vallot's account of the affair at face value when, to my knowledge, no alternative testimony exists from the perspective of his colleagues, the notorious ubiquity of cabals and intrigues within Louis XIV's court⁶⁶ should prevent us from ruling out the possibility of an envy-fuelled medical rebellion completely. Either way, the verity of the account itself seems less important than its exposure of an undeniable sense of underlying tension between the *premier médecin du roi* and his subordinates within the king's medical team.

⁶² '[A]t the start of this purgative remedy, I was beginning to recognise the strength of the cabal which had already thrown its heat and vomited its venom against me and my reputation, hoping to cause a breach there if the medicine did not succeed, as could happen. By these means, [the plotters] claimed to uphold their imposture, and make it appear to all of France that I had recklessly and without subject or reason made the king take the mineral waters, ignoring – or rather feigning to ignore – that great inconvenience which had justly brought me to use this remedy.' *JS*, 100.

⁶³ '[P]remiers médecins are always strongly envied by others, particularly by those who are close to aspiring to such an attractive dignity'. *Ibid.*, 103.

⁶⁴ From 1656, Vallot used to begin each of his *Remarques* entries with pathological predictions for the coming year. For more information about these predictions, see Chapter 7 of this thesis. Vallot stopped writing these predictions in 1669, however, after claiming that 'les envieux supposent que j'ai fait mes predictions après coup' ('those jealous of me claim that I made my predictions after the fact'). *JS*, 169.

⁶⁵ Whilst attempting to brew one of Vallot's customary purgatives for the king in 1672, Antoine d'Aquin wrote that he faced opposition from 'les envieux de feu M. Vallot, [qui] cherchaient partout à blâmer sa conduite et à désapprouver l'usage de ce remède' ('those who were jealous of Mr Vallot, [who] used to search all over [for ways to] to blame his conduct and disapprove of the use of this remedy'). By reducing the dosage of the purgative, d'Aquin hoped to reduce the gossiping tendencies of these opponents, who had, apparently, since turned their jealousy towards him. *Ibid.*, 173.

⁶⁶ Duindam, *Vienna and Versailles*, 257–8.

Despite being physically absent from these hostile developments as they unfolded around the king's bedside at Fontainebleau, Vallot's main patron appears to have played a key role in their resolution. A slew of letters were sent to Mazarin by concerned courtiers following Louis XIV's descent into fever, expressing concern over Vallot's actions and urging the *premier ministre* to return and resolve the situation as soon as possible. Vallot was convinced that the rebels in his medical team had been responsible for whipping up this panic.⁶⁷ As the commotion grew in scale – becoming the subject of increasingly colourful gossip in Paris⁶⁸ – Vallot turned to the cardinal for help controlling the situation. As he would later do in 1658, Vallot asked his patron to support him in the face of his colleagues' criticism by trusting his account of Louis XIV's illness over theirs. To counteract the concerned letters of his opponents, the *premier médecin du roi* sent Mazarin a letter every day during the height of the king's fever in order to reassure the cardinal of Louis XIV's safe recovery.⁶⁹ Vallot devoted a great deal of space in his *Remarques* to the description of Mazarin's unwavering trust in his work upon receipt of these letters, as well as the cardinal's subsequently unrushed return to the court and delight at witnessing Louis XIV's recovery first-hand.⁷⁰ Vallot's attention to detail in this section of the text suggests that he believed Mazarin's calm trust in his actions to have been a major contributing factor to his survival from this rebellion. If Vallot's own authority as *premier médecin du roi* had not been enough in itself to convince his colleagues to toe the line and refrain from dissenting in these unusual circumstances, then the greater authority of his patron had evidently sufficed.

Cardinal Mazarin's involvement in the medical furore of 1655 – and his similar, aforementioned intervention in the discussions regarding Louis XIV's treatment in 1658 – seem suggestive of some interesting power dynamics within the king's medical team which, if truly present, may have had some significant and perhaps even negative implications for Vallot's status as this community's leader. If Vallot's account of Mazarin's involvement in the 1655 dispute is to be believed, then both the *premier médecin du roi* and his opponents had relied upon the cardinal as a key component of

⁶⁷ *JS*, 101.

⁶⁸ For examples of this gossip, see Patin, *Lettres*, vol. 2, 209–14, letters to Spon dated 19th and 26th October 1655.

⁶⁹ Although these letters do not appear to have survived, Mazarin attested to their existence in one of his letters to Vallot. See *MAE*, Mémoires et documents : France, 896/304.

⁷⁰ *JS*, 101–4. Interestingly, Mazarin's collected correspondence from this period gives the strong impression that Vallot had been a little flexible with the truth in his account of the cardinal's actions. In a letter to the *premier médecin du roi* dated 9th October 1655, Mazarin expressed his concern for Louis XIV's wellbeing and politely, but firmly expressed his intention to return to the court 'avec toute la diligence qu'il me sera possible' ('as quickly as possible'). See *MAE*, Mémoires et documents : France, 896/304.

their success. Both sides appear to have believed that Mazarin's response to Louis XIV's illness was pivotal in the sense that it would determine the outlook of the court society in general, and the fate of the *premier médecin du roi* within it in turn. In their mutual willingness to involve him in the dispute in 1655, and subsequent reliance upon him to win their causes, both Vallot and his colleagues appear to have been acknowledging Mazarin's status as the highest consultable authority in the king's household. As long as Mazarin remained in the vague yet incomparably powerful position of *premier ministre*, opposing members of Vallot's medical team could always be of a mindset that there was somebody higher up the pecking order than the *premier médecin du roi* to whom they could turn if he refused to respond to their opinions or demands. In order to quash their dissent, Vallot would also be obliged to seek the support of this universally-recognised higher authority. In doing so, however, the *premier médecin du roi* simultaneously acknowledged that he was not the highest authority within the team. Even within his most definitive sphere of jurisdiction, therefore, Vallot does not appear to have enjoyed a position of unrivalled prominence.

Three decades after the death of Cardinal Mazarin, and two decades after Vallot's, the duc de Saint-Simon would refer to Fagon's powerful dominance over the court's medical community with an alarming frequency in his memoirs.⁷¹ Although the first chapter of this thesis called for a more rigorous questioning of the duke's famous descriptions of Fagon, it is nevertheless intriguing to consider how this particular aspect of his descriptions may have been influenced, unconsciously or otherwise, by the *premier ministre*'s extinction thirty years beforehand. Could it be possible that – in a working environment that was free from the influence of this formerly domineering position – Vallot's professional successors were able to assume a more definitive position of dominance over their medical teams, and exert a greater degree of control within them in consequence?

3.4 Vallot's Relationships with Other Court Practitioners

Although the majority of the colleagues who came under examination in the sections above were physicians, it is important to remember that these practitioners only represented a fraction of the court's medical community. An abundance of surgeons and

⁷¹ Saint-Simon described Fagon several times in his memoirs as a 'tyran' ('tyrant') and 'dominateur' ('dominator') of physicians, and of the medical profession in general. See Saint-Simon, *Mémoires*, vol. 1, 823 and 996 and vol. 3, 1041.

apothecaries also worked within this elite society, many of whom Vallot managed within the king's medical team. From a hierarchical perspective, the surgeons and apothecaries of the seventeenth century were considered to be inferior to their physician colleagues as their work was much more manually-based.⁷² Despite this subordinate status, however, much of the extant evidence which relates to these practitioners' interactions with Vallot gives the strong impression that their relationships with the *premier médecin du roi* were no less dominated by concerns of prominence and power as the court physicians' had been.

One of the non-physician practitioners whom Vallot mentioned the most in his *Remarques* was the *premier chirurgien du roi*, François Félix de Tassy. The Chief Surgeon was undoubtedly one of the most important medical practitioners in the entire court, as the king personally placed his trust in this individual to perform any surgical procedures that his royal ailments rendered necessary. These procedures could vary wildly in nature from commonplace phlebotomies and reducing dislocated limbs, to performing intrusive procedures such as the king's famous operation for an anal fistula in 1686.⁷³ The *premier chirurgien* may have been the most authoritative surgeon at court, yet he still took his appointment oath between the hands of the *premier médecin du roi* like every other practitioner in the king's medical team. As such, he was officially understood to have come under the *premier médecin du roi*'s jurisdiction.⁷⁴

As a subordinate of the *premier médecin du roi*, Félix de Tassy was obliged to seek permission from Vallot before he applied any treatments to Louis XIV, or performed any surgical procedures upon him.⁷⁵ Interestingly, however, all of Vallot's (admittedly few) references to the *premier chirurgien* in the *Remarques* elaborated upon times when Félix de Tassy failed to follow this rule. In 1654, for instance, when the sixteen year-old Louis XIV began to complain to Vallot about a painful callus on his left nipple, the *premier médecin du roi* was shocked to discover upon his first examination of the king that Félix de Tassy had already attempted to rectify the ailment. Vallot wrote of his outrage that, 'sans nuls ordres et sans m'en donner avis',⁷⁶ Félix de Tassy had applied a kind of plaster to the king 'qui n'a aucun rapport à cette manière de

⁷² For more information about the hierarchical differences between physicians, surgeons and apothecaries in the seventeenth century, see Brockliss and Jones, *Medical World*, 174–5.

⁷³ For more information about this famous operation, see Perez, *Biohistoire*, 73–87.

⁷⁴ For more information about the *premier chirurgien du roi* and his official functions and status within the king's medical team, see Verdier, *Jurisprudence*, vol. 2, 91–7.

⁷⁵ Lunel, *Maison médicale*, 92–3.

⁷⁶ '[W]ithout orders and without giving me any notice of it'. *JS*, 90.

tumeur, ni aucune vertu pour la consumer'.⁷⁷ Two years later, Vallot recounted how Louis XIV complained of a wart on his hand, to which Félix de Tassy had again applied a remedy without the *premier médecin du roi*'s command or consent.⁷⁸ In his accounts of both instances, Vallot expressed as much anger about the affront to his authority that these interventions had implied as he did about the potential danger that had been posed by the *premier chirurgien*'s allegedly misguided treatment of the king.

Undoubtedly, Vallot's anger towards Félix de Tassy's actions in both 1654 and 1656 was informed by a firm belief in his superiority over the *premier chirurgien* as the *premier médecin du roi*, and as a physician. Although this superior outlook undoubtedly must have suited the *premier médecin du roi* in the sense that it allowed him to view and treat the *premier chirurgien* as little more than a subordinate, he would nevertheless be forced to dramatically revise it in the coming decades. During the course of Louis XIV's reign the *premier chirurgien du roi*'s status improved significantly. One of the first manifestations of this gradual change occurred during Vallot's time as *premier médecin du roi*, when in August 1668, François Félix de Tassy was officially bestowed with the control of the various communities of surgeons and barbers that worked in Paris.⁷⁹ In the following decades, François' son and professional successor – Charles-François Félix de Tassy – maintained the former's pace of professional ascension when he operated upon Louis XIV's aforementioned anal fistula without mishap.⁸⁰ The procedure won him the king's favour, and great popularity within the court society.⁸¹ By the end of the 1680s, after another series of statutes had confirmed and augmented his authority over the kingdom's various surgical professions,⁸² the *premier chirurgien* was no longer the kind of colleague whom the *premier médecin du roi* could regard with such unmitigated disdain as Vallot had, three decades earlier.

⁷⁷ '[W]hich has neither any relation with this kind of tumour, nor virtue for removing them.' Ibid.

⁷⁸ JS, 111.

⁷⁹ In 1671 these privileges were confirmed and augmented to incorporate the *premier chirurgien*'s jurisdiction over related professional communities, such as those of wigmakers, and staff of public baths and steam rooms. See Lunel, *Maison médicale*, 237–8 for more information about Félix de Tassy's acquisition and gradual augmentation of these rights.

⁸⁰ For more information about Charles-François Félix de Tassy's participation in this famous operation, see Perez, *Biohistoire*, 73–87.

⁸¹ Royal surgeon and contemporary of Charles-François Félix de Tassy, Pierre Dionis, wrote that after Louis XIV's surgical treatment for an anal fistula, his clinic suddenly became swamped with visits from courtiers begging him to perform the same procedure upon them. See Pierre Dionis, *Cours d'opérations de chirurgie, démontrées au Jardin royal, par M. Dionis, premier chirurgien de feuës Mesdames les dauphines, et chirurgien juré de Paris* (Paris: d'Houry, 1740), 406. For more examples of Charles-François' and later *premier chirurgiens*' social ascension at court, see Brockliss, "Literary Image," 139–40 and Lunel, *Maison médicale*, 236.

⁸² Lunel, *Maison médicale*, 239–42.

The *premier chirurgien*'s professional and social ascension appears to have had a very noticeable effect upon his portrayal in the *Remarques*. Interestingly, he is almost conspicuous in his absence from Antoine d'Aquin's entries in the text, even though it was during this *premier médecin du roi*'s career that Louis XIV had one of his most dramatic encounters with the surgeon. In his account of the king's operation for his anal fistula, d'Aquin mentioned Charles-François Félix de Tassy just once: the *premier chirurgien*'s performance of the operation is described bluntly without any qualitative judgement in the text, and neither Félix de Tassy nor any other practitioner is described as playing a role in the prolonged treatment process before the operation.⁸³ Perhaps the *premier chirurgien*'s near-absence from the account was indicative of a reluctance on d'Aquin's part to acknowledge his surgical counterpart's growing accomplishments and success: suggestive, perhaps, of a superior outlook towards the surgeon that was similar in tone to Vallot's?

Fagon, on the other hand, was extremely forthcoming in his *Remarques* references to the *premier chirurgien du roi*. Not only did Louis XIV's last *premier médecin* openly recount his collaborations with Charles-François Félix de Tassy,⁸⁴ but he also passionately defended the surgeon against what he perceived to be d'Aquin's earlier, misrepresentative portrayal of him in the text.⁸⁵ When compared to Vallot's references to François Félix de Tassy, Fagon's literary treatment of Charles-François provides a stark reflection of just how much the *premier médecin du roi*'s perception of his surgical counterpart had changed over the course of Louis XIV's reign: no longer just another subordinate, the *premier chirurgien* appears to have become a close colleague.

Another community of practitioners with whom Vallot worked closely was that of the court's apothecaries, who were responsible for the production of all of the society's remedies, and many of its liqueurs. The apothecaries in the king's medical team had no leader, and as such came directly under the authority of the *premier*

⁸³ For d'Aquin's entire *Remarques* entry for the year, see *JS*, 230–6.

⁸⁴ In his *Remarques* entry for 1696, for instance, Fagon recounted how Charles-François Félix de Tassy helped him to treat Louis XIV for a variety of illnesses, including a neck boil. See *ibid.*, 290–5.

⁸⁵ *JS*, 238–9. Fagon wrote that d'Aquin had wrongly accused Félix de Tassy of piercing a hole in Louis XIV's intestine whilst examining his fistula. Fagon also wrote that d'Aquin had tried to give the erroneous impression in the *Remarques* that when discussing treatments for the anal fistula, Fagon and Félix de Tassy had opposed surgical intervention and favoured instead the much less effective remedy of mineral waters. The surprising degree of disparity between d'Aquin and Fagon's accounts of this event is a stark reminder of the extent to which the *Remarques* is far from an objective source, especially when it comes to the *premier médecin du roi*'s relationships with his colleagues.

médecin du roi.⁸⁶ In the *Remarques*, Vallot made barely any mention of them beyond a passing mention to their possession of his prescriptions for Louis XIV.⁸⁷ Yet an edict dating from the week after Vallot's death would appear to suggest that his relationship with this community was a lot more complex than this passing mention implies.

The edict in question related to the degree of authority which the king's apothecaries were allowed to wield within their own community. In addition to certifying the functions and status of each member of this community, the edict confirmed Louis XIV's intention to grant his personal apothecaries' request that they should from now on be allowed to choose and appoint their own aides: a privilege which had until then been held by the *premier médecin du roi*.⁸⁸ The edict stated that the king's apothecaries had deliberately chosen to bring this request to Louis XIV after Vallot's death, as the respect which they felt for him as *premier médecin du roi* had allegedly prevented them from doing so during his lifetime. Both the king and his apothecaries agreed that the period of time following Vallot's death and the next *premier médecin du roi*'s appointment⁸⁹ was the right time in which to effect this change, as there was no *premier médecin du roi* in office to misread the gesture as a personal attack on his authority.

In agreeing to his apothecaries' request, the edict stated that Louis XIV hoped to 'entretenir l'union et la bonne intelligence qui doit estre entre son premier medecin et ses apoticairees et empecher qu'a lavenir ils ne retombent dans les mesmes contestations',⁹⁰ suggesting that the matter had been a point of contention between the *premier médecin du roi* and the apothecaries for some time before Vallot's death. Far from viewing the *premier médecin du roi*'s authority as a powerful force which they had no choice but to accept, then, the apothecaries appear to have been eager to try and reduce Vallot's control over their section of the court's medical community, even if they had to wait until his death to see these desires realised. Again, the apothecaries' opposition to his authority would appear to act as a stark reflection of the extent to which Vallot's relationships with the court's medical practitioners were never a simple case of ruler and ruled.

⁸⁶ For more information about the functions and status of the court's apothecaries, see Lunel, *Maison médicale*, 85 and Verdier, *Jurisprudence*, vol. 2, 129–43.

⁸⁷ In his *Remarques* entry for 1668, for instance, Vallot mentioned that his customary prescriptions for Louis XIV's stomach problems were 'dans l'office du roi, entre les mains de MM. les apothicaires' ('in the king's office, in the hands of his apothecaries'). *JS*, 164.

⁸⁸ *AN*, O¹/15/365–6.

⁸⁹ Antoine d'Aquin was officially appointed as *premier médecin du roi* on 18th April 1672. *JS*, 172.

⁹⁰ '[M]aintain the union and good understanding that ought to exist between his *premier médecin* and his apothecaries and to prevent them from falling back into the same disputes in the future.' *AN*, O¹/15/365–6.

In terms of this investigation, the apothecaries' edict is extremely valuable in the sense that it offers a relatively rare opportunity to view one of the relationships that existed between Vallot and the court's practitioners from the latter's perspective. The edict conveys an image of Vallot which seems to mirror many of the others that have been provided in this chapter –that is, of a leader whose authority was frequently challenged – yet it also seems worth noting that there are a number of extant seventeenth-century texts which offer a very different view of the court practitioners' attitudes towards Vallot as their leader. These texts assume the form of respectful and deferential dedications, which a number of court practitioners wrote to Vallot in their published medical texts. To my knowledge, at least six medical texts were dedicated to Vallot in this way: publications which spanned a variety of subjects, from the medical study of vipers⁹¹ to the surgical procedures available for hernias.⁹² Although these dedications are rather formulaic in their praise of Vallot⁹³ – and thus not particularly revealing about the unique relationships which their authors shared with the *premier médecin du roi* – a closer examination of the authors' identities allows for the emergence of some interesting patterns with regards to the attitudes that were held towards the *premier médecin du roi* in different areas of the court's medical community.

It seems significant, for instance, that only one of Vallot's six dedicators was a physician.⁹⁴ Nicaise Le Febvre,⁹⁵ who dedicated his *Traicté de la chymie (Treatise on Chemistry)* to Vallot in 1660;⁹⁶ Christophe Glaser,⁹⁷ who dedicated his identically-named chemical treatise to Vallot in 1672⁹⁸ and Moyse Charas,⁹⁹ who dedicated his text

⁹¹ Moyse Charas, *Nouvelles experiences sur la vipere, ou l'on verra une description exacte de toutes ses parties, la source de son venin, ses divers effets, et les remedes exquis que les artistes peuvent tirer de la vipere, tant pour la guerison de ses morsures, que pour celle de plusieurs autres maladies* (Paris: Charas and Olivier de Varennes, 1669).

⁹² Nicolas Lequin, *Traité des hernies, ou descentes, contenant les causes, signes, accidens, remedes, et un avis aux hernieux, avec la maniere de bien faire et administrer les bandages d'acier, et de fil de fer* (Paris: Lequin, 1685).

⁹³ For more information about the relation of book dedications to patronage relationships, see Herman, "Language of Fidelity," 18 and Kettering, "Patronage in Early Modern France," 842.

⁹⁴ This physician was Guy-Crescent Fagon. His literary dedication to Vallot is discussed in the following pages.

⁹⁵ Nicaise Le Febvre (1610–69) worked in the *Jardin du roi* as a Demonstrator in Chemistry from 1652, and in the royal medical household as an apothecary and distiller from 1656. In 1660 he moved to England on King Charles II's invitation, to become a royal professor of chemistry. For more information about Le Febvre, see Richard S. Westfall, "Le Febvre, Nicaise," last modified 10th January 2013, <http://galileo.rice.edu/Catalog/NewFiles/lefebvre.html>.

⁹⁶ Nicaise Le Febvre, *Traicté de la chymie*, (Paris: Thomas Iolly, 1660), 2 vols.

⁹⁷ Christophe Glaser (1615–72) worked as an apothecary to Louis XIV and his brother, Philippe. He succeeded Nicaise Le Febvre as Demonstrator of Chemistry in the *Jardin du roi* when the latter moved to England in 1660. For more information about Glaser, see Richard S. Westfall, "Glaser, Christopher," last modified 10th January 2013, http://galileo.rice.edu/Catalog/NewFiles/glaser_chr.html.

⁹⁸ Christophe Glaser, *Traité de la chymie, enseignant par une brève et facile methode toutes ses plus necessaires préparations* (Paris: Jean Dhoury, 1672)

named *Nouvelles experiences sur la vipere* (*New Experiments Upon the Viper*) to Vallot in 1669,¹⁰⁰ were all royal apothecaries. Nicolas Lequin,¹⁰¹ an *opérateur ordinaire du roi*,¹⁰² dedicated his text on the treatment of hernias to Vallot in 1665,¹⁰³ whilst a *distillateur ordinaire du roi* (Distiller to the King) named Pierre Thibaut¹⁰⁴ dedicated his chemical treatise to Vallot two years later.¹⁰⁵

Court practitioners who were situated high up the medical hierarchy, such as the king's physicians, tended to write and publish far fewer medical texts than their professional inferiors, perhaps because of the fact that the physicians' work required them to spend a lot more time on the front line of the court's medical care, in the immediate physical presence of their patients. When they did write, however, these physicians tended to dedicate their work to much higher personages than the *premier médecin du roi*. The aforementioned *médecin ordinaire* Marin Cureau de la Chambre – one of the few court physicians under Vallot's jurisdiction who wrote a truly prodigious amount of published medical texts¹⁰⁶ – dedicated his work to extremely prestigious courtiers, such as his patron, *chancelier* Pierre Séguier, Cardinals Mazarin and Richelieu and the ill-fated *surintendant des finances*, Nicolas Fouquet.¹⁰⁷ *Médecin du roi par quartier* Jean Chicot,¹⁰⁸ who also wrote a couple of medical texts during his time at court, dedicated one of his publications to the king himself.¹⁰⁹

⁹⁹ Moyse Charas (1618–98) published a number of popular texts on theriac and the medical benefits of the viper which shot him to fame in Paris, and allowed him to acquire a number of medical positions at court including *apothicaire ordinaire* to Monsieur, and teacher of chemistry in the *Jardin du roi*. Charas left France in the 1680s for fear of persecution because of his Protestant faith. For more information about him, see Éloy, *Dictionnaire*, vol. 1, 594–5.

¹⁰⁰ See footnote 91.

¹⁰¹ Little is known about Nicolas Lequin's background or professional connection with the royal court. In his text on the treatment of hernias, Lequin wrote that he was appointed as *opérateur ordinaire* during Charles Bouvard's time as *premier médecin du roi* – which was from 1628 to 1643. See Lequin, *Traité des hernies*, non-paginated introduction. However, the catalogue for the king's household in 1656 reveals that Lequin no longer held the position by this date, or indeed any other significant medical position in the king's household. See AN, KK/209/17.

¹⁰² Roughly translates as 'Surgeon to the King'.

¹⁰³ Lequin, *Traité des hernies*.

¹⁰⁴ Little is known about the life of Pierre Thibaut. His dedication to Vallot in his chemical treatise, and Fagon's additional approbation of the treatise in the text, give the strong impression that Thibaut worked under Vallot's jurisdiction at court, presumably as a *distillateur ordinaire du roi*, which he describes himself as in the book's frontispiece. However, I have not been able to find any further evidence – either archival or textual – to elaborate upon this information.

¹⁰⁵ Pierre Thibaut, *Cours de chymie* (Paris: Thomas Jolly, 1667).

¹⁰⁶ Over the course of two decades, La Chambre produced at least six popular scientific monographs on a diverse range of topics, including chiromancy, animal instinct, human anatomy and emotions. For a list of these publications see Éloy, *Dictionnaire*, vol. 1, 588.

¹⁰⁷ These dedications were published together in Cureau de la Chambre, *Recueil*, 3–52.

¹⁰⁸ Jean Chicot began his career as a *médecin du roi* in 1622: by 1638, he held the position of *médecin par quartier* to Louis XIII. See Eugène Griselle, ed., *État de la maison du roi Louis XIII, de celles de sa mère, Marie de Médicis ; de ses soeurs, Chrestienne, Élisabeth et Henriette de France ; de son frère, Gaston d'Orléans ; de son femme, Anne d'Autriche ; de ses fils, le dauphin (Louis XIV) et Philippe d'Orléans,*

These practitioners' differing attitudes towards their choices of dedicatee provoke an observation which seems to link neatly with some of the conclusions that were proposed in this chapter's previous sections: that is, that Vallot's status as *premier médecin du roi* was a decidedly subjective, malleable concept within the context of the court's medical community. Extant accounts of Vallot's various collaborations and disputes with his medical colleagues provide an impression of a leader who experienced very different responses to his status within each of the team's many sectors: whilst some practitioners were willing to wage open rebellion against him, others waited until his death to challenge his authority – equally, whilst some considered him prestigious enough to be worthy of a dedication, others did not. With this subjectivity in mind, the identities of Vallot's dedicators would appear to suggest in turn that – despite the apothecaries' spirited fight for the right to appoint their own aides – court practitioners lower down the pecking order were ultimately more inclined to regard the *premier médecin du roi*'s authority with a greater degree of respect than their professionally superior physician colleagues.

Another interesting similarity that can be perceived between these dedicators is the fact that many of them owed their careers at court to Vallot. Perhaps the most famous of these individuals was Guy-Crescent Fagon, who wrote a lengthy poem in praise of Vallot's care of the *Jardin du roi* for the botanical catalogue which he helped to compile of the institution's plants.¹¹⁰ Similarly to Fagon, Nicaise Le Febvre and Christophe Glaser began their careers at court during Vallot's time as *premier médecin du roi*: both men were appointed as Demonstrators in Chemistry at the *Jardin du roi*, at Vallot's behest in his capacity as the institution's Superintendent.¹¹¹ Although Moysse Charas acquired his first position at court with the help of Esprit, the aforementioned *premier médecin* of Louis XIV's brother,¹¹² he too acquired a position in the *Jardin du roi* thanks to Vallot. It seems at least plausible that these dedications had been influenced by sentiments of gratitude which many of those who had been personally appointed by Vallot must have felt towards him: sentiments which must have acted as a permanent, and perhaps even useful counterpoint to the threats that the *premier médecin*

comprenant les années 1601 à 1665 (Paris: Paul Catin, 1912), 40 and 144. He remained in this position until at least 1656. See AN, KK/209/15.

¹⁰⁹ Jean Chicot, *Dissertationes Medicae* (Paris: E. Langlois, 1667).

¹¹⁰ Joncquet, Fagon and Vallot, *Hortus Regius*, non-paginated introduction. Fagon's dedication to Vallot in this text will be discussed in greater depth in Chapter 8 of this thesis.

¹¹¹ See footnotes 95 and 97.

¹¹² For confirmation see Charas' dedication to Esprit in his *Histoire naturelle des animaux, des plantes, et des minéraux qui entrent dans la composition de la theriaque d'Andromachus* (Paris: Olivier de Varennes, 1668).

seems to have faced to his professional authority from within the court's medical community on a regular basis.

Finally, it also seems important to note that all four of the dedicators that were mentioned in the paragraph above had held important positions in the *Jardin du roi* at the time of their texts' publications. The links which bound these dedicators, their publications, the *Jardin du roi* and its Superintendent together were incredibly important to Vallot, particularly with regards to his professional presence beyond the confines of the royal court: an aspect of his life as *premier médecin* which will be explored in greater depth in the next half of this thesis.

**PART TWO. VALLOT AND THE WIDER MEDICAL
PROFESSION IN LOUIS XIV'S FRANCE**

Introduction

‘Le roi est tombé malade à Mardick, d’où il a été mené à Calais. Ses médecins sont Guénault, Vallot et d’Aquin. On dit que le jour que Guénault arriva, Vallot avait purgé le roi, dont il s’est trouvé plus mal. Aussi n’y a-t-il rien de plus dangereux qu’une médecine prise trop tôt et qu’un médecin ignorant.’¹

Extract from a letter by Gui Patin to Charles Spon, dated 16th July 1658.²

The extract above is taken from a letter written by the aforementioned Gui Patin to a physician friend. It was dispatched from Paris in the summer of 1658, just days after Louis XIV had taken to his sickbed in Calais. Despite his evident abhorrence of Vallot and his colleagues – about which we will learn more a little later – the extract betrays an undeniable curiosity on Patin’s part in the *premier médecin*’s movements. This interest re-emerges frequently in the correspondence between Patin and his friends and was by no means exclusive to his social circle, nor to those who lived and worked alongside Vallot in the microcosm of the royal court. For many of those who belonged to the medical profession of seventeenth-century France, and indeed to many of those who did not, Vallot’s position by the king’s side rendered him a prominent and recognisable fixture of the contemporary medical scene.

This medical scene was vast, diverse and dynamic. Like Vallot, many of the practitioners who worked within it were formally trained, officially-licensed graduates of authoritative medical bodies. These bodies had been formed – and continued to be formed throughout the course of Vallot’s lifetime – in a process called incorporation, which from as early as the twelfth century had grouped many of the kingdom’s practitioners together into official communities. As briefly mentioned in this thesis’ introduction, practitioners such as physicians, surgeons and apothecaries formed such incorporated communities in order to establish legal monopolies of practice in their geographical regions, as well as to better protect their professional interests. The incorporation of the medical profession was generally welcomed and encouraged by the French crown. The process not only helped to better protect the public against negligent

¹ ‘The king fell ill at Mardick, from where he was brought to Calais. His physicians are Guénault, Vallot and d’Aquin. They say that the day Guénault arrived, Vallot had purged the king, which has left him feeling much worse. There is nothing more dangerous than a medicine administered too early, and an ignorant physician.’

² Patin, *Lettres*, vol. 3, 85–6.

medical practice by guaranteeing the creation of fully qualified practitioners, but it also created legally-recognised bodies which proved relatively easy for the crown to organise and tax. Physicians who were trained in the kingdom's university-based medical faculties were firmly at the top of this institutional medical hierarchy, with the faculties of Paris and Montpellier generally recognised to be the most prestigious of them all.³ Although they will receive little attention in the following chapters, it is important to acknowledge that this medical scene was also populated by an equally large and diverse community of unofficial practitioners: a 'medical penumbra' consisting of individuals who identified themselves as healers, but who had not been trained at one of the kingdom's corporative institutions.⁴

Although Vallot's professional priorities would always lie in the conservation of his royal patient's health at court, he was also very aware of the fact that his authority as *premier médecin* extended far beyond this elite society, and into the wider medical world described above. As the king's main medical representative, Vallot's status was so great that he could theoretically hope to make a significant impact upon many different aspects of medical life in Louis XIV's France: such as the outcome of the medical debates that galvanised many of his contemporaries' discussions, the livelihoods of medical practitioners and even the provision of medical care across the kingdom. Interestingly, however, Vallot's appointment oath as *premier médecin* made no explicit mention of his national privileges and commitments, nor indeed of any aspect of his relation to the wider medical world beyond the court. The omission conceals a fascinating, yet complex and often turbulent relationship with the wider medical world which was no less important to Vallot than that which he sustained with the court society: a relationship of which certain aspects will be explored in the following chapters.

The remaining half of this thesis will not assume the form of a wide-ranging overview of the *premier médecin*'s relationship with the kingdom's medical profession as a whole: an undertaking which would require more time – and deserve more elaboration – than this thesis allows. Instead, as previously mentioned, the following chapters will act as a loose case study of Vallot's involvement in the Antimony Wars. This famous medical dispute, which re-emerged during the early years of his career as

³ For more information about the incorporated nature of the medical profession in early modern France, see Brockliss and Jones, *Medical World*, 170–88 and Lunel, *Maison médicale*, 20–39.

