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## WOMEN'S VOICES

Echoes of Life Experiences in the Alps and the Plain  
(17th-19th Century)

HISTOIRE







EX VOTO.  
1714.

**Madline Favre**

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## **What Sources Can We Use to Document Women's Role in Health Practices in the Alpine Context? The Case of Valais in the 18th and 19th Centuries**

### **Introduction**

The history of the links between women and health has evolved considerably over the last two decades. We have gone from a consensus that women's role in medicine was marginalized during the modern era to the discovery, through new sources and methods, that women had a very real presence on the healthcare scene<sup>1</sup>.

In this new writing of the history of women and their role in the field of health, we are faced with two problems, as identified by the historian Fissell. One is that women's work in health was under-documented compared to men's, despite the reality of their activity. The other is that academia continues to valorize certain boundaries between practitioner types even though these were irrelevant in the

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<sup>1</sup> STROCCHIA Sharon, "Introduction: Women and Healthcare in Early Modern Europe", *Renaissance Studies* 28, 2014, p. 496.

modern era<sup>2</sup>. In an attempt to overcome these problems, a number of recent studies on women and health have been innovative in their mobilization of new sources and methodological approaches. However, these studies have often been focused on cities and urban elite families<sup>3</sup>.

In this paper, I will look at the Alpine environment of the canton of Valais<sup>4</sup> and its particular geographical space, that is, the Rhône plain (from its source to Lake Geneva) and surrounding Alpine valleys. Taking into account women from working-class and rural backgrounds as much as possible, I will show the types of sources and methods that give us access to the health practices of women in this environment. I will present the initial results of an analysis of two sources of information rarely mobilized in research, namely iconography, or more specifically ex-votos, and genealogies. These results reveal the specificities of the Alpine space in relation to the roles of the sexes in health and also the multidimensionality of this space in terms of the differentiated practices on the plain and in the mountains.

The paper is split into two parts. The first focuses on the role of women in their family's health, and the second, on their level of involvement in societal healthcare more broadly.

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<sup>2</sup> FISSELL Mary E., "Introduction: Women, Health, and Healing in Early Modern Europe", *Bulletin of the History of Medicine* 82, 2008, p. 5.

<sup>3</sup> See, in particular, KINZELBACH Annemarie, "Women and Healthcare in Early Modern German Towns", *Renaissance Studies* 28, 2014, pp. 496-514; STEVENS CRAWSHAW Jane, "Families, Medical Secrets and Public Health in Early Modern Venice", *Renaissance Studies* 28, 2014, pp. 597-618.

<sup>4</sup> For information on the situation in Valais in the 18th to 19th centuries, see: FAYARD DUCHÊNE Janine, "L'État patricien (xvi<sup>e</sup>-xviii<sup>e</sup> siècle)", in: *Histoire du Valais*, Sion, SHVR Société d'Histoire du Valais Romand, 2001, vol. 2, pp. 337-435; PAPILOUD Jean-Henry, "Le creuset révolutionnaire", in: *Histoire du Valais*, Sion, SHVR Société d'Histoire du Valais Romand, 2001, vol. 3, pp. 445-503 and GUZZI-HEEB Sandro, *Passions alpines. Sexualité et pouvoirs dans les montagnes suisses (1700-1900)*, Rennes, Presses universitaires de Rennes, 2014.

## Within the family

According to Cavallo and Strocchia, the emergence in the last decade of the “domestic turn” in the history of medicine, which has shifted researchers’ attention away from professional institutions and structures to domestic medical activities and the role of “laywomen”<sup>5</sup>, has contributed to finally giving women the recognition they deserve in health practices<sup>6</sup>. Despite an absence of official sources to draw on (censuses, contracts, registers, etc.), this work has identified the home as a significant site of medical activity and considered laywomen as real medical agents<sup>7</sup>. However, the focus has generally been on England<sup>8</sup>, Germany and, to a lesser extent, Italy and Spain.

In the French-speaking context, the main source mobilized in research on women and health has been egodocuments<sup>9</sup>. Because access to these documents is often dependent on the family’s sociocultural level and capacity to preserve them, the practices of well-to-do women

<sup>5</sup> In other words, “non-physicians”.

<sup>6</sup> CAVALLO Sandra, “The Domestic Culture of Health”, in: EIBACH Joachim, LANZINGER Margaret (eds.), *The Routledge History of the Domestic Sphere in Europe 16th to 19th Centuries*, London, Routledge, 2020, p. 455; STROCCHIA Sharon, “Introduction: Women and healthcare ...”, pp. 498-502.

<sup>7</sup> CAVALLO Sandra, “The Domestic Culture of Health...”, p. 455.

<sup>8</sup> See the work of Elaine Leong, in particular: LEONG Elaine, *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England*, Chicago, University of Chicago Press, 2018.

<sup>9</sup> HANAFI Nahema, *Le frisson et le baume. Expériences féminines du corps au Siècle des lumières*, Rennes; Paris, Presses universitaires de Rennes; Comité des travaux historiques et scientifiques, 2017; HANAFI Nahema, “Formules domestiques: pratiques genrées de la compilation de recettes médicinales (fin XVII<sup>e</sup> siècle – début XIX<sup>e</sup> siècle)”, in: RIEDER Philip, ZANETTI François (eds.), *Materia medica: savoirs et usages des médicaments aux époques médiévales et modernes*, Geneva, Librairie Droz, 2018, pp. 146-160; CHOLLET Mathilde, “Les remèdes thérapeutique de Mme de Marans, un syncrétisme entre savoirs savants et traditionnels au XVIII<sup>e</sup> siècle”, *TraverSCE* 13, 2013, pp. 64-75; on French-speaking Switzerland, see, in particular, MORET PETRINI Sylvie, *L'enfance sous la plume. La diffusion de l'écriture éducative en Suisse romande, 1750-1820*, Rennes, Presses universitaires de Rennes, 2022, including chapter 18, which examines the role of mothers in childcare; on German-speaking Switzerland, see PILLER Gudrun, *Private Körper: Spuren des Leibes in Selbstzeugnissen des 18. Jahrhunderts*, PhD thesis, Cologne, Böhlau Verlag, 2006.



in large urban centres have been the principal research object. Women from the more modest strata of the population tend not to have left such documents behind and so have been largely neglected.

