

Medicine in France during the Early Modern Period

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Abstract:

In the latter half of the twentieth century the study of medicine during the early modern period, an underdeveloped if not ignored facet of history, began to attract the notice of historians of many different specializations. As such, particularly within the realm of French medicine, the treatment and analysis of medicine began to experience shifts. This paper attempts to document the development of medicine in France during the early modern period, as well as assess how different historians approach the subject of French medicine. As such, this paper focuses on four different approaches: encyclopedic, literary, intellectual, and sociological. The result of this study is a holistic view of a very intricate subject matter as well as insight into the different methods and perspectives of historians within the field.

Introduction:

The history of medicine as a professionalized discipline within the historic community is a recent and undefined trend. Somewhat attributed to the methodological approach chosen by historians addressing medicine, typically overly-generalized reviews covering large sections of history, these works made the history of medicine more a field of reference than an independent area of study. As such, for many years the history of medicine was considered to be a subfield or even subdivision of biomedical sciences, with any area of medicine that did not relate to the scientific field viewed as trivial.¹

In recent years the history of medicine as an intellectually independent field has grown. However, the history of medicine is by no means a new creation. Some of the most detailed and useful analysis of the history of medicine was produced before the twentieth century, namely the master works of Daniel Leclerc's *Histoire de la medecine* (1685) and later Max Neuburger's *Handbuch der Geschichte der Medizin* (1902–05). Yet, as Brockliss and Jones point out in their mammoth work, *The Medical World of Early Modern France*, most of literature and research done prior to the middle of the 20th century was carried out by amateur historians, mainly ex-physicians and surgeons, whom they label as "insiders."

These works, Brockliss and Jones claim, had the tendency to give a perspective that justified the "insiders" personal medical theories and ideologies rather than produced scholarly work for the sake of history. In addition, these "insiders," or doctor-historians, due to the influence of education deeply rooted in antiquated texts and dogmatic doctrine, fixed their

¹ Corsi, Pietro. Paul Weindling. *Information Sources in the History of Science and Medicine*. Butterworth Scientific: London, 1983. Charles Webster, "The Historiography of Medicine." Pg. 23

preference and attention on certain aspects of history, generalizing the development of medicine from pre-1800A.D., namely from the Greeks to the Industrial Revolution, and post-1800 A.D. as the only significant shift in its advancement from a rationalist to an empirical approach to medicine.² This relates largely to what Charles Webster, a twentieth century medical historian, commented in his analysis of the historiography of medicine, "...histories of science assume the role of the natural most authentic record of the idea of progress, thereby contributing to the high estimation of science in Western society."³ Just as in the broader field of science, historians of medicine tended to focus on the importance, and at times illusion, of progress which was often associated with the early modern period.

However, by the middle of the twentieth century historians' approach to the history of medicine experienced major shifts. What Brockliss and Jones labeled as "the new medical history," represented two transitions. First, the development of the "the new medical history" broke down the barriers of division in examining medicine. Many historians who identified with the "internalist" perspective divided the history of medicine at circa 1800, viewing the turn of the nineteenth century as a shift from stagnation to progress within the medical world.⁴ That is, many viewed the defining transitional characteristic between the two periods through their definition of scientific progress. By eliminating the traditional divide of history, historians were freed to examine medical history as a gradual and constant process.

The transition largely stemmed from a shift in educational emphasis. Prior to the 19th century much of medical education focused on the works of the Greek medical elites with a

² Brockliss, Laurence. Colin Jones. *The Medical World of Early Modern France*. Clarendon Press: Oxford, 1997, Pg 2

³ Corsi, Pg 29

⁴ Brockliss Pg. 3

major focus placed on the writings of Galen, the 2nd century Greek and Roman physician. And while Galen's works and others antiquated texts continued to be used throughout Europe into the twentieth century, the dogmatic adherence to Galen began to dwindle towards the end of the eighteenth century, favoring more practical teaching and applications of medicine. It was no longer enough to theoretically understand the diseases in question, but rather to cure them.

In documenting this transition, however, many "insiders" generalized events, regarding the 19th century as more of a revolution within medicine rather than the end of a time of transition, as it was. During the twentieth century, as medicine began to come into its own as an independent field, professional historians did not accept this interpretation, and through their own approaches and specializations began to uncover and weave together the intricate series of events that influenced and transformed the development of medicine leading up to and through the early modern period.

