The Doctor-Patient Relationship and Encounter in the Nineteenth-Century French Novel

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Short Abstract

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This thesis investigates the representation of the doctor-patient relationship and encounter in the nineteenth-century French novel. It incorporates and compares a number of authors, most notably Honoré de Balzac, Jean-Jacques Rousseau, George Sand, Stendhal, and Émile Zola, as well as contemporary medical treatises and theses. Using a historicist approach to inform literary close readings, this thesis recreates the medical and scientific discourse which surrounded the nineteenth-century novel. It argues that the doctor-patient relationship and encounter can be understood as a way that the nineteenth-century French novel gains traction on contemporary medicine, since both foreground the extent to which medicine was understood as an art and practice as well as a science. The thesis argues that the difference between doctor-patient relationship and encounter was particularly useful for authors of the period. The doctor-patient relationship represents an ideal form of medicine; whereas the bedside medical encounter, as depicted in literature, offers readers a more dissonant conception of medicine. I argue that the doctor-patient relationship and encounter narrativize medicine in the nineteenth-century novel, allowing authors to present and interpret medicine as embedded within narrative. The doctor-patient relationship and encounter are particularly useful for the development of plot and characterization, despite or indeed because of the medical plot's peripherality to the novel. This thesis builds on and extends recent scholarship on medicine and the nineteenth-century novel by arguing that medical discourse should be understood as embedded in characterizations, plots, and scenes: I argue that the doctor-patient relationship and encounter are one way in which this can be understood. I formulate a hybrid approach to literary and historical texts, building on both Michel Foucault's work on the nexus of power and knowledge and the primacy given to the doctor-patient relationship by the Medical Humanities. I thus illustrate how the nineteenth-century novel was interested in the ongoing negotiation

between doctor and patient as both a power-play and an interpersonal encounter. The doctor-patient relationship and encounter, and in particular the cleavage between them, is key to understanding the representation of contemporary medicine and science by the nineteenth-century French novel.

Long Abstract

This study of the doctor-patient relationship and encounter in the nineteenth-century French novel shows that they are important tools for the narrativization of medicine, the way in which medicine is presented in, or interpreted as, a narrative. This thesis argues that the doctor-patient relationship is a privileged site in which medicine is both embedded in and criticized by the novel. By showing the practice of medicine, namely how medicine is experienced by both doctor and patient, the depiction of medicine in the nineteenth-century novel is far from a straightforward imposition of medical knowledge, power, and authority. Instead, the importance of the doctor-patient relationship suggests the extent to which medicine is deipicted in the novel as a negotiation between its two principle actors. I argue, however, that the doctor-patient relationship is often idealized in so far as it is depicted as a successful interpersonal relationship in which the patient is healed thanks to the doctor's superior knowledge of the human body and soul. The narrative episode in which doctor and patient encounter one another, most often across the patient's bedside, contrasts with the idealized medical relationship. In particular, novels depict the doctor-patient encounter to suggest the extent to which patients may defy or rebel against their doctors. I show how novelists of the period use the cleavage between the doctor-patient relationship and encounter to depict medicine in literature. I argue that the doctor-patient relationship and encounter allow modern readers access to a wide range of nineteenth-century medical discourse about general medicine as well as specific diseases or conditions. Moreover, both concepts also permit nineteenth-century novels to be understood from the context of identity politics such as gender or class since the interpersonal nature of both necessitates an understanding of the complex roles played by both doctor and patient.

I use a historicist approach to analyse the medical dimension of novels from the long nineteenth century. This type of historically attuned literary analysis is particularly useful for a study of medicine in the novel because of the differences between nineteenth- and twenty-first-century medicine. Thinkers such as Michel Foucault (1963) established what has since been accepted as the general progression of medicine in this period, namely that the beginning of the nineteenth century constituted an epistemic shift in how doctors thought about illness, effectivley dehumanizing the patient in favour of greater scientific

understanding. Although the nineteenth century saw great progress in both the practical techniques and abstract ideology of medical science, historians such as Lawrence Brockliss and Colin Jones (2007) have more recently urged readers to bear in mind the piecemeal nature of such changes. Building on this new historicst approach to the history of medicine, my thesis seeks to show that contemporary novelists were interested in the practice and experience of medicine, rather than just the abstract ideas articulated in doctors' medical treatises. I show that the novel was a privileged space for medical discourse to become embedded in literary discourse, most notably through the contrast between the doctor-patient relationship and encounter. In addition to a historicist approach, I use the Medical Humanities' conceptualization of the doctor-patient relationship as central to medicine in order to ground my key terms in modern philosophy of medicine. My study thus contrasts with those that adopt a Foucauldian approach to understanding medicine in literature (Beizer, 1994; Matlock, 1994). It also constrasts with studies which confine themselves with the first half of the century (Goldstein, 2005; Waller, 1993), or the second half (Donaldson-Evans, 2000; Rothfield, 1992), or a corpus composed of only male authors (Duffy, 2014). As such, this thesis contributes a broad approach to understanding the complex representation of medicine by the novel during the long nineteenth-century.

The account offered here argues that the doctor-patient relationship and encounter are important ways in which the nineteenth-century novel narrativized medicine throughout the nineteenth century: embedding and thereby changing medical discourse, as well as suggesting the importance of the peripheral medical plot to the novel. This thesis proceeds as a series of close readings of literary and historical texts. Although these are loosely arranged in chronological order, my aim is not to present a single narrative of the scientific development and literary depiction of medicine. Instead, it is to show that medicine was contentious throughout the nineteenth century, and that medical relationships and encounters were incorporated into novels to relay complex, diverse, and dynamic responses to medical science. Each chapter explores an author, or a group of authors, and their novels in relation to certain themes in the history of medicine contemporaneous with their work. Chapters One and Four are comparative; Chapters Two and Three are both close analyses of one novel respectively; Chapter Five draws on a broad range of texts from the end of the nineteenth century with a focus on one of Émile Zola's later novels. I have adopted these different approaches in each chapter in order to foreground the diversity and dynamism of

the doctor-patient relationship and encounter in the long nineteenth century in France. Doing so illustrates that these two concepts existed not only in relation to one another, but also in relation to different manifestations established across the period. My corpus focuses on the first half of the nineteenth century since I have found this period to engage with a more complex conception of medicine. With the advent of microbiology and laboratory-based medicine, the 1850s are generally considered to herald the beginning of a new scientific form of medicine. However, as Chapter Five argues, ideas about medicine established before the advances of Louis Pasteur and Robert Koch persisted in the later half of the nineteenth century. I conclude that, throughout the time period, the doctor-patient relationship and encounter endure as privileged ways in which novelists attempt to understand, criticize, and narrativize contemporary medicine.

Chapter One compares the depiction of the idealized relationship between doctor and patient in Jean-Jacques Rousseau's *La Nouvelle Héloïse* (1761), Honoré de Balzac's *Le Médecin de campage* (1833), and Émile Zola's *Le Docteur Pascal* (1893). I examine these novels from the perspective of the country doctor trope: an idealized medical man who, in the long nineteenth-century, embodies both scientific postivisim and moral respectability. This chapter, then, serves as an overview of one particular doctor-patient relationship, in which I argue that certain expectations and idealizations of medicine were pervasive.

The following four chapters argue that the depiction of doctor-patient encounters in literature resists the idealization of the country doctor and his professional relationship with his patients seen in Chapter One. Chapter Two builds on Chapter One in order to analyse Stendhal's *Lucien Leuwen* (1834-35) from the perspective of Doctor Du Poirier's encounters with the eponymous protagonist and Bathilde de Chasteller. I explore how the novel depicts medicine as an auxiliary of the patriarchal collusion between the family and the Catholic Church, but that Stendhal suggests the extent to which patients may defy their doctor's attempts to control them.

Chapter Three extends my analysis of essentialism in early nineteenth-century medical discourse. The chapter examines Stendhal's *Lamiel* (1838-42), arguing that the scholarly conception of Stendhal as a proto-Existentialist must be understood within the context of contemporary essentialist discourse, particularly what I have termed 'biological essentialism', the belief that women were governed by the

particular features of their reproductive organs. I focus on Lamiel's interactions with Doctor Sansfin in order to examine how the novel unites discourse on *ennui*, virginity, and tuberculosis. *Lamiel* is unique in my corpus in so far as it depicts the deliberate staging of an illness, and this chapter explores the intellectual questions that arise from such a novel. Notably, these implications revolve around the eponymous protagonist who is depicted as manipulating, and ultimately escaping from, her doctor.

Chapter Four builds on the tradition of a rebellious female patient established by *Lamiel*. It examines the depiction of the 1832 cholera epidemic, despite the disease's relative neglect by French studies scholarship. I compare George Sand's *Lélia* (1833) to novels from Honoré de Balzac's *La Comédie humaine*. The chapter examines literary criticisms of postivism, arguing that Sand's novel uses narrative paradigms established in Balzac's *La Peau de chagrin* (1831) but combines them with medical discourse specific to cholera. I argue that the body the site of the battle between doctor in patient: by appropriating the vocabulary used to descibe cholera, *Lélia* overturns ideas of the doctor's domination of the doctor-patient encounter established in novels such as *L'Interdiction* (1836-39). Overall, this chapter uses Sand to foreground how the doctor-patient encounter is used to criticize postivist medicine during the 1830s.

Chapter Five focuses on the end of the nineteenth century, arguing that the revolution in microbiology of the 1850s affected, although ultimately strengthened, the importance of the medical encounter to the practice of medicine. The chapter examines Zola's *Lourdes* (1894), situating the novel amongst others from *Les Rougon-Macquart* and the period. The chapter argues that *Lourdes* foregrounds the link between hysteria, paralysis, and the psychosomatic nature of illness. Zola's explicit criticsm of the Church and its sterile conception of femininity, this chapter argues that *Lourdes* in fact insists on medicine's embrace of the mysterious and unknown qualities of disease, pain, and the body, in order to alleviate patient suffering. Despite the increasing importance of laboratory-based research to medicine post-1850, *Lourdes* insists on the healing qualities of the doctor-patient encounter.

The four main conclusions of this thesis are as follows. First, that nineteenth-century novels understood medicine as an art and a practice, as well as a science, to which the doctor-patient relationship was central. Second, the doctor-patient relationship functions primarily as an ideal, establishing and promulgating an idealization of how doctors should heal their patients through a reliance on postivism and moral virtue.

Third, the doctor-patient relationship is often constrasted to bedside medical encounters between physician and patient. The cleavage between these encounters and idealized doctor-patient relationships is a potent generator of narrative tension since it allows literary depictions of a nuanced, often critical, picture of contemporary medicine. Finally, asserting the importance of the doctor-patient relationship and encounter to the literary depiction of medicine foregrounds literature's ability to depict patient and doctor experience albeit in moments largely marginalized from the main narrative arc. Foregrounding the patient experience allows readers to perceive the extent to which patients in the nineteenth-century French novel defy and outwit their patients, in strong contrast to the ideal of a benevolent, paternalistic yet omnipotent doctor. From these conclusions, the doctor-patient relationship and encounter identified by this thesis emerge as innovative ways through which to read the nineteenth-century novel's depiction of medicine and science.

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Conventions

I refer to all titles by the MHRA system. Direct short references to texts central to my corpus are indicated in parentheses within the text, except for the first reference which is given in full in a footnote. All others are placed in footnotes according to the MHRA presentation guidelines. Dates placed after the titles of books in the main text refer to their first appearance in printed form. When a range of dates is given, I refer to the period during which the text was composed, particularly if the text remained unpublished during the author's life. I quote all primary sources in their original language. Any suggested emendation, such as of spelling or of punctuation, is given in square brackets. I have not capitalized, italicized, or placed in quote marks any element of either the doctor-patient relationship or the doctor-patient encounter, in order to emphasise the broad and diverse use of these terms. I italicize French words, such as the words *rapport* and *science*, when I refer to ideas specific to the historical usage of these terms that would be otherwise lost if rendered in modern English. I have capitalized 'Medical Humanities' in order to refer to the specific intellectual field. I have treated the Medical Humanities as a singular noun, according to convention in the discipline.

Introduction.

The Doctor-Patient Relationship and Encounter in the Nineteenth-Century French Novel

This is a study of the depiction of the doctor-patient relationship and the doctor-patient encounter in the nineteenth-century French novel. The doctor-patient relationship is the central component of practical medicine: the dynamic, interpersonal, and professional relationship that emerges between doctor and patient when the former is consulted by the latter. The doctor-patient encounter, implied by the term doctor-patient relationship and yet distinct from it, is the highly charged meeting between doctor and patient, often depicted in the nineteenth-century novel as a bedside encounter between physician and patient. This thesis argues that the nineteenth-century novel narrativizes medicine through the doctor-patient relationship and encounter. Narrativizing entails the way in which the nineteenth-century French novel presents or interprets medicine as a series of events, scenes, or characterizations. Novels of the period integrate medical relationships and interactions into their plots, rather than straightforwardly incorporating medical discourse into their metalanguage. I therefore argue that medicine is portrayed as an ongoing negotiation between doctor and patient. I argue that, in the nineteenth-century French novel, medicine constitutes the negotiation of corporeal, psychological, emotional, spiritual, and professional knowledge. From this thesis, the doctor-patient relationship and doctor-patient encounter emerge as new categories through which the representation of medicine in the nineteenth-century French novel can be understood.

I identify two central components of how the nineteenth-century novel narrativizes medicine. On the one hand, nineteenth-century French literature often idealizes the doctor-patient relationship but, on the other

hand, also depicts disappointing, or even failed, doctor-patient encounters. How, then, is medicine idealized by novels, and how does it function in a novel? What do the similarities and differences between medical relationships and encounters reveal about the status and function of medicine in literary narrative in the nineteenth century? By pursuing these research questions, this thesis argues against interpretations which characterize medicine as a discursive force appropriated by nineteenth-century authors, either to scientize their work or to take a stance against medical science. Instead, I argue that reading novels with a focus on doctor-patient relationships and doctor-patient encounters instead provides readers with alternative ways of understanding the intersection between literature and medicine in the nineteenth century. Rather than emerging as merely a science of the diagnosis, treatment, and prevention of disease, we see that the nineteenth-century novel understood medicine as encompassing a range of practices, arts, and sciences. As such, the doctor-patient relationship and encounter both allow novelists to appropriate medical discourse and illness metaphors, in addition to a breadth of other factors such as the doctor's socio-economic or professional position and identity issues such as those of gender and class.

Furthermore, the doctor-patient relationship and encounter point towards new ways to think about the construction of plot in the nineteenth-century French novel. Thanks to my interest in encounters, the present thesis focuses on specific episodes from the novels in question, most often organized around a patient's bedside. These medical plots are episodic and peripheral: they appear as important scenes in the narrative and character arcs of the novel. Yet they are often marginalized from the central plot, and thus offer authors an opportunity to intervene on the topic of contemporary medicine, as in the case of Honoré de Balzac's *La Peau de chagrin* (1831) discussed in Chapter Four. The plots in which I am interested are therefore differentiated from both the central plot that governs the main body of a novel, as well as autopathographical illness narratives with which the Medical Humanities is generally concerned.[1]

One of the central themes in this thesis is that nineteenth-century novels identify the contrast between the idealized doctor-patient relationship, on the one hand, and the doctor-patient encounter on the other. Even today, we may imagine that the doctor-patient relationship is built on trust and emotional

[1] Marianne Hirsch demonstrates the extent to which interpersonal relationships structure and drive plots, particularly those regarding women and maternity, when read from a psychoanalytical perspective. See Marianne Hirsch, *The Mother/Daughter Plot: Narrative, Psychoanalysis, Feminism* (Bloomington and Indianapolis: Indiana University Press, 1989), p. 3.

connection; but we may find that the doctor-patient encounter disappoints these expectations and results in increased patient uncertainty, isolation, and even physical or mental harm. Chapter One focuses on the idealization of the doctor-patient relationship through the character trope of the country doctor; Chapters Two to Five engage with bedside encounters which illustrate the extent to which the nineteenth-century novel foregrounds the failed expectations of the idealized doctor-patient relationship.

A recurring motif throughout this study is the bedside encounter. There has been a critical resurgence in the continued importance of the bedside in modern medicine: recent scholarship points towards its enduring status as an important site of modern medicine, notably due to the plurality of interpersonal relations which may emerge from the site.[2] It is this multiplicity, rather than a binary and hierarchal doctor-patient relationship, that the bedside setting in the novel suggests. For the nineteenth-century novel, the bedside is a key setting where the contrast between doctor-patient relationship and encounter are played out. Time and again, we see doctors rushing to a patient's bedside and thus being present at a critical moment in a character's, or plot's, development. By examining the cleavage between the idealized doctor-patient relationship and the unpredictable, often disappointing, bedside encounter, nineteenth-century novels challenge the idea of an all-powerful medical hegemony and illustrate it as a negotiation between physician and patient. Again, the narrativization of medicine via the doctor-patient relationship and encounter is key. The cleavage between these two concepts allows novelists to ventriloquize both medical discourse and patienthood, putting them in the service of plot and characterization, and thus produce both elaborate idealizations and criticisms of medicine. The doctor-patient relationship, and the bedside doctor-patient encounter, are therefore crucial ways to illuminate how medicine was understood by, and embedded in, the nineteenth-century novel.

Visual metaphors regarding medicine abound in the nineteenth-century novel and these have often been approached through a Foucauldian framework. Michel Foucault's *Naissance de la clinique* (1963) established

[2] Atul Gawande points towards the shift from bedside to hospital-based medicine as occurring in the middle of the twentieth century. He argues that medicine should return to its previous emphasis on the bedside in order to provide the compassionate and rational care patients require. See Atul Gawande, *Being Mortal: Illness, Medicine and What Matters in the End* (London: Profile Books, 2015), p. 69. The doctor, Lewis Thomas, in his autobiography remembers his father, also a physician, tending to patients at their own bedside in the first half of the twentieth century. See Lewis Thomas, *The Youngest Science: Notes of a Medicine-Watcher* (Oxford: Oxford University Press, 1984), p. 10.

the central paradigm of the *regard médical*, the medical gaze, which dehumanized the patient's body by rendering it an object for the doctor's observation, deduction and, ultimately, dissection.[3] Foucault's conception of the link between knowledge, power, and discourse, is a tantalizing approach to nineteenth century French literature, even though Foucault's work was primarily concerned with historical rather than literary sources. Achille Lemot's *La Parodie* cartoon from December 1869, in which the novelist Gustave Flaubert is portrayed as holding aloft the heart of Emma Bovary, impaled on a surgeon's scalpel, established a powerful analogy between the realist and medical gaze. However, this thesis argues that this supposedly transparent medico-visual metaphor was often muddied by the negotiation inherent within the doctor-patient relationship and, in particular, the constant contrast between medical relationship and bedside encounter, suggesting that extrapolations made from Foucault's historical research may not accurately represent the nineteenth-century novel. For example, as the denouement of Honoré de Balzac's *Le Père Goriot* (1835) unfurls, the law student Eugène de Rastignac and the medical student Horace Bianchon argue about how best to treat Goriot, an elderly man living in their *pension* who has fallen critically ill. The two students are deeply moved by Goriot's plight and keep faithful vigil over his bedside. Bianchon suggests to Rastignac that they should apply a mustard plaster to the patient on the recommendation of the *médecin en chef*, a practice known as sinapism. Perturbed by his friend's neophytic enthusiasm for medicine and 'fait[s] scientifique[s]', Rastignac complains 'je serai donc le seul à soigner ce pauvre vieillard par affection'.[4] Bianchon is offended by Rastignac's comment, which he takes to mean that doctors attempt to *guérir* rather than *soigner*. Trying to differentiate himself from his fellow medical students, Bianchon points out that 'Les médecins qui ont exercé ne voient que la maladie', but that 'je vois encore le malade'.[5] In this pronouncement, the medical student undermines what would be Foucault's vision of a *regard médical*: criticizing his colleagues for adopting such a gaze, and trying to carve out an alternative way of looking upon his patient. Bianchon gestures towards a medical science which seeks to understand the pathology of disease even as he denounces it in favour of a doctor-patient relationship in which the physician continues to safeguard the patient during treatment.

[3] Michel Foucault, *Naissance de la clinique* (Paris: Presses universitaires de France, 1963), pp. 5-17.
[4] Honoré de Balzac, *Le Père Goriot*, ed. by Félicien Marceau (Paris: Gallimard, 1971), p. 339.
[5] Ibid., p. 339.

However, Bianchon, a somewhat naïve medical student in *Le Père Goriot*, posits that it would be indeed possible for a doctor to 'see' his patient. Much later in his career, by the time of *Pierrette* (1840), Bianchon begins to appreciate the indecipherability of the patient. After travelling to the bedside of the young orphan Pierrette Lorrain, Bianchon and his teacher, the celebrated surgeon Doctor Desplein, decide that they must perform the dangerous operation of trepanning in order to relieve the pressure they believe is building up in her brain. Before drilling into Pierrette's skull, Bianchon looks again at his patient and finds that 'Pierrette fut pour lui ce qu'elle devait être, un de ces poèmes mystérieux et profonds, vastes en douleurs, comme il s'en trouve dans la terrible existences des médecins'.[6] Pierrette is here compared to a text, but not one to be read, analysed, and understood as Foucault's paradigm of the analytical and clinical *regard médical* that texts could promulgate. Instead, Pierrette is simply seen in all her complexity, rendering her indecipherable. Moreover, the patient has an effect on the doctor: Pierrette's suffering induces a realization of the horror of medical practice in Bianchon. Finally, the reader may ask according to whom Pierrette is the poem that 'elle devrait être'? To a doctor who is taught to see his patients as riddles? To a man looking to understand his lover's desires? To a writer looking for a character that cannot be anything other than a piece of art? *Pierrette* offers no clear answers to these questions, and Bianchon cannot resolve them either. On the one hand, then, in *Le Père Goriot*, Bianchon imagines the doctor-patient relationship as a transparent lens through which he can see the humanity of his patient, and embark on a holistic treatment of him. By the time of *Pierrette*, on the other hand, Rastignac begins to perceive the doctor-patient relationship as more complicaetd than he first imagined in *Le Père Goriot.* Although Bianchon believes that Pierrette must be read, the doctor is unsure how to interpret her. Thus, in *Pierrette*, the doctor-patient encounter between Bianchon and Pierrette disappoints the expectations of the doctor-patient relationship Bianchon once promulgated in *Le Père Goriot.* As readers, we are shown that the doctor-patient relationship is not straightforward but perplexing, reflecting the individuality of the patient back onto the doctor.

[6] Honoré de Balzac, *Pierrette* in *Le Curé de Tours, suivi de Pierrette*, ed. by Anne-Marie Meininger (Paris: Gallimard, 1976), p. 305.

Le Père Goriot and *Pierrette* both impress the importance of language to the depiction of the doctor-patient relationship and encounter. This is a particularly contentious area: Susan Sontag has argued that since illness is universal, only concrete and direct language should be deployed to describe it:

> Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.[7]

Sontag thus argues that 'illness is *not* a metaphor, and that the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking'.[8] However, this thesis finds that, although illness may not be a metaphor, it is very often conceived in metaphorical terms. Understanding the metaphorical potential of illness allows us to understand how doctors and patients rely on a wide range of discourses within both the doctor-patient relationship and the doctor-patient encounter. For example, Chapters Three and Four both argue how patients can manipulate the metaphors of illness to their own advantage. Foregrounding the importance of metaphorical conceptions of disease for the doctor-patient relationship also illustrates how disease has an abstract element, and it is this conceptual element which allows symptomology to be faked in Chapters Two and Three, as well as exploited by actors outside the doctor-patient relationship as in Chapter Five. In this way, this thesis illustrates how the doctor-patient relationship and the doctor-patient encounter allowed contemporary authors to narrativize illness and disease through an exploration of its metaphorical potential.

Beyond the metaphorical dimension of illness, the doctor-patient relationship and encounter also allow readers to account for both dynamics within the novel, as evidenced by the examples of *Le Père Goriot* and *Pierrette*, in addition to throwing light on the socio-historical context in which nineteenth-century medicine operated. For example, following the anticlericalism of the 1789 French Revolution, doctors in the nineteenth century began to claim for themselves authority over their patients' moral as well as physical health. The new moral imperatives of the doctor, inherited from priests, also contributed to the doctor's position amongst the *robes noires*: educated, professional, upper middle-class men whose work upheld a

[7] Susan Sontag, *Illness and Metaphor. AIDS and its Metaphors*, (London: Penguin, 2001), p. 3.
[8] Ibid.

moral society by advancing or safeguarding the individuals they helped. Lawyers, magistrates, priests, and doctors were the most prominent *robes noires*, as Balzac writes in *Le Médecin de campagne* (1833):

> Ce n'est pas sans raison […] que l'on assemble proverbialement les trois robes noires, le prêtre, l'homme de loi, le médecin; l'un panse les plaies de l'âme, l'autre celles de la bourse, le dernier celles du corps; ils représentent la société dans ses trois principaux termes d'existence: la conscience, le domaine, la santé.[9]

Chapter One analyses Balzac's novel from the perspective of the trope of the *médecin de campagne*: a medical incarnation of the *robes noires* who embodied the idealized qualities of the 'good' doctor. However, Chapter Four compares bedside scenes from 1830s novels to argue that literature often criticized medical science's claims to objectivity and postivisim. Much later in the nineteenth century, doctors' social and professional positions were bolstered by medicine's increasing scientization, most strongly represented by the revolution in microbiology around 1850 lead by Louis Pasteur and Robert Koch. Chapter Five on Émile Zola's *Lourdes* (1894) argues that even after the revolution in microbiology, doctors must be understood in a context of competing discourses about the body and illness, most notably those of the Catholic Church. This thesis thus argues that the doctor-patient relationship allows nineteenth-century authors to integrate their depiction of medical men into a broad range of sociohistorical and scientific contexts.

Furthermore, this thesis argues that the doctor-patient relationship in general, and the doctor-patient encounter in particular, allow readers to contextualize the patient as they often do the doctor. Like doctors, patients are subject to forces outside those that immediately govern their medical status, especially regarding their association with gender, sexual, social, and racial identities. Nineteenth-century novels often foreground the patient's voice in their depictions of doctor-patient encounters. Chapter Three argues that Stendhal's *Lamiel* (1839-42) criticizes contemporary medical epistemology through the novel's depiction of a rebellious young patient. Likewise, the criticism of positivist science analysed in Chapter Four emanates from George Sand's iconic heroine Lélia who is bedridden by cholera. By foregrounding how the doctor and the patient interact with one another, and build a relationship based on that medical interaction, this thesis seeks to understand the literary depiction of patients in relation to their doctors in addition to their experience of disease. Medicine is narrativized by these doctor-patient

[9] Honoré de Balzac, *Le Médecin de campagne*, ed. by Jean Ducorneau (Paris: Gallimard, 1966), p. 94.

relationships predominantly through plot device and characterization. Doctors are, more often than not, present at the most important scenes in characters' lives: their births, their illnesses and convalescences, and their deathes, yet these scenes may appear peripheral to the overall narrative arc of a given novel. Overall, the doctor-patient relationship emerges as a dynamic way in which the nineteenth-century novel narrativizes medicine, the doctor, the patient, and the experience of disease. By placing medicine in the context of an interpersonal relationship, authors expose medicine to a host of unpredictable and rebellious factors which expose medicine as a constant negotiation between doctor, patient, science, art, practice, and illness.

In order to understand the contemporary perception of disease, illness, and the body, I have adopted a historicist approach. I draw on contemporary medical theses, articles, and journals, as well as journalism and administrative documents where relevant, to contextualize authors' appropriation of medicine. In order to account for the various strands of medicine that interested authors such as Stendhal, Balzac, and Zola, I have not confined this thesis to one area of medicine, but instead have covered a wide range of areas including gynaecology, epidemiology, and psychosomatic diseases such as hysteria. Doing so reflects the breadth of subjects of which we speak when we say 'medicine', as well as searches for a common aesthetic of the doctor-patient relationship. Historicism supposes that every expressive act, whether recorded in a historical or literary document, is embedded in a network of practices. These practices extend to literary and non-literary texts which circulate inseparably from one another and necessitate being read alongside one another. Historicism also posits that no discourse is exempt from historical factors, but is instead always shaped by its particular context.[10] Building on this method, I integrate texts within their discursive landscape in order to understand the medical metaphors, allegories, and iconographies on which they draw. I also integrate my selected novels into their sociopolitical and historical contexts which shaped contemporary medicine.[11] This approach is particularly fruitful for a study of medicine in the nineteenth century since the 1789 Revolution heralded a new era of European

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[10] Paul Hamilton, 'Reconstructing Historicism', *Literary Theory and Criticism*, ed. Patricia Waugh (Oxford: Oxford University Press, 2006), pp. 386-404.

[11] The most striking examples of the interaction between medicine and politics is the prominence of certain doctors during both the 1789 Revolution and in the final years of the nineteenth century. See Lawrence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), pp. 802-18; and Jack Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914* (Cambridge: Cambridge University Press, 1990), pp. 2-12.

medicine in which France was the forerunner. The birth of microbiology in the 1850s then hastened the speed of scientific advances in the field. A historicist approach to novel's depiction of medicine in this period is further supported by writers' fascination with the topic: authors such as Balzac and Zola expressed explicit interests in the intersection between literature and science, as expressed in the 'Avant-propos à la Comédie humaine' and 'Le Roman expérimental' respectively. However, historicism has been rightly criticized for its subordination of literary texts to history, in particular for its failure to pay attention to literary ways of reading.[12] I argue that the doctor-patient relationships narrativizes medicine and, for this reason, readers must be particularly sensitive to literary ways of reading, writing, and narrating medicine. For these reasons, this thesis is not strictly historicist. My use of historical sources serves to frame literary texts, to attune the reader to their vocabulary, and to point the reader in directions which our twenty-first century conception of a science may inhibit us from exploring. I have not allowed my historical sources to dictate my literary reading of nineteenth-century novels, since very often these novels go against ideas contained within those medical treatises. For example, Chapter Three illustrates how Stendhal's *Lamiel* inverts the biological essentialism of his contemporaries to criticize the medical profession. My historicist approach thus enriches my close reading of the nineteenth-century novel, rather than dominates them. As outlined in greater detail below, by interrogating historical sources on the meaning and practices of both medicine and science, my method demonstrates that the nineteenth-century novel did not take for granted the scientific credentials of either.

I thus make a literary and historical contribution to our understanding of how medicine is depicted in the nineteenth-century French novel when it is integrated into the doctor-patient relationship and encounter. This thesis's historicist approach shows that a critique of contemporary medicine can be read into nineteenth-century novels when the reader adopts the doctor-patient relationship and encounter as key paradigms for thinking about medicine in the novel. Notwithstanding the likelihood that some of my selected authors may have intended a critique of medicine, I have emphasized the extent to which the doctor-patient relationship and encounter open up alternative readings of literary depictions of medicine

[12] Hamilton, 'Reconstructing Historicism', pp. 386-404.

in order to avoid analogies between author and doctor.[13] Although historicism is a common approach in nineteenth-century French studies, my methodology represents a significant departure from existing scholarship in so far as I do not adopt a Foucauldian approach to reading the nineteenth-century novel. Indeed, my focus on the doctor-patient relationship and the bedside encounter points towards a lacuna in Foucault's contribution to the history of medicine. As outlined in more detail below, Foucault is an almost omnipresence in French studies' interpretation of medicine in nineteenth-century literature. Foucault's work retrospectively and teleologically understands nineteenth-century science and medicine as more 'scientific' than they were defined by contemporaries. Foucault posits medical science as a branch of science which is concerned with the study, diagnosis, treatment, and prevention of disease in humans. However, in the nineteenth century *science* referred to a more general knowledge of the world. In 1798, *science* is defined as 'Connoissance qu'on a de quelque chose' in addition to 'Connoissance certaine et évidente des choses' and, finally, 'La connoissance de toutes les choses dans lesquelles on est bien instruit'.[14] It is not until 1932 that *science* was defined by rational and experimental processes, although a generalist version of the word still took precedence: 'Connaissance exacte qu'on a de quelque chose. […] Système de connaissances rationnelles ou expérimentales sur un objet déterminé'.[15] On top of these definitions of *science*, medicine itself was not considered as the straightforward application of scientific knowledge. In the 1835 edition of the *Dictionnaire*, medicine was defined as primarily art which aimed to heal the sick: 'L'art qui enseigne les moyens de conserver la santé, et de traiter les maladies'.[16] The second example given of *médecine* in the 1835 edition of the *Dictionnaire* is 'médecine clinique. Celle qui se pratique auprès du lit des malades'.[17] In this definition, the importance of practice to medicine, as well as its bedside location, confirms that medicine is as much the interpersonal relationship and interaction between doctor and patient as it is the knowledge of human health and illness.

Without abandoning Foucault's important contribution to a historicist approach to the depiction of medicine in literature, these contemporary definitions necessitate an understanding of how medicine was

[13] Émile Zola's *Lourdes* inverts this so-called analogy: the protagonist Pierre Froment, a priest who has recently lost his Christian faith is most identified as the mouthpiece of the author. See Pierre Ouvard, *Zola et le prêtre* (Paris: Beauchesne, 1986), pp. 110.
[14] 'Science', *Le Dictionnaire de l'Académie française. Cinquième edition*, t. 2 (1798).
[15] 'Science', *Le Dictionnaire de l'Académie française. Huitième edition*, t. 2 (1932).
[16] 'Médecine', *Le Dictionnaire de l'Académie française. Sixième edition*, t. 2 (1835).
[17] Ibid.

decidedly unscientific for much of the nineteenth century. The modern Medical Humanities takes a similar approach to the understanding and amelioration of medical education, arguing that modern medicine is an interpretative practice, rather than a scientific discipline. The doctor-patient relationship is a central element of the Medical Humanities, and the field's definition of it has allowed me to concretize my approach to literary and medical texts, notably the Medical Humanities' concretization of the concept of the doctor-patient relationship. However, a straightforward or non-selective application of the Medical Humanities to nineteenth-century literature and medicine would represent an anachronism, which I have attempted to overcome by adopting the above historicist approach. By building a hybrid methodology, influenced by Foucault, the Medical Humanities, and recent medical history, this thesis is innovative in its approach. These three intellectual approaches to medicine and literature, and their implications for the present thesis, are discussed in greater detail below. My approach helps us to reveal how the nineteenth-century novel, thanks to its narrativization of medicine through the doctor-patient relationship and encounter, foregrounds the unscientific elements of contemporary medicine. This is not to imply that medicine is understood as unscientific, but rather to assert that medicine was a contested field in the nineteenth century. In this respect, my work is in dialogue with, rather than straightforwardly antagonistic to, Foucault's research on the power dynamic inherent in the medical relationship in so far as Foucault's analysis implies that nineteenth-century medicine became progressively more modern or scientific in the nineteenth century. Instead, my research implies that medicine was contested throughout the century. I argue that the nineteenth-century novel is particularly attuned to this feature: the novel can be understood as an arena in which they could attempt to understand, and sometimes undermine, contemporary medicine.

The scope of the present thesis is broad: I cover novels from the long nineteenth century, from a range of literary genres including Romanticism, realism, idealism, and Naturalism. By encompassing a diverse range of genres, including idealist novels, I build on research by Toril Moi that demonstrates the importance and prominence of idealism in the literary history of the nineteenth century.[18] Although I have selected a corpus which ranges across the period, this thesis does not attempt to produce an

[18] Toril Moi, *Henrik Ibsen and the Birth of Modernism: Art, Theater, and Philosophy* (Oxford: Oxford University Press, 2006), pp. 67-104.

exhaustive record of doctor-patient relationships and encounters in the nineteenth century French novel. Instead, I am interested in novels in which medicine is interrogated, investigated, or examined by its positioning within the narrative. These relationships and encounters generate a significant narrative force: whether occupying central or peripheral positions in the plot, they provide their authors with opportunities to explore medical discourse either through dramatic bedside scenes or elaborate characterizations. The narrative importance of the doctor-patient relationship, I contend, emanates from the social, professional, and medical authority the doctor wields over his patients, and his patients' struggles against him. For these reasons, all my selected novels take the power of medicine seriously: some idealize it, whereas others criticize that idealization. A notable absence from my study is Gustave Flaubert's *Madame Bovary* (1856). Although the *officier de santé* Charles Bovary frames my analysis of the country doctor in Chapter One, doctors in Flaubert tend to be straightforward satires of an inept medical profession. For example, Bovary's botched clubfoot operation says more about his professional incompetence than it does about the relationship that Bovary creates with Hippolyte; the same can be said for the leg which Bovary is required to set at the beginning of the novel. Because of their hopelessness, doctors in the Flaubertian tradition are caricatures of ineptitude, rather than of malevolent medical power such as in the case of Stendhal or Sand. For this reason, Flaubert's doctors, although they do encounter their patients and build relationships with them, do not generate the narrative force, however peripheral it may be, to which I refer when I speak of the doctor-patient encounter and relationship. This lack of narrative force, it may be ventured, emanates from the depictions' lack of idealism. Without an idealized model of the doctor-patient relationship, the novel lacks tension with how the medical encounter occurs at the patient's bedside. By way of contrast, Zola's novels take the potential power, either malevolent or benevolent, of the doctor very seriously and his medical relationships and encounters are highly charged narrative moments.