There is no doubt that egodocuments are a key source when it comes to identifying the role of women in healthcare within the family, and a study of those available in Valais is quite feasible<sup>10</sup>. In this paper, I will use them mainly to compare the research conducted in other environments with the situation in Valais in order to uncover any Alpine specificities. Hanafi notably exploited collections of medicinal recipes and *livres de raison*<sup>11</sup> in the French context to dispel the myth that these were old wives' remedies. She revealed that it was often in fact men who compiled these recipes, demonstrating that healthcare within the family was a shared responsibility<sup>12</sup>. This is also evidenced in the Valais context, because the majority of the medicinal recipe collections contained in the various archives were compiled by men.

Cavallo also examined this question of gender and domestic medical knowledge. Although recent studies in France and England have shown a non-gender-specific distribution, in other words they have found that the manuscripts were generally written by both the mother and the father or by the whole family, it is nevertheless thought that men took a more intellectual interest in the medical issues of their time while women dealt with the more practical side of everyday family healthcare, for example by giving medical advice or reminding their family to maintain a healthy lifestyle<sup>13</sup>.

Men were the keepers of the recipes and prescriptions that they carefully wrote down as managers of the family records, and women acted as the intermediaries between this knowledge and their family's

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<sup>10</sup> See, in particular, the work of Jasmina Cornut. On the question of Valais sources more specifically, see CORNUT Jasmina, "La vie quotidienne des femmes du patriciat valaisan. Etude des écrits du for privé", *Annales Valaisannes*, 2017, pp. 30-53.

<sup>11</sup> A *livre de raison* was a book generally kept by the head of the family containing the household accounts and the family members' births, baptisms, marriages, deaths, illnesses and so on.

<sup>12</sup> HANAFI Nahema, "Formules domestiques ...".

<sup>13</sup> CAVALLO Sandra, "The Domestic Culture of Health ...", pp. 464-465.

health needs. This role of women is very clearly revealed in correspondence. For example, the letters exchanged between one Valais woman, Marie-Julienne de Nucé de Rivaz, and two successive doctors over a period of more than thirty years reveals that the doctors' prescriptions and advice all went through her<sup>14</sup>.

In addition to acting as the link between family and doctor, women also sought practical solutions to their family's ailments through their own networks, as shown in the following extract from a letter from a certain Monsieur Du Fay to Major Kuntschen:

*“Monsieur  
Madame votre epouse est venue avant hier au soir chez moi pour me prier de faire faire chez l'apotecaire de l'opiate que je faisois usage il y a deux trois ans lorsque j'avais le cour du ventre; cette opiate m'ayant retablis; madame votre epouse pense qu'elle arretera l'empire de votre judisposition.”*<sup>15</sup>

Epistolary and private sources outside the collections of the patrician families also provide some information on women who did not belong to the socio-economically advantaged strata. The writings of two botany experts examined during my research on botanists in Valais<sup>16</sup> offer glimpses of the role of women in the cultivation of medicinal plants. One such expert was the parish priest Jean-Maurice Clément, who drew up an inventory of useful plants that he wanted to grow in the region. He wrote:

*“La digitale pourprée, (Digitalis purpurea) que j'ai vû, in viâ, entre Vouvry et Port Vallais, et même en 1781, dans l'enclos des*

<sup>14</sup> AEV, Rivaz, Rz box 51/11 Doctor Michel Cocatry 1764-1773, Rz box 51/12 Doctor Michel Cocatry 1774-1784 and Rz box 51/10 Doctor Gerard Payerne 1784-1791.

<sup>15</sup> Letter from Monsieur Du Fay to Major Kuntschen, 12 September 1801, CH AEV, Charles Allet, P 294. Translation: “Sir, Your lady wife came to my house the day before yesterday to ask if I might have the same opiate made up by the apothecary that I used two or three years ago when I had a stomach ache, since this opiate restored me to health. Your lady wife thinks it will prevent your condition from worsening.”

<sup>16</sup> FAVRE Madline, “Réseaux, pratiques et motivations des acteurs locaux de la recherche botanique en milieu alpin. Le cas du Valais entre 1750 et 1810”, *Histoire des Alpes* 26, 2021, pp. 33-49.

[...] *Relig. de Collombay, et que je me propose d'introduire ici, avec quelques autres, est estimée dans l'hydropisie, propriété qui est attestée par des médecins allemands et anglais.*<sup>17</sup>

Indeed, Clément wrote on a number of occasions about the plants grown by the Collombay nuns, even though these women in no way assumed the role of hospitallers and nothing in their *livre de maison*<sup>18</sup> indicates that they dispensed remedies. The second botany expert was a doctor called Jean-Baptiste Claret, who wrote that “*certaines femmes les cultivent dans les jardins*” in reference to a particular plant he was describing in a letter to the famous Albrecht von Haller<sup>19</sup>. It therefore seems to be the case that the garden and thus the production of medicinal plants for the home was generally managed by women.

While egodocuments can therefore shed some light on the very practical role that women played in healthcare, whether as intermediaries between a learned medical culture and their family or in the production of medicinal plants, this information mainly only applies to women of the elite, most of whom lived on the Valais plain. They provide no clues as to the potential specificity of the mountain regions. In order to uncover the family health practices of this other sector of Valais women, we must look to a different source type and approach.

A new way of studying healing in history has been developed in recent years that moves away from the usual limitations associated with the use of the word “medicine” by mobilizing the broader category of “bodywork”. This category encompasses all actions related

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<sup>17</sup> AEV, Jean-Maurice Clément, Ms. Cl. 70, f. 75. Translation: “The purple foxglove (*Digitalis purpurea*) that I have seen on the road between Vouvry and Port-Valais and even in the enclosure of the [...] Relig. de Collombay in 1781, which I propose to introduce here along with a few others, is considered to have a property that is effective in the treatment of dropsy, as attested by both German and English physicians.”

<sup>18</sup> The *livre de maison* here was a book compiled by the nuns over time containing their house rules, order statutes and an account of their history.