During the 1960s and 1970s, in particular, "externalists", historians of sociology and philosophy, began to take notice of the medicine. As a result a variety of differing interpretations of medical progress leading up and throughout the early modern period ensued. As such, there developed a movement within the practice of social history towards a focus on "popular culture" and therefore a focus on the social relationships of health care to the masses. A new focus on the actual practice of medicine in comparison to the traditional focus on the philosophical and academic components of medical history resulted in a focus on the practitioners and the societies in which they worked. Topics such as women's history within medicine and the perspective of the patient began to redefine how medical history was interpreted and viewed.

In terms of examining the historiography of French medicine during the early modern period, however, much scholarly work was halted due to "institutional context." Within French academia, long after the rest of the western world had begun to recognize the history of medicine as an independent and worthwhile field, there still existed significant resistance to recognizing the history of medicine as an autonomous field. The result was that any work done on the history of medicine in France was given little serious attention or support. By contrast, in Britain and the United States, the history of medicine gained attention, interest, and serious momentum into the 1980s and 1990s. Crucial, if not essential, to the very existence of the history of medicine as it is known and studied today, was the financial support of organizations such as the Wellcome Trust which afforded both U.S. and British historians the means to focus on the history of medicine through the unique genres of study that had begun to develop during the 1960s and 1970s.⁵

France was therefore left behind in much of the modern research carried out on the history of medicine, with British and German historians taking the lead on most modern research carried out. Most French historians continued to cling to the *Annaliste* school of thought in their treatment of the history of medicine, failing to give any attention to the fluid relationship of health and medical issues with that of social change, as well as society's effects on developing medicine.⁶

It has only been in recent years that the history of medicine in France has come to the forefront of modern research. This essay examines the development of medicine in France during the early modern period through the varying fields and viewpoints of authors who have pioneered the field of the history of medicine in France. Taking four differing approaches, this

⁵ Brockliss and Jones, Pg 5

⁶ Burguière, André. *L'École des Annales: Une histoire intellectuelle*. Paris: Odile Jacob. 2006. Pp. 366

essay analyzes the work of Laurence Brockliss' and Colin Jones' *The Medical World of Early Modern France*, Jacques Roger's *The Life Sciences in Eighteenth-Century French Thought*, Anne Vila's *Enlightenment and Pathology*, and Susan Broomhall's *Women's Medical Work in Early Modern France*. Each of these authors take widely varying approaches to their subject matter, revealing equally important and informative images of the medical world in France during the early modern period. However, one should take note that the only translated work studied out of the four books is that of Roger's *Life Sciences*. The other works are authored by Anglo historians. And while there is nothing inherently wrong with Anglo work on a French topic, it does indicate that the treatment and approach to a French genre has been presented in an Anglo view and framework.

Encyclopedic Approach:

The standard approach, not only during recent years nor exclusive to the history of medicine, is the encyclopedic approach. Simply put, the encyclopedic approach, as Charles Webster described earlier in his historiography of medicine, systematically accounts history as close to the reality as the author or authors are able. Generally taking in a large amount of information, encyclopedic works tend to act more as reviews of history and reference works. Often considered the "purist" approach, the encyclopedic approach gives broad accounts of trends and transitions of history.

Perhaps the best and even seminal encyclopedic works of medicine in France during the early modern period is Laurence Brockliss' and Colin Jones' book, *The Medical World of Early Modern France*. As the title suggests, the book offers an *histoire totale*, taking the reader from the after-effects of the Black Plague during the 16th and 17th centuries, onto the rise of medicine as a profession during the enlightenment period, and finally the fall of the medical structure in France with the French Revolution.

Evidently, claiming to give a comprehensive overview of such a broad and dense segment of history is a dangerous and often less than adequate endeavor. Yet, unlike many of their predecessors, the authors wisely state within the very first few lines of their preface that, "...the book is not a definitive statement" concerning the subject, but rather, "The present work has, we hope, a clear-cut interpretative line. It throws down the gauntlet for others to take up."⁷ Simply put, the authors believe that they have "set the stage" for further research to be done. And rightly asserted, encyclopedic works carry the distinction of acting as the foundational pieces

⁷ Brockliss, Pg i

upon which all other historians must rely for their specializations. Brockliss and Jones, though indirectly, affirm this conviction in describing the motivation behind the work. "...any attempt to produce an informative account from the current state of published research was doomed to failure."⁸

The "state of published research" to which they refer was that of the condition of history on French medicine. Having been thwarted by lack of support within France, research within the history of medicine focused largely on the countries from which their funding stemmed, in the case of Europe, most histories of medicine were histories of British medicine. Moreover, those works that did exist on the history of French medicine were almost completely in French, barring historians who were not fluent from entering the field.