Additionally, I have omitted Guy de Maupassant, Charles Baudelaire, and Gérard de Nerval from this study on account of my interest in the links between medicine and the specific genre of the French novel. Given the brevity of short stories and prose poems, doctor-patient relationships and encounters are often exceptionally fleeting and thus fail to narrativize medicine as do their appearance in novels. At the opposite end of the spectrum, if these doctor-patient relationships or encounters constituted the main

subject of the text, medicine often becomes the dominant narrative voice, such as in Maupassant's *Le Horla* (1887). By contrast, the novel format offers readers either sustained or reoccuring doctor-patient relationships and encounters, rich with metaphorical and narratological potential; but these doctor-patient interfaces do not dominate them and instead remain at the novel's narratological periphery. In the nineteenth-century novel, the doctor-patient relationship and encounter instead emerge as important yet peripheral plot devices through which authors narrativize medical science.

Finally, I have also chosen to focus on medical doctors, with the exception of an analysis of Wolmar from Jean-Jacques Rousseau's *Julie, ou La Nouvelle Héloïse* (1761) in Chapter One whom I argue is an important way to understand subsequent depictions of medical men because of the type of relationship Wolmar cultivates with his would-be patients. For this reason, I have omitted quasi-doctors such as Balzac's Mesmerists and Swedenborgianists, as well as the healing relationship between Pierre Froment and Doctor Chassaigne in *Lourdes* on the grounds that they are not strictly encounters between a patient and an orthodox, qualified medical professional.[19] The rest of this Introduction outlines the theoretical and methodological most important to the present thesis. The first section outlines the two main critical approaches to understand the role of modern medicine, namely those of Foucault and the Medical Humanities. The second section outlines the important, although heretofore neglected, difference between the doctor-patient relationship and encounter. I demonstrate how my conception of this contrast builds on previous research in the Medical Humanities but takes it into a new direction. I then position the present thesis in relationship to both historical approaches to the history of medicine, as well as in relationship to previous research in French studies on the literary depiction of medicine.

Approaching Medicine: Biopower and The Medical Humanities

For scholars of both French and the history of medicine, the work of the philosopher, historian of ideas, social historian, and literary critic Michel Foucault is all-pervasive, particularly given the interdisciplinary nature of his own œuvre. Foucault's analysis of medicine, most sustained in *Naissance de la clinique* (1963) but also appearing in later works, relies on his concept of power, knowledge, and discourse. For scholars

[19] It should be noted that Chapter One includes an analysis of Jean-Jacques Rousseau's Wolmar, even though this character is not a medical professional. However, this chapter argues that Rousseau is an important intertext against which the nineteenth-century trope of the country doctor can be understood specifically because of the non-medical qualities that Wolmar exhbits.

of medicine and the humanities in the twenty-first century, the current boom in the Medical Humanities also provides timely and important frameworks for approaching similar questions. As discussed in further detail below, Foucault attacks 'la médecine dite libérale' which 'invoque à son tour en faveur d'un marché ouvert' the ideals of an anachronistic humanistic doctor-patient relationship in order to veil its true agenda.[20] The ideas of the Medical Humanities and Foucault are thus seen as broadly antagonistic. Yet, as shall become clear, they are both important ways of approaching the inherently interdisciplinary juncture between medicine and the experience of medical practice. By selecting a hybrid approach to the doctor-patient relationship, combining aspects of Foucault's biopolitical approach and the Medical Humanities' interest in narrative-based medicine, my methodology becomes more flexible in order better to understand the breadth and depth of the doctor-patient relationship. An eclectic methodological approach designates that the doctor-patient relationship as a pervasive, powerful, and diverse structuring device for the nineteenth century novel.

Michel Foucault, Medicine, and the *rapport médecin-malade*

By analysing the relationship between power and knowledge, Foucault suggests how they are used as forms of social control when channelled through societal institutions. Most significant is his rejection of the banal assumption that the objects of historical study, such as sexuality, desire, madness, and criminality, are in any way inherent to their subjects. Foucault's work defamiliarizes these concepts: he demonstrates how categories which may seem natural are social and institutional constructs of power, articulated through words and discourse. *L'Archéologie du savoir* (1969) sketches out discourse as institutionalized patterns of knowledge, manifest in the disciplinary structures of institutions such as the hospital, which function through the relationship between power and knowledge. *Naissance de la clinique* explains how the modern clinic claims to be 'la forme générale de tout constat scientifique'.[21] Given the importance of madness and sexology to Foucault's other works, the epistemological structures and clinical practice of medicine allow Foucault to examine the features of the discursive realm already highlighted in *Histoire de la folie à l'âge classique* (1976). Foucault argues that the progression towards hospital-based medical teaching, and the subsequent transformation of the *hôpital* into the clinic or

[20] Foucault, *Naissance de la clinique*, p. 12.
[21] Ibid.

modern-day hospital, reflected the new non-verbal conditions and actions on which the new medical practice was based:

> La *retenue* du discours clinique (proclamée par les médecins: refus de la théorie, abandon des systèmes, non-philosophie) renvoie aux conditions non verbales à partir de quoi il peut parler: la structure commune qui découpe et articule ce qui se *voit* et ce qui se *dit*.[22]

According to Foucault, the abandonment of eighteenth-century techniques of understanding the body, such as the *tableau*, constituted an epistemic shift at the turn of the nineteenth century.[23]

The key medical, epistemological, and technical change produced by this shift was the development of the *regard médical* in the nineteenth century. Observation via the *regard médical* dehumanized the patient's body, preparing it for diagnosis and treatment. Rather than asking 'Qu'avez vous?' the doctor would begin his consultation of the patient with 'Où avez-vous mal?'[24] For Foucault the localization of disease on the patient's body alienates their individuality and subjective experience of illness, reduced to symptoms and lesions by the doctor. As Foucault writes,

> À partir de là, tout le rapport du signifiant au signifié se redistribue […] à tous les niveaux de l'expérience médicale: entre les symptômes qui signifient et la maladie qui est signifiée, entre la description et ce qu'elle décrit, entre l'événement et ce qu'il pronostique, entre la lésion et le mal qu'elle signale.[25]

The perceived readability of symptoms relies on, but also guarantees 'La coïncidence exacte du 'corps' de la maladie et du corps de l'homme malade'.[26] The patient 'n'est par rapport à ce dont il souffre qu'un fait extérieur'.[27] In order to understand disease, the individuality of the patient must be subtracted by the doctor: 'Qui veut connaître la maladie dont il s'agit doit soustraire l'individu, avec ses qualités singulières'.[28] The *regard médical* is thus also responsible for creating the new categories of symptoms and

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[22] Ibid., p. 18.
[23] For the *tableau* as a way to organize information, space, and bodies, see Michel Foucault, *Surveiller et punir* (Paris: Gallimard, 1975), pp. 174. For Foucault's epistemic shift between the eighteenth and nineteenth centuries, see Foucault, *Naissance de la clinique*, pp. 83-95. Foucault's periodization of the epistemic shift as occurring between the eighteenth and nineteenth centuries resulted in research on the nineteenth century being dominated by the history of medicine. Gilles Deleuze is another important thinker in the field, see Gilles Deleuze, *Critique et clinique* (Paris: Minuit, 1993). However, *Critique et clinique* is an unfinished work and therefore has significantly less influence on the field than Foucault. For a reconstruction of Deleuze's theory of medicine and illness, see Aidan Tynan, *Deleuze's Literary Clinic: Criticism and the Politics of Symptoms* (Edinburgh: Edinburgh University Press, 2012), pp. 1-24.
[24] Foucault, *Naissance de la clinique*, p. 17.
[25] Ibid., p. 17.
[26] Ibid., p. 19.
[27] Ibid., p. 26.
[28] Ibid., p. 34. However, for Foucault the subtraction of the individual often confirms the individual's irreducible quality. For example, in *Histoire de la sexualité I* Foucault outlines how the process of confession subjects the person making the confession to power, but also brings about consciousness of their own subjectivity. See Michel Foucault, *Histoire de la sexualité I. La Volonté de savoir* (Paris: Gallimard, 1976), pp. 69-98.

signs which existed and produced meaning within frameworks of medical signification, drawing out the patient's individuality.[29] The clinical setting of nineteenth-century medicine is, for Foucault, a synecdoche for the new medical epistemology. More specifically, *clinique* is both the institution and the collection of techniques introduced, detailed, and expanded at the turn of the century. The clinic therefore not ony became the institutional stage for the medical profession's new national and political roles, but also contributed to the development of the *regard médical* since teaching was now located in clinical practice and the lessons drawn from clinical observation, the 'manière d'enseigner et de *dire'* having become a 'manière d'apprendre et de *voir*'.[30] Foucault further argues that the rise of the autopsy, as spearheaded by Marie-François Bichat, heralded a new understanding of the relationship between life, death, and illness: 'La vie, la maladie et la mort constituent maintenant une trinité technique et conceptuelle'.[31] Death and autopsy allowed the medical gaze to become three-dimensional, penetrating the body's interior.[32] For this reason, death is described as 'la grande analyste, qui montre les connexions en les dépliant'.[33] Death in these contexts is the ultimate leveller, decreeing the end to the patient's history in order to make it legible to the doctor. This thesis argues, however, that Bichat's concept of death and of the patient's body, is relevant only to impersonal scientific medicine, and neither the bedside medicine nor to the idealized doctor-patient relationship that we find in the nineteenth-century novel.

Although David Armstrong has characterized Foucault as viewing the history of medicine from the perspective of the patient, it is clear from the above analysis that Foucault's account of how medical practice became interested in patients only for the advancement of its own science follows on from his object of study: both the medical gaze and the rise of the autopsy place the patient at the heart of their analysis, but fail to consider the patient's experience.[34] For these reasons, the doctor-patient relationship does not feature prominently in *Naissance de la clinique*. Indeed, when discussing 'un vieil humanisme médical', Foucault criticizes the 'idée mal jointe' and the 'vocabulaire faiblement érotisé de la 'rencontre'

[29] Foucault, *Naissance de la clinique*, pp. 127-53.
[30] Ibid., pp. 97.
[31] Ibid., p. 202.
[32] Ibid., pp. 175-206.
[33] Ibid., pp. 202-03.
[34] David Armstrong, 'Bodies of Knowledge/Bodies of Power,' in *Reassessing Foucault: Power, Medicine, and the Body,* ed. by Colin Jones and Roy Porter (London; New York: Routledge, 1994), pp. 17-27.

et du 'couple médecin-malade'.[35] Instead, Foucault proposes that the patient's relationship is not with themselves or with the language to describe their illness, but was soon taken as

> un affrontement simple, sans concept, d'un regard et d'un visage, d'un coup d'œil et d'un corps muet, sorte de contact préalable à tout discours et libre des embarras du langage, par quoi deux individus vivants sont "engagés" dans une situation réciproque.[36]

Foucault thus criticizes the new field of Medical Humanities for reopening 'les vieux droits d'une clinique comprise comme contract singulier et pacte tacite passé d'homme à l'homme'.[37] Since, in Foucault's opinion, medicine has become thoroughly scientific and thus objective, the special contract between doctor and patient has been irrevocably lost: 'une nouvelle expérience de la maladie est en train de naître'.[38] Foucault thus proposes that understanding the clinical medicine of twentieth-century France serves to elucidate the medicine of the past. In a later chapter, Foucault asserts the different epistemological aims of the hospital and the modern-day clinic. The former's interest is to 'découvrir la maladie dans le malade' which is 'cachée en lui comme un cryptogramme'.[39] The latter's concerns is with 'des maladies dont le porteur est indifférent: ce qui est présent, c'est la maladie elle-même, dans le corps qui lui est propre et qui n'est pas celui du malade, mais celui de sa vérité'.[40] For Foucault, then, there is a shift from interpreting the patient to discovering the absolute nature of the disease. Foucault's methodology identifies the nexus between power, knowledge, and medical science, and in particular the importance of scientific observation and analysis as part of that nexus.

However, although the *regard médical* is 'fondateur de l'individu dans sa qualité irréductible', Foucault's dismissal of the Medical Humanities means that an analysis building directly on his analysis of medicine and power only gestures towards, but does not analyse, the complex negotiations, interpretations, and narrativizations that occur within the doctor-patient relationship. Indeed, a Foucauldian approach undermines the importance of the doctor-patient relationship. Foucault's conception of clinical medicine

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[35] Foucault, *Naissance de la clinique*, p. 12.
[36] Ibid., p. 12. Foucault is somewhat blind to the effect of gender on power relations, stating that historians must not 'chercher qui a le pouvoir dans l'ordre de la sexualité (les hommes, les adultes, les parents, les médecins) et qui en est privé (les femmes, les adolescents, les enfants, les malades…); ni qui a le droit de savoir, et qui est maintenu de force dans l'ignorance'. See Foucault, *Histoire de la sexualité*, I, pp. 130-31. However, this thesis focuses on the importance of gender identity to the doctor-patient relationship and encounter, most prominently in Chapters Three to Five.
[37] Foucault, *Naissance de la clinique*, p. 12.
[38] Ibid., p. 13.
[39] Ibid., p. 90.
[40] Ibid., p. 90.

does violence to the patient by prescinding from the individual all their personal attributes such as their history and their affects, seen as an impediment to full knowledge of the disease, which must lead to a cure; rather than as an integral part of the experience of illness. Rather than illustrating how the nineteenth-century novel subscribes to Foucault's model of impersonal scientific medicine, as some scholars have done, this thesis illustrates that the nineteenth-century novel instead asserts medicine's interest in the experience of illness and of medicine. I argue that the nineteenth-century French novel sees medical knowledge as inseparable from experience, and that the doctor-patient relationship stands at the intersection between them. Chapters One and Two focus on the portrayal of medical and familial power and, taken as a pair, they contrast the idealzied doctor-patient relationship to the bedside encounter. This thesis also disputes the extent to which an epistemic shift at the beginning of the nineteenth century, identified by Foucault, really affected the depiction of medicine in the French novel. Chapter One, by examining the long nineteenth century, argues that there is more continuity in the depiction of the idealized doctor-patient relationship than Foucault's conception of an epistemic shift would suggest. Chapter Five examines how the late nineteenth century looked backwards to quasi-medieval models of health and belief as much as it did forwards to scientic conceptions of medicine. Foucault's model of biopower necessarily subsumes the individual experience of medicine; this thesis argues that, when it comes to the novel, this particular element of medicine was central to how medicine was depicted in the nineteenth-century novel. By contrast, Chapters Three and Four not only argue the importance of the individual to the medical encounter, but also the dynamic role played by gender in this paradigm.

The Medical Humanities and the Doctor-Patient Relationship

Naissance de la clinique is framed by Foucault's attack on the contemporary Medical Humanities, 'l'humanisme médical', which began in North America in the 1960s.[41] Rationality, according to Foucault, is synonymous with the collusion between knowledge (*savoir*) and power (*pouvoir*). The *savoir-pouvoir* alliance creates institutions, such as schools, prisons, psychiatric units, and hospitals, which disciplined the bodies of those with whom they made contact. Foucault argues that although these institutions were promoted in the nineteenth century under the banner of improving the individual, they in fact

[41] Ibid., p. 12.

consolidated and perpetuated hegemonic social control through increased administrative authority and bureaucratic regulation. Foucault therefore denounces twentieth-century humanism as a creeping form of social control. Foucault's biopower and the Medical Humanities thus grew up alongside one another and, for the purposes of the present thesis, provide complementary conceptual contexts to understanding the doctor-patient relationship.

Originally conceived to offer a diverse humanist dimension to medical school training, the Medical Humanities draws on the humanities, arts, and social sciences, putting these into dialogue with medical science training. One of the central foci of the Medical Humanities is the doctor-patient relationship. Thomas Coles's *Medical Humanities* (2017) begins with a discussion of the doctor-patient relationship, discussing how an ethics of professional virtue developed, from the late nineteenth century onwards, into the modern ideal of the clinical relationship, based on personal connection, careful physical examination, and trust.[42] The doctor-patient relationship is thus central to the Medical Humanities in so far as the Medical Humanities believes it to be essential to the practice and experience of medicine. However, the Medical Humanities does more than try to improve the patient's experience of their physician: the term 'critical Medical Humanities' suggests how the arts and the humanities seek to provide more than improvements in medical pedagogy, by also offering alternative ways of thinking about human life, illness, and death.[43] In the face of the rise of biotechnological and pharmaceutical advances in diagnosing and curing disease, narrative medicine reorganizes the doctor's care towards the person rather than their disease. As Iona Heath writes, 'Doctors need always to remember that what the patient feels is the reality on which they must base their practice'.[44] One of the Medical Humanities' primary concerns is to emphasize the patient's experience of illness and medicine. Arthur Kleinman, an early pioneer of the field, argues that the isolation of disease from the patient equates to the alienation of the patient from their doctor, and thus the latter from their holistic caregiving role.[45] Using Kleinman as an example, we can see

[42] Thomas Cole, *Medical Humanities: An Introduction* (Cambridge: Cambridge University Press, 2017), pp. 26-39.
[43] For a collection of chapters that fall under this umbrella, see *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Anne Whitehead and others (Edinburgh: Edinburgh University Press, 2016); Alan Bleakley, 'Towards a 'Critical Medical Humanities', *Medicine, Health, and the Arts: Approaches to the Medical Humanities*, ed. by Victoria Bates, Alan Bleakley, and Sam Goodman (Abingdon: Routledge, 2014), pp. 17-26.
[44] Iona Heath, 'Following the Story: Continuity of Care in General Practice' in *Narrative-Based Medicine*, ed. by Trisha Greenhalgh and Brian Hurwitz (London: BMJ Books, 1998), pp. 83-92 (p. 86).
[45] Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), pp. 60-80.

that the Medical Humanities sees the doctor as operating within a matrix of caregiving, thereby establishing a complex relationship with the patient. To reinstate these intra- and interpersonal connections, Kleinman states that, the doctor should begin by caring for the patient's story.[46]

One of the most widespread ways of achieving a 'critical Medical Humanities' is through the teaching of narrative studies, since narrative necessarily opens a window onto different experiences, and often encourages readers to reconsider their own narratological assumptions. The sub-field of narrative medicine originated in the early-1970s when American medical schools began teaching literature alongside medicine. Kathryn Montgomery Hunter argues that, firstly, medicine's central aim is to relieve suffering and, secondly, that this suffering can only be understood through the patient:

> no matter how scientific it may be, medicine is not a science as science is commonly understood: an invariant and predictive account of the physical world. Medicine's goal is to alleviate present suffering. Although it draws on the principles of the biological sciences, and owes much of its success to their application, medicine is (as it always has been) a practical body of knowledge brought to bear on the understanding and treatment of particular cases. We seek more from a visit to the doctor than the classification of our malady. We want our condition to be understood and treated. Face to face with a patient, physicians can only know disease indirectly.[47]

Doctors can only know disease indirectly, since understanding it directly would destroy the patient as Foucault's example of autopsy demonstrates. By following the moral imperative of making the patient, and not the disease, the doctor's ultimate goal, medicine no longer does violence to the patient by treating them as a mere vehicle for puzzles to be solved. For these reasons, Montgomery Hunter foregrounds medicine's rootedness in interpretation:

> Medicine is an interpretative activity, a learned activity that begins with the understanding of the patient and ends in therapeutic action on the patient's behalf. Far from being object, a matter of hard facts, medicine is grounded in subject knowledge – not of the generalized body in textbooks, which is scientific enough – but the physician's understanding of the particular patient.[48]

For Montgomery Hunter, focusing on narrative allows medicine to embrace the full range of its socio-cultural meaning: 'Understanding medicine as narrative activity enables us – both physicians and patients – to shift the focus of medicine to the care of what ails the patient and why from the relatively simple matter of the diagnosis of disease'.[49] Uncertainty is also an important element in the doctor-patient

[46] Ibid., p. 253. See also Oliver Sacks, *The Man Who Mistook His Wife for a Hat* (London: Picador, 1986), p. 105, and Arthur W. Frank, *The Wounded Storyteller* (Chicago: University of Chicago Press, 2013), p. xix.
[47] Kathryn Montgomery Hunter, *Doctors' Stories: The Narrative Structure of Medicine* (Princeton: Princeton University Press, 1991), p. xviii.
[48] Ibid., p. xx.
[49] Ibid., p. xxi.

relationship: '[disease, bacteria] are never quite *things*. Thus, although scientific and technological advances refine clinical problems and provide solutions, physicians still work in situations of inescapable uncertainty'.[50] Indeed, for Montgomery, doctors are required to interpret, mitigate, and negotiate between science and their patients: 'science is [based around] logic, rule-governed consequences; but patients are characterized by contingency; requiring practical reasoning'.[51] For Montgomery Hunter, medicine is about accessing stories and narratives which can alleviate suffering by foregrounding the patient's individuality.

In 2006, Rita Charon published the seminal *Narrative Medicine: Honoring the Stories of Illness* in which she outlines the relative pertinence of narrative to medicine: 'what medicine *lacks* today – in singularity, humility, accountability, empathy – can, in part be provided through intensive narrative training. Literary studies and narrative theory, on the other hand, see practical ways to transduce their conceptual knowledge into palpable influence in the world, and a connection with health care can do that'.[52] Charon argues that narrative and medical practice are both 'suffused with attention to life's temporal horizons, with the commitment to describe the singular, with the urge to uncover plot […], and with an awareness of the intersubjective and ethical nature of healing'.[53] Whereas Montgomery Hunter looks at the narrative strain of medicine, Charon points to its interest in plot: illness contains plot but how, in the nineteenth century, is plot made from illness and its treatment? The Medical Humanities overall points towards the holistic and human dimension of medical practice, particularly the importance of establishing, strengthening, and perpetuating a relationship between doctor and patient. Doing so, according to the field, restates the importance of patient experience. The Medical Humanities' emphasis on narrative as an essential component of illness and healing suggests an important parallel between medical narratives and literary narratives *of* medicine.

However, in its attempt to prove the utility of literary studies to medicine via its incorporation into the Medical Humanities, the field is at risk of a reductionist approach to both medicine and literature.

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[50] Kathyrn Montgomery, *How Doctors Think: Clinical Judgement and the Practice of Medicine* (Oxford: Oxford University Press, 2006), p. 3.
[51] Ibid., p. 4.
[52] Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2008), p. vii.
[53] Ibid., p. 39. Josie Billington argues that literary reading is lacking from modern life in general, and is important to the doctor-patient relationship in particular. See Josie Billington, *Is Literature Healthy?* (Oxford: Oxford University Press, 2016), p. 10.

Literature and medicine are, of course, not analogous to one another. Although the doctor-patient relationship may rely on critical reading skills covered in literary studies, as we have seen in *Pierrette*, these do not necessarily allow the doctor instant access to their patient's innermost corporeal and emotional secrets. Instead, it is more productive to think of how, because of their disparate natures, literature draws out of medicine that which is not immediately apparent about the field: namely the interpretative dimension of medicine and science, otherwise obscured by scholars' retrospective over-evaluation of their scientism. The definitions of *médecine* and *science* from the *Dictionnaire de l'académie française* testify to as much, pointing towards the extent to which non-scientific elements are innate to both categories when understood in their nineteenth-century context. Furthermore, this thesis argues that not all novels which contain medical encounters are illness narratives and instead these novels should be read in order to understand how medicine functions within them, rather than as part of a broader genre identified in recent years. The junction between literary studies and medicine draws out these elements: this thesis argues that the doctor-patient relationship and encounter are primary sites at which readers can explore medicine from a range of perspectives.

Overall, *Naissance de la clinique* is partly underpinned, and therefore determined, by Foucault's criticism of the Medical Humanities, which he suspects of intentions that are unexamined at best, and malevolent at worst. Foucault identifies important collusions between power, knowledge, science, and surveillance to produce a conceptual matrix of the doctor's medical control of his patient. The Medical Humanities goes some way in supplementing this deficiency, emphasizing the patient and the narrative potential of medicine articulated through the doctor-patient relationship. The Medical Humanities is particularly effective at pointing out that the doctor-patient relationship is always unique and unpredictable.[54] By combining the Medical Humanities' interest in the doctor-patient relationship and narrative with Foucault's awareness of the nexus of medicine and power, I have developed a hybrid approach to literature that takes into account both power structures and relationships which are highly idiosyncratic.

[54] Cole states that 'There has, of course, never been a single or monolithic 'doctor-patient' relationship. Relationships between doctors and patients – even as they have changed over time – have always varied depending on the social class, race, and gender of both patients and doctors. From antiquity to contemporary medicine, relations between doctors and patients have also been affected by religious authority and belief, by competition in the health care marketplace, and by science and technology'. See Cole, *Medical Humanities*, p. 26.

Relationships and Encounters in the History of Medicine and in French Studies

Despite the usefulness of the Medical Humanities for constructing a methodology which concretizes the otherwise abstract concept of the 'doctor-patient relationship', there is significant slippage between the Medical Humanities' use of the term 'doctor-patient relationship' and concrete examples of doctor-patient encounters. Although relationship and encounter are different entities, they are not separate and attempting to divide one from the other would do a similar violence to one category as we have seen done to Foucault's conception of the patient. In essence, the doctor-patient relationship is composed of encounters; these encounters amount to a relationship. The nineteenth-century novel does not attempt to disavow this relationship. At the same time, however, the novel *does* differentiate between encounters and relationships. At the beginning of this introduction I pointed towards the difference between a certain ideal of a doctor-patient relationship, as promulgated in a certain type of the novel, and the actual literary depictions that we find in contemporary novels. This difference is, I contend, the difference between the doctor-patient relationship and the doctor-patient encounter. In nineteenth-century literature and in the Medical Humanites, the doctor-patient relationship is an ideal. It structures novels such as Balzac's *Le Médecin de campagne* discussed in Chapter One.[55] By contrast, the nineteenth-century novel also depicts discreete and unique encounters between doctor and patient. The iconic literary location of these encounters is at the patient's bedside. In *Le Père Goriot* we see that, although Bianchon and Rastignac debate the correct way to conduct the caregiver-patient relationship, the central scenes themselves are played out through the dramatic interactions between Goriot, Bianchon, and Rastignac. Where does this scene take place? At Goriot's bedside. I therefore use the term 'bedside encounter' to refer to these narrative moments in which doctor and patient eye one another from across the patient's bed. These bedside encounters contribute to a doctor-patient relationship, but they also detract from it since they demonstrate that the doctor-patient relationship is an idealized form of medicine, thereby allowing the novel to give the reader an alternative, altogether more complex conception of medicine. These encounters are often highly charged episodes, narratologically-speaking, appearing as they do at dramatic

[55] For an example of the doctor-patient relationship functioning as an ideal standard in contemporary discourse, see 'The Doctor-Patient Relationship: Capturing the Ideal', *The Lancet*, 381, (April 2013), p. 1432.

moments in characters' lives. As a result, they afford moments for the text to appropriate, nuance, or reject medical science.

Doctor-Patient Relationships and Encounters

The connection between doctor-patient relationships and encounters is not fully explored by the Medical Humanities which, in fact, often slips between the two terms without elucidating either or examining their mutual dependence. An important example is Michael Balint's *The Doctor, His Patient, and the Illness* (1975), which is often cited in Medical Humanities texts as the seminal work on the doctor-patient relationship.[56] Balint aimed to resolve 'certain processes within the doctor-patient relationship […] which caused both the patient and the doctor unnecessary suffering', namely the patient's fear and confusion at the absence of a simple diagnosis, and the doctor's guilt at their perceived inadequacy.[57] Balint argues that a reorientation of the clinical relationship towards a 'different, deeper, more comprehensive' awareness of the patient's physical and mental suffering since the current 'structuring of the doctor-patient relationship on the pattern of a physical examination inactivates the processes the doctor wants to observe'.[58] The general practitioner, and in particular their particular position in relation to the patient's buried lives, is a privileged figure in so far as the nature of their role requires their embeddedness in the social fabric that is common to both them and their patients.

However, the doctor-patient relationship is, by definition, impossible to describe fully. In a chapter entitled 'When to Stop', Balint points out that 'the important factor' is necessarily 'difficult to describe'.[59] A vocabulary of uncertainty characterizes this passage:

> It is exceedingly difficult to state exactly what it is that restores the balance [between doctor and patient during a medical consultation], so that after the 'long interview' the patient feels understood, relieved, or even enriched, instead of being despoiled or cheated. The difference is not what is called 'correct interpretation' though correct interpretation forms part of it. Neither is it 'reassurance' […]. Perhaps the best that I can offer is to say that an experienced doctor has some idea 'when to stop'.[60]

Balint here emphasizes the importance of listening in order to find the threads of a patient's narrative that, although upsetting the doctor's medical expectations, provide the key for cure. The doctor's success

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[56] In her summary of the Medical Humanities, Billington states that Balint was among the first to recognize the importance of the patient's ownership over their own case history. See Billington, *Is Literature Healthy?,* pp. 51-57.
[57] Michael Balint, *The Doctor, the Patient, and the Illness* (London: Pitman, 1957), p. 4.
[58] Ibid., p. 121.
[59] Ibid., p. 136.
[60] Ibid., p. 136.

in listening, Balint says, depends on the atmosphere of the medical encounter: 'far from being standardized' the atmosphere is always irreducibly unique and tuning into the patient allows the doctor to speak the patient's language: 'While discovering in himself an ability to listen to things in his patient that are barely spoken because the patient himself is only dimly aware of them, the doctor will start listening to the same kind of language himself'.[61]

At the forefront of Balint's concern are the circumstances, contexts, and contents of the medical encounter: what is said, what is heard, and the atmosphere in which it takes place. The doctor-patient relationship is formed from one, or multiple, such encounters, but each clinical interview is a discreet and singular entity. Relationship and encounter are fundamentally intertwined: the former is constructed from the latter, and the latter is partly dictated by the status of the former. Balint's overall concern is with the doctor-patient relationship, and he uses examples of encounters as a practical roadmap for doctors to recast the parameters of that relationship. This slippage has had an impact on the field: Josie Billington highlights how the Medical Humanities has largely drawn from Balint the importance of the patient's narrative, rather than the 'atmosphere', suggesting the extent to which relationship has generally won out over encounter.[62]

This thesis argues that, despite the Medical Humanities' general favouring of the doctor-patient relationship over the encounter, it is the latter that best characterizes nineteenth-century authors' interest in the practice of medicine, depicted as a bedside encounter. The ideal of the doctor-patient relationship is only explored by a handful of nineteenth-century French literary texts, which I analyse in Chapter One. Instead, the reader is more frequently presented with a series of what Andrew Counter has termed 'spectacles of interest'.[63] In these moments, a doctor is introduced to the narrative either as a plot or characterization device, or to allow for an interpretation of contemporary medicine and science. These encounters, contrary to Foucault's assertions, almost exclusively occur at the patient's bedside, and thus draw together a rich nexus of familial, domestic, gendered, racial, and social metaphors. Chapters One and Two observe this phenomenon from the angle of the intersection between medical and paternal

[61] Ibid., p. 121.
[62] Billington, *Is Literature Healthy?*, p. 65.
[63] Andrew Counter, *Inheritance in Nineteenth-Century French Culture: Wealth, Knowledge, and the Family* (London: Legenda, 2010), p. 1.

modes of power. I argue that, in the nineteenth-century novel, the one-off or periodic appearance of a doctor frequently serves as an important plot driver. Either as a set-piece or a peripheral aside, the doctor-patient encounter in the nineteenth-century novel emphasizes how the singularity of interpersonal relationships affects the experience of medicine. To this end, Chapter Four considers important medical scenes in both Sand and Balzac, as well as more peripheral moments in which medicine is discussed. Furthermore, leaning on the Medical Humanities' and Foucault's interest in the social, environmental, political, and economic contexts of the patient, as well as the dynamics of gender, power, class, and race, on top of those of illness and curing itself, I argue that the encounter is also used in the nineteenth-century French novel to explore identity and power relations.

Approaches to the History of Medicine

The history of medicine presents a solution to the slippage in the Medical Humanities between the doctor-patient relationship and the doctor-patient encounter through the contrast it draws between history from 'above' and 'below'. History from above refers to a vison of history forged by its leaders and politicians; history from below focuses on the lives of ordinary people.[64] The history of medicine exists at the interface of these concerns. On the one hand, developments in scientific understanding may have had profound changes on the practice of medicine; on the other hand, historians must also consider how medicine is practiced and experienced to understand the real lives of historical actors, and secondly the extent to which the 'below' may feed back into the 'above'. Cultural history takes history from 'below' one step further, examining cultural interpretation of historical experiences. For example, Richard Darnton is particularly alert to how developments in the quack-science of Mesmerism, a precursor of hypnotism and psychoanalysis that healed patients by removing blockages that stopped the flow of universal fluid around their bodies, built on contemporary scientific movements such as Newtonianism. Darnton examines how Mesmerism had a profound impact on contemporaries, and how its metaphors influenced Romantic literature.[65] In this thesis, I take 'above' to refer to scientific epistemology and

[64] A well-known example of history from 'below' is Eric Hobsbawm's 'total' history of the French and Industrial Revolutions from the perspective of social history. See Eric J. Hobsbawm, *The Age of Revolution, 1789-1848* (New York: New American Library, 1962). History from 'below' was influenced by the work of the Annales school in France, which focused on medieval and early modern French history. Its interest in medicine is marginal, but see François Lebrun, *Se soigner autrefois. Médecins, saints et sorciers au 17e et 18e siècles* (Paris: Temps actuels, 1983).
[65] Richard Darnton, *Mesmerism and the End of Enlightenment in France* (London; Harvard University Press: 1968). Darnton states that the influence of Mesmerism on the nineteenth century was so great that if any author speaks of

abstract conceptions, most likely idealizations, of the doctor-patient relationship. I take 'below' to mean literary depictions of medical encounters, suggesting how medicine may have been experienced by any of their participants. In the context of the nineteenth-century French novel, this loosely correlates with idealistic depictions of the medical relationship, and the 'spectacles of interest' provided by medical encounters during which doctors treat or interact with their patients. Although the Medical Humanities provides important research questions with which we can interrogate the nineteenth-century novel; the history of medicine is an important contextualization for our responses.

Foucault's approach to the history of medicine is, generally, top-down: by reading medical treatises he argues that there is an epistemic shift in medical epistemology, which affects the experience of illness by re-centring the clinical encounter onto the hospital.[66] His argument in favour of an epistemic shift in medical science at the beginning of the nineteenth century constituted an epistemic shift in the historiography of medicine, spawning numerous studies with similar top-down approaches and arguments that declared that 'bedside medicine' expired long ago in the early modern period.[67] Adopting a history from 'below' approach, the remarkable output of the social historian Roy Porter foregrounds the medical experiences of patients in early modern England. In *Patient's Progress* (1989), Porter outlines his objective to show that 'the patients were the making of the doctors, and the doctors were the making of the patients. It is this quasi-contractual symbiosis that we have attempted to analyse'.[68] Porter's undeniable contribution to the history of medicine informs the approach adopted by Lawrence Brockliss and Colin

a *rapport*, *rayons*, a *petite lueur tremblantante*, or *volonté*, 'he may be assumed to be talking mesmerism', p. 152. Since Mesmerists were not doctors in the strictest sense of the word, I have, for the large part, excluded them from my study. Their potential importance for understanding nineteenth-century medicine is covered in Chapter Five and the Conclusion.

[66] Foucault influenced the French historian, Georges Canguilhem, who rewrote the preface of his first book *Le Normal et le pathologique* to align himself with Foucault. See Georges Canguilhem, *Le Normal et le pathologique* (Paris: Presses universitaires de France, 2013), pp. 221-25. Erwin Ackerknecht also adopted a stance broadly similar to Foucault's. See Erwin H. Ackerknecht, *Medicine at the Paris Hospital 1794-1849* (Baltimore: The John Hopkins University Press), p. xi.

[67] See Ivan Waddington, 'The Role of the Hospital in the Development of Modern Medicine: A Sociological Analysis,' *Sociology,* 7 (1973), 211-24. See also Nicholas D. Jewson, 'The Disappearance of the Sick-man from Medical Cosmology, 1770-1870,' *International Journal of Epidemiology*, 38 (2009), 622-33.