<sup>19</sup> Letter from Jean-Baptiste Claret to Albrecht von Haller, 3 September 1764, *Editions- und Forschungsplattform hallerNet*, <https://hallernet.org/data/letter/01102>, accessed 01.02.2022. Translation: “some women cultivate them in their gardens”.



to healthcare<sup>20</sup> and allows us to consider new health practices as an integral part of the healing system. We can thus incorporate care practices administered at the bedside of the sick or the deceased into our research by including the people who looked after these people as actors in this system. This type of care work was often too mundane and insignificant to make its way into written documents and therefore generally passes under the historian's radar. However, because these care tasks were usually assumed by women, this gap in our knowledge reinforces a biased vision of gender in the history of medicine<sup>21</sup>.

In an attempt to fill this gap, I propose here to exploit a particular iconographic source that represented women as much as men and that was relevant to all sociocultural backgrounds and geographical areas in the canton of Valais.

Ex-votos – an abbreviation of the Latin expression *ex-voto suscepto* – were gifts offered by the faithful to a celestial figure in thanks either for his protection or for a granted wish<sup>22</sup>. They could take several forms, including a significant object that was no longer of use because the wish had been granted (e.g. crutches), an object representing the wish granted (e.g. a small sculpture of the healed body part) or a votive painting depicting the wish granted. These votive paintings, which first appeared in Valais in the 17th century<sup>23</sup>, provide us with considerable information not just on the religious practices of this population but on their daily life, costumes, house interiors and relationship to health. Indeed, most of these paintings were given in thanks for the granting of a wish that was linked to an illness, injury or difficult birth.

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<sup>20</sup> Mary Fissell and Kathy Brown both used the word “bodywork”, which interconnects with the expressions “techniques of the body”, coined by Maria Montserrat Cabré and Monica Green, and “artisans of the body”, which appears in the work of Sandra Cavallo. For specific references to these studies, see FISSELL Mary E., “Introduction: Women, Health, and Healing...”, p. 10.

<sup>21</sup> FISSELL Mary E., “Introduction: Women, Health, and Healing ...”, p. 11.

<sup>22</sup> COUSIN Bernard, *Le regard tourné vers le ciel. Ex-voto peints de Provence*, Aix-en-Provence, Presses universitaires de Provence, 2017, p. 7.

<sup>23</sup> WYDER Bernard, ANDEREGG Klaus (eds.), *Ex-voto du Valais = Walliser Votivbilder: exposition, Manoir de Martigny du 24 juin au 16 septembre 1973*, Martigny, 1973.

In the 1940s, the Société Suisse des Traditions Populaires compiled an index of all the ex-votos in Switzerland by canton<sup>24</sup>. There are 1,057 entries in all for Valais, including 870 paintings, which allows us to extract quantitative information from these sources. Following Cousin, who analysed the ex-votos of Provence<sup>25</sup>, I created a database containing the 870 paintings and coded the different information they provided. The results showed that these representations were very stereotyped. They almost invariably took the form of a heavenly top half depicting the intercessor in question (the Virgin, a saint, the Trinity, etc.) and an earthly bottom half depicting the petitioner(s) and clues as to their entreaty (e.g. a sick person represented in a bed, a person injuring themselves, etc.). A quantitative analysis of these recurring designs in the paintings revealed the number of men and women petitioners, the popularity of the intercessors and the different scenarios presented. Of these 870 paintings, 350 were directly linked to a health problem (illness, infirmity or difficult birth)<sup>26</sup>, which enabled me to investigate health practices linked to the intercession of celestial beings in some detail. The great advantage of these paintings was that they pertained to all strata of the population. While the elite may have introduced this votive practice in the 17th century, it quickly spread throughout society and continued until the end of the 19th century.

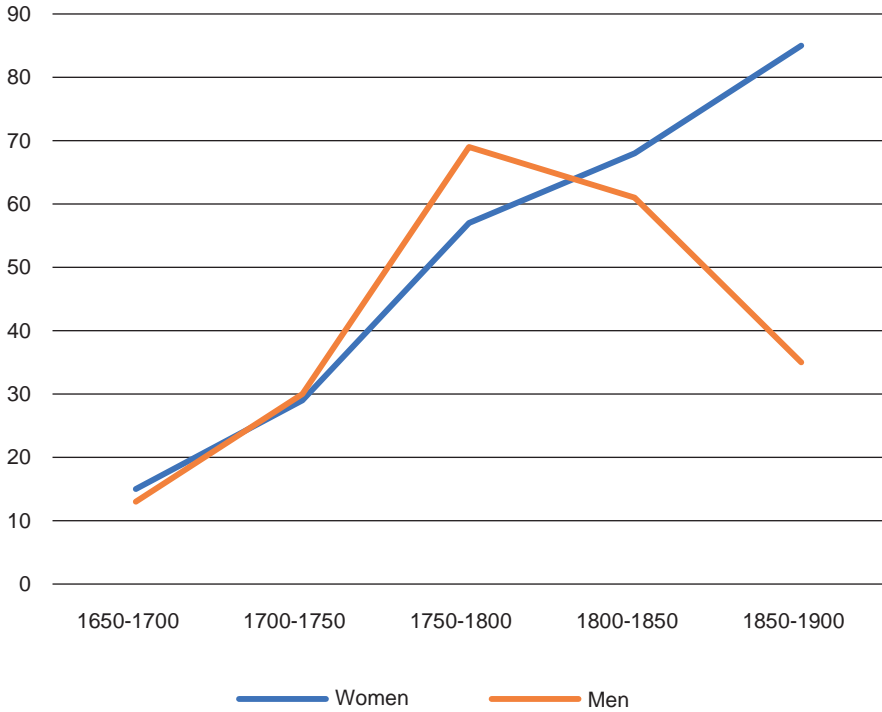
A comparison by 50-year chronological period from 1650 to 1900 of the number of men and women giving ex-votos (Fig. 1) reveals that the initial male predominance switched to a female predominance from the beginning of the 19th century onwards. This finding corresponds to the feminization of the religion phenomenon theorised in a number of studies<sup>27</sup>.