⁴ I have lifted the term 'medical penumbra' from Brockliss and Jones' *Medical World*: see pages 230–83 for more information about this group of practitioners. Unfortunately, I did not find any source material during the course of my doctoral research which elaborated to any significant extent upon Vallot's relationship with these unlicensed practitioners.

premier médecin, drew many different people into its orbit: from faculty-educated physicians to popular poets. It also provoked the publication of an abundance of texts, some of which shed light upon Vallot's involvement as *premier médecin* in this important medical turn of events. Such information allows us to not only examine the extent of Vallot's participation in the medical debates of his day, but also to consider some of the broader implications of his presence in the kingdom's medical profession.

The scene that unfolded beside Louis XIV's bedside in the summer of 1658 provides the perfect setting from which to begin this particular investigation. From this starting point it should be possible to gain a decent preliminary understanding of both the medical outlook and practices which Vallot adopted in his work, and the circumstances which secured both his and his courtly community's involvement in the Antimony Wars in turn. An awareness of this vital information should facilitate a better understanding of some of the attitudes which were held towards Vallot by his medical contemporaries, both within the context of the Antimony Wars and beyond.

Chapter 4. Vallot, Antimony and the Antimony Wars: A Medical Prelude

4.1 Vallot's Medical Practice

In order to gain a concise understanding of Vallot's medical approaches in 1658, it proves useful to break his somewhat lengthy *Remarques* entry for the year down into three main themes: his diagnosis of Louis XIV's illness, his explanation of its potential causes and the remedies that he administered to tackle the problem. With regards to his diagnosis, Vallot provided an extensive list in the *Remarques* of the symptoms which Louis XIV had exhibited and which had consequently informed his decision. Vallot recounted in meticulous detail how the king had suffered from weakness and heaviness of his limbs, purplish-black blotches on, and swelling of, his skin, a thick black tongue, excessive sweating and thirst, headaches, severe breathing difficulties, fluxes of fluid to the chest, sleeplessness, nausea, incontinence and delirium.¹ This combination of symptoms, in addition to the military setting in which they emerged, has led many historians to deduce that the unfortunate king was suffering from an illness which we would now refer to as epidemic typhus.² Of course, Vallot himself did not understand the illness within this modern framework. By drawing upon the medical knowledge of his day, he instead came to the conclusion that his royal patient was suffering from a fever which was both 'maligne' and 'pourprée' in nature.³

The fever theory that guided Vallot's thoughts in 1658 was – like almost every other aspect of early modern medicine – a complex and contentious field of medical enquiry.⁴ Fevers were at this point in time still often understood within a Hippocratic framework which defined illness as a highly subjective experience: influenced by the lifestyle choices and unique 'nature' of the individual patient. However, as with all aspects of seventeenth century medicine, this Hippocratic interpretation was by no means the only interpretation of the illness which contemporary practitioners could have

¹ *JS*, 116–21 and 131–3.

² Brockliss and Jones, *Medical World*, 310; Millepierres, *Vie quotidienne*, 123; Perez, *Biohistoire*, 55 and Peumery, *Mandarins Grand Siècle*, 52.

³ *JS*, 117, 119 and 131. Phrases roughly translate as 'malign' and 'crimson/purple' respectively.

⁴ See Don G. Bates, "Thomas Willis and the Fevers Literature of the Seventeenth Century," in *Theories of Fever from Antiquity to the Enlightenment*, ed. William Frederick Bynum et al. (London: Wellcome Institute for the History of Medicine, 1981), 58 for a brief exploration of this complexity and contentiousness.

accepted.⁵ At first glance, it may seem an impossibly tall order to develop a concise understanding of Vallot's diagnosis in 1658 within such a multifaceted medical environment. Help is nevertheless at hand in the form of a medical literary genre of which the texts were known as 'practica medicinae': essentially, contemporary guides to popular medical practice. These medical texts had roots in medieval literature, but remained popular during the early modern period.⁶ In Vallot's lifetime, one of the best known examples of this genre was the *Praxis Medica Cum Theoria* (*Medical Practice with Theory*) of Lazare Rivière, a Professor of Medicine at the Montpellier medical faculty.⁷ Rivière's *Praxis Medica* enjoyed enormous success upon its first publication in 1640 and was renowned as a perfect introduction to practical medicine for over a century.⁸ As Vallot made no explicit reference to his medical influences in the *Remarques*, Rivière's contemporary advice on fevers can help us to discover how the *premier médecin*'s actions and opinions compared to the popular university-based medical doctrines of his day.

The *Praxis Medica* informs us, for instance, that the term 'maligne' was a very common medical qualifier in early modern fever theory. Rivière incorporated an extensive description of malignant fevers into a section of the *Praxis Medica* which dealt with pestilential fever, in the belief that both types of fever shared the same dangerous 'epidemical and contagious' qualities.⁹ Many of these definitive qualities, such as thirst, vomiting, weariness, headaches, raving and drowsiness,¹⁰ were the same symptoms which Vallot would later record in 1658. The *premier médecin*'s further classification of the fever as 'pourprée' referred to the dark marks that were found on a patient's skin during this kind of illness.¹¹ 'Pourprée' was also a standard contemporary medical term which remained in use for over a century after Vallot's diagnosis.¹²

⁵ Ibid., 47 and 55–8 and Brockliss and Jones, *Medical World*, 113.

⁶ For more information about 'practica medicinae', see Joël Coste, "La Médecine pratique et ses genres littéraires en France à l'époque moderne," last modified 27th September, 2013, <http://www.bium.univ-paris5.fr/histmed/medica/medpratique.htm> and Andrew Wear, "Early Modern Europe," 255–6.

⁷ I chose to use an early modern English translation of this text. Lazare Rivière, *The Practice of Physick Wherein is Plainly Set Forth, the Nature, Cause, Differences, and Several Sorts of Signs: Together with the Cure of All Diseases in the Body of Man*, trans. Abdiah Cole et al. (London: Peter Cole, 1655). For more information about Lazare Rivière (1589–1655), see Louis Dulieu, "Lazare Rivière," *Revue d'histoire de la pharmacie* 54 (1966): 205–11.

⁸ Brockliss and Jones, *Medical World*, 151–2.

⁹ Rivière, *Practice*, 611.

¹⁰ Ibid., 619.

¹¹ For Vallot's description of these marks, see *JS*, 131.

¹² Another early modern account of purple fever can be found in Theodore Turquet de Mayerne's casebooks, in a medical treatise entitled *Ad Febram Purpuream*. For more information about this treatise see Kate Frost, "Prescription and Devotion: The Reverend Doctor Donne and the Learned Doctor Mayerne – Two Seventeenth-Century Records of Epidemic Typhus Fever," *Medical History* 22 (1978): 409–10. For Rivière's usage of the term see his *Practice*, 613.

Vallot's explanation of the illness' potential causes was also very much in keeping with the medical beliefs that were expounded by Rivière. As previously mentioned, the *premier médecin* was extremely attentive to the environment surrounding himself and Louis XIV, and in 1658 he used his observations to formulate a theory on how the illness may have come into being. Like Rivière, Vallot laid the blame for the emergence of such fevers on malignant qualities in the air.¹³ Both physicians agreed that these qualities originated from unsavoury sources such as corpses, infected waters and privies, and both associated the fever type with the unsanitary conditions found in war-torn environments in particular.¹⁴ The airborne 'venom' that emanated from these sources was able to infiltrate Louis XIV's body, Vallot believed, because the young king's defences were fatigued as a result of the physical and mental strain of the ongoing military campaign. Conquering his spirits first, the venom moved on to gradually overcome vital elements of the king's blood. Overwhelmed and confused by the venom, Louis XIV's body was compelled to retain the illness rather than expel it; the symptoms becoming increasingly violent in consequence.¹⁵ In a similar vein Rivière wrote that the airborne 'venom' associated with malignant fevers was the principle cause of damage to the patient during such an illness, as it corrupted the humours.¹⁶

Vallot's initial course of treatment for Louis XIV was very safe and cautious. It conformed with popular ancient medical doctrine which encouraged practitioners to work with nature: helping it to expel the malignant humours from the patient's body on the appropriate 'critical' day.¹⁷ The series of bleedings and clysters that Vallot administered during the first six days of his patient's illness were presumably intended for this purpose.¹⁸ Phlebotomy and enemata were perhaps the most common therapeutic options to be found in the repertoire of the early modern medic: blood-letting in particular enjoyed such universal renown that it was known as the 'queen of remedies'.¹⁹ Vallot had successfully relied upon clysters for many of Louis XIV's past

¹³ *JS*, 128–30 and Rivière, *Practice*, 611–13.

¹⁴ At the beginning of Louis XIV's illness, Vallot wrote that 'S.M. souffrait beaucoup à cause des incommodités du lieu, de la corruption de l'air, de l'infection des eaux, du grande nombre des malades [...] [et] de plusieurs corps morts sur la place' ('His Majesty suffered greatly as a result of the inconvenience of the place, the corruption of the air, the infected water, the large number of sick people... [and] several corpses in the area'). See *JS*, 115. In a similar vein, Rivière wrote that malignant fevers occurred 'when putrid, filthy and malignant vapours are mingled with the air... from the stink of privies, dung-hills... or from the unburied bodies of such as have been slain in battle'. See Rivière, *Practice*, 614.

¹⁵ *JS*, 129–30.

¹⁶ Rivière, *Practice*, 611.

¹⁷ For more information about critical days see Brockliss and Jones, *Medical World*, 153 and 308 and Pascal Pilpoul, *La Querelle de l'antimoine* (Paris: Louis Arnette, 1928), 24.

¹⁸ *JS*, 116–18.

¹⁹ Brockliss and Jones, *Medical World*, 154–7.

illnesses: between 1652 and 1653 alone, he recorded the composition of thirteen different varieties of the remedy in the *Remarques*.²⁰ Rivière also recommended both blood-letting and clysters as effective remedies for the beginning of malignant fevers.²¹

After these preliminary therapies failed to alleviate Louis XIV's condition, Vallot decided to try alternatives that were a little more heavy-duty. One of these was purgation. Vallot wrote that his suggestion to purge the king was initially met with opposition by some of his medical colleagues. They believed that it was too early to administer a purge, as the king's humours had not yet had sufficient time to strengthen themselves for the effort that was required to evacuate the malignant qualities within them by such dramatic means.²² The *Praxis Medica* cautioned its readers that the timing of purges was often a contentious issue in the treatment of malignant fevers:²³ a warning which Vallot appears to have respected when he chose to defend his proposal within the orthodox framework of 'critical days'. The *premier médecin* managed to win his critics over by explaining that their concerns over administering an early purge on the seventh day of Louis XIV's illness were unfounded: as the king had concealed his illness for several days before medical intervention was deemed necessary, the *premier médecin* argued, the illness – and thus the condition of the king's humours in turn – was actually much further advanced than initially thought, thus requiring immediate attention.²⁴

The composition of purges could often be a highly individualistic process in the early modern period,²⁵ but Vallot chose to play on the safe side in this instance, creating a version which consisted primarily of well-known, tried-and-tested components such as senna and manna.²⁶ Vallot's trust in these traditional medical components is further demonstrated in a number of the extant medical consultations by letter which he dispatched to distant patients. To the medical personnel of one unnamed patient with dropsy he recommended the administration of meaty bouillons, almonds and tincture of rose, imploring the practitioners to ensure that the treatment 'ne fait aucune violence à la nature'.²⁷ For another unknown patient to whom he wrote in July 1667, Vallot

²⁰ *JS*, 435–9.

²¹ Rivière, *Practice*, 625–8.

²² *JS*, 118.

²³ Rivière, *Practice*, 628.

²⁴ *JS*, 118–19.

²⁵ Brockliss and Jones, *Medical World*, 160.

²⁶ For more information about the therapeutic use of senna and manna during this period, see Millepierres, *Vie quotidienne*, 89–90 and Perez, preface to *JS*, 46–7.

Perez, *JS*, 46 and Millepierres, *Vie quotidienne*, 90.

²⁷ '[D]oes not struggle against nature'. *Uppsala universitetbibliotek*, Waller Collection, Ms fr 08900.

advocated the administration of a purgative bouillon containing chicken, herbs, manna and senna.²⁸

His cautious course of treatment for Louis XIV in 1658, as well as his relatively conventional diagnosis and explanation of the illness' causes, give the strong impression that Vallot tended to adhere to more traditional medical practices when first approaching his royal patient's illnesses. He was willing to swiftly adapt this approach, however, when Louis XIV's condition continued to rapidly deteriorate in 1658. Although up to this point Vallot had been administering remedies which had, as recently mentioned, conformed to the traditional belief that illness should be defeated by helping nature to help itself, Vallot recognised that such an approach was no longer tenable. '[L]a nature', he wrote in the *Remarques*, 'a été tellement accablée que [...] elle n'a pu rien faire d'elle-même, ce qui m'a obligé, en cette grande extrémité, d'employer les plus prompts et les plus vigoureux remèdes pour la soulager'.²⁹

Despite the gravity of his responsibilities as *premier médecin*, Vallot does not appear to have been squeamish about the prospect of utilising less conventional medical approaches when the right opportunities arose. As previously mentioned, Françoise de Motteville described him as having a reputation at court for utilising a broad variety of medicaments.³⁰ Many of the medical texts which were dedicated to Vallot by his staff – texts which explored a wide variety of outlandish medical topics from the treatment of hernias to the medicinal benefits of snakes – also stated that the *premier médecin* had shown a marked interest in their authors' work, again hinting at a sense of curiosity and open-mindedness towards medical innovation on his part.³¹ Even in light of this attitude, however, Vallot's next move in 1658 must have appeared decidedly controversial to many of his contemporaries. As previously mentioned, the 'promptest and most vigorous' remedy to which he eventually turned contained one of the most controversial medicaments of his day – antimony³² – a drug which had already been the focus of a fierce medical dispute for several decades by the mid-seventeenth century.

²⁸ *BNF*, Manuscrits français, 17055/8.

²⁹ '[N]ature had been so overwhelmed that... it was unable to do anything by itself, which compelled me, at this critical point, to employ the promptest and most vigorous remedies to relieve it'. *JS*, 130.

³⁰ Motteville, *Mémoires*, vol. 4, 363–4.

³¹ See Le Febvre, *Traicté de la chymie*, non-paginated introduction, Lequin, *Traité des hernies*, non-paginated introduction and Thibaut, *Cours de chymie*, non-paginated introduction.

³² Some historians have argued that Vallot was in fact not the physician responsible for proposing and administering antimony to Louis XIV in 1658. Instead, they have attributed responsibility for the idea to a physician from Abbeville named du Saussoy, who was allegedly called into consultation during the illness' later stages. See Daremberg, *Médecine*, 208; Millepierres, *Vie quotidienne*, 128 and Pilpoul, *Querelle*, 82. I am inclined to agree with Perez, who has convincingly argued that this scenario was unlikely as there is no contemporary evidence to suggest that du Saussoy played an important role in the medical consultations that occurred around Louis XIV's bedside at the time. Although Patin and Mazarin

4.2 The Antimony Wars

Although it was destined to provoke an arguably unprecedented amount of medical conflict in the early modern period, antimony's relationship with medicine appears to have commenced on a decidedly positive note. Records of its medical use can be found from as early as 1550 B.C.³³ and its therapeutic benefits were elaborated upon by many of the ancient authors beloved of the early modern medical profession, including Galen,³⁴ Celsus,³⁵ Dioscorides³⁶ and Pliny the Elder.³⁷ Some of Vallot's contemporaries even believed that it appeared in the Hippocratic Corpus, masquerading as the curiously named 'tetragon'.³⁸ In the Middle Ages, antimony became closely associated with the alchemical practices that gained popularity during the period. As a result of its chemical tendency to bond with most metals excepting gold, it acquired a proliferation of enigmatic names including 'the grey wolf', 'the fiery dragon' and 'the ultimate judge.'³⁹

In 1604 one of the best known – and arguably most influential – early modern texts on the medical use of antimony was first published: Basil Valentine's *Triumphant Chariot of Antimony*.⁴⁰ During this time the medicament also found favour with supporters of Paracelsianism: one of the emerging schools of medical thought which enjoyed a degree of acceptance in the medical faculties of early modern France. As Paracelsians used chemical processes such as extraction and distillation to create

mention du Saussoy in passing in their correspondence about the matter, neither suggest that he was responsible for proposing the antimonial remedy. See Perez, *Biohistoire*, 58.

³³ In the Egyptian 'Ebers' Papyrus dating from this early period, antimony was described as a common component in treatments for eye and skin problems. See Ian McCallum, *Antimony in Medical History: An Account of the Medical Uses of Antimony and its Compounds Since Early Times to the Present* (Durham: Pentland Press 1999), 4.

³⁴ For a seventeenth-century selection of some of Galen's many antimonial remedies, see Jean Chartier, *La Science du plomb sacré des sages, ou de l'antimoine, où sont décrites ses rares et particulieres vertus, puissances et qualitez* (Paris: I. de Senlecque et François le Cointe, 1651), 15–31.

³⁵ For Celsus' references to antimony see the following sections of his *De Medicina*: V.19.7, 8, 27 and 28, V.19.20.1 and 5, VI.22.I, VI.18.2D, VI.18.8C and VI.6.5B.

³⁶ Dioscorides mentioned antimony in his *Materia Medica*: V, 84, 1.

³⁷ See sections XXIII and XXXIII–XXXIV of Pliny the Elder's *Natural History* for his references to antimony.

³⁸ Chartier, *La Plomb sacré*, 33 and Eusèbe Renaudot, *L'Antimoine justifié et l'antimoine triomphant ou Discours apologetique faisant voir que la poudre; et le vin emetique et les autres remedes tires de l'antimoine ne sont point veneneux, mais souverains pour guerir la plupart des maladies, qui y sont exactement expliquées* (Paris: J. Henault, 1653), 20. The medicament 'tetragon' makes two appearances in the Hippocratic Corpus, both of which can be found in *Internal Affections*. See sections 44–5 and 49 of the text.

³⁹ McCallum, *Antimony*, 33–8 and Pilpoul, *Querelle*, 14. Some of these names were still prevalent in the seventeenth century. For examples of their usage see Le Febvre, *Traicté*, 873–4.

⁴⁰ Basile Valentin, *Le Char triomphal de l'antimoine*, ed. Joseph Castelli (Montélimar: Castelli, 2008). For more information about the text and its significance within the Antimony Wars, see McCallum, *Antimony*, 25 and Pilpoul, *Antimoine*, 17–18.

remedies from metallic substances, antimony's association with chemical medicine became further interwoven.⁴¹

For every accolade that antimony received during the seventeenth century, it was to receive an equally passionate denunciation on account of its connection with chemical medical practices. By the turn of the century it had become a symbol of one of the early modern period's most complex and impassioned medical discourses: the 'Antimony Wars'. Spanning almost a century in its entirety, the individual disputes that comprised the Antimony Wars were fought by different combatants over very different aspects of medical life, but were all connected in the sense that antimony's medical use became a matter of heated contention in each instance.⁴²

The court's medical community had become one of the Antimony Wars' principal battlegrounds by Louis XIV's reign, although its relationship with the dispute can in fact be traced back much further than this. The court's role in the conflict had effectively commenced at the very beginning of the seventeenth century, when a community of court physicians decided to publically express their support for antimony's cause. A brief account of this early conflict can help to give a good idea of the key stances, issues and grievances that were still being raised over both antimony, and the court's relationship with it, during Vallot's time as *premier médecin*.

4.2.1 Courtly Precedent: La Rivière, du Chesne and Turquet de Mayerne

The court's connection to the Antimony Wars began in the court of Louis XIV's grandfather, Henri IV: more specifically within the society of a trio of his physicians, who were particularly renowned for their support of emerging chemical medical practices. *Premier médecin du roi* Jean Ribit de La Rivière,⁴³ *médecin ordinaire du roi* Joseph du Chesne⁴⁴ and the aforementioned Theodore Turquet de Mayerne – who also held the title of *médecin ordinaire* to the king at this time – gathered a community of like-minded practitioners around themselves at court. In 1603, du Chesne published a

⁴¹ For information about Paracelsian medicine's relationship with antimony, see McCallum, *Antimony*, 12–16.

⁴² Nance, *Turquet de Mayerne*, 25 and Pilpoul, *Querelle*, non-paginated introduction.

⁴³ For more information about Jean Ribit de La Rivière (1546–1605), see Hugh Trevor-Roper, "The Sieur de La Rivière, Paracelsian Physician to Henri IV," in *Science, Medicine and Society in the Renaissance. Essays to Honor Walter Pagel*, ed. Allen George Debus (New York: Science History Publications, 1972), vol. 2, 227–50.

⁴⁴ For more information about Joseph du Chesne (1544–1609), see Éloy, *Dictionnaire*, vol. 1, 609–10 and P. Lordez, "Joseph du Chesne, sieur de la Violette, médecin du roi Henri IV, chimiste, diplomate et poète," *Revue d'histoire de la pharmacie* 117 (1947):154–8.

medical text which encouraged practitioners to value chemical medical practices – influenced by, but not devoted to Paracelsianism – as equal to traditional Hippocratic and Galenic doctrine.⁴⁵ Supporters of such chemical medical practices counted antimony as one of their most effective medicaments, and du Chesne himself had praised the drug in one of his earlier publications on the subject of preparing chemical remedies.⁴⁶

Du Chesne's text was met with fierce criticism by a community of physicians in the Paris medical faculty. As mentioned in this thesis' introduction, in the first decades of the seventeenth century, this powerful institution was recognised for the remarkable persistence with which some, but not all, of its members swore allegiance to the traditional medical practices of ancient authors.⁴⁷ The practitioners who belonged to this orthodox community believed that medicine should only be practised within a rationalist framework based on traditional Galenic precepts. Favouring the use of only the simplest, most trusted medicaments, they condemned du Chesne's text for its praise of what they considered to be novel and needlessly complicated chemical remedies.⁴⁸ Many chemical practitioners, they claimed, were unsure of the correct way to concoct their new drugs, and it was not uncommon for them to kill their patients with a faulty dosage.⁴⁹ To make matters worse, such chemical components often caused violent reactions when used in internal remedies to encourage vomiting and other bodily purges: an outcome which was actually encouraged by the antimony-administrators themselves, but was heavily criticised by the orthodox community who advocated a much gentler approach to the treatment of such afflictions.⁵⁰

Responding to what they saw as an affront to the unshakeable imperatives of medical tradition, the Paris medical faculty's orthodox faction declared war against du Chesne by publishing a text which condemned the medical practices espoused in his

⁴⁵ Joseph du Chesne, *De Priscorum Philosophorum Uerae Medicinae Materia* (Paris: E. Vignon, 1603). For more information about this text, see Trevor-Roper, *Europe's Physician*, 68–9 and Lunel, *Maison médicale*, 105.

⁴⁶ See his "Traicté familier de l'exacte preparation spagyrique des medicaments, pris d'entre les mineraux, animaux et vegetaux," in Joseph du Chesne, *La Pharmacopée des dogmatiques reformée, et enrichie de plusieurs remedes excellents, choisis et tirez de l'art spagyrique* (Paris: Charles Morel, 1603), 32–4. The treatise itself was first published in Lyon in 1596.

⁴⁷ Brockliss, "Medical Teaching," 229 and Brockliss and Jones, *Medical World*, 10, 198 and 234.

⁴⁸ Brockliss and Jones, *Medical World*, 136–7 and Trevor-Roper, *Europe's Physician*, 73.

⁴⁹ A.G. Chevalier, "'The Antimony War': A Dispute Between Montpellier and Paris," *Ciba Symposia* 2 (1940): 419.

⁵⁰ Whereas many chemically-inclined practitioners tried to intervene as soon and as powerfully as possible in their patients' illnesses to remove the malignant matter which was believed to cause the problem, most traditionally-inclined practitioners argued that this matter should be removed only once the humours had reached perfect 'coction' – that is, once they had been sufficiently 'cooked' in the patient's digestive system. For more information about these differing views, see Pilpoul, *Querelle*, 24. For more information about the concept of coction, see Brockliss, "Medical Teaching," 230.

book. They issued in addition a ruling which forbade all Parisian practitioners to consult with du Chesne and his colleagues, under pain of deprivation of salary and academic privileges.⁵¹ Theodore Turquet de Mayerne came to his colleague's aid by publishing a text which also defended the use of chemical medicine.⁵² This defence led to yet another counterattack from the Paris medical faculty, and a fierce literary quarrel quickly developed between the two camps.⁵³

The dispute between Henri IV's physicians and the orthodox members of the Paris medical faculty was never definitively resolved,⁵⁴ leaving antimony with an awkward and controversial reputation. However, the dispute had helped to promote the royal medical household's reputation as an institution with an open attitude towards innovative new medical practices.⁵⁵ This reputation was only to grow stronger in the decades to come. Louis XIII's *premier médecin*, Jean Héroard, was known for his Paracelsian sympathies⁵⁶ and as Vallot himself was working his way up the ranks of the royal medical household, he would have been well aware of the support that François Vautier also gave to the medical use of antimony during his time as *premier médecin*.⁵⁷

A few years before Vallot inherited Vautier's professional duties, the Antimony Wars were kick-started back into action by a new generation of combatants. Led by one of Vallot's closest colleagues – François Guénault – a growing number of physicians who were associated with both the court and the Paris medical faculty began to sanction antimony's medical use. The faculty's community of orthodox practitioners, which also continued to thrive during this period, stood firm in their condemnation of antimony by criticizing this new supporting movement in literary form.

⁵¹ Trevor-Roper, *Europe's Physician*, 73.

⁵² Theodore Turquet de Mayerne, *Theodori Mayernii Turqueti... Apologia. In qua videre est, inviolatis Hippocratis et Galeni legibus, remedia chymicè præparata, tutò usurpari posse, ad cujusdam anonymi calumnias responsio* (Rupellac: Haultin, 1603). For more information about the text, see Trevor-Roper, *Europe's Physician*, 75–8.

⁵³ For more information about these hostilities, see Trevor-Roper, *Europe's Physician*, 78–80.

⁵⁴ Henri IV eventually intervened on his physicians' behalf in 1608 by ordering the Paris medical faculty to cease their attacks in exchange for an agreement that all court practitioners would practise in keeping with Galenic precepts in the future. However, this gesture was made a little too late in the day for the court physicians who were involved in the original dispute. La Rivière had died three years prior to Henri IV's ruling and Turquet de Mayerne had quit the French court's medical scene at a similar time, after visiting England in 1606 and deciding to spend the rest of his working life there. During this period, du Chesne had also distanced himself from the French court and formed a closer attachment to the more scientifically-inclined communities at Germanic courts. For extensive accounts of the dispute between the Paris medical faculty and Henri IV's physicians in the early seventeenth century, see Trevor-Roper, *Europe's Physician*, 67–100, Lunel, *Maison médicale*, 105–8 and Nance, *Turquet de Mayerne*, 25–30.

⁵⁵ For more information about the court practitioners' reputation for supporting new medical practices, see Trevor-Roper, "Court Physician and Paracelsianism," 79–94.

⁵⁶ *Ibid.*, 86.

⁵⁷ See Patin, *Lettres*, vol. 2, 8, 18 and 60, letters to Spon dated 3rd May, 29th May and 6th December 1650 respectively for confirmation of Vautier's support of antimony.

Undoubtedly, this latest manifestation of the Antimony Wars must have weighed heavily on Vallot's mind as he considered the drug as a potential treatment for Louis XIV in 1658. Indeed, his concerns in this respect would appear to be demonstrated by the extreme sense of caution with which he both decided upon and administered the drug to the king. As previously mentioned in the second chapter of this thesis, Vallot recounted in the *Remarques* how he painstakingly ensured that all of his team approved of the remedy before he administered it: even going so far as to solicit Mazarin's help in persuading his most persistent detractors. Once he had secured unanimous approval, Vallot's actual choice of antimonial preparation could also be viewed as a reflection of an extremely cautious attitude towards the medicament. The *premier médecin* decided to administer antimony to the king in the form of emetic wine: one of the most popular choices of the scores of antimonial remedies that were on the market in the seventeenth century,⁵⁸ it was designed to be taken orally to purge the bowels of particularly noxious humours.⁵⁹ In the *Remarques*, Vallot described the composition of his emetic wine in meticulous detail. He first prepared three ounces of wine and three generous servings of laxative herbal tea, and after pouring them into two separate bottles, he placed the vessels on the king's table until the following morning. When the time came, he mixed the contents of the two bottles together and gave a third of the mixture to Louis XIV.⁶⁰ The preparation was so heavily diluted that contemporaries and historians alike have since questioned whether it could possibly have had any effect on the king at all.⁶¹ Fortunately for Vallot, the risk of administering this somewhat controversial remedy appears to have been worth it, as Louis XIV began to recover from his illness shortly after.

Performed at the height of the Antimony Wars, Vallot's administration of antimony to Louis XIV seems such a bold move that it raises a number of questions regarding the nature of his relationship with the dispute as *premier médecin*. The fact that Vallot considered emetic wine to be a legitimate option for the king in the first

⁵⁸ Emetic wine was held in such high regard that it was even included in the Paris medical faculty's official pharmacopoeia of 1638, and was the only antimony-based remedy to enjoy this honour. See *Codex medicamentarius seu pharmacopoeia parisiensis* (Paris: Varennes, 1638): an emetic composition can be found in the section of this non-paginated text entitled "Purgantes Compositiones". For further confirmation of emetic wine's popularity during this period, see Le Febvre, *Traicté de la chymie*, 938.

⁵⁹ Many chemical practitioners believed that wine and antimony worked perfectly together because they were both very efficient at penetrating through to the outer reaches of the body: as the two substances were allegedly opposite in nature, combining them also had the beneficial effect of cancelling out any poisonous properties that either may have had. See le Febvre, *Traicté de la chymie*, 939 and Renaudot, *L'Antimoine justifié*, 150.

⁶⁰ *JS*, 123.

⁶¹ For a seventeenth-century example of this view, see Patin, *Lettres*, vol. 2, 416, letter to Spon dated 13th August 1658. For a contemporary example see Perez, *Biohistoire*, 58 and 62.

place would certainly appear to suggest an approval of, and perhaps even deeper involvement with, the pro-antimony movement on his part. Yet is there any evidence to definitively confirm the extent of this involvement, either before or after Louis XIV's famous antimonial treatment? If he did indeed become actively involved in the Antimony Wars, then what kinds of attitudes would have been held by Vallot's contemporaries – both medical and non-medical – towards his participation in such popular medical debates as *premier médecin*? Equally, how did Vallot himself feel about his role with regards to this wider medical world beyond the court: not just in disputes like the Antimony Wars, but also in the other medical developments that occurred within this professional sphere?

A variety of seventeenth-century sources which touch upon, or are related to, the Antimony Wars of the 1650s will be considered in the following two chapters. By examining the ways in which the subject of the *premier médecin* is approached in these texts, it may be possible to gain some valuable insight into their authors' and intended audiences' perceptions of Vallot: both within the context of the dispute itself, and in the wider medical world in general. The first port of call for this investigation is the personal correspondence of one of Vallot's most notorious contemporaries, and keenest enemies.

Chapter 5. The *Premier Médecin* in the Eyes of His Professional Contemporaries

5.1. Gui Patin

The cynical remark with which the second part of this thesis began originated from the pen of one of the seventeenth century's most vociferous, yet arguably best-preserved medical voices. A contemporary of Vallot, Gui Patin was a proud member of the Paris medical faculty and was prominent enough within its ranks to be elected as its dean twice in his long career.¹ His copious written correspondence to friends and colleagues, which he sustained from at least 1630 to the year of his death in 1672, has survived to the present day and provides a fascinating glimpse into the workings of Paris' medical milieu in the seventeenth century.

For the most part, Patin's letters were concerned with the exchange of opinion on medical matters such as remedies, recently published medical texts and famous characters of the medical world. However, Patin also wrote frequently about the medical disputes which developed around him in the capital, such as the Antimony Wars. With regards to this specific conflict, Patin belonged to the Paris medical faculty's orthodox community and as such was one of the drug's most ardent critics. In addition to frequently condemning antimony and its supporters in his correspondence, Patin also wrote to his friends and colleagues about the published texts and instances of the drug's use in the capital which helped to galvanise the dispute during the mid-seventeenth century.²

Medical matters aside, Patin also informed his friends about other aspects of life in the capital: in addition to recounting the latest news about the royal family and the development of major political events like the Fronde, he also provided juicy snippets of local gossip in his letters. Within both the medical and broader social contexts in which Patin wrote, the *premier médecin du roi* and his staff were important and regular

¹ Packard, "Guy Patin," 153–4.

² A great deal (although not all) of Patin's critical references to antimony can be found collected in a chapter of Pierre Pic's history of Gui Patin. See Pierre Pic, *Guy Patin* (Paris: G. Steinheil, 1911), 51–66. Patin was so opposed to the medical use of antimony that he intended to publish a list of all the prominent patients who were thought to have died as a direct result of its administration. Although it was never published, the text was to have been called *Le Martyrologue de l'antimoine ou le témoignage de la vertu émétique*. (*The Martyrology of Antimony, or the True Testimony of Emetic's Virtues*). See Packard, "Guy Patin," 358 and Pilpoul, *Querelle*, 79.

fixtures. Although he was not a court practitioner himself, Patin nevertheless managed to acquire information about the court's medical community from different sources to include in his dispatches.³ Patin mentioned Vallot frequently in his correspondence, although this frequency did not reflect a particularly positive interest on the former's part. Patin hated Vallot with a passion, and this hatred was informed as much by the pair's disparate views on antimony as it was by a number of other significant misgivings which Patin harboured towards the *premier médecin*.