As a result, the case of British medicine become synonymous with continental medicine, a gross and inaccurate assumption. In response to these conditions, Brockliss and Jones state that their mission was to produce a work, built upon archival and minor works of other historians, that would fill the gap for English-speaking historians, as to open the gate for further and more expansive research to be done of the topic of French medicine.⁹ "We leave it to future historians," they write, "to take our researches further."¹⁰ And historians who followed Brockliss and Jones have done just that. For example, Anne Villa and Susan Broomhall refer to Brockliss and Jones's work as the platform to understanding of French medicine in the early modern period upon which to further specialize their own works.

⁸ Pg i.

⁹ Pg 5

¹⁰ Pg. i

Defining the "Medical World"

Brockliss and Jones frame their work with the definition of the term "Medical World." In their words the medical world during the early modern period can best be defined as the "Whole set of practitioners of health services, trained and untrained, educated and non-educated, male and female, working in France between the sixteenth century and the French Revolution."¹¹

Within this overarching framework the authors divide the work into two distinct parts: first, the analysis of the creation and solidification of the "corporate medical community," and the second section which focuses on the communities difficulties and eventual decline with the onset of the French Revolution.

The authors define the "corporate medical community" as, "...the core of the medical world, comprised a tripartite ensemble of physicians, surgeons, and apothecaries grouped into various legally recognized collectives."¹² Within the statement, the authors asserts that they are limiting their research to those within the professionalized medical community, recognized by the state and academic community in France, or what is often termed as the "educated." However, Brockliss and Jones, in defining the medical community within these terms, do not claim that other characters did not contribute to the development of medicine nor do they completely ignore these other groups within their work. Yet, by staying within the boundaries of the legalized sector of the medical community they are able to show larger trends in the history of medicine.

The professionalization of the medical community created, according to Brockliss and Jones, a legitimized and structured space for medicine in France. Previously an informal and

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"untrained" institution, by the middle of the seventeenth century organizational development reached fruition. The causes that the authors cite for the increased development of corporatization and legalization of the medical community were the increase of "irregulars" within the medical community, including healers and entrepreneurs, who competed with traditional practitioners for patients, and secondly the intervention of the monarchy.

Brockliss and Jones emphasize that the intervention of the monarchy within the medical community was perhaps one of the most important causes of the structured formation of the medical community. The crown used the medical community in many respects in order to increase and exercise its own control over what was a very unstable and socially disordered country. It brought social order and essentially hierarchy to the medical community by the use of sale of offices and monopoly rights. In the creation of centralized guilds and educational systems (later the French academia colleges), the medical community became intertwined with the state. As Brockliss and Jones state, "The core of the medical world was skillfully sewn into the fabric of the early modern state."¹³ In return, the medical community's relation to the crown gave legitimacy and the responsibility of rights.

However, just as the medical community developed and strengthened, not just in France but throughout the entire continent of Europe, it also faced strong resistance and eventually deterioration. Brockliss and Jones claim that, rather sadly, almost as soon as the system reached its fruition within the middle of the seventeenth century, it almost immediately began to

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deteriorate, throughout the eighteenth century and into the Revolution, replaced with the birth of what is now known as "modern medicine" that thrived within the rise of the hospital.¹⁴

At the root of the medical community's downfall was the community itself. As hierarchy began to strengthen and gain power, exploitation of its newfound power developed, by both the medical community as well as the French government that gave it its legitimacy. Within the medical community's hierarchy there existed three main groups: at the head of the community were the physicians, followed in importance and respect by the surgeons who were in turn followed by the apothecaries. Yet these groups did not remain long within their assigned roles, and little by little one found surgeons acting as physicians while physicians attempted to corner the market on all three positions, all of which garnered for the prized position of *medicen* to the rich and noble.¹⁵

By the eighteenth century, tensions stemming from class structure began to boil over, with the battle for power and respect between the groups playing out within the courtrooms of Paris. Adding to the division between groups, particularly between the physicians and surgeons, the French courts tended to side in favor of a specific group, typically with the surgeons, regardless of legal rights or promises of protection. The result was, as mirrored in other sectors of French labor and economy, that the divides between labor classes began to crumble. As each group began to vie for what was traditionally others' realm of practice, the division between not only legal practitioners, but also between the corporative core (physicians, surgeons, and

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¹⁵ Pg 21

apothecaries) and the medical penumbra (all others who offered medical services) began to fade.¹⁶