[68] See Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Polity Press, 1989), p. vi. The titles alone of Porter's books suggest the social approach of his work: Porter's contribution to the history of medicine includes: with Dorothy McMillan, *In Sickness and in Health: The British Experience, 1650-1850* (London: Fourth Estate, 1988); *Medical Fringe and Medical Orthodoxy 1750-1850* (London: Croom Helm, 1987); *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989).

Jones in their comprehensive study of early modern medicine in France.[69] Jones's contribution to the volume hopes to instigate a new history of medicine in France which would take into account the diversity identified by historians such as Porter and would be as 'rich as the best of 'new medical history" devoted to England'.[70] Brockliss's contribution focuses more on the history of scientific and medical ideas. But, taken together, their far-reaching study closes the gap between medical history from 'above' and 'below'. Although focusing on the pre-1789 period, Brockliss and Jones indicate that the diversity and factitious nature of medicine identified in the early modern period continues into the next century.[71] Given the turmoil generated by the continuous political regime changes in the nineteenth century, it seems far-fetched to anticipate that the nineteenth century's network of state-funded medical personnel would entirely replace the rich tapestry of orthodox and unorthodox practitioners identified by Brockliss and Jones.

The research of Brockliss and Jones points towards a current lacuna in the history of French nineteenth century medicine: how was medicine practised and experienced? Although these questions cannot be answered here in full, I believe that the novel can point towards what these future studies might look like. For example, the interconnection between history from 'above' and 'below' is most pertinent when we try to answer the question of who would have attended a moribund's deathbed: a priest, or a doctor? The *médecin-philosophe* Pierre-Jean-Georges Cabanis points towards how the doctor's struggle for influence over the patient amounted to a conflict with the priest's ontological authority over the bedside, stating that 'L'étude de l'homme physique est également intéressante pour le médecin et pour le moraliste: elle est presque également nécessaire à tous les deux' given that the *physique* and the *moral* were considered as indivisible from one another.[72] Yet, in Flaubert's *Madame Bovary*, the priest tries to assure Emma that Charles Bovary 'est le médecin des corps, […] et moi, je le suis des âmes!' suggesting the persistence of the struggle between secular and religious authorities, as well as attempts at their reconciliation.[73] There

[69] Brockliss and Jones, *The Medical World of Early Modern France*, p. 3 and p. 6.
[70] Ibid., p. 6.
[71] Ibid., pp. 20-33.
[72] Pierre-Jean-Georges Cabanis, *Du Degré de certitude de la médecine* (Paris: Crapat & Ravier, 1803), I, p. vii.
[73] Gustave Flaubert, *Madame Bovary*, ed. by Thierry Laget (Paris: Gallimard, 2001), p. 174. For work that engages with these questions, see Steven Wilson, 'Sins of the Flesh: Zola, Naturalism and the Madeleine Redemption Narrative in Nineteenth-Century France,' *Essays in French Literature,* 52 (2015), 127-44 and Francesco Manzini, *The Fevered Novel from Balzac to Bernanos: Frenetic Catholicism in Crisis, Delirium and Revolution* (London: Institute of Germanic and Romance Studies, 2011). The new focus on twentieth-century autopathographical writing suggests that, after the

has also been increased attention on the aesthetic, medical, and socio-political contexts that informed the experience and representation of illness in the nineteenth-century.[74] This thesis elucidates what happens at the interface between these contexts; between the doctor's struggle for control with religious authorities, and the patient's struggle to understand and articulate their own experience of illness. However, in the economy of the novel, there can only be space for one other voice at the patient' bedside. The doctor's struggles with priests extends to other professions in nineteenth-century literature, most notably the legal profession and the magistrature.

In Chapters Two to Five, I use Brockliss and Jones's blend of the history of scientific epistemology and practice to recreate the cultural, epistemological, socio-economic, and political landscapes against which the medical and literary intersect one another. These contexts include gynaecology, tuberculosis, cholera, and microbiology. I refrain from using records of authors' libraries or reading habits to attempt a reconstruction of their influences since to do so would be to posit an unbroken line between medicine and literary output. Instead, acknowledging the historically-constructed nature of medicine, I use contemporary medical sources to allow us to speak the same medical language as contemporaries, and thus understand that more is at stake in these novels than merely the medical-realist gaze.

Spectres de Foucault: Nineteenth-Century French Studies and Medicine

Foucault's interest in nineteenth-century medicine has indelibly marked how French Studies generally chooses to understand the appearance of medical themes, characters, and scenarios, in contemporary literature. Two themes dominate French studies' understanding of literature and medicine in the nineteenth century. These are, one the one hand, the (male) doctor's interaction with the patient's (female) body and, on the other hand, the juncture between the scientization of medicine, the professionalization of doctors, and the development of a realist and Naturalist gaze influenced by the *regard médical*. Both of these interests are influenced by Foucault's work. For example, the body is an important nexus of power for Foucault, notably in *Surveiller et punir* (1975) in which Foucault argues that the nineteenth century heralds a new age in which the body 'est pris dans un système de contrainte et de

end of the nineteenth century, the patient wrested control from both the doctor and priest. See Anna Magdalena Elsner, '"Je-sans-moi": Patients, Pain, and Painlessness in Malraux's *Lazare*', *L'Esprit créateur*, 56: 2 (Summer 2016), 25-37.

[74] See *Medicine and Maladies. Representing Afflictions in Nineteenth-Century France*, ed. by Sophie Leroy (Leiden: Brill, 2018).

privation, d'obligations et d'interdits' and that this system is goverened by figures ranging from medical doctors to psychiatrists.[75] Elsewhere, Foucault links the professionalization of doctors to the progressive scientiziation of medicine, 'le geste précis, mais sans mesure, qui ouvre pour le regard la plénitude des choses concrètes, avec le quadrillage menu de leurs qualités, fonde une objectivité plus scientifique pour nous que les médations instrumentales de la quantité'.[76] Foucault's literary theory also points towards a tantalizing analogy with medicine. In 'Qu'est-ce qu'un auteur' (1969), Foucault highlights that the author is an auxiliary of discursive control, an ideological figure through whom meaning is generated.[77] It is easy to see the doctor as another discursive figure, analogous with the author, particularly because of the relationship between realism and Naturalism and the exacting medical gaze.

The diseased, disabled, and hysterical body have been important sites of interest for French studies, even when not directly influenced by Foucault. Henri Mitterrand asserts that, from the 1850s, there developed a 'poétique du corps' which was tantamount to the body becoming a new site of literary production.[78] Building on Mitterand's work, Brooks's *Body Work* (1993) suggests that the body in nineteenth-century fiction is 'an object and motive of narrative writing – […] a primary driving concern of the life of the imagination'.[79] The body is also central to Naomi Schor's theory of the depiction of women during the period. In her analysis of Stendhal's *Lamiel*, she states that: 'The body in Stendhal is […] the site of an intense struggle between nature […] and culture'.[80] For Naomi Segal, the body is at the juncture between authorship and desire.[81] Psychoanalytical approaches to the body have not been universally favoured, however. In her study of the diseased or disabled body's taboo status in nineteenth-century France, Hannah Thompson eschews the psychoanalytic tradition on which Brooks, Schor, and Segal elaborate, in favour of a more eclectic theoretical approach.[82] Larry Duffy brings together the interfaces between

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[75] Foucault, *Surveiller et punir*, p. 16.
[76] Foucault, *Naissance de la clinique*, p. 10.
[77] Michel Foucault, 'Qu'est-ce qu'un auteur?', *Dits et Écrits*, ed. by Daniel Defer and François Ewald, 3 vols (Paris: Gallimard, 2001), I, 814-49.
[78] See Henri Mitterand, 'L'Espace du corps dans le roman réaliste', in *Au bonheur des mots: mélanges en l'honneur de Gérald Antoine* (Nancy: Presses universitaires de Nancy, 1984), p. 344.
[79] See Peter Brooks, *Body Work: Objects of Desire in Modern Narrative* (Cambridge, MA: Harvard University Press, 1993), p. x.
[80] See Naomi Schor, *Breaking the Chain: Women, Theory, and French Realist Fiction* (New York: Columbia University Press, 1985), p. 138. I discuss Schor's interpretation of *Lamiel* in more detail in Chapter Three.
[81] See Naomi Segal, *The Adulteress's Child: Authorship and Desire in the Nineteenth-Century Novel* (Cambridge: Polity Press, 1992), pp. 50-51.
[82] See Hannah Thompson, *Taboo: Corporeal Secrets in Nineteenth-Century France* (London: Legenda, 2013), p. 5.

knowledge and power on the one hand, and the body on the other by focusing on the institutional meanings and ramifications of professional knowledge and practice, including of medicine. He argues that institutional change is 'incorporated' into novels, a process which reflects anxiety about the capacity to know both epistemological or abstract and physical or concrete bodies.[83]

As Segal's suggestion about medicine's denaturing of the maternal body suggests, the female body has been an important focus for French studies, particularly those influenced by Foucault, since both Foucauldian and feminist studies focus their analyses on local machinations of power which directly affect the individual. Both identify the body as the site of power and are interested in how discourse, in its capacity to create, maintain, and perpetuate hegemonic power, encircles the body and inscribes it with meaning. The body in both Foucauldian and feminist criticism is never natural. Given Foucault's interest in madness, hysteria, typically a female nineteenth-century disease, has dominated a number of studies.[84] The touchstone study in French scholarship is Georges Didi-Huberman's cultural exploration of the relationship between psychiatry and aesthetic culture, *Invention de l'hystérie: Charcot et l'iconographie de la photographie de la Saplétrière* (1982).[85] Since then interest in hysteria has proliferated, to the extent that Mark Micale has referred to the emergence of the field of 'new hysteria studies'.[86] Although I do not take the body as my primary theme, doctor-patient relationship and encounter are ways in which readers can understand the body in relation to the doctor, medical discourse, identity politics; as well as the doctor-patient encounter and bedside medicine themselves. The doctor-patient relationship and encounter thus

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[83] See Larry Duffy, *Flaubert, Zola, and the Incorporation of Disciplinary Knowledge* (Basingstoke: Palgrave Macmillan, 2014).

[84] Although nineteenth-century literature focuses on the female hysteric, the male hysteric was also an important aesthetic trope, see Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA; London; Harvard University Press, 2008).

[85] See Georges Didi-Huberman, *Invention de l'hystérie: Charcot et l'iconographie photographique de la Salpêtrière* (Paris: Macula, 1982).

[86] See Mark Micale, *Approaching Hysteria: Disease and its Interpretations* (Princeton: Princeton University Press, 1994), *passim* for this formulation. Examples of scholarship in this field includes: Emily Apter, *Feminizing the Fetish: Psychoanalysis and Narrative Obsession in Turn-of-the-Century France* (Ithaca, NY; London: Cornell University Press, 1991); Janet Beizer, *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France* (Ithaca, NY; London: Cornell University Press, 1994); Michael R. Finn, *Hysteria, Hypnosis, the Spirits, and Pornography: Fin-de-Siècle Cultural Discourses in the Decadent Rachilde* (Newark, NJ: University of Delaware Press, 2009); Jann Matlock, *Scenes of Seduction: Prostitution, Hysteria, and Reading Difference in Nineteenth-century France* (New York: Columbia University Press, 1994); Naomi Schor, *Breaking the Chain*; Naomi Segal, *Consensuality: Didier Anzieu, Gender, and the Sense of Touch* (Amsterdam; New York: Rodopi, 2009). Historical studies include Lisa Appignanesi, *Mad, Bad, and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Virago, 2008), and Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris* (London: Bloomsbury, 2012).

incorporate and build on the tradition in French studies of reading the body into literary depictions of medicine.

French studies have used the professionalization of medicine, the scientization of medicine, and the paired theories of discursive figures and the writerly-medical gaze as important springboards for an examination of literature. Jean-Louis Cabanès's work outlines the importance of linking literary genre to medical practice in order to understand how both the body and illness were conceived: arguing that authors such as Flaubert, the Goncourt brothers, and Émile Zola integrated medical discourse into their novels to heighten verisimilitude.[87] Cabanès therefore builds on Foucault when he states that nineteenth-century medicine in literature was built on the new science of observation, or rather 'la modification du regard médical à l'extrême fin du XVIIIème siècle et au tout début du XIXème'.[88] For Cabanès, then, illness is a tool that is utilized for these authors' literary projects:

> La disposition des symptômes est toujours tributaire d'une rhétorique destinée à créer des effets de pathétique où à concrétiser un point de vue sur le monde. […] L'Écrivain s'efforce aussi, en évoquant les sensations internes des personnages souffrants de faire apparaître la dimension existentielle, subjective, de la douleur.[89]

Similarly, Lawrence Rothfield argues how medical discourse provided authors with blueprints for narrative and epistemology, in addition to a model for the professional authority that authors were beginning to covet for themselves:

> Realist novels do more than incorporate culturally received ideas about science (that they were often hostile to) – they deploy coherent scientific vocabularies and authorities as well as methods and the specific problematics that are posed through these vocabularies and authorities.[90]

Rothfield advances the analogy between author and clinician, and uses it to map the doctor-patient relationship onto the author-writer relationship:

> *Madame Bovary* marks the emergence of a mode of writing in which the real has become medical, in which the relation between author and text is modelled on medical precepts, with the author viewing characters and situations as a doctor views patients and cases.[91]

Taking literary depictions of the physician as her primary object of study, Mary Donaldson-Evans sets out how the presence of medical discourse in literature became 'ubiquitous' and how, beneath French writers'

[87] See Cabanès, *Le Corps et la maladie*, pp. 243-51.
[88] Ibid., p. 21.
[89] Ibid., p. 258.
[90] Lawrence Rothfield, *Vital Signs: Medical Realism in Nineteenth-century French Fiction* (Princeton: University of Princeton Press, 1992), p. 10.
[91] Ibid., p. 37.

adulation or reformulation of medical science, there lay a 'hidden agenda of undermining the medical profession'.[92] Although Donaldson-Evans's approach is more interpretative than Rothfield's, both their studies are underpinned by the teleology of the so-called 'medicalization of society' by which the increasing influence of medical visions of reality is seen as a downwards diffusion onto other forms of societal discourse.[93] By contrast, Peter Cryle argues that the pathologies of disease, rather than the powerful gaze of the doctor, provided the novel with its narrative force in the nineteenth century.[94] This thesis argues that medicine in the nineteenth-century novel is not so straightforward: Chapter One establishes the extent to which medicine was idealized in the period; Chapters Two to Four argue that novelists often wrote against this top-down conception of the doctor-patient relationship by elaborations on the doctor-patient bedside encounter.

Many of the studies cited above begin from the mid-century and thus perpetuate the association between medicine and realism, even whilst they nuance its parameters. Cabanès argues that Honoré de Balzac reads patients and their bodies as if they were medical texts to be deciphered, finding that 'les souffrances morales retentissent constamment sur l'organisme en suscitant des maladies'.[95] Donaldson-Evans argues that the later part of the nineteenth century saw an 'escalation of antimedical literature' which, she speculates, was caused by the high rates of syphilis amongst writers and medicine's inability to cure the disease.[96] These theories are underpinned by the assumption that the revolution in microbiology around 1850, centring on the advances made by Pasteur and Koch, influenced the development of a scientific realist and Naturalist gaze.[97] As such, the 1850s are often a cut-off point for a number of studies, particularly given how this decade relates to the 1848 Revolution: Rothfield and Donaldson-Evans focus

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[92] Mary Donaldson-Evans, *Medical Examinations: Dissecting the Doctor in French Narrative Prose, 1857-1894* (Lincoln, NE: University of Nebraska Press, 2000), pp. 6-8. Donaldson-Evans's reading is enabled by Ross Chambers's assertion of the 'oppositionality' of writing under the Second Empire which used the tactics of reading to oppose censorship: 'Duplicity of [literary] texts is oppositional […] [although they] do not directly challenge the dominant social order, they nevertheless offer readable evidence of fidelity to alternative values' which are motivated by constraints of Second Empire censorship laws. See Ross Chambers, *The Writing of Melancholy: Modes of Opposition in Early French Modernism* (Chicago, IL: University of Chicago Press, 1993), p. 9.
[93] Donaldson-Evans, *Medical Examinations*, p. 9.
[94] See Peter Cryle, 'Foretelling Pathology: The Poetics of Prognosis', *French Cultural Studies*, 17: 1 (2006), 107-22.
[95] Cabanès, *Le Corps et la maladie*, p. 150.
[96] Donaldson-Evans, *Medical Examinations*, p. 15.
[97] The revolution in microbiology is discussed in greater detail in Chapter Five.

on France post-1850; other studies finish in 1850.[98] In order to diversify the field's understanding of medicine in the nineteenth century, this thesis is deliberately broad in its corpus which begins with a text written in the 1760s and extends to texts written the 1890s, notably Rousseau's *La Nouvelle Héloïse* and Zola's *Lourdes*. My corpus encompasses a range of literary genres such as Romanticism, idealism, realism, and Naturalism, in order to examine the doctor-patient relationship across moments of change and continuity in the history of medicine in the nineteenth century. For example, Chapters One and Five characterize Zola as fitting into the nineteenth-century idealist tradition which, I argue in relation to the depiction of medicine, can be identified as readily at the end of the century as at the beginning.

By foregrounding how the nineteenth-century novel differentiates between doctor-patient relationships and doctor-patient encounters, this thesis argues that the cleavage between these concepts was a potent generator of narrative tension. Using the social and cultural history of medicine foregrounds the difference between the ideals of medical relationships and how it was experienced. Doing so provides an alternative approach to French studies' top-down approach to the depiction of medicine in literature, which is inevitably influenced by Foucault. This thesis considers the difference between the ideal medical relationship, from 'above', and how medical encounters are depicted, from 'below' in the nineteenth-century French novel.

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Although I have selected a corpus which ranges across the period, this thesis does not attempt to produce an exhaustive record of doctor-patient relationships and encounters in the nineteenth century French novel. Neither do I attempt to create a coherent narrative of the development of the doctor-patient relationship and encounter in this period since, indeed, what I argue is the extent to which these nexuses displayed remarkable continuity in terms of the diverse ways they were understood and portrayed by the nineteenth-century French novel. I hope this thesis will encourage readers to see the practice of medicine in the novel as more than the straightforward imposition of a scientific realist gaze, and instead appreciate that doctor-patient relationships occur through diverse and contentious encounters. More abstractedly,

[98] See, for example Jan Goldstein, *The Post-Revolutionary Self: Politics and Psyche in France, 1750-1850* (Cambridge, MA; London: Harvard University Press, 2005) and Margaret Waller, *The Male Malady: Fictions of Impotence in the French Romantic Novel* (News Brunswick, NJ: Rutgers University Press, 1993).

this thesis suggests the extent to which literature may be understood by focusing on the web of relationships between characters as well as novels' episodes which are marginalized from the major narrative arcs. Brooks defines as plot as 'the principle of interconnectedness and intention which we cannot do without in moving through the discrete elements – incidents, episodes, actions – of a narrative' and that is this interconnectedness which allows readers to use interpretative categories to 'reconstruct intenions and connections, to replot the dream as narrative'.[99] This thesis instead argues that, by focusing on how medicine is practised by doctors and experienced by patients in the novel, readers are instead encouraged to focus on the discrete episodes that Brooks sees as mere components of the overarching narrative. This thesis thus argues that the doctor-patient relationship brings together important narratological and epistemological forces generated through the doctor-patient encounter which reoccurs as an important leitmotif throughout the century. I use close readings of scenes in which doctors encounter their patients to determine what is at stake in terms of their importance to the rest of the text. I draw on contemporary medical theses, articles, and journals, as well as journalism and administrative documents where relevant, to contextualize authors' appropriation of medicine. In order to account for the various strands of medicine that interested authors such as Stendhal, Balzac, and Zola, I have not confined this thesis to one area of medicine, but instead have covered a wide range of specialisms, as well as a discussion of the abstract idea of the figure of the doctor, in order to reflect the breadth of themes within the term 'medicine', as well as integrating the doctor-patient relationship and encounter into a wide range of medical specialisms which occupied contemporaries.

This thesis proceeds as a series of case studies of nineteenth-century novels, focusing on the medical moments in which doctor and patient encounter one another. Chapter One is a comparative chapter and examines the trope of the country doctor, arguing that this trope is discernible from Jean-Jacques Rousseau's *La Nouvelle Héloïse*, through Honoré de Balzac's *Le Médecin de campagne*, to Émile Zola's *Le Docteur Pascal*. This chapter establishes how the doctor-patient relationship was figured as an ideal and idealized relationship, rather than the complex and idiosyncratic encounters which occur between doctor and patient. The following four chapters argue that the nineteenth-century French novel explores the

[99] Peter Brooks, *Reading for the Plot: Design and Intention in Narrative* (Cambridge, MA: Harvard University Press, 1992), p. 5.

cleavage between these idealized doctor-patient relationships and the medical encounter. Chapter Two, for example, analyses Stendhal's *Lucien Leuwen* as critical of the paternalism inherent in the model of the doctor-patient relationship outlined in Chapter One. Chapters Three and Four are thematically united in their depictions of a female patient who rebels against her doctor. Chapter Three studies medical essentialism in Stendhal's *Lamiel*, illustrating how the novel appropriates and rebels against this particular medical discourse through the eponymous heroine's encounters with her doctor. Chapter Four compares depictions of how the doctor-patient encounter presents, and tries to understand, the female body in George Sand's *Lélia* (1833). I compare Sand's novel to Balzac's *La Peau de chagrin* and *L'Interdiction* (1836-39) in order to illustrate how the cholera epidemic of 1832 provides important metaphors for *Lélia*. Chapter Five argues that Émile Zola's *Lourdes* (1894) illustrates how the doctor-patient encounter was reasserted at the nineteenth century for its ability to embrace the mysteriousness of illness and cure, irregardless of the revolution in microbiology which ostensibly placed healing in the laboratory rather than in the doctor-patient encounter. The Conclusion briefly explores a theme often neglected by Medical Humanities: the role of money in the doctor-patient relationship and encounter.

Overall, this thesis argues that the doctor-patient relationship is an important component of how the nineteenth-century novel narrativizes medicine. The doctor-patient relationship allows readers to see the myriad factors influencing medicine come together. Complex and potentially threatening, these medical relationships negotiate a wide range of questions and themes, comprising the relationships' participants as well as the epistemological, metaphorical, and narratological aesthetics that underpin them. The forthcoming chapters provide examples of how medicine, art, and science come together to form powerful medical encounters which structure nineteenth-century novelistic representations of the doctor-patient relationship.

Chapter One.

Idealizing the Doctor-Patient Relationship: Rousseau, Balzac, and Zola

In Flaubert's *Madame Bovary*, Charles Bovary's occupation as a country doctor in rural Normandy makes him lead a torturous and dull life:

> Charles, à la neige, à la pluie, chevauchait par les chemins de traverse. Il mangeait des omelettes sur la table des fermes, entrait son bras dans des lits humides, recevait au visage le jet tiède des saignées, écoutait des râles, examinait des cuvettes, retroussait bien du linge sale.[1]

Despite the terrible working conditions, Charles has a high opinion of his obligations as an *officier de santé*, telling Emma that she would be less bored in Yonville if she were 'comme moi […] sans cesse obligé d'être à cheval'.[2] Charles exaggerates his duties: 'La nuit, quelquefois, Charles se réveillait en sursaut, croyant qu'on venait le chercher pour un malade: 'J'y vais, balbutiait-il''.[3] One irony of the novel is, of course, that despite his zealous dedication to his patients, Charles cannot cure Emma's *crise des nerfs*. For example, in a display of emasculated and disillusioned medical aspiration, 'Charles s'alla réfugier dans son cabinet; et il pleura, les deux coudes sur la table, assis dans son fauteuil de bureau, sous la tête phrénologique'.[4] Through Bovary, Flaubert's novel offers a criticism not only of the *officier de santé*, but also of the idealism that fuelled the mythical status of the nineteenth-century *médecin de campagne*, the country doctor.[5]

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[1] See Flaubert, *Madame Bovary*, p. 114.
[2] Ibid., p. 137.
[3] Ibid., p. 189.
[4] Ibid., p. 189.
[5] Similar preoccupations underpin Maupassant's *Mont-Oriol* (1887), particularly regarding Maupassant's depiction of the differences between provincial and Parisian doctors. I use the general terms 'country doctor' and '*médecin de campagne*' rather than the more technical *officer de santé* to refer to the more general trope of the country doctor. For

In the nineteenth century, the *médecin de campagne* embodied a traditional conception of medicine and society: the heroic good doctor, practising in a peaceful and fertile bucolic landscape. The trope was particularly important to contemporary literature. François Tonneillier observes that 'Le médecin de campagne est le personnage fondateur d'un genre littéraire créé au début du XIXe siècle: le roman médical'.[6] But what is the nature of this founding role? The historian Jacques Léonard points out that the *médecin de campagne* represented the rise of medicine in parallel to the development of a more prosperous and educated middle class, which supported and reflected the emergence of new social values in the nineteenth century.[7] These new values were modernity, scientific progress, positivism, and a strong belief in meritocracy. But are these values not in aesthetic contradiction to those traditionally embodied by the *médecin de campagne*? How should the *médecin de campagne*, then, be read in regard to idealism? To respond to these questions, this chapter reads Rousseau's *Julie, ou la Nouvelle Héloïse*, alongside Balzac's *Le Médecin de campagne* and Zola's *Le Docteur Pascal* via the trope of the country doctor and the idealized doctor-patient relationship. I argue that Wolmar, despite not being a doctor, is a forerunner to the country doctor tradition thanks to how his personal characterstics contribute to his management of his estate at Clarens. I illustrate how these novels all concern themselves with presenting idealizations of the doctor-patient relationship through the country doctor trope, but that they also demonstrate how medical encounters often disappoint these expectations.

In these three novels, the country doctor trope idealizes and valorizes the doctor-patient relationship. It illustrates the extent to which the doctor-patient relationship can heal individuals and communities in a holistic and humanistic way, by paying attention both to the soul and to the body. This chapter argues

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the introduction of a two-tier division between doctors and the *officier de santé*, see Jacques Léonard, *La Vie quotidienne du médecin de province au XIXe siècle* (Paris: Hachette, 1977), pp. 68-80. For an analysis of the depiction of the English country doctor in the nineteenth century, see Alison Moulds, 'The Construction of Professional Identities in Medical Writing and Fiction, c. 1830s-1910s', unpublished DPhil Thesis, University of Oxford, 2017. For a short study on the idealization of doctors in an American context, see Evelyn Willbanks, 'The Doctor as Romantic Hero: A Study of Idealization', *JAMA*, *The Journal of the American Medical Association*. 220: 1, (1978), 54-57. For a revalorization of Charles Bovary's perspective in *Madame Bovary,* including his role as a country doctor, see Jean Améry's hybrid work, Jean Améry, *Charles Bovary, Country Doctor: A Portrait of a Simple Man*, trans. by Adrian Nathan West (New York: New York Review of Books, 2018).

[6] See François Tonnellier, 'Le Médecin de campagne, ou l'ambiguïté des symboles', *Les Tribunes de la santé*, 23: 2 (2009), 57-63 (p. 57).

[7] See Léonard, *La Vie quotidienne du médecin de province au XIXe siècle*, p. 8. Léonard's comprehensive history of the *médecin de campagne* explores the reality of doctors' daily lives in order to dispel 'des clichés encombrants et contradictoires' embodied by Benassis and Bovary, ibid., p. 7. Notwithstanding the importance of Léonard's project, this chapter is dedicated to exploring the idealized clichés against which Léonard is working.

that focusing on doctor-patient relationships, through the trope of the country doctor, sheds light on the idealistic features of these novels. At the same time, it also shows how the aesthetic principles of idealism govern the representation of the medical relationship. There are three strands to the idealized country doctor trope. Firstly, the country doctor is characterized by his attitude to the locality and to his patients. Secondly, the country doctor trope relies on the art of observation and the art of medicine, rather than on scientism. This form of observation contrasts with the *regard médical* identified by Foucault which reduced the patient's individuality to their disease, and thus guaranteed '[l]a coïncidence exacte du 'corps' de la maladie et du corps de l'homme malade'.[8] Instead, the country doctor possesses an idealist vision: despite being able to see things for how they are, the country doctor is a visionary who uses the power of sight to ameliorate the locality for the common good, as well as heal his patients. Thirdly, the doctor administers an idyllic and isolated village, located in a bucolic rural environment. Clarens, Benassis's unnamed *bourg* and, to a lesser extent, the ancestral hometown of the Rougon-Macquart family, Plassans, all conform to this description. *La Nouvelle Héloïse* and *Le Médecin de campagne* both focus on their settings in order to differentiate the idyllic provinces from Paris. Zola, by contrast, uses Plassans to forground *Le Docteur Pascal*'s interest in the Rougon-Macquarts' familial roots and the town is therefore characterized by the harbingers of the family's misfortune. Although all three novels possess, to a greater or lesser extent, an interest in idealized rural space, Plassans's ambiguity in this area means that I have excluded this element of the country doctor trope from the analysis which follows.

Rather than focusing on Flaubert's criticism of the *médecin de campagne*, this chapter takes seriously the depictions of an idealized doctor-patient relationship which the country doctor was responsible for forging. Donaldson-Evans interrogates the trope of the physician in nineteenth-century literature by focusing on critical accounts of medical men, yet her study glosses over the idealized characaterizations of Doctor Benassis in *Le Médecin de campagne* and Doctor Pascal in his eponymous novel.[9] Lilian Furst compares Balzac to Zola by pointing towards the medical progress made between Balzac's and Zola's

[8] Foucault, *La Naissance de la clinique*, p. 19. This penetrating gaze is the focus of Rothfield's and Donaldson-Evans's respective studies, see Rothfield, *Vital Signs* and Donaldson-Evans, *Dissecting the Doctor*. For different types of vision in nineteenth-century fiction, see Manon Mathias, *Vision in the Novels of George Sand* (Oxford: Oxford University Press, 2016), pp. 1-5.
[9] Donaldson-Evans, *Medical Examinations*, p. 18.

epochs, and by suggesting that these scientific advances inform the aesthetics of their respective novels.[10] By way of contrast, this chapter builds on Schor's revalorization of idealism and its aesthetics, according to which the nature and purpose of art was to change the world by providing an optimistic vision of what it could be.[11] Idealism focuses on the trinity of truth, beauty, and goodness, which I argue underpins constructions of the *médecin de campagne* as a trope. Schor argues that realism and idealism were considered interdependent by contemporaries: 'Sand's idealism must [...] be understood as a response to what was to become known as "'Balzacian realism'" – although 'Balzac saw realism as a subcategory of idealism'.[12] Mary Poovey observes that most nineteenth-century critics were either idealists, or tried to integrate realism into idealism which they acknowledged as the higher form: no one was simply an anti-idealist realist.[13] Moi sets out how reintegrating idealism into literary history allows for a better understanding of the importance of ideals to the second half of the nineteenth century: the debate between idealism and realism occupies the years between the end of Romanticism and the beginning of Modernism.[14] When Albert Millaud said of Zola's *L'Assommoir* (1877) that 'Ce n'est pas du réalisme, c'est de la malpropreté; ce n'est plus de la crudité, c'est de la pornographie', we can see that Millaud was criticizing Zola's novel for not containing enough of the idealistic elements that helped define realism. Millaud thus examined Zola according to the aesthetic values of realism, since realism was supposed to focus on the ordinary but also uplift its readers.[15] By following Moi in emphasizing the enduring importance of idealism at the end of the nineteenth century, this chapter argues in favour of some thematic continuity between Rousseau and Zola. A more nuanced appreciation of the entanglement of idealism and realism foregrounds how *Le Docteur Pascal* is influenced by idealism as much as it is by realism.

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[10] See Lilian R. Furst, 'Realism and Hypertrophy: A Study of Three Medico-Historical "Cases"', *Nineteenth-Century French Studies*, 22 (1993-94), 29-47.
[11] See Naomi Schor, *George Sand and Idealism* (New York: Columbia University Press, 1993), p. 11.
[12] Ibid., p. 47.
[13] Mary Poovey argues that critics 'did not precisely prefer realism to idealism but tended to maintain that what critics called realism could also approach higher truths through detailed but imaginatively interpreted descriptions of everyday things'. See Mary Poovey, 'Forgotten Writers, Neglected Histories: Charles Reade and the Nineteenth-Century Transformation of the British Literary Field', *ELH,* 71: 2 (Summer 2004), 433-53 (p. 443).
[14] See Moi, *Henrik Ibsen and the Birth of Modernism*, p. 82.
[15] Albert Millaud, *Le Figaro*, 1st September 1876, p. 1.

The influences, first, between Rousseau and Balzac, and then between the cycles of *La Comédie humaine* and *Les Rougon-Macquart* are well established.[16] Idealism is also broadly recognized as a central component of Rousseau's political and narrative writings.[17] The utopian qualities of *Le Médecin de campagne*, included in *La Comédie humaine* despite the absence of recurring characters or places, suggests the role that idealism could play within Balzac's novelistic cycle.[18] Less common are direct comparisons between Rousseau and Zola, given their supposed places on opposite sides of a Romantic-realist divide.[19] On the one hand, Zola vilified Rousseau – *La Nouvelle Héloïse* in particular 'n'était guère qu'un poème de passion' – for spawning Romanticism in France.[20] On the other hand, he sometimes viewed Rousseau as one of the points of origin of nineteenth-century realism: 'Le naturalisme, c'est Diderot, Rousseau, Balzac, Stendhal, vingt autres encore'.[21] Despite Zola's early adherence to Naturalism, Andrew Counter and Claire White both show the extent to which Zola moved towards idealism and utopianism in his later works.[22] I argue that this idealism is already present in *Le Docteur Pascal.* On the one hand, *Le Docteur Pascal* novel is the supposed crescendo to Zola's Naturalist project; on the other hand, the novel's conception and production overlaps with Zola's idealist phase which led to the publication of *Les Trois Villes* (1893-98)

[16] See Raymond Trousson, *Balzac: Disciple et juge de Rousseau* (Genève: Droz, 1983). In *Différences entre Balzac et moi*, Zola acknowledged the debt of *Les Rougon-Macquart* to *La Comédie humaine* but differentiated the current work from his predecessor's: 'En un mot, [*La Comédie humaine*] veut être le miroir de la société contemporaine. Mon œuvre, à moi, sera tout autre chose. […] Je ne veux pas peindre la société contemporaine, mais une seule famille […]. Si j'accepte un cadre historique, c'est uniquement pour avoir un milieu qui réagisse […]. Au lieu d'avoir des principes (la royauté, le catholicisme), j'aurai des lois (l'hérédité, l'énéité)'. See Émile Zola, *Différences entre Balzac et moi* (1869), Paris, Bibliothèque nationale de France, MS 10345, fols. 14-15.
[17] For William Ray, the novel 'does not merely represent the world, it proposes a utopia and an ideal form of fictional discourse'. See William Ray, *Story and History: Narrative Authority and Social Identity in the Eighteenth-Century French and English Novel* (Oxford: Basil Blackwell, 1990), pp. 240-269 (p. 241).
[18] See Françoise Sylvos, 'La Poétique de l'utopie dans *Le Médecin de campagne*', *L'Année balzacienne*, 4: 1(2003), 101-23 and Carlos Testa, 'Sins of Utopia: Balzac's *Le Médecin de campagne*', *Nineteenth-Century French Studies*, 25 (1977), 280-92. For Balzac's rejection of the idealist narrative mode, see Andrew Counter, '*L'Interdiction*, or, Balzac on the Margins of Law and Realism', *Law and Humanities*, 11:1 (2017), 24-43.
[19] An exception to this is Carol Mossman's study of birth and fertility in the nineteenth century in which she compares Rousseau, Michelet, and Zola. See Carol Mossman, *Politics and Narratives of Birth: Gynocolonization from Rousseau to Zola* (Cambridge: Cambridge University Press, 1993), pp. 139-224. Christopher Prendergast argues that, as a genre, realism belongs more to the twentieth century than to the nineteenth, thus opening an enticing space for the continuation of eighteenth-century modes of writing beyond the turn of the century. See Christopher Prendergast, 'Introduction: Realism, God's Secret, and the Body', in *Spectacles of Realism: Body, Gender, Genre*, ed. by Margaret Cohen and Christopher Prendergast (Minneapolis: University of Minnesota Press, 1995), p. 2. For the development of the realist novel from the sentimental novel, see Margaret Cohen, *The Sentimental Education of the Novel* (Princeton: Princeton University Press, 1999), pp. 3-25.
[20] See Émile Zola, 'George Sand', in *Zola journaliste. Articles et chroniques*, ed. by Adeline Wrona (Paris: Flammarion, 2011), p. 269 and Émile Zola, 'Le Naturalisme au théâtre', in *Le Roman expérimental*, ed. by François-Marie Mourad (Paris: Flammarion, 2006), p. 134.
[21] Émile Zola, 'Lettre à la jeunesse', in *Le Roman expérimental*, p. 117.
[22] See Andrew Counter, 'Zola's *fin-de-siècle* Reproductive Politics', *French Studies*, 68: 2 (2014), 193-208 and Claire White, 'Labour of Love: George Sand's *La Ville noire* and Émile Zola's *Travail*', *The Modern Language Review*, 106: 3 (July 2011), 697-708.

and *Les Quatre Évangiles* (1898-1902).[23] This chapter does not propose *La Nouvelle Héloïse* as a direct influence on *Le Docteur Pascal*, but rather suggests that the progression from *La Nouvelle Héloïse*, via *Le Médecin de campagne* offers an alternative way of reading Zola's so-called *roman expérimental*. Doing so suggests the extent to which Zola's own claim in 'Le Roman expérimental' of the scientific credentials of *Les Rougon-Macquart* does not preclude the aesthetics of idealism, despite Zola's claims to the contrary. If Zola criticizes Sand for continuing 'la formule qui lui transmet le XVIIIe siècle', and praises Balzac for his rejection of it, this eighteenth-century *formule* is equally present in *Le Médecin de campagne* as in *Le Docteur Pascal*, a tendency revealed by the eighteenth-century elements in *La Faute de l'abbé Mouret* (1875).[24] Whereas Flaubert, in his depiction of Bovary's professional misery, finds the ordinariness of the *médecin de campagne* vapid and dull, Rousseau, Balzac, and Zola all make use of the *médecin de campagne* as a trope to suggest how the ideal of the doctor-patient relationship can help restructure, and heal, the doctor's community.