<sup>24</sup> ANDEREGG Klaus, "La redécouverte des ex-voto. Un chapitre mouvementé de l'histoire de l'ethnologie", in: CREUX René (ed.), *Les ex-voto racontent*, Paudex, Editions de Fontainemore, 1979, p. 215.

<sup>25</sup> COUSIN Bernard, *Le regard tourné vers le ciel...*

<sup>26</sup> I decided not to include scenes depicting accidents that did not clearly show the injury (such as falls, work accidents, avalanches and drowning). Only paintings showing the unfortunate consequences of accidents were therefore included.

<sup>27</sup> See, in particular, LANGLOIS Claude, "Féminisation du catholicisme", in: LE GOFF Jacques, RÉMOND René (eds.), *Histoire de la France religieuse*, Paris, Le Seuil,

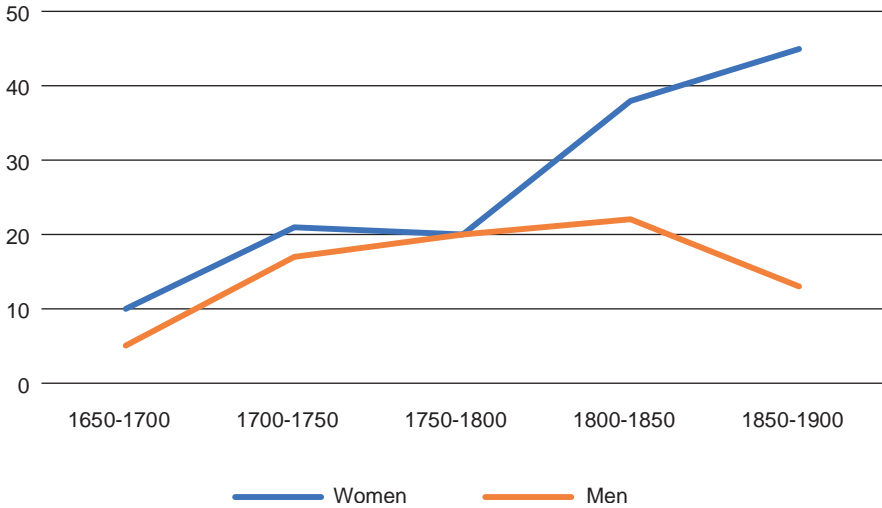
*Fig. 1: Number of men and women giving ex-votos*

A comparison according to gender solely of the ex-votos that thematized situations linked to health (Fig. 2) shows a constant female predominance throughout this period, with a marked increase from the beginning of the 19th century onwards. It is possible that this corresponds to the gendered separation of the spheres, with women

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1991, pp. 292-307; and, more recently, VAN OSSELAER Tine, BUERMAN Thomas, "Feminization Thesis: A Survey of International Historiography and Probing of Belgian Grounds", *Revue d'histoire ecclésiastique* 103, 2008, pp. 497-544; PASTURE Patrick, "Beyond the Feminization Thesis: Gendering the History of Christianity in the Nineteenth and Twentieth Centuries", in: PASTURE Patrick *et alii* (eds.), *Gender and Christianity in Modern Europe*, Leuven, Leuven university Press, 2012 (Kadoc-Studies on Religion, Culture and Society 10), pp. 7-33.

Fig. 2: Number of men and women giving health-related ex-votos



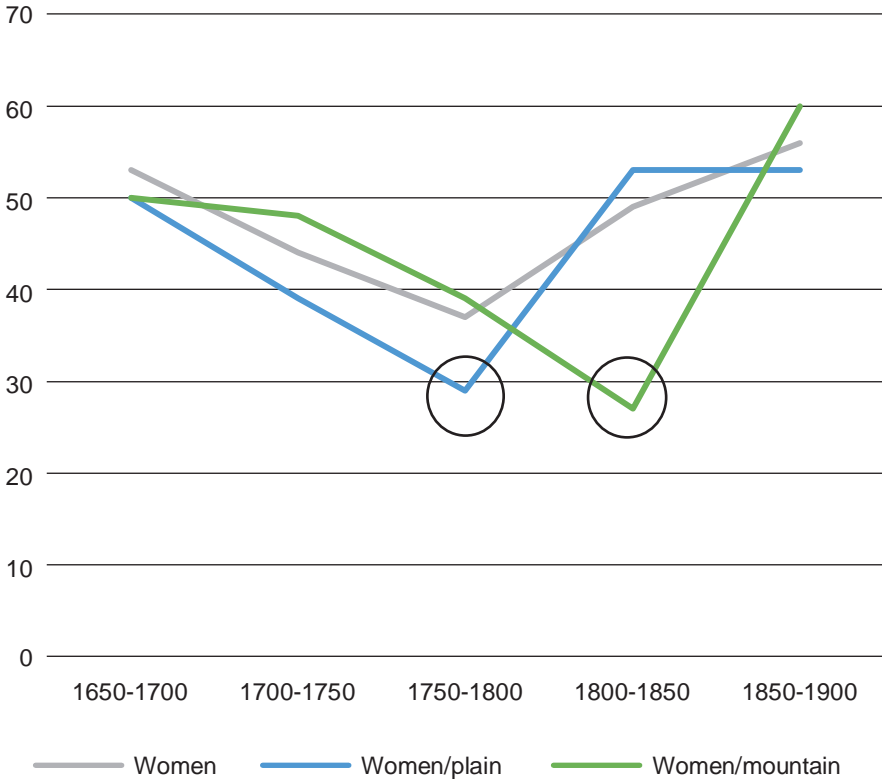
beginning to concentrate more on domestic tasks, including the family's education and health, around this time<sup>28</sup>.

I allocated the places where these paintings were deposited (in other words the various churches) to one of two categories (plain and mountain) according to their altitude, isolation and ease of access from the plain<sup>29</sup>. The analysis revealed differences between these two geographical areas (Fig. 3 and 4).