In a reflection of the political and economic conditions of France leading up to the Revolution, as the elite of the medical world squabbled over political and economic rights, the growing strength of the public began to demand health services, giving rise to the penumbra as well as placing pressure upon the medical community. Brockliss and Jones assert that historians have given little credence to the importance of the social and political setting of the eighteenth century to the development of medicine and medical thought. Many, they write, remark on the success of surgeons and rise of surgery during this period, most "insider" historians focusing on the technical and educational developments within the field. However, few draw the connections of the Parisian court system's preference of surgeons nor the eventual graying of social distinction between physician and surgeon.¹⁷

Underlying the authors' walk through history, Brockliss and Jones reveal a second vantage point in the development of medicine during the early modern period through an evaluation of, "...the impact of changes in the pathosystem."¹⁸ Adding yet another layer of intricacy, the impact of the Plague on medical practice of the sixteenth and seventeenth centuries, as well as its demise in the eighteenth century, was extremely important to the understanding of the body and the *mentalité* it had created. The Plague, the authors argue, brought with it a sense of fatalism concerning medicine as well as a skepticism towards those who claimed remedies.

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¹⁷ Pg 23

¹⁸ Pg 23

Within this context, the authors divide the early modern era into two separate periods. The first period being the sixteenth and seventeenth centuries when the Plague dominated the attention of medical practice. During this time, battling the Plague was seen as the major, if not main, purpose of medicine. However, the during the second period Brockliss and Jones mark, the eighteenth century, the plague was largely abated. With the Plague diminishing, the medical community, as well as society at large, was left to explore medicine beyond the confines of the Plague.

In framing their analysis of the history of medicine in the view of the Plague, Brockliss and Jones are able to address a wide range of broad trends and topics, including the implications of demographic changes, the approach to diseases of both the educated medical community and the penumbra, and the evolution of the interaction between the practitioners and their patients. And perhaps most importantly, the relationship between society and disease as well as its social meaning, or the shift in *mentalité*. For during the Enlightenment period of the eighteenth century, as society no longer held fear of the Plague, it shifted its preoccupation with the body away from issues of disease control, but more positively towards the bodies improvement and the development of understanding the body and its relation to the person.

Brockliss and Jones then comment on the social developments and "popularization" that the progression of social thought of medicine produced. With the divides between medical community and penumbra along with the growth of positive attitudes towards health care amongst society which resulted in a significant increase in demand for health workers and resources, entrepreneurship and the popularization of medicine soon developed. Both within the world of the elite medical community and in the small townships of the penumbra, medicine became a social affair and interest.

However, just as medicine gained social acceptance and popularized, the institutional structure that had developed over the course of the previous century deteriorated due to the very society that it served. The coming of the French Revolution saw the institutional structures of the entire French government crumble, the medical community being no exception. For just as tensions had sprung up all over France in relation to social hierarchy and disparities, the same existed within the medical world between the now two-tiered hierarchy of doctors (both physicians and surgeons) and the pharmacists. The French Revolution destroyed these structures in their informal sense, only to rebuild them in the form of corporatism, intertwining medicine with the state, a model that would carry well into the nineteenth and early twentieth century.

Intellectual Approach:

Brockliss and Jones approached the history of medicine in France through an encyclopedic approach, detailing the rise and fall of medicine as a series of connecting events and trends. And yet, the encyclopedic approach, not exclusively to the subject of medicine, carries with it the tendency to ignore the importance of human ideas in changing and dictating the course of history. The "history of ideas," or intellectual history, evaluates history based on the change, expression, and use of human ideas over periods of time. "Everyone accepts," wrote Jacques Roger, "that the mentality of a period sets its mark on all human activities."¹⁹ A master of intellectual history, Jacques Roger's classic book, "The Life Sciences in Eighteenth-Century French Thought," was translated from its original 1963 French printing of, "Les sciences de la vie dans la pensée française du XVIIIe siècle. La génération des animaux de Descartes à l'Encyclopédie."

Intellectual historians, such as Jacques Rogers, initially approached the history of medicine as they had the history of science, with the mentality of dividing and segmenting the history. As a result during the 1950s intellectual historians wrote extensive studies on very detailed segments of medical history, such as generation or teratology. In his book, "Life Sciences," though missing from the title of the English translation, also specializes on animal generation. However, despite being written during the earliest years of intellectual historians' entry into the world of medical history, Roger attempts, as others did not, to bring together and connect the relationships of differing subjects within the field in order to give a broader context to issues and trends within the early modern period. And while the result is an at times overly-

¹⁹ Roger, Jacques. *The Life Sciences in Eighteenth-Century French Thought*. Stanford University Press: Standford, 1997. Pg xli

thorough work for anyone but the most zealous of students, Roger gives one of the most compelling and comprehensive intellectual reviews of the French medicine during the early modern period that currently exists. Roger's work, in its most general terms, is a book on the biology during the Enlightenment. Divided into three sections: first, "The End of the Renaissance, 1600-1670," second, the middle period of 1670-1745, and the third portion which takes the reader right up to the beginning of the French Revolution, approximately 1770.