The roots of Patin's antipathy towards Vallot undoubtedly lay in the latter's status as leader of the court's medical community: an institution with which the Paris medical faculty shared a decidedly hostile relationship during the early modern period. A number of conflicts – including the aforementioned feud between Henri IV's physicians and the faculty's orthodox community – had contributed to an ongoing sense of antipathy between the two institutions. Another of these conflicts stemmed from the Paris medical faculty's objection to the court practitioners' growing presence in the capital: a matter which was particularly contentious during Vallot's time as *premier médecin* specifically. Until the beginning of the sixteenth century, the only physicians who had been permitted by law to practise medicine in Paris were those who had graduated from the capital's medical faculty.⁴ But in 1504 this law was amended, to permit all royal practitioners – regardless of the origin of their medical education – to practise medicine in Paris when the king was in residence there. The ruling caused few problems at first, as the royal court was historically nomadic and did not stay in the capital for prolonged periods. During Vallot's time as *premier médecin*, however, the court became more and more settled on the Île de France and its increasingly permanent residence posed a number of serious problems for the Paris medical faculty.

Perhaps the most galling of these problems was the fact that the court's increasingly stationary status allowed its practitioners to gradually encroach upon the faculty members' clientele.⁵ As Vallot's own aforementioned experiences at the royal court confirmed, emulation played an important part in many wealthy patients' choice of practitioner during the early modern period. Whenever the court laid more permanent roots in Paris, its practitioners consequently found themselves in an equally permanent state of high demand as they gained new patients at the Paris medical faculty's

³ One of the ways in which Patin acquired information about the court's medical community was through conversation with fellow faculty members who held positions at court: see page 164 below for an example.

⁴ Brockliss and Jones, *Medical World*, 16 and Lunel, *Maison médicale*, 45–7.

⁵ Brockliss and Jones, *Medical World*, 329 and Lunel, *Maison médicale*, 94.

expense.⁶ For Patin and his traditionally-minded colleagues, it was bad enough that a large number of their popular courtly rivals had not received their education in the capital. But their misgivings were further compounded by the fact that many of the court's practitioners lived up to their workplace's reputation for advocating and utilising controversial new medical practices.⁷ After having tried so hard to remove these unconventional practices from the streets of Paris in the past, the court practitioners' flaunting of them must have proved particularly infuriating for Patin and his orthodox colleagues.

Another major problem for the Paris medical faculty was presented in the form of the court practitioners' frequent attempts to encroach upon what the faculty believed to be its exclusive professional hegemony in the capital. One of the most famous of these attempts occurred in the 1630s, when an ambitious *médecin ordinaire du roi* named Théophraste Renaudot⁸ established a new medical institution in Paris in which he intended to provide free medical care for the poor, and host the meetings of a rapidly growing scientific community. The Paris medical faculty was incensed by these developments in what it perceived to be its own professional sphere of jurisdiction, and launched a series of legal battles to quash Renaudot's institution which took over a decade to resolve to its liking.⁹

Vallot appears to have exhibited similarly confrontational behaviour towards the Paris medical faculty when in March 1663, he filed a lawsuit against some of the apothecaries who represented its pharmaceutical interests in the capital. The lawsuit had come into being after Vallot had discovered that six of the apothecaries who followed the royal court were being routinely examined, chosen and appointed by master-apothecaries working on behalf of the Paris medical faculty.¹⁰ Vallot believed that, as the king's medical representative, these duties should have been his responsibility as the apothecaries were effectively working in Louis XIV's service. The Paris medical faculty

⁶ Brockliss and Jones, *Medical World*, 288–9.

⁷ Lunel, *Maison médicale*, 95.

⁸ Physician and entrepreneur Théophraste Renaudot (1586–1653) is generally believed to have established – amongst many other new institutions – France's first weekly newspaper. For more information about him, see Howard M. Solomon, *Public Welfare, Science and Propaganda in Seventeenth-Century France: the Innovations of Théophraste Renaudot* (Princeton: Princeton University Press, 1972).

⁹ Renaudot's conflict with the Paris medical faculty has been the subject of many historical studies. See, for instance, Brockliss and Jones, *Medical World*, 330–1; Lunel, *Maison médicale*, 109–15; Millepierres, *Vie quotidienne*, 183–95 and Packard, "Guy Patin," 237–40. For Patin's account of the final trial against Renaudot, see his *Lettres*, vol. 1, 107–8 and 111, letters to Belin dated 12th August 1643 and 14th March 1644 respectively.

¹⁰ These apothecaries worked for the king's musketeers, Swiss Guard, camps, armies, chancellery and falconry respectively. For the archival documents relating to this dispute, see *Bibliothèque interuniversitaire de pharmacie*, AF/30/1–10.

and their apothecary-representatives retaliated against Vallot's lawsuit with a legal petition of their own, stating that they had documents to prove that they had exercised the privilege for at least three decades. Although the outcome of this dispute is unfortunately unknown, evidence of its existence alone is valuable in the sense that it gives some indication of the extent to which Vallot became personally involved in the feud between the court and capital. Evidently, the antipathy that Patin harboured towards Vallot as *premier médecin* on these institutional grounds was not completely unjustified.

In addition to these misgivings, Patin's hatred of court practitioners was also informed by negative sentiments that were held towards the royal court as a whole by the wider public. The political discontent that had been generated during the Fronde in particular had encouraged many of his contemporaries to view the court's inhabitants in a negative light. Many of the kingdom's practitioners, Patin included, were eager to identify the shortcomings which were generally associated with courtiers in the behaviour of their own courtly counterparts.¹¹

The court practitioners' wealth was a particularly sour point of contention for many of those who practised medicine outside of this society. Members of the court's medical community earned significantly more money than their non-courtly counterparts, and routinely enjoyed superior working environments with perks such as laboratories and assistants.¹² Disgruntled with this disparity, many assumed that most court practitioners had only managed to obtain and keep their exalted positions as a result of avaricious or deceitful behaviour.¹³ Vallot was by no means considered a figure exempt from this reasoning. Patin was convinced of the truth of the aforementioned rumour that Vallot had bought his position as *premier médecin*: '[a]insi tout est à vendre', he wrote to his friend André Falconet,¹⁴ 'jusqu'à la santé du roi.'¹⁵ Vallot's avaricious behaviour allegedly showed no signs of improvement after his appointment, as Patin remarked to Falconet seven years later that 'Vallot [...] fait tout ce qu'il peut pour attraper de l'argent, et se remplumer de la grosse somme qu'il a donnée pour être premier médecin'.¹⁶ Rather than earning his position as a result of medical prowess, and

¹¹ Brockliss and Jones, *Medical World*, 239.

¹² Ibid., 324–7 and Trevor-Roper, "Court Physician and Paracelsianism," 81–2.

¹³ Brockliss, "Literary Image," 127 and Brockliss and Jones, *Medical World*, 328.

¹⁴ André Falconet (1612–91) received his medical doctorate at Montpellier, and became Lyon's Commissary of Health in 1641. For more information about him, see Éloy, *Dictionnaire*, vol. 2, 189.

¹⁵ 'So everything is for sale, even the king's health'. Patin, *Lettres*, vol. 3, 6, letter to Falconet dated 5th July 1652.

¹⁶ 'Vallot does all that he can to grab money, and recover the huge sum that he paid to become *premier médecin*'. Ibid., 153, letter to Falconet dated 19th September 1659.

viewing Louis XIV's health as his reward, Patin argued that Vallot had bought his way to the king's side and was motivated solely by the financial advantages that his position there could bring.

If the court practitioners' main characteristics were indeed avarice and deceit, as Patin believed, then it stood to reason that they would also be far less focused on, and accomplished in, their work in comparison to the average, non-courtly practitioner. An anonymous poem entitled *Le Médecin Courtizan (The Physician-Courtier)*,¹⁷ which was first published in 1559, reveals just how deeply entrenched this image of the incompetent and ignorant court practitioner was in the public imagination. The poem is essentially a satirical guide to becoming a court physician. Hinting at negative medical stereotypes that would become synonymous with Molière's oeuvre over a century later, the lengthy poem informs the budding candidate that he need learn only the very basics of medical practice in order to pass as a prestigious court practitioner: as long as he can fool his patients with a selection of scientific phrases in foreign languages, he will be taken for a legitimate practitioner at court. The poem is similar in sentiment to the misgivings of a close colleague of Patin, who in his critical publication about antimony wrote that a truly erudite court physician was '[u]n oiseau fort rare en ce païs [...] semblable à un cygne noir'.¹⁸

For Patin there was perhaps no greater confirmation of a practitioner's medical incompetency than his support and use of antimony, and of all the 'charlatans, empiriques, apothicaires'¹⁹ and other unsavoury advocates of the drug that he mentioned in his correspondence, there were none that he condemned more heartily than the 'chimistes antimoniaux de la cour'.²⁰ As the head of this community the *premier médecin*'s use of antimony appears to have been the subject of a particularly morbid fascination for Patin, and as such, he recorded many of François Vautier's alleged failures with the medicament.²¹ After Vautier's death Patin also went on to recount

¹⁷ "Le Médecin courtizan, ou la nouvelle et plus courte manière de parvenir à la vraye et solide médecine," in *Recueil de poésies françoises de XV^e et XVI^e siècles, morales, facétieuses, historiques*, ed. Anatole de Montaiglon (Paris: P. Jannet, 1875), vol. 10, 96–109.

¹⁸ 'A bird rarely seen in this country [...] much like a black swan'. Perreau, *Rabbat-Joye de l'antimoine triomphant*, 68.

¹⁹ '[C]harlatans, empirics, apothecaries'. Patin, *Lettres*, vol. 2, 98, letter to Spon dated 30th December 1653. In this context, Patin appears to have been using the term 'apothecary' in a derogatory fashion.

²⁰ '[A]ntimonial chemists of the court'. Ibid., 63, letter to Spon dated 6th December 1650.

²¹ Patin, *Lettres*, vol. 2, 8, 18 and 60, letters to Spon dated 3rd May, 29th May and 6th December 1650 respectively. Patin even went as far as to claim that Vautier took the drug on his death bed, 'pour mourir dans sa methode' ('in order to die by his preferred method'). Ibid., vol. 3, 6, letter to Falconet dated 5th July 1652.

many of Vallot's alleged encounters with the drug. Interestingly, many of these encounters occurred before Louis XIV's antimonial treatment in 1658.

Exclusively recounting the instances in which Vallot's administration of antimony had allegedly gone horribly wrong,²² Patin depicted the *premier médecin* as incompetently bluffing and bumbling his way through the medical consultations of some of the kingdom's most prominent nobles. In January 1655, for instance, Patin recounted to one of his friends how he had heard that Vallot and Guénault had accidentally killed the gravely ill Keeper of the Seals with an overdose of antimony.²³ According to Patin, 1657 was a particularly unfortunate year for Vallot as no less than five of his patients found themselves gravely ill or dead following his antimonial treatments.²⁴ It was in this year, Patin wrote to Falconet, that Vallot also earned the nickname 'Gargantua' after killing an *intendant des finances* named Pierre Gargant with a dose of antimony.²⁵ Surprisingly, one of Vallot's alleged victims in this year was the sister of Cardinal Mazarin: a courtier named Madame de Mancini who had apparently died after having been administered an antimonial remedy three times in quick succession. Also performed at the hands of Vallot and Guénault, Patin heard that Madame de Mancini's autopsy was as shambolic as her treatment: 'Valot', he wrote to a friend, 'disoit qu'elle étoit malade de la pierre, Guénaut disoit que c'étoit un abcès interne [...] et tandis que les médecins s'entre-contredisent, les malades meurent.'²⁶ Vallot's advocacy and use of antimony during the Antimony Wars certainly appears to have been abundant, even if it was not always successful.

²² Although such instances understandably went unrecorded in Patin's correspondence, it seems reasonable to suggest that Vallot must have secured a pretty decent number of his patients' recoveries with antimony's help, in order to have considered it a legitimate option in the first place for Louis XIV's treatment in 1658.

²³ Ibid., vol. 2, 146, letter to Spon dated 11th January 1655.

²⁴ According to Patin, these patients included the duchesse de Mercoeur, the aforementioned madame de Roquelaure and a magistrate named de Bellière. For the duchesse de Mercoeur's death, see Patin, *Lettres.*, vol. 2, 278, letter to Spon dated 16th February 1657; for madame de Roquelaure's death, see *ibid.*, 364, letter to Spon dated 18th December 1657 and for de Bellière's death, see *ibid.*, vol. 3, 72, letter to Falconet dated 26th March 1657.

²⁵ Ibid., 77, letter to Falconet dated 2nd June 1657. The nickname 'Gargantua' was probably a reference to a fictional literary character of the same name. François Rabelais' Gargantua was a giant who appeared alongside his son, Pantagruel, in a very popular series of satires. Patin was a fan of Rabelais' work: he had a portrait of Rabelais hanging in his house alongside other notable personages that he admired. See *ibid.*, vol. 2, 571, letter to Falconet dated 2nd December 1650. By nicknaming Vallot 'Gargantua', Patin may have been trying to imply that the *premier médecin* shared the giant's clumsy and ignorant qualities.

²⁶ 'Vallot was saying that she had been ill with the stone, Guénault was saying that it had been an internal abscess, and whilst the physicians contradict one another, the patients die.' Patin, *Lettres.*, vol. 2, 273, letter to Spon, dated 19th January 1657. In the memoirs of their trip to Paris in 1657, two young Dutchmen described how news of the deaths of the duchesse de Mercoeur and Madame de Mancini was widely circulated across the city. See Potshoek and Villers, *Journal*, 52 and 60–1. It is interesting to note, however, that unlike Patin's correspondence, these memoirs mention neither antimony nor Vallot in relation to the deaths.

As the previous chapter of this thesis revealed, Patin was no more complementary about Vallot's antimonial treatment of Louis XIV than he had been in his earlier accounts of the *premier médecin*'s alleged failings with the drug. In one of his letters which touched upon the subject of the royal illness, Patin described to a friend how a court physician and fellow faculty member – the aforementioned *médecin par quartier*, Antoine Baralis – had informed him of the diluted nature of the antimonial remedy that Vallot had administered to Louis XIV.²⁷ Patin was convinced that such a weak remedy could have had no beneficial effect upon the king,²⁸ but he made sure to further emphasise his skepticism in the drug's success by stating in a letter to Falconet that the recovery should have rightfully been attributed to '["I"]nnocent [du roi], son âge fort et robuste, neuf bonnes saignées et les prières de gens de bien comme nous'.²⁹

Patin's extensive coverage of Vallot's movements in his correspondence – both within the context of the Antimony Wars and without – provides the reader with an impressive amount of insight into some of the more negative attitudes that were held towards the *premier médecin* in the mid-seventeenth century. From the perspective of many in the Paris medical faculty Vallot was evidently considered a sinister professional threat, whilst in the broader medical world beyond the capital, it seems likely that many may also have viewed him as an avaricious incompetent. As far as this investigation is concerned, an equally interesting revelation to be gleaned from Patin's correspondence is the fact that Vallot had evidently been administering antimony to his patients for many years before he prescribed it to Louis XIV. Far from a desperate stab in the dark, then, Vallot's treatment of the king in 1658 would appear to have been a relatively informed decision based on several years' experience of administering antimony on the *premier médecin*'s part. With regards to the Antimony Wars themselves, the frequency with which Patin mentioned Vallot's administration of the drug would appear to confirm that the latter stood firmly on the pro-antimony side of the dispute. Furthermore, the frequency and venomous nature of these references would also appear to suggest that – from his perspective in the opposing camp – Patin considered the *premier médecin* to be a very significant participant in the Antimony Wars.

Vallot was evidently an important, albeit extremely unwelcome, fixture in the professional lives of Patin and his like-minded colleagues. It remains to be seen,

²⁷ Patin, *Lettres*, vol. 2, 416, letter to Spon dated 13th August 1658.

²⁸ Ibid.

²⁹ '[T]he innocent nature [of the king], his strong and robust age, nine good bleedings and the prayers of good people like us'. Patin, *Lettres*, vol. 3, 89, letter to Falconet dated 24th September 1658.

however, whether the *premier médecin*'s presence was felt as keenly by those who did not share Patin's intellectual outlook.

5.2 The Pro-Antimony Community: Eusèbe Renaudot, *L'Antimoine Justifié* and a Missing *Premier Médecin*

Patin's scrupulous and self-assured writing style has lured many a reader into the mistaken belief that his orthodox medical opinions were the norm in the Paris medical faculty.³⁰ In fact, however, the truth was quite different. A growing number of faculty members began to experiment with new medical ideas during the mid-seventeenth century, extracting from them the elements which they felt best complemented the increasingly flexible Galenic framework in which they worked. Chemical medicine responded particularly well to this treatment, as some of these physicians chose to overlook the disapproval of their traditionally-minded colleagues in order to better explore the properties of chemical medicaments. Like Vallot, these inquisitive faculty members began to tentatively incorporate new components like antimony into their medical repertoires.³¹

However, there were some in the faculty who took their support of chemical medicine a step further than this. Impressed by the properties of antimony in particular, they wrote animated and confrontational texts in praise of the medicament which quickly raised the hackles of Patin and his traditionalist colleagues. It is to these literary catalysts that we owe the re-ignition of the Antimony Wars during the 1650s, and one of the most controversial of these texts was written by a graduate of the Paris medical faculty named Eusèbe Renaudot.

Son of the aforementioned Theophraste Renaudot, Eusèbe demonstrated a seemingly inherited propensity for medical mischief when he wrote a controversial text entitled *L'Antimoine justifié et l'antimoine triomphant* (*Antimony Vindicated and Antimony Triumphant*).³² The text was published in 1653, two years after the Antimony Wars had been jolted back into action by a fellow faculty member and *médecin par quartier du roi* named Jean Chartier. Harnessing some of the humanist approaches

³⁰ See, for instance, Packard, "Guy Patin," 365–6.

³¹ See Brockliss, "Medical Teaching" for a more comprehensive account of how the Paris medical faculty dealt with new developments in medical thought and practice during this period.

³² For full bibliographic details, see Chapter 4, footnote 38. The title of Renaudot's book may have been intended as a pun on the name of Basil Valentine's aforementioned *Triumphant Chariot of Antimony*.

which had risen to prominence during the Renaissance, Chartier had devoted his text – entitled *La Science du plomb sacré des sages* (*The Science of the Sage's Sacred Lead*) – to the exploration of the elemental makeup of antimony, the medicament's associations with classical myth and the potential origins of its alchemical names.³³ Unsurprisingly, it had been met with fierce criticism by Patin and his fellow orthodox practitioners in the Paris medical faculty upon its publication.³⁴ Unfortunately for these critics, Renaudot's *L'Antimoine justifié* was to prove a lot more confrontational, and a lot more geared towards the dispute as it stood in the mid-seventeenth century, than Chartier's work had been.

The preliminary pages of *L'Antimoine justifié* contain a heartfelt dedication to François Guénault,³⁵ as well as a list of fifty two members of the Paris medical faculty who openly supported the medical use of antimony.³⁶ The bulk of the text is a hive of practical information concerning the medicament, perhaps intended for the use of Renaudot's peers in the corporative medical community. Varieties of antimonial remedies, their internal and external uses, as well as their compositions are discussed, and frequently blended with counterarguments against the common accusations thrown at the medicament by its critics.³⁷ If Patin had been outraged by Chartier's text then he was positively incensed by *L'Antimoine justifié*, condemning it as 'un méchant livre et un misérable galimatias'.³⁸ Its publication was immediately followed by a spate of literary counterattacks from the orthodox school, including Jean Merlet's *Remarques sur le livre de l'antimoine de Me Eusèbe Renaudot* (*Remarks on Mr Eusèbe Renaudot's*

³³ For the text's full bibliographic reference, see Chapter 4, footnote 34. Chartier's fascination with the ancient variants on antimony's name, and the drug's associated alchemic symbols, seem particularly reminiscent of the scientific approaches adopted by earlier Renaissance collectors and scientists. For more information about these scientific approaches, see Findlen, *Possessing Nature*, 48 and William B. Ashworth, "Emblematic Natural History of the Renaissance," in *Cultures of Natural History*, ed. Nicholas Jardine et al. (Cambridge: Cambridge University Press, 1996), 17–37.

³⁴ As punishment for the publication of *La Plomb sacré*, Patin attempted to have Chartier's name struck off the list of physicians authorised to practise in Paris. Chartier successfully appealed against Patin's punishment two years later. See Patin, *Lettres*, vol. 1, 186, letter to Belin *fils* dated 16th November 1652 and Lunel, *Maison médicale*, 128–30. Another member of the Paris medical faculty's orthodox community declared war against Chartier and his like-minded colleagues by writing and publishing a critical response to *La Plomb sacré*. See Claude Germain, *Orthodoxe ou de l'abus de l'antimoine* (Paris: E. Blaise, 1652).

³⁵ In this dedication – which is located in the text's (non-paginated) introduction – Renaudot thanked Guénault for treating him with an antimonial remedy during a serious illness. Renaudot also briefly mentioned the illness and his recovery in his journal entry for 1650. See Trochon, "Journal," 243.

³⁶ The list includes notable court practitioners such as René and Jean Chartier, and the aforementioned *médecin par quartier du roi*, Urbain Bodineau. See Renaudot, *L'Antimoine justifié*, non-paginated introduction.

³⁷ For example, Renaudot defended antimony against the common accusation that it was a poison by describing the ways in which it differed from 'pure' poisons, like arsenic. *Ibid.*, 50–8.

³⁸ '[A] nasty book and a wretched twaddle'. Patin, *Lettres*, vol. 2, 80, letter to Spon dated 21st October 1653. See also *ibid.*, 85–6, letter to Spon dated 25th November 1653.

Book of Antimony),³⁹ and Jacques Perreau's *Rabbat-joye de l'antimoine triomphant* (*The Antithesis of Antimony Triumphant*).⁴⁰

Renaudot was evidently on the same ideological wave-length as Vallot when it came to antimony and as a qualified physician practising on the court's periphery in Paris,⁴¹ it seems highly likely that he would have heard the same gossip as Patin regarding the *premier médecin*'s use of the medicament around the capital. Vallot's support of antimony appears to have been of very little professional interest to Renaudot, however, as the *premier médecin* is completely absent from *L'Antimoine justifié*.

After playing such a prominent role in Patin's portrayal of the Antimony Wars, Vallot's absence from one of the most influential publications of his ideological allies may appear quite striking at first glance. The *premier médecin* was, after all, a figure whose medical use of antimony appears to have been common knowledge amongst many of the practitioners who worked within the capital's high society: as such, it seems unlikely that Renaudot would have been completely unaware of Vallot's attitude towards the drug. As the description of its content illustrated above, Renaudot chose to mention many other antimony supporters in *L'Antimoine justifié*. Rather than being the result of any restriction caused by the text's scope and content, therefore, Vallot's absence from the text may in fact have been the consequence of a deliberate choice on the author's part. If this was indeed the case, then why would Renaudot choose to omit a practitioner as prominent as the *premier médecin* from his work?

A potential clue may lie in the reasons why Renaudot chose to mention the specific antimony supporters that he did in *L'Antimoine justifié*. In the text's dedication, as previously mentioned, Renaudot praised Guénault as the pioneer of antimony's medical usage in the capital.⁴² Excepting the aforementioned list in the text's introduction of Paris faculty members who approved of the drug – a list in which, as a

³⁹ (Paris: E. Pepingué, 1654).

⁴⁰ Jacques Perreau, *Rabbat-Joye de l'antimoine triomphant, ou examen de l'antimoine justifié de M. Eusèbe Renaudot, etc* (Paris: S. Moinet, 1654). For a more comprehensive account of the literary dispute that erupted between Chartier, Renaudot and their critics, see Pilpoul, *Querelle*, 62–81.

⁴¹ It appears highly likely that Renaudot was working as a *médecin d'artillerie* at the time of *L'Antimoine justifié*'s publication. See Chapter 3, footnote 27.

⁴² In *L'Antimoine justifié*'s dedication Renaudot wrote to Guénault: 'bien que [l'antimoine] ait des qualités excellentes et tout à fait singulieres [...], il est pourtant certain, que ce qu'il vaut seroit sans prix et ce qu'il peut sans estime, si vous n'aviés découvert ses rares vertus, par les heureux succes qu'il a eus depuis quarantes ans que vous l'employez à la guerison de vos malades' ('although [antimony] has excellent and quite singular qualities..., it is however a certain fact, that its value would be without worth and its ability without esteem, if you had not discovered its rare virtues, through the happy success that it has achieved in the forty years that you have utilised it for the recovery of your patients'). Renaudot, *L'Antimoine justifié*, non-paginated introduction.

non-Parisian physician, Vallot could never have been included anyway – many of the other references to antimony supporters in *L'Antimoine justifié* are contained in a long list of practitioners located in the second half of the book. The list depicts the names and the deeds of practitioners from across Europe whom Renaudot described as being particularly renowned for speaking out in favour of antimony: either in their doctoral theses, or published medical texts.⁴³ Evidently, Renaudot mentioned these specific supporters because he believed them to have made important, active contributions to the pro-antimony movement with which he was acquainted. Could it have been the case that Renaudot did not mention Vallot in *L'Antimoine justifié* because he did not believe the *premier médecin* to have contributed to the dispute in this way?

Such an hypothesis compels us to return to Patin's numerous references to Vallot, and reconsider the image which they collectively convey of his relation to the Antimony Wars. As previously mentioned, Patin's letters included many accounts of instances in which Vallot administered antimony to his patients in the 1650s: information which would appear to suggest that the *premier médecin* was open in his support for the drug. Yet it is interesting to note that we find no evidence in these accounts – or indeed any other contemporary source – to suggest that Vallot published anything in praise of antimony, as Henri IV's aforementioned physicians and Renaudot's listed practitioners had done. Indeed, there is little evidence within any of the texts published in relation to the Antimony Wars to suggest that Vallot extensively engaged with the pro-antimony's leading figures on this subject at all, either textually or verbally. Like Renaudot, Patin also appears to have viewed Guénault as the definitive ringleader of the pro-antimony movement in Paris: '[c]'est lui', he wrote, 'qui a causé tous les désordres que l'antimoine a produit dans Paris par son avarice'.⁴⁴ Although his numerous prejudices against the court's medical community evidently encouraged Patin to view Vallot as a very significant opponent in the medical realm in general, his letters in hindsight contain little indication to suggest that he also considered the *premier médecin* to have steered the course of the Antimony Wars as an influential leader-figure.

When examined in unison, Renaudot and Patin's texts seem to present an image of the *premier médecin* as an individual who – despite his prestigious status and

⁴³ The list of sixteen practitioners included physicians associated with a variety of different European universities including those of Padua, Ferrara, Bologna, Wittenberg and Paris – as well as a number of physicians with royal appointments, such as Jean Martin (former *premier médecin* to Marie de Medicis) and Godefroy Steeghous (physician to Holy Roman Emperor Rudolf II). *Ibid.*, 207–11.

⁴⁴ 'It is he [Guénault] who has caused all the disorder that antimony has created in Paris by his avarice'. Patin, *Lettres*, vol. 2, 152, letter to Spon dated 23rd February 1655. See also Brockliss and Jones, *Medical World*, 310 and Reveillé-Parise, introduction, xliii.

practical approbation of antimony – neither presented himself, nor appeared to be unanimously considered as, a particularly active participant in the authors’ shared experience of the Antimony Wars.⁴⁵ Interestingly, this interpretation of Vallot would appear to be further supported by the absence of his name from the texts that were published in condemnation of antimony during the 1650s, including the aforementioned offerings of Claude Germain, Jean Merlet and Jacques Perreau. Perhaps even more so than was the case for his absence from *L’Antimoine justifié*, Vallot’s absence from these critical texts gives the strong impression that Patin’s interpretation of his significance to the Antimony Wars had been informed more by pre-existing prejudices as a member of the Paris medical faculty, than by Vallot’s actual actions within the dispute specifically.

It seems significant that a similar sense of distance appears to have been prevalent in Vallot’s dealings with other manifestations of scientific discussion and debate beyond the royal court. Vallot appears to have been very disconnected, for instance, from the kingdom’s growing number of scientific academies during his time as *premier médecin*. Although less antagonistic in nature than the Antimony Wars, the scientific academies of early modern France shared similarities to such medical disputes in the sense that both acted as professional spaces in which scientists could converge, converse and exchange their ideas in an oral and textual manner.⁴⁶ The seventeenth century witnessed a boom in the creation of scientific academies and salons in France, with a number of small academies such as the *Académies de Bourdelot* and *de Montmor* blazing a trail in the first half of the century.⁴⁷ In 1666 the crown made its own powerful mark upon this scene with the foundation of the aforementioned *Académie des sciences*: an institution intended to enhance Louis XIV’s cultural capital within, and dominance over, the scientific realm through the exploration of topics such as botany, mathematics and astronomy. There is little evidence to suggest that Vallot belonged to any of these academies, or contributed to them in any significant way.

⁴⁵ Although potentially it could be argued that Vallot had deliberately planned his antimomial treatment of Louis XIV in 1658 as a powerful statement in support of antimony, I strongly doubt that this was indeed the case. As the king’s life was far too precious to jeopardise in any circumstances – let alone for the purpose of a medico-political statement – it seems extremely unlikely to me that Vallot’s decision in 1658 would have been guided by any other consideration than the drug’s perceived medical efficacy.

⁴⁶ For a fuller examination of some of the ‘demarcated settings’ in which scientific discussion occurred in the early modern period, see Findlen, *Possessing Nature*.

⁴⁷ For more information about seventeenth-century scientific academies such as these, see Harcourt Brown, *Scientific Organizations in Seventeenth-Century France (1620–1680)* (Baltimore: Williams and Wilkins, 1934) and Jean-Jacques Peumery, “Conversations medico-scientifiques de l’Académie de l’abbé Bourdelot (1610–1685),” *Histoire des sciences médicales* 12 (1978): 127–35. The royally-incorporated, but short-lived, *Académie de physique* in Caen was also established in 1667: for more information about it, see David Stephan Lux, *Patronage and Royal Science in Seventeenth-Century France: The Académie de physique in Caen* (Ithaca: Cornell University Press, 1989).

As was the case with his absence from *L'Antimoine justifié*, Vallot's distance from the *Académie des sciences* seems particularly perplexing at first glance. In many ways, the institution closely intersected with Vallot's own spheres of influence as *premier médecin*: both, essentially, were closely linked to the crown. Created during Vallot's career as *premier médecin* with Louis XIV's full support and financial backing, the *Académie des sciences* would eventually prove to be a very prosperous and successful undertaking for the king. Why would Louis XIV choose to exclude his own medical representative from the preliminary stages of this ambitious venture?

Vallot's distance from the *Académie des sciences* may appear even more puzzling in consideration of the fact that the institution regularly met in one of his own professional spaces. Alongside the *Bibliothèque du roi* and the royal observatory, the *Jardin du roi* of which Vallot was Superintendent was one of the main sites in which the *Académie's* first members conducted their experiments and carried out research.⁴⁸ As part of an ambitious project to publish a comprehensive natural history of plants, the *Académie* in fact acquired a section of the *Jardin* in which to cultivate its own botanical specimens in the late 1660s.⁴⁹ Vallot visited the garden twice every day during this period⁵⁰ and must have regularly walked past these academicians as they debated botanical matters on their designated patch.⁵¹ A number of these academicians were also Vallot's own subordinates. Marin Cureau de la Chambre, Louis Gayant, the *Jardin du roi's* *directeur de la culture des plantes* (Director of Plant Culture) Nicolas Marchant⁵² and the aforementioned royal apothecary Moyse Charas were all members of the *Académies des sciences* in its early years.⁵³ As with Chartier and Guénault's participation in the Antimony Wars, the inclusion of these court practitioners in the *Académie des sciences* would appear to confirm that Vallot's own distance was not a consequence of his royal affiliations alone.

It seems worth noting at this point that Vallot's apparent isolation from some of the most important medical debates and societies of his day does not appear to have

⁴⁸ Stroup, *Company*, 38.

⁴⁹ *Ibid.*, 79.

⁵⁰ Potshoek and Villars, *Journal*, 119–20.

⁵¹ Members of the *Académie des sciences* occasionally convened in their section of the *Jardin* to debate on botanical matters. Throughout July 1668, they met in this spot to resolve a dispute that had arisen between them regarding plant sap. See Joseph Schiller, "Les Laboratoires d'anatomie et de botanique à l'Académie des sciences au XVII^e siècle," *Revue d'histoire des sciences et de leurs applications* 17 (1964): 110–11.