Wolmar, Clarens, and Healing in *Julie, ou La Nouvelle Héloïse*

Wolmar may seem an unlikely forerunner of the country doctor trope in French literature since the administrator of the Clarens estate has no medical training or credentials. Whilst maintaining that Wolmar is not a medical doctor, this section argues that the way in which Wolmar benevolently administers his estate relies on a similar vocabulary which later came to characterize the popular conception that doctors were responsible for more than the physical health of their individual patients. At the turn of the nineteenth century, Cabanis argued that: 'Sous certains rapports, la profession de médecin est une espèce

[23] For example, David Baguley attempts to reconcile Zola's recourse to utopianism with his earlier Naturalist mode. See David Baguley, 'Du récit polémique à l'utopie: l'évangile républicain de Zola', *Cahiers naturalistes*, 54 (1980), 106-21. The contrast between Zola's early and late work leads Henri Mitterand to speak of 'le quatrième Zola'. See Henri Mitterand, 'Le Quatrième Zola', *Œuvres et critiques*, 16.2 (1991), 85-98. F. W. J. Hemmings identifies Pascal as an idealist character: 'With the exception of Sandoz in *L'Œuvre* (1885), [Zola] never created a character more specifically charged with the function of expressing his own ideas. Sandoz gives us Zola's philosophy of art; Pascal his philosophy of life'. See F. W. J. Hemmings, *Émile Zola* (Oxford: Clarendon Press, 1966), p. 257. However, Hemmings sees Zola's apparent flight into idealism as deeply regrettable: 'In *Le Docteur Pascal* all the tried principles by the application of which Zola had achieved integrated and lofty works of art are rejected: objectivity, irony, the adherence to logical determinism, the refusal to philosophize and to read a sermon into the study of human nature', ibid., p. 258.

[24] Zola, 'George Sand', *Zola journaliste*, p. 269. Of course, Zola praised Flaubert calling him 'un artiste parfait', making *Le Docteur Pascal*'s links with the ideal country doctor trope, rather than with Bovary, the more interesting. Zola, 'Le Naturalisme au théâtre', *Le Roman expérimental*, p. 139.

de sacerdoce: sous d'autres, c'est une véritable magistrature'.[25] For Cabanis, the doctor's role as a magistrate over his patients is derived from the necessity to heal rather than merely to medicate: 'C'est peu qu'il sache médicamenter, il faut qu'il sache guérir'.[26] To do this, the doctor

> n'a pas moins besoin de connaître les divers effets des impressions morales, que ceux des remèdes ou des aliments: il faut qu'il soit initié dans tous les secrets du cœur, qu'il sache en remuer à propos toutes les fibres sensibles.[27]

By the time that Cabanis was writing, the doctor had expanded his medical role to include that of the magistrate, entailing an exercise of the law and the control of transgressive individuals as a way to heal the body politic. Cabanis thus creates an analogy between the doctor's medical control of the individual's body which could be projected onto the legal control of the civil body: the new *regard médical* opened up the body as a microcosm of the world at large. Cabanis characterizes the doctor-patient relationship as the key site where the doctor's power over the individual translates into civic power. Where did this popular conception of medicine emanate, and how far does *La Nouvelle Héloïse* shed light on the trope of the country doctor?

La Nouvelle Héloïse relates the romantic passion between Julie d'Étange and her tutor, Saint-Preux. When Julie's family discover her relationship with Saint-Preux, they persuade her to marry Wolmar and move to his estate at Clarens. By the time that Saint-Preux returns to Switzerland, Julie has devoted herself to the role of wife and mother; Wolmar then embarks on a project of healing Saint-Preux as a member of the Clarens estate. In *La Nouvelle Héloïse*, the relationship which Wolmar creates between Saint-Preux, Julie, and all the estate's inhabitants cures their physical and moral ailments. Wolmar's Clarens estate is depicted as an ideal community, 'Tout y est agréable et riant; tout y respire l'abondance et la propreté, rien n'y sent la richesse et le luxe'.[28] Central to *La Nouvelle Héloïse* is the healing of Saint-Preux by his installation on the

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[25] See Cabanis, *Du Degré de certitude de la médecine*, p. 151. The doctor's medical magsitracy forms the basis of Flaubert's criticism of the idealized *médecin de campagne.* In a letter to George Sand dated 1873, Flaubert wrote: '*Les médecins devraient être des magistrats*, afin qu'ils puissent forcer...', etc'. Letter to George Sand of 3 February 1873, in Gustave Flaubert, *Correspondance*, ed. by Jean Bruneau, 5 vols (Paris: Gallimard, 1973-2007), IV, 642. In *Le Médecin de campagne*, Benassis declares that: 'Sans doute ce que nous avons fait pour ce Canton, tous les maires devraient le faire pour le leur, le magistrat municipal pour sa ville'. See Balzac, *Le Médecin de campagne*, p. 86. For Stendhal's criticism of the analogy drawn between doctor, priest, and magistrate, see Francesco Manzini, 'Doctors, Priests, Magistrates: Stendhal, Cabanis and the Power of Medical Practitioners', in *Institutions and Power: Nineteenth-Century France*, ed. by David Evans and Kate Griffiths (Amsterdam: Rodopi, 2011), pp. 69-82.
[26] See Cabanis, *Du Degré de certitude*, p. 152.
[27] Ibid., pp. 152-53
[28] See Jean-Jacques Rousseau, *Julie, ou la Nouvelle Héloïse*, ed. by Henri Coulet, 2 vols (Paris: Gallimard, 1993), II, 55. All in-text references are to this edition and shall henceforth be indicated by *LNH.* R. J. Howells comments that

estate and through his close contact with Wolmar. Wolmar pursues his aims through a system of *bienfaisance* which itself is praised in the novel as being at once good and beautiful: 'l'adorable et puissant empire que celui de la beauté bienfaisante!' (*LNH*, II, 58).[29] The idealized estate is construed in medical terms in so far as the economic and moral system of *bienfaisance* is used to heal those within the system. Saint-Preux's installation at Clarens is presented to him as both his social and moral cure:

> M. de Wolmar veut vous voir; il vous offre sa maison, son amitié, ses conseils: il n'en fallait pas tant pour calmer toutes mes craintes sur votre voyage, et je m'offenserais moi-même si je pouvais un moment me défier de vous. Il fait plus, il prétend vous guérir, et dit que ni Julie, ni lui, ni vous, ni moi, ne pouvons être parfaitement heureux sans cela. (*LNH*, II, 28)[30]

In this passage, Wolmar is presented as a benevolent patriarch whose generous invitation into his home constitutes an essential physical and moral healing, delivered through Wolmar's relationship with Saint-Preux. This offer is precipitated by Wolmar's wish to 'vous voir': the healing that Clarens offers is thus dependent on the patient's visibility to Wolmar, suggesting that the healing relationship is organised around ocularity.

Furthermore, this healing visual relationship extends to the entire Clarens community. Wolmar administers his estate via a visual logic of surveillance and observation: 'Ces ouvriers ont des surveillants qui les animent et les observent. […] De plus, M. de Wolmar les visite lui-même presque tous les jours, souvent plusieurs fois le jour' (*LNH*, II, 57). The work of Jean Starobinski has established the extent to which *La Nouvelle Héloïse* relies on an opposition between transparency and opacity: Rousseau's novel 'propose une rêverie prolongée sur le thème de la transparence et du voile'.[31] Starobinski argues that Enlightenment idealism underpins Rousseau's valorization of transparent communication, since all forms of opacity were conceived as an obstacle to honest communication with God.[32] However, Wolmar's

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'one can call Clarens a utopia in that it depicts a community living in optimum conditions, and because this is a closed society'. See R. J., Howells, *Rousseau, Julie ou la nouvelle Héloïse* (London: Grant & Cutler, 1986), p. 39.

[29] However, the success of Clarens is limited to the extent that is based on the principles of private property and the subordination of inferiors to their natural superiors; its central limitation is its failure to be a 'république' (IV, 10). See Judith Still, *Justice and Difference in the Works of Rousseau:* Bienfaisance *and* Pudeur (Cambridge: Cambridge University Press, 1993), pp. 75-77.

[30] Although Julie's enduring love Saint-Preux and Julie, revealed in her final letter, proves the partial failure of Wolmar's cure, Clarens's benefactor is regarded as possessing God-like healing powers which render Saint-Preux eternally grateful: 'Payons de nos vertus celles de notre bienfateur; voilà tout ce que nous lui devons. Il a fait assez pour nous et pour lui s'il nous a rendus à nous-mêmes. Absents ou presents, vivants ou morts, nous porterons partout un témoignage qui ne sera perdu pour aucun des trois' (*LNH*, II, 301-02).

[31] See Jean Starobinski, *Jean-Jacques Rousseau: la transparence et l'obstacle* (Paris: Plon, 1958), p. 102.

[32] Ibid., p. 144.

insistence on the visual as a form of control coincides with the conventional link made by contemporary materialist medical science between vision and understanding: Andrea Goulet instead focuses on how the visual logic of Clarens embodies a Cartesian ideal of panoramic vision and transparent optics.[33] In this sense, Wolmar's visual power is the founding premise of his healing project. Wolmar, the 'œil vivant' of the estate (*LNH*, II, 109), is characterized by his belief in the natural order of things, and his reliance on observation both to appreciate and to achieve it:

> Mon seul principe actif est le goût naturel de l'ordre et le concours bien combiné du jeu de la fortune et des actions des hommes me plaît exactement comme une belle symétrie dans un tableau, ou comme une pièce conduite au théâtre. (*LNH*, II, 109)[34]

As if responding to Stendhal's question in the *Vie de Henry Brulard* ([1835-36]), 'quel œil peut se voir soi-même?', Wolmar's turns his truth-seeking gaze onto himself, producing a consciousness of the importance of vision to his organizing principles:

> Si j'ai quelque passion dominante c'est celle de l'observation. J'aime à lire dans les cœurs des hommes; comme le mien fait peu d'illusion, que j'observe de sang-froid et sans intérêt, et qu'une longue expérience m'a donnée de la sagacité, je ne me trompe guère dans mes jugements; aussi c'est la récompense de l'amour-propre dans mes études continuelles; car je n'aime point à faire un rôle, mais seulement à voir jouer les autres: la société m'est agréable pour la contempler, non pour en faire partie. (*LNH*, II, 109)[35]

Here, Wolmar stands as the sovereign of Clarens since he stands both within and without its borders, watching its action unfold whilst believing himself to be detached from it.[36] Importantly, in the first line of this passage, Wolmar equates vision with reading in the first line and, in the preceding quotation, specifically refers to theatrical *tableaux*. According to Foucault, the constitution of the *tableaux vivants* was one of the first 'grandes opérations de la discipline' which transforms 'les multitudes confuses, inutiles ou dangeureuses en multiplicités ordonnées.'[37] Foucault makes explicit reference to the scientific, political, economic and technological concerns of the eighteenth-century, but we can also add that the term *tableau* implies systems of organising moral and philosophical thought, as well as recalling theatrical *tableaux*

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[33] See Andrea Goulet, *Optiques: The Science of the Eye and the Birth of Modern French Fiction* (Philadelphia: University of Pennsylvania Press, 2006), p. 69. The control of bodies by placing them into a controlled space recalls Foucault's analysis of Jeremey Bentham's panopticon prison, in which visual control allows for the perfection of 'l'exercice du pouvoir'. See Foucault, *Surveiller et punir*, p. 207.

[34] Clarens is therefore founded on Wolmar's belief that the society represents a natural order: 'le caractère général de l'homme est un amour-propre indifférent par lui-même, bon ou mauvais par les accidents qui le modifient, et qui dépendent des coutimes, des lois, des rangs, de la fortune, et de toute notre police humaine' (*LNH*, II, 110).

[35] See Stendhal, *Vie de Henry Brulard*, ed. by Henri Martineau (Paris: Union générale d'éditions, 1964), p. 39.

[36] See Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. by Daniel Heller-Roazen (Stanford: Stanford University Press, 1995), pp. 15-16.

[37] See Foucault, *Surveillir et punir*, p. 174

mentioned by Diderot in his *Entretiens sur le fils naturel* (1757).[38] Indeed, Wolmar describes his cure of Saint-Preux as a reframing of the tutor's past love for Julie within the values promulgated at Clarens: 'À la place de sa maîtresse je le force de voir toujours l'épouse d'un honnête homme et la mère de mes enfants; j'efface un tableau par un autre, et couvre le passé du présent' (*LNH*, II, 131). Furthermore, Wolmar's observing omnipresence is internalized by those whom he attempts to heal. Thus, Saint-Preux reflects in a moment of temptation how the thought of Wolmar's watchful eye guided him to the correct moral choice: 'Je croyais voir son œil pénétrant' (*LNH*, II, 105). Wolmar's reliance on vision to survey, regulate, and thus heal members of the Clarens community coincides with Foucault's conception of the *regard médical*, the medical gaze through which doctors came to understand their patient's body. Unlike Foucault's conception of a merely medical doctor, who would seek to physically cure their patients, *La Nouvelle Héloïse* characterizes Wolmar as a moral healer and the relationship he constructs with Saint-Preux and the wider Clarens community aims at holistic healing.

Moreover, Wolmar has a lot in common with Rousseau's model of the Legislator. In *Du contrat social* (1762), Rousseau designates the Legislator as a superior being who surveys those dependent on him: "il faudrait une intelligence supérieure, qui voit toutes les passions des hommes et qui n'en éprouvât aucune'.[39] In Denis Diderot's *Paradoxe sur le comédien* ([1773-77]), Rousseau's motif of a detached subject is developed into an actor who, despite his indifference, provokes great emotion in his audience:

> Les larmes du comédien descendent de son cerveau; celles de l'homme sensible montent de son cœur […]; il pleure comme un prêtre incrédule qui prêche la Passion; comme un séducteur aux genoux d'une femme qu'il n'aime pas, mais qu'il veut tromper; comme un gueux dans la rue où à la porte d'une église, qui vous injurie lorsqu'il désespère de vous toucher; ou comme une courtisane qui sent rien, mais qui se pâme entre vos bras.[40]

Like Diderot's actor, the Rousseauan Legislator aims to transform solitary humans into communal beings; alter subjects' constitutions with a view ultimately to strengthening them; replace the physical existence of nature with the moral existence of a higher plane.[41] The Legislator's visionary sight supplements the

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[38] See Denis Diderot, *Entretiens sur le fils naturel*, in *Œuvres complètes de Diderot*, ed. by Laurent Versini, 5 vols, (Paris: Robert Lafont), IV, pp. 1131-90 (pp. 1136-38).
[39] See Jean-Jacques Rousseau, *Du contrat social*, ed. by Bruno Bernardi (Paris: Flammarion, 2001), p. 79.
[40] See Denis Diderot, *Paradoxe sur le comédien*, ed. by Sabine Chaouche (Paris: Flammarion, 2000), p. 56. The actor's power is founded, similarly to Wolmar's, on a visual logic: 'C'est l'œil du sage qui saisit le ridicule de tant de personnages divers, qui le peint, et qui vous fait rire […]. C'est lui qui vous observait, et qui traçait la copie comique et du fâcheux et de votre supplice', p. 54.
[41] Ibid., p. 80.

blindness of those for whom he is responsible, aiding the 'multitude aveugle' by seeing on their behalf: 'De lui-même le peuple veut toujours le bien […] Il faut lui faire voir les objects tels qu'ils sont'.[42] The reasoned, visual judgement of the Legislator is mirrored by Wolmar's extreme coolness, which Goulet terms Wolmar's 'Cartesian, transparent optics' that allows him to understand and improve his locality.[43] Wolmar embodies and initiates what was to become a tradition of the powerful local administrator who ameliorates the local community through a medico-spiritual healing of its members. As such, the Legislator exercises reasoned judgement in order to create a just society: the Legislator 'est le mécanicien qui invente la machine'.[44] The motif of the *machine* evokes Enlightenment deists such as Voltaire, and materialists, such as Julien Offray de La Mettrie. To use Voltaire as an example, in the *Dictionnaire philosophique* (1764), he sets out a deist conception of social and moral organization as part of his discussion of miracles. 'Un miracle', he writes, 'est une chose admirable. En ce cas, tout est miracle. L'ordre prodigieux de la nature, la rotation de cent millions de globes autour d'un million de soleils, l'activité de la lumière, la vie des animaux sont miracles perpétuels'.[45] Rousseau's Legislator, and his literary incarnation Wolmar, thus plays God in so far as both create order amongst men, much in the same way that Cabanis, some fifty years later, would imagine healthcare as bordering on the duties of a magistrate. By governing an ideal community, Wolmar heals those who are socially and morally sick. The relationship between Wolmar and Saint-Preux, as well as the network of members of the community at Clarens, fosters this idealized healthy environment. Wolmar relies on vision to establish and preserve his ideal estate. Although he sees things for how they truly are, he envisions how things should be. For these reasons, *La Nouvelle Héloïse* sets a precedent for novelistic idealizations of the country doctor, achieved through the depiction of the ideal doctor-patient relationship, rooted in the goodness, heroism, and moral truth exemplified by Wolmar.

The Balzacian Country Doctor: *Le Médecin de campagne*

Balzac's Doctor Benassis represents the medicalization and professionalization of Wolmar and his healing visual relationship with both his patients and the local community. The eponymous novel follows

[42] Ibid., p. 78.
[43] See Goulet, *Optiques*, p. 72.
[44] See Still, *Justice and Difference*, p. 79.
[45] Voltaire, *Dictionnaire philosophique*, ed. by Alain Pons (Paris: Gallimard, 1994), p. 397.

commander Genestas who, in 1829, arrives in an idyllic, isolated village in the Alps, in search of Doctor Benassis who he hopes can cure his son. Genestas accompanies Benassis on his rounds and observes the country doctor at work. Through a series of recounted personal histories, the reader slowly learns the stories behind each main character: including Benassis, who reveals himself as inspired to transform the once-dilapidated village in order to prevent him from committing suicide or joining a monastery. Benassis's medical benevolence is driven by the shame he feels after the woman he seduced dies in childbirth. Despite, or perhaps because of, his blemished path, Benassis assumes many of the features of the country doctor trope established by Wolmar in *La Nouvelle Héloïse*. Benassis believes that doing so means that the doctor is a central guardian of his community. He declares that profound political and social changes mean that the doctor joins the lawyer and the priest in sharing the social prestige and paternal authority once reserved for men of the cloth:

> Ceux qui nous ont précédés sur la terre pensaient, avec raison peut-être, que le prêtre, disposant des idées, devait être tout le gouvernement: il fut alors roi, pontife et juge; mais alors tout était croyance et conscience. Aujourd'hui tout est changé, prenons notre époque telle qu'elle est.[46]

Thus, 'le prêtre, l'homme de loi, le médecin: l'un panse les plaies de l'âme, l'autre celles de la bourse, le dernier celles du corps; ils représentent la société dans ses trois principaux termes d'existence: la conscience, le domaine, la santé' (*LMC*, 94). Where does the doctor-patient relationship fit into this paradigm of a medical profession primed to save the morality of their community?

Despite participating in this important tradition of the *robes noires*, the novel has been largely marginalized by scholarship: it has been characterized, for example, as a 'tedious exposition of Balzac's ideas on political economy' or a naïve utopian novel in which 'the physician rules as hero'.[47] This section argues that *Le Médecin de campagne* does more than present a static utopian space: I argue that the novel presents the doctor-patient relationship as the founding dynamic according to which Benassis is empowered to shape his patients' environment. In an extended monologue, Benassis outlines the three key elements of creating the utopia: the cultivation of economic prosperity; the promotion of the family unit; and

[46] Balzac, *Le Médecin de campagne*, p. 94. All in-text references are to this edition and from henceforth shall be indicated by *LMC*.
[47] William Paulson, 'Preceptors, Fathers, and Idelogy: The Strange Narrative of Balzac's *Le Médecin de campagne*', *French Forum*, 9: 1 (January 1984), 19-32 (p. 20) and Rothfield, *Vital Signs*, p. 47. For an appraisal of Balzac's manipulation of the utopian genre, see Sylvos, 'La Poétique de l'utopie dans *Le Médecin de campagne*', 101-23 and Testa, 'Sins of Utopia', 280-92.

benevolent authority figures. Regarding this final element, Benassis describes the *robes noires* as positioned to redeem society by the reassertion of traditional and respectable values, and that the professions are well placed to do so through their daily contact with the poor and downtrodden: 'ils peuvent seuls offrir constamment à un homme de bien les moyens efficaces d'améliorer le sort des classes pauvres, avec lesquelles ils ont des rapports perpétuels' (*LMC*, 95). The novel harks back to the values perceived to have been destroyed by the Revolution of 1789, since the action takes place in an area of France entirely dislocated from contemporary political events: 'Aucun événement politique, aucune révolution n'était arrivé dans ce pays inaccessible, et complètement en dehors du mouvement social' (*LMC*, 60).

Benassis expounds his approach to healing the *bourg* at a dinner with the local priest and lawyer. According to Benassis, the first two elements of his social cure are interrelated: productive economic relationships must be channelled into reproductive domestic economies. Benassis explains that installing a basket-maker was fundamental to transforming the local economy since, inspired by the basket-maker's entrepreunership, a road soon followed, allowing goods to flow more easily to market, and so the road was 'la cause la plus directe de la prospérité future du bourg' (*LMC*, 67). The town now produces wine, a symbol of the town's newfound fecundity: 'Le vin, jadis inconnu dans le bourg, où l'on ne buvait que des piquettes, y devint naturellement un besoin' (*LMC*, 75-76). Benassis outlines how the family is the ideal unit for economic prosperity and therefore the cure for economic stagnation. One of Benassis's main projects for the basket-maker is to see him married to a local woman. This would, firstly, secure the artisan's allegiance to the town, and, secondly, ensure that his sexual energy, the same energy responsible for his industriousness, is not misdirected towards non-marital copulation: '[l]a base des sociétés humaines sera toujours la famille' (*LMC*, 119). The family fulfils the town's socio-economic ambitions since it is simultaneously the model for and the arena of the exercise of authority:

> Là [dans la famille] commence l'action du pouvoir et de la loi, là du moins doit s'apprendre l'obéissance. Vus dans toutes leurs conséquences, l'esprit de la famille et le pouvoir paternel sont deux principes encore trop développés dans notre nouveau système législatif. La famille, la commune, le département, tout notre pays est pourtant là. (*LMC*, 119)

If the family is the central unit of social organization, then Benassis's role is that of father as well as leader: the villagers refer to him as father throughout the novel; and his tombstone is engraved with the

epitaph 'notre père à tous' (*LMC*, 403).[48] Effective authority is deemed necessarily to be modelled on paternalism: 'Les prolétaires me semblent les mineurs d'une nation, et doivent toujours rester en tutelle' (*LMC*, 232). Benassis reinforces feminine social roles by promoting matrimony and motherhood as moral and physical cure for La Fosseuse, a wayward young woman in the *bourg*:

> Je voudrais marier ma Fosseuse, je donnerais volontiers une de mes fermes à un brave garçon qui la rendrait heureuse […]. Oui, la pauvre fille aimerait ses enfants à en perdre la tête, et tous les sentiments qui surabondent chez elle s'épancheraient dans celui qui les comprend tous pour la femme, dans *la maternité*. (*LMC*, 179)[49]

Healing is achieved in *Le Médecin de campagne* through submission to a reproductive social order administered by a paternalistically benevolent physician.

Le Médecin de campagne echoes the leitmotifs found in *La Nouvelle Héloïse*. At Clarens, wine is a harbinger of pastoral joy and Christian communion signifying the estate's social harmony: 'tout conspire à lui donner un air de fête, et cette fête n'en devient que plus belle à la reflexion, quand on songe qu'elle est la seule où les hommes aient su joindre l'agréable à l'utile' (*LNH*, II, 234). Like at Clarens, it is Benassis, the sovereign, whose relationship with his patients and their *bourg* is responsible for their healing. As one local says: 'Quel souverain! Il devinait tout le monde!' (*LMC*, 182). Further, Benassis's explanation of the underpinnings of the system, as well as its moral justification, closely resembles the system of *bienfaisance* on which Clarens is built. As already set out, *bienfaisance* entails community cohesion and a single legislating authority. Benassis justifies the superiority of benefactors on the basis of what they give back to their community, which he stylizes as a social contract:

> Le contrat social, parlant de cette base, sera donc un pacte perpétuel entre ceux qui possèdent contre ceux qui ne possèdent pas. D'après ce principe, les lois seront faites par ceux auxquels elles profitent, car ils doivent avoir l'instinct de leur conservation, et prévoir leurs dangers. Ils sont plus intéressés à la tranquillité de la masse que ne l'est la masse elle-même. Il faut aux peuples un bonheur tout fait. (*LMC*, 234)

[48] In Zola's *Le Docteur Pascal*, the family makes a pilgrim-cum-hospital visit to Tante Dide, 'notre mère à tous' Émile Zola, *Le Docteur Pascal*, ed. by Henri Mitterand (Paris: Gallimard, 1993), p. 121. All in-text references are to this edition and from henceforth shall be indicated by *LDP*.

[49] The correction of wayward sexuality also extends to men: Paulson persuasively argues that Balzac's utopic novel, through its oblique references to Rousseau's *Émile* (1762) centres on Benassis's curing of Genestas's son, Adrien, of his mysterious illness, eventually identified as excessive masturbation. See Paulson, 'Preceptors, Fathers, and Ideology', 19-32. For the history of female onanism in France, see Alexandra Wenger, 'Lire l'onanisme. Le discours médical sur la masturbation et la lecture féminines aux XVIIe siècle', *Clio: Utopies sexuelles*, 22 (2005), 227-43.

Le Médecin de campagne thus makes explicit reference to the system of *bienfaisance* underpinning Wolmar's estate at Clarens.[50] If Clarens depends on the administrative and moral authority of one man, *Le Médecin de campagne* goes even further in justifying a completely authoritarian regime. Benassis again borrows a Rousseauan vocabulary of natural yet benevolent superiority to make his case:

> Le législateur […] doit être supérieur à son siècle. Il constate la tendance des erreurs générales, et précise les points vers lesquels inclinent les idées d'une nation; il travaille donc encore plus pour l'avenir que pour le présent, plus pour la génération qui grandit que pour celle qui s'écoule. Or, si vous appelez la masse à faire la loi, la masse peut-elle être supérieure à elle-même? Non. (*LMC*, 235)[51]

The moral economy of *bienfaisance*, as well as the helplessness of the masses, justifies authoritarianism: 'Le pouvoir, la loi, doivent donc être l'œuvre d'un seul, qui, par la force des choses, est obligé de soumettre incessamment ses actions à une approbation générale' (*LMC*, 238). If Wolmar plays a God-like role at Clarens, *Le Médecin de campagne* is much more explicit in its emphasis on the importance of religion to the social and moral economy of the canton: 'La religion est le seul contrepoids vraiment efficace aux abus de la suprême puissance' (*LMC*, 238). Society, Benassis argues, should be administered by force: 'Imaginez-vous une société sans pouvoir? Non. Eh! bien, qui dit pouvoir dit la force' (*LMC*, 232). Echoing Wolmar's reputation for being an executor of cool and rational judgements, Benassis claims that 'La force doit reposer sur des *choses jugées*' (*LMC*, 232).[52] Rational judgement is characterized in the novel as a central feature of greatness, particularly in the trope of the *grand homme.* Benassis is considered throughout the novel to be such a man: 'Il paraît […] que cet homme est décidément un homme!' (*LMC*, 25), one of 'les hommes forts' (*LMC*, 233), such as Napoleon, that the canton idealizes. The country doctor, despite Genestas's initial prejudice agains Benassis's lowly professional status, famously stands revealed as 'le Napoléon du peuple' (*LMC*, 213). The influence of Rousseau is clear: *Le Médecin de campagne* continues the Wolmar tradition of an all-seeing sovereign who creates an ideal doctor-patient relationship thanks to which the physical and moral health of the local population can be improved. What has changed from *La Nouvelle Héloïse* is the medicalization of this paradigm. Overall, *Le Médecin de campagne* is founded on

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[50] Elsewhere in the novel, M. Gravier is praised as a 'bienfaiteur' thanks to his contribution to the canton (*LNH*, 70).

[51] The natural superiority of 'Le grand homme qui nous sauvera du naufrage vers lequel nous courons se servira sans doute de l'individualisme' (*LMC*, 89) contrasts with the selfish selfimportance that Benassis sees as afflicting the nineteenth century: 'La maladie de notre temps est la supériorité' (*LMC*, 88).

[52] Benassis also adds that the importance of absolute, reasoned authority is the reason for his opposition to democracy: 'Telles sont les raisons qui m'ont conduit à penser que le principe de l'Élection est un des plus funestes à l'existence des gouvernements modernes' (*LMC*, 232).

principles already apparent in *La Nouvelle Héloïse*, notably *bienfaisance* and benevolent authoritarianism, contributing to an idealized doctor-patient relationship. The novel imagines a utopia where collective moral, social, and economic health is valued over the gains of the individual. The novel is an idealistic presentation of a glorified country doctor, and actively participates in the values of idealism, demonstrating the aesthetic potential of the art of medicine.

Despite the novel's insistence on the doctor-patient relationship as the necessary vehicle for perfect moral and physical health, the novel also shows the reader numerous encounters between Benassis and the villagers which reveal the conception of the medical relationship to be an unfulfilled ideal. Like Wolmar's failure entirely to extinguish Julie's passion for Saint-Preux, Benassis also fails entirely to perfect his *bourg*. The doctor's failure is evident through his dealing with cretinism, endemic to the region. Benassis attempts to eradicate the cretins by forcing them to relocate to another area, claiming they posed a threat to the physical and moral health of the town. He states that they live in squalor and were resistant to his attempts to ameliorate their lodgings (*LMC*, 42). The cretins are also accused of intermarrying, thus producing ever more degenerate offspring (*LMC*, 42). Despite Benassis's intentions, the healthy population are incensed at his attempts to cleanse the population, and the frustrated doctor laments that 'Aussitôt que cet acte d'humanité fut connu, je devins en horreur à toute la population' (*LMC*, 42-43). In this episode of *Le Médecin de campagne*, we see that the country doctor fails to deliver the idealized doctor-patient relationship. Instead, Benassis's encounter with the cretins results in their near eradication as well as a deteriation of Benassis's relationship with his wider community. John Mazaheri observes that the doctor's forced relocation of the cretins makes him an 'eugéniste avant la lettre'.[53] Notwithstanding his best efforts, one cretin remains in the village and the local villagers continue their bemusing cult of the cretin who becomes 'le chef suprême de ces fanatiques' (*LMC*, 44). Benassis's misguided attempts to help his patients extends to La Fosseuse, whose destiny he claims is similar to his own by claiming that 'parler de la Fosseuse, c'est parler de moi' and that she is his 'sœur en souffrance' (*LMC*, 174). Despite the doctor's aspiration that La Fosseuse will marry, she refuses. In this episode, the doctor-patient relationship between Benassis and La Fosseuse fails when the patient does not conform to the *bourg*'s

[53] John Mazaheri, *Essais sur la religiosité d'Honoré de Balzac* (Lewiston, NY: The Edwin Mullen Press, 2008), p. 35.

established system of equating economic productivity with familial reproduction. In these examples, the reader is shown how Benassis's encounters with his villagers, who are all his moral or physical patients thanks to Cabanis's emphasis on the magistrature of medicine, fails to conform to the system of *bienfaisance* to which the doctor lays claim. Rousseauan *bienfaisance* is therefore illustrated as a rigid system which can fail to heal all its members. *Le Médecin de campagne* therefore points towards the fundamental problem at the heart of the country doctor trope. As much as the character trope asserts the importance of the doctor-patient relationship as moral and physical cure, the novel suggests how the encounter between Benassis and his patients often disappoint these expectations.

The Doctor and His Patients in *Le Docteur Pascal*

Le Docteur Pascal is the final novel of Zola's *Les Rougon-Macquart*, supposedly the apogee of the author's Naturalist project, which of course aimed to show how heredity and environment exact different narrative results on the members of one family during the Second Empire. In the novel, Pascal creates the genealogical tree, the map that traces the lives of all his family members, and he is primarily identified as an isolated scientist, sequestered in his researcher's study. Although 'Le Roman expérimental' may describe the outline for a scientific doctor, *Le Docteur Pascal* provides an alternative model for a healing medical professional that finds its roots in the country doctor trope since the central healing doctor-patient relationship is channelled through Pascal. A recurring image in the novel is that of Pascal on his rounds in Plassans since his physical presence in the town secures his professional standing and informs his medical practice. Invited on his 'tournée de miracles', Clotilde, his niece, is 'émue de l'accueil fait à Pascal, comme au sauveur, au messie attendu' (*LDP*, 98 and 102) by the Guiraude family.[54] At the La Séguiranne family home, Sophie is overwhelmed to see the doctor: 'de grosses larmes parurent dans ses yeux' (*LDP*, 104). Furthermore, the novel explores how medical science is peripheral, and occasionally harmful, to the practice of the country doctor. *Le Docteur Pascal* goes further than Rousseau's and Balzac's respective novels by explicitly pointing towards the failure of science and thus the underpinning values of universalism, reason, and objectivity.

[54] Émile Zola, *Le Docteur Pascal*, ed. by Henri Mitterand (Paris: Gallimard, 1993), p. 98 and p. 102.