<sup>28</sup> Although more detailed studies, particularly on Valais, tend to qualify this assertion. See GUZZI-HEEB Sandro, "Mère aimée, mère domestiquée? Mères valaisannes du XVIII<sup>e</sup> siècle et leurs fonctions sociales", in: *La Madre – The Mother*, Florence, Edizioni del Galluzzo, 2009, pp. 437-462; CORNUT Jasmina, "La vie quotidienne des femmes du patriciat valaisan...".

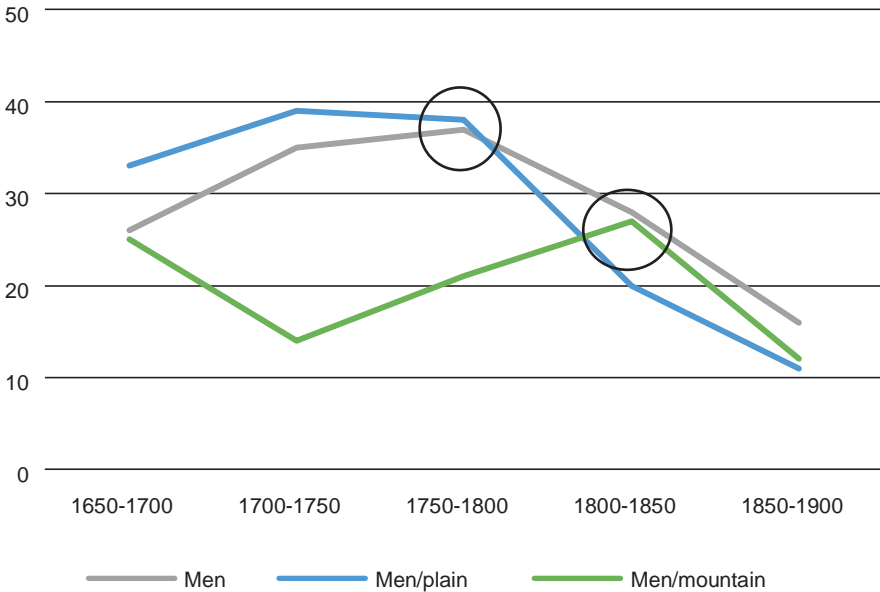
<sup>29</sup> For example, Longeborgne, which is situated above Bramois, and the Chapelle du Scex, situated above Saint-Maurice, were very popular with people living on the plain, so they were included in the "plain" category despite their altitude.



*Fig. 3: Difference between plain and mountain for women*

There was a clear time lag of approximately fifty years between the sharp increases in the two female representations and the sharp decreases in the two male representations according to geographical environment. This change in societal paradigm therefore emerged later at high altitude than it did on the plain. Given that the Valais elite (the large patrician families) tended to live on the plain, might the women of these families have been the first adopters of the religious feminization and domestication “fashions” before these then surfaced in the subsequent generations of their less well-off neighbours living at higher altitudes?

Fig. 4: Difference between plain and mountain for men



Cousin compared several Mediterranean regions with the Alps region (including Tyrol, southern Germany and Valais) and found major differences between the two geographical areas<sup>30</sup>. One was a gender-based dimorphism in the ex-votos, which seemed to be much less marked in the Alps than elsewhere in the Mediterranean, suggesting a link between altitude and the distribution of tasks between men and women. This theory is supported by the results presented in the two graphs, which indicate that gender parity lasted longer at altitude than on the plain, even though the Alpine plain was still less split at this point than other Mediterranean areas.

The results of these analyses therefore show that women had a greater involvement in health practices within the household from

<sup>30</sup> COUSIN Bernard, *Le miracle et le quotidien. Les ex-voto provençaux images d'une société*, Aix-en-Provence, Sociétés, Mentalités, Cultures, Centre Méridional d'histoire, 1983, pp. 291-293.

the 18th century onwards. In particular, they reveal both an Alpine specificity, namely that the gender-based dimorphism evidenced in the representations was less marked in the Alps than elsewhere, and a time lag between the plain and the mountains within the same region.

## Within society

So, what about women's place in the public sphere, away from the informal setting of the home? As already mentioned, women's roles have often been underestimated in the literature because researchers have generally tended to focus on professional statuses and therefore drawn on administrative sources, which contain very few references to women<sup>31</sup>. It is therefore essential to mobilize other types of sources and approaches in order to qualify this highly restrictive view of the role of women in health practices.

First, I will set out, for the case of Valais, what information these sources can offer in terms of women's role in connection with health-care and what conclusions we can draw. Second, with a view to overcoming this documentary obstacle, I will mobilize a new approach, namely genealogy, to identify any possible female fields of action.

Usually, when we examine women's roles in health, the two most visible groups are midwives and hospital workers<sup>32</sup>, and the Valais case is no exception.

Thanks to Vouilloz Burnier's work, we know that midwifery training in Valais began in 1804 at the instigation of Doctor Joseph-Emmanuel Gay<sup>33</sup>, and there is evidence that nuns provided midwifery services in hospitals. We also know that, in the second half of the 18th century, the director of Sion Hospital decided to introduce nuns to care for the

<sup>31</sup> FISSELL Mary E., "Introduction: Women, Health, and Healing...", p. 1.

<sup>32</sup> KINZELBACH Annemarie, "Women and healthcare...", p. 620.

<sup>33</sup> VOUILLOZ BURNIER Marie-France, BARRAS Vincent, *De l'hospice au réseau santé: santé publique et systèmes hospitaliers valaisans, XIX<sup>e</sup>-XX<sup>e</sup> siècles*, Sierre, Monographic, 2004, p. 31.

sick, and so he sent a young Valais woman, Barbe Anthamatten, to be trained by the nuns of Sainte-Marthe in Pontarlier. On her return to Sion, Anthamatten established a small religious community, which was later exported to Fribourg and Martigny<sup>34</sup>.

Public health was not accorded any real importance in Valais until Switzerland came under the French protectorate in the early 19th century, which saw the development of effective policies to combat cretinism and goitre and the introduction of strict controls for doctors and other health practitioners. This movement was initiated by French residents and strongly supported by European-trained Swiss doctors, who were keen to see the situation in Valais improve<sup>35</sup>. The majority of administrative sources relating to healthcare therefore only began to appear in the 19th century.