⁵² For more information about Nicholas Marchant (d.1678), who in addition to his position in the *Jardin* also held the title of Chief Botanist in the household of Gaston d'Orléans, see Éloy, *Dictionnaire*, vol. 3, 159–60.

⁵³ Charles Perrault, *Mémoires de ma vie*, ed. Paul Bonnefon (Paris: H. Laurens, 1909), 42–6 and Stroup, *Company*, 20–1.

been symptomatic of any deep-seated, personal reluctance to engage in professional discourse on his part. Indeed, he appears to have approached the prospect of medical discussion and debate with tangible enthusiasm in many other ways during his career as *premier médecin*. As the third chapter of this thesis attested, Vallot was relatively adept and confident at engaging in medical discussions with his colleagues at court, and there is equally evidence to suggest that he frequently conversed by letter with practitioners working outside of the court society about medical topics.⁵⁴ Vallot also appears to have enjoyed musing upon developments in the wider medical world from the comfort of his desk. In his *Remarques* entries, Vallot often diverged from the royal medical narrative to express strong opinions on matters such as the treatments to be administered to patients suffering from widespread regional illnesses,⁵⁵ and the timings traditionally adhered to for bleedings.⁵⁶ So confident was Vallot in his own views on the latter topic that he even professed to have written a dedicated text on the subject in the past:⁵⁷ a startling revelation in light of his aforementioned literary absence from the Antimony Wars. These do not seem like the sentiments of a man who lacked the confidence to engage in medical discussion with peers.

Interestingly, there is some evidence to suggest that Vallot may have shared his sense of selective isolation with one of his professional predecessors. Jean de La Rivière – a physician who, like Vallot, held the position of *premier médecin* during a particularly turbulent period of the Antimony Wars – also appears to have adopted a similarly distanced approach to the dispute. *Médecins ordinaires* Joseph du Chesne and Theodore Turquet de Mayerne both contributed publications to the Antimony Wars, as previously mentioned, yet La Rivière failed to do so, and in general his attitude towards topics of medical discussion like antimony was and remains much harder to ascertain than those of his more openly belligerent colleagues.⁵⁸

The somewhat elusive nature of Jean de La Rivière's involvement in the Antimony Wars hints at a recognisably distanced approach to the dispute: an approach

⁵⁴ In the *Remarques*, Vallot alluded a number of times to his interactions with practitioners who worked outside of Louis XIV's court. See *JS*, 92 and 154.

⁵⁵ Vallot recommended the collective administration of antimony to patients suffering from an illness that was sweeping across Europe in 1661. See *JS*, 142–3.

⁵⁶ In his *Remarques* entry for 1663, Vallot described his rationale for bleeding the chickenpox-ridden Louis XIV during the crisis-point of his illness. After acknowledging that this was a course of action which would be considered by some medical traditionalists to be erroneous, Vallot bluntly criticised those who opposed his views for blindly following traditionalist maxims which had never been correctly explained or understood. See *ibid.*, 149–50.

⁵⁷ On this topic Vallot wrote: 'J'ai écrit sur cette matière, où je fais visiblement connaître la nécessité de ce remède'. *JS*, 149. Vallot made no allusion as to whether this work was published. If it was, then it does not appear to have survived to the present day.

⁵⁸ Trevor-Roper, *Europe's Physician*, 82.

which may have been informed by the same factors which influenced Vallot's own stance several decades later. With this similarity in mind, the following pages will consider some of the ways in which Vallot's responsibilities and unique circumstances as *premier médecin* may have hindered his ability to engage with the wider medical world in the same ways as his professional contemporaries like Patin and Renaudot.

5.3 Crown, Court and Incorporation: Vallot's Professional Distance Unravelled

One potential explanation for Vallot's distant behaviour becomes particularly apparent upon examination of his experiences during one of the Antimony Wars' most active periods. The year 1653 witnessed the publication of *L'Antimoine justifié* – one of the dispute's most controversial and contentious texts – yet it was also Vallot's first full year as *premier médecin du roi*, and as such was to prove for him an extremely eventful period for reasons that had nothing to do with antimony. In his lengthy *Remarques* entry for 1653 – one of his longest entries in the text – Vallot described how his year commenced with the treatment of a curious callus which had developed on Louis XIV's right nipple. Shortly after Vallot had successfully dealt with the offending callus, the fourteen year-old king exhausted himself with continuous practising for a ballet performance⁵⁹ and fell ill with a series of fevers and rashes. Each of these illnesses required the *premier médecin's* attention in the form of a long series of bleedings, balms and enemas. Even after his treatment of this string of ailments, Vallot's work for the year was only just beginning. As Louis XIV and his court set off on a military campaign in March, the king began to suffer from a severe stomach flux which would ultimately remain with him for the majority of the year. Vallot's list in the *Remarques* of no less than ten different enema treatments for this illness – composed in the undoubtedly inconvenient and uncomfortable surroundings of the military campaign – bears witness to the extreme amounts of concentration and effort that he was putting into the treatment of his new patient during this troubling period.⁶⁰ Although he habitually made no mention of such auxiliary elements of his career in the *Remarques*, Vallot's treatment of Louis XIV would of course have been frequently interrupted throughout the year with other time-consuming commitments such as his medical encounters with other patients, and extensive management of the king's medical team.

⁵⁹ The performance for which Louis XIV was practising during this period was the 'Ballet de la nuit' ('The Night Ballet'), first performed on 23rd February 1653.

⁶⁰ For Vallot's full *Remarques* entry for the year, see *JS*, 78–90.

In its lengthy account of an eventful year, Vallot's *Remarques* entry for 1653 provides a stark reflection of the extremely time-consuming nature of the *premier médecin*'s professional commitments to both king and court. It seems no coincidence that many of the court practitioners who did participate in the Antimony Wars were *médecins par quartier*:⁶¹ performing their duties at court in three-month shifts, these physicians were presumably able to engage with the discussions and debates of the medical world to a much greater extent during their periods of leave from the demanding world of the court. Of course, in contrast to the *médecins par quartiers* working beneath him, the unique and permanent role of *premier médecin* afforded Vallot very little time to engage with anything but his work at court. As such it seems at least plausible that he may have been perceived – by both himself and others – as an individual effectively exempted and invalidated from participating in the fast-paced developments that were occurring primarily at a distance from this elite society.

With regards to medical disputes in particular, it seems possible that the sensibilities of the environment in which Vallot lived and worked may also have had an impact upon his ability to engage with his professional contemporaries. The scientific discussions and debates which were sustained outside of the court in Vallot's lifetime could often develop into emotive, even aggressive affairs and the Antimony Wars of the mid-seventeenth century provoked perhaps some of the most extreme examples of aggressive behaviour in this respect. In his *L'Antimoine justifié*, Renaudot casually condemned antimony's critics as rheumy-eyed old men, who claimed to see things that were not really there.⁶² In a collection of poems written and published by his fellow antimony supporters in the Paris medical faculty, a poem named "Contre un impie et fade satyrique, ennemy simulé de l'antimoine"⁶³ dished out crude death threats to antimony's critics; warning them directly how the drug's supporters:

Contre qui s'escrime ta rage
Ne manqueront pas de courage
Pour te reduire au dernier mot.

⁶¹ As previously mentioned, the author of *La Plomb sacré* – Jean Chartier – was working as a *médecin par quartier* during this stage of the Antimony Wars. Two of the king's other *médecins par quartier* – Charles Baralis and Pierre Yvelin – may also have been involved in the Antimony Wars in the 1650s. Charles Baralis shared information about the court's antimony usage with Patin during the period, hinting at the possibility that he was part of the latter's anti-antimony community. See Patin, *Lettres*, vol. 2, 416, letter to Charles Spon dated 13th August 1658. Fellow Paris medical faculty member Pierre Yvelin had written his doctoral thesis in 1633 about antimony's medical benefits: an extremely controversial move for the time which may have preceded a greater support of antimony during the dispute two decades later. See Brockliss, "Medical Teaching," 243. For confirmation of all three physicians' status as *médecin du roi par quartier* in 1656, see AN, KK/209/15–16.

⁶² Renaudot, *L'Antimoine justifié*, 167.

⁶³ "Against an Impious and Bland Satiric, Feigned Enemy of Antimony".

Puisque tu declames si fort
Contre la fameuse Chimie,
Enseigne nous l'Anatomie,
Mais que ce soit sur ton corps mort⁶⁴

Politeness and propriety in the scientific realm were multifaceted and dynamic concepts in the seventeenth century: varying from individual to individual in light of factors such as social background and professional affiliation.⁶⁵ Whereas many of the practitioners who participated in medical disputes like the Antimony Wars – and indeed many members of early scientific academies⁶⁶ – saw nothing wrong with interacting with their peers with a degree of emotion and aggression during this period, such behaviour was viewed very differently by those who resided in the royal court. The French court's dislike of aggressive scientific dispute was informed not only by increasingly strong misgivings towards violence as ungentlemanly⁶⁷ – not to mention by their aforementioned indifference towards scientific topics in general – but also by a deep aversion to the pedantic sentiments that such disputes implied. To passionately defend an argument was considered servile by many in the early modern elite because such a dogmatic approach to argumentation expressed sentiments of dependence which were at odds with the nobleman's perceived image as a free, superior intellect. Furthermore, to aggressively argue for one side in a dispute was also to run the significant risk of backing the losing horse: a disastrous outcome for members of a social group whose honour was considered to be an integral component of their reputations.⁶⁸

Although these misgivings encouraged most early modern gentlemen to restrict the extent of their own participation in scientific debates to neutral arbitration, these individuals felt much fewer qualms about allowing the medical practitioners with whom they were associated to engage in such discourses. After all, the practitioners' naturally inferior status meant that they had much less to lose in the honour stakes. In condoning

⁶⁴ 'Against whom you thrust your angry attack / Will not lack the courage / To reduce you to your last word / Since you proclaim so strongly / Against the famous chemistry / Teach us about anatomy [too] / But through the means of your corpse'. Etienne Carneau, *La Stimmimachie, ou le grand combat des medecins modernes touchant l'usage de l'antimoine* (Paris: Jean Paslé, 1656), 90–2.

⁶⁵ Mario Biagioli, "Etiquette, Interdependance, and Sociability in Seventeenth-Century Science," *Critical Enquiry* 22 (1996): 197.

⁶⁶ For examples of similarly aggressive behaviour within scientific academies, see *ibid.*, 198.

⁶⁷ One of the reasons why violence was considered to be ungentlemanly in courtly circles was because it suggested a dangerous lack of emotional self-control on its wielder's part. For more information, see Elias, *Court Society*, 111 and 242–6 and Norbert Elias, *The Civilizing Process*, trans. Edmund Jephcott (Oxford: Blackwell, 1994), 165–8.

⁶⁸ For more information about the early modern elite's aversion to participating too fervently in scientific debates, see Biagioli, *Galileo*, 78–84.

such participation, however, many gentlemen were nevertheless still sensitive to the fact that they were in a sense putting their own reputations on the line, in the sense that their practitioners were associated with them in the public eye. In order to ensure the unsurpassed sanctity of their own reputations, therefore, many princes encouraged their practitioners to adopt polite behaviour in scientific discussions.⁶⁹ As the medical representative of one of the most powerful princes in early modern Europe – and equally as a practitioner who spent more of his time exposed to the society of the kingdom’s social elite than to the brawling scientific masses – Vallot’s distance from the Antimony Wars’ participants may have reflected a similar need to maintain his royal patient’s superlatively impeccable reputation. Although it cannot be denied that Vallot was both able and often willing to engage in heated medical discussions on occasion at court, the particularly aggressive behaviour which the Antimony Wars’ combatants exhibited may have been enough to deter him from engaging with this aspect of the dispute in any form: the risk it presented to Louis XIV’s reputation may simply not have been worth it.

As a royal institution that represented the king’s interests in the scientific realm, the *Académie des sciences* was equally, if not even more rigorously subjected to such behavioural standards than was the *premier médecin*. Louis XIV’s reputation was in fact so prestigious that he was reluctant to even officially acknowledge the institution’s association with him until three decades after it had been created: that is, until it had succeeded in not humiliating him by faltering in its first steps. The reputation of an individual as prestigious as the king was evidently as sensitive to clumsy error as it was to uncouth behaviour. Even after this public acknowledgement of the *Académie*’s existence, the king maintained a measured distance from the institution and never became too deeply embroiled in its activities.⁷⁰ It seems likely that Louis XIV’s cautious relationship with the *Académie* in its early years acts as a partial explanation as to why Vallot himself did not become involved in the institution during his time as *premier médecin*. Just as Louis XIV’s status was far too great to allow him to become too deeply associated with the *Académie des sciences* – especially in its early development – so too may it have been considered too risky for his medical

⁶⁹ See Biagioli, “Etiquette,” 198–9 and Biagioli, *Galileo*, 73 and 78–84 for more information about how early modern scientists’ behaviour in professional discussions was shaped by the concerns and wishes of their noble protectors.

⁷⁰ A royal statute officially acknowledged the *Académie des sciences*’ existence – as well as its associations with the crown – in 1699, after which point the institution also moved to the Louvre. For more about Louis XIV’s cautious relationship with the *Académie* in its early years, see Biagioli, “Etiquette,” 216–18.

representative to be seen as openly involved with the institution during this tentative period.

It also seems possible that Vallot's extremely close connection to the royal court may have influenced his ability to connect with the wider medical profession from an institutional perspective. In the vast medical world beyond the court society, it was within the kingdom's medical faculties that the Antimony Wars were primarily fought during Vallot's time as *premier médecin*. The medical faculty as an institution was to play an integral role in the dispute from its beginning to end: whereas many past historians interpreted the Antimony Wars' early stages as assuming the form of a battle between the ideologically-opposed Paris and Montpellier medical faculties,⁷¹ many viewed the drug's official approbation by the Paris medical faculty in April 1666 as the definitive end of the conflict.⁷² A decade before this closing point, Renaudot described in his *L'Antimoine justifié* the pivotal role which he believed the Paris medical faculty ought to play in the eventual resolution of the dispute:

[P]uisque l'Eglise [...] a recours à la décision d'un Chef pour terminer ses controverses [...] ie suis d'avis que nous admettions tous conjointement une autorité [...] suprême, dont il ne soit loisible de se départir [...] Je n'en reconnois point d'autre que celle de nostre Faculté [...] Il n'y a que cette docte Compagnie laquelle on peut sans complaisance appeler maistresse de la vérité, et dépositaire de la pureté de la science et de la doctrine, qui puisse prononcer sur cette affaire et en éclaircir les doutes⁷³

One of Renaudot's main opponents in the dispute – the aforementioned author of the *Rabbat-Joye*, Jacques Perreau – took an equally faculty-centric view of the Antimony Wars when he described Jean Chartier and his fellow antimony supporters as 'lost children' who had treasonously defied their institutional 'mother', the Paris medical faculty, by advocating the use of such a dangerous drug.⁷⁴

Of course, as previously highlighted, Vallot was not a member of the Paris medical faculty to which both Renaudot and Perreau belonged. This fact may help to explain to some extent why both Patin and Renaudot acknowledged the influence of

⁷¹ Pilpoul, *Querelle*, 50–2.

⁷² For a transcript of the sanction, which took place on 10th April 1666, see *ibid.*, 86.

⁷³ '[J]ust as the Church... has recourse to a leader for settling its controversies... I am of the opinion that we should collectively agree to a supreme... authority from whom it should not be permissible to dissent... In this respect, I recognise no other authority than that of our Faculty... It is only this learned Company – the only which we can call, without complacency, mistress of truth and agent of the purity of science and doctrine – which could make the final verdict on this affair and cast doubts aside'. Renaudot, *L'Antimoine justifié*, 189.

⁷⁴ Perreau, *Rabbat-Joye*, non-paginated introduction.

their fellow faculty member – François Guénault – in the Antimony Wars more readily than they did the *premier médecin*'s. That said, however, it seems likely that many of the Antimony Wars' faculty-based combatants also harboured institutional misgivings towards the *premier médecin* that ran a lot deeper than this simple geographical bias. As our earlier exploration of Patin's criticisms of the *premier médecin* attested, many faculty-educated physicians saw Vallot as the leader of a courtly community which was both very distanced to, and different from, their own affiliated institutions in a number of often negative ways. Although the peaceful integration of court- and non-court practitioners within both camps of the Antimony Wars in the mid-seventeenth century would appear to confirm that many of these suspicions meant little when practitioners came together to work towards the same goal, it seems at least worth considering the possibility that his unique attitude and actions towards the kingdom's medical faculties encouraged both the *premier médecin*, and the members of the kingdom's medical faculties, to view him as a being breed apart from even his courtly colleagues in this respect. Effectively, an ideological gulf appears to have existed between the *premier médecin* and the kingdom's faculties which may have discouraged faculty-educated physicians from seeing him as a legitimate participant in their institutions on any grounds, let alone within the discussions and disputes which they sustained between themselves.

Perhaps the most conspicuous conformation of this historical gulf can be seen in the power struggles which often took place between the *premier médecin* and the kingdom's medical faculties in the early modern period: struggles such as Vallot's aforementioned bid to seize responsibility for some of the apothecaries who worked under the Paris medical faculty's control. Although, as previously mentioned, the *premier médecin* had rights and privileges over many of the medical communities in Louis XIV's France, he historically enjoyed very little authority over the kingdom's medical faculties. By and large, these institutions were answerable to the king alone, and were extremely proud of the independence that this status afforded them.⁷⁵ However, one of the few areas in which the *premier médecin* did enjoy a degree of control over the medical faculties was in their appointment of senior staff. When a professor's chair became vacant, the faculty's other senior staff members were expected to put their choice of candidates forward to the king, who would rely upon his *premier médecin*'s advice to choose the successful candidate. When a new chancellor was

⁷⁵ For more information about the medical faculties' status with regards to the *premier médecin du roi*, see Verdier, *Jurisprudence*, vol. 2, 67–8.

needed for a medical faculty, the faculty's senior staff were bypassed altogether, and the crown alone was entitled to decide upon the individual to be appointed.⁷⁶ Both procedures saw the otherwise relatively distinct worlds of the *premier médecin* and the kingdom's medical faculties intersect.

Vallot's involvement in the appointment of medical faculties' professors and chancellors often provoked hostility within these institutions, sending a clear message in each instance about the extent to which his presence and input was unwelcomed within them. Uproar erupted, for instance, in the Montpellier medical faculty when in 1664 Vallot advised Louis XIV to appoint a physician named François Chicoyneau to the position of chancellor. Outraged by Vallot's support for a candidate of whom many of their number heartily disapproved, Montpellier's faculty members found an explanation for his actions in that most quintessential of courtly vices – avarice – as rumours quickly spread that Vallot had accepted a financial bribe from Chicoyneau in exchange for the position.⁷⁷ Four years later Vallot was compelled to redraft the edict relating to his participation in the appointments of faculty professors, after two vacant professorships were filled in Toulouse without his consent.⁷⁸

Whereas the *premier médecin*, as the king's medical representative, was keen to maintain as much control over the medical faculties as possible, the faculties themselves inevitably bucked against any perceived attempt on his part to compromise their historical independence. Repeated in a number of faculties across the kingdom, this acrimonious exchange revealed the extent to which both sides ultimately had very different interests at heart. It seems at least plausible that Renaudot had been alluding to this difference when he wrote the following excerpt in *L'Antimoine justifié*, again regarding the resolution of the Antimony Wars:

[C]omme il n'appartenoit qu'aux prestres de l'ancienne loy de iuger entre la lepre et la lepre, il n'y a que les medecins qui ayent droit de donner leur jugement sur les remedes et discerner les bons des mauvais : avec d'autant plus de raison qu'ils sont pleinement de leur ressort, et non de celui des cours souveraines, qui ne veulent point avoir de voix deliberative en ces matieres. C'est pourquoy vous mandiez inutilement leur protection ; car comme ils n'en ont point instruits et n'en ont autre connoissance que par les rapports que leur en font ceux qui y sont

⁷⁶ See AN, AJ/15/502/94 for the official confirmation of these rights.

⁷⁷ For more information on Vallot's dispute with the Montpellier medical faculty over the chancellor's appointment, see Louis Dulieu, *La Médecine à Montpellier* (Avignon: Presses universelles, 1986), vol. 3, 170–1. Further allusions to Vallot's susceptibility with regards to bribery in the Montpellier faculty can be found in Astruc, *Mémoires*, 380–1.

⁷⁸ AN, AJ/15/502/94.

les plus versez, ils n'entreprennent iamais de rien decider que par leur autorité.⁷⁹

In light of his ardent praise for Guénault in *L'Antimoine justifié* – not to mention his own future career trajectory⁸⁰ – it seems unlikely that Renaudot's criticism of 'des cours souverains' had been directed against the court's medical community as a whole. Rather, his words appear to reflect a revulsion on his part towards the input of the monarch himself into medical affairs through the influence of 'the most learned' advisers in his service: advisers, perhaps, like the cardinal-minister who directed the *premier médecin*'s movements in the 1650s, or indeed like the *premier médecin* himself? Renaudot was evidently firm in his conviction that close proximity to a crown did not automatically entitle one to an authoritative, or indeed even a legitimate voice within important medical disputes like the Antimony Wars: belonging to a legitimate medical community was the key. Whilst we cannot confirm with any confidence whether he had been intending to highlight the *premier médecin*'s royal proximity in this instance, Renaudot's words nevertheless remind us that the unique physical, emotional, professional and ideological circumstances in which Vallot was expected to work as *premier médecin* at court served to make his experience of the medical world very different to that of the average faculty-educated physician. His muted presence in the Antimony Wars' academic publications, and exclusion from the *Académie des sciences*, would appear to be influenced – at least in part – by the fact that the role of *premier médecin* made it extremely difficult (if not impossible) for Vallot to engage with the intellectual activities of his medical contemporaries in the same ways as them.

⁷⁹ '[A]s it only belonged to priests of the ancient law to judge between leper and leper, it is only doctors who should have the right to give their judgement on remedies, and to discern the good from the bad: with all the more reason, as they are fully within their jurisdiction, and not that of the sovereign courts, who do not want to have a deliberative voice in these matters. This is why it is useless to summon their protection: because they are not instructed in these matters and have no other knowledge of them than the reports which are made to them by those who are the most learned, they never undertake to decide upon any matters than by [the use of] their authority alone'. Renaudot, *L'Antimoine justifié*, 189–90.

⁸⁰ See Chapter 3, footnote 27.

5.4 Louis XIV's Recovery and the Antimony Wars' Aftermath

After Patin's colleagues had published their counterattacks to *L'Antimoine justifié*, the production of academic antimonial publications trickled to a halt in the capital. In the years that followed the Antimony Wars seemed to reach yet another disgruntled impasse. Vallot's successful antimonial treatment of Louis XIV in 1658 occurred during this relatively subdued period. Despite its dramatic nature, however, the event does not appear to have made a particularly significant impact upon either the course of the Antimony Wars, or the combatants' attitudes about the *premier médecin*'s role within it.⁸¹ Eight years after the king's recovery, the Paris medical faculty finally decided to sanction the medical use of antimony.⁸² Many historians have identified Louis XIV's recovery in 1658 as a key factor in this decision,⁸³ yet with almost a decade having passed between the two events – a decade in which no faculty member had published anything close to a substantial literary response to these royal developments – it seems to me unlikely that the Paris medical faculty had seen the king's antimonial experiences as a crucial factor in their decision making.

Interestingly, however, Vallot believed that his actions in 1658 made a much greater impact upon antimony's reputation than the Paris medical faculty's response would appear to imply. In his *Remarques* entry for the year, the *premier médecin* described how Louis XIV's use of emetic wine and subsequent recovery had allegedly propelled antimony into the limelight for the wider public: encouraging many of its professional former critics to view the medicament in a much more favourable way in turn:

[C]e qui est de considérable en cette occasion, est que l'avantage que le roi en a reçu en sa propre personne s'est communiqué à tous les particuliers, non seulement de son royaume, mais même de toute l'Europe, qui était persuadée que le roi devait mourir en l'état qu'il était, et que, ce remède ayant produit un si bon effet, personne ne devait plus faire difficulté de s'en servir, puisqu'il avait été ordonné avec tant de bons succès à un si grand monarque. En effet, non seulement les malades se sont rendus fort soumis quand on le leur a proposé, mais les médecins même, qui avaient une répugnance à ce remède et qui avaient fait une protestation solennelle de n'en ordonner jamais à leurs malades, en

⁸¹ To my knowledge, no academic texts were published in the capital in response to Louis XIV's recovery, nor indeed were any texts published on the subject of antimony at all in 1658 or 1659.

⁸² See footnote 72.

⁸³ Jacalyn Duffin and Pierre René, "Anti-Moine, Anti-Biotique": The Public Fortunes of the Secret Properties of Antimony Potassium Tartrate (Tartar Emetic)," *Journal of the History of Medicine and Allied Sciences* 46 (1991): 441; Millepierres, *Vie quotidienne*, 123–4 and Perez, *Biohistoire*, 62–3.

quelque extrémité qu'ils pussent être, se sont rendus à une expérience si forte et si considérable, et ils ont renoncé à l'hérésie qui les avait si longtemps rendus opiniâtres et rebelles à un secours qui surpasse la vertu de tous ceux que l'antiquité a pu inventer.⁸⁴

Although he made no explicit reference to the Antimony Wars in the extract above, Vallot's description of the division that the drug had formerly provoked in the medical world gives the strong impression that he believed his treatment of Louis XIV to have acted as a powerful statement which – if admittedly not pre-planned or deliberate, as Renaudot and Chartier's publications had been – had encouraged many to reconsider their opinions of antimony within the dispute.

It seems significant that Vallot's portrayal of the Antimony Wars was not restricted to the thoughts and actions of the professional contingent of the medical world, as the academic antimonial publications of Renaudot, Perreau and Germain had been. Rather, the *premier médecin* incorporated into his account the attitudes expressed by 'les malades' and 'tous les particuliers': that is, the wider medical public, whose opinions of antimony appear to have been just as pivotal to Vallot's narrative of the dispute as the practitioners' had been. In its attention to the public mood, Vallot's interpretation of events in 1658 has brought to our attention the presence of a very different audience of the Antimony Wars to that which has been discussed in the previous chapters: a broader public audience whose attitude towards the *premier médecin*'s involvement within the dispute appears to have been – if Vallot is to be believed – quite different to that held by the majority of his faculty-educated contemporaries. The broader public's attitude(s) towards Vallot, and his participation in the Antimony Wars, will be the focus of the next chapter.

⁸⁴ '[W]hat is considerable in this situation, is that the benefit which the king personally received from it [antimony] has communicated itself to all other individuals, not only in his kingdom, but even in all of Europe: which was convinced that the king ought to die in the state that he was in, and that, this remedy producing such a good effect, nobody ought to cause any difficulty to make use of it any longer, since it has been prescribed to such good effects to such a great monarch. Effectively, not only have patients rendered themselves far more willing when it has been proposed to them, but even physicians, who had a repugnance towards this remedy and who made a solemn protest to never administer it to their patients, no matter how extreme their cases were, have since surrendered themselves to an experience so strong and so considerable, and they have renounced as heretical those who have for so long been stubborn and rebellious towards an aid which surpasses the virtue of all which antiquity was able to invent.' *JS*, 123–4.

Chapter 6. The Public's Perception of the *Premier Médecin*

Although publications on scientific topics such as the Antimony Wars were by no means wildly popular within the wider public domain,¹ there appears to have been enough interest within this sphere to have justified the creation of a small number of texts for the interested few. Interestingly, one of the main ways in which information about the Antimony Wars appears to have been disseminated amongst this public audience was through the means of medical poetry. Although practically extinct in the modern day, medical poetry was commonly written in antiquity and remained a popular literary genre in the seventeenth century due to the revival of the art form during the Renaissance.² Two examples of medical poetry relating to the Antimony Wars will be examined in the following chapter, with the aim of incorporating their more public interpretations of Vallot's role into our growing understanding of the *premier médecin*'s relationship(s) with the wider medical world.

Published in 1656, the creation of the first of our examples was instigated by a Celestine monk named Etienne Carneau.³ Carneau wrote a lengthy, self-styled 'historic-comical' poem in which he both recounted the history of the Antimony Wars, and declared his allegiance to the pro-antimony camp. He gathered together other poems on the subject – some by notable poets of the day, such as Paul Scarron⁴ and Charles Beys,⁵ others by artistically-inclined members of the Paris medical faculty⁶ – and published them in the capital with his own poem in a book entitled *La Stimmimachie, ou le grand combat des médecins modernes touchant l'usage de l'antimoine* (*Stimmimachie: or the Modern Physicians' Great Combat Regarding the Use of*

¹ Stroup, *Company*, 182–5.

² For more information about medical poetry during the early modern period, see Henri Lafay, "Poésie et médecine au XVII^e siècle," in *Madame de Sévigné, Molière et les médecins de son temps*, 137–41.

³ A native of Chartres, Etienne Carneau (d. 1671) was respected in the seventeenth century for his poetry on religious, royal and scientific topics. For more information about him, see Jean François, *Bibliothèque générale des écrivains de l'ordre de Saint-Benoît, patriarche des moines d'Occident* (Bouillon: Société typographique, 1777), vol. 1, 177–8.

⁴ A prolific poet and novelist, Paul Scarron (1610–60) was one of the key members of Paris' literary milieu in the seventeenth-century. For more information about him, see Frederick Alfred de Armas, *Paul Scarron* (New York: Twayne Publishers, 1972).

⁵ For more information about Charles Beys (1610–59), who belonged to the same literary community as Scarron in Paris, see Charles Beys, *Les Illustres Fous of Charles Beys; A Critical Edition, with a Brief Account of the Author and His Works*, ed. Merle Irving Protzman (Baltimore: Johns Hopkins Press, 1942).

⁶ The text includes, for example, a poem by a faculty member named François le Vignon. In addition to being appointed as the Paris medical faculty's dean for a period of time, le Vignon also worked in the positions of Physician to the duchesse de Lorraine, and Physician to the King's Regiment of Swiss Guard during his career. See Carneau, *Stimmimachie*, 113–14 and AN, O¹/12/174.

Antimony).⁷ Carneau developed *La Stimmimachie* in close consultation with the Paris medical faculty's antimony supporters. The book is dedicated to them,⁸ and the poems themselves are littered with references to their most colourful figures, including François Guénault and Jean Chartier.⁹

In exchange for its creation, the faculty members provided an official commendation for Carneau's book which can be found in its introduction. The commendation reveals that this small community did not consider itself to be the only intended audience for *La Stimmimachie*: the physicians wrote that the text was 'trop agreable, trop utile au Public, pour ne pas presser son Autheur de le mettre soûs la presse.'¹⁰ Presumably, it was in this way that the physicians intended for their antimonial dispute to trickle into the public consciousness. The text's resolutely comical take on the Antimony Wars, and its distinct lack of contemporary medical jargon, seem to confirm this desire to appeal to a non-medical readership. By increasing the wider public's awareness of the dispute, *La Stimmimachie*'s creators may have believed that they could encourage a broader support for antimony's cause.

Vallot appears to have enjoyed a relatively prominent role within this broader public context of the Antimony Wars. He is mentioned in *La Stimmimachie* several times: once in a lengthy anecdote which recounts how he saved the life of a beautiful, unnamed woman by treating her with an antimonial powder,¹¹ another time with Guénault in a small poem that attacked some of antimony's most persistent critics.¹² One of the most insightful of these references can be found towards the beginning of *La Stimmimachie*, where Vallot briefly appears in a list of famous contemporary practitioners known for their support of antimony. The features for which Vallot is praised in the list hint at the potential reasoning behind both his inclusion in the text, and the nature of his role within this public context of the Antimony Wars:

⁷ 'Stimmimachie' is a made-up term, probably intended as a pun on the Latin name for antimony, 'stibium'.

⁸ The dedication is entitled, 'À la plus grande et plus saine partie des medecins orthodoxes de la faculté de Paris, approbateurs de l'usage de l'antimoine' ('To the greatest and healthiest orthodox physicians of the Paris Faculty, supporters of the use of antimony'). See Carneau, *Stimmimachie*, non-paginated introduction.

⁹ See *ibid.*, 106–7, 116 and 121 for several sonnets dedicated to Guénault. For references to Chartier, see *ibid.*, 120.

¹⁰ '[T]oo enjoyable, too useful for the public, [for us] to not urge its author to put it to the press.' Carneau, *Stimmimachie*, non-paginated introduction.

¹¹ *Ibid.*, 68–71. Unfortunately, the poem gives little clue as to who the patient may have been.

¹² Carneau, *Stimmimachie*, 90–2.