Les Rougon Macquart, and in particular *Le Docteur Pascal*, are primarily linked to Zola's ideas about experimental literature, especially the idea that literature could carry out Claude Bernard's scientific experimental method. Despite Zola's supposed scientism, recent scholarship on Zola has persuasively pointed towards the literary vagaries and ambivalences within *Les Rougon-Macquart*.[55] However, *Le Docteur Pascal* is often considered only in passing, and sustained studies of the novel conform to the conventional reading of the novel as being the straightforward application of the scientistic ideas expressed in 'Le Roman expérimental'.[56] In that essay, Zola contends that medicine and literature are analogous to one another: 'Il me suffira de remplacer le mot 'médecin' par le mot 'romancier', pour rendre ma pensée claire et lui apporter la rigeur d'une vérité scientifique'.[57] Yet, by the midpoint of *Le Docteur Pascal*, the eponymous doctor finds himself dissatisfied with a scientific view of medicine: 'il sentait tout le vide de la thérapeutique. L'empiricisme le désolait' (*LDP*, 264). Despite Zola's supposed subscription to the experimental method in 'Le Roman expérimental', Pascal's dissatisfaction is aimed squarely at the scientism promulgated by Claude Bernard, 'Du moment que la médecine n'était pas une science expérimentale, mais un art, il demeurait inquiet devant l'infinie complication de la maladie et du remède, selon le malade' (*LDP*, 264). Zola then laments the lives sacrificed for the good of medical science: 'Les médications changeaient avec les hypothèses: que de gens avaient dû tuer jadis les méthodes aujourd'hui abandonnées! (*LDP*, 264). All that remains useful to the patient is 'Le flair du médecin' (*LDP*, 264). This *flair* is an idealized conception of the country doctor's ability to construct a healing doctor-patient relationship: 'Le flair du médecin devenait tout, le guérisseur n'était plus qu'un devin heureusement doué, marchant lui-même à tâtons, enlevant les cures au petit bonheur de son génie' (*LDP*, 265). *Le Docteur Pascal*'s valorization of healing is tantamount to a reappropriation of idealism. In an article written shortly after Sand's death in 1876, Zola wrote that her idealistic desire to heal resulted in the sacrifice of verisimilitude: 'Elle observe plutôt pour guérir que pour constater, elle modère ou précipite les passions selon les besoins de sa fable, sans toujours respecter le jeu de la machine humaine'.[58] By contrast, Balzac

[55] For an example of such work, see Susan Harrow, *Zola, the Body Modern: Pressures and Prospects of Representation* (Oxford: Legenda, 2010).
[56] David Baguley admits that, despite Zola's crude application of contemporary scientific theory to the spontaneous combustion of Antoine Macquart in *Le Docteur Pascal*, scientific ideas generally pervaded Zola's work, see David Baguley, *Naturalist Fiction: The Entropic Vision* (Cambridge: Cambridge University Press, 1990), p. 63.
[57] Zola, 'Le Roman expérimental' in *Le Roman expérimental*, p. 48.
[58] Émile Zola, 'George Sand', in *Zola, journaliste*, p. 271.

'n'est pas un guérisseur, mais un anatomiste et un philosophe qui écoute la vie pour en compter les battements'.[59] Despite Zola's frequent rejectionof healing and idealism, the emphasis on a healing doctor-patient relationship suggests Zola's move away from Naturalism even before the completion of *Les Rougon-Macquart*. The doctor-patient relationship presented in *Le Docteur Pascal* can be understood as part of the tradition of the country doctor which constitutes a corrective to excessive scientisim otherwise signalled in 'Le Roman expérimental'.

Alongside the *arbre généalogique*, Pascal's other significant scientific pursuit is the development of life-giving hypodermic injections based on the so-called *médecine de signatures* which Pascal researches in a fifteenth-century medical textbook (*LDP*, 92). Pascal prepares the injections by making broths from the organs of animals. He declares that the distilled fluid has the capacity to 'réveille[r] les morts' (*LDP*, 94).[60] Pascal's theory of why the injections are effective recalls eighteenth-century ideas of vitalism and circulating universal life-giving fluid:

> il croyait avoir découvert la panacée universelle, la liqueur de vie destinée à combattre la débilité humaine, seule cause réelle de tous les maux, une véritable et scientifique fontaine de Jouvence, qui, en donnant de la force, de la santé et de la volonté, referait une humanité toute neuve et supérieure. (*LDP*, 93)

The hydraulic metaphor was one of the central paradigms through which nineteenth-century medicine understood the human body, particularly with regard to vitalism. Earlier in the century, Cabanis observed how a fluid was responsible for all human life: 'la sensibilité se comporte à la manière d'un fluide'.[61] *Volonté* here refers to the ideas of the Swedish philosopher Emanuel Swedenborg whose ideas form the focus for the 'Traité de la Volonté' in Balzac's *Louis Lambert* (1832). A closely related theory, Franz Anton Mesmer's animal magnetism, built on such contemporary discoveries of circulating energy as electricity and ferro-magnetism, suggesting how healing could be facilitated by the understanding of universal fluids.

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[59] Ibid., p. 271.

[60] Although Zola later disparages the eighteenth-century science on which Pascal's injections are based, the novel elsewhere praises values also found during this period. For a discussion of the nineteenth-century context of hypodermic needles in the novel, see Duffy, *Flaubert, Zola and the Incorporation of Disciplinary Knowledge*, pp. 194-217. Susan Harrow interprets Pascal's hypodermic injections as an idealist experiment in the safeguarding of youth: the 'idea of repairing defective tissues or cells by introducing good tissue or healthy cells anticipates modern grafting procedures and gene therapy. When Pascal uses injections to introduce healthy substances into diseased organisms, his experiments speak to a late-modern preoccupation with the preservation of youthfulness. The idea of serums that can help the body regenerate itself (cette trouvaille de l'achimie du vingtième siècle) looks forward to an era where serums are widely distributed in French pharmacies. Pascal's scientific passion, harnessed to a humanitarian, utopian idea, envisions a future of perfection and happiness, with sound health for all'. See Harrow, *Zola, The Body Modern*, p. 39, n. 40.

[61] Cabanis, *Rapports du physique et moral de l'homme*, I, 145

According to Mesmer, the obstruction of universal fluid was responsible for illness and disease, particularly nervous disorders: 'son double courant, son renforcement, son activité, son émanation étant si manifestes; voyons maintenant le mécanisme des maladies nerveuses et la marche de l'influence magnétique'.[62] Mesmer argued that harnessing and re-establishing the internal flow of animal magnetism within the body was essential to the patient's convalescence:

> De même qu'un fer qui se rouille, et tombe en efflorescence par succession de temps, n'a plus la faculté magnétique, en lui donnant sa première forme par le moyen de la faculté, de même le fluide universel détruit ou affaibli dans un corps malade doit être corroboré par addition pour pouvoir reprendre sa première vigueur et dissiper les obstacles.[63]

I do not intend to suggest that Zola embraces vitalism (the caustic tone of, 'il croyait avoir découvert la panacée universelle' would render such a point moot) but rather that the eighteenth century provides an epistemological backdrop to *Le Docteur Pascal* in addition to Bernard's experimental method. By embracing the modern spirit of experimentation, Pascal's eyes are opened to the harm that his *liqueur* does to his patients. Instead, he finds that the most successful way to cure patients is to focus on their social and emotional healing, which the doctor facilitates by his very presence as in the case of Wolmar and Benassis.[64] In *Le Docteur Pascal*, the doctor-patient relationship itself is thus more effective than the doctor's scientific developments.

Despite Pascal's refusal to touch his own patients, he is eventually convinced of the country doctor's healing potential. Although injecting himself periodically during his own illness, Pascal attributes his cure to Clotilde's gentle moral encouragements rather than the medication itself: 'c'est toi qui me guéris, petite fille, disait-il, […] Les remèdes, vois-tu, ça dépend de la main qui les donne' (*LDP*, 206). Pascal's assertion of the therapeutic effect of the caregiver leads him to replace his *liqueur* of spinal fluid with water, which he then confesses to Clotilde: 'Tu sais que, maintenant, je les pique avec de l'eau […]. L'eau les soulage, il y a là sans doute un simple effet mécanique' (*LDP*, 260-61). Pascal echoes contemporary opinion on the importance of the placebo effect in curing patients. Jules Chéron acknowledged in his *Introduction à l'étude des lois générales de l'hypodermie physiologique et thérapeutique* (1893) that 'Toutes les injections hypodermiques

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[62] Franz Anton Mesmer, 'Discours sur le magnétisme', *Le Magnétisme animal*, ed. by Robert Amadou (Paris: Payot, 1971), pp. 53-57 (p. 56).
[63] Ibid., pp. 56-57.
[64] In *La Faute de l'abbé Mouret*, Jeanbernat, the steward at the Le Paradou, dedicates himself to reading the library of books by eighteenth-century *philosophes* saved from a fire: '[grâce auxquels j'ai] appris de belles', Émile Zola, *La Faute de l'abbé Mouret*, ed. by Colette Becker (Paris: Flammarion, 1972), p. 80.

produisent des effets identiques quelle que soit le liquide introduit sous la peau, à la condition que ce liquide ne soit pas toxique. La différence ne porte que sur l'intensité plus ou moins grande du phénomène produit'.[65] For Pascal, the doctor must care for patients, rather than 'Guérir, retarder la mort' as his old mantra proclaimed (*LDP*, 260). Healing is tantamount to the relieving of suffering: 'Ah! soulager, empêcher la souffrance, cela, certes, je le veux encore! […] Je ne soigne plus que pour empêcher la souffrance' (*LDP*, 261).[66]

Pascal's experience of healing through caring, rather than curing, leads to 'sa théorie dernière' (*LDP*, 376). Pascal theorizes that 'L'homme baignait dans un milieu, la nature, qui irritait perpétullement par des contacts les terminaisons sensitives des nerfs', producing internal and external sensory experiences (*LDP*, 376). Given the centrality of sensation to experience Pascal concludes that health revolves around the correct balance of sensations. For Pascal, medical treatment therefore constitutes the reinstigation of a vitalist, materialist, and deist equilibrium within the body: 'il avait la conviction que se bien porter consistait dans le train normal de ce travail: recevoir les sensations, les rendre en idées et en mouvements, nourrir la machine humaine par le jeu régulier des organes' (*LDP*, 376). This recalibration centres around the pre-eminence of productivity and agency: 'Le travail devenait ainsi la grande loi, le régulateur de l'univers vivant' (*LDP*, 376).

Pascal also theorizes how this system should be best brought about, with the doctor at the centre:

> il rêvait toute une médication nouvelle: la suggestion, *l'autorité toute-puissante du médecin* pour les sens; l'électricité, les frictions, le massage pour la peau et les tendons; les régimes alimentaires pour l'estomac; les cures d'air, sur les hauts plateaux, pour les poumons; enfin, les transfusions, les piqûres d'eau distillée pour l'appareil circulatoire. *C'était l'action indéniable et purement mécanique* de ces dernières qui l'avait mis sur la voie, il ne faisait qu'étendre à présent l'hypothèse, par un besoin de son esprit généralisateur, il voyait de nouveau le monde sauvé dans cet équilibre parfait, autant de travail rendu que de sensation reçue, le branle du monde rétabli dans *son labeur éternel*. (*LDP*, 376-77, my italics)

The emotionalization of reason underpins Pascal's formulation of mechanical therapeutics: the placebo effect of his water injections suggests the extent to which healing stems from the patient's emotional inner life and their belief in the treatment, rather than merely the science behind the drug. This much is evident when Pascal's patient begs for an injection: 'Piquez-moi, piquez-moi, tout de suite, avec de l'eau

[65] Jules Chéron, *Introduction à l'étude des lois générales de l'hypodermie physiologique et thérapeutique* (Paris: Société d'Éditions scientifiques, 1893), pp. 61-62.
[66] Mossman observes that Zola valorizes the experience of pain, particularly regarding childbirth. See Mossman, *Politics and Narratives of Birth*, pp. 208-16.

pure! et deux fois, au moins dix grammes!' (*LDP*, 373). In this doctor-patient relationship, the patient is healed through the emotional reassurance that Pascal's physical presence, and his administration of a placebo, brings to the doctor-patient relationship.[67]

However, as seen in *Le Médecin de campagne*, Zola's novel also undermines the idealized doctor-patient relationship central to the country doctor trope. If the efficacy of medicine depends on the hand which delivers it, Pascal supposes that the patient's trust in the doctor is the key to the doctor-patient relationship. But Pascal's master cure is not all it initially seems: the success and relative safety of Pascal's injections are questioned throughout the novel. Although Félicité is characterized as a hysterical religious devotee, she accuses Pascal's injections of contributing to the death of Boutin, one of his unfortunate patients: 'Que fabrique-t-il donc, mon Dieu! Tu sais qu'il se fait le plus grand tort, avec sa drogue nouvelle. On m'a raconté que, l'autre jour, il avait encore failli tuer un de ses malades' (*LDP*, 64).[68] Although Pascal rejects the death of Boutin as that of 'un épileptique qui a succombé dans une crise congestive!' (*LDP*, 95), later in the novel Pascal is more shaken at the death of Lafouasse, returning home 'bouleversé par un accident, ayant sur sa conscience de médecin aventureux la mort d'un homme' (*LDP*, 189). Pascal recounts how the tavern keeper's ataxia had left him all but doomed. Nonetheless, his death was hastened and made more painful by Pascal's clumsy intervention:

> la petite seringue ramassât, au fond de la fiole, une parcelle impure échappée au filtre. Justement, un peu de sang avait paru, il venait, pour comble de malchance, de piquer dans une veine. Il s'était inquiété tout de suite, en voyant le cabaretier pâlir, suffoquer, suer à grosses gouttes froides. Puis, il avait compris, lorsque la mort s'était produite en coup de foudre, les lèvres bleues, le visage noir. (*LDP*, 190)[69]

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[67] Zola's foregrounding of the healing potential of the doctor's presence coincides with concepts in the Medical Humanities, Balint emphasizes the importance of the 'atmosphere' that surrounds the doctor and that he controls. See Balint, *The Doctor, his Patient, and the Illness*, pp. 121-36. See the Introduction of the presente thesis for a discussion of this topic. That these ideas rely on the undefinable notion of a mysterious 'atmosphere' suggests how, in *Le Docteur Pascal*, Zola is beginning to move towards a reappreciation of the otherwise mysterious and the unknowable through his depiction of Pascal's naïve niece Clotilde: 'je croyais que le monde ne s'arrête pas à la sensation, qu'il y a tout un monde inconnu dont il faut tenir compte; et cela, le bonheur même, enfin trouvé à ton cou, n'effacera pas…' (*LDP*, 233). See Chapter Five for an extended analysis of Zola's attitude to the mysterious in *Lourdes*.

[68] Félicité's accusation is later supported by Maxime, the servant: 'Mme Félicité avait raison, hier, de dire qu'il y a vraiment de quoi rougir… On m'a jeté à la figure, à moi qui vous parle, qu'il avait tué le vieux Boutin, vous vous souvenez, ce pauvre vieux qui tombait du haut mal et qui est mort sur une route' (*LDP*, 85). Félicité is what Zola styles as a *dévote:* a woman who is under the persuasion of a priest and Catholic ideas. For more on the figure of the *dévote* in Zola, see Chapter Five.

[69] Boutin's symptoms, especially his blue lips, and painful death suggest that he had died of cholera: Pascal does deal with the 'cadavres des femmes enceintes, mortes pendant une épidémie cholérique' (*LDP*, 87). For a historical account of country doctors' interaction with epidemics, see Léonard, *La Vie quotidienne du médecin de province* pp. 90-100. Félicité's accusation that Pascal's injections kill his patients goes with the suspicions about doctors as poisoning

Pascal's guilt at Lafouasse's death leads him to initially reject self-treatment when he becomes sick: 'Il niait la médecine' (*LDP*, 204). Focusing on the importance of the caregiver, rather than the medication itself, Pascal becomes cynical about the therapeutic potential of medical research: 'il désespérait de la guérison. Il devenait amer, d'une ironie aggressive' (*LDP*, 207). Pascal's rejection of scientific medicine leads him also to reject medical practice: 'il jurait de ne plus toucher à un malade' (*LDP*, 204), thus potentially endangering his patients through medical negligence. The responsibility that Pascal feels for his patients' deaths reminds the reader of *Les Rougon-Macquart* of Albine's demise in *La Faute de l'abbé Mouret*. In order to cure Serge of his mania via an immersion in reproductive sexual relations, Pascal sequesters him and Albine in Le Paradou where she becomes his caregiver: 'Elle bordait le lit, elle était maternelle. […] le docteur lui-même ne reviendra plus, parce que, à cette heure, c'est moi qui suis ton médecin…".[70] When Albine falls ill, Pascal blames himself for prioritizing Serge's health over hers: 'J'avais tout calculé. […] L'ombre des abres, le souffle frais de l'enfant, toute cette jeunesse te remettait sur pied. […] nous en faisions à nous deux une demoiselle que nous aurions mariée quelque part. C'était parfait'.[71] However, Pascal was too preoccupied with his experiments to tend to Albine: 'Il est vrai que […] je n'ai pas bougé de mon laboratoire. J'avais des études en train… Et c'est ma faute! Je suis un malhonnête homme!'.[72] Iaotrogenesis, suffering caused by medicine, is a recurring Zolian theme and foregrounds the culpability of Pascal in numerous unfortunate medical events.[73] These episodes suggest the extent to which Pascal's encounters with his patients fail to meet his expectations for his doctor-patient relationships. If, on the one hand, *Le Docteur Pascal* elevates the doctor-patient relationship as a replacement for the experimental method in so far as the former promotes family and community on the one hand, on the other hand it repeatedly points towards Pascal's failures to ensure his encounters with patients do no harm. The country doctor trope of *Le Docteur Pascal* thus continues the tradition of *La Nouvelle Héloise* and *Le Médecin*

agents of the state during the 1832 cholera epidemic in Paris. See Chapter Three for an analysis of cholera during this period.

[70] Zola, *La Faute de l'abbé Mouret*, p. 152. For Serge's illness read as typhoid fever, see Chapter Five.

[71] Ibid., pp. 296-97.

[72] Ibid., p. 297.

[73] For the coining of iaotrogenesis, see Ivan Illich, *Medical Nemesis. The Expropriation of Health* (London: Calder and Boyars, 1975), pp. 17-26. Naomi Schor also notes the importance of Abine's death as the mise en abyme of *Le Docteur Pascal*. See Naomi Schor, *Zola's Crowds* (Baltimore: Johns Hopkins University Press, 1987), p. 21.

de campagne of pointing towards fractures within the physician's idealization of the doctor-patient relationship.

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By framing *La Nouvelle Héloïse*, *Le Médecin de campagne*, and *Le Docteur Pascal* as texts with idealist agendas and aesthetics, this chapter examines the extent to which an idealized doctor-patient relationship informs depictions of medicine in the long nineteenth century. The healing relationships of the country doctor go beyond the commonplace analogy between medicine and realism; they highlight how the medical gaze could be a visionary tool to ameliorate the lot of the patient and of the collective. In *La Nouvelle Héloïse*, we find the country doctor's magistracy administering a utopic community. This community heals its members by the relationship Wolmar cultivates with them through the system of *bienfaisance*. In *Le Médecin de campagne*, this healing involves turning the clock back on the 1789 Revolution and returning to the ideals of the *ancien régime* in order to guarantee the moral and spiritual health of all. Both novels explicitly participate in the tradition of idealist aesthetics observed by Moi and Schor. Although Zola may have been a self-confessed anti-idealist, *Le Docteur Pascal* relies on idealist features that are spotlighted when we reconsider Pascal as a country doctor, rather than a scientist. All three novels, although indirectly in the case of Zola, foreground the art of medicine, and in particular of observation; they praise its edifying and ameliorating effects on the world when promulgated through art. We can see, then, that the idealized doctor-patient relationships in these novels draw our attention to certain aesthetic features which, in the case of Zola may be unexpected; we can also see how these idealistic principles necessitate and determine those relationships. The doctor-patient relationship and idealism are inextricable from one another in these three novels from the long nineteenth century.

The country doctor trope has an important place in the modern Medical Humanities. In particular, the field foregrounds the doctor-patient relationship as an idealized space in which doctors and patients commune with one another in order to administer physical and moral healing. In his seminal contribution to the Medical Humanities, *A Fortunate Man* (1967), the art historian John Berger documents the life and work of Doctor John Sassall, an English country doctor in the 1960s. For Berger, the country doctor is a

'popular hero' in the eighteenth, nineteenth, and twentieth centuries.[74] The doctor-patient relationship is at the centre of this medical heroism. Berger uses Sassall to demonstrate that the country doctor finds his mythic cultural power through the particularity of the idealized doctor-patient relationship: 'The patient must be given the chance to recognize, despite his aggravated self-consciousness, aspects of himself in the doctor, but in such a way that the doctor seems to be Everyman'.[75] Here the country doctor becomes infinitely mutable, reflecting patients so that they feel comforted by their physician being able to recognize them across their illness. This recognition is founded on fraternity, 'the certainty of an ideal brother'.[76] This recognition may be non-verbal, and is rooted in the intangible atmosphere that the country doctor creates around his patient: recognition comes 'as the result of the general atmosphere rather than of any special words said'.[77] This mutual, fraternal recognition 'is the prerequisite for cure or adaptation' for the patient.[78] However, Berger also acknowledges the power dynamic inherent to the medical relationship, recognizing the central difference between Sassall and his patients, the impoverished 'foresters': 'All theory-makers have cast at least one eye on the seat of power. And that is a privilege the foresters have never known'.[79] In this passage, Berger casts the country doctor as a Legislator figure: as a 'theory-maker' he shapes the environment in which his patients live. Although this act may emanate from empathy, the effect is one of alienation rather than of intimacy: by controlling the environment, Sassall is far more powerful than his patients will ever be. A similar result can be seen in Rousseau's, Balzac's, and

[74] John Berger and Jean Mohr, *A Fortunate Man: The Story of a Country Doctor* (London: Vintage, 1997), p. 165. The medical relationship is conceived as an ideal: according to Hippocrates, the doctor should do no harm to their patients. For Hippocrates, medicine is about the interrelation between the parties, that 'The whole art of medicine may be circumscribed in three distinctions, medicine, the sick-man, and the physician who is the minister of the art; and the conflict lies between the sick-person, the physician, and the disease'. Hippocrates, *The History of Epidemics, by Hippocrates. In Seven Books. Translated into English from the Greek, with notes and observations, and a preliminary dissertation on the nature and cause of infection.* By Samuel Farr (London: T. Cadell, 1780), p. 10. For an example of the doctor-patient relationship functioning as an ideal standard in contemporary discourse, see 'The Doctor-Patient Relationship: Capturing the Ideal', *The Lancet*, vol. 381 (27 April 2013) 1432.
[75] Berger, *A Fortunate Man*, p. 76.
[76] Ibid., p. 69. Berger's fraternal model for the doctor-patient relationship differs from those provided by Emmanuel and Emmanuel. See Ezekiel J. Emanuel and Linda L. Emanuel, 'Four Models of the Physician-Patient Relationship', *JAMA. The Journal of the American Medical Association*, 16 (1992), 1-9.
[77] Berger, *A Fortunate Man*, p. 76. Michael Balint emphasizes the importance of the 'atmosphere' that surrounds the doctor and that he controls, see Michael Balint, *The Doctor, his Patient, and the Illness* (Edinburgh: Churchill Livingstone, 2000).
[78] Berger, *A Fortunate Man*, p. 76.
[79] Ibid., p. 104. Although Berger recognizes the potentially erotic dimension of the medical relationship's power dynamic, he fails to conceive of the particular relationship between female patient and male doctor: 'It is usually assumed that this is because the doctor can see women naked and can touch them where he likes and that this may sorely tempt him to make love to them. It is a crude assumption, lacking imagination. The conditions under which a doctor is likely to examine his patients are always sexually discouraging'. Ibid., p. 68.

Zola's novels: Wolmar maintains his position as the all-seeing authoritative figure at Clarens; Benassis's death is mourned as that of the village's patriarch rather than that of one of its own members; Pascal returns to his position as benevolent but distant country doctor.

However, the nineteenth-century trope of the country doctor not only sets forth the idealized doctor-patient relationship, but also examples of how the doctors' encounters with his patients fail to fulfi these expectations. Can we find trouble in these paradises? As we have seen in *La Nouvelle Héloïse*, *Le Médecin de campagne*, and *Le Docteur Pascal*, these novels all contain examples of characters who cannot conform to the systems into which the doctor-esque figure places them. Why does Julie's passion for Saint-Preux persist, if she is supposedly 'cured' by her marriage to Wolmar? What of La Fosseuse in *Le Médecin de campagne*, who refuses Benassis's matchmaking and continues to lead her idle life? And what happens to Clotilde after she raises her and Pascal's son? The novels of the country doctor seem to result either in the death of the patient such as in *La Nouvelle Héloïse*, *La Faute de l'abbé Mouret*, and *Le Docteur Pascal*; or they fall silent on her experience, as in *Le Médecin de campagne* or *Le Docteur Pascal*. Understanding the idealized doctor-patient relationship, as portrayed in this triptych of country doctor novels, cannot answer these questions. As such, the remainder of this thesis focuses on the depiction of doctor-patient encounters, rather than relationships, in order to examine the extent of the doctor's control over his patient. Chapters Three and Four both analyse the depiction of female patients who rebel against their male doctors in dramatic bedside encounters. In particular, Chapter Two tackles the paternalism inherent in the country doctor trope, and examines the ways in which the doctor-patient encounter allows patients to resist the physician's authority we have seen so heavily engrained in the idealized doctor-patient relationship.

Chapter Two.

Paternal Doctor-Patient Relationships in Stendhal's *Lucien Leuwen*: Fathers and Sons, Men and Women

In the autobiographical *Vie de Henry Brulard*, Stendhal confesses his lifelong fear of all manifestations of paternal power: 'Tout ce qui était tyrannie me révoltait et je n'aimais pas le pouvoir'.[1] The *Vie de Henry Brulard* criticizes the institutins of Church and family for restricting individuals' innate freedom. Stendhal's hatred of patriarchy and paternalism finds its roots in his own hatred for his father, manifested in *Vie de Henry Brulard* by Stendhal's familial love triangle:

> Je voulais couvrir ma mère de baisers et qu'il n'y eût pas de vêtements. Elle m'aimait à la passion et m'embrassait souvent, je lui rendais ses baisers avec un tel feu qu'elle était souvent obligée de s'en aller. J'abhorrais mon père quand il venait interrompre nos baisers. Je voulais toujours les lui donner à la gorge. Qu'on daigne se rappeler que je la perdis, par une couche, quand à peine j'avais sept ans.[2]

The death of his mother in childbirth heralded the beginning of his 'vie morale'.[3] Stendhal blamed his mother's death on her father's choice of the wrong doctor:

> J'ignore absolument les détails, elle était morte en couches, apparemment par la maladresse d'un chirurgien nommé *Hérault*, sot choisi apparemment par pique contre un autre accoucheur, homme d'esprit et de talent, c'est ainsi à peu près que mourut Mme Petit en 1814. Je ne puis décrire au long que mes sentiments, qui probablement sembleraient exagérés ou incroyables au spectateur accoutumé à la nature fausse des romans (je ne parle pas de Fielding) ou à la nature étiolée des romans construits avec des cœurs de Paris.[4]

In this passage, the surgeon is held responsible for Stendhal's mother's death, and throughout the *Vie de Henry Brulard* refers to the grudge he bore against his father in his choice of *accoucheur*. The effect of his mother's death reverberated throughout Stendhal's life. In *Vie de Henry Brulard*, his father is characterized

[1] Stendhal, *Vie de Henry Brulard*, p. 222.
[2] Ibid., 62-63.
[3] Ibid., p. 64.
[4] Ibid., p. 67.

as the link between the Church, medicine, and the death of his mother: perceiving that medicine failed his mother; the Church falsely soothes his father's conscience. Stendhal's opposition to the Church was partly attributed to its complicity in women's and children's enslavement to their families, thus linking patriarchal and clerical power: 'je haïssais l'abbé, je haïssais mon père, source des pouvoirs de l'abbé, je haïssais encore plus la religion au nom de laquelle ils me tyrannisaient'.[5] Building on the link between the Church, medicine, and the figure of the father in the *Vie de Henry Brulard*, it becomes clear that medicine is presented as another tyrannical force that attempts to control Stendhal. I argue that this tendency in his autobiographical writing is borne out in *Lucien Leuwen*, in which medicine is criticized as an auxiliary arm of the patriarchal collusion between the family and the Catholic Church. In particular, *Lucien Leuwen* illustrates how the doctor-patient relationship is mapped onto the father-son relationship, suggesting the exploitation and manipulation inherent to medicine. The novel foregrounds the contemporary scourge of *vanité*, which was widely characterized by contemporaries as afflicting France after the 1789 Revolution, in order to highlight how medical men were embroiled in the mire of contemporary politics, rather than managing to heal their community as the novels of Chapter One suggest. Finally, Stendhal focuses attention on the particular condition of women, most notably through the depiction of Bathilde de Chasteller, particularly the scene in which Du Poirier leads Lucien to believe that she has given birth to an illegitimate child. I argue that the doctor-patient encounters in *Lucien Leuwen* resonate with the idea of the abjected feminine body. Building on the characterization of Stendhal as a proto-feminist, best represented by the scholarship of Simone de Beauvoir, this chapter argues that reading *Lucien Leuwen* as a medical text may go some way in deepening our understanding of Stendhal's portrayal of women in his novels.[6]

Lucien Leuwen tells the story of the eponymous young hero, the son of a rich Parisian banker, in Nancy in the years following the July Monarchy. Lucien is expelled from the École polytechnique after protesting in the anti-government riots, potentially those that followed the death of General Lamarque from cholera in 1832 discussed in Chapter Four. After joining the military on a whim, Lucien rides into Nancy with his military regiment but falls off his horse into the mud when distracted by the sight of a blonde woman at a

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[5] Ibid., p. 114.
[6] See Simone de Beauvoir, *Le Deuxième Sexe*, 2 vols (Paris: Gallimard, 1976), I, pp. 376-88 and Maria Scott, *Stendhal's Less-Loved Heroines: Fiction, Freedom, and the Feminine* (London: Maney, 2013), pp. 4-8.

window. Lucien falls in love with this woman, Bathilde de Chasteller, and the pair conduct a chaste relationship. However, Du Poirier forces Lucien to flee the city, abandonding Bathilde, by staging her fake childbirth, the *faux accouchement* scene. How should we read Du Poirier's numerous doctor-patient interactions with Lucien and Bathilde, and how is the medical relationship exploited for the doctor's political ambitions? How does Stendhal's novel use contemporary medical discourse, channelled through the doctor-patient relationship itself, as well as the medical encounter to launch a scathing criticism on the forms of power which he claims revolt him in *Vie de Henry Brulard*?

Stendhal is not often considered a medical or scientific writer: Jean Théodoridès describes the scientific aspect of Stendhal's work as 'peu connu et jusqu'ici non étudié', despite the fact that 'Chez Stendhal, cet intérêt pour les questions scientifiques est encore plus vif [que chez Balzac ou chez Flaubert]'.[7] His major novels, *Le Rouge et le Noir* (1830) and *La Chartreuse de Parme* (1839) feature no major medical characters. Although both *Lucien Leuwen* and *Lamiel* feature important doctors, these novels have both received significantly less scholarly attention given their status as unfinished works.[8] Moreover, the medical dimension of both novels has generally been underexamined since, in the case of *Lucien Leuwen*, the *faux accouchement* scene has been dismissed as far-fetched: Robin Buss comments that the episode is 'implausible' and others characterize it as a rare failure of Stendhalian realism.[9] Roger Pearson rehabilitates *Lucien Leuwen* by arguing that the novel examines the duplicity of style, politics, and identity in Orleanist France; Sandy Petrey pays particular attention to the *faux accouchement* scene by arguing that it portrays the duplicitous nature of Orleanist politics.[10] Michel Guérin describes the France of *Lucien Leuwen* as similarily grotesque: 'Lucien se comporte […] comme un spectateur voyageant au pays des grotesques'.[11] However, this chapter argues that Stendal uses *Lucien Leuwen*, and the *faux accouchement* scene

[7] Jean Théodoridès, *Stendhal du côté de la science* (Aran: Éditions du Grand Chêne, 1972), p. 10.
[8] See ibid., pp. 209-12 and pp. 219-23 for a summary of the encounters with doctors and illnesses in *Le Rouge et le Noir* and *La Chartreuse de Parme* respectively.
[9] Robin Buss, 'Introduction' in Stendhal, *Lucien Leuwen*, trans. by L. H. R. Edwards, (London: Penguin, 1991), p. 16. For *vraisemblance* in Stendhal, see Erich Auerbach, *Mimesis: The Representation of Reality in Western Literature* (Princeton: Princeton University Press, 2013), pp. 454-93, and Christopher Prendergast, *The Order of Mimesis: Balzac, Stendhal, Nerval, and Flaubert* (Cambridge: Cambridge University Press, 1986), pp. 119-47.
[10] See Roger Pearson, *Stendhal's Violin: A Novelist and His Reader* (Oxford: Clarendon Press, 1988), pp. 159-201 and Sandy Petrey, *In the Court of the Pear King: French Culture and the Rise of Realism* (Ithaca; London: Columbia University Press, 2005), p. 141. Despite the importance that he attaches to the *faux accouchement scene,* Petrey admits that 'It would be hard to think of a less credible, more fantastic scene in a realist novel', p. 140.
[11] Michel Guérin, *La Politique de Stendhal* (Paris: Presses universitaires de France, 1982), p. 85. The grotesque elements of *Lamiel* have been observed by Dennis Porter, '*Lamiel:* The Wild Child and the Ugly Men', *NOVEL: A*

in particular, to explore gender identity, particularly femininity, in early nineteenth-century France. In the first instance, I argue how *Lucien Leuwen*, through Du Poirier, creates a new trope of the scheming provincial doctor, who can be read as a demystification of the tropic country doctor analysed in Chapter One. In the second instance, I establish that the Stendhalian doctor-patient relationship is understood as mapping onto the father-son relationship, and thus is as tinged with malevolent paternalism as the latter. In the final instance, I argue that, by drawing attention to the female patient's forced contact with bodily fluids, the novel foregrounds the social, political, and narratological marginalization of women by patriarchal hegemony. I argue that this hegemonic centre achieves this peripheralization firstly, by reducing women to their reproductive roles via recourse to eighteenth-century medical essentialism; and, secondly, by rendering procreation itself abject by association with horror-provoking bodily fluids.[12]

From the Country Doctor to the Provincial Doctor

The depiction of Stendhal's frustration with the medical profession in the *Vie de Henry Brulard*, particularly the failures of the medical man idealized by Stendhal's father, is enough to suggest that readers should look for comparable depictions of doctors in novels such as *Lucien Leuwen*. Whereas Rousseau's, Balzac's, and Zola's novels all illustrate, and thus perpetuate, the idealized conception of the country doctor, who heals his patients and local community as a morally-upstanding leader of his community, *Lucien Leuwen* is deeply suspicious about such claims. Du Poirier is portrayed as deliberately manipulating the features of the country doctor in order to advance his own political career. The Stendhalian doctor is so ruthless in this regard that he manipulates his patients through an exploitative doctor-patient relationship. Heavily associated with Nancy by his ties with the city's Legitimist circle, Du Poirier embodies a counter-type to the country doctor: the provincial doctor. Rather than rising above the current state of national politics and working to revert his *bourg* to a simpler, more moral historical period as in Balzac's *Le Médecin de campagne*, Du Poirier is embroiled in all the dealings of contemporary France and, fittingly, is blighted by

Forum on Fiction, 12 (1978), 21-32. *Lucien Leuewen* is one of Stendhal's least researched novels. In 1983, an edited collection of essays on the text was entitled 'Le plus méconnu des romans de Stendhal'. See, for example, Anne-Marie Meininger, '*Lucien Leuwen et le marginaliste*' in *Le plus méconnu des Romans de Stendhal, "Lucien Leuwen",* ed. by Philippe Berthier (Paris: Éditions CDU et SEDES réunis, 1983), pp. 5-26.

[12] Maria Scott discusses the motif of mud in Stendhal using the framework of abjection. See Maria Scott, 'Stendhal's Muddy Realism', *Dix-Neuf*, 1: 16 (2012), 15-27.

rather than cures vanity. In this way, *Lucien Leuwen* proposes a scathing portrait of the politically-minded provincial doctor, as if in response to the trope of the country doctor discussed in Chapter One.

Vanity is a common Stendhalian motif, often juxtaposed with pride, and in *Lucien Leuwen* it becomes a pathological metaphor to describe the state of France after 1830.[13] Georges Blin observes that 'l'orgueil se prévaut d'un mérite ou d'un pouvoir dont la réalité n'a pas à lui être protestée par des tiers ni à la faveur de comparaisons'.[14] By contrast, 'la vanité se soucie peu que reste fictive la valeur dont, du moins, elle aura réussi à se faire créditer'.[15] Vanity is particularly characteristic of France in the nineteenth century. The era is dominated by vanity 'qui modèl[e] insidieusement la personne, de plus en plus soumise à des pressions sociales, à des règles qui brident son énergie, qui étranglent et l'éteignent'.[16] By contrast, the latter is a prideful form of self-knowledge and self-mastery since French politics was characterized by the 'triptyque' of money, vanity, and *esprit*.[17] As Henri-François Imbert observes, 'La vanité, l'horreur de la simplicité et du premier mouvement tarissent chez les Français les sources de l'enthousiasme […] la volonté ardente d'être soi-même'.[18] In the *Encyclopédie*, Louis de Jaucourt defined vanity as arising when notions of *gloire* had eroded: 'Il semble que l'homme soit devenu vain, depuis qu'il a perdu les sources de sa véritable gloire, en perdant cet état de sainteté et de bonheur où Dieu l'avait placé'.[19] This criticism is

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[13] Vanity also features in the third preface to the novel, although the extended metaphor refers primarily to the reader's own vanity: 'Il y avait un jour un homme qui avait la fièvre et qui venait de prendre un quinquina. Il avait encore le verre à la main, et faisant la grimace à cause de l'amertume, il se regarda au miroir et se vit pâle et même un peu vert. Il quitta rapidement son verre et se jeta sur le miroir pour le briser. Tel sera peut-être le sort des volumes suivants' (*LL*, 25). For an analysis of mirror metaphors in Stendhal, see Ann Jefferson, *Reading Realism in Stendhal* (Cambridge: Cambridge University Press, 1988), p. 20 and pp. 39-40. Charles Baudelaire's prose poem 'Le Miroir' alludes to the third preface of *Lucien Leuwen.* See Charles Baudelaire, *Le Spleen de Paris: petites poèmes en prose. La Fanfarlo*, ed. by David Scott and Barbara Wright (Flammarion: Paris, 2013), p. 162.