"Huge and Ridiculous," Roger begins his work by commenting on the Moliere's the famous seventeenth century playwright and *philosophe*, doctor character, Thomas Diaforirus, from *La Malade imaginaire*, as an example of the seventeenth-century physician.²⁰ By using the illustration of doctors as foolish and monopolistic by much of the literature of Enlightenment France, Roger appears to bear strong accusations against the medical community of post-Renaissance France. Yet, Roger claims, that despite the perceptions of doctors as senseless and hierarchical, doctors in early modern France were in fact neither. They were, he states, instead attempting to play two very important roles in society: as a general practitioner and as a biologist. Biology, as an independent field, did not yet exist in France, and often doctors devoted part of their time towards biological studies and advancements. Not until after the Enlightenment did biology as an independent profession gain momentum. As such, doctors were responsible for not just treating the patient but also inventing the cure, leaving the profession as risky and often misunderstood. It is here, at the intersection of science, medicine, and philosophy, that Roger discovers a role for the "history of ideas" within the history of medicine.

²⁰ Pg 1

His aim for the book, he writes, is simply to "study biological thought in France," a broad and heavy endeavor.²¹ However, not claiming to be neither a scientist nor a philosopher, he makes it clear to his audience that the work is an intellectual history and he writes from the perspective of an historian. In fact, Roger contends that in studying how scientists, and therefore doctors, of the early modern period, "...saw nature, how they defined themselves with respect to it, and how they thought it possible to know it," is in fact an intellectual history.²² For in viewing the history of a doctor's relationship to biology, one is in fact evaluating questions of religion and philosophy. In evaluating biology and those who studied it, a historian is faced with "All the problems of life, of the power of nature, of the order of the universe, and of knowledge ." ²³ In short, the history of biology during the early modern period in France is the study of medicine, and in turn the study of where philosophy and medical knowledge meet.

Animal Generation from Descartes to the Encyclopedia

The first section of the book, covering the period of 1600-1670, begins very similar to Brockliss and Jones in discussing the educational framework of the professional medical community. Trained by physician-professors who focused largely on antiquated Latin works such as Galen, subjects akin to anatomy and examinations were taught through textbooks and on rare occasions a dissection or example, though certainly not pathological. From here physicians eventually developed the realization of a need for more "hands-on" understanding of their field, leading to the development of, not only empirical education, but with it the field of biology and anatomy.

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²² Pg xli

²³ Pg 543

Roger traces the development of biology as a thought process during its early stages, including the concerns in education and as well as the theories developing during this time period. For example, the amongst the earlier theories to develop to combine medical, biological, and to an extent philosophical thought, was that of animal and human reproduction. Many doctor-biologists believed made gender assumptions concerning the superior importance of male "seed" versus the important role of the ovum. The development of concepts such as these indicated that medical thought was stemming beyond the necessities of the Plague era, and into scientific empiricism and philosophical thought. Quick to stem from such developments were new debates such as those between "materialists" and "spiritualists" in relationships to the body as well as the overarching "search for clear ideas," as illustrated by the works of Rene Descartes.

Yet, while these debates and arguments greatly furthered philosophical thought of medicine, they hindered biological progress, bogging down advancement with arguments over philosophical and religious implications. Particularly between the years of 1660-1680 stark opposition developed with opposing doctrines to numerous discoveries, both scientifically and philosophically. Roger focuses on two major discoveries that sparked division. First within the study of animal reproduction, explicitly concerning eggs in viviparous females and spermatozoa in male semen. The second being the theory of the preexistence of germs. Both theories continued to be debated well into the late nineteenth century, as regulations in biological began to liberalize.