Entre autres l' Illustre Vallot,
 A qui pour partage, et pour lot,
 Phoebus donne avec abondance
 Heur, sçavoir, honneur, et finance.
 Par luy l' Antimoine espuré
 Est presque à la Cour adoré,
 Car sa main luy donne une grace
 Qu' on peut appeller efficace.¹³

Vallot appears to have been recommended to the reader here as a figure of worth not just for his medical acumen, but also primarily because of the high degree of medical influence that he held at court. Because of his close proximity to the king and other influential figures in this environment, the *premier médecin* enjoyed a degree of public recognition which may have been of immense value to medical professionals who wanted to engage with a wider, largely non-medical audience. His status as *premier médecin* meant that Vallot's every encounter with the medicament was important within this public arena because it was more likely to be acknowledged by the layman than the actions of his more academically involved, but lesser-known contemporaries. Vallot's presence in *La Stimmimachie* may thus have been less a reflection of the creators' admiration for his contribution to the Antimony Wars, than of their desire to appeal to this wider public audience. In effect, it seems possible that Vallot may have been included in *La Stimmimachie* as something akin to a celebrity ambassador for antimony's cause.

Two years after the publication of *La Stimmimachie*, Louis XIV's consumption of emetic wine appears to have acted as an equally powerful draw upon the public's interest in the Antimony Wars,¹⁴ and as the main instigator of the king's recovery, Vallot's already tangible presence within this public sphere of the dispute was yet again brought to the fore in consequence. Literature like Guillaume Caignet's *Sonnets et épigrammes sur la maladie et sur la convalescence du Roy*¹⁵ reveal how this increased interest in both the dispute, and Vallot's placement within it, was explored in the form

¹³ 'Along with these others, the celebrated Vallot, / To whom for his fated share, / Phoebus gives in abundance / Good fortune, knowledge, honour and wealth. / Through him the purest antimony / is brought close to the adored court, / As his hand gives it a charm / Which one can call effective.' Ibid., 11–12. Phoebus being a Roman appellation for Apollo – the deity with whom Louis XIV symbolically associated himself in his early reign – it seems likely that the 'Phoebus' to whom the poem referred was the king himself.

¹⁴ For more information about the non-medical literature about antimony that was spawned by the king's recovery in 1658, see Perez, *Biohistoire*, 344–5.

¹⁵ (Paris: Florentin Lambert, 1659). Unfortunately, I have been unable to find any biographical information about Guillaume Caignet.

of medical poetry. Published in 1659, Caignet's collection of poems focuses upon Louis XIV's illness and miraculous recovery in 1658. As with *La Stimmimachie* the poems' tone, language and portrayal of events strongly suggest that their author intended for them to appeal primarily to a broad, non-medical audience. The nature of Vallot's inclusion in this publication provides an insightful reflection of some of the ways in which his role in the Antimony Wars was perceived by the public during this later stage of the conflict.

As is still often the case for figures in the public eye, Louis XIV's health was considered a matter of immense national interest and significance to his contemporaries. The dramatic nature of his illness in 1658 triggered a proliferation of cultural responses,¹⁶ of which Caignet's book of poems represented just one example. The text provides the reader with an elegant account of the monarch's medical travails: from the onset of his fateful illness amidst the glory of military victory,¹⁷ to the dignified endurance that he exhibited whilst losing his hair in the illness' later stages.¹⁸ In keeping with the elevated 'high style' that was employed by many artists in this age for royal portraits,¹⁹ Caignet took care to strip common and technical matters – such as Louis XIV's more unseemly symptoms – from his portrayal of the suffering monarch.²⁰ The result was a collection of poems as devoid of medical jargon as *La Stimmimachie*.

Caignet's texts were by no means the only example of poetry from this period to evoke Vallot's name when describing a royal illness: the *premier médecin* appears in a number of seventeenth-century poems which elaborated upon this topic.²¹ What makes Caignet's poems different, however, from these other examples – and relevant to this specific investigation in turn – is the significance that the poet attributed to both antimony and Vallot's use of it.

Indeed, antimony's presence in the *Sonnets et épigrammes* is so prominent and exalted that the drug could easily be viewed as the text's second protagonist. Attributing the king's recovery to the emetic wine that he received towards the end of his illness,

¹⁶ These cultural responses included, but were not limited to, publications such as special newspaper reports, and celebratory events like *Te Deums*. For more information about cultural responses to Louis XIV's illnesses see Perez, *Biohistoire*, 314–25.

¹⁷ Caignet, *Sonnets et épigrammes*, 1–2.

¹⁸ *Ibid.*, 12.

¹⁹ Burke, *Fabrication*, 15 and 25.

²⁰ Perez, *Biohistoire*, 342–3.

²¹ For examples see La Gravette de Mayolas et al., *Les Continueurs de Loret: Lettres en vers de la Gravette de Mayolas, Robinet, Boursault, Perdou de Subligny, Laurent et autres (1665-1689)*, ed. James de Rothschild et al. (Paris: D. Morgand and C. Fatout, 1882), vol. 2, 475–86 and Jean Loret, *La Muze historique, ou Recueil des lettres en vers contenant les nouvelles du temps*, ed. Jules Ravenel et al. (Paris: P. Jannet, 1877–8), vol. 2, 107 and vol. 3, 278.

Caignet praised antimony in no less than eight epigrams and one sonnet in the text. The Antimony Wars appear to be indirectly referenced in one of these poems, which hails the king's recovery as a 'victory' for the medicament's advocates over the criticisms of their opponents.²² Far from being a traditional royal homage, the text is so determined in its praise of antimony that it hints at the possibility that, whatever Caignet's own professional status may have been, he had intended for the text to be viewed as a definitive literary contribution to the Antimony Wars.

As the individual responsible for bringing Louis XIV and antimony together, Caignet held Vallot in such high regard that he dedicated the entire *Sonnets et épigrammes* to him. Caignet used the dedication, and an accompanying sonnet, to reverentially commend the *premier médecin*'s successful treatment of the king:

Vallot, de qui l'art et les soins
Ont sauvé nostre Grand Monarque
Du funeste escueil de la Parque
Qui nous l'alloit ravir au fort de nos besoins.

Quoy qu'ébloüi sur tous les points
D'un Triomphe à si claire marque,
Souffre pourtant que ie m'embarque
A louer ton merite, où tant de biens sont joints.²³

The fact that any contemporary antimony supporter felt able to express the entirety of his argument within the framework of Louis XIV's antimonial recovery would appear to stand testament to the enormous influence which Vallot enjoyed over the public's perception of the Antimony Wars. That said, it seems important to acknowledge at this point that even within the context of the king's recovery in 1658, the general public never considered Vallot to be the only important combatant in the pro-antimony camp. A number of the other antimony supporters whom the public held in particularly high regard in this dispute can be seen on clear display in a relatively unusual source: a printed almanac for the year 1659.²⁴ The almanac includes a large

²² Caignet, *Sonnets et épigrammes*, 11.

²³ 'Vallot, whose art and cares / Have saved our Great Monarch / From the dire pitfalls of Fate / Which would have taken him from us at the height of our need./ Although bedazzled by all of the aspects / Of a Triumph of such distinction / Suffer, however, that I undertake / To praise your merit, to which so many good things are attached.' Ibid., non-paginated introduction.

²⁴ Jean Lepautre, Nicolas de Poilly and Nicolas Regnesson, *La France ressuscitée par le remede, envoyé du ciel, au plus grand monarque de la terre pour la paix de son peuple et a la confusion de ses ennemis*, (Paris: P. Mariette, 1659). For a brief description of the almanac's role in the dissemination of Louis XIV's image, see Burke, *Fabrication*, 16.



Illustration 2: *La France ressuscitée par le remede, envoyé du ciel, au plus grand monarque de la terre pour la paix de son peuple et a la confusion de ses ennemis.* Engraving by Jean Lepautre, Nicolas de Poilly and Nicolas Regnesson, dated 1659. Image courtesy of the Bibliothèque nationale de France, Paris.



Illustrations 3 and 4: To left, close-up of *La France ressuscitée*. To right, close-up of François Guénault. Undated engraving by unknown artist. Image courtesy of the Wellcome Trust, London.

reproduction of an engraving, depicting a romanticised version of the scene at Louis XIV's sickbed the year before.

In the image's background a cherub draws back the drapes of a bed to reveal the king who, from his sitting position and smiling expression, appears to be on the road to recovery. Louis XIV's mother, younger brother and Cardinal Mazarin stand towards the foot of the bed on the king's right hand side, and two physicians can be seen attending to the royal patient himself. The first physician, who stands quite far away from the king, possesses relatively unrecognisable facial features. But the second physician can confidently be identified as François Guénault, the undisputed ringleader of the pro-antimony movement.²⁵ His recognisable presence in the absence of the *premier médecin*'s is noteworthy in itself, but by far the most striking aspect of Guénault's appearance is the fact that he is holding Louis XIV's hand, with the young king visibly stretching his arm across the bed to reach the former's. One cannot escape the impression that Guénault is being presented to the viewer here as a sort of human representation of antimony's potential, and as such, the image transmits a number of powerful messages about the Antimony Wars and his own place within them. Guénault's striking presence in the almanac reminds us that the public were presented with a variety of medical personalities to follow during this fast-paced, dramatic

²⁵ Perez believes that the man that I have identified as François Guénault is in fact Cardinal Mazarin. See his *Biohistoire*, 308. However, the man in question bears such a striking resemblance to other contemporary images of Guénault – as can be seen in the images above – that I cannot agree with Perez' identification.

dispute: the king's *premier médecin* was by no means the Antimony Wars' only hero. Guénault's popularity in the public sphere is further reflected in a poem by the aforementioned poet Scarron, which praised the physician's participation in the recovery.²⁶

The almanac's full title (*La France ressuscitée par le remede envoyé du ciel, au plus grand monarque de la terre pour la paix de son peuple et a la confusion de ses ennemis*)²⁷ leaves no doubt as to the identity of the other participant that it praised: like all early modern physicians, Vallot was believed to share all of his medical successes with God.²⁸ The almanac depicts in detail the efforts that were made in heaven to ensure Louis XIV's antimonial recovery in 1658. In the image's foreground a large angel can be seen floating above the king's bed, triumphantly raising an amphora of 'Remede divin' ('Divine Remedy') to the heavens. Cherubs pass similar vessels down grapevines which flank both sides of the engraving, eventually reaching down to the level of the royal family. The angel in possession of the divine remedy is emitting a sharp flash of lightning, which travels across the page to challenge retreating representations of death, envy and sedition.²⁹ These malevolent beings are situated to the left of Louis XIV's field of vision, in keeping with the iconographically negative connotations associated with this position. Such powerful religious images would have reminded the almanac's contemporary audience that God was ultimately responsible for Louis XIV's recovery in 1658, as he was for all others': royal physicians like Vallot and Guénault had simply actualised His divine will.

Like most of his medical contemporaries, Vallot believed that divine benevolence played a crucial role in his successful treatment of Louis XIV. Scarcely a year went by in which he did not thank God profusely in the *Remarques* for helping him to cure the king of his various ailments.³⁰ However, it is also clear that when it came to the public dissemination and celebration of Louis XIV's recoveries, God did not always simply share Vallot's limelight: His divine presence often eclipsed it. As previously

²⁶ Paul Scarron, *Poesies diverses*, ed. Maurice Cauchie (Paris: M. Didier, 1961), vol. 2, part 2, 207–8. For further examples of literary praise for Guénault's support of antimony, see Jacques-Albert Hazon, *Notice des hommes les plus célèbres de la Faculté de médecine en l'Université de Paris depuis 1110 jusqu'en 1750* (Paris: B. Morin, 1778), 1625.

²⁷ *France Resuscitated by the Remedy Sent from Heaven, to the Great Monarch on Earth for the Peace of his People and to the Confusion of his Enemies*.

²⁸ Brockliss and Jones, *Medical World*, 78–80 and Wear, "Early Modern Europe," 240–1.

²⁹ For a more in-depth examination of the almanac's imagery, see Perez, *Biohistoire*, 309.

³⁰ Vallot was particularly vocal in his gratitude to God in 1658, writing in his *Remarques* entry for the year that 'nous avons sujet de louer Dieu d'avoir béni les remèdes, et inspiré les médecins de les ordonner si à propos et si heureusement' ('we have cause to praise God for having blessed the remedies, and inspiring the physicians to administer them so appropriately and happily'). *JS*, 134.

mentioned in this thesis' introduction, the king of France was believed to share a unique, spiritual link with God during the early modern period, and Louis XIV was keen to remind his subjects of this as justification of his natural status as their ruler. Whenever the king recovered from an illness, the recovery itself often proved an effective tool for achieving this aim because it could be pitched to the kingdom's masses as a miraculous 'resurrection'; offering physical proof of his unique, royal connection with the divine.³¹ Contemporary sources which highlighted this religious context of the king's recoveries consequently drew attention not just to the omnipotent role which God played in all medical events, but to the unique religious power which was invested in the king's body and soul. Louis XIV's violent illness and dramatic recovery in 1658 proved very propitious in this respect as in addition to publications such as the 1659 almanac, and Caignet's poems, many cities across the kingdom performed public *Te Deums* which praised God's role in this seemingly miraculous turn of events.³² It was important that the *premier médecin* was not acknowledged too overtly in religious interpretations of the king's recovery such as these, because anything but the most cursory of nods to his decidedly technical role in proceedings could have drawn attention from – and consequently undermined – the concept of the monarch's divine affinity and resulting political might. Consequently, Vallot's presence was often significantly faded – sometimes even erased completely – from these popular religious portrayals of the king's recovery.³³ From celebrated poetical prominence to relative obscurity in the face of religious healing, Vallot appears to have enjoyed a decidedly multifaceted image in the public eye as the king's medical representative.

Throughout the past two chapters, the Antimony Wars have offered us a fantastic platform from which to view some of the people and issues that galvanised the wider medical world of Vallot's day. Although source material directly relating to our protagonist's involvement in the dispute has proved a little thin on the ground in some instances, the information at our disposal has nevertheless shed light upon a number of different attitudes which appear to have been held towards the *premier médecin* by his contemporaries. Consequently, we are left with some interesting answers to the questions that were posed at the beginning of this chapter.

Both Patin's correspondence and *La Stimmimachie* have confirmed, for instance, that Vallot's administration of emetic wine to Louis XIV in 1658 was indeed preceded

³¹ For more information about Louis XIV's use of his recoveries from illness as a political tool, see Perez, *Biohistoire*, 277–9 and 302–14.

³² *Ibid.*, 306–7. See AN, O¹/12/691–2 for a royal edict relating to the *Te Deum* that was held in Grenoble.

³³ Perez, *Biohistoire*, 310–12.

by earlier use of antimony on the *premier médecin*'s part. The fact that Vallot administered antimony to his patients across Paris throughout the 1650s strongly suggests that he supported the sentiments of the Antimony Wars' pro-antimony movement for many years before his antimonial treatment of the king. His participation in the dispute that was sustained by his professional contemporaries on the matter appears to have extended no further than this, however. With no surviving evidence to suggest that he offered any significant verbal or textual contribution to the discussions of the dispute's main combatants, it seems likely that Vallot remained quite distanced from the Antimony Wars as it played out in the capital, and indeed from many other manifestations of contemporary medical discussion that were developing at the time, such as scientific academies. Interestingly, however, Vallot's literary treatment at the hands of Renaudot and Patin hints at the possibility that neither the *premier médecin*'s opinions, nor indeed his participation, were in fact actively sought by the participants of these discussions. A closer examination of Vallot's role as *premier médecin* reveals that there were in fact many reasons why he may have considered it neither appropriate or indeed possible to contribute to them in the same ways as his professional contemporaries.

From indifference to antipathy, Patin's correspondence gave the strong impression that the *premier médecin* was a figure that many in the kingdom's medical profession historically associated with greed, deceit and incompetence. Opinions of Vallot and his role appear to have been very different beyond this relatively small sphere of professional influence, however: in non-medical literature relating to the Antimony Wars, he was often depicted as enjoying a much more positive and influential reputation within the medical sphere in general.

Attitudes towards the *premier médecin*'s presence in the Antimony Wars were undeniably divided in the wider medical world beyond Louis XIV's court. However, the *Remarques* excerpt that was provided at the end of the previous chapter gave the strong impression that the *premier médecin* himself firmly believed that he was a very significant participant indeed in the conflict. In the following chapters Vallot's own perception of his presence in the wider medical world as *premier médecin* will be explored in greater depth, both within the context of the Antimony Wars and without.

Chapter 7. The Long View: Vallot's Broader Duties and Aspirations in the Medical Sphere as *Premier Médecin*

Vallot's feelings towards his role in the broader medical world can be discovered not only through the examination of his own words – such as those in the *Remarques* – but also through the words of his staff. Just as Vallot himself was skilled in the art of telling his patrons what they wanted to hear, so too were his subordinates towards him, and one of the ways in which many of the court practitioners chose to flatter the *premier médecin* was by praising his efforts in the public realm. Whether it was through his own active input, or through his approval of other practitioners' work,¹ Vallot was described in many of the aforementioned published dedications to him as making a decidedly powerful and positive impact upon the French public's wellbeing. In his approbation of Thibaut's aforementioned *Cours de chymie*, Fagon described how Vallot's thoughts 'se portent continuellement à l'utilité du public',² whilst Charas praised the same subject for 'cette noble inclination, qui vous est naturelle, et qui vous fait agir avec tant de zèle pour l'utilité du public'.³ In his *Traité de chymie*, Le Febvre wrote that:

[V]ous n'eustes plus, Monsieur, d'autre pensée, que celle de faire du bien aux peuples de la France, par la communication que vous vouliés faire à ceux qui gouvernent leur vie de ce que vous aviés acquis [...] par une longue étude et par une heureuse experience.⁴

In their emotive evocations of his care and concern for the wider public, these dedications tapped into an important element of Vallot's own perception of his role as *premier médecin*: an element which is also conspicuous in the *Remarques* excerpt above, in which Vallot boasted of his influence over the Antimony Wars. As the king's medical representative, Vallot appears to have considered his work to be of national significance in many respects. Extending far beyond his medical care of the human embodiment of

¹ Glaser wrote of his *Traité de la chymie* that 'comme le public en a reçu quelque utilité, j'ay cru qu'il falloit qu'il reconnut que ce n'est qu'à la grandeur de vos liberalitez qu'il en a l'obligation' ('as they received some use from [the first edition of the text], I believed that it is necessary for the public to recognise that it is to the greatness of your munificence alone that they should feel obliged for its existence'). Glaser, *Traité de la chymie*, non-paginated introduction.

² '[C]ontinuously focus on the public interest.' Thibaut, *Cours de chymie*, non-paginated introduction.

³ '[T]hat noble inclination – which is natural to you –and which drives you [to work] with such zeal in the interest of the public.' Charas, *Nouvelles experiences*, non-paginated introduction.

⁴ '[Y]ou have no other thought, sir, than that of bringing good to the people of France, by the communication that you like to make to those who govern their lives of what you have acquired... by lengthy study and fortuitous experience.' Le Febvre, *Traicté de la chymie*, non-paginated introduction.

the state,⁵ Vallot's perception of this importance manifested itself in his concern for some of the medical issues which affected the wider populace, as well as in his interactions with the practitioners who worked for them in the medical world beyond the court. The following chapters will briefly examine some of the ways in which Vallot's perception of his role affected his relationships within the wider medical world in France, before considering how it may also have shaped Vallot's approach towards, and actions within, the Antimony Wars specifically.

7.1 Public Predictions: Vallot's View of the French Populace

Despite its status as a royal medical journal, the *Remarques* provide some extremely valuable insight into the ways in which Vallot thought about his relation to the wider French populace as *premier médecin*. His aforementioned references to the pathological state of the regions in which he travelled with the court confirm that Vallot was observant with regards to the medical issues that affected the people living outside of his elite society, even if in the early years of his career, he appears to have utilised his observations almost solely for the preservation of the king's health. It is in fact for this purpose that the medical state of the wider populace is first mentioned in the *Remarques*, as a kind of pathological backdrop to Louis XIV's medical experiences in 1656. In his first of several entries for the year, Vallot described how he expected a number of fevers to be prevalent among the people of France in the coming months including smallpox, chickenpox and dysentery. The *premier médecin* predicted that Louis XIV would successfully evade contamination from all of them. Fortunately for the king, the prediction was to prove correct and Vallot was able to write in a later entry that Louis XIV had suffered from no significant illnesses during the course of 1656.⁶

This national, pathological prediction was to prove the first of many such exercises in the *Remarques* which, as Vallot described in later entries, were primarily formulated upon his observations of the movements of the stars, and the disposition of the winds and air.⁷ Interestingly, from this starting point, the tone of Vallot's predictions

⁵ Le Febvre and Lequin acknowledged this particular element of the *premier médecin*'s national importance in their respective dedications to Vallot. See Le Febvre, *Traicté de la chymie*, non-paginated introduction and Lequin, *Traité des hernies*, non-paginated introduction. See also Perez, preface to *JS*, 40.
⁶ *JS*, 110.

⁷ *Ibid.*, 113 and 158–9. As previously mentioned, Vallot stopped writing these predictions in 1669, after several supposedly jealous colleagues accused him of cheating by writing them at the end of the year rather than at the beginning. See Chapter 3, footnote 64.

and subsequent pathological reports gradually changed to reflect a much greater interest in, and concern for, the medical experiences of the wider populace rather than just the king's. After providing a similar national prediction for the beginning of 1657, for instance, Vallot was much more attentive to his recording of how the pathological developments of the year had ultimately affected the French people:

Les prédictions que j'ai faites à S.M. pour la présente année, se sont trouvés trop véritables [...] les maladies spécifiées dans lesdites prédictions se sont rendues populaires aux villes et à la campagne [...] nous avons sujet de rendre grâce à Dieu que la France n'ait point été affligé de la peste comme beaucoup d'autres pays⁸

Vallot's references to the kingdom's medical developments became more and more focused on the populace as time went by, and by 1661 he was devoting entire pages of the *Remarques* to his thoughts on their experiences.⁹ In this year, Vallot extended his medical gaze even further than usual to report upon the course of a number of fevers which were then traversing across Europe. In the Blois region of France, he wrote, the countryside had been almost deserted as a result of deaths by the fevers:¹⁰ information which, in its specificity, hints at the existence of a national medical network which the *premier médecin* could consult for information about pathological developments in different regions of the country. At the beginning of his decidedly more optimistic *Remarques* entry for 1666, Vallot criticised at length the superstitions which he believed many of his contemporaries to have erroneously harboured towards the year, before providing his own more hopeful predictions for the pathological outlook for France and the rest of Europe in the coming months. Vallot recorded that he had shared his predictions with the king in this instance, assuring His Majesty that 'nous n'avions point eu d'année, depuis longtemps, ni plus heureuse, ni plus fertile que celle-ci'.¹¹

Vallot's references to the health of the populace in the *Remarques* confirm that his close affiliation with the royal court did not completely isolate him from the wider

⁸ 'The predictions that I made to His Majesty for the present year, have found themselves to be only too true... The specific illnesses in the aforesaid predictions have rendered themselves popular in both the towns and the countryside... we have great cause to thank God that France had not been afflicted by the plague, as have so many other countries.' *JS*, 112.

⁹ *BNF*, Manuscrits français, 6998/71v.

¹⁰ *JS*, 142.

¹¹ '[W]e would not have had a year more happy nor fertile than this one in a long time.' *Ibid.*, 158–9. Vallot predicted that although chickenpox and smallpox would be more prevalent in 1666 than they had been for some years, the outbreaks themselves would not be too violent. He also predicted a greater number of miscarriages and sudden deaths for the year.

medical world and its issues, even if his muted participation in the medical disputes of his contemporaries would initially appear to suggest otherwise. Rather, his position as *premier médecin* appears to have encouraged Vallot to interact with this sphere in very different ways to other medical practitioners. Just as Louis XIV had a responsibility of care towards his subjects as their king, so too does Vallot appear to have considered himself to have held some responsibility for the medical context of these subjects' wellbeing as the king's medical representative. His work as *premier médecin* would presumably have rarely, if ever, taken him onto the streets to interact with these subjects face-to-face, yet the concern which Vallot expressed for their collective wellbeing from his distanced vantage point nevertheless gives the impression that, as *premier médecin du roi*, he still considered them to be 'his' patients in a sense.

His decision to share his national predictions with Louis XIV in 1666 would appear to suggest that Vallot intended for his observations of the wider populace's health to be acted upon to some extent. His collective recommendation of antimony as an efficient treatment for those afflicted by the aforementioned fevers in 1661¹² – as well as his help in appointing royal practitioners to tackle regional outbreaks of the plague¹³ – would again appear to support this hypothesis, although it also seems important to acknowledge that Vallot's time-consuming duties at court would presumably have prevented him from providing more extensive personal input into the 'treatment' of this national patient-base. Arguably, however, the most important element of Vallot's broader care of the medical public was his management of the practitioners who cared for them: at least, those who fell under his national jurisdiction as *premier médecin*.

7.2 The *Premier Médecin*'s Practitioners: Vallot's Rights and Privileges over the Medical World

As previously mentioned in this thesis' introduction, the position of *premier médecin* automatically entitled its holder to a number of rights and privileges over the kingdom's medical profession. These rights and privileges brought Vallot into contact with a

¹² *JS*, 142–3.

¹³ See, for instance, *AN*, O¹/14/291, which relates to the appointment of a physician named Tristan Isnaud for the position of *médecin ordinaire du roy pour les maladies pestilentielle* (Physician to the King for Pestilential Maladies). The appointment was registered on 17th July 1670, and Isnaud swore his appointment oath between Vallot's hands.

variety of different practitioners, whose recorded interactions with the *premier médecin*, can provide some valuable insight into the ways in which he thought about the medical workforce in this wider professional world beyond the court.

One of the most important – not to mention lucrative – medical spheres in which Vallot enjoyed privileges as *premier médecin* was in the kingdom's trade of mineral waters. In his role as *surintendant des fontaines et eaux minérales*, the *premier médecin* was traditionally expected to both ensure the correct management of the spas from which the mineral waters were sourced and utilised by visiting patients, and control the quality of, and commerce in, the mineral waters that were transported across France by traders. As far as the transport and sale of mineral waters was concerned, it was the *premier médecin's* responsibility to both sanction and oversee the activity of the kingdom's crown-approved traders. With regards to the spas themselves, he was also responsible for appointing *intendants*: usually local physicians, these practitioners worked directly under the *premier médecin* to both manage the spas' numerous employees and water quality, and devise treatment plans for visiting patients.¹⁴

Vallot's right to the title of *surintendant des fontaines et eaux minérales* was officially ratified on 30th March 1655,¹⁵ although the first *premier médecin* to hold the title – the aforementioned Jean de La Rivière – had acquired it at Henri IV's behest five decades earlier.¹⁶ The therapeutic use of mineral waters had experienced a surge in popularity during the late-sixteenth to early-seventeenth century – not least because of the royal family's own approbation of this treatment¹⁷ – and Henri IV appears to have rightfully seen in the bestowal of this privilege upon his *premier médecin* an opportunity for the crown to secure substantially greater control over the kingdom's medical profession.¹⁸

During Vallot's time as *premier médecin*, mineral waters were still considered to be one of the most exciting and influential aspects of the medical marketplace. While practitioners enthusiastically debated the individual properties and medical benefits of

¹⁴ In addition to managing the site and its staff, *intendants* were also expected to send an annual report to the *premier médecin* on their spa's progress. For more information about the early modern spa *intendants'* responsibilities, see Brockliss, "Development of the Spa," 34–9 and Lunel, *Maison médicale*, 194–6.

¹⁵ AN, AJ/15/502/90.

¹⁶ Vons, "Le Médecin," 67.

¹⁷ As previously mentioned, Louis XIII and Anne of Austria turned to mineral waters in the hopes of conceiving an heir. Louis XIII's father, Henri IV, had also put great store by the medical use of mineral waters. For more information about the effect of this royal approbation on the reputation of France's mineral waters, see Lunel, *Maison médicale*, 193.

¹⁸ Ibid.

different regional mineral waters,¹⁹ the waters themselves were being both bathed in and consumed by patients for a growing number of ailments: rendering them increasingly indispensable from both a therapeutic and commercial perspective.²⁰ The 1650s also saw the medical use of mineral waters become a growing trend within courtly circles:²¹ as was reflected in his administration of the Forges waters to Louis XIV in 1655, Vallot himself was a passionate advocate of the benefits of mineral waters for this particular patient base.²²

Through his management of the *intendants* who managed the kingdom's spas, and the traders who transported their waters, Vallot was able to make a very powerful impact upon an extremely important and lucrative aspect of the medical world. There are a number of clues to suggest that he not only recognised this fact, but took steps to ensure his efficient management of the *intendants* and traders beneath him in consequence. On 9th June 1670, for instance, a ruling was passed at Vallot's behest which revoked all of the licenses that had previously been granted to traders and distributors of mineral waters in France. All those who wished to have their licenses returned had to reapply through Vallot, or face a fine of 5,000 *livres*. The command was officially made as a preventative measure to ensure against the sale of fraudulent mineral waters by unlicensed traders,²³ but it also provided Vallot with the ideal opportunity to both become better acquainted with, and assert his control over, the practitioners whose work ensured his continued success in this field.

A small bundle of otherwise unremarkable letters between Vallot and a physician who worked on the court's periphery provides even further confirmation of the impressive extent to which the *premier médecin* closely managed and controlled his subordinates in this sphere of his jurisdiction. On 1st January 1653, Jean du Puy – a physician who worked for the duc de Nevers' family in the first half of the seventeenth

¹⁹ Brockliss, "Development of the Spa," 25. See also Brockliss "Medical Teaching," 244 for examples of theses dating from Vallot's time as *premier médecin* which explored the medical value of mineral waters.

²⁰ Whilst mineral waters were considered to be a remedy of last resort in the early seventeenth century, they were increasingly turned to by the middle of the century as an effective remedy for chronic ailments and recuperative purposes. See Brockliss and Jones, *Medical World*, 313–15.

²¹ *Ibid.*, 314.

²² After his aforementioned administration of the Forges waters to Louis XIV in 1655, Vallot also experimented with the prescription of different waters for a nervous condition which the king suffered from in the 1660s and 1670s. See *JS*, 153, 156–7 and 168–70. Vallot did not just prescribe mineral waters for the king, however: in 1659 he prescribed the waters of Barèges to Mazarin to alleviate the symptoms of his gout, and in a letter to an unnamed patient in 1667, he also prescribed the Forges waters. See *MAE*, *Mémoires et documents* : France, 280/226 and *BNF*, *Manuscrits français* 17055/8 respectively.

²³ Lunel, *Maison médicale*, 200.

century²⁴ – wrote to Vallot on behalf of a friend named Adam Billaut with regards to the latter’s rights over a spa. Originally a carpenter from Nevers, Billaut had shot to fame in Paris after turning his hand to poetry²⁵ and Cardinal Richelieu – a particularly avid fan of his work – had rewarded him with the financial rights to a spa in a town named Pougues.²⁶ Thanks to their successful prescription to royalty in the recent past,²⁷ the Pougues waters were a particularly popular therapeutic choice in the seventeenth century²⁸ and Billaut was extremely proud and possessive of this asset which the cardinal had bestowed upon him.²⁹ Past *premiers médecins* had successively ratified Billaut’s rights over the Pougues spa, but for some reason, Vallot appears to have failed to do so in his first six months of office. Du Puy’s letter in January 1653 consequently served as a gentle reminder to Vallot of Billaut’s situation; tempting the *premier médecin* with the prospect of a literary reward in the form of a dedicated poem should he quickly ratify the rights.³⁰ The appeal appears to have worked, as du Puy wrote to thank Vallot for his generosity a couple of months later. The manner in which du Puy responded to the *premier médecin*’s approval is particularly interesting, however, as after thanking Vallot profusely, du Puy appears to have assured the *premier médecin* that he had informed Billaut to remember that:

[T]outes les graces qui pourroient [émanés?] des eaux mineralles debvoient prendre leur source en celle de l’authorité, et des dependances de vostre charge [...] pour luy bien faire comprendre le sens interieur de la lettre que vous m’aves fait honneur de mescrire sur ce subiect³¹

²⁴ For more information about Jean du Puy, see Amédée Dechambre, *Dictionnaire encyclopédique des sciences médicales* (Paris: Masson and P. Asselin, 1884), vol. 30, 671.

²⁵ For more information about Adam Billaut (1602–62), see Guy Thuillier, *Adam Billaut et les auteurs nivernais du XVII^e siècle : [exposition à la] Bibliothèque municipale de Nevers, Centre Jean Jaurès, 21 septembre – 19 octobre 2002* (Nevers: Société académique du nivernais, 2002), 23–34.

²⁶ BNF, Manuscrits français, 2392/47 and Adam Billaut, *Poésies de maître Adam Billaut, menuisier de Nevers*, ed. Ferdinand Denis et al. (Nevers: J. Pinet, 1842), 47.

²⁷ La Rivière prescribed the Pougues waters to Henri IV in 1600. See Brockliss and Jones, *Medical World*, 313.