[14] Georges Blin, *Stendhal et les problèmes de la personnalité* (Paris: Librairie José Conti, 1958), p. 109.

[15] Ibid., p. 109.

[16] Yves Ansel, 'Vanité', in *Dictionnaire de Stendhal*, ed. by Yves Ansel, Philippe Berthier, and Michael Nerlich (Paris: Champion, 2003), p. 725. In *De l'Amour*, Stendhal contrasts *amour de vanité* to *amour de soi.* The former is a genre of vanity and relates to the male's perception of himself: 'L'immense majorité des hommes, surtout en France, désire et a une femme à la mode, comme on a un joli cheval, comme chose nécessaire au luxe d'un jeune homme': Stendhal, *De l'amour,* ed. by Victor del Litto (Paris: Gallimard, 1980), p. 28. Stendhal's conception of these two different forms of love is in contradistinction to that advanced by Rousseau. For Rousseau, *amour-propre* posits that the individual's esteem depended on the opinion of others; *amour de soi*, by contrast, is a blissfully primitive form of self-love which does not take the opinion of others into account. See Jean-Jacques Rousseau, 'Discours sur l'origine et les fondements de l'inégalité parmi les hommes', in *Discours sur les arts et sur les sciences, suivi de Discours sur l'origine et les fondements de l'inégalité parmi les hommes*, ed. by Jacques Roger (Paris: Flammarion, 1971), pp. 138-249.

[17] Guérin, *La Politique de Stendhal*, p. 109.

[18] Henri-François Imbert, *Les Métamorphoses de la liberté, ou, Stendhal devant la Restauration et le Risorgimento* (Paris: Corti, 1967), p. 56

[19] Louis de Jaucourt, 'Vanité', *Encyclopédie ou dictionnaire raisonné des sciences, des arts et des métiers, par une société des gens de lettres,* ed. by Denis Diderot and Jean le Rond d'Alembert, 28 vols (Paris: Briasson; David; Le Breton; Durand, 1751), XVI, pp. 833b-834a.

often launched at contemporary France in Stendhal's novels: for example, in *Armance* (1827), Octave laments that 'Depuis que la machine à vapeur est la reine du monde, un titre est une absurdité'.[20] By contrast, the sixteenth-century is favourably compared to the nineteenth in *Vittoria Accoramboni* (1837-39): 'la vanité n'enveloppait point toutes les actions des hommes d'une auréole d'affectation; on croyait ne pouvoir agir sur le voisin qu'en s'exprimant avec la plus grande clarté possible'.[21] For Stendhal, vanity was a particular scourge on nineteenth-century France, defining the habits of its individuals and the general population.

Moreover, the *malaise* which had gripped France since the end of the Revolutionary and Imperial periods was conceived in terms of illness by contemporaries: 'La France de la Restauration est infectée de cette maladie que Stendhal appelle un *sénéquisime général*, maladie littéraire et sociale qui, par-delà le style, atteint l'homme'.[22] By 1840, *le vaniteux* had become its own physiognomic 'type' in medical literature: defined as 'un homme qui juge tout de travers et prend sans cesse l'ombre pour la réalité'.[23] Vanity was therefore pathologized, which is to say treated as a medical abnormality that had swept France in the 1830s like an epidemic. One victim is the eponymous hero of *Lucien Leuwen*, whose vanity is attributed to the political regime under which he finds himself living: 'Comme chez la plupart de ses contemporains du balcon des Bouffes, une vanité puerile […] occupait la place de tous les goûts impétueux qui, sous Charles X, agitaient le cœur d'un jeune Français' (*LL*, 100). Here, Lucien not only suffers from the vanity of the age, but rather experiences it as a pathological affliction in so far as the reference to heart suggests both a mental nervousness as well as the physical heart palpitations which accompany such as state. Vanity was, then, the illness of the age.

But not only does Du Poirier fail to heal France's vanity sickness, as one would expect the country doctor to do, he in fact embodies it.[24] For Guérin, Du Poirier is the 'âme damnée des ultras (bien qu'elle ne soit

[20] Stendhal, *Armance*, ed. by Jean-Jacques Labia (Paris: Flammarion, 1994), p. 145.
[21] Stendhal, *Chroniques italiennes*, ed. by Béatrice Didier (Paris: Flammarion, 1977), p. 178.
[22] Imbert, *Les Métamorphoses des la liberté*, p. 56.
[23] Doctor Herbé, *Traité physiognomonique de la tête d'après Broussais, Cabanis, Chaussier, Gall, Georget, Lachambre, Lavater, Lebrun, Michaud, Moreau (de la Sarthe), Porta, Rostan, Spurzhein et Trélat* (Paris: Garnier, 1840), p. 61.
[24] In 1824 *Le Mercure de France au dix-neuvième siècle* named the charlatan as one of the most vain among contemporary society: 'le charlatan lui-même, qui debout sur un char, distribute au bruit des trompettes son baume universel à la foule ébahie, est peut-être au fond du coeur plus golorieux de son étalage, qu'un ministre de son porte-feuille ou qu'un courtesan d'un habit nouvellement brodé', A.-J., 'La Vanité, ou la puissance du ruban', *Le Mercure de France du dix-neuvième siècle*, vol. 4 (Paris: Baudouin frères, 1824), pp. 491-98, (p. 492). As the most successful doctor in Nancy, Du Poirier is not a charlatan, but historians such as Brockliss and Jones identify the thin line, often blurred, between

pas née), [qui] a vite fait de mettre le grappin sur Lucien. Onction, bassesse, ruse, entêtement: ce sont ses armes ordinaires'.[25] Du Poirier leads Nancy's Legitimists, royalists who had pledged allegiance to the elder branch of the Bourbon family, woefully overthrown during the July Revolution, and had been recently politically marginalized by the other factions of the French conservative right wing.[26] Rather than healing France's vanity epidemic, as his medical profession would be disposed to do, Du Poirier is the symptom *par excellence* of the country's recent decline in so far as he cultivates his image as an important political player. As an inventor of plots, an 'intrigant' (*LL*, 125), with a 'besoin de parler, de persuader, de faire naître des événements' (*LL*, 134), he manipulates his political allies, as well as his patients, in order to advance his own status.

After his election to the Chamber, Du Poirier makes a bombastic speech describing his mandate for political representation, justifying his mandate for politics but also revealing his vanity. Du Poirier claims that his provincial roots do not mean that he is poorly qualified for metropolitan politics, but that they instead provide his mandate. He argues that he has spent his professional life understanding the nature of the universal human soul which transcends class and region, 'j'ai passé ces longues années à connaître les hommes de tous les rangs et à secourir le pauvre' (*LL*, 657). Du Poirier boasts that he has sacrificed wealth in favour of learning about mankind, 'Né avec milles francs, je les ai sacrifiés hardiment pour faire mon éducation' (*LL*, 657). Du Poirier claims that he made his fortune by building up a reputable and popular practice, distinguishing himself as a member of the new moneyed bourgeoisie rather than an old aristocrat, ironically commenting that 'je l'avoue à ma honte, je n'ai pas eu le temps d'apprendre à danser' (*LL*, 657). The doctor's contact with ordinary Frenchmen constitutes his political mandate: 'Je suis ici le représentant de cent mille Français nos élécteurs auxquels j'ai parlé dans ma vie' (*LL*, 657). The narrator sardonically comments that Du Poirier's speech foregrounds only his own vanity: 'il avait eu l'addresse de faire passer par ses gestes et ses mines cet étonnant morceau d'égotisme' (*LL*, 657). In this passage, Stendhal sets out the extent to which Du Poirier is vain: the doctor is intensely interested in how he and

charlatanism and commercial success in the medical industry, see Brockliss and Jones, *The Medical World of Early Modern France*, pp. 27-29.

[25] Guérin, *La Politique de Stendhal*, p. 84.

[26] René Rémond famously characterizes Legitimists as one of three right-wing factions during the July Monarchy: Legtimists, Orleanists, and Bonapartists. See René Rémond, *La Droite en France de 1815 à nos jours. Continuité et diversité d'une tradition politique* (Paris: Aubier, 1954).

his medical practice is perceived since a good public opinion of them will allow him to advance his own political ambitions.

However, Du Poirer also exploits the particular human contact of the doctor-patient encounter between himself and Lucien in order to gain political leverage. Du Poirier takes advantage of the intimacy cultivated in the doctor-patient relationship in order to secure Lucien's departure. Lucien's love interest, Bathilde falls ill towards the end of the first part of the novel and Du Poirier prescribes complete bedrest for the foreseeable future: 'Ce qui frappa surtout madame de Chasteller dans ses soins, c'est qu'il lui défendit absolument de se lever' which directly causes her to lose interest in Lucien: 'dès lors, elle ne put plus espérer de voir Lucien' (*LL*, 359). As the doctor of both Bathilde and Lucien, Du Poirier exploits intimacy with both his current patient, Bathilde, and previous patients who have once been in his care, in this case Lucien, who leaves Bathilde's residence 'fort inquiet des réponses ambiguës de Du Poirier' (*LL*, 359). When he is betrayed by the Legitimist circle, Du Poirier, fearing 'un *fiasco* pour sa reputation et son influence en Lorraine dans la moitié jeune du parti, commença par confier […] que madame de Chasteller était plus malade qu'on ne le pensait' (*LL*, 371).[27] Du Poirier's exploitation of his patients produces illness from health; a child from a woman who was never pregnant; a reason for Lucien to leave Nancy when there was none. The masked ball and the *faux accouchement* do not exist but 'When staged as if they do […] they come into being […], just as the July Monarchy comes to exist in the mind of its audience, the nation of France'.[28] The régime's propensity to create something from nothing means that whatever is produced is superficial, favouring political actors who are willing to engage in dissimulation to get ahead. The fact that the politics of July Monarchy France were predisposed to create presence from absence meant that its discourse valued style over substance. French politics had thus become a matter of fashion and surface appearance, as opposed to conviction, principle or morality. Roger Pearson outlines how the politics of *Lucien Leuwen* are a matter of style: the left lacks it; the right has an abundance of it; the centre merely has pretensions of style.[29] The second preface to the novel evokes the author's superficial preference for Legitimists over Republicans thanks to the former's 'manière élégante' (*LL*, 25). For Stendhal, now that

[27] Stendhal uses the Italian word *fiasco* to describe the frequent occurrences of temporary erectile failure, termed as *fiascos*, in *De l'amour*: 'l'idée que ce malheur [un *fiasco*] est extrêment commun doit diminuer le danger'. See Stendhal, *De l'amour*, p. 351.
[28] Petrey, *In the Court of the Pear King*, p. 141
[29] Pearson, *Stendhal's Violin*, p. 174.

style defines French politics, vanity has become a prerequisite for all those who seek political advancement in the nineteenth century since the vain are profoundly interested in how they appear to others, including doctors.

Paternal Medicine: Lucien and his Father(s)

Given Du Poirier's deliberate manipulation of the codes governing the country doctor trope illustrated above, notably the country doctor's interest in his local vicinity, the doctor-patient relationship allows the physician to exploit his patients for his own benefit. *Lucien Leuwen* illustrates how the relationship of asymmetric exploitation between doctor and patient is mapped onto the relationship between François Leuwen and his son. Like the Stendhalian father father, in *Lucien Leuwen* the doctor is characterized as a malevolent paternalistic power, and even goes as far as colluding with the two former institutions.[30] Brooks juxtaposes Julien's development as a character with 'the seriality of those figures of paternity who claim authority': the novel tracks Julien as he moves from the influence of his legal father, Sorel, to the *chirugien-major*, to the Abbé Chélan, to the Abbé Pirard, and finally to the Marquis de La Môle.[31] As Michel Crouzet argues, Stendhal's novels dramatically reject the paternal paradigms inherited from Rousseau:

> On a pu voir dans *Le Rouge et le Noir* un défi à l'*Émile*, une reprise inversée du roman pédagogique [...]. Dans *Lucien Leuwen*, [les valeurs, les anti-valeurs du monde] sont l'objet d'un véritable enseignement et l'entreprise de démoralisation du héros est délibérée; les étranges *paternités* de Vautrin et de M. Leuwen impliquent une morale retournée, l'apprentissage de l'égoïsme.[32]

Similarly, the shadow of François Leuwen is felt throughout the novel, as Pearson puts it: 'Du Poirier seems to be a mere performer, upstaged by the much greater performance that is Leuwen *père*'s rise to power'.[33] However, Du Poirier is not merely a foreshadowing of the return of François Leuwen. *Lucien Leuwen* establishes that the doctor-patient relationship is mapped onto the paternal, tyrannical dynamic of the father-son relationship. The doctor-patient relationship acts as a surrogate for the father-son relationship during the first half of the novel, in which Lucien is physically removed from François Leuwen's control by his sudden relocation to Nancy. Michel Guérin observes that Du Poirier and

[30] Emanuel and Emanuel identify the 'paternal model' as one of the four possible modes of doctor-patient relationship. See Emanuel and Emanuel, 'Four Models of the Physician-Patient Relationship', 1-9.
[31] Peter Brooks, 'The Novel and the Guillotine: Or, Fathers and Sons in *Le Rouge et le Noir*,' *PMLA*, 97 (1982), 348-62 (p. 352).
[32] Michel Crouzet, *Lucien Leuwen. Le Mentir vrai de Stendhal* (Orléans: Paradigmes, 1999), p. 7.
[33] Pearson, *Stendhal's Violin*, p. 180

François Leuwen are Lucien's 'deux tuteurs "mondains"'.[34] Auerbach characterizes Julien's journey in *Le Rouge et le Noir* as 'conducted by a series of circumstances'.[35] To establish the parallels between Leuwen *père* and Du Poirier, Stendhal has the former declare that 'je suis le médecin de l'âme' (*LL*, 711): the legal and biological father is the doctor of the son's soul. Echoing the characterization of François Leuwen, Du Poirier likewise has an 'air paterne et prophétique' (*LL*, 147). Stendhal therefore demystifies the country doctor trope via the paternalistic provincial doctor, questioning the moral grounds assumed by the novels in Chapter One.

Du Poirier uses the inherent physical and emotional intimacy of the doctor-patient relationship to exercise this medico-paternal influence over Lucien. Du Poirier is called to the young Orleanist soldier's aide when Lucien is injured in a duel. Du Poirier uses Lucien's injury as an opportunity to gain his confidence, 'Du Poirier examinait sa blessure et observait les battements de l'artère, son regard était admirable' (*LL*, 126). The doctor then immediately converts physical intimacy into interpersonal familiarity: 'Le docteur n'eut pas été cinq minutes avec notre héros qu'il lui frappe familièrement sur le ventre en lui parlant' (*LL*, 126). Established within Lucien's sphere of confidence as his doctor, Du Poirier is privy to Lucien's most secret thoughts: 'Le docteur savait donner aux choses les plus personnelles, aux conseils intimes les moins sollicités, et qui eussent été les plus impertinents chez tout autre' (*LL*, 130). It is because of the doctor's 'tour si vif, si amusant, si peu offensant, tellement éloigné de l'apparence de vouloir prendre un ton de supériorité' that everything is confessed to him, 'qu'il fallait tout lui passer' (*LL*, 130). The doctor's newfound emotional intimacy with Lucien arises from the former's desire to make his patients talk, or even to confess their sins (*LL*, 131), and falsely flatters his patient to this end, he 'redoublait de flatteries brusques et incisives; il voulait absolument faire parler Lucien' (*LL*, 130). It is because of his desire to make Lucien talk that he gains astonishing intimacy with his patient, who haplessly remarks that 'On dirait que cet animal-là me connaît depuis six mois' (*LL*, 130).[36] In this

[34] Guérin, *La Politique de Stendhal*, p. 137.
[35] Auerbach, *Mimesis*, p. 454
[36] Du Poirier establishes a closeness which is best portrayed in the book between Bathilde de Chasteller and Mme de Constantin, 'son amie intime' (*LL*, 189), a friendship in which both parties are happy to be themselves and let their social personae fall. Although Lucien tries to maintain control of the doctor-patient relationship, notably by deciding to feign *ennui* in order to allow Du Poirier to entertain him amidst the boredom of Nancien society (*LL*, 131), it is evident that Lucien's ploy only works in Du Poirier and, furthermore, Lucien's enjoyment of Du Poirier's company was guaranteed by the doctor's orchestration of his encounter with him.

first encounter between Du Poirier and Lucien, the doctor establishes a striking intimacy with his patient's innermost thoughts, and is thus at the heart of the paternal doctor-patient relationship in *Lucien Leuwen*.

This mapping of the doctor-patient relationship onto the father-son relationship is played out on the level of plot. The two halves of *Lucien Leuwen*, with the first set almost exclusively in Nancy and the other in Paris, mirror one another in so far as both trace Lucien's attempt to carve his own path in two very different circles. The two halves are relatively distinct and, as such, Du Poirier's plot is confined to the novel's Nancien half. Yet there is one notable exception: the encounter between Lucien and Du Poirier in the streets of Paris. The unexpectedness of finding Du Poirier in the half of the novel to which he does not belong startles Lucien intradiegetically, in addition to allowing Stendhal to draw out the structural similarities between the first and second halves, between Nancy and Paris, between doctor-patient relationship and father-son relationship. This structural similarity draws attention to how both doctor and father are ultimately presented as failures by the development of the novel's plot. In the same way that each father figure in *Le Rouge et le Noir* 'claims authority, or has it conferred on him, just at the moment when he is about to be replaced', Lucien only understands the illusory nature of Du Poirier's power over him once the young soldier has left Nancy for Paris, according to his father's desire.[37] Du Poirier's hollow claim to power over Lucien is revealed to the latter via a dramatic doctor-patient encounter which inverts the power dynamic otherwise established in the first half of the novel. After transcribing Du Poirier's election speech, the narrator immediately recounts that 'Un jour, Lucien fut bien surpris en voyant entrer dans son bureau M. du Poirier' (*LL*, 658). Lucien is surprised to see the doctor, but Du Poirier is discountenanced. Having waited three days to visit Lucien out of fear, '[Du Poirier] tremblait que le jeune officier ne sût l'étrange tour qu'il avait joué pour le faire déguerpir de Nancy', and he worries that Lucien will kill him. Reduced in status, Du Poirier is deserving of Lucien's patronizing pity: 'Du Poirier avait de l'esprit, de la conduite, du talent pour l'intrigue, mais il avait le malheur de manquer de courage de la façon la plus pitoyable' (*LL*, 658). In sharp contradistinction to his election speech, which outlined how his practice of medicine had made him a well-suited political candidate, Du Poirier's cowardice stems

[37] Brooks, 'The Novel and the Guillotine', p. 353.

from his intimate knowledge of anatomy, 'Sa profonde science médicale s'était mise au service d'une lâcheté rare en France, son imagination lui représentait les suites chirurgicalement tragiques d'un coup de poing ou d'un coup de pied au cul bien assenés' (*LL*, 658). Terrified, Du Poirier asks if Lucien is armed, to which he replies in the affirmative, and Lucien then 'entendit ses dents claquer' (*LL*, 660).

In his moment of cowardice Du Poirier imagines his political success and the courage necessary for it, 'Quand ils font silence, quand les tribunes, toutes ces jolies femmes surtout, sont attentives, je me sens un courage de lion, je dirais son fait à Dieu le Père' (*LL*, 660). Yet when a drunkard stumbles towards the pair, the doctor grips tighter on Lucien's arm and exclaims: 'Ah! mon cher ami […] que vous êtes heureux d'avoir du courage' (*LL*, 660). Ironically, cowardice is incurable, even when it is a doctor suffering from it: as Lucien silently remarks to himself, 'On ne guérit pas de la peur' (*LL*, 659). Lucien's understanding of the true bankruptcy of Du Poirier's paternal authority, previously exhibited through both the relationship between doctor and patient in addition to numerous encounters between him, is revealed in one scene. For Stendhal, the right, which is to say the demystifying, doctor-patient encounter thus has the power to overturn what plot has otherwise construed. Indeed, Lucien's revelation completes what was foreshadowed by one of his friends during the first half of the novel, namely that Du Poirier is 'vraiment éloquent; s'il n'était pas peureux, mais peureux comme un enfant, peureux comme on ne l'est pas, ce serait un homme dangereux, même pour nous' (*LL*, 134). After having escaped Du Poirier by fleeing Nancy, Lucien has become sufficiently distanced from the tyranny the doctor held over him to be able to see Du Poirier for what he truly is. In the closing pages of *Lucien Leuwen*, then, we can say that the hierarchy of the doctor-patient relationship has been inverted by an unusual doctor-patient encounter in which Lucien wields power over Du Poirier who has now become fearful of him.

Just as Du Poirier is revealed as medically, politically, and morally bankrupt, around one hundred pages later, Leuwen *père* loses all his money and power, and eventually dies. As his father descends into failure, Lucien starts to see him as a cowardly and disappointing man who exerted control over him without any basis for the superiority that he claimed for himself. Lucien slowly realizes that 'Mon père […] se moque de moi!' (*LL*, 734). Instead, Lucien is only free of his father once Leuwen dies and the paternal assets are liquidated: 'Rien ne retenait Lucien à Paris', and so he leaves for the diplomatic mission to Italy (*LL*, 769). Leuwen *père* is far from the 'perfect father', as Brooks suggests, but is rather another example of

Stendhal's model of controlling paternal authority.[38] The ending of *Lucien Leuwen* therefore represents the unmasking of the doctor and of the father: the authority of manipulative paternalistic figures is understood as vacuous in the final moment of the hero's encounter with them. The sequence of tyrants in which Lucien finds himself, in which he is sequentially manipulated by Du Poirier in Nancy and by his father in Paris, underscores how the doctor-patient relationship is understood in the novel as comparable to the father-son relationship. Once the vacuous nature of the father figures' authority is understood, their victim, Lucien, is set free.[39] The power of the doctor-patient encounter, established by Du Poirier's complicity in the *vanité* of 1830s France, has thus been wrested from the physician by the patient. Doing so amounts to Lucien's newfound freedom from the paternal couple of the doctor-patient relationship and the father-son relationship. *Lucien Leuwen* therefore charts the eponymous hero's escape from the overbearing doctor-patient relationship via a doctor-patient encounter which overturns the power dynamic previously established between them.

Bathilde de Chasteller: Feminine Patienthood and Abjection

As much as *Lucien Leuwen* is dominated by the mapping of the tyrannical, and ultimately asymmetrical doctor-patient relationship onto the father-son relationship, Lucien's, and indeed the reader's, obsession with paternal power conceals another constricting force that is felt in the novel. Segal observes the importance of the maternal in *Le Rouge et le Noir*, and Julien's misguided preoccupation paternalistic forms of power:

> At every turn, as [Julien] aims (he thinks) with a classical oedipal move to strike out against fathers, he has been directing a murderous desire towards a woman until, at the moment Mme de Rênal writes the letter saying so, he is so shocked as to turn on her and prove her right [by shooting her].[40]

As Segal points out, the quintessential Stendhalian obsession with paternity is therefore a displacement of the maternal. The warm friendship between mother and son is suffocating for the eponymous hero since Madame Leuwen becomes a manifestation of the 'overbearing, devouring mother'.[41] Towards the end of

[38] Ibid., 353.
[39] Bernard's discovery of his status as a bastard at the beginning of Gide's *Les Faux-monnayeurs* (1925) is a similar moment of escape from paternalism and its incarnations: the protagonist discovers that his mother had an affair with another man before Bernard's birth, and thus that the man whom the protagonist has known as his father for his entire life no longer bears the authority over him that he once believed. See André Gide, *Les Faux-monnayeurs*, ed. by Martine Sagaert (Paris: Gallimard, 1925), pp.17-24.
[40] Segal, *The Adulteress's Child*, p. 63.
[41] Ibid., p. 102.

the novel, Lucien attempts to reject his father's meddling and the constraining space of his mother's salon, since he 'passait sa vie dans le salon de sa mère' (*LL*, 30) and tries to rent his own lodgings: 'Ici je serais, se disait-il en promenant avec délices, je serai tout à fait à l'abri de la sollicitude paternelle, *maternelle*, sempiternelle!' (*LL*, 740, my italics*)*. But Bathilde, Lucien's main love interest in the first half of novel, is elided into this paradigm of feminine tyranny. Bathilde and his mother become the only important things to him once the *faux accouchement* scene plays out before him:

> Ses devoirs comme militaire avaient disparu à ses yeux, il se sentait comme un homme qui approche des derniers moments. Toutes les choses du monde avaient perdu leur importance à ses yeux, deux objets surnageaient seuls: sa mère et madame de Chasteller. (*LL*, 380)

Lucien Leuwen illustrates how the family, the Church, and medicine collude to oppress young men such as Lucien and does so particularly through the doctor-patient and father-son relationships. Although Lucien is tyrannized by his father and doctor, Stendhal's writing elsewhere acknowledges that women were even more oppressed than their male counterparts: how does this translate into the doctor-patient relationship? What does patienthood mean for Bathilde and the hierarchical doctor-patient relationship? In the following section, I argue that by focusing on *la matrice*, the womb, Stendhal's novel criticizes contemporary medicine's investment in the womb as predestining women to become maternal, rather than public, figures. Nevertheless, I also argue how Stendhal's continued interest in animalism allows women sexual enjoyment by uncoupling pleasure from reproduction.

Bathilde de Chasteller, Lucien's primary love interest in the first half of the novel, is another of Du Poirer's patients. Deducing the romantic relationship between Bathilde and Lucien, Du Poirier realizes that he must destroy their connection in order to guarantee Lucien's flight from Nancy which alone would satisfy the doctor's Legitimist backers. Du Poirier devises a devious scheme: insisting that Bathilde is gravely ill, he confines her to her room. Knowing that Lucien will attempt to visit her, the doctor hides an infant in Bathilde's room and, when he is sure that Lucien is waiting in the antechamber, leaves the room with the infant in his bloodied arms. To make the insinuation even clearer, Du Poirier observes to a maid that he finds it odd that Lucien hasn't been seen for a while, but 'Après tout, peut-être l'enfant n'est pas de lui' (*LL*, 377). Horrified at Bathilde's supposed betrayal, Lucien quickly returns home, and then decides to leave Nancy for good. The overtly-visible blood in this scene points towards the abjection of childbirth. By abjection, I mean the state of being cast off, rejected, and marginalized, often through

recourse to notions of repulsion and abhorrence. Bathilde, as the patient, is marginalized, sullied, and abjected by Du Poirier's plot. The body is central to abjection: in Kristevan thought, abjection is the feeling provoked when subjects experience their own corporeality and, in so doing, discovers the point at which their 'self' meets the 'other', threatening the integrity of the former. This corporeality is experienced by the confrontation with a bodily fluid such as blood, or with products such as mud or faeces.[42] Julia Kristeva writes 'Il y a, dans l'abjection, une de ces violentes et obscures révoltes de l'être contre ce qui le menace et qui lui parait venir d'un dehors ou d'un dedans exorbitant, jeté à côté du possible, du tolérable, du pensable'.[43]

Stendhal's depiction of Bathilde builds on, and appropriates, eighteenth- and nineteenth-century medical discourse about femininity and the female body. Using the particular dynamic of the doctor-patient relationship, Stendhal illustrates the extent to which women were marginalized because of how their bodies were understood by contemporary medical discourse. Bathilde is dominated by sexual desire, which Stendhal refers to as 'l'influence of la matrice' in the manuscript's marginalia.[44] This concept is perhaps derived from Pierre Roussel's *Système physique et moral de la femme* (1775) and Cabanis's *Rapports du physique et du moral*.[45] Anne Vila describes Roussel's work as dedicated to the development of science, whose disciples

> aimed to classify the various members of the human race accord to age, sex, climate in order to fix each group's essential physical and moral nature which, regarding woman, meant that their nature was viewed as bound almost entirely by her role as childbearer.[46]

Cabanis reduces femininity to the reproductive function, arguing that women are dominated by their maternal instinct:

> De tous ces penchans [sic], qu'on ne peut rapporter aux leçons du jugement et de l'habitude, l'instinct maternel n'est-il pas le plus fort, le plus dominant? À quelle puissance faut-il attribuer ces mouvemens d'une

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[42] Julia Kristeva, *Pouvoirs de l'horreur. Essai sur l'abjection* (Paris: Éditions de Seuil, 1980), p. 11.
[43] Ibid., p. 11.
[44] *Matrice* is used here in its archaic sense to refer to the uterus, and thus coincides with Foucault's assertion that 'La Mère […] constitue la forme la plus visible de [l']hystérisation [du corps féminin]'. See Foucault, *Histoire de la sexualité*, I, p. 137.
[45] Yvonne Kniebehler defines the pair as 'l'un est de caractère scientifique, l'autre de caractère littéraire est moraliste', see Yvonne Kniebehler, 'Les médecins et la "nature féminine" au temps du Code Civil,' *Annales. Histoire, Sciences sociales*, 4: 1(1976), 824-45 (p. 828).
[46] Anne Vila, 'Sex and Sensibility: Pierre Roussel's *Système physique et moral de la femme*', *Representations,* 52, (1995), 76-93 (p. 76).

> nature sublime dans son but et dans ses moyens, mouvemens qui ne sont pas moins irrésistibles, qui le sont peut-être même encore plus dans les animaux que dans l'homme?[47]

Cabanis contends that the source of these maternal instincts is located in the biology of the female body, most notably the womb, *la matrice*: 'N'est-ce pas évidemment aux impressions déjà reçues dans la matrice, à l'état des mamelles, à la disposition sympathique où se trouve tout le système nerveux par rapport à ces organes éminemment sensibles?'.[48] In the early nineteenth century, then, 'la femme est *naturalisée*, c'est-à-dire définie par la nature de son sexe, tandis que l'homme est *socialisé*, c'est-à-dire défini comme le genre humain'.[49] Childbirth was a defining feature of femininity: as Jean Mainil has observed, the uterus was the synecdoche of womanhood.[50] The reproductive function of women defines their physiology since the reproductive organs 'sont la racine et la base de toute sa structure […] tout émane de ce foyer de l'organisation, tout y conspire dans elle.' Therefore, 'Le principe de sa vie qui réside dans ses organes utérines, influe sur tout le reste de son économie vivante'.[51] Reproduction was intimately linked with female sexual and romantic desire since 'si l'amour, cette affection universelle […] est plus spécialement le règne de la femme', this is because woman is 'l'être dépositaire des germes.' The repositary function of woman therefore necessitates that she be the more flirtatious gender: 'Sa pudeur, sa coquetterie ne sont que des éléments nécessaires de ce sentiment reproducteur, le plus sacré, le plus respectable de la nature'.[52] Parodying the essentialist vision of gender promoted by contemporary medical discourse, the narrator of *Lucien Leuwen* comments that the role of women is 'absolument réduit à celui de faire des enfants et de les soigner quand ils sont malades' (*LL*, 110-11). Women are thus restricted to their maternal roles:

> Seulement, le dimanche, donnant le bras à leurs maris, elles vont étaler dans une promenade les robes et les châles de couleur voyant dont ceux-ci ont jugé à propos de récompenser leur fidélité à remplir les devoirs de mère et d'épouse. (*LL*, 111)

According to Théodoridès, 'les sciences exactes constituaient pour [Stendhal] l'antidote de l'hypocrisie'; but in *Lucien Leuwen*, Stendhal uses medical science to reveal its own hypocritical attitude towards

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[47] Cabanis, *Rapports du physique et du moral de l'homme*, I, 129-30.
[48] Ibid., p. 130.
[49] Alexandre Pion, *Stendhal et l'érotisme romantique* (Rennes: Presses universitaires de Rennes, 2010), p. 138.
[50] Jean Mainil, *Dans les règles du plaisir. Théorie de la différence dans le discours obscène, romanesque et médicale de l'ancien régime* (Paris: Éditions Kimé, 1996), p. 24.
[51] 'Femme', *Dictionnaire des sciences médicales*, 60 vols (Paris: Panckoucke, 1815) XIV, 504.
[52] Ibid., p. 548.

women.[53] According to Beauvoir, Stendhal rejects biological essentialism since 'il ne croit pas au mystère féminin […] l'idée d'un 'éternel féminin' lui semble pédante et ridicule'.[54] Stendhal appropriates essentialist medical discourse on gender in order to dislodge it from its position of cultural, political, and social authority and influence: he does not merely recycle these essentialist views of biological difference, but rather uses feminine sexual desire to prioritize women's bodies, according them sexual autonomy divorced from maternity.[55] He does so by foregrounding how social-sexual conventions constrain desire: '[si les] femmes françaises sont des êtres moins agissants, moins énergiques, moins redoutés, et surtout moins aimés et moins puissants que les femmes espagnoles et italiennes' it is because they are 'formées par les aimables Français qui n'ont que de la vanité et des désirs physiques'.[56]

Contemporary medical discourse linked the production of menstrual blood to the process of gestation: Roussel illustrates how

> dans le temps des règles, la nature dispose la portion de ce tissu, qui entre dans la structure de la matrice, de la manière la plus convenable à l'excrétion qu'elle prépare, et qu'elle en fait de même à l'égard de toutes les autres excrétions.[57]

Therefore, the female body, and the bodily fluids that it produces, are entirely driven towards reproduction: 'On croit communément que la nature, dans le flux menstruel, n'a pour objet que la fécondité'.[58] In late-eighteenth and early-nineteenth century medicine, the broken hymen, menses, and childbirth were all signs of a fertile and sexually active woman, perceived as threatening to the masculine subject and the patriarchal system, and thus repressed due to her connection with the repulsive and the abject. In Stendhal, the feminine abject is heralded by the indexical motif of red-on-white; blood on the sheets after a broken hymen; the blood of menses and the onset of puberty; the blood of childbirth.[59] Being contaminated by blood is thus a symbol of being abjected, or experiencing abjection when confronted with the sight of blood. These scenes of enforced patienthood are thus all connected to one

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[53] Théodoridès, *Stendhal du côté de la science*, p. 278.
[54] Beauvoir, *Le Deuxième Sexe*, I, p. 377.
[55] Throughout this chapter and the next, I refer to Stendhal's 'feminine' rather than 'female' characters in order to echo Stendhal's distancing from the biological essentialist concept of gender implied by 'female', which conflates biological sex with social gender role. This decision has been made in light of Helen Swift's work on gender and narrative. See Helen Swift, *Gender, Writing, and Performance: Men Defending Women in Late Medieval France (1440-1538)* (Oxford: Oxford University Press, 2006).
[56] Stendhal, *De l'amour*, p. 148.
[57] Roussel, *Système physique et moral*, p. 190.
[58] Ibid., p. 195.
[59] Lamiel's pubescent *ennui* and the *fausse phtisie* scene are discussed in Chapter Three.

another in the nexus of corporeality, femininity, and the abject. The horror at the abject explains Lucien's failure to see through Du Poirier's ploy: 'il vit, *bien malgré lui*, l'enfant [que Anne-Marie] portait avec ostentation et qui, au lieu de quelques minutes de vie, avait bien un mois ou deux. C'est ce que Leuwen ne remarqua pas' (*LL*, 377-78, my italics).