This was notably the case with the sources drawn from the health regulator's archives, which contain a small number of women's requests for authorization to practice. One such application was made in 1820 by Thérèse de Riedmatten from de Conches Valley, who asked to be allowed to continue treating her patients<sup>36</sup>. Another was submitted in 1830 by a woman calling herself "*la femme de l'aveugle Debon de Savièse*", who wished to continue selling her own remedies<sup>37</sup>. In the family archives, we find a third healer, Jeanne-Marie Dayer of Hérémente, who was practising more towards the end of the 19th century. While these three cases do not provide us with a great deal of information, it is important to note that all three women came from high-altitude villages<sup>38</sup>. Moreover, we know that each Alpine valley

<sup>34</sup> CRETAAZ Sulpice, "L'Hôpital de Sion", *Annales Valaisannes*, 1949, p. 165.

<sup>35</sup> On the health situation in Valais in the early 19th century, see the first few chapters of VOUILLOZ BURNIER Marie-France, *L'accouchement entre tradition et modernité. Naître au XIX<sup>e</sup> siècle*, Sierre, Monographic, 1995.

<sup>36</sup> AEV, DI, 175.4.2, Illegal practice of medicine: quacks, healers, etc.: Thérèse de Riedmatten, 1820.

<sup>37</sup> AEV, DI, 175.5.1, Sale of drugs and poisons. Fishing for leeches: Wife of the blind man of Savièse, 1830. Translation: "the wife of Debon, the blind man of Savièse".

<sup>38</sup> Savièse sits at an altitude of 820 m, Hérémente at 1237 m and Conches Valley is the highest of all the Valais valleys.



in the canton had its own regular family of healers<sup>39</sup>. These practices therefore seem to be intrinsically linked to altitude, which fits with the “*le médecin des Alpes*” nickname given to the famous 18th-century Swiss healer Michel Schuppäch<sup>40</sup>.

This quick tour of the information on women's place in health practices as provided by the administrative sources thus reveals that while practices on the plain were quite regulated and formalized with regard to midwifery training and the nuns' work in the hospitals, the practices in the mountains seem to have been more irregular and sometimes even illegal, as in the case of the three healers mentioned above. These administrative sources therefore suggest the hypothesis that the official status and formality of health practices decreased as altitude increased.

In addition, these administrative sources are only really available from the beginning of the 19th century onwards, but we know that women were involved in care tasks long before that. A change of approach is therefore needed if we are to examine this earlier involvement.

Over the past decade, the study of familial involvement in public health practices has finally enabled researchers to show the contribution made by women to this domain while also challenging the major distinctions frequently drawn between “women's domestic medicine” and “men's official medicine”<sup>41</sup>. I therefore mobilized this approach to identify women's involvement in public health in the Alpine environment through an analysis of the genealogical data of Jeanne-Marie Dayer, one of the three women healers identified in Valais in the 19th century. The marriage strategies over five

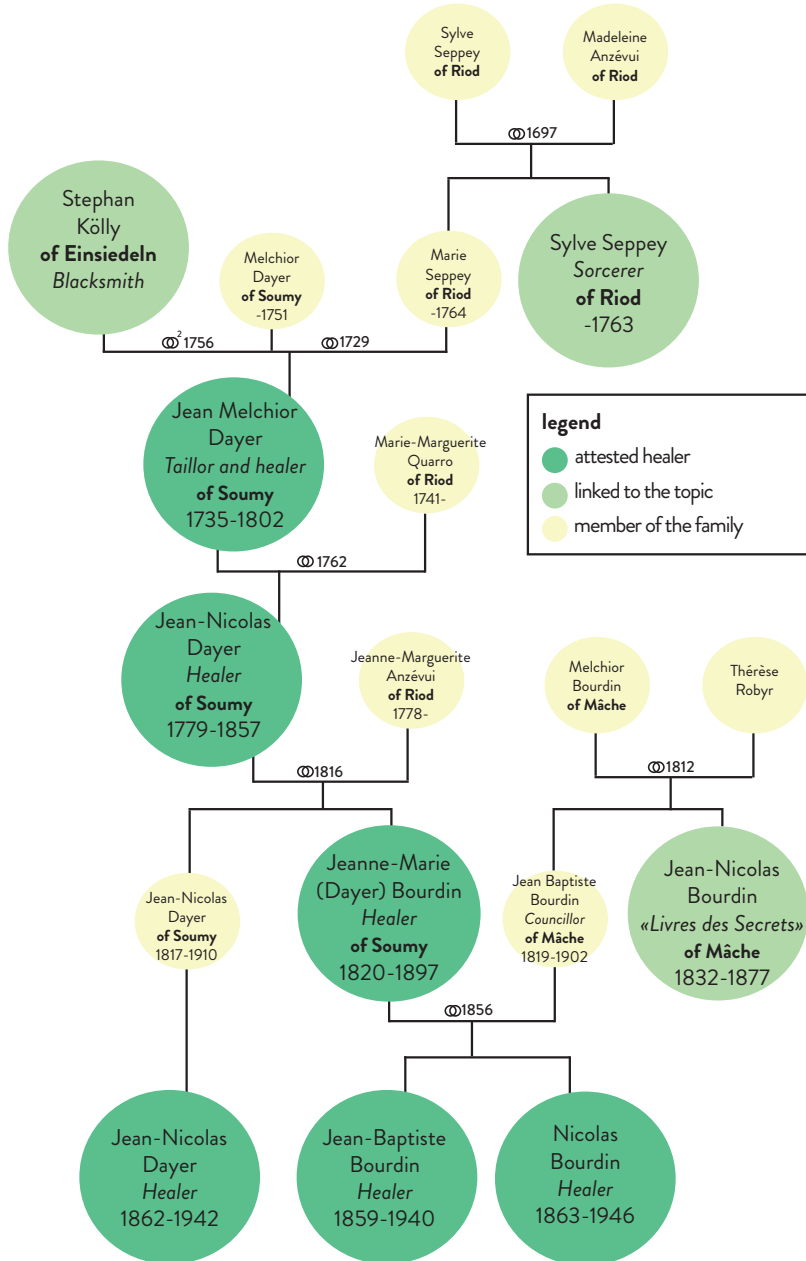
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<sup>39</sup> BERTRAND Jules-Bernard, “Notes sur la santé publique et la médecine en Valais jusqu'au milieu du XIX<sup>e</sup> siècle”, *Annales valaisannes* 3, 1939, p. 654.