²⁸ See Augustin Courrade, *L’Hydre feminine combattue par la nymphe pouguoise, ou Traité des maladies des femmes guéries par les eaux de Pougues* (Nevers: J. Millot, 1634); Etienne Flamant, *Discours de l’origine et proprieté de la fontaine minerale de Pougues* (Paris: Millot, 1633) and Raimond de Massac, *Les Fontenes de Pougues de Mre Raimond de Massac, docteur en médecine, mises en vers françois, par Charles de Massac son fils* (Paris: Du Bray, 1605).

²⁹ See Billaut, *Poésies*, 181–4 for a poem that Billaut wrote in praise of the Pougues waters.

³⁰ ‘[C]e sera une action de justice que vous ferez vous incitez sa muse a enrichir ses oeuvres de quelque digne Panegyrique dressé sur vostre merite original [...] les effects vous glorifient plus que ne scauroit faire tout le Parnasse ensemble’ (‘[I]t will be a just action that you will perform you will incite his muse to enrich his works with some worthy panegyric on your original merit... the effects will glorify you more than all of the inhabitants of Parnassus combined would know how to do’). BNF, Manuscrits français 2392/47. To my knowledge, Billaut never wrote any poem in Vallot’s honour.

³¹ ‘[A]ll of the graces that could [emanate?] from the mineral waters [to him] should find their source in that of the authority, and dependancy of your charge... To make him understand correctly the inner

The fact that Vallot would feel the need to pass such a message on to Billaut is an intriguing prospect: could this request of du Puy have been a consequence of previously presumptuous behaviour on the poet's part, or, perhaps, a sign of insecurity on the *premier médecin's*? Either way, du Puy's brief and barely legible³² reassurances offer a tantalising suggestion of the extent to which Vallot strived to ensure that his absolute authority as *premier médecin* was recognised within his professional spheres of jurisdiction.³³

From spas to lawcourts, Vallot's status as *premier médecin* also afforded him the opportunity to wield his authority over a nationwide community of legal surgeons. As previously mentioned in this thesis' introduction, Vallot held the right to appoint a couple of surgeons in each town in the kingdom to assist with specific medico-legal procedures in the region. These surgeons were known as *chirurgiens jurés*, and were appointed in order to tend to both injured patients and corpses which were the subject of legal proceedings. After providing medical treatment for each body, the *chirurgien juré* was expected to compile a medical report about his observations which would be sent to the presiding judge to assist with his eventual ruling on the related case.

As with his management of the kingdom's mineral waters, the *premier médecin's* control over France's *chirurgiens jurés* had been established in Henri IV's reign. The king had bestowed La Rivière with the privilege in 1602 as part of a command that the *premier médecin* should henceforth regulate the presence of medical expertise in the kingdom's penal processes.³⁴ Although his own rights with regards to this privilege were not officially ratified until November 1654,³⁵ a number of archival documents relating to his provincial appointments of *chirurgien jurés* in April 1653 would appear to suggest that Vallot was just as keen to exercise his powers within this sphere of jurisdiction as he had been with the kingdom's mineral waters.³⁶ A similar document from Nîmes in 1663,³⁷ and another from the Loire region in 1671,³⁸ reveal

meaning of the letter that you did the honour of writing me on this subject'. *BNF*, Manuscrits français 2392/51–2.

³² Both du Puy's handwriting, and the poor preservation of the document itself, make this letter extremely hard to read.

³³ Unfortunately for Billaut, his efforts to retain his rights over the Pougues spa ultimately proved futile as he was later forced to relinquish them to the Archbishop of Norbonne. See Billaut, *Poésies*, 542–4.

³⁴ Lunel, *Maison médicale*, 184–6.

³⁵ *AN*, AJ/15/502/92.

³⁶ Vallot appointed two *chirurgiens jurés* for Amiens in April 1653. See *Archives de la Somme*, Fonds des administrations jusqu'en 1790, Série B, 1B25/158–9 and 171–2.

³⁷ *Archives départementales du Gard*, Fonds des archives communales de Nîmes, E dépôt 36/368.

³⁸ *Archives départementales de la Loire*, B1305.

that Vallot continued to exercise his powers in this sphere consistently throughout his career.

As Henri IV's initial request of La Rivière had intimated, the *premier médecin's chirurgiens jurés* had not always been the only legitimate medico-legal authorities in early modern France. Other practitioners who had frequently turned their hands to these services in the past were loud in their opposition to the *premier médecin's* encroaching monopoly in this field of legal medicine. Unfortunately for Vallot, the remonstrations of these opposing voices were acknowledged in 1670 when a royal edict allowed the subjects of medico-legal reports (or their minders, in the case of corpses) to choose whichever practitioners they desired to tend to them. The extent of the *premier médecin's* rightful professional authority in this area was hotly contested during the implementation of this reconfiguration. A year later things eventually worked out in the *premier médecin's* favour, as an edict revoked the ruling in order to restore the previous status quo.³⁹ Compiled a month after his death, however, the edict unfortunately came into being a little too late for Vallot to benefit from its effects.

Another area of the medical world in which Vallot's control was greeted with a similar degree of hostility was within the kingdom's various smaller communities of apothecaries. As *premier médecin* Vallot enjoyed the right to create new, legally-recognised communities of apothecaries in areas which did not fall under the jurisdiction of a medical faculty. The geographical specificity was necessary because in areas in which medical faculties did exist, the faculties themselves were historically responsible for the creation of such communities and did not take kindly to the *premier médecin's* interference in this respect. When working in harmony, the *premier médecin's* and the faculties' efforts helped to secure the public's safety by holding all of the apothecary-communities for which they were responsible to equally high national standards: the corporative ideal.⁴⁰

After this right was ratified in his name in April 1654,⁴¹ Vallot was able to appoint representatives who would travel to the smaller settlements in France at his command to establish apothecary-communities. These representatives would examine all of the licensed apothecaries that resided in a settlement in order to ensure that they met the required standards, and if no problems arose, they would proceed to figuratively bind all of the apothecaries together in a new legally-recognised community. Once

³⁹ For more information about this dispute, see Lunel, *Maison médicale*, 188–90. See AN, O¹/15/373–4 for the edict which reinstated the status quo in 1671.

⁴⁰ Lunel, *Maison médicale*, 148–9.

⁴¹ AN, AJ/15/502/91.

established, these communities could annually elect a couple of individuals within their number to become *gardes*, who would be responsible for carrying out demi-annual inspections of all the apothecaries' premises. *Gardes* were also expected to protect their settlements from the pernicious influence of charlatans.⁴²

In September 1661, Vallot drafted a set of regulations which both refined and enhanced his control over the creation of apothecary-communities.⁴³ The regulations confirmed, for instance, that his representatives were no longer restricted to establishing such communities from a settlement's pool of apothecaries alone, but could from now on also incorporate other similarly-ranked practitioners such as spice sellers, wax sellers, druggists and confectioners into the communities they planned to create. In addition, these representatives – now named 'lieutenants' – were expected to preside over all of the activities that were arranged by the communities they created: including the *gardes*' inspections, and the assemblies which were held by apothecary-members.⁴⁴ As with the kingdom's mineral waters, this appeal for more extensive surveillance would appear to suggest that Vallot was keen to remain as informed as possible about the successful implementation of his powers over this medical sphere.

Vallot's decision to pay increased attention to his right over the kingdom's apothecaries in 1661 proved a time-consuming and not entirely successful undertaking. Many of his representatives encountered problems trying to get these already informally-established communities to form into legally-recognised groups⁴⁵ and just months after Vallot's death, the *premier médecin*'s entitlement to this right was revoked entirely following rumours that many of his representatives were exploiting the very communities they were sent to help by demanding excessive remuneration for their services.⁴⁶ Just as had been the case within the court's medical community, Vallot's dealings with the kingdom's humbler communities of apothecaries appear to have been deceptively difficult.

It is interesting to observe how Vallot's management of the staff beneath him in the last two examples provoked such considerable degrees of hostility within other medical communities that he was effectively forced to curb his efforts in both instances. As with his aforementioned interactions with the kingdom's medical faculties, these

⁴² Lunel, *Maison médicale*, 149–52.

⁴³ Although Jean Héroard was officially the first *premier médecin* to enjoy this right, his professional successor – Charles Bouvard – was the first to draft an official set of statutes which could be used by his representatives across the country as a general guide to the creation of apothecary-communities. For more information about these earlier *premiers médecins*' management of the right, see *ibid.*, 149–55.

⁴⁴ Lunel, *Maison médicale*, 155–6.

⁴⁵ For more information about, and examples of, these hostilities, see Lunel, *Maison médicale*, 156–9.

⁴⁶ AN, O¹/15/421–3.

hostile encounters seem to convey a sense of the somewhat awkward nature of Vallot's presence in the wider medical world as *premier médecin*: although a prestigious practitioner on account of his connection with the king, this prestige does not appear to have automatically ensured the respect and cooperation of his professional contemporaries. Certainly, the position of *premier médecin* did not lend itself to easy integration within the world of his professional contemporaries beyond the court, let alone within the discussion and disputes in which many of these practitioners partook.

Interestingly, however, Vallot's actions in the examples above give the distinct impression that he was not particularly concerned with his likeability or integration within these medical communities. Despite the antipathy which often faced him in such circumstances, Vallot appears to have proven extremely keen to refine and augment his authoritative presence within the kingdom's medical profession as *premier médecin*: ensuring his inclusion in even the smallest matters in order to realise this aim. Whether this pursuit was undertaken as part of a desire for glory on behalf of himself or the crown – or indeed as part of a desire to better ensure the wellbeing of the French public which he went to such efforts to comment upon in his *Remarques* – Vallot's actions seem to be those of a *premier médecin* who did not feel uncomfortable about testing the limits of his powers. Although his control over the medical profession of France would never be as consequential as that enjoyed by many of his contemporary European counterparts – such as the Spanish royal *protomedico* – the examples above suggest that Vallot remained both enthusiastic about, and undeterred from, his efforts to improve his authority within the medical sphere throughout his career as *premier médecin*.

One of the most intriguing and enlightening examples of Vallot's efforts to achieve greater prominence in the medical realm is a plan of which, to my knowledge, the only remaining evidence can be found in a single written remark that he made to Pierre Séguier in 1658. As briefly mentioned in the second chapter of this thesis, Vallot included in one of his letters to the *chancelier* a request that he help establish a *médecin du roi* – that is, a crown-appointed physician – in every town in the kingdom. After providing a report of the king's health, Vallot wrote to Séguier:

[Je] me serviray avec vre permission de la mesme occasion pour vous supplie tres humblement de maccorder la grace que vous mavez promis il ya longtemps touchan letablissement des medecins du Roy que ie desire faire en toutes les

villes de France cest une affaire qui depend de vre autorite et ne faist tort a personne⁴⁷

In light of the evidently troublesome nature of many of Vallot's relationships with the medical communities of France, his ambition to drop a crown-appointed practitioner amongst their number in every region of the kingdom may appear quite outrageous at first glance. Incredibly, however, it was not the first time that a *premier médecin* had formulated such a plan. In January 1611 Jean Héroard filed letters-patent which granted him the right to establish several crown-appointed physicians in every region of France. Similar in structure and purpose to the aforementioned network of *intendants* which Séguier would later establish, Héroard's team of *médecins du roi* were to be bestowed with the right of intendency over medicine, surgery and pharmacy within their designated areas of jurisdiction. In smaller regions which were not presided over by medical faculties, Héroard intended for these crown-appointed physicians to assume the responsibilities which would later be held by the *premier médecin's* apothecary-representatives, as described above. In areas which were already presided over by medical faculties, however, Héroard's physicians were to assume considerably more controversial roles, as they were expected to accompany and regulate the existing faculty-affiliated officials during their performance of these same duties. For institutions as proudly independent as the medical faculties of France, the prospect of having their authority in the medical realm usurped by the *premier médecin* in this way was an unacceptable affront. Many amongst their number viewed Héroard's plans as a crude attempt to substitute his medical authority for their own, in a move which would presumably see the crown assume a much more significant degree of control over the kingdom's medical profession. Many of the kingdom's medical faculties consequently launched an immediate, brutal and ultimately successful attack upon Héroard's plans for a national network of *médecins du roi*. The letters-patent regarding its creation was dismissed in a judgement by the *Grand conseil* just six months after it had been announced.⁴⁸

Written over four decades after this turn of events, Vallot's brief remark to Séguier gives little indication as to the precise function that he intended for his national network of *médecins du roi* to perform in the medical world. That said, it does not seem

⁴⁷ 'With your permission, I will serve myself of this same occasion to very humbly plead for you to grant me the grace that you promised me long ago regarding the establishment of *médecins du roi* which I want to make in all of the towns of France it's an affair which depends upon your authority and [one which] does no harm to anybody'. *BnF*, Manuscrits français, 17395/13–14.

⁴⁸ For more information about this turn of events, see Lunel, *Maison médicale*, 146–8.

too presumptuous to suggest that Vallot's intentions for these practitioners may have been similar to those which Héroard had previously envisioned. The existence of the request in itself would appear to suggest that, like his professional predecessor, Vallot felt far from satisfied with the composition of the medical world of which he was a part as *premier médecin*: a veritable professional patchwork of corporations and communities over which, as we have recently seen, he enjoyed no consistent sense of authority and respect. As the king's medical representative, perhaps Vallot considered it his right to expect a greater degree of authority within, and control over, this sphere: not just for his own professional satisfaction, but also for the continued strength of the crown. Perhaps Vallot intended for his *médecins du roi* to play a substantial role in realising these expectations? Although such hypotheses are difficult to support or reject with such little evidence available, Vallot's seemingly assiduous management of his already-existing rights and privileges as *premier médecin* would certainly appear to support the idea that he was more than capable of harbouring such thoughts.

Unfortunately for Vallot, his aspirations with regards to the establishment of a regional network of *médecins du roi* were to prove no more successful than Héroard's earlier efforts had been.⁴⁹ Ultimately, however, in terms of this investigation, this outcome seems much less important than the fact that Vallot had harboured such aspirations in the first place. That Vallot would choose to repeatedly raise this issue with Séguier despite, presumably, being fully aware of the catastrophic failure of Héroard's similar machinations in recent memory – to have raised this issue, furthermore, by letter whilst en-route to the northern borders of the kingdom with Louis XIV and his court for an extremely eventful military campaign – would appear to stand testament to the relentless enthusiasm and determination with which Vallot pursued his desire to expand his powers as *premier médecin*. Indeed, in an age when the king himself showed little to no interest in such medical matters, Vallot must have had to be remarkably resolute to simply get his ambitions heard and considered by the *chancelier* in the first place.

The nature of his interactions with the practitioners who came under his jurisdiction in the wider medical world –and his aspirations with regards to those who did not – combine to give the strong impression that Vallot's distance from the

⁴⁹ The creation of regional *médecins du roi* did eventually occur in 1692, although ultimately, they did not make as dramatic an impact upon the medical scene as perhaps Vallot or Héroard would have liked. Intended to act as a tool with which the crown could control the kingdom's medical corporations, the *médecins du roi*'s status was gradually reversed as the medical faculties assumed control over the positions themselves. For more information about these later *médecins du roi*, see Brockliss and Jones, *Medical World*, 495–6 and Lunel, *Maison médicale*, 146.

discussions and societies of his contemporaries was not indicative of a broader isolation from the medical profession as a whole on his part. Rather, it seems more likely that his distance from such developments was a consequence not only of the aforementioned constricting circumstances which were unique to the role of *premier médecin*, but also of the fact that the position itself encouraged Vallot to view the medical world around him in very different ways to his professional contemporaries. The nature of the professional activities that were undertaken not only by Vallot, but also by La Rivière and Héroard in the examples above give the strong impression that all three *premiers médecins* saw their shared position as a unique and consequential authority in the medical world around them: as such, their interactions with the broader medical sphere appear to have been less about engaging with this world's established communities on their own terms, than about securing a definitive sense of dominance or control over them. The following chapter will examine how this attitude towards his role manifested itself in institutional form during Vallot's time as *premier médecin*.

Chapter 8. The *Jardin du Roi*

A greater awareness of the ways in which Vallot viewed the wider populace and his professional contemporaries should make it easier for us to develop a more insightful understanding of his perception of his own involvement in the Antimony Wars as *premier médecin*. In the earlier excerpt from his *Remarques* entry on the topic, Vallot appeared to adopt an attitude which was very in keeping with our findings in the previous chapter: that is, he described his actions in 1658 as having an all-encompassing, benevolent effect upon the wider populace, and an influential, decidedly authoritative impact upon the kingdom's medical practitioners as a whole. Vallot appears to have interpreted his administration of antimony to Louis XIV as a powerful statement which transcended the related discourse of his contemporaries on the subject, to make a direct impact upon the lives of everybody in the kingdom.

Interestingly, Vallot went on in this *Remarques* entry to explain that the impact which he had made upon the Antimony Wars had ultimately been borne not directly out of the circumstances that developed around the king's bedside in 1658, but instead out of more gradual, deliberate developments within a different setting altogether:

Je puis dire avec vérité, sur ce sujet, que Dieu a voulu par ce remède récompenser la charité que le roi a témoignée à tous ses sujets, m'ayant ordonné, dès les premiers jours qu'il m'a appelé à son service, de faire préparer dans son Jardin-Royal et dans le laboratoire de chimie que S.M. y entretient avec tant de dépenses, tout ce que je croirais être nécessaire au public à l'égard de la médecine ; et connaissant sa bonté, j'ai fait faire tous les ans les démonstrations de tout ce qui était de plus rare, et particulièrement de ce que j'avais expérimenté en vingt-huit ans de travail. En quoi je n'ai pas oublié ce que l'on pouvait tirer de l'antimoine, duquel j'ai fait faire toutes les plus belles préparations et avec tant de candeur que la France en a tiré beaucoup d'avantage, comme tous les autres royaumes, ayant donné au public ce qui, jusque-là, avait passé pour secret. C'est ce qui en rendu l'usage plus facile et plus assuré.¹

¹ 'I can say in all honesty, on this subject, that God wanted by this remedy [antimony] to reward the king for the charity that he has shown to all his subjects, by having commanded me – from the very first days that he called me into his service – to prepare in his Royal Garden and in the chemical laboratory which His Majesty maintains there at such expense, all that I believed to be necessary to the public with regards to medicine, and knowing his generosity, I have had performed all of these years demonstrations of all which was most rare, and particularly that with which I have experimented in the twenty eight years of my career. During which I have not forgotten that which can be drawn from antimony, from which I have had made all of the best preparations with such candour that France has drawn great advantage from it, as have all of the other kingdoms, having given to the public something which, up until this point, had been

Vallot asserted that his work as Superintendent in the *Jardin du roi* had in fact been the true catalyst for antimony's victory in the Antimony Wars, in the sense that the experimentation upon, and demonstrations of, the drug that he had directed within this institution had enabled him to create a successful remedy which both saved the king's life, and influenced the public's attitude towards antimony in turn. Vallot's narrative seems to completely ignore the influence of the textual contributions that had recently been produced in the kingdom's medical faculties as part of the conflict – such as Renaudot's *L'Antimoine justifié* – just as these faculties, by and large, ignored Vallot's contribution to the Antimony Wars. These two separate streams of academic activity would appear to have developed alongside, yet remained defiantly distinct from, one another as they fed into the same dispute.

In its elaborate praise of an institution hitherto unmentioned in the text, Vallot's description of the *Jardin* appears to be a rather striking deviation in an already quite unusual section of the *Remarques*. As such, it poses a number of questions about the nature of the *premier médecin*'s relationship with the institution. Was it really the case, for instance, that Vallot's experiences with antimony within the *Jardin* were significant enough to have made a decisive impact upon the course of Louis XIV's treatment, and upon the course of the Antimony Wars in turn? Perhaps more importantly, why did Vallot feel the need to mention and praise the *Jardin*'s role in this turn of events at all? A closer examination of the *Jardin* and its activities may help to not only answer these questions, but also give a sense of the institution's immeasurable importance to the *premier médecin* within the context of the medical world of the seventeenth century.

8.1 The *Jardin du Roi*: Background and Purpose(s)

The *Jardin du roi* was the brainchild of a court physician named Guy de La Brosse,² who wanted to establish a botanical garden in the capital in which medical students could be educated and the poor could receive decent medical treatment.³ With the support of Cardinal Richelieu and two successive *premiers médecins* (Jean Héroard and Charles Bouvard) – not to mention the financial backing of Louis XIII – the *Jardin* first opened its doors to the public in 1640, after over a decade in the making. Although in

shrouded in secrecy. It is this which has rendered the usage [of this drug] easier and more assured.' *JS*, 124–5.

² For more information about Guy de La Brosse (1585–1641), see Lunel, *Maison médicale*, 162–75.

³ *Ibid.*, 167.

time it was to become one of the most important scientific institutions in early modern Europe, the *Jardin* was by no means the first garden of its kind to appear on the continent, or indeed in France. Many Italian cities had acquired botanical gardens almost a century before its conception⁴ and from 1596 to 1622, the Montpellier medical faculty was able to boast of a similarly sizeable institution which had been created with the support of Henri IV.⁵

Throughout its early years the *Jardin* was home to an impressive number of plants from many different countries. The first catalogue of its botanical holdings was published in 1636 and contained descriptions of 1,800 plants, whilst its second catalogue – published in 1642 – contained descriptions of 2,360.⁶ During his time as the *Jardin*'s Superintendent, Vallot directed an ambitious project to increase the number of plants that were held in the *Jardin*:⁷ sending some of his staff as far as the Alps and the Pyrenees in the quest for new acquisitions.⁸ By 1665 the *Jardin* contained over 4,000 different varieties of flora. To celebrate the achievement, Vallot and his staff compiled a third catalogue for the *Jardin*, which they simply named *Hortus Regius (The Royal Garden)*.⁹

The *Jardin* was far more than just a collection of plants, however: as previously mentioned, Guy de La Brosse had also initially conceived of the institution as an educational space. As such, the *Jardin* was from its very outset a place that both medical students and qualified practitioners could visit to improve their knowledge of botany, as well as of theoretical and practical pharmacy, anatomy and chemistry.¹⁰ By

⁴ Pisa was the first city to acquire a botanical garden in 1543. Other Italian cities quickly followed suit: Padua created a botanical garden in 1545, Florence in 1550 and Rome in 1563. See Findlen, *Possessing Nature*, 256.

⁵ Unfortunately, the Montpellier medical faculty's botanical garden was irreparably damaged in 1622 during the Wars of Religion. For more information about it, see Antoine Schnapper, *Le Géant, la licorne, la tulipe : collections et collectionneurs dans la France du XVII^e siècle* (Paris: Flammarion, 1988), 40–1 and Vons, "Le Médecin," 71. Although technically there was already a botanical garden in existence in Paris before the *Jardin du roi*, this earlier example was more of an ornamental garden than a scientific institution. Its founder was a botanist named Jean Robin, whose son – Vespasien Robin – would later work under Vallot in the *Jardin du roi*. For more information about Jean Robin's Parisian botanical garden, see Contant, *L'Enseignement*, 105 and Schnapper, *Géant*, 41.

⁶ Antonio Clericuzio, "Medicina, chimica e botanica al Jardin Royal des Plantes di Parigi (1635–1700)," *Medicina nei secoli* 12 (2000): 576.

⁷ Vallot's expansion of the *Jardin*'s botanical collection is, alongside Patin's hatred and Louis XIV's treatment of antimony, arguably one of the best-remembered and best-documented aspects of his career as *premier médecin*. See Éloy, *Dictionnaire*, vol. 4, 465–6; Le Roi, preface to *Journal de santé*, xxii–iii and Lunel, *Maison médicale*, 180–1.

⁸ Fagon travelled to Auvergne, Languedoc, Provence, the Alps and the Pyrenees in search of new plants as part of this project. See Fontenelle, *Éloges*, 44.

⁹ Joncquet, Fagon and Vallot, *Hortus Regius*.

¹⁰ Lunel, *Maison médicale*, 172.

Vallot's time as its Superintendent the *Jardin* had four teaching positions, including one devoted to teaching botany, and one to chemistry.¹¹

Although the educational 'demonstrations' which the *Jardin*'s teaching staff performed were open to the general public, most of their attendees were medical practitioners – both students and fully qualified individuals – physicians, surgeons, apothecaries and chemists alike.¹² A list of the demonstrations' attendance figures for 1641, compiled by La Brosse, listed 227 attendees for the entire year:¹³ a number which had almost certainly increased by Vallot's time as Superintendent over a decade later. By the end of Louis XIV's reign, Guy-Crescent Fagon had constructed an amphitheatre in the *Jardin*'s grounds which could seat six hundred people for lessons and demonstrations.¹⁴ Although the free, unsubscribed and thus relatively undocumented nature of the *Jardin*'s teaching has meant that there is little extant source material to enlighten us as to the nature of the demonstrations that took place there,¹⁵ it is interesting to note that the aforementioned *Traité de la chymie* of Christophe Glaser had been published as a kind of text book to be used in conjunction with the demonstrations that he gave as the institution's Demonstrator of Chemistry.¹⁶

Glaser's chemical publication and demonstrations contributed to the *Jardin*'s reputation as a sanctuary of chemical medicine. Much of the institution's chemical activities were performed in its own laboratory in which – as Vallot attested in the *Remarques* excerpt above – the *premier médecin* and his staff composed and experimented upon medical preparations which they considered to be necessary for the good of the public. Interestingly, there is some evidence to suggest that Vallot and his team did indeed perform a significant amount of experimentation upon antimony in the *Jardin*'s laboratory in the years preceding Louis XIV's antimonial treatment in 1658. Both Le Febvre and Glaser wrote their aforementioned treatises in chemistry while they were working in positions in the *Jardin* under Vallot's management, and while both authors claimed to have been inspired to write by the work that they performed in the

¹¹ Contant, *L'Enseignement*, 38.

¹² Lunel, *Maison médicale*, 175.

¹³ *Ibid.* Interestingly, La Brosse noted that many of these attendees were from the provinces and other countries.

¹⁴ Charles Bedel, "L'Enseignement et diffusion des sciences pharmaceutiques," in *L'Enseignement et diffusion des sciences en France au XVIII^e siècle*, ed. René Taton (Paris: Hermann, 1986–7), 315.

¹⁵ Contant, *L'Enseignement*, 26 and Lunel, *Maison médicale*, 175.

¹⁶ In the text's dedication to Vallot, Glaser wrote that he had published the *Traité de la chymie* 'pour la commodité de ceux qui assistent aux leçons que j'en fais tous les ans par vos ordres au Jardin du Roy' ('for the convenience of those who assist with the lessons that I have made on chemistry all these years by your orders in the King's Garden'). Glaser, *Traité de la chymie*, non-paginated introduction.

institution,¹⁷ their publications each contain dozens of pages devoted to the discussion of antimony's medical benefits.¹⁸ In addition to instructing the reader on the composition of a vast number of antimonial remedies, Le Febvre's *Traicté de la chymie* also provides many discussions on the different methods by which these remedies could be prepared, such as through calcination and distillation techniques. It seems at least plausible that Vallot had chosen to mention his earlier antimonial experimentation in the text because he believed that this activity made his contribution to the Antimony Wars appear much more measured and planned. Accounts of such experimentation may have helped to give the desired impression that – while the kingdom's faculty members had been arguing amongst themselves over the properties of antimony – Vallot had been pursuing a much more productive course of investigation over the drug which would, in his opinion, ultimately prove more influential within the dispute than all of the verbal and textual discussions of the faculties on the matter combined.

The *Jardin* also maintained its charitable activities during Vallot's time as its Superintendent. As La Brosse had envisaged, it remained a place where the sick poor could go to receive free medical advice and treatment, provided either by Vallot himself or by other practitioners in his absence.¹⁹ Indeed, this appears to have been an aspect of the *Jardin*'s work which Vallot took particularly seriously from the very outset of his career as *premier médecin*. In the dedication that he wrote to Louis XIV in the aforementioned *Hortus Regius*, Vallot stated that one of the *Jardin*'s main aims was to 'soulager les pauvres, ausquels [les plus beaux secrets de la médecine] sont gratuitement distribuez lors qu'ils sont malades, et qu'ils en ont besoin'.²⁰ Vallot even abolished an

¹⁷ As recently mentioned, Glaser intended for his *Traité de la chymie* to act as a textbook of sorts for his lessons in the *Jardin*. Equally, in his text's dedication to Vallot, Le Febvre wrote that 'c'est dans le laboratoire [...] que i'ay dressés selon vos idées et où vous n'aves rien épargné, que ce Traité de la Chymie que ie vous offre a pris son commencement' ('it is in the laboratory... – where I worked in accordance with your ideas, and [from] where you have spared nothing – that this Treatise of Chemistry that I offer you took its beginnings'). Le Febvre, *Traicté de la chymie*, non-paginated introduction. It is also important to acknowledge, however, that Le Febvre's work may also have been inspired by his time in the Parisian laboratory of Samuel Cottureau Duclos: a chemical theorist under whom he had worked as a student prior to his career in the *Jardin*. See Stroup, *Company*, 18–19.

¹⁸ Le Febvre's *Traicté de la chymie* contains instructions for the composition of no less than thirty different antimonial remedies, each accompanied with a description of the ailments for which they are appropriate. See Le Febvre, *Traicté de la chymie*, 869–945. For Glaser's antimonial remedies, see his *Traité de la chymie*, 84 and 176–207. Both texts were extremely popular in the seventeenth century and were each reprinted into six editions, before eventually being published together in a collected edition in 1751. See Contant, *L'Enseignement*, 88 and 92.

¹⁹ '[J]e reçois en toutes les occasions les pauvres qui se présentent en ce lieu, non seulement pour leur donner mes avis, mais, en mon absence, ce sont des médecins qui prennent ce soin-là, sous mes ordres' ('I receive on all occasions the poor who present themselves in this place, not only in order to give them my advice, but, in my absence, there are [other] physicians who provide this care, under my orders'). *JS*, 125.

²⁰ '[R]elieve the poor, to whom [the finest secrets of medicine] are freely distributed when they are sick, and have need of them'. Joncquet, Fagon and Vallot, *Hortus Regius*, non-paginated introduction.

important position within the *Jardin* in 1653 on the understanding that the money which was formerly paid to its holder could instead be spent on the provision of free medical care for the poor.²¹ The *premier médecin*'s treatment of poor patients within the *Jardin* must have represented one of the few – if only – opportunities that he had to physically interact with the public sick for whom he so often expressed distanced concern in his *Remarques*. In these consultations at the *Jardin*, the *premier médecin* was presumably able to engage with the wider medical world with a degree of intimacy which would otherwise have been only rarely available to him from his permanent position at the king's side at court.

In addition to its scientific, educational and charitable activities, the *Jardin du roi* also had an equally important symbolic purpose as a possession of the French monarch. European princes like Louis XIV had been constructing similar gardens since the Renaissance: intended to attract the attention and admiration of the wider public, these royal gardens served as powerful statements of their owners' creative forces and royal benevolence and authority.²² With its impressive range of plants from around the world and open, free demonstrations and medical care, it seems highly likely that the *Jardin* had been created by Louis XIII, and maintained by his son, with similar aims in mind.

Its scientific, educational and charitable functions may have constituted the *Jardin*'s fundamental *raison d'être*, but in order to survive, the institution still needed to be able to prove itself to Louis XIV as a significant contribution to his 'cultural capital'²³ and glory as king. Very few early modern princes would continue to financially support a project at such great expense if they believed that they were not benefitting from its activities in some way. In this respect, however, the *Jardin* faced a dilemma. How was one to convince a prince of an institution's merits when said prince had no interest in the (primarily scientific) activities which the institution had been built to promote?

The *Hortus Regius* offers some valuable insight into the creative ways in which the *premier médecin* and his team worked to ensure Louis XIV's continued support of, and interest in, his botanical garden. As previously mentioned, the *Hortus Regius* had been the result of an ambitious expansion project, as part of which Vallot had commanded practitioners to travel across Europe to collect new botanical acquisitions

²¹ AN, AJ/15/501/16.

²² Andrew Cunningham, "The Culture of Gardens," in *Cultures of Natural History*, 41–3.

²³ Biagioli, "Etiquette", 216.

for the *Jardin*. By the text's publication in 1665, the *Jardin* contained a larger and broader variety of plants than it had ever done before, and Vallot was keen to emphasise this accomplishment in his dedication to the king at the beginning of the text. He described the institution to the king as a wonder of which 'tous les siecles passez n'ont iamais rien veu de semblable',²⁴ later boasting that 'il n'y en a point de plus curieux en ce genre, ny de plus accomply dans l'Europe'.²⁵ Louis XIV may not have been particularly interested in the content of – or botanical activities occurring within – the *Jardin* itself, but Vallot knew his royal patient well enough to recognise that he would at least appreciate this possession more if he was inclined to believe that it boosted his reputation by being one of the best examples of its kind in the world.