Lucien's horror is caused by his newfound understanding: his contact with the abjection of Bathilde's childbirth threatens his own sense of self. When Du Poirier emerges covered in blood, '[Lucien] vit arriver dans l'antichambre le docteur essoufflé portant l'enfant dans un linge qui lui parut taché de sang' (*LL*, 377). The re-appearance of blood reminds the reader of the visual motif of blood that Bathilde also endured thanks to Du Poirier's needless blistering of her leg, 'Il engagea madame de Chasteller à souffrir un vésicatoire à la jambe et l'empêcha ainsi de marcher pendant un mois' (*LL*, 371). The horror that the sight of Bathilde's blood and the crying child provokes in Lucien is enough to almost force him to flee: 'Il fut sur le point de sortir de sa cachette et de s'enfuir' (*LL*, 378) and, during the journey to Paris, 'il fuyait la douleur, le mouvement physique lui tenait lieu de mouvement moral' (*LL*, 392). Instead, Lucien declares to his mother that 'je suis fou' and hastily leaves the city for Paris (*LL*, 380). The terrifying effect of the mother is also projected onto Bathilde, whose mere presence is deeply troubling to Lucien: 'Eh! bien, la présence de madame de Chasteller vous déconcerte?' (*LL*, 268). Here, the verb *déconcerter* corresponds to the disturbing effect of the confrontation with the abject. Bathilde also experiences a visceral reaction to Lucien's newfound prominence in her social circle: 'Il lui sembla recevoir comme un coup dans la poitrine, près du cœur, en trouvant Leuwen comme établi dans le salon de ces dames et jouant avec les demoiselles en présence du père et de la mère comme s'il eût été un véritable enfant' (*LL*, 267-68). The chest was understood by contemporary medicine to be revelatory of the sufferer's character, as Sontag writes, 'A disease of the lungs is, metaphorically, a disease of the soul', and therefore the way in which Bathilde feels pain in this area suggests that her soul is deeply troubled by physical proximity to Lucien.[60]

This motif of unsettling, horror-inducing experiences is relatively common in Stendhal's œuvre: the diverse cast of Stendhalian protagonists are united by their shared experience of encountering the fragility

[60] Sontag, *Illness and Metaphor*, p. 18.

of their selfhoods via a confrontation with the abject. In *Lucien Leuwen*, Lucien is disgusted when he swallows the mud thrown at him by political protestors whilst electioneering, 'La boue et les tronçons de choeux volaient de tous côtés dans la calèche' (*LL*, 534).[61] At the Battle of Waterloo in *La Chartreuse de Parme*, Fabrice fixates on icons of abjection most notably corpses and the mingling of blood with mud on the churned up field: 'Ce qui le frappait surtout c'était la saleté des pieds de ce cadavre qui déjà était dépouillé de ses souliers, et auquel on n'avait laissé qu'un mauvais pantalon tout souillé de sang'.[62] And, later, 'Ce qui lui sembla horrible, ce fut un cheval tout sanglant qui se débattait sur la terre labourée, en engageant ses pieds dans ses propres entrailles […] le sang coulait dans la boue'.[63] Beauvoir highlights how the overt presence of female sexuality heightens masculine anguish around its own selfhood, 'On s'est demandé si l'horreur que l'homme éprouve à l'égard de la femme vient de celle que lui inspire la sexualité en général, ou inversement'.[64] As such, 'dans toutes les sociétés l'homme est protégé par tant de tabous contre les menaces du sexe féminin'.[65] Jean-Paul Sartre characterizes viscous materials, such as mud, as a feminine menace to the male subject which it threatens to submerge:

> J'écarte les mains, je veux lâcher le visqueux et il adhère à moi, il me pompe, il m'aspire; […] c'est une activité molle, baveuse et féminine d'aspiration, il vit obscurément sous mes doigts et je sens comme un vertige, il m'attire en lui comme un fond d'un précipice pourrait m'attirer.[66]

Reproduction, and thus the feminine body, are marginalized by their association with abject material. For Mary Douglas, this marginalization is necessitated by the supposed poisonous and effeminate effect of feminine bodily fluids, even though the male body is equally viscous:

> Both male and female physiology lend themselves to the analogy with the vessel which must not pour away or dilute its vital bodily fluids. Female are correctly seen as, literally, the entry by which the pure content may be adulterated. Males are treated as pores through which the precious stuff may ooze out and be lost, with the whole system being thereby enfeebled.[67]

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[61] For an analysis of this scene, see Scott, 'Stendhal's Muddy Realism', pp. 15-27.
[62] Stendhal, *La Chartreuse de Parme*, ed. by Mariella Di Maio (Paris: Gallimard, 2003), p. 89.
[63] Ibid., p. 95.
[64] Beauvoir, *Le Deuxième Sexe*, I, p. 270.
[65] Ibid., p. 269.
[66] Jean-Paul Sartre, *L'Être et le néant. Essai d'ontologie phénoménologique* (Gallimard: Paris, 1943), p. 655.
[67] Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (London; New York: Routledge, 2003), p. 127. Elizabeth Grosz argues that 'It is clear […] that this horror of submersion, the fear of being absorbed into something which has no boundaries of its own, is not a property of the viscous itself; […] what is disturbing about the viscous or the fluid is its refusal to conform to the laws governing the clean and proper, the sold and the self-identical, its otherness to the notion of entity – the very notion that governs our self-representations and understanding of the body. It is not that female sexuality is like, resembles, an inherently horrifying viscosity. Rather, it is the production of an order that renders female sexuality and corporeality marginal, indeterminate, and viscous that constitutes the sticky and viscous with their disgusting, horrifying connotations'. Elizabeth Grosz, *Volatile Bodies: Towards a Corporeal Feminism* (Bloomington: Indiana University Press, 1994), pp. 194-95.

Confrontation with the corporeality of feminine sexuality thus threatens the masculine sense of self, and we can thus reinterpret Beauvoir's assertion as relating to the danger posed to men by the very presence of the female body: 'C'est pourquoi dans toutes les sociétés l'homme est protégé par tant de tabous contre les menaces du sexe féminin'.[68] Indeed, this process occurs on the level of the subject: 'C'est la femme qu'il découvre en découvrant son propre sexe, même si elle ne lui est donnée ni en chair ni en os, ni en image; et inversement c'est en tant qu'elle incarne la sexualité que la femme est redoutable'.[69] Scott links this fear of female sexual desire with Lucien's encounter with the abject: 'Sa peur en matière sexuelle serait ainsi, dans cette logique, entièrement en accord avec son affolement lorsque la foule à Blois lui jette de la boue à la figure'.[70] The *faux accouchement* scene in *Lucien Leuwen* can similarly be read as the moment of Bathilde's abjection by Du Poirier: Stendhal demonstrates the defunct status of these ideas by appropriating contemporary medical discourse on the essential nature of maternity to femininity. This peripheralization is achieved through the claim that women, thanks to their supposed biological organization around maternity, are more closely associated to abjection than their male counterparts. In Stendhal, the doctor-patient encounter is the site at which this abjection is demonstrated as thrust onto feminine characters by their doctors' machinations. In *Lucien Leuwen*, the doctor is thus the medical incarnation of the oppressive forces of Church and family that seek to enslave and marginalize the feminine body by reducing its function to childbearing and rearing.

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The doctor-patient relationship established in *Lucien Leuwen* is mapped onto the tyrannical father-son relationship, from which a conception of malevolent paternalistic medicine emerges. Du Poirier's obscene vanity demystifies the trope of the good country doctor seen in Chapter One. Rather than aiming to heal Nancy or France from its plague of vanity, Du Poirier is one of its worst-afflicted victims. Rather than displaying a genuine and self-effacing dedication to his patients and locale, as we have seen Doctor Benassis and Doctor Pascal exhibit, Du Poirier exploits the doctor-patient relationship for the vulnerable intimacy with his patients which it affords him. The novel's bipartite plot charts Lucien's move through

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[68] Beauvoir, *Le Deuxième Sexe*, I, p. 269. As such, Beauvoir argues that 'la femme n'a rien à craindre du mâle; le sexe du celui-ci est considéré comme laïque, profane' (ibid., p. 269).
[69] Ibid., p. 271.
[70] Scott, 'Le Réalisme et la peur du désir?' p . 53.

the doctor-patient relationship and the father-son relationship, to be eventually freed by a dramatic doctor-patient encounter in which the typical power structure has been inverted. In *Lucien Leuwen* the doctor-patient relationship, and particularly Du Poirier's encounters with Bathilde, demonstrate the harm which medicine can inflict on its patients. By rendering Bathilde abject through the *faux accouchement* scene, Du Poirier harms both of his patients, Bathilde and Lucien, by forcing the latter to flee Nancy on account of what he thinks he has seen in the antechamber. In particular, Stendhal uses the doctor-patient relationship to suggest the ways in which medicine's adherence to biological essentialism contributed to women's physical abjection and political marginalization from French public life. Stendhal's novel points towards animal sexuality as a means by which Bathilde can, like Lucien, escape from the paternal paradigm of Church, family, and medicine. Overall, the mirror metaphor of the third preface to the novel suggests an important way in which *Lucien Leuwen* can be understood from the perspective of medicine and the politics of representation: the twinned elements of patriarchal tyranny and abject maternity, combine to define French politics in 1830 in the novel. Doctor-patient encounters, although at first seen to be the foundation on which the paternal doctor-patient relationship is based, are presented in *Lucien Leuwen* as ways by which Stendhal's main characters can escape from the powers which try to control them.

For all that *Lucien Leuwen* suggests that animal sexuality provides an antidote to biological essentialism for Bathilde, the concept itself is somewhat troubling. Stendhal's re-appropriation of *la matrice* as a mysterious sexual organ, rather than an organ intended for women's fulfilment of their reproductive role, means that he foregrounds the importance of the body. Stendhal's animalism could thus be construed as another articulation of the same primacy of the body found in eighteenth- and nineteenth-century medical discourse on femininity and childbirth. Moi warns against the radical credentials of theories such as animalism, pointing out that 'no amount of rethinking the concepts of sex and gender will produce a good theory of the body or subjectivity'.[71] Moi argues that any interpretation of feminine experience in which the body plays a determining role means that that interpretation will inevitably fall into an essentialist, abstract, ahistorical and asocial understanding of the body and embodied experience.[72]

[71] Toril Moi, *What is a Woman?: And Other Essays* (Oxford: Oxford University Press, 1999), p. 4
[72] Ibid., p. 5

According to this argument, the modern reader should be wary of Stendhal's re-appropriation of Bathilde's animalism to refer to her innate freedom since referring to the body necessarily entails adhering in some way to the epistemology which confines her to domestic and maternal roles on account of her reproductive ability. Although I have illustrated that Bathilde is freer than many Stendhal scholars have supposed, her freedom is understood in *Lucien Leuwen* as linked with her physical being rather than the actions she undertakes. In this way, Bathilde strongly contrasts with the eponymous heroine of *Lamiel*, a true anomaly in Stendhal's œuvre. Discussed in greater detail in the following chapter, Lamiel is considered by Stendhalian scholarship to be the strongest embodiment of this feminine freedom. For example, regarding the novel's unfinished status, Schor states that the theme of feminine emancipation in the novel prove it to be 'an unwriteable text' and that 'the incompletion of [the novel] testifies to [the] fundamental impossibility of representing […] a mobile, fully empowered female protagonist within the limits of realism'.[73] Although *Lucien Leuwen* goes some way in demonstrating a feminine response to medicine's control of her freedom, it is not until *Lamiel* that we see a truly free Stendhalian female character, articulated through Lamiel's own manipulation of the doctor-patient relationship via the inverted power dynamics of a medical encounter. Chapters Three and Four focus on these bedside encounters between (male) doctor and (female) patient, foregrounding questions about the involvement of gender in medical interactions.

[73] Schor, *Breaking the Chain*, pp. 141-42.

Chapter Three.

Essential Femininity: Blood, Tuberculosis, and Pubescent Patients in Stendhal's *Lamiel*

In Stendhal's unfinished novel *Lamiel*, the doctor-patient encounter is used to demystify the biological essentialism on which contemporary medical attitudes to the female body and disease were founded. Essentialism posits that human nature is permanent, unalterable, and eternal. The feminist critic Elizabeth Grosz explains the effect of gender essentialism on the social position and personal experience of women in the following terms:

> [Essentialism] entails the belief that those characteristics defined as women's essence are shared in common by all women at all times. It implies a limit of the variations and possibilities of change - it is not possible for a subject to act in a manner contrary to her essence. Her essence underlies all the apparent variations differentiating women from each other. Essentialism thus refers to the existence of fixed characteristic, given attributes, and ahistorical functions that limit the possibilities of change and thus of social reorganization.[1]

Eighteenth-century cultural discourse on gender was dominated by essentialism: the belief that the nature, and thus social role, of men and women were indissolubly tied to their immanent and unchanging being. With regard to women, this meant that their essence was dependent on their maternal function and, as such, young girls were defined by their childbearing potential. Attention was thus placed on a girl's status as a virgin: Diderot's 'Salon de 1765' describes Jean-Baptiste Greuze's *L'Oiseau mort* (1765), and the 'Délicieux' melancholy of the depicted young girl as a visual metaphor for the girl's lost virginity:

> Le sujet de ce petit poème est si fin que beaucoup de personnes ne l'ont pas entendu; ils ont cru que cette jeune fille ne pleurait que son serin. Greuze a déjà peint une fois le même sujet. Il a placé devant une glace fêlée une grande fille en satin blanc, pénétrée d'une profonde mélancolie. Ne pensez-vous pas qu'il y aurait

[1] Elizabeth Grosz, *Space, Time, and Perversion: Essays on the Politics of Bodies* (New York; London: Routledge, 1995), pp. 47-48.

> autant de bêtise à attribuer les pleurs de la jeune fille de ce Salon à la perte d'un oiseau, que la mélancolie de la jeune fille du Salon précédent à son miroir cassé? Cet enfant pleure autre chose, vous dis-je. D'abord vous l'avez entendue, elle en convient, et son affliction le dit de reste. Cette douleur! à son âge! et pour un oiseau! – Mais quel âge a-t-elle donc?[2]

Diderot's invitation to dwell on the young girl's age, in her mid-teenage years, encourages the reader to reconsider his earlier imagining of the scene that inspired the girl's tears.

> Eh bien! je le conçois; il vous aimait […] Et laissez-moi continuer; pourquoi me fermer la bouche de votre main? […] Il vint; vous étiez seule, il était si beau, si passionné, si tendre, si charmant! […] Votre mère ne revenait toujours point. Ce n'est pas votre faute; c'est la faute de votre mère.[3]

The mysterious *il* emerges as the young girl's illicit lover: the loss of her virginity, a crisis in her feminine identity and purpose, is the cause of her tears. Diderot's discussion of Greuze's painting therefore coincides with his article on 'Beauté' in the *Encyclopédie* which demonstrates his belief in innate social instincts and therefore the existence of beauty as a universally recognized phenomenon.[4] Diderot published the 'Salon de 1765' during his lifetime, and it continued to be circulated and read during the period that Stendhal began his writings on art.

Essentialism motivated the political marginalization of women in Revolutionary France and provided the historical backdrop for Stendhal's feminine characters: the restriction of private *salons* and the explicit exclusion of women from the office of citizenship resulted in a reduction of female public visibility during the French Revolution and First Republic.[5] The political marginalization of women was justified by their close identification with their reproductive biological function and thus their socio-familial maternal role: Rousseauan ideas about the sanctity of maternity were incorporated by the Republic and women became enslaved to their reproductive function.[6] Jean-Marie Roulin argues that motherhood became a 'privileged symbol of the nation' since it replaced the king-subject relationship with one based

[2] Denis Diderot, 'La Jeune fille qui pleure son oiseau mort. Du même', 'Salon de 1765', *Salons*, ed. by Michel Delon (Paris: Gallimard, 2008), p. 136.
[3] Ibid., p. 134.
[4] Denis Diderot, 'Beauté', in *Encyclopédie ou dictionnaire raisonné des sciences, des arts et des métiers, par une société des gens de lettres*, II, p. 182.
[5] See Eliane Viennot, *Et la modernité fut masculine. Le France, les femmes et le pouvoir 1789-1804* (Paris: Perrin, 2016).
[6] Despite the projection of citizenship onto women's bodies, women were excluded from legal and political statuses during the period, and allegorical images of women often focused on their maternal function. See Marina Warner, *Monuments and Maidens: The Allegory of the Female Form* (London: Vintage 1996), p. 68 and Madelyn Gutwirth, *The Twilight of the Goddesses: Women and Representation in the French Revolutionary Era* (New Brunswick, NJ: Rutgers University Press, 1992), pp. 279-82. For Rousseau and the 'fabrication of Romantic sensitivity', particularly in relation to breastfeeding, see Richard Darnton, *The Great Cat Massacre and Other Episodes in French Cultural History* (New York: Basic Books, 2009), pp. 215-56.

on nourishment and education.[7] Marilyn Yalom charts how 'Nursing […] had become, as Rousseau had hopefully envisioned, a collective manifestation of civic duty'.[8] Allegorically, women's bodies came to represent ideals and anxieties surrounding the modern French nation: Joan Landes observes that 'Representations of women within popular imagery promoted the ideal of French republicanism and contributed to individuals' self-understanding as citizens of the nation-state'.[9] The *code civil* reduced women to the legal status of minors.[10] Their political marginalization resulted in women's shadowy presence in contemporary historical and literary sources: Michelle Perrot observes that, 'les femmes sont imaginées beaucoup plus que décrites ou racontées'.[11] Despite the political marginalization of women during the Revolutionary period, Stendhal's writing evokes singular historical women such as Charlotte Corday and Madame Roland. Roland in particular is imagined by Stendhal as his ideal reader: 'S'il y a un succès, je cours la chance d'être lu en 1900 par les âmes que j'aime, les Mme Roland, les Mélanies Guilbert, les…'.[12] This motif of singularity therefore underpins not only characters such as Julien Sorel, Mathilde de La Môle, and Fabrice del Dongo, but also Stendhal's ideal (female) reader.[13]

Stendhal defies these political circumstances by vehemently arguing, in the 'Projet d'article' for *Le Rouge et le Noir*, that Mathilde is distinctively unimagined and claiming that 'cette jeune fille de Paris' is drawn from real life.[14] For Stendhal political marginalization is a form of feminine freedom since he views political

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[7] Jean-Marie Roulin, 'Mothers in Revolution: Political Representations of Maternity in Nineteenth-Century France', *Yale French Studies*, 101 (2008), p. 185.
[8] Marilyn Yalom, *A History of the Breast* (London: Pandora, 1998), p. 117. Nicole Fermon argues that the casting of citizenship in affective terms was inspired by Jean-Jacques Rousseau. See Nicole Fermon, *Domesticating Passions: Rousseau, Woman, and Nation* (Hanover; London: Wesleyan University Press, 1997), p. 6.
[9] Joan Landes, *Visualizing the Nation: Gender, Representation, and Revolution in Eighteenth-Century France* (Ithaca, NY; London: Cornell University Press, 2001), pp. 1.
[10] 'Le mari doit protection à sa femme, la femme obéissance à son mari': Article 213, *Code civil des Français,* 3 vols (Paris: Imprimerie de la République, 1804), I, p. 57. In *Le Rouge et le Noir*, Stendhal suggests how the *code pénal* protects wrong-doers rather than their victims. M. de Rênal thinks 'je puis surprendre ce petit paysan avec ma femme, et les tuer tous les deux […] Le Code pénal est pour moi, et, quoi qu'il arrive, notre congrégation et mes amis du jury me sauveront', Stendhal, *Le Rouge et le Noir,* ed. by Michel Crouzet (Paris: Le Livre de Poche, 1997), p. 129.
[11] Michelle Perrot, *Les Femmes, ou les silences de l'histoire* (Paris: Flammarion, 1998), p. iii.
[12] Stendhal, *Vie de Henry Brulard*, p. 40.
[13] Mme Grandet, rather than Bathilde, has tended to receive more critical attention since she is considered to be painted as a deeper, more emotional character. Xavier Bourdenet argues that she undergoes a 'réorientation romanesque' which generates 'nouvelles virtualités narratives' during the novel's second half. See Xavier Bourdenet, 'Mme Grandet, ou comment l'amour viennent aux femmes', *L'Année stendhalienne*, 8, (2009), 169-86 (p. 185). Scott highlights 'la métamorphose que représente sa découverte d'un attachement sentimental à Lucien'. See Maria Scott, 'Le Réalisme et la peur du désir? Le cas de *Lucien Leuwen*', *L'Année stendhalienne*, 9, 2010, 35-57 (p. 36).
[14] Stendhal, 'Stendhal Critique de Stendhal.' Projet d'article. 18 octobre-3 novembre 1832 in *Le Rouge et le Noir*, ed. by Michel Crouzet (Paris: Librairie Générale Française, 1997), p. 568. By contrast, *Le Rouge et le Noir* ironically disrupts the assertion made in the 'Projet d'article' when it states that '[Mathilde] est tout à fait d'imagination, et même

representation as a form of oppression: it places the subject at the mercy of hypocritical and vain public opinion.[15] Although Stendhal's characters are indeed marginalized within this matrix, they manage to enjoy a paradoxical freedom. Beauvoir argues that:

> L'homme dit sérieux est en fait futile parce qu'il accepte de sa vie des justifications toutes faites; tandis qu'une femme passionnée et profonde révise à chaque instant les valeurs établies; elle connaît la constante tension d'une liberté sans appui.[16]

The eponymous heroine of *Lamiel* is considered by scholarship to be the strongest embodiment of this feminine freedom: Schor states that *Lamiel* is 'an unwriteable text' and that 'the incompletion of [the novel] testifies to [the] fundamental impossibility of representing […] a mobile, fully empowered female protagonist within the limits of realism'.[17] These arguments have been essential to a reappraisal of Stendhal's most enigmatic novel, but they have not yet focused on the medical dimension of the novel's discourse. Here I argue that it is because biological essentialism underpins women's deliberate removal from the public sphere after the Revolution that Stendhal chooses to demystify the mythology surrounding women. I examine the scene in which Lamiel simulates the symptoms of tuberculosis as her doctor's creation of a fake medical event. In this scene, doctor and patient deliberately manipulate the cultural and medical metaphors of tuberculosis. This chapter offers a close reading of the scene in order to demonstrate how and why the eponymous patient in *Lamiel* manages to escape the epistemological and political control that her doctor tries to impose, thus problematizing the binary and hierarchical power structures of the medical encounter. Stendhal rejects biological essentialism and the marginalization of women by way of a medical event and then a doctor-patient encounter in *Lamiel*, respectively overinterpreted and misread by Sansfin: Lamiel's entry into puberty, and the faking of tuberculosis in the *fausse phtisie* scene, outlined in more detail below.[18] These episodes expose received ideas, of both power

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imaginé bien en dehors des habitudes sociales qui parmi tous les siècles assureront un rang si distingué à la civilisation du XIXe siècle', p. 361.

[15] By the same logic, Stendhal characterized political inclusion as tyrannical: 'À vrai dire, puisqu'on est forcé de faire un aveu si sérieux, crainte de pis, l'auteur serait au désespoire de vivre sous le gouvernement de New York. Il aime mieux faire la cour à M. Gruizot que fair la cour à son bottier. Au dix-neuvième siècle, la démocratie amène nécessairement dans la littérature le règne des gens médiocres, raisonnables, bornés et plats, littérairement parlant' (*LL*, 26).

[16] Beauvoir, *Le Deuxième sexe*, I, p. 385.

[17] Schor, *Breaking the Chain*, pp. 141-42.

[18] The term 'tuberculosis' was first used by Johann Lukas Schönlein in 1839, but the French term *phstsie* remained in common usage throughout the era. In modern scholarship, 'tuberculosis' is used to designate the changing perceptions of the disease in the mid-century after Robert Koch's isolation of the bacteria, thus disproving beliefs that consumption was a heredity disease. Consumption was referred to as *la peste blanche* in reference to the Black

and of women, and in both the cultural and medical domain, as epistemologically suspect and harmful by depicting the struggle between the medical establishment's essentialism and the patient's attempts to resist these doctrines. Lamiel does so by asserting a form of proto-Existentialist freedom. This chapter argues that the eponymous patient in *Lamiel* manages to escape the epistemological and political control that her doctor tries to impose, thus problematizing the binary and hierarchical power structures of the medical encounter. The doctor-patient encounter is thus an important way in which *Lamiel* explores the interface between culture, medicine, gender, and metaphorical (mis)representation.

Lamiel depicts the life of a young Norman peasant girl who is employed by the local *châtelaine*. Used to roaming free in the countryside, Lamiel develops severe chest pains and *ennui* once her freedom of movement becomes restricted by the castle's rules. The local doctor, a hunchback named Sansfin, is called to her bedside. He successfully diagnoses her as suffering from *ennui*, and embarks on a course of treatment. However, once her symptoms begin to alleviate, Sansfin warns Lamiel that her improving condition will hasten his departure from her bedside. In order to extend his presence alongside Lamiel – in fact a ploy to remain close to the Duchesse whom he hopes to manipulate politically – the doctor convinces Lamiel to simulate the symptoms of tuberculosis in order to ensure round-the-clock medical care. This phase of the novel is often considered by scholars to be a quintessential scene of male medical domination over a female patient, and thus scholarship on *Lamiel* foregrounds Sansfin's predatory and malevolent intentions towards his patient. For example, Dennis Porter observes the quasi-fairy tale elements of *Lamiel*, and argues that the novel's characters, incidents and narrative structures call to mind folkloric short stories in which a young girl is preyed upon by a sinister older man.[19] The supposed straightforward imposition of Doctor Sansfin's will over Lamiel, in order to reduce 'la jeune fille à l'état de *complice*' leads Philippe Berthier to argue that Sansfin's libido is excessively virile and violent.[20] Reactions to *Lamiel* and its eponymous heroine's submission to her role as Sansfin's accomplice range

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Death of the fourteenth century. See David Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley: University of California Press, 1995), pp. 4-21.

[19] Porter, '*Lamiel:* The Wild Child and the Ugly Men,' p. 24. Philippe Berthier links the fairytale dimension to Sansfin: 'Par sa bosse, Sansfin communique avec un riche filon d'imaginaire maléfique dont témoigne abondamment le folklore. Dans les contes, le bossu malfaisant occupe un emploi bien répertoirié, au carrefour de l'effrayant, de l'odieux et du grotesque', Philippe Berthier, *'Lamiel' ou la boîte de Pandore* (Paris: Presses universitaires de France, 1994), p. 35.

[20] Ibid., p. 40. Stendhal, *Lamiel*, ed. by Jean-Jacques Hamm (Paris: Flammarion, 1993), p. 70. All in-text references are to this edition and shall henceforth be indicated by *Lam*.

from the feminist, such as that of Schor, to the counter-feminist arguments, such as those of Crouzet and Didier Philippot.[21] I argue that by examining the medical discourses that make up the epistemological landscape of the novel, and to which Sansfin makes reference, a more nuanced view of gender, power, the doctor-patient relationship and bedside encounter emerges. My argument here builds on critical readings of Stendhal as a proto-Existentialist and proto-feminist, also discussed in Chapter Two, but untangles Beauvoir's observation, with regard to Stendhal's feminine protagonists, that 'Les qualités de ces âmes ne se découvriraient pas si elles n'était entourées d'ennemis: les murs d'une prison, la volonté d'un souverain, la sévérité d'une famille'.[22] By exploring the epistemological and cultural meanings of disease, this chapter highlights the extent to which Existentialist readings of Stendhal must be framed within an essentialist context.

Virginity, Puberty, and *Ennui*

Diderot's brand of gender essentialism, as seen in his response to Greuze's painting, evidences the extent to which essentialism was a widespread way to understand the world. Eighteenth-century essentialism influenced how gender, and particularly femininity, were understood by medicine and combined to produce medical essentialism.[23] For example, the *Dictionnaire des sciences médicales* (1815) conflates 'essence' with 'symptôme': 'On dit un symptôme, un caractère, un type essentiel dans une maladie, ce qui spécifie particulièrement cette maladie, ce qui en fait l'essence'.[24] The essential nature of disease corresponded to the patient's own intrinsic qualities which, in turn, explained why certain patients displayed more propensity for contracting certain diseases. The 'caractère' of each patient was deemed to be inherent and unchanging: 'Caractère, se dit en psychologie, du penchant qu'ont les hommes à suivre le plus ordinairement, dans les opérations de leur esprit, certaines directions'.[25] This 'caractère' was then

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[21] Michel Crouzet, '*Lamiel* grotesque', in *Stendhal et le comique*, ed. by Daniel Sangsue (Grenoble: ELLUG, 1999), pp. 267-304; Schor, *Breaking the Chain*, pp. 135-45; Didier Philippot, '*Lamiel* ou le paradoxe romanesque', *Le Dernier Stendhal 1837-42. Actes du colloque international organise par H. B. Revue Internationale d'études stendhaliennes.* Université de Paris-Sorbonne (3rd-4th December), ed. by Michel Arrous (Paris: Éditions de Eurédit, 2000), pp. 167-206. For a summary of different reactions to *Lamiel*, and its eponymous heroine in particular, see Lucy Garnier, 'La Femme comme construction dans la fiction stendhalienne', unpublished D.Phil thesis, University of Oxford, 2007, p. 181.

[22] Beauvoir, *Le Deuxième Sexe*, I, p. 382.

[23] For the shift from the Aristotelian and Galenic concept of biological sex, governed by 'vital heat', to eighteenth- and nineteenth-century essentialism, see Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA: Harvard University Press, 1992), pp. 5-6.

[24] 'Essence', *Dictionnaire des sciences médicales*, XIII, 332.

[25] 'Caractère', *Dictionnaire des sciences médicales*, IV, 46.

conflated with the presentation of illness in that patient as: 'l'ensemble ou la succession des symptômes d'une maladie, propres à en déterminer l'essence'.[26] Given that childbearing was considered the essential characteristic of a woman, as Diderot's comments illustrate, a young girl's pre-pubescent state and her transition through puberty were also central concerns for contemporary medicine.[27] As discussed in greater detail below, one of the main features of girls' puberty was the development of *ennui*, a symptom of chlorosis. *Ennui* has been characterized as dominating *Lamiel*: for example, in his preface to the novel, André Gide observes that the novel is dominated by the motif of *ennui*: 'Le mot *ennui* revient à toutes les pages du livre; c'est le tremplin d'où s'élance toute force agissante'.[28] The importance of *ennui* in *Lamiel* means that, from a medical perspective, the novel can be read as concerned with female puberty, and the essentialist views that underpinned medical approaches to understanding how the body of a girl changed into that of a woman. Sontag points towards the importance of reading the cultural metaphors which medicine uses to conceptualize disease.[29] In this vein, Margaret Waller traces the cultural and medical discourses used to describe impotence in the nineteenth century, one of which was the general *malaise* and languor of the *mal du siècle*.[30] Sansfin's diagnosis of *ennui* emerges as allowing the doctor political and moral control over his patient, Lamiel, which he uses to justify his influence over the body politic. Notably, Sansfin orchestrates this domineering doctor-patient relationship by manipulating the medical vocabulary of essentialist approaches to female puberty. Additionally, it outlines how *ennui* was a metaphor for girls' puberty in nineteenth-century discourse and facilitated the gendering of young girls in nineteenth-century France.

Sansfin correctly diagnoses Lamiel as suffering from *ennui*, brought on by her arrival at the Duchesse de Miossens's castle. Finding her freedom significantly curtailed by the Duchesse's demands that she read to

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[26] Ibid.
[27] See Christina de Bellaigue, '"The Time of Storms": Managing Bourgeois Girls' Puberty in France, 1800-1870', *Women's History Review*, 27:5, 799-818. De Bellaigue focuses on the experience of bourgeois girls, relevant to Lamiel thanks to her incorporation into the Duchesse's household. However, I argue that Lamiel's humble social beginnings are essential to how she relates to this medical discourse.
[28] André Gide, 'En relisant Lamiel', in Stendhal, *Lamiel*, ed. by Jean-Jacques Hamm (Paris: Flammarion, 1993), p. 37. By contrast, in *Lucien Leuwen,* Lucien decides to feign *ennui* in order to allow Du Poirier to entertain him amidst the boredom of Nancien society: 'Lucien ne put tromper ce savant médecin que dans ce qui avait rapport à sa santé. Il tint à ce que le docteur ne pût pas deviner qu'il ne l'appelait que par ennui' (*LL*, 131).
[29] For medicine and metaphor see Sontag, *Illness and Metaphor*; Jack Coulehand, 'Metaphor and Medicine: Narrative in Clinical Practice', *Yale Journal of Biology and Medicine*, 76: 2, 2003, 87-95; Alan Bleakley, *Thinking with Metaphors in Medicine: The State of the Art* (Abingdon: Routledge, 2017).
[30] See Waller, *The Male* Malady. For Waller's analysis of Stendhal's *Armance* from this perspective, see pp. 114-34.

her every evening, as well as by the strictures placed on free movement, Lamiel discovers that 'toute la gaieté de [s]a jeunesse avait disparu' (*Lam*, 84). She quickly falls ill and Sansfin is called to her bedside. He marvels how Lamiel is 'un cas bien rare […]' since 'C'est *l'ennui*, et l'ennui malgré le commerce de la duchesse, l'excellent cuisiner, les primeurs, les beaux meubles du château, etc., etc' (*Lam*, 84). Sansfin goes so far as to tell Lamiel that *ennui* is her only true illness: 'au fond, votre maladie n'était que de l'ennui' (*Lam*, 95). Sansfin's use of *ennui* does not merely refer to a physical state, but rather an important cultural symptom of essential feminine identity which would become manifest in young girls around the onset of their periods. Roussel's *Système physique et moral de la femme* describes the onset of puberty in women as a disease characterized by 'l'évacuation menstruelle […] [qui] approche plus ou moins de maladie'.[31] Roussel's formulation of the onset of periods corresponds with his essentialist view of gender and the human body, as Vila explains:

> Roussel's basic physiology […] incorporates the contemporary medical notion that there exist organological centres of heightened sensibility within the body – centres that change with each successive stage in human development. Hence the central role that Roussel accords to the genitals as organs that literally communicate maleness and femaleness throughout the body.[32]

The full implications of Roussel's model of femininity, its physiology, and the reproductive lifecycle of women, are explored later in this chapter. Nonetheless it is important to consider at this stage how Roussel's template of medical discourse surrounding puberty, and in particular the onset of periods in young girls, continued in the nineteenth century in works such as Antoine-Martin Bureaud-Riofrey's *L'Éducation physique des jeunes filles ou hygiène de la femme avant le mariage* (1835). Bureaud-Riofrey explictly links *ennui*, a symptom of chlorosis, to puberty, and, as such writes that: 'les chloroses ou les pâles couleurs les affligent d'autant plus péniblement que cet état se lie à des troubles graves des organes internes de l'estomac et du cœur'.[33] In the nineteenth century, chlorosis is thus characterized as a 'maladie des filles' that emerges when 'la puberté tarde à s'établir'.[34]

[31] Roussel, *Système physique et moral de la femme*, p. 190.
[32] Anne Vila, 'Sex and Sensibility: Pierre Roussel's *Système physique et moral de la femme*', *Representations*, 52, (1995), p. 82.
[33] Antoine-Martin Bureaud-Riofrey, *L'Éducation physique des jeunes filles ou hygiène de la femme avant l'âge de mariage* (Paris: 1835), p. 314.
[34] Ibid., p. 341.