Roger claims, in addition, by the last decade of this period a shift in "medical and scientific spirit" occurred. Just as the crown had aligned itself with the medical community in France, it also gave support to the rise of scientific journals, opening of scientific societies, and entrepreneurship of new technologies such as microscopes. As such, science, like medicine,

popularized in society and become fashionable for the elites. Thereby, between the period of 1670 to 1745, the previously closed and "mechanist" view of the body as well as nature at large submitted to questioning. Many no longer believed that the body was a simple mechanical tool, but much too complicated to fully comprehend. Here both religion and philosophy found marriage with medical and biological thought. During the seventeenth and eighteenth centuries, biology's role in philosophical thought was isolated to the role and purpose of God in nature and human existence. Many believed God to be the guarantor to intelligibility and continuation of nature, both human and non-human. Others, though, supposed the design of human and non-human nature to be too intricate to ever fully understand. Roger spends much time evaluating and explaining the relationships and struggles scientists faced in the midst of the development of their field and contradicting theories these developments brought.

As such, the first two-thirds of Roger's book focus largely on intellectual currents of the sixteenth and seventeenth centuries while the last section gives credence to the *philosophes* of biological science during the high Enlightenment of 1745-1770. In this section Roger concentrates on the major scientist-philosophes, including Julien Offroy de La Mettrie who in his work, *L'Homme machine (Man a Machine)*, argued that as animals are machines, so humans are animals and therefore also machines. Roger describes the similar arguments and discourses of La Mettrie's contemporaries such as Georges-Louis Leclerc and Comte de Buffon. These men, along with along with other "colleagues" attempted to use scientific research as a base upon which to describe and reason the universe, in reality aiming to exclude God and religion from humanity and nature. Yet as Roger wrote, "the new science had succeeded in removing the mystery of God from nature, but it had not been able to explain life rationally."²⁴ The

²⁴ Pg. 542

development of biology and its intersection with philosophy did produce a more broad and open view of religion's place in the university and society, but it did not offer complete explanation as many *philosophes* attempted to offer.

Roger concludes his work by expressing belief that intellectual history, or the "history of ideas" links together the complexities of history. In his words, " [the] history of ideas and of sensibility should...enable us to distinguish the roles played by individuals, their professions, their classes, their nations, their times."²⁵ In doing so, one is able to understand the trends that shaped and continue to shape the subject studied, in this case biological thought, as well as the whole of humanity.

²⁵ Pg. 558

Literary Approach:

Both Brockliss and Jones's work as well as Jacques Roger's work encompass vast amounts of information, giving readers an understanding of important trends, ideas, and events of the early modern period. However, as Brockliss and Jones indicated in their book, works such as these act as spring boards for more specialized studies, to take the understanding of the early modern period deeper. In her book, *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth-Century France*, Anne C. Vila is able to go beyond the chronological explanations of events and broad philosophical trends, and take her audience into the Enlightenment's cross-section between medical theory and the literary world and into the extremely important realm of "sensibility." It is here, in examining the definition and importance of "sensibility" in the early modern period that Vila is able to combine various disciplines of study, including physiology, medicine, philosophy, ethics, and literature. Furthermore by approaching the topic of sensibility through the history of literature's relation to the subject, Vila uncovers a section of history not yet touched, giving the reader yet another understanding of the complex and reciprocal relationship between of medical and literary culture in France.

In her introduction Vila explains her argument that sensibility during the Enlightenment worked as a unifier of understanding the relationship between body and mind, or the physical and moral sides of human nature. As such, sensibility as a "queen science" bled over into multiple different genres such as medicine, philosophy, and literature. In light of this, Vila reveals the numerous and sometimes contradicting roles sensibility played, at times as a illustration and framework for progress and yet at other times as a criticism of pathology. In addition, Vila warns of the mishaps modern-day historians may experience in dealing with sensibility and one's view of the body. The eighteenth-century perception of the human body and

sensibility, she argues, is very different from current perspectives, often leading to ill-founded criticism and at best, misunderstanding.

Vila divides her book into two main sections. Part One focuses on the concept of "sensibility" and its relationship to medical theory during the Enlightenment period. Vila describes sensibility to be at the center of a revolution that occurred within medical theory, challenging the Cartesian mind-body debate. Sensibility brought to the medical community a theory that allowed for both the individual and society to achieve perfection as well as deterioration. As she states in the first chapter, Albrecht von Haller, the eighteenth century Swiss anatomist and physiologist, provided a model of the sensible body that "corrected" the Cartesian mind-body divide. Contrary to the popularized Boerhaave's iatromechanist model (which asserted that in order to understand the body, one must view it through the geometrico-mechanical principals that mechanists believed governed all life), Haller's model rejected mind-based theory of sensibility, and instead insisted that the physical body was at the elemental foundation to the individual. Thus, sensibility was the explanation to the human body as well as its moral and hygienic qualities. Vila claims that upon such an assumption the *medecin-philosophe* suddenly became the true *philosophe*, with the ability to observe, analyze, and mold the sensibility of both individuals and society.