<sup>40</sup> BOSCHUNG Urs, “Schüppach, Michel”, in: *Dictionnaire historique de la Suisse*, 23.10. 2012 version (translated from German). Online: <https://hls-dhs-dss.ch/fr/articles/014634/2012-10-23/>, accessed 18.02.2022. Translation: “the Alps doctor”.

<sup>41</sup> STEVENS CRAWSHAW Jane, “Families, medical secrets and public health...”, p. 599.

Fig. 5: Genealogy of the healer Jeanne-Marie Dayer (1820-1897)



generations of healers in this woman's ancestry reveal that certain kinship groups were apparently known for their botanical expertise and were specifically targeted for marriage. This finding allows us to put forward the hypothesis that there was a genuine field of action for women in health practices despite the fact that this is not visible in the written sources.

It is clear that Jeanne-Marie's father, Jean-Nicolas Dayer, was himself a healer, because several of his manuscripts contain recipes for remedies copied down from Matthiolus's well-known work<sup>42</sup> as well as summaries of his own interventions and the remunerations he received<sup>43</sup>. Jean-Nicolas Dayer's father, Jean Melchior Dayer, can also be described as a healer, because his profession is listed as "*Tailleur et Rhabilleur*"<sup>44</sup> in the 1802 census<sup>45</sup>. If we go back a generation further, however, to Melchior Dayer, we find no evidence of any health practices.

The ethnologist Schüle also studied the Dayer family in the 1970s. Drawing on the oral traditions she collected, she proposed that the origin of this line of healers could be traced back to two potential ancestors. One was called Stephan and was of German origin. After various adventures, including once being held captive by Turks, he arrived in Hérémente, reportedly armed with a number of medical books, to work as a blacksmith. The other was a man called François Dayer, who was said to have returned to the region around 1720 with a small library after completing his military service in Spain<sup>46</sup>. The common element in these two possible ancestral lines as suggested by the oral traditions is, of course, the supply of medical books, which

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<sup>42</sup> *Les commentaires de M.P. André Matthiolus, médecin Senois, sur les six livres de Pedacius Dioscoride Anazarbéen de la matiere medicinale*, Lyon, 1619.

<sup>43</sup> In all, five manuscripts are preserved at the AEV under classification AVL, pp. 453-457.

<sup>44</sup> That is Tailor and healer. A *rhabilleur* was a healer specialized in the treatment of fractures, sprains and dislocations.

<sup>45</sup> Population census of 1802 for Hérémente, CH AEV, 3090-1, 1802, Hérémente.

<sup>46</sup> SCHÜLE Rose-Claire, "Les guérisseurs d'Hérémente (Valais)", *Gesnerus* 32, 1975, p. 174.

could have been the foundation for this line of lay healers. This finding incidentally corresponds to the vernacularization of medicine in the modern period, which saw the publication of medical books in the vernacular in small format (and hence cheap to produce and purchase) explicitly aimed at a lay audience<sup>47</sup>. Through the research conducted more recently by the genealogist Hervé Mayoraz<sup>48</sup>, we now know that Jeanne-Marie's great-grandfather, Melchior Dayer, died in 1751 and that his wife, Marie Seppey, remarried a certain Stephan Kölly of Einsiedeln in 1756, who worked as a blacksmith after settling in Hérémente. We can therefore trace this lineage back to the probable arrival of medical books with this second husband.

It is interesting to note that on two occasions in Jeanne-Marie's genealogy, the Dayers married women with a connection to witchcraft. Melchior Dayer married Marie Seppey, sister of the famous Sylve Seppey, who was well known at the time for his skills as a witch hunter and who was allegedly able to control animals from a distance<sup>49</sup>, and Colin Dayer married a woman from the neighbouring valley (Bagnes Valley) in 1645 called Jeanne Perrodin, who was forced to flee her village because of accusations of witchcraft. Interestingly, the dialect name of the inhabitants of the Hérémente hamlet of Ayer, which is where the Dayer family name comes from, is *Lè Chorchiët*, meaning the sorcerers. The Dayer family was therefore already linked to people known for their esoteric practices even before the arrival of the medical books in the mid-18th century and was therefore possibly already familiar with healing knowledge.

Jeanne-Marie's genealogy also reveals that the Dayers systematically married women from the hamlet of Riod and more particularly from the Anzévui family. Riod was unusual in that it was not located along the valley's main route but was isolated in a more elevated position. The inhabitants of Riod were called *Lè Cliococ*, meaning

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<sup>47</sup> CAVALLO Sandra, "The Domestic Culture of Health...", p. 459.

<sup>48</sup> I would like to thank him for his regular help.

<sup>49</sup> SIERRO Georges, "Les dernières chasses à l'ours dans la vallée d'Hérémente", *Annales valaisannes* 3, 1937, pp. 217-219.



the bell ringers, probably in reference to the chapel, which had been built in the 17th century (or possibly earlier) in honour of Saint Sebastian, who was believed to have spared the hamlet from the plague epidemic, thus linking Riod to health matters. According to oral traditions, Riod was a recognized source of knowledge on plants and illnesses. Indeed, several inhabitants of the region made this point after a conference held in February 2020. One told me: “*c’est bien connu ici, les noirs (les guérisseur·euse·s) se marient entre eux pour garder leur savoir secret*”<sup>50</sup>. This would support the idea of a marriage strategy based on specific knowledge or skills. The fact that Riod was geographically isolated, that it had a potential affinity with health-related matters and that it repeatedly provided spouses for the Dayers is therefore significant.

While the male healers in the Dayer family systematically chose their wives from the Anzévui family of Riod, Jeanne-Marie Dayer, the first female healer in the sources, married into the Bourdin family, which was known to have several herbalist ancestors<sup>51</sup> as well as a *livre de secrets* containing many recipes and healing formulas<sup>52</sup>.