Regarding the *Jardin*'s sizeable botanical collection – which the *Hortus Regius* had ultimately been published to advertise – Vallot cleverly framed this particular accomplishment of the institution in a way which was designed to appeal most directly to Louis XIV's mindset and tastes. The *premier médecin* employed extremely polished, eloquent language – informed, no doubt, by his correspondence with Mazarin and Séguier – to portray the *Jardin*'s collection of new plants as an act of glorious victory on the king's part. Effectively, he argued, the acquisition of these plants was to be seen as an act of conquering the lands from which they came:

Ie n'ay point suiet de douter qu'elles ne treuvent le soleil et la terre de France aussi favourables pour leur accroissement que le lieu mesme d'où elles seront tirées [...] Ce qui me fait augurer, sire, que le pays qui les produisent, bien qu'ils soient fort éloignez, seront un jour assez heureux pour vivre sous le loix de Vostre Majesté.²⁶

Vallot's words encouraged Louis XIV to view the *Jardin*'s botanical collection as more than just a collection of plants. By tapping into the king's love of military conquest, the *premier médecin* was able to present the *Jardin* as an important contribution to Louis XIV's image as king: a sign of, and perhaps even exciting precursor to, the dissemination of his royal glory and dominance across exotic lands.

²⁴ '[N]othing similar has been seen in all of the centuries past'. Jonquet, Fagon and Vallot, *Hortus Regius*, non-paginated introduction.

²⁵ '[T]here is nothing more curious of this sort, nor more accomplished, in all of Europe'. Ibid.

²⁶ 'I have no cause to doubt that they will find the sun and soil of France as favourable for their growth as the very places from which they were drawn... Which allows me to foretell, sire, that the lands which produced these plants, although far away, will some day be just as happy to live under the laws of Your Majesty.' Jonquet, Fagon and Vallot, *Hortus Regius*, non-paginated introduction.

Vallot did not stop there in his praise of the *Jardin*, however. Further into the dedication, he emphasised the institution's broader significance to Louis XIV's reign:

Ce sont là, sire, des effets de cette incomparable grandeur d'ame de Vostre Maiesté, laquelle se fait admirer en tout ce qu'elle entreprend, particulièrement quand il est question d'un bien qui regarde le public, et qui est necessaire pour conserver ses sujets, imitant en cela le soleil, qui ne communique pas seulement ses influences pour la production des plantes, mais en les produisant il leur imprime des vertus admirables pour la soulagement et pour la conservation des hommes.²⁷

Of course, Vallot's analogy in the extract above was intended to evoke Louis XIV's famous affiliation with the sun: a symbol which the king had adopted as his personal device very early in his reign.²⁸ This affiliation was further emphasised in the *Hortus Regius* by an engraving which depicted Louis XIV as a god of the sun, driving his four-horse chariot across the sky with the *Jardin* below.²⁹ His ability to deftly weave these mythological and emblematic connotations into his addresses to the king – an extremely valuable skill for any early modern courtier, let alone a physician³⁰ – made it possible for Vallot to make a poignant statement about the *Jardin*'s activities and worth in a language which was again most likely to appeal to the king and secure his interest and appreciation. By comparing him to the sun within a botanical context, the *premier médecin* explained to Louis XIV how as king he brought life and light to his subjects: allowing them to grow and flourish like the plants in the *Jardin*. Indeed, Vallot alluded, the *Jardin* was not only a stark visual reminder of this process, but also a place in which Louis XIV's nurture of his people was further facilitated in the form of provision of free medical care for the poor, education of medical practitioners and research to secure the better medical care of all. His solar analogy ultimately allowed Vallot to weave a narrative in which the king – not his staff – could claim authorship of the benevolent

²⁷ 'They are here, sire: the results of that incomparable grandeur of Your Majesty's soul, which makes itself admired in all that it undertakes, particularly when it regards the public good, and that which is necessary for conserving his subjects, imitating in this way the sun, which communicates its influences not only for the production of plants, but in producing them also imprints within them its admirable virtues for the relief and conservation of men.' Ibid.

²⁸ For more information about Louis XIV's affiliations with the sun and his image as the 'Sun King', see Nicolas Milovanovic, "Le Roi-Soleil," in *Louis XIV : l'homme et le roi*, 179–84.

²⁹ Although Louis XIV symbolically associated himself with Apollo, the god of sun and light, it was actually the ancient sun god Helios (with whom Apollo was closely associated in many ancient texts) who was more commonly associated with the act of representing the sun in the form of a four-horse chariot which he drove across the sky.

³⁰ Biagioli, *Galileo*, 111.

and valuable activities that were undertaken within the *Jardin*.³¹ Through this literary technique, Vallot was able to encourage Louis XIV to view the *Jardin*'s scientific and charitable activities as contributing as much to his royal glory as the institution's impressive botanical collection.

Vallot's portrayal of Louis XIV as a powerful caring force in the excerpt above seems quite evocative of another aspect of the king's reputed powers in the medical realm: his thaumaturgic abilities. In early modern France, it was generally believed that his unique connection with God instilled the king with the power to be able to cure scrofula with his touch alone. In response to this belief, Louis XIV would partake in an elaborate ceremony a few times each year in which he would bestow his royal touch upon a large number of scrofula victims.³² This thaumaturgic healing was intended to be viewed by the French populace as a powerful, yet extremely pious and charitable act on the king's part, and as such, it seems to have conveyed a similar image of the monarch to that which Vallot depicted in his dedication. Louis XIV was portrayed in both instances as a powerful, holy being whose healing powers derived from on high: his treatment of scrofula victims saw him transmit to the public in intimate, physical form a powerful caring force which he normally disseminated across the populace from a distance.

Interestingly, this powerful, somewhat ethereal interpretation of the king's care for the French public also seems to bear similarities to many of the aforementioned portrayals of Vallot's own relationship with this sphere as *premier médecin*. Both the dedications of his staff, and his own *Remarques* entries, portrayed Vallot as adopting a caring, yet distanced concern for the medical wellbeing of the public: a concern which most often took the form of national observations, but occasionally also manifested itself in the physical realm in the form of his free medical care of poor patients in the *Jardin du roi*. These similarities would appear to confirm that Vallot's attitude towards the public as *premier médecin* was shaped as deeply by his connection with the king's image as it was by his own personal interpretation of the role.

Following Vallot's dedication to Louis XIV, the main body of the *Hortus Regius* also contains a number of clues to suggest that the text may have been adapted to ensure the king's interest and appreciation. One of these clues relates to the content of the text's botanical entries, which are for the most part very short and simple, containing

³¹ For the importance of authors' self-effacement in such royal scientific projects, see *Ibid.*, 53.

³² The *premier médecin* supported his royal patient in the performance of this activity by organising the logistics of each event and preparing the patients to be touched. For more information about Louis XIV's thaumaturgic powers, see Perez, *Biohistoire*, 230–9.

little more than a brief physical description of the plant.³³ During Vallot's time as *premier médecin* new plants were being discovered at a rapid rate, and ways of thinking about them were evolving equally quickly in light of developments such as the growing popularity of chemical medical practices. Many of the botanical texts that were published during this period fed into this general excitement by presenting more and more information about the plants which they depicted, including aspects such as their chemical make-up and physiological processes.³⁴ Such informative botanical texts may have been of much greater interest to a scientific audience than a simpler text like the *Hortus Regius*, but they were certainly not likely to attract the attention of a king who had little to no interest in botany, or indeed in scientific matters in general. If the *Hortus Regius* and the institution that it represented were to stand a chance of securing the continued support and appreciation of Louis XIV, it may have been considered a far better course of action by the *Jardin*'s staff for the text to assume the form of a clear and concise list of the king's botanical acquisitions in the institution, rather than a weighty, meticulous tome to which its most important reader was likely to pay little attention.

Equally, decisions regarding the structure of the *Hortus Regius* appear to have been reached with similar aims in mind. As with their content, the structure of botanical catalogues proved a lively talking point within the scientific community of the mid-seventeenth century. Although earlier examples of the genre had often listed plants in simple alphabetical order, the aforementioned developments that were occurring in the botanical realm encouraged many botanists in the mid-seventeenth century to classify plants, and categorise the resulting lists, in new and creative ways.³⁵ Caspar Bauhin's *Index to the Theater of Botany*³⁶ – one of the seventeenth century's most comprehensive

³³ A typical example reads as follows: 'ELATINE subrotundo B. pin. Veronica femina Fuchs./ Elatine folio acuminato in basi auriculato, flore luteo B. pin. altera Dod./ Elatine folio acuminato caeruleo flore B. pin.' ('SPEEDWELL with near-round leaves. Fuchs called this plant *Veronica femina*./ Speedwell with tapering leaves, furnished with ear-like appendages at the base, yellow flowers./ An alternative variety of speedwell with tapering leaves and blue flowers.'). Joncquet, Fagon and Vallot, *Hortus Regius*, 68. Translation provided with the assistance of Gavin Hardy.

³⁴ Stroup, *Company*, 65–70. The *Académie des sciences*' botanical projects reflect this change: commencing just a year after the *Hortus Regius*' publication, the institution's ambitious, but ultimately unsuccessful venture to publish a comprehensive natural history of plants was intended to include information like chemical analyses drawn from the distillation of plants, and physiological explanations of how plants grew. For more information about the project see Yves Laissus, "Les Plantes du roi: note sur un grand ouvrage de botanique préparé au XVII^e siècle par l'Académie royale des sciences," *Revue d'histoire des sciences* 22 (1969): 193–236 and Stroup, *Company*, 70–89.

³⁵ Slaughter, *Universal Languages*, 51–6.

³⁶ Caspar Bauhin, *Pinax Theatri Botanici Caspari Bauhini Basileens. Archiatri et Professoris Ordin.* (Basileae: L. Regis, 1623). English translation of title by Paula Findlen in *Possessing Nature*, 73. For more information about Caspar (Gaspard) Bauhin (1560–1624), see Arthur James Cain, "Rank and Sequence in Caspar Bauhin's Pinax," *Botanical Journal of the Linnean Society* 114 (1994): 311–56.

and popular botanical texts – was arranged in terms of the plants’ physical features³⁷ and inspired many other botanists to adopt the same structure in their catalogues.³⁸ Some catalogues, on the other hand, were arranged according to the plants’ places of origin.³⁹ The *Hortus Regius* was published at a time when many of these new structures were being frequently applied to new botanical publications, yet Vallot and its other contributors chose to organise their text by the now rather dated method of alphabetical order. Again, as with the nature of the entries themselves, it seems at least plausible that they had chosen this specific structure in order to ensure greater ease of reading for the king. Working on the probability that he may not have thrown more than the briefest of glances at the text, it may have been considered a far better idea to quickly compile an alphabetical list of the *Jardin*’s botanical acquisitions which could quickly gain the king’s approval, rather than to spend time tailoring the text to appeal to an audience whose opinions had little effect upon the continued survival of the institution which it depicted.

The *Hortus Regius*’ general lack of scientific focus highlights a dilemma which the *premier médecin* – and, later, the *Académie des sciences*’ members⁴⁰ – may often have faced in Louis XIV’s reign. In their need to please a king who had little to no interest in science for science’s sake, these crown-appointed practitioners and scientists would often need to pursue courses of action and adapt their work in ways which they might not have done if left to their own devices. An inability to successfully perceive and adapt to the king’s views in this respect may have been one of the key reasons why many of the *Académie des sciences*’ proposed botanical texts – including its ambitious, comprehensive natural history of plants – were not published during Louis XIV’s reign.⁴¹ In contrast, by adapting the *Hortus Regius* in the ways described above, Vallot may have lost the attention of some of his scientific contemporaries, but he at least secured the text’s publication in the first place.

Vallot’s attempts to present the *Jardin* as a source of glory, interest and pride to the king appear to have been relatively successful. Indeed, it would appear that the

³⁷ Slaughter, *Universal Languages*, 53.

³⁸ The aforementioned *premier médecin* of Gaston d’Orléans, Abel Brunyer, also structured his own catalogue of Gaston’s garden in Blois on the physical features of each plant. See Petigny, “Notice,” 468–70.

³⁹ Jacques Dalechamps (1513–88), for instance, categorised the entries in his botanical catalogue in terms of the plants’ environmental origins, such as woods, mountains and marshes. See Jacques Dalechamp, *Histoire générale des plantes, contenant XVIII. livres également departis en deux tomes*, trans. Jean des Moulins (Lyon: Philippe Borde, Arnaud Laurent and Claude Rigaud, 1653).

⁴⁰ Stroup, *Company*, 108–9.

⁴¹ *Ibid.*, 25–6. For more information about the failure of the *Académie*’s natural history of plants in these terms specifically, see *ibid.*, 103–15.

premier médecin may even have managed to channel some of the botanical enthusiasm which Louis XIV would later pour in abundance into his gardens at Versailles into this comparatively humble institution. Not only did the king continue to financially support the *Jardin* for many years after the *Hortus Regius*' publication – even after the *Académie des sciences*' creation in 1666 – but there is also evidence to suggest that the *premier médecin* even managed to host a lively summer soirée there which Louis XIV attended with his court, a year after the king's antimonial recovery.⁴² Although the hosting of a soirée may not seem like a particularly telling or significant development with regards to the continued success of the *Jardin*, it is worth noting that Louis XIV visited the headquarters of the *Académie des sciences* – an institution created with the specific intention of boosting his image in the scientific realm – just once, for a fleeting visit which took place over fifteen years after it had been established.⁴³ That Louis XIV was able to appreciate the *Jardin* as more than just a dull site of science – no matter how fleetingly – when he was seemingly unable to do the same for the *Académie des sciences* would appear to stand testament not only to Vallot's efforts in presenting the institution to the king as such, but also to his efforts at building the *Jardin* into a place in which the king could take interest in the first place.

With its ever-growing botanical collection, busy clinic and popular public demonstrations, the *Jardin du roi* must have proved a demanding, yet also very rewarding element of Vallot's career as *premier médecin*. His commitments within this sphere are likely to have been difficult to juggle with his already time-consuming responsibilities at court, yet we have seen little evidence so far to suggest that this caused Vallot to shy away from the unique challenges which this institution brought his way. As previously mentioned, Le Febvre and Glaser's chemical treatises give the strong impression that extensive experimentation on antimony did occur in the *Jardin* under Vallot's supervision, and this activity may have been what the *premier médecin* was referring to when he described the institution as having been responsible for the drug's improved reputation in the *Remarques*. However, it is clear from the tone of his description of the *Jardin* in this entry that Vallot valued the institution for much more than just its experimentation facilities within the context of the Antimony Wars. A further examination of the *Jardin*'s personal value to Vallot may help to give a sense of

⁴² To my knowledge, the only existing reference to this soirée can be found in the work of a poet named Jean Loret (1595–1665), who wrote amusing accounts of court life for the duchesse de Nemours between the 1650s and 1660s. The soirée was apparently held in mid-June, and included a walk through the botanical garden, live entertainment and a sumptuous feast. See Loret, *La Muze historique*, vol. 3, 65–6.

⁴³ Stroup, *Company*, 7.

the profound extent to which the institution not only shaped his professional presence within this dispute specifically, but also determined his outlook towards the wider medical profession as a whole as *premier médecin*.

8.2 The *Jardin*'s Significance to Vallot as *Premier Médecin*

One of the reasons why the *Jardin du roi* was so important to Vallot was because he was essentially only the second *premier médecin* to have ever been granted complete control over it. By the time that Vallot was appointed in 1652, the title of Superintendent had been a hostile point of contention between the *premier médecin* and its first holder – a former *premier médecin* named Charles Bouvard⁴⁴ – for many years. After Louis XIII died in May 1643 his *premier médecin*, Bouvard, continued to hold onto the position of Superintendent despite the fact that the title was officially supposed to pass on to the new *premier médecin*. For many years Bouvard met any challenge to his supremacy over the *Jardin* with strong opposition, but Vallot's professional predecessor, François Vautier, put up a particularly voracious and ultimately successful fight against his pretensions in this arena. Although Vautier himself died before the dispute was definitively resolved, Vallot was able to reap the rewards of his late colleague's efforts in this field when in January 1653, the title of Superintendent was officially reunited with the position of *premier médecin* by royal decree.⁴⁵

One of Vallot's first acts in the position of Superintendent was to abolish the position of Intendant in the *Jardin*.⁴⁶ Directly subordinate to his own position, it had been the intermittent possession of Charles Bouvard's son, Michel, for many years before this point.⁴⁷ The edict relating to the abolition stated that the position of Intendant had been suppressed because most of the position holders since Guy de La Brosse had 'tourné à leur profit particulier tous les gages attribuez à la dite charge'.⁴⁸ As previously mentioned, Vallot intended for the money that had formerly constituted the

⁴⁴ Charles Bouvard (1572–1658), worked as *premier médecin* to Louis XIII from 1628 until the king's death in 1643. A member of the Paris medical faculty, he shared many of Patin's orthodox medical beliefs. For more information about Bouvard, see Éloy, *Dictionnaire*, vol. 1, 436–7.

⁴⁵ For more information about Charles Bouvard's struggle to retain the position of Superintendent at the *Jardin du roi*, see Lunel, *Maison médicale*, 179–80.

⁴⁶ AN, AJ/15/501/16.

⁴⁷ Lunel, *Maison médicale*, 179.

⁴⁸ '[T]urned all of the wages attributed to the said charge to their own particular profit'. AN, AJ/15/501/16. *Jardin* staff were given money to buy medicaments with which to make remedies to give to the poor. See Contant, *L'Enseignement*, 13. This may have been the money which the edict referred to the Intendant as exploiting.

Intendant's wages to instead be spent upon 'la préparation des [...] remèdes et médicaments pour les pauvres malades, [qui] seront beaucoup plus nécessaire au public'.⁴⁹ It seems likely that from Vallot's perspective, this abolition had been as much about making a charitable gesture as about ensuring that the *premier médecin*'s definitive dominance over the *Jardin* could never again be challenged to the same degree as it had been in the recent past.

Vallot's ability to rule over the *Jardin* so decisively as its Superintendent appears to have been a relatively unusual development in the wider medical world of seventeenth-century France. Neither the members of the kingdom's many incorporated medical communities nor the academicians within the *Académie des sciences* looked up to a similar leader-figure amongst their number, and as his aforementioned spat with Claude Séguier confirmed, even Vallot himself did not enjoy a similar level of authority within his own official sphere of jurisdiction, the court's medical community. Unlike in these other professional spheres – in which disagreements between equally-ranked members could be commonplace and even detrimental to the completion of work⁵⁰ – Vallot was able to manage his staff in the *Jardin* and steer the course of its work with a relatively firm hand. This impressive degree of authority within the *Jardin* may help to explain why Vallot's staff within the institution seem to have approached him with particular deference, as his abundance of literary dedications from these practitioners reflects.

Vallot appears to have taken the helm at the *Jardin* at a remarkably fortuitous time. His aforementioned reference to how Louis XIV financially supported its facilities 'avec tant de dépenses' would appear to suggest that the institution enjoyed a decent share of the crown's scientific budget during the mid-seventeenth century: this must especially have been the case before the *Académie des sciences*' creation in 1666.⁵¹ Despite the crown's seemingly generous provision of financial support to the *Jardin*, its existence appears to have been of surprisingly little interest to Mazarin and after the cardinal's death, the next generation of ministers appear to have exhibited a similar degree of indifference towards the institution during Vallot's time as *premier médecin*. This relative lack of attention from authoritative royal ministers, twinned with a

⁴⁹ '[T]he preparation of... remedies and médicaments for poor patients, [which] will be much more necessary to the public'. AN, AJ/15/501/16.

⁵⁰ For example, the academicians' disagreements over the style and content of the entries to be included in the *Académie des sciences*' aforementioned natural history of plants were one of the reasons why the venture was ultimately unsuccessful. See Stroup, *Company*, 88.

⁵¹ Although to my knowledge no records remain of the *Jardin*'s finances from Vallot's time as *premier médecin*, information about the *Académie des sciences*' budget can be found in Stroup, *Company*, 34.

potentially comfortable budget, must have provided Vallot with the ideal circumstances to make his mark upon the *Jardin*.

Vallot's leadership of the *Jardin* was timely in more ways than one in this respect. With botany as a discipline experiencing a huge surge in popularity during the mid-seventeenth century, botanical gardens became one of the most popular new medical settings in which – as mentioned in this thesis' introduction – scientific enquiry was being increasingly conducted during this period. The popularity of botanical gardens like the *Jardin* was only to increase during Vallot's lifetime: open to the public and offering their visitors a feast for the senses in their botanical diversity, they were appreciated by scientists and laymen alike. In scientific circles the botanical garden's popularity stemmed not least from the fact that it could offer its visitors an excitingly hands-on, practical experience of science and nature in comparison to more traditional places of learning like the kingdom's university-based medical faculties.⁵² With no botanical collection in the capital – arguably in the entire kingdom of France – matching the *Jardin* in size and significance during this period,⁵³ the stage was set for Vallot to make a unique and powerful impact upon the medical world from within it. It seems highly likely that he had intended for the ambitious botanical project which had culminated in the publication of the *Hortus Regius* under his leadership to be interpreted by the scientific community as a powerful – albeit royally tempered – confirmation of the *Jardin*'s supremacy within this growing botanical sphere.

Of course, botany was not the only popular field of scientific enquiry for which the *Jardin* could boast unparalleled resources during Vallot's time as Superintendent. As Le Febvre and Glaser's popular chemical treatises attest, the institution was home to a fully functioning, top-of-the-range laboratory during a period when chemical medical practices were generating a huge amount of scientific interest and discussion. Again, as with its botanical collection, the *Jardin* appears to have been able to boast of possessing these facilities many years before the capital's other institutions. Many of the smaller, early scientific academies in France like the *Académie de Montmor* aspired to own their

⁵² Findlen, *Possessing Nature*, 256–8 and Lunel, *Maison médicale*, 161–2. In Italy – but less so in France during Vallot's lifetime – the popularity of the botanical garden was also sustained by a trend within both the scientific community and polite society for collecting interesting and curious natural artefacts. This trend encouraged scientists to explore their discipline through the collection and visual examination of said artefacts in gardens, museums and laboratories. For more information about this seventeenth-century cultural phenomenon, see Findlen, *Possessing Nature*, 199–200.

⁵³ Although the Paris medical faculty's members had been lobbying for their own botanical garden since around 1618, the institution only had a small garden of simples in the seventeenth century and its contents were rudimentary at best. See Lunel, *Maison médicale*, 164 and Vons, "Le Médecin," 71–2. As previously mentioned, the *Académie des sciences* had to reserve space within the *Jardin* to further its own botanical projects during the period of time between its creation in 1666 and Vallot's death in 1671.

own laboratories but lacked the means to acquire them.⁵⁴ Although the *Académie des sciences* had been founded with the intention of providing its members with unparalleled resources for scientific research and experimentation, it had proved equally unable to acquire facilities that came even close to matching the laboratory in the *Jardin* by the end of Vallot's life: in 1668, a member of the *Académie des sciences* named Samuel Cottereau Duclos⁵⁵ wrote wistfully that he was unable to perform any chemical analysis for the institution because there was as yet no laboratory there fit for this purpose.⁵⁶ The fact that Vallot was able to begin formulating his own powerful contribution to the Antimony Wars from within the *Jardin*'s laboratory an entire decade before du Clos had made this statement would again appear to attest to both the institution's significance within the wider medical world, and the Superintendent's good fortune in this respect.

That said, there is perhaps no greater reflection of the *Jardin*'s significance to the medical world of seventeenth-century France – and thus to Vallot also – than the Paris medical faculty's jealous hostility towards it. The faculty's antipathy was based on a number of factors, one of which was that in its unsurpassed abundance of flora, the *Jardin* quite visibly reflected one of its own biggest shortcomings as a medical institution: although most universities with important medical faculties could boast of decent botanical gardens by at least the end of the sixteenth century,⁵⁷ the French capital's was unable to do so.⁵⁸ Furthermore, the faculty perceived the *Jardin*'s very existence to be a flagrant defiance of its professional hegemony in the capital. One of the ways in which the faculty considered the *Jardin* to be a particularly pernicious threat in this respect was in its provision of teaching. The *Jardin* could not award qualifications to the attendees of its public demonstrations, yet its education of these individuals nevertheless came dangerously close in the faculty's view to suggesting that a non-faculty-trained practitioner could learn and thus practise medicine in the capital:⁵⁹ a proposition which its aforementioned crushing of Théophraste Renaudot's machinations proved that it would never be willing to entertain.

If it was not practical for them to aspire to destroy an institution with royal backing, then it was at least excusable, the faculty's members believed, to rectify the

⁵⁴ Schiller, "Les Laboratoires," 99–100.

⁵⁵ For more information about Duclos (1598–1685) and his participation in the *Académie des sciences*, see Stroup, *Company*, especially pages 18–19.

⁵⁶ Schiller, "Les Laboratoires," 99–101.

⁵⁷ Harold John Cook, "Physicians and Natural History," in *Cultures of Natural History*, 96.

⁵⁸ See footnote 53.

⁵⁹ Lunel, *Maison médicale*, 162.

affront created by the *Jardin*'s creation by assuming control over it. As the Paris medical faculty was the most authoritative medical institution in the capital, these members argued, it should consequently enjoy an influential share in any of the other medical bodies which were established within its sphere of jurisdiction. As part of this mission the aforementioned antimony critic and faculty member Jean Merlet wrote to the Secretary of State on the same day as Guy de La Brosse's interment in August 1641, to ask for the late founder's position of Intendant. His advances were quickly rebutted.⁶⁰ In the months preceding and following the *Jardin*'s foundation in 1635 the Paris medical faculty also tried to ensure that all of the institution's teaching staff were sourced from their number: a request which achieved a little more, but not absolute, success in the sense that two of the *Jardin*'s first three demonstrators were indeed Paris faculty members.⁶¹ By Vallot's time as *premier médecin*, the Paris medical faculty had not been successful in achieving their aim of assuming full control over the *Jardin*, and it remained very much the *premier médecin*'s domain.

It seems likely that in Vallot's eyes, the *Jardin*'s value lay not just in its unsurpassed facilities, but also in its placement. Situated at an ideal distance – both physically and intellectually – from the two cultural worlds in which he lived as *premier médecin*, the *Jardin* was a space in which Vallot appears to have been provided with the rare opportunity to both engage with, and contribute to, the medical world without compromising any aspect of his reputation. For instance, with regards to the first of the 'worlds' to which Vallot belonged – the royal court – the *Jardin*'s physical distance from this society meant that, although still a royal institution, it was not a space in which the *premier médecin*'s actions and behaviour were constrained by the same rigorous standards of etiquette. The comparatively less hostile, and more deferential, working environment that greeted Vallot in the *Jardin* may also have rendered it a more conducive atmosphere in this respect than the court's medical community. Within the context of national medical debates like the Antimony Wars, therefore, it can be argued that the time that Vallot spent in the *Jardin* between his more important commitments at court provided him with the freedom that he might not otherwise have had in the king's society to truly concentrate upon formulating a powerful response to such developments.

⁶⁰ Ibid., 176.

⁶¹ Lunel, *Maison médicale*, 171–2. The two demonstrators from the Paris medical faculty were Jacques Cousinot and Urbain Bodineau – the non-Parisian demonstrator was Marin Cureau de La Chambre.

With regards to the second ‘world’ to which Vallot belonged – France’s medical profession – its unbeatable facilities and connection to the crown would always ensure that the *Jardin* was respected within this sphere as a prominent and powerful medical institution. That said, however, the differences which the *Jardin* exhibited to the kingdom’s more traditional medical corporations – in terms of its structure and royal affiliation – also served to distinguish it from the rest of this community. This sense of difference presumably rendered the *Jardin* an ideal professional space for a practitioner who shared a very distanced, occasionally even hostile relationship with the kingdom’s medical corporations, and whose position did not lend itself well to the cut-and-thrust of these institutions’ often angry medical disputes. His management of the *Jardin* provided Vallot with the means to make a powerful and legitimate professional impact upon the medical world whilst remaining outside of the near-ubiquitous throng of the kingdom’s medical faculties, and as such, it acted as an invaluable component of the image which he appears to have wanted to project of himself to the wider medical world. As *premier médecin*, Vallot evidently believed himself to be as unique and superior a medical entity as the *Jardin* over which he presided: together, the position and the institution could formulate contributions to important national medical matters which, if his account of 1658 is to be believed, were so powerful that they could effectively transcend the popular related discourses of his contemporaries to make a direct impact upon the nation as a whole. As *premier médecin*, Vallot possessed a unique voice in the medical world and his own, unique space from which to project it. If he did not engage with the disputes of his contemporaries with regards to issues like the Antimony Wars, then it was not, perhaps, because he felt that he could not, but because with the *Jardin*’s help he felt that he did not need to.

Equally distanced from both the court and the medical profession, with facilities that were admired across the kingdom, the *Jardin* was arguably one of the most vital components of the image which Vallot wanted to project of himself to the kingdom as a whole as *premier médecin*. To the wider public, Vallot’s management of the *Jardin* – especially his innovative research and free medical care for the poor – enabled him to prove to this audience that as Louis XIV’s medical representative he was dedicated to disseminating his royally-sanctioned benevolence amongst the king’s subjects. From a professional perspective, activities such as his impressive botanical project and productive experimentation upon antimony within the *Jardin* reminded the kingdom’s practitioners of Vallot’s unique prominence and supremacy in the medical world as *premier médecin*. Of course, it is almost impossible to gauge from this historical

distance the extent to which Vallot's statements about his impact upon the Antimony Wars as *premier médecin*, and the *Jardin*'s role in making this impact, were true. However, it does at least seem possible to say with a degree of confidence that he would not have been able to make such statements at all without the *Jardin*'s existence.

The *premier médecin*'s reign over the *Jardin du roi* came to an abrupt end after Vallot's death. In December 1671 – several months before Antoine d'Aquin had been officially appointed as Vallot's professional successor – the title of Superintendent was separated from the position of *premier médecin* and given to Colbert. The minister exercised this newly acquired charge in his capacity as *surintendant des bâtiments* (Superintendent of the King's Buildings) until his own death in 1683.⁶² After having spent the past five years of his life painstakingly supporting the first steps of his own pet project in the sciences, the *Académie des sciences*, perhaps Colbert believed that the circumstances were right in 1671 for him to temporarily shift his focus away from this institution, and consider the *Jardin*'s potential to achieve similar ends for the king and his reign.

It seems significant that Colbert waited until after Vallot's death to take the helm at the *Jardin*. Although it may seem a little far-fetched to suggest that the minister's decision to assume control at this point may have been influenced by Vallot's attachment to the *Jardin*, it does at least seem worth acknowledging in this respect the great extent to which the late *premier médecin* was known to have cared for the institution. As we have seen in the preceding pages, Vallot himself attested to his passion for the *Jardin* in the *Remarques* and in the *Hortus Regius*, and in 1662 he took his dedication a step further by launching a passionate and ultimately successful opposition to the plans which were then being made to build Cardinal Mazarin's academic legacy – the *Collège des quatre-nations* (The College of the Four Nations) – on the site of the *Jardin*.⁶³ Vallot's dedication to the garden is also alluded to in a seventeenth-century account of his regular attendance of it: in their memoirs of a long trip to Paris in 1665, two Dutchmen wrote about their visit to the *Jardin du roi* and the information that they learned there about Vallot. The *premier médecin*, they were told, kept the keys to the *Jardin* about his person, and visited the institution twice every day:⁶⁴ no mean feat if true, considering Vallot's time-consuming commitments at court.

⁶² See Lunel, *Maison médicale*, 181.

⁶³ The move would have necessitated the *Jardin*'s relocation to a site near the Vincennes Forest. See Alfred Franklin, *Les Origines du Palais de l'institut : Recherches historiques sur le Collège des quatre-nations d'après des documents entièrement inédites* (Paris: A. Aubry, 1862), 21.

⁶⁴ Potshoek and Villars, *Journal*, 119–20.

In light of this information it is perhaps no coincidence that Vallot owned property which was situated quite literally on the *Jardin*'s doorstep.⁶⁵ Perhaps, when the court's movements permitted, he resided in this property in order to easily open the *Jardin*'s gates with his keys in the morning, and lock them again at night?⁶⁶

Indeed, in this respect, Fagon's dedication to Vallot at the beginning of the *Hortus Regius* would certainly appear to convey an image of a Superintendent who was both very committed to, and enamoured by, the *Jardin* in his charge:

Ergo magnanimi per TE si certa salutis
Principis, augustum Aula breves concedit ad horas
Non stipare latus, TE publica causa quieti
Surripens, subito Regalem abducit in hortum.
Nec mora, pervigili complecteris omnia visu,
Et modo plantarum nova laetus germina, florum
Prima rudimenta, & surgentia stamina spectas...
Dumque imponis opus jussisque laboribus instas,
Rides, seu medium teneat sol igneus axem,
Seu dirum resonet Boreas; aut grandine mulfa
Concutiat glaciale caput, foecundaque nimbis
Tempora mole vias occludens Bruma nivali.
Primo mane novus dum purpurat aethere Titan,
TE videt errantem variis in partibus horti,
Aurorae lachrymis natos agnoscere flores:
Emeretis Phoebi succedens Luna quedarigis,
TE stupet extrema vix curam abrumpere nocte.⁶⁷

The *Jardin du roi* was evidently a place in which Vallot felt not only empowered, but also at ease, and as such it does not seem improbable to suggest that of

⁶⁵ Vallot owned properties in the two little lanes that led off the rue Cuvier into the *Jardin*; nowadays corresponding to the *Jardin*'s entrances that are situated next to numbers 47 and 57 of this road. See Lefeuvre, *Anciennes maisons de Paris*, vol. 2, 453–4.