The second section of the book deals with the effects of the medicalization of sensibility upon the literary world of Enlightenment France as well as the change it invoked towards sexuality and gender roles. Sensibility, as molded and developed by the medical community, had profound effects upon how novelists and the *philosophes* viewed not only the human body, but also the human situation in relation to morality. Quite literally, "Narrating on the Sensible Body," Vila takes the discussion of medical theory concerning sensibility from the first section

and relates it to the cultural discourses that ensued. The most notable medium from which these discourses were expressed, according to Vila, was the novel. The novel was a fluid medium upon which hypothesis and experimental philosophy on the sensibility of the body could be openly explored.

In the first section of Part Two, the author evaluates the works of major novelists of the period, namely the works of Crebillon, Prevost, Marivaux, and Graffigny. Vila claims that these works reveal two major concepts concerning sensibility: one, that sensibility as a concept was a presupposition and second, that from the first half of the eighteenth century and into the latter years, a shift occurred in the novelists' handling of and view of sensibility. A democratization of sensibility developed, Vila argues, trickling down from a concept that had been largely associated with nobility. In the earlier part of the century, sensibility was often connected to family pedigree and a sense of blood honor. The rise of medical sensibility indicated that sensibility was not exclusive to any social group, but rather the relationship between the inside and outside of an individual, thus bringing sensibility to the masses.

Vila then transitions into a comparative study of Diderot's *La Religieuse* and Bordeu's medical writings, highlighting the article "La Crise," written for the *Encyclopedie*. Vila reveals the relationship between the two authors to be one of theory and application. In Diderot's novel, the heroine exerts an over stated sensibility in relation to other characters as well as an apparent self-observation in a clinical frame. This, the author claims, is an application of Bordeu's dichotomy between the celibate observer and the intuitively involved participant. In comparing these two texts, Vila argues, that the language and themes build off of each other, giving the impression of Diderot's novel as a medical narrative of Bordeu's research.

Similarly, Vila again illustrates the strong impact medicine had on literature during the early modern period in a second comparison of Jean-Jacques Rousseau's *La Nouvelle Heloise* and Samuel Auguste David Tissot's *Essai sur les maladies des gens du monde*. Tissot's work gives reader's of Rousseau's masterpiece a new level of understanding and appreciation for the novel, as it demonstrates the physicality of the work. Vila claims that even the most conversant critics of Rousseau's work are vastly ignorant of the important interplay between medical sensibility and the novel's characters.

In latter section of Part Two, Vila breaks from the analysis of literature to address the heavy and complex relationship between sensibility and gender, focusing on the time period leading up to the French Revolution during which dimorphism flourished. Vila explores the definition and meaning of femininity and masculinity as it developed in the medical works of Roussel, Seze and Cabanis. Vila claims that through these works sensibility found separate definitions within the two genders. Sensibility, as it developed the paradox of believing the body both capable of perfection and pathology, assigned masculinity with the assurance of perfection and femininity with the danger of pathology.

Novels, she claims, reflected these developing theories of gender distinction of sensibility. Men's and women's novels developed through the physiological, not social as many historians assert, theories and logic produced through medical works. Examining the works of libertine authors Laclos and Sade, Vila shows yet another complexity and paradox to the relationships between medicine, philosophy, and literature. For while these libertine authors clearly relied upon medical works concerning sensibility for their novels, they often distorted its

supposed destiny for social and moral betterment which the medical and philosophical communities wished to reinforce, and into what she terms, "a wild and pathological turn."²⁶

Vila concludes her book with a short, but significant, analysis of the broken remainders of sensibility as it lingered into the nineteenth century, following the French Revolution. By the time Romanticism began to flourish in France sensibility, Villa writes, submitted to the primacy of other philosophical perceptions of humanity. However, sensibility, regardless if sustained in history, was essential to the perception and understanding of early modern medicine and society in France.

²⁶ Vila, Anne C. *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth-Century France*. The John Hopkins University Press: Baltimore, 1998. Pg 292

Sociological Approach:

A different approach, though one of incredible breadth and versatility, is the sociological view of history, or the history of people. The intersection between sociology and history is an important one that has gained popularity since its "golden age" of the 1950s and 1960s. Not to be confused with a "bottom-up" approach to history, social history examines groups of peoples and their relationship to the world around them. Common subfields of social history include women's studies, gender studies, and urban or rural studies. Historians of sociology have recently shown a greater interest in the history of medicine and its relationship to these subfields, recognizing that social factor and influence of medicine. A wonderful example of social historians work in the history of medicine is Susan Broomhall's book, "Women's Medical Work in Early Modern France." Written in 2004, the book is an insight into current work being done in the field, reflecting present interests as well as depth of study.