Having established this endogamy between the Anzévui, Dayer and Bourdin families and potentially linked these families to botanical or medical practices, I will now demonstrate how this illustrates a possible female involvement in societal healthcare.

The assumption of female involvement is based notably on Cavallo’s work, which has revolutionized the study of the transmission of trades by shifting the focus away from one specific trade to the wider professional field. Rather than just confining her study to the barber surgeons of Turin, who would pass their trade on

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<sup>50</sup> FAVRE Madline, “La population valaisanne et la médecine au XVIII<sup>e</sup> siècle. Le cas d’Hérémece et de ses guérisseurs”, Conference, Patrimoine Hérémece general assembly, Salle Polyvalente d’Hérémece, 29.02.2020. Translation: “it’s a well-known fact around here that the blacks (the healers) married each other to keep their knowledge secret.”

<sup>51</sup> SCHÜLE Rose-Claire, “Les guérisseurs d’Hérémece (Valais)...”, p. 175.

<sup>52</sup> Preserved in the Valais State Archives, AEV, AVL, 583, *Livre des secrets* (book of secrets).

to their sons or sons-in-law, she looked at the city's "artisans du corps". She also incorporated kinship, in the broad sense, into her analyses<sup>53</sup>. Hence, by taking into account the barber surgeons' wider family members, who became wigmakers, jewellers, valets, upholsterers and tailors<sup>54</sup>, she uncovered very coherent marriage strategies. The high level of endogamy within this specific group of artisans also revealed a strong involvement of female family members in healthcare, information that is always completely missing from the censuses. Unusually, Cavallo was able to access an administrative source that confirmed her hypothesis. This was a list of French citizens who were present in Turin at the time of the war against France that was drawn up by the authorities with the aim of accurately identifying the foreign population and its professional activities, including those of the women<sup>55</sup>.

There is another recent study that further supports this interpretation of the invisible contribution made by the female relatives of health practitioners. Kinzelbach investigated women's roles in healthcare in Germany. Her findings showed that when only the administrative sources were taken into account, women's visibility in this field – which was exceptionally high between 1400 and 1600 – appeared to have decreased from 1700 onwards. This apparent evolution had been interpreted as a devalorization of women's medical expertise. However, she was able to qualify this representation by mobilizing another type of source, namely a doctor's practice diaries, which revealed a real female expertise that had in no way become devalorized in the 18th century. This source showed that the women in this doctor's household played an important role, with both his servant and his wife involved in his practice. He even referred to five women in his region as "Doctor".

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<sup>53</sup> CAVALLO Sandra, "Métiers apparentés: barbiers-chirurgiens et artisans du corps à Turin (XVII<sup>e</sup>-XVIII<sup>e</sup> siècle)", *Histoire Urbaine* 15, 2006, pp. 27-48. Translation: "artisans of the body".

<sup>54</sup> Cavallo explained the links between each of these professions and the body and health. CAVALLO Sandra, "Métiers apparentés...", pp. 31-38.

<sup>55</sup> CAVALLO Sandra, "Métiers apparentés...", p. 44.

What is interesting here is that two of these five women, whose recipes for domestic remedies he documented, whose practices he followed and to whom he even entrusted some of his patients, were part of his family network. One was his daughter's godmother, and the other his brother-in-law's fiancée.

It is therefore very clear that women in the household or family of health professionals during the modern era also engaged in health practices. This new perspective on the work of these health professionals allows us to postulate that it is highly likely that there was also a female field of action in the families of the healers of the Alpine valleys in Valais.

## Conclusion

These new approaches to women in the history of health have opened up new research avenues that have not only demonstrated women's place in healthcare within the home and within society more generally but also possibly identified some specifically Alpine features. With regard to the home, egodocuments clearly show not just the very practical role that women played in the day-to-day management of the medical knowledge they put into practice but also their role in the cultivation of medicinal plants for domestic use. However, these documents provide no direct information on the mountain environment because the extant sources document only the practices of the lowland elite. Quantitative analyses of ex-votos, on the other hand, which pertained to all socio-economic strata of the Valais population, offer real perspectives on the specifically Alpine and mountain natures of certain practices. In light of Cousin's work, this study has shown a lower dimorphism in the representation of men and women in healthcare in the Alpine context than elsewhere in Europe. Most significantly, there was an approximate fifty-year gap between the plain and the mountains in the evolution of these practices, with women on the plain taking on healthcare tasks earlier than their counterparts at higher altitudes.

With regard to women's potential role in societal healthcare, the administrative sources, although only available from the 19th century onwards, tend to show a further difference between the plain and the mountain environments, which is that the official status and formality pertaining to these women's roles decreased with altitude. Hence, trained midwives and nuns were more likely to be found on the plain, while healers, with their illegal practices, were generally found in the elevated villages.

Finally, in order to document women's involvement in health practices prior to the 19th century, it is essential to move away from a study of administrative sources and individuals towards a focus on the family through the use of genealogical analysis. The finding here that there was a high level of endogamy between three specific families and that there were links between them and botanical or medical practices shows that the women in these healers' households had a role to play in the health practices of their male family members. This changes our perspective on these great dynasties of healers in Valais and would merit an in-depth genealogical study of other lineages recognized as healers in the region, including the Fourniers of Salvan, the Dubuis of Savièse and the Ponts of Saint-Luc.

This article proposes more potential new research avenues than it presents findings. Ultimately, however, I hope to have contributed to showing that it is possible to move away from a study of the large urban centres and the elites to focus on women from different environments (in particular the Alpine environment) and more modest social strata.

## **Abstract**

Tout en questionnant l'état de la recherche sur la place des femmes dans l'histoire de la santé, cette contribution propose une étude de cas axée sur la région du Valais, canton alpin de la Suisse. La contribution vise à sonder des approches méthodologiques

susceptibles d'éclairer des pistes de recherche encore inexplorées par les sources mobilisées jusqu'à présent (egodocuments, sources administratives). Par le recours à l'iconographie (ex-voto) et à la généalogie (interrogée grâce à une large base de données), l'article laisse voir des spécificités dans la gestion des pratiques de santé liées aux régions alpines et au genre.

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