⁶⁶ This might have been a rather onerous chore for Vallot, as lessons at the *Jardin* were known to begin as early as five o'clock in the morning during the summer months. See Lunel, *Maison médicale*, 175.

⁶⁷ 'Therefore if the Court, through you certain of the health / Of our magnanimous King, concedes for brief hours / Not to crowd around [your] august side, / Stealing you away from your rest for a public cause / It leads you suddenly away to the Royal garden. / With no delay, you will have grasped everything with your watchful gaze, / And happily you watch the new seeds of plants, / The first beginnings of flowers and the rising shoots... / And while you assign the work and order the labours, you press on, / You smile, whether the fiery sun holds the middle of the sky, / Or the North Wind echoes the sound of something terrible; or Winter shakes / His head with much icy hail, and at the fertile time / Hides the cloudy ways with a mass of snow. / At the start of morning, while the new Titan lightens in the sky, / He sees you wandering in various parts of the garden, / To recognize with tears the flowers born of Aurora: / The Moon, following the chariot of Phoebus when he has completed his service, / marvels at you at the end of the night scarcely breaking off your work.' Joncquet, Fagon and Vallot, *Hortus Regius*, non-paginated introduction. English translation provided by Cora Beth Knowles.

the many places in which he worked as *premier médecin*, it may have been one of the locations which made him the happiest.

8.3 Later *Premiers Médecins*' Relationships with the Medical World of Louis XIV's France: A Brief Epilogue

In the years following Vallot's death, the *Jardin du roi* continued to thrive under Colbert's management and it developed a particularly impressive reputation for anatomical research. To this end, Louis XIV approved of the installation of a permanent Demonstrator in Anatomy in the institution and also passed a ruling in January 1673 which guaranteed the *Jardin*'s staff right of first refusal to the bodies of any prisoners who were executed in the capital. This right had previously belonged to the Paris medical faculty, and its members were more than disgruntled to lose it to the *Jardin*.⁶⁸

Deprived of the title of Superintendent, Vallot's professional successor had instead been bestowed with the alternative titles of Superintendent of Demonstrations, and the reinstated position of Intendant. His responsibilities in these roles gave Antoine d'Aquin little practical control over the *Jardin* beyond an ability to influence the course of its research and studies.⁶⁹ In light of this significant reduction of authority – not to mention Louis XIV's own increased interest in the institution (galvanised, undoubtedly, by Colbert) – it seems difficult to gauge the extent to which d'Aquin may have influenced the *Jardin*'s developments during his time as *premier médecin*.

That said, it does seem safe to say that the medical world beyond the court remained an equally hostile environment – if not more so – for the *premier médecin* during d'Aquin's time in the position than it had been during Vallot's. One of the most popular topics of discussion amongst the medical practitioners of France during this later period was not antimony, but a medicament called *quinquina*: a type of tree bark deriving from the Peruvian cinchona tree, which had been prescribed and praised across Europe since the late sixteenth century. The remedy was first introduced to the French court by an English charlatan named Sir Robert Talbor, who in 1680 administered it to the Dauphine in the form of quinine wine after she became seriously ill with a fever. She recovered shortly after having consumed the remedy, to the delight and amazement

⁶⁸ Lunel, *Maison médicale*, 182.

⁶⁹ *Ibid.*, 181.

of all at court.⁷⁰ D'Aquin was reported to have been furious that he had not been the first physician to reap the rewards of introducing *quinquina* to the court. 'C'est dommage que Molière soit mort,' Madame de Sévigné wrote cheerfully of the affair, 'il ferait une scène merveilleuse de d'Aquin, qui est enragé de n'avoir le bon remède'.⁷¹ The *premier médecin* was eventually reduced to buying the secret of the Dauphine's remedy from Talbor:⁷² an undoubtedly humiliating blow for a man whose direct professional predecessor had believed his own presence in the medical world to be so powerful that he could single-handedly change the reputation of a controversial drug. Perhaps d'Aquin's lack of influence within the *Jardin* – an institution which had proved so important to Vallot's self-perception and earlier participation within the Antimony Wars – had been a contributing factor to his poor performance in the national medical conversation surrounding *quinquina*?

His somewhat lacklustre experiences in both the *Jardin* and the national *quinquina* debate may have been the reason why d'Aquin chose to throw himself into a number of other medical projects. In addition to contributing to a couple of published medical texts⁷³ – something which, as previously mentioned, very few *premiers médecins* had done in the past – d'Aquin also supported a controversial institution called the *Chambre royale des universités provinciales et étrangères* (The Royal Chamber for Provincial and Foreign Universities) during his time as *premier médecin*. The brainchild of a physician named Charles de Saint-Germain,⁷⁴ the *Chambre royale* had been established in March 1668 with the aim of developing into an official academic body from which associated provincial and foreign doctors could practise legitimately in the capital. Letters patent officially acknowledged the existence of the institution in April 1673, at which point d'Aquin became its president. As an institution which granted legitimate medical licenses to non-Parisian practitioners, the *Chambre royale* was naturally viewed by the Paris medical faculty as yet another dangerous competitor and deliberate provocation of its professional hegemony in the capital. As such, the faculty did its utmost to try to quash the *Chambre*'s growth from the outset.

⁷⁰ Brockliss and Jones, *Medical World*, 292.

⁷¹ 'It is a shame that Molière is dead: he would have made a marvellous stitch-up of d'Aquin, who is furious that he does not have the good remedy.' Perez, "Louis XIV et le quinquina," 26.

⁷² Ibid. D'Aquin eventually administered *quinquina* to Louis XIV in 1686 for the alleviation of a fever: the drug was successful and when the king began to consume it in wine on a regular basis, it became even more popular at court than it had been when first introduced there in 1680.

⁷³ See, for instance, Nicolas de Blégny, *Secrets concernant la beauté et la santé, recueillis et publiez par ordre de Monsieur d'Aquin* (Paris: L. d'Houry, 1688) and Nicolas de Blégny, *La Remède Anglois pour la guérison des fièvres, publié par ordre du Roy, avec les observations de M. le premier médecin de Sa Majesté sur la composition, les vertus et l'usage de ce remède* (Paris: Vve d'A. Padeloup, 1682).

⁷⁴ Next to nothing is known about the life of Charles de Saint-Germain. See Lunel, *Maison médicale*, 132.

When a number of fraudulent practitioners managed to join the ranks of the *Chambre royale* in the 1680s, the Paris medical faculty doubled its already furious efforts to obliterate the institution, with eventually successful results. After d'Aquin himself had been removed from the medical scene in November 1693, the *Chambre royale* was officially dissolved in just six months with the help of the newly-appointed *premier médecin* and fellow Paris medical faculty member: Guy-Crescent Fagon.⁷⁵

Fortunately for Louis XIV's latest and last *premier médecin*, his relationship with the wider medical world was to prove far more fortuitous than his professional predecessor's. In 1708, two privileges which had been revoked from the *premier médecin*'s position following Vallot's death were returned to the office: the position of Superintendent in the *Jardin*, and the right to establish apothecary-communities.⁷⁶ In his new role as Superintendent, Fagon continued to work as diligently in the *Jardin* as his first protector had done. Just as Vallot had taken Fagon under his wing in the institution during the early years of the latter's medical career, so Fagon himself supported promising young practitioners such as Joseph Pitton de Tournefort:⁷⁷ one of the *Académie*'s most important botanists. Fagon also encouraged academicians to draw plants from the *Jardin*'s collections for the *Académie*'s aforementioned botanical project.⁷⁸ His comparatively open and amicable co-operation with the *Académie des sciences*' members was probably a consequence of the fact that Fagon had been made an honorary member of it in July 1696:⁷⁹ now that the *Académie* was flourishing, both the king and his *premier médecin* presumably recognised that they no longer ran any risk by nailing the physician's colours to that mast.⁸⁰ Equally, as his participation in the dissolution of the *Chambre royale* had demonstrated, Fagon's status as a Paris medical faculty member meant that his career as both *premier médecin* and Superintendent represented a period of relative peace with regards to the court and capital's ongoing hostilities.

⁷⁵ For more information about the *Chambre royale*, see *ibid.*, 131–42.

⁷⁶ Lunel, *Maison médicale*, 207.

⁷⁷ Fagon's mentoring of Joseph Pitton de Tournefort (1655–1708) was quite surprising in light of the fact that the botanist had formerly been a member of the *Chambre royale*: Tournefort had defected to the Paris medical faculty after the former institution dissolved in 1694.

⁷⁸ Stroup, *Company*, 107–8.

⁷⁹ Fontenelle, *Éloges*, 52.

⁸⁰ It seems significant that Fagon remained an honorary member of the *Académie des sciences*, that is, he did not contribute significantly to its work during his time as *premier médecin*. I'm inclined to agree with Le Roi when he expressed the belief that Fagon would probably have been far too busy with his commitments at court to participate extensively in the *Académie*'s activities. See Le Roi, preface to *Journal de santé*, xxxv.

Fagon put great effort into ensuring the *Jardin*'s successful expansion during his time as its Superintendent. As previously mentioned, he oversaw the construction of an amphitheatre in the *Jardin*'s grounds which could seat six hundred people for lessons and demonstrations.⁸¹ With the benefits of such expansion also came drawbacks, however, as Fagon would find out when in July 1707 he was compelled to dispatch a police order which banned disruptive behaviour in the *Jardin* which could compromise the learning of others.⁸² Crucially, Fagon also continued Vallot's botanical expansion of the *Jardin*. With interest in botanical research going from strength to strength in the wider medical world at the turn of the eighteenth century – and with the support of a much more amenable king behind him – Fagon made the most of his propitious circumstances to dispatch *Jardin* employees to ever more distant locations in the pursuit of new plants: including countries such as Chile, Peru, Greece and Egypt.⁸³ Interestingly, unlike Vallot, Fagon does not appear to have secured the publication of a botanical catalogue like the *Hortus Regius* which would have publically recognised his work in this field.

Of all the *premiers médecins* who tended to Louis XIV in his lengthy reign, Fagon is, unsurprisingly, the individual who is most often believed to have made the greatest impact upon the medical world around him. 'Jamais, avant lui,' wrote Lunel in his recent history of the king's medical household, 'un premier médecin du roi n'aura porté sa fonction à un niveau pareil. Il y aura un avant et un après-Fagon.'⁸⁴ As the previous pages attested, the circumstances in which Fagon found himself as *premier médecin* certainly appear to have been a lot more conducive to enabling his greater involvement in, and control over, the medical profession than was the case for his professional predecessors. Perhaps nowhere is this impression stronger in Fagon's career than in his assistance with Louis XIV's reform of the kingdom's corporative medical communities. The king had started reforming university education as a whole in France during the 1660s, but it was not until the 1690s that he turned his attention to medical education specifically. These last two decades of Louis XIV's reign and life saw him attempt to codify the kingdom's medical profession – as much for the good of his subjects as for the need to control often imperious institutions like the Paris medical

⁸¹ Bedel, "L'Enseignement," 315.

⁸² Lunel, *Maison médicale*, 212.

⁸³ Fontenelle, *Éloges*, 49 and Lunel, *Maison médicale*, 210.

⁸⁴ 'Before him, no *premier médecin* would ever take his function to such a new level. There would be a before- and after-Fagon.' Lunel, *Maison médicale*, 203.

faculty – and the king relied upon his *premier médecin* to some extent for help in achieving this aim.⁸⁵

With Louis XIV eager to reform the medical profession in ways which would grant the crown much greater control over this sphere, Fagon would thus certainly appear to have been in a much better position than his professional predecessors to be able to exact change upon the medical world. Yet a closer examination of his actual involvement in the formulation of these reforms would appear to suggest that Fagon's influence upon their creation was perhaps not as great as might initially be envisaged. Louis XIV's shake-up of the medical profession of France officially began in March 1696, with edicts which confirmed the requirements that a provincial doctor should meet in order to be able to practise medicine in Paris. Enhancing the regulations that had been set in place to this effect after the dissolution of the *Chambre royale*, the edict stated that provincial candidates were to take a lengthy and costly course at the Paris medical faculty in order to prove their legitimacy should they wish to practise in the capital in the future.⁸⁶ In July of the same year, a ruling which was based on this Parisian edict was announced which imposed similar regulations on the nation's practitioners as a whole. Reiterating and expanding the rights of exclusivity that had recently been confirmed for the Paris medical faculty, the new ruling stated that no physician could practise medicine in any town in France without having first graduated from its medical faculty. All physicians who wished to practise in another area had to present their degree certificates to the local authorities to prove their legitimacy: failure to do so would result in a fine or even imprisonment. In order to ensure uniformity across the medical world in its education – not just in the quality of its physicians' practice – the ruling also stated that henceforth the duration of the medical course for prospective physicians was to be fixed at four years in all of the kingdom's medical faculties.

Having played a leading role in the dissolution of the *Chambre royale* in 1694 – the legislation of which had acted as the backbone of all of these later developments – it is generally believed that Fagon must have similarly contributed to the formulation of these later, national reforms.⁸⁷ After all, as the king's medical representative, the creation of a more uniform and tightly-controlled medical profession was bound to be of both great interest and significance to him. However, it is important to acknowledge that

⁸⁵ Ibid., 215.

⁸⁶ Lunel, *Maison médicale*, 219–20.

⁸⁷ Brockliss and Jones, *Medical World*, 486 and Lunel, *Maison médicale*, 219–20.

there is no evidence to definitively confirm Fagon's direct involvement in the formulation of these reforms.⁸⁸ Either way, the crown's attempt to impose uniformity upon such a historically diverse community as the kingdom's medical profession proved slow to succeed in this instance.⁸⁹

The next step in the crown's reorganisation of the medical profession of France was the Edict of Marly. Drafted in March 1707, it was much more ambitious and extensive in scope than the king's earlier reforms had been. From an educational perspective, the edict aimed to impose a common administrative model upon all of the kingdom's medical faculties: a process which, it was hoped, would help to weed out many of the kingdom's irregular and illegitimate practitioners. Although the edict enforced little change upon the content of the courses themselves, it set out strict, uniform regulations with regards to other educational factors such as the duration of courses in medical faculties, the different stages of study within them and the length and nature of every medical student's examinations. As far as the kingdom's qualified practitioners were concerned, the Edict of Marly also revised and geographically extended the reach of the 1696 regulations which had dictated where physicians could and could not legally practise.⁹⁰

As with the 1696 regulations, the extent of Fagon's involvement in the creation and implementation of the Edict of Marly is quite hard to discern. Although there is evidence to suggest that Fagon was eager to ensure that it was implemented by medical faculties after it had been dispatched,⁹¹ the creation of the edict itself is generally recognised to have been the project of the *chancelier*, who had written to the kingdom's medical faculties with regards to the implementation of such an edict in the first place.⁹² Again, as was the case with the 1696 regulations, the Edict of Marly was not particularly successful for the crown. It was never uniformly adhered to by the kingdom's faculties, many of whom found it difficult to meet the edict's numerous requirements.⁹³

In supporting, and to some extent aiding, Louis XIV's work in the wider medical realm, it cannot be doubted that Fagon was exhibiting many of the same attitudes and

⁸⁸ Lunel, *Maison médicale*, 219.

⁸⁹ For more information about these rulings, and their ultimate failure, see Brockliss and Jones, *Medical World*, 485–6 and Lunel, *Maison médicale*, 219–26.

⁹⁰ For more information about the Edict of Marly, see Brockliss and Jones, *Medical World*, 486–7 and Lunel, *Maison médicale*, 226–34.

⁹¹ Fagon encouraged the *chancelier* – Louis Phélypeaux, comte de Pontchartrain – to write to the kingdom's faculties to ensure that they had heard of the Edict of Marly and were in the process of implementing the changes that it enforced. See Lunel, *Maison médicale*, 234.

⁹² *Ibid.*, 226–7.

⁹³ Lunel, *Maison médicale*, 227.

aspirations as Vallot had in their shared position, three decades earlier. Although they went about it in different ways, both men ultimately strove towards the development of a national organisational system which would have granted them greater control over the kingdom's medical profession as *premier médecin*. Fagon's apparent inability to exact any more significant change upon the medical world in this respect than his professional predecessor – despite his overwhelmingly more advantageous circumstances – would appear to say less about Fagon's failings than it does about the magnitude of Vallot's ambitions in this sphere in the first place.

Conclusion

‘[À] qui passera tant d’argent acquis Dieu sait comment? Que deviendront tant de secrets chimiques et végétaux, tant de tartre vitriolé, tant de préparations de laudanum et de vin émétique? Que deviendra la fortune de ce géant?’¹

Extract from a letter by Gui Patin to André Falconet, dated 25th June 1670.²

Vallot suffered from severe respiratory problems in his final years of life. Diagnosed by some of his medical contemporaries as a lung abscess,³ by others as asthma,⁴ these afflictions eventually affected the *premier médecin* so badly that he became less and less able to perform his duties. By the summer of 1670, Vallot was so ill that many believed him to be close to dying.⁵ Patin reported to a friend during this period that the ailing *premier medecin* ‘avoit été porté au Jardin-Royal ; mais ayant entendu que sa présence étoit requise à la cour, où il s’agit de lui choisir un successeur, il a aussitôt quitté le bel air de son beau jardin, et est revenu au Louvre’.⁶ Having discovered the extent of his affection for this institution in the previous chapter, it seems little surprise that Vallot would have initially turned to the *Jardin* for comfort in what he may have believed to be his final days on earth.

Vallot survived this particularly aggressive bout of ill health in 1670, but was not to last for much longer. By the spring of 1671 his condition had deteriorated so badly that he proved unable to accompany Louis XIV on the court’s travels to Saint-Germain and Flanders. He did not complete his customary *Remarques* entry for the year in consequence: as the physician chosen to cover the *premier médecin*’s duties during his absence, responsibility for the entry’s completion instead fell to Antoine d’Aquin.⁷ Several months after the court’s departure, Vallot tried to catch up with the royal train⁸ but became so sick that he was soon forced to turn back to Paris. Although sources

¹ ‘[T]o whom will all that money (God knows how he acquired it) go? What will become of those chemical and botanical secrets, or the vitriolic tartar, or the preparations of laudanum and emetic wine? What will become of this giant’s fortune?’

² Patin, *Lettres*, vol. 3, 753.

³ Trochon, “Journal,” 264.

⁴ *JS*, 170–1, Patin, *Lettres*, vol. 3, 784, letter to Falconet dated 10th August 1671.

⁵ *JS*, 170 and Sévigné, *Lettres*, vol. 2, 83–4, letter to Madame de Grignan dated 27th February 1671.

⁶ ‘[H]ad been taken to the Royal Garden, but having heard that his presence was required at court – where it is necessary to choose him a successor – he has immediately quit the good air of his fine garden, and returned to the Louvre’. Patin, *Lettres*, vol. 3, 752: Letter to Falconet dated 20th June 1670.

⁷ *JS*, 170–1.

⁸ *Ibid.*

differ as to the exact date, Vallot is known to have passed away in the capital between 8th and 9th August 1671. He died in the vicinity of the *Jardin du roi*,⁹ as he had apparently initially desired. On the twelfth of the month Vallot's body was transported across the Seine where he was buried in the Ave-Maria convent:¹⁰ a place in which, at the very beginning of his medical career, he had honed his medical skills by developing new remedies for the calloused knees of its nuns.¹¹

On 15th August a brief article appeared in the Paris-based *Gazette de France* to inform the nation of Vallot's death:

Le 9 de ce mois, Mre Antoine Vallot, Premier Médecin du Roy, décéda ici, apres une longue Maladie, en sa 75^e année, avec beaucoup de regret de Sa Majesté, et de toute la Cour, pour son mérite, et sa capacité, qui l'avoit élevé à cette belle et importante Charge.¹²

The thirty-two year-old Louis XIV may well have regretted the loss of a domestic who – although not particularly close to him from a personal perspective – had nevertheless assiduously tended to his needs on a daily basis for his entire adult life so far. In a document which confirmed Vallot's noble status three years before his death, Louis XIV expressed a great deal of gratitude for his *premier médecin*'s efforts in this respect.¹³ The king stated that nobility was a fitting reward for Vallot's forty-four years of medical care of the Parisian people, and after describing and praising the *premier médecin*'s work in this wider public domain, he also commended Vallot for his exceptional treatment of the king's own illnesses. In one particularly personal example of his worth Louis XIV described how the *premier médecin* had stayed by his bedside for twenty two days, 'sans nous abandonner un seul moment'.¹⁴ It was for these reasons and more, the king declared, that he had 'tout sujet de nous louer de son zele et de son

⁹ D'Aquin stated that Vallot died on 8th August. See *JS*, 171. However, both Eusèbe Renaudot and Patin stated that he died on 9th August, in the *Jardin du roi*. See Trochon, "Journal," 264 and Patin, *Lettres*, vol. 3, 784, letter to Falconet dated 10th August 1671.

¹⁰ Ernest Jovy, *Pascal inédit* (Vitry-le-François: P. Tavernier, 1912), vol. 5, 10. The body of Vallot's wife joined him there twenty-two years later. See Emmanuelle du Bouëtiez de Kerorguen, "Les Pratiques funéraires au couvent et monastère de l'Ave Maria de Paris de la fin du Moyen-Âge à l'époque moderne," *Revue archéologique du Centre de la France* 35 (1996): 153–75 for an interesting examination of some of the funerary practices that were adopted by the convent around the time of Vallot's death.

¹¹ *JS*, 79.

¹² 'On the 9th of this month, Mr Antoine Vallot, *premier médecin* to the king, died here, after a long illness, in his seventy-fifth year, much to the regret of His Majesty, and all of the court, for his merit, and his ability, which had elevated him to this fine and important charge.' *Gazette de France* article dated 15th August 1671. See *Recueil des gazettes, nouvelles ordinaires et extraordinaires : relations et autres recits du choses avenues l'année mil six centes soixante et onze* (Paris: Bureau d'addresses, 1671), issue no. 97, 782.

¹³ *AN*, AJ/15/502/93.

¹⁴ '[W]ithout abandoning us for a single moment'. *Ibid.*

affection et d'en estre entierement satisfait'.¹⁵ Such words would appear to reflect the sentiments of a man who felt a genuine fondness for his physician.

However, our knowledge of Louis XIV's general attitude towards medical matters should equally encourage us to consider the possibility that his reaction to Vallot's death may not have been quite as mournful as the *Gazette* implied. As previously mentioned in this thesis' introduction, the word on the street upon Vallot's death was that Louis XIV had sharply rebuffed the *premier médecin* in his final days, for pleading that the king consider leading a healthier lifestyle.¹⁶ Could this alleged outburst have been an exception in an otherwise polite and friendly attitude towards the *premier médecin* on Louis XIV's part: provoked, perhaps, by Vallot's inability to prevent the recent death of the king's second son?¹⁷ Or had the *premier médecin*'s earlier ennoblement never been intended as anything but a formality: the king's seemingly heartfelt praise of Vallot in reality reflecting little more than an acknowledgement of his continued fulfilment of his professional duties?

Whatever may have been the case for Louis XIV himself, his courtiers certainly appear to have been much more indifferent to the news of Vallot's death than the *Gazette* had suggested. From her vantage point on the court's periphery the marquise de Sévigné disseminated the latest gossip regarding the *premier médecin*'s final, drawn-out illness to her friends and family: '[r]ien ne dure cette année', she remarked in February 1671, 'pas même la mort de M. Vallot ; il se porte bien, et au lieu d'être mort, comme on me l'avoit dit, il a pris une pilule qui l'a ressuscité.'¹⁸ It is perhaps no coincidence that the marquise's jesting description of Vallot seemed reminiscent of the comically unfortunate patients of Molière's physicians. As previously mentioned, *valet de chambre* Marie du Bois also appears to have adopted a similarly cheerful attitude to the death when he realised that the Dauphin's allegedly draconian breakfast routine would no longer be imposed as a result of it. Perhaps unsurprisingly, considering what we know about the nature of his relationship with this wider court society, there seems to be no trace of grief in either courtier's reaction to Vallot's death. His medical skill may have been much praised and depended upon within this community over the past two decades, yet it seems likely that most courtiers saw Vallot's passing as an opportunity to

¹⁵ '[E]very reason to praise his zeal and affection and to be entirely satisfied [with his work]'. AN, AJ/15/502/93.

¹⁶ See Chapter 1, footnote 98.

¹⁷ See page 53.

¹⁸ 'Nothing is lasting this year, not even the death of Mr Vallot: he is feeling well, and rather than being dead, as everybody had told me he is, he has taken a pill which has revived him.' Sévigné, *Lettres*, vol. 2, 83–4, letter to Madame de Grignan dated 27th February 1671.

speculate upon the future of the society's medical care, rather than dwell upon its past. As Patin's remark implied at the beginning of this conclusion, all attention within both the Louis-centric court – and the wider medical world beyond – may now have been focused upon who the king would next choose to favour with the prestigious position of *premier médecin*.

As is the case for many aspects of its relationship with Vallot, a lack of source material will seemingly forever obscure the true feelings that the court's medical community expressed about the death of its leader. It seems at least plausible that Vallot's parting would have been genuinely mourned by those few colleagues with whom he was close. Although Guénault had died four years beforehand, Louis-Henri d'Aquin would presumably have grieved for the loss of the colleague (and, perhaps, friend) who his son was soon to succeed as *premier médecin*. It seems likely that the reaction of the rest of the court's medical practitioners would have been a lot more nuanced than such simple grieving, however. The attempts of the court's apothecaries to reclaim control over their own aides after Vallot's death would certainly appear to suggest that, as previously mentioned, many within the community saw the event as a catalyst for change and a chance to improve their own professional circumstances at the *premier médecin*'s expense. Equally, Colbert appears to have harboured similar intentions when he seized the position of Superintendent at the *Jardin* a few months later. In earlier times a ministerial figure of Colbert's stature may instead have chosen to control the institution by guiding and shaping the *premier médecin*'s efforts within it as his patron. But the court society had changed in many respects since Cardinal Mazarin's heyday, and ministers and physicians alike – Vallot included – had moved along with it. In the reactions of Colbert, du Bois and the apothecaries to the news of Vallot's death, there may have been little emotion – and even less grief – but there certainly does appear to have been a shared acknowledgement of the late *premier médecin*'s professional powers. Although he may not have been looked back upon with any particular fondness by most at court, Vallot would appear to have been remembered within this elite society as a man of some consequence during his time as *premier médecin*.

In the wider medical world beyond the royal court, it seems likely that the *Gazette de France* would have been the means by which many discovered the news of Vallot's death. The *premier médecin*'s connections to the king had, after all, rendered many of his actions a matter of public interest in the past. One of the few medical practitioners in this wider medical sphere who commented upon the death in literary

form was Eusèbe Renaudot. Having neglected to acknowledge Vallot's existence in his academic work, the physician chose to briefly record the circumstances of the *premier médecin*'s death in his personal journal.¹⁹ Although he may not have felt particularly connected to the *premier médecin* from a professional perspective, Vallot's prestige – and perhaps even his own growing professional affiliation with the court at the time – may have encouraged Renaudot to view the death as worthy of personal note at the very least. Of course, as always, Patin had a lot to say about this latest and last development in the *premier médecin*'s life. The Paris faculty member took care to pour as much scorn upon Vallot following his death as he had during his lifetime:

Il n'a été qu'un charlatan en ce monde, mais je ne sais ce qu'il fera en l'autre, s'il n'y vient crieur de noir à noircir, ou de quelque autre métier où on puisse gagner beaucoup d'argent, qu'il a toujours extrêmement aimé.²⁰

In truth, it seems likely that Vallot's distanced, superior and domineering attitude towards the kingdom's medical profession as a whole would have left him with few genuine mourners in this wider medical sphere. Almost a century after his death, a physician of the Montpellier medical faculty described how Vallot was still condemned within the institution for the avaricious behaviour that he allegedly exhibited when assisting with the appointment of their senior members of staff.²¹ There appear to have been no eulogies, no medals²² waiting in the wings of any of the kingdom's incorporated medical communities to celebrate Vallot's life at its end, as there would later be for Fagon. Nevertheless, his legacy in this wider medical sphere was perpetuated in the form of the *Jardin*: a place in which Vallot had invested a lot of time and effort and which continued to boast superior facilities and groundbreaking innovation for many years to come, especially under the watchful eye of Louis XIV's last *premier médecin*. Perhaps many of the practitioners who later praised Fagon so

¹⁹ Trochon, "Journal," 264.

²⁰ 'He has been nothing but a charlatan in this world, but I do not know what he will do in the other, if he does not become a charcoal burner there, or some other profession where one can gain a lot of money: which he has always loved extremely.' Patin, *Lettres*, vol. 3, 784, letter to Falconet dated 10th August 1671.

²¹ Astruc wrote of Vallot in his history of the Montpellier medical faculty: 'Si j'en parle ici de son rang, ce n'est pas pour apprendre les bienfaits que la faculté de Montpellier en a reçus ; mais pour qu'on n'oublie pas le tort qu'il lui a fait, en remplissant à prix d'argent les Régences qui y vaquerent' ('If I speak about his rank here, it is not in order to inform [you] about the benefits that the Montpellier medical faculty has gained from it, but in order to ensure that the wrongdoing that he has made to this institution – by replacing the regences that became vacant here at a price – is not forgotten'). Astruc, *Mémoires*, 380–1.

²² The Paris medical faculty commissioned the minting of several medals in Fagon's honour. See Perez, *Biohistoire*, 153–4.

reverently would have been shocked to discover the extent to which he had been both affectionate towards, and deeply inspired by Vallot: a man whom many in their profession appear to have chosen to forget.

Vallot's *Remarques* have ensured that he will never be completely forgotten. Indeed, over three hundred years after its last extant entry was written, I felt compelled to focus my doctoral research on Vallot precisely because of the fact that, of the three authors of this text, I found him to be the least forgettable. Despite the fact that we know the least about his life, Vallot's was the voice that leapt out from the page and gave me the greatest sense of who he might have been not only as a physician, but as an individual: piquing my interest and encouraging me to discover more about him and his world beyond his already well-documented relationship with the king. During the course of my ensuing research, conversely, it often felt as if the more I learned about Vallot and the worlds in which he lived and worked as *premier médecin*, the more distanced he seemed to be from these environments. Essentially, it cannot be denied that much of the surviving evidence relating to Vallot's life as *premier médecin* seems to evoke a strong sense of distance on his part: close professional proximity, but stark social distance from the patients whom he treated at court, a growing sense of distance from the ministerial networks of power in this environment, and hierarchical, occasionally hostile distance from his medical contemporaries, both at court and in the wider medical profession beyond. At first this distance seemed incongruous and a little disappointing to me. I had set out to discover more about Vallot's relation to the world around him as *premier médecin*, and my efforts had only made him appear even more isolated.

I soon realised, however, that to adopt such an attitude was to miss the point. Vallot may have seemed a distant figure to many of his contemporaries – as a dry and dull domestic, an aloof yet vulnerable manager or an avaricious and domineering royal representative – yet despite this distance, he remained an integral part of their lives. As *premier médecin* he was an individual whose actions carried considerable weight within many of his contemporaries' worlds, whether they liked it or not. Within both the royal court and the wider medical profession, Vallot appears to have both recognised his importance and been determined to enhance it; by performing his duties to the very best of his abilities at the expense of any social credibility, navigating the various and ever-changing networks of power at court and expanding his powers in the wider medical world to the point of sacrificing any broader appeal that he could have hoped to achieve in this sphere. Keen sentiments of ambition and professional power ran through many of

Vallot's interactions with the world around him as *premier médecin*. By shedding light upon these interactions, and this ambition, I hope to have taken a constructive step towards revealing the broader identity of this fascinating, important and ultimately powerful *premier médecin*.

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Uppsala universitetsbibliotek

Waller Collection, Ms fr 08900: Prescription written by Vallot for an unknown patient, dated August 1653.

Wellcome Archives, London

MS7757/7: 'Pièce signée par Antoine Vallot, premier médecin du roi, signé également par Marie Hennequin, veuve d'Heron de Gouffier, marquis de Boisy, et par autres Artus Gouffier, duc de Roannés, Paris, 12 octobre 1663'.

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