Acknowledging the specialization of her research, Broomhall relies heavily on previous research carried out by historians such as Londa Schielbinger, Sandra Harding, and most importantly Alison Klairmont Lingo. She furthermore refers to the works of both Brockliss and Jones as well as Jacque Roger as foundational to her understanding of the medical world. Broomhall interprets the "early modern," period to be between the years 1460-1630, well before the rise of the high Enlightenment, giving her work a different flavor compared to the tendency of historians to focus on the eighteenth-century as they key century of progress during the early modern period. However, by focusing on the earlier years, leading up to the to the eighteenth-century, Broomhall is able to examine, before the rise of scientific societies and the popularization of science, women's role in a seemingly male dominated field. She argues, in this world often depicted by intellectual and historians of science as "the medical world as one

marked by great men and their discoveries," the foundational core of health care in early modern France was comprised of women.²⁷

During the early modern period, the average French citizen's attitude towards healthcare began to change, with increased interest in the quality of and access to healthcare available. Broomhall evaluates this shift through the viewpoint of women's role in healthcare. At the core of her argument, Broomhall focuses on childcare and reproductive knowledge. As the importance of children and childcare increased in France (largely due to an increased importance of health care in general) the health and care of community orphans, work typically dominated by women, became a central social concern. The state, utilizing the resources already available, encouraged women into pediatric work, a field which was largely recognized to belong to women who had the most experience through motherhood.

Motherhood, Broomhall claims, was essential to women's claims to both the elite medical community and in rural care. Amongst the elite, women often asserted their experience and knowledge as mothers to influence and control physicians in their practical care. In rural care, women found their role within the penumbra as midwives and children's health, most women preferring the advice of experienced mothers rather than physicians and surgeons whose experimental health care advice often lead to mortality for infants and mothers.

In fact, Broomhall claims that within the medical world gender was not a clearly marked category upon which women's skills and authority was critiqued. Women were instead justified and often referred to for matters of women and children's health due to their relationship with motherhood. However, support for women as "healers" was mainly reserved to the rural

²⁷ Broomhall, Susan. *Women's Medical Work in Early Modern France*. Manchester University Press: Manchester, 2004. Pg 3

communities. Amongst trained and educated physician elites as well as the French legal system, women were considered inappropriate to practice medicine. Broomhall cites multiple legal cases brought against women in rural communities by physicians, usually in the process of a husband gifting his wife with the profession of apothecary or barber.

Ultimately, Broomhall concludes, that women were active in medicine during the early modern period, but were not authenticated or respected outside of the communities in which they served. As such, Broomhall adds to the field of medicine, a connection between the medical community and those that they served as well as insight into the disconnect between urban and rural medicine.

Conclusion:

The history of medicine in France during the early modern period is still an untapped and unmapped portion of history. Many authors in recent years have approached and succeeded in skimming the surface through encyclopedic, intellectual, literary, and sociological means. However, these historians all conclude that their works are but starting points, spring boards in reality, for future historians to delve deeper into the intellectual and social significance of a fascinating and complicated period in medical history. Much progress could be made, they state, in all areas of medical history and it is important that further funding and support should be given to historians interested in the field. For medical history is, as Jacques Roger concludes, a history that is important, "not just because it should make possible a better understanding of the past, but because it should lead us to a better understanding of humanity."²⁸

²⁸ Roger Pg 558

Works Cited

- Brockliss, Laurence. Colin Jones. *The Medical World of Early Modern France*. Clarendon Press: Oxford, 1997
- Burguière, André. *L'École des Annales: Une histoire intellectuelle*. Odile Jacob: Paris, 2006.
- Corsi, Pietro. Paul Weindling. *Information Sources in the History of Science and Medicine*. Butterworth Scientific: London, 1983. Charles Webster, "The Historiography of Medicine."
- Roger, Jacques. *The Life Sciences in Eighteenth-Century French Thought*. Stanford University Press: Standford, 1997
- Vila, Anne C. *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth-Century France*. The John Hopkins University Press: Baltimore, 1998.

References

- Kavanagh, Thomas M. "Book Review." Rev. of *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth-Century France*. August 1998
- Lebrun, Richard. "Book Review." Rev. of *The Life Sciences in Eighteenth-Century France*. November 1998.
- Martin, Morgan. "Book Review." Rev. of *Women's Medical Work in Early Modern France*. January 2006.