Contemporary medical discourse linked the onset of puberty to the moral and physical condition of the patient: the onset of puberty was a 'time of storms' in the moral and physical sense.[35] The association between moral and physical health was well-established thanks to Cabanis's *Rapport du physique et du moral de l'homme*. As has already been noted, Cabanis claimed that, in the post-Revolutionary age, doctors should be their patients' priests since 'L'étude de l'homme physique est également intéressante pour le médecin et pour le moraliste: elle est presque également nécessaire à tous les deux'.[36] Martin Staum argues that Cabanis's discourse was fundamental to providing doctors with a mandate for national political action and, likewise, Sansfin uses his profession as a doctor to advance his own political career.[37] Sansfin claims that his dedication to this disinterested medical authority provides him with a mandate for, firstly, control over the patient's body, and secondly, control over the French body politic:

> si j'ai tort, et, moi, j'ai tant d'humanité et tant d'amour pour mon état que si une de ces vieilles femmes imbéciles dont vous avec remplis votre château eût voulu me le permettre, j'aurais pénétré en secret auprès de l'intéressante malade et j'aurais substitué aux poisons que lui administrait ce charlatan de Paris les remèdes véritables; mais je n'ai pu. (*Lam*, 88)

The doctor-patient relationship thus affords Sansfin a political mandate over the locality, of the type we have seen Du Poirier claim for himself in *Lucien Leuwen*. Staum's argument is further supported by Sansfin's diagnosis that the illness of the current political regime is emanating from the Bourbons' marginalization of the bourgeoisie: '[la maison de Bourbon] depuis un siècle protégeait les forts contre les faibles', conferring 'à jamais le nom de canaille à la classe dans laquelle je suis né' (*Lam*, 130). Imagining that the events of July 1830 will precipitate a bourgeois revolution, Sansfin fantasizes that 'Nous deviendrons une bourgeoisie respectable et que la cour devra se donner la peine de séduire' (*Lam*, 130). Sansfin places himself at the centre of the revolution, positioning himself between individual and community, between rulers and ruled: 'je me vois le seul agent par lequel ils puissent communiquer avec le

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[35] See Bellaigue, 'The Time of Storms' and also Clyde Plumauzille, 'Élaborer un savoir sur la sexualité: *Le Dictionnaire des Sciences Médicales* (1812–1822), *Clio: Femmes, Genre, Histoire*, 31 (2010), 111–133.
[36] Cabanis, *Rapports du physique et du moral de l'homme*, I, vii. Cabanis's evocation of the doctor's assumption of the priest's role would have only further underlined the profession's untrustworthiness thanks to their complicity in the enslavement of women by their families: Stendhal's opposition to the Church was partly attributed to their complicity in women's enslavement to their families, thus linking patriarchal and clerical power: 'je haïssais l'abbé, je haïssais mon père, source des pouvoirs de l'abbé, je haïssais encore plus la religion au nom de laquelle ils me tyrannisaient'. See Stendhal, *Vie de Henry Brulard*, p. 114. In the same text, the Abbé Raillane is described as the 'ennemi juré de la logique et de tout raisonnement droit', ibid., p. 103.
[37] Martin Staum, *Cabanis: Enlightenment and Medical Philosophy in the French Revolution* (Princeton: Princeton University Press, 2014). Lawrence Brockliss and Colin Jones argue that healthcare became state-endorsed towards the end of the eighteenth-century and into the nineteenth, and thus appeared 'supraregional, supracorportative, disinterested in the interests of science and social utility'. See Brockliss and Jones, *The Medical World of Early Modern France*, p. 764.

peuple' (*Lam*, 130). Like Du Poirier, Sansfin explicitly maps the medical encounter onto his ability to manipulate the electorate and the Chamber: 'Je joue sur leurs terreurs comme Lamiel joue sur son piano: je les augmente et les calme presque à volonté' (*Lam*, 130).[38]

The political power extrapolated from medical authority was often articulated through visual metaphors at the turn of the century. Attempting to appear omniscient, Sansfin bombastically refers to himself in the third person and states that 'Sansfin voit ce qui est vrai *partout*' (*Lam*, 87-88). Sansfin's declaration parallels the language of Foucault to describe the increasing reliance of medical epistemology on the power of vision as a tool for diagnosis and thereby control:

> la retenue du discours clinique (proclamée par les médecins: refus des théories, abandon des systèmes, non-philosophie) renvoie aux conditions non verbales à partir de quoi il peut parler: la structure commune qui découpe et articule ce qui se *voit* et ce qui se *dit*.[39]

The Foucauldian *regard médical* is therefore synonymous with the critical distance that affords an objective view over the patient's body, and this objectivity can be seen as one of the founding metaphors for realist fiction in the nineteenth century.[40] In *Lamiel*, Sansfin attempts to appropriate the means of control identified by Foucault. The inscription of the feminine body, and particularly the onset of menses, in borrowed medical codes of *ennui* and chlorosis is therefore one way which the Stendhalian doctor controls the physical and moral condition of both his patient and, by extension, the body politic through the doctor-patient relationship.

La Peste blanche: Tuberculosis and its Metaphors

Sansfin's diagnosis of *ennui*, symptomatic of Lamiel's entry into puberty, occurs immediately prior to the *fausse phtisie* scene. Sansfin observes that, thanks to the entertainment that he (inadvertently) provides the young peasant-girl, her general languor begins to clear. In order that Sansfin may continue to visit her, and to maintain the advancement of his own political ambitions through the doctor-patient relationship, he devises the *fausse phtisie* ruse. Stendhal scholars often connect the tuberculosis ruse with Lamiel's status

[38] Sansfin's use of *terreur*, a reference to the Terror, is explored in more detail with reference to the motif of decapitation below. For Stendhal's reading of Cabanis's work, see Manzini, 'Doctors, Priest, Magistrates: Stendhal, Cabanis and the Power of Medical Practitioners', pp 169-82.
[39] Foucault, *Naissance de la clinique*, p. 12.
[40] For example, see Matlock, *Scenes of Seduction* and Schor, *Breaking the Chain.*

as a virgin.[41] If the narrative is to be taken at face value, Sansfin's assertion of his newfound control over his patient echoes paradigms of a sexually experienced man dominating a younger woman. For example, Berthier identifies Sansfin's hunchback as incarnating sordid sexual desire: 'cette turgescence dorsale a quelque chose d'impudique (et d'intrigant, de prometteur dans l'impudicité), elle semble l'estampille de quelque chose que la nature, en le ratant, aurait paradoxalement doté de dispositions exceptionnelles dans le domaine du sexe'.[42] Lamiel's reaction would seem to corroborate this argument: 'la vue de la mort donnée à ce petit être fort gentil avait bouleversé profondément l'âme de la jeune fille' (*Lam*, 96). Furthermore, the reoccurrence of a blood-on-white motif, the blood of a broken hymen on a bedsheet or the blood coughed onto a handkerchief by the consumptive, visually links puberty to tuberculosis.

Sansfin co-opts Lamiel into this plan, since she is desperate for entertainment in the Duchesse's castle. Sansfin explains the ruse as follows:

> Je veux […] que vous consentiez à un meurtre horrible: tous les huit jours, je vous apporterais dans la poche de ma veste de chasse de Staub (le tailleur à la mode) un oiseau vivant. Je lui couperai la tête. Vous versez le sang sur une petite éponge que vous placerez dans votre bouche. […] dans les moments que vous passez auprès de la duchesse, de temps à autre vous cracherez le sang. Votre poitrine étant attaquée à ce point, on n'aura plus d'objection à tout ce que je voudrais faire pour vous amuser. (*Lam*, 94-95)

Lamiel gleefully accepts, glad to be in on the practical joke. Sansfin is delighted with the plan's success: '[il] jouissait profondément en voyant les émotions si vives qu'il donnait à cet être si joli…', concluding that 'Elle sera à moi' (*Lam*, 96). The narrator adds that 'Toute son âme était remplie du bonheur d'avoir réduit la jeune fille à l'état de *complice*' (*Lam*, 96). Berthier sees this scene as the emblematic moment of Sansfin's consolidation of power over Lamiel:

> Jamais Sansfin n'a davantage 'possédé' Lamiel […] qu'en ce moment où, dans le meurtre, elle accepte le sacrement maudit des initiés. C'est Lamiel bien sûr, beaucoup plus que l'oiseau, qui se voit immolée, victimisée, consommée par un sacrificateur qui est aussi un père, puisque, ne l'oublions pas, elle est aussi la 'fille' de ce maître incestueux qui, lui révélant l'envers infernal du désir, l'éveille à une vocation féroce où il espère qu'elle le rejoindra.[43]

Additionally, Porter suggests that the consumption ruse replaces the scene in which Lamiel loses her virginity.[44] Berthier argues that the sexually predatory undertones of Sansfin's pronouncement that 'Elle

[41] The title of Porter's article on *Lamiel* is enough to suggest the extent to which the eponymous heroine's status as a virgin is central to his interpretation of the relationship between Lamiel and Sansfin. See Porter, '*Lamiel:* The Wild Child and the Ugly Men,' p. 26.
[42] Berthier, *Lamiel ou la boîte de Pandore*, p. 39.
[43] Ibid., p. 53.
[44] See Porter, '*Lamiel*: The Wild Child and the Ugly Men,' pp. 21-32.

sera à moi' contributes to this view.[45] Perhaps the only aspect that Lamiel shares with the girl depicted in Greuze's portrait is that they are both the right age to make her reader wonder about her status as a virgin and in an early draft of the novel she later decides to pay a local man to have sex with her. Age is evoked by Sansfin regarding her puberty and he uses as *ennui* a euphemistic link to virginity: 'votre maladie conduit au marasme, rien n'est plus dangereux chez les filles *de votre âge*' (*Lam*, 95, my italics).

Nineteenth-century accounts of tuberculosis are characterized by numerous cultural metaphors and were also dominated by the structures and assumptions of medical essentialism. Along with hysteria and melancholy, tuberculosis has rightly been characterized as one of the nineteenth century's most culturally significant diseases.[46] This prominence was largely due to the disease's metaphorical potential. As Sontag summarizes in one the most important analyses of consumption, 'A disease of the lungs is, metaphorically, a disease of the soul'.[47] Sontag argues that the metaphors surrounding disease are unhelpful to the patient's experience since they obscure the corporeal reality of the embodied experience of disease:

> My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking.[48]

However, Sontag only accounts for how the metaphors of disease are manipulated once the patient has already been afflicted. Therefore, Sontag's theoretical framework cannot account for a text such as *Lamiel* in which a disease is deliberately faked. Moreover, Kristeva's demonstration of the divide between health as a definitive state and illness as its negation, and the parallel division between science and culture, similarly cannot explain what it means to create a false medical event.[49] Indeed, *Lamiel* is distinguished

[45] Berthier, *Lamiel, ou la boîte de Pandore*, p. 40.
[46] Early nineteenth-century sufferers of a generalized and romanticized 'wasting away' in literature include Corinne in Madame de Staël's *Corinne* (1807), Ellénore in Benjamin Constant's *Adolphe* (1816), Valentine in George Sand's *Valentine* (1832), Madame de Couaën in Charles-Augustin Sainte-Beuve's *Volupté* (1834) and Madame de Mortsauf in Honoré de Balzac's *Le Lys dans la vallée* (1835). Sentimentalized depictions of tuberculosis deaths from the mid-century include Margeuerite Gautier in Alexandre Dumas *fils*'s La *Dame aux camélias* (1848), Mimi and Francine in Henri Murger's *Scènes de la vie de Bohème* (1849), Fantine in Victor Hugo's *Les Misérables* (1862), and Napoleon II in Edmond Rostand's play *L'Aiglon* (1900). Furthermore, *Lamiel*'s staging of the symptoms of tuberculosis seems to be unparalleled in the nineteenth century, apart from a fleeting appearance made by an imposter-patient in Émile Zola's *Lourdes* (1894).
[47] Sontag, *Illness and its Metaphors*, p. 18.
[48] Ibid., p. 3.
[49] Julia Kristeva et al, 'Cultural Crossings of Care: An Appeal to the Medical Humanities', *Medical Humanities*, 44, (2018) 55-58.

from contemporary literature in so far as it is the only novel in which the symptoms and cultural metaphors of tuberculosis are deliberately fabricated. The *fausse phtisie* scene therefore constitutes an important and unique manipulation of medico-cultural metaphors whose significance is buried within this nexus of meaning and fiction, power and gender.

Hereditary essentialism, the belief that patients possessed innate characteristics and that these characteristics were passed on through families, dominated early nineteenth-century medicine and was the epistemological background to the way in which contemporaries perceived consumption. Cabanis evokes human essence, 'la nature constante et universelle de l'homme', as defining all patients alongside recurrent characteristics which appeared within familial groups.[50] Accordingly, David Barnes argues that consumption was perceived in the same essentialist terms.[51] The *Dictionnaire des sciences médicales* describes consumption sufferers as

> grêles, [avec] le cou allongé, les épaules hautes, les pommettes saillantes et colorées, l'œil brillant, les dents belles; leur poitrine est cylindrique, leur peau fine et blanche; ils ont le pouls petit et fréquent; ils éprouvent souvent des chaleurs dans la paume des mains, à plante des pieds, etc.[52]

However, medical discourse paid more attention to the nature of the patient, rather than consumption. Doctors believed that it was the patient's character which attracted the disease to them: 'Le caractère de ces individus est inquiet, mobile, irascible'.[53] Sufferers tended to display voracious sexual appetites: 'ils sont portés aux excès vénériens, et s'y livrent de bonne heure, ce qui leur fait souvent contracter les maladies qui sont la suite de ce penchant, comme l'épuisement, les affections syphilitiques'.[54] So strong is the link between consumption and the sufferer's character that the *Dictionnaire* observes a positive correlation between consumption and genius: 'La liste des hommes de génie moissonnés par la phtisie à la fleur de l'âge est très-considérable'.[55] Consumption was both hereditary and contagious: given the voraciousness of sufferers' sexual appetites, it could very quickly spread throughout the population since 'Les hommes et femmes phtisiques, étant très-ardens en amour, ont beaucoup d'enfans, qui, à leur tour,

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[50] Cabanis, *Rapport du physique et du moral de l'homme*, I, xxiii.
[51] Barnes, *The Making of a Social Disease*, pp. 4-22. See also René Jules Dubos, *The White Plague: Tuberculosis, Man, and Society* (London: Gollancsz, 1953). A significant contribution to the cultural meaning of tuberculosis is Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave Macmillan, 2006).
[52] 'Phtisique', *Dictionnaire des sciences médicales*, XLII, 185.
[53] Ibid.
[54] Ibid.
[55] Ibid.

s'ils vivent assez, en reproduisant d'autres'.[56] Lamiel's pubescent *ennui* therefore coincides with the typical symptoms of consumption. Concerns about Lamiel's chest abound in the text to the extent that Sansfin refers to her as 'cette jeune poitrine' (*Lam*, 97). Furthermore, Sansfin draws attention to 'l'esprit naturel que le hasard [lui] a donné, c'est le beau chêne' (*Lam*, 95), again building on medical essentialism's assumption that character is immanent rather than extrinsic.

Sansfin manipulates the essentialist symptomology around tuberculosis in both a demonstration of dominance over his patient and in an attempt to influence his political target, the Duchesse. When Sansfin is called to Lamiel's bedside, he theatrically declares that '[Lamiel] était horriblement changée', whilst administering 'des remèdes qui devaient redoubler tous les accidents de la maladie', a deception in which he delights, 'Cette ruse de coquin eut un succès qui le ravit' (*Lam*, 87). The success is so great that, through a psychosomatic gesture of empathy, the Duchesse also falls ill from her horror at Sansfin's diagnosis of consumption. This only increases his power over Lamiel and his political influence over the Duchesse: 'le transport' of Lamiel, which the Duchesse feared so much, 'eut lieu et le médecin bossu se dit: "Je serai le remède"' (*Lam*, 87). Du Poirier and Sansfin use the same vocabulary of impending physiological decline to terrify their interlocutors. Sansfin warns Lamiel that 'votre maladie conduit au marasme; rien n'est plus dangereux chez les filles' (*Lam*, 95). Lamiel and the Duchesse are equally at the mercy of 'l'horrible magnétisme de son éloquence infernale' and they '[crurent] entrendre un prophète' when he speaks (*Lam*, 86). In these ways, Sansfin's orchestration of the *fausse phstsie* scene, which again testifies to his understanding of contemporary medical essentialism also evidenced by his diagnosis of Lamiel's *ennui*, consolidates his authority over his patient. An analysis of the *fausse phtisie* scene suggests that this particular doctor-patient encounter can be understood as having the same dynamic as that of the relationship between Sansfin and Lamiel. Contemporary medicine conceived of symptoms as direct translations of illness, itself the physiological result of a patient's essence, and it is this paradigm of essentialist medicine that the Stendhalian doctors manipulate to advance their political aims through control over their patients. As evidenced above, Sansfin believes that the *fausse phtisie* ruse and his appropriation of the tuberculosis symptomology demonstrates his physical, moral, and sexual control

[56] Ibid.

over Lamiel. The Stendhalian doctor's opinion is thus informed not only by the contemporary essentialist medical discourse on femininity, which informs his epistemological landscape; but also by metaphors of biological essentialism which informed broader cultural metaphors, such as those depicted by Greuze and evoked by Diderot.

The Proto-Existentialist Bedside Encounter in an Essentialist Environment

However, Lamiel's reaction to Sansfin's ruse is more subversive than these scenes may initially suggest. Sansfin observes that 'la vue de la mort donnée à ce petit être fort gentil avait bouleversé profondément l'âme de la jeune fille' (*Lam*, 96). By neglecting Lamiel's reaction to the bird's execution, Berthier's criticism re-inscribes the paradigms of power which Sansfin attempts to impose on his patient, namely those of medical control and the drama of lost virginity, and thereby the binary and hierarchical structure of the doctor-patient relationship. However, foregrounding the cultural meaning of disease, and examining Lamiel's reaction to the ruse, inverts these structures and allows the patient to rebut Sanfin's imposition of physical and moral control. The epistemological backdrop against which *Lamiel* operates is one of biological essentialism; but its eponymous heroine is driven by a philosophy best described as proto-Existentialist and, in turn, this motivation inflects the nature of the bedside encounter itself.

The most important manifestation of Lamiel's proto-Existentialist philosophy in the *fausse phtisie* scene is that the execution of the bird is presented as a murderous act, 'un grand crime' (*Lam*, 96). Beauvoir observes that Lamiel's fall into criminality mirrors that of Julien: 'Il n'y a pas de place pour les grandes âmes dans la société telle qu'elle est: hommes et femmes sont logés à la même enseigne'.[57] Beauvoir outlines that the freedom of Stendhal's heroines 's'affiche chez certaines d'une manière éclatante'.[58] Lamiel is a prime example: 'Lamiel se rit des conventions, des mœurs, des lois'.[59] The narrator comments that 'Quoique le sang du pauvre petit oiseau […] lui inspirât d'abord beaucoup de répugnance', Sansfin manages to convince Lamiel to place the blood-soaked sponge in her mouth (*Lam*, 96). However, 'ce qui valait bien mieux, par le ton de voix qu'il affecta, le docteur donna à Lamiel non pas la conviction, mais bien mieux la sensation qu'elle commettait un grand crime' (*Lam*, 96). Lamiel does not so much believe

[57] Beauvoir, *Le Deuxième Sexe*, I, p. 388.
[58] Ibid., p. 380.
[59] Ibid.

that she has committed a crime, but rather she experiences its sensations. The repetition of 'bien mieux' suggests that sensation is better than conviction and emphasizes that Lamiel actively enjoys the crime. The pleasure that she finds in crime also drives her reading: she enjoys the *Gazette des Tribunaux* because 'Les crimes l'intéressaient; elle était sensible à la fermeté d'âme déployée par certains scélérats' and it is this enjoyment which leads to her improved health: 'l'extrême pâleur de Lamiel sembla diminuer' (*Lam*, 87). The criminal nature of the bird's execution is thrilling for Lamiel, who foregrounds her sensational rather than moral response to the act.

Lamiel's delight in Sansfin's proposition, rather than the horror that he would suppose, suggests how the doctor-patient encounter is conceived as the meeting between two different views of how to be in the world yet, despite Sansfin's elaborate manipulation of the cultural meaning of disease, his patient manages to undermine his authority and escape from his clutches. Lamiel's escape is possible thanks to the dynamic of the doctor-patient relationship in Stendhal: on the one hand, the doctor attempts to manipulate and thus impose essentialism onto his patient; on the other hand, the patient asserts their proto-Existentialism by prioritizing *faire* over *avoir/être* in response to Julien Sorel's question 'Pourquoi suis-je moi?'[60] Lamiel thus consciously transcends her essentialism by refusing to conform to societal and medical expectations of girlhood, womanhood, and patienthood. Although failing sufficiently to locate this unwavering will in its proper contradistinction to the essentialist culture around her, proto-Existentialist readings of Stendhal often reach similar conclusions. Existentialist philosophy underpins many prominent studies of Stendhal, and allows his novels to emerge as an exploration of freedom and its perpetual tension with power. Regarding his own genre of Romanticism, Stendhal wrote in 1818 that:

> Toujours les arts font de grands progrès dans le premier moment de repos *réel* qui suit les convulsions politiques. Les pédants peuvent nous retarder de dix ans; mais, dans dix ans, c'est nous, *ignorants en livres*, mais savants *en actions* et en émotions, c'est nous, qui n'avons pas lu Homère en grec, mais qui avons assiégé Tarragone et Girone, c'est nous qui serons à la tête de toutes choses.[61]

Echoing the same prioritization of action over being, in his 1946 lecture 'Existentialisme est un humanisme', Sartre writes that:

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[60] Stendhal, *Le Rouge et le Noir*, p. 419.

[61] Stendhal, *Journal littéraire III* in *Œuvres complètes*, ed. by Henri Martineau and Ernest Abravanel, 50 vols (Geneva: Cercle du Bibliophile, [1967]-1974), vol. 35, p. 120.

> il n'y a de réalité que dans l'action […] l'homme n'est rien d'autre que son projet, il n'existe que dans la mesure où il se réalise, il n'est donc rien d'autre que l'ensemble de ses actes, rien d'autre que sa vie.[62]

Sartre was a great admirer of Stendhal's fiction: 'L'Existentialisme est un humanisme' cites the example of Gina Sansverina in *La Chartreuse de Parme* to demonstrate that 'ce qui a été posé comme but, c'est de la liberté'.[63] According to Victor Brombert, the unpredictability and ambiguity of his heroes and heroines endeared Stendhal to French Existentialists, since this unpredictability was the narrative incarnation of the Sartrean mantra of existence taking precedence over essence.[64] Blin argues that, compared to Stendhal's secondary characters who always remain fixed, his protagonists 'indéfinissables et, en dépit de leur tendance à délibérer, imprévisibles, inventent librement leurs propres actions et ainsi garantissent au roman, l'ambiguïté que, comme à toute existence, l'existentialisme veut attacher à celle des êtres fictifs'.[65] Yves Ansel also notes that Sartre was an avid reader of Stendhal, although he admits that Sartre never wrote directly on Stendhal, since, after all, 'les grandes passions sont muettes'.[66] Beauvoir's interest in Stendhal, and her assertion that Stendhalian heroines are significantly freer than those of other nineteenth-century authors, also foregrounds Stendhal's proto-Existentialist aspects as well as his admiration for specific, gender-defying women.[67] Most recently, Maria Scott has compellingly argued for a feminist and Existentialist analysis of Stendhal's fiction, paying particular attention to the gendered experience of freedom.[68]

Although the Existentialist re-readings of Stendhal accord more freedom to his protagonists than critics have otherwise observed, they fall short of acknowledging the epistemological assumptions that underpin the conventions, laws, and mores that Stendhal's characters resist. Doctor-patient politics in Stendhal should be understood as the waged battle between contemporary medical essentialism and Lamiel's irrepressible desire to prioritize *faire* over *avoir/être*. Lamiel does not internalize the ideas which she inherits, but rather actively questions them in a pursuit of greater understanding. The Hautemares, Lamiel's foster family with whom she resides before moving to the castle, attempt to control Lamiel by

[62] Jean-Paul Sartre, *L'Existentialisme est un humanisme* (Paris: Gallimard, 1996), p. 26 and p. 51.
[63] Ibid., pp. 72-73.
[64] Victor Brombert, *Fiction and the Themes of Freedom* (Chicago: University of Chicago Press, 1976), p. 174.
[65] Georges Blin, *Stendhal et les problèmes du roman* (Paris: Librairie José Corti, 1954), p. 186.
[66] Yves Ansel, 'Sartre' in *Dictionnaire de Stendhal*, pp. 653-54.
[67] Beauvoir, *Le Deuxième Sexe*, I, pp. 375-89.
[68] See Scott, *Stendhal's Less-Loved Heroines*, pp. 4-8.

teaching her about *péché* and *devoir*, but she rejects these concepts as *bêtes* (*Lam*, 74). The narrator insists that it is not the content of Sansfin's lessons that has cultivated these opinions in Lamiel, but rather that her declining deference can be attributed to her. After spending significant amounts of time with Sansfin and being assailed by his appropriation of medical essentialism 'elle croyait tous les hommes aussi méchants que lui' (*Lam*, 107). The primacy of energy and experience prompts Lamiel constantly to question the received ideas of those in positions of authority. Lamiel's energy cannot be contained by the restrictions of others: 'Lamiel avait trop de vivacité et d'énergie pour marcher lentement' (*Lam*, 81).[69] The characterization of the *fausse phtisie* episode as a crime, and Lamiel's enjoyment of it, thus establishes her as occupying this proto-Existentialist position and suggests the ways in which this particular Stendhalian doctor-patient encounter foregrounds Lamiel's ability to resist Sansfin who seeks to establish a domineering doctor-patient relationship between them.

Moreover, the *fausse phtisie* scene speaks to more than just the proto-Existentialist reading of *Lamiel*, but also points towards the importance of integrating this reading of Stendhal's unfinished novel into the broader contexts onto which it encroaches. The bird's unceremonious decapitation recalls that summary execution by beheading is a recurrent politically violent leitmotif in Stendhal's writings, featuring most prominently at the end of *Le Rouge et le Noir*. In the *Vie de Henry Brulard*, Stendhal recounts the beheading of priests in Grenoble.[70] Stendhal links 'mon horreur pour Grenoble vers 1816' to his repugnance at post-Revolution bourgeois sensibility: 'La conversation du vrai bourgeois sur les *hommes et la vie*, qui n'est qu'une collection de ces détails laids, me jette dans un *spleen* profond quand je suis forcé par quelque convenance de l'entendre un peu longtemps'.[71] The political significance of execution, tied to the onlooker's reaction, is also important: at ten years old Stendhal heard of the execution of Louis XVI and writes that 'je fus saisi d'un des plus vifs mouvements de joie que j'aie éprouvé de ma vie. Le lecteur pensera peut-être que je suis cruel, mais tel j'étais à 10 ans tel je suis à 52'.[72] In *Lamiel*, the horror experienced at the sight of execution is combined with its political meaning: Sansfin characterizes the

[69] For the motif of walking and movement as a sign of Lamiel's sense of freedom, see Schor, *Breaking the Chain*, pp. 135-45.
[70] Stendhal, *Vie de Henry Brulard*, pp. 226-25.
[71] Ibid., p. 226.
[72] Ibid., p. 136.

fausse phtisie ruse, involving the decapitation of a small bird, as the application of '*la terreur*' (*Lam*, 97).[73] Moreover, Sansfin links the decapitations of the Terror to the conventionally feminine accomplishments achieved by young French women: 'Je joue sur leurs *terreurs* comme Lamiel joue sur son piano: je les augmente et les calme presque à volonté' (*Lam*, 130, my italics).

Paternal power is ineffective in the face of this visceral form of horror: as Kristeva remarks, 'no paternity protects the man from this anxiety, castration, and murder'.[74] Mossman observes the prevalence of the decapitation motif in *Le Rouge et le Noir*, noting how the recurrent image of St John the Baptist throughout the novel means that 'The ellipsis of Julien's decapitation – this textual hiatus – has been displaced safely onto the beginning, a secure distance from its true referent'.[75] Brooks persuasively argues that that referent is the father since paternity is 'an issue of obsessive importance' in Stendhal's novels.[76] Lamiel's fixation on execution parallels the familial metaphors that Hunt contends surrounded the French Revolution of 1789 and, in particular, the beheading of Louis XIV in 1793.[77] Indeed, the fantasy of fatherlessness is pervasive throughout Stendhal's works: for Genette the 'paternités suspectes de Julien et de Fabrice' are a central parallel between the characters.[78] Julien and Fabrice both fantasize about fatherlessness and their idealization of Napoleon Bonaparte is the dreamed version of a role model who does not bear down on them with the same authority as do their parents. As Chapter Two illustrates, Lucien Leuwen's father dies, but he is still subjected to the control of his mother. Lamiel is the only Stendhalian protagonist who lives out the dream of being an orphan. One of her central acts is to participate in and thus condone a summary execution, tantamount to seizing control of the powers of tyranny exercised by patriarchy, thus inverting the hierarchy of the doctor-patient relationship.

The doctor-patient relationship in *Lamiel* stands at the intersection of two fundamentally different worldviews: the medico-cultural essentialism of patriarchal figures of power, embodied in *Lamiel* by the

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[73] Ironically, Joseph-Ignace Guillotin, the inventor of the guillotine, was a trained physician.
[74] Julia Kristeva, *The Severed Head. Capital Visions*, trans. by Jody Gladding (New York: Columbia University Press, 2014), p. 79.
[75] Carol Mossman, *The Narrative Matrix: Stendhal's 'Le Rouge et le Noir'* (French Forum Publishers: Lexington, Kentucky, 1984), p. 85.
[76] Brooks, *Reading for the Plot*, p. 62.
[77] For example, see Lynn Hunt, *The Family Romance of the French Revolution* (Berkeley: University of California Press, 1992).
[78] Gérard Genette, *Figures II* (Paris: Seuil, 1979), p. 179.

doctor; and the proto-Existentialism of his patient. Sansfin attempts to impose medical control over his patient, and in so doing politically influence those around her, by manipulating the medico-cultural codes of puberty and tuberculosis, united by their red-on-white motif. Lamiel resists these impositions by presenting an alternative model for understanding the nature of being, action and pleasure, and therefore subverts the epistemological foundations on which Sansfin builds his bid for medical control. Readings of *Lamiel*, such as Berthier's, therefore struggle to fully grasp the cleavage between Sansfin's view of the *fausse phtisie* scene and that implied by the narrative; equally, proto-Existentialist readings of the novel do not take into account the extent to which the cultural context shapes the background against which Lamiel enacts her own sense of freedom. *Lamiel* is notable for the extent to which it depicts a doctor forcing his patient to encounter abjection: the killing of the bird, the ingestion of its blood. Given how birds were used as a cultural metaphor for virginity, and thus the feminine body synecdochally, for example in Greuze and in Diderot, abjection is also linked to the particularities of feminine corporeality and, in particular, the processes of gestation and labour and the signs of fertility.

Although Lamiel, along with other Stendhalian protagonists, transcends essentialism by daring to take action in a cultural landscape that values only intrinsic being, Stendhal also depicts how this escape from normativity occurs thanks to the protagonists' specific interaction with, and navigation of, contemporary discourses on gender. Therefore, *Lamiel* not only recuperates feminine sexuality and pleasure by decoupling femininity from eighteenth-century essentialist discourse of reproduction, but also demonstrates how feminine gender identity is navigated by recourse to its abjection and marginalization by patriarchal figures, such as the doctor. Furthermore, the *fausse phtisie* scene parallels the *faux accouchement* scene in *Lucien Leuwen* in so far as both are staged medical events forced onto patients by their doctors. What makes Lamiel singular is that she uses her patienthood to resist Sansfin: Lamiel defies biological essentialism by actively relishing the deceit rather than fearing it. She uses the doctor-patient encounter of the *fausse phtisie* scene to invert the hierarchical power dynamic of the doctor-patient relationship. By asserting her own sense of proto-Existentialist freedom through her enjoyment of the faking of tuberculosis, Lamiel rejects the paradigms of biological essentialism pertaining to puberty and virginity that Sansfin attempts to impose. Sansfin's ideal of a doctor-patient relationship is thus deliberately

disrupted by the doctor-patient encounter with Lamiel, suggesting the extent to which Stendhal's singular heroine defies medical and paternalistic paradigms of power and authority.

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Stendhal's *Lamiel* presents the doctor-patient relationship and the doctor-patient encounter as working in antagonism to each other: the novel questions the hierarchical nature of the doctor-patient relationship by suggesting how Sansfin's attempted manipulation of the cultural metaphors of consumption are ultimately thwarted by his patient during the doctor-patient encounter. The *fausse phtisie* scene is an important way in which Stendhal explores and criticizes the medically-staged nature of femininity at the beginning of the early nineteenth century, one that was built on the foundation of eighteenth-century biological essentialism which posited the body as determining an individual's inalienable essence. In *Lamiel*, Sansfin attempts to impress essentialism on his patient the better to control her and to advance his political ambitions. This attempted domination is met by the Stendhalian patient's resistance, articulated through Lamiel's assertion of her proto-Existentialist freedom. Just as Stendhal opposed the Church because of its complicity in the perpetuation of women's enslavement by their families, in *Lamiel* medicine is co-opted into the chain of surrogate father figures who police and limit the fulfilment of feminine sexuality. In the novel, the experience of disease, and the manipulation of its symptomology, contains the seeds of his eponymous heroine's ultimate escape: Lamiel inverts the hierarchy of the doctor-patient relationship during the bedside encounter, suggesting that the clinical experience is always a negotiation.

The significant thematic overlap between *Lucien Leuwen* and *Lamiel*, in terms of their depiction of the effects of biological essentialism on the female experience, suggests that Stendhal's unfinished novels work in parallel with one another thanks to the centrality of medicine in both texts. The importance of parallel characters in Stendhal has been observed by Gérard Genette who emphasizes the importance of 'une lecture *paradigmatique*', observing that 'Le lecteur est ainsi conduit à d'incessantes comparaisons entres les situations, les personnages, les sentiments, les actions, dégageant instinctivement les correspondances par superposition et mise en perspective'.[79] Genette proposes 'Un réseau d'interférences' between Julien, Fabrice, and Lucien and between Mathilde, Mme de Rênal, Gina Del Dongo, Clélia Conti, and Bathilde

[79] Genette, *Figures II*, p. 179.

de Chasteller. Genette also highlights a network of paternal antiheroes, François Leuwen and M. de la [sic] Môle chief among them, in addition to Du Poirier and Sansfin.[80] Both Sansfin and Du Poirier seek to establish a paternalistic and domineering doctor-patient relationship in which they control their patients as part of a broader political project, thus linking the patient's body to the body politic. Both doctors engage with the essentialist discourse of contemporary medicine. However, the eponymous heroine of *Lamiel* represents a far more radical model of feminine liberation than that suggested by Bathilde's animal sexuality in *Lucien Leuwen*, thanks to Lamiel's radical bedside encounter in which the hierarchical and binary nature of the doctor-patient relationship is uprooted and, even, inverted. For these reasons, Lamiel is unique in the Stendhalian galaxy of characters because of her daring audacity in the face of a medical authority, as the narrator observes:

> Avec son air doux et gai, elle est l'audace même; elle a le courage, plus humain que féminin, de braver votre mépris, et c'est pourquoi elle est inimitable. Regardez-la bien, messieurs, […] jamais vous n'en verrez une semblable. (*Lam*, 200)

Yet there is another way that medico-cultural metaphors are subverted and resisted in Stendhal's final novel: the patient's laughter.[81] In *Lamiel*, laughing at the vain doctor undermines the hierarchy of authority on which the doctor-patient relationship is based. Sansfin is vain: 'Chez cet homme, qui passait sa vie à rêver à sa conduits, la vanité produisait d'étranges folies; il les entrevoyait/il entrevoyait bien des sottises/, mais rarement avait-il la force d'y résister' (*Lam*, 63). The reason for the *fausse phtisie* ruse is Sansfin's own political ambitions, which Lamiel greets with laughter: after the plot is explained to her, Lamiel cackles loudly at the thought of telling a lie (*Lam*, 96). In general, Lamiel finds Sansfin exceptionally amusing: 'Ah! mon pauvre docteur, quelles sornettes vous me débitez! Par bonheur, vous êtes amusant' (*Lam*, 96). On the one hand, Lamiel's laugh echoes her resistance to the socio-cultural valorization of virginity. Dissatisfied with the priest's explanation of love she pays a young local man to show her its physical reality. Her reaction to his efforts is to laugh: 'Comment, ce fameux amour ce n'est-ce que ça!'[82] Lamiel's laughter suggests her insight into paternalistic attempts to dominate her. Kristeva points towards a particularly feminine relationship to laughter:

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[80] Ibid., p. 179.
[81] For a discussion of feminine laughter in *Lucien Leuwen*, see Chapter Two.
[82] Stendhal, *Lamiel,* in *Œuvres romanesques complètes*, ed. by Yves Ansel and others, 3 vols (Paris: Gallimard, 2005-14), III, p. 896. In *Vie de Henry Brulard*, Stendhal asks himself 'Le Saint Bernard, n'est-ce que ça?' Stendhal, *Vie de Henry Brulard,* p. 442.

> Supposedly incapable of humour, women prove to be masters of that grating kind of absolute humour that is the desire for knowledge: not the knowledge of where children come from (because, according to Freud, all curiosity begins there […]), but the knowledge of where the human desire to kill […] comes from.[83]

Feminine laughter therefore inverts the hierarchy of masculinity over femininity, as Beauvoir comments: 'Le sexe d'autrui suscite facilement le rire; du fait qu'elle imite un mouvement concerté et qu'elle est cependant subie, l'érection paraît souvent ridicule; et la simple présence des organes génitaux, dès qu'elle est évoquée, suscite la gaieté'.[84] Although Sansfin concludes that 'Il l'eût engagée aux plus grands crimes qu'elle n'eût pas été davantage sa complice' (*Lam*, 96), Lamiel's involvement in the ruse only inspires her to engage in further social and sexual transgressions. These include questioning Sansfin about the nature of love (*Lam*, 118), and acquiring a lover of her own (*Lam*, 148). *Lamiel* suggests the extent to which medical discourse of biological essentialism, as well as its practitioners and manipulators such as Sansfin, should be understood as part of the repression of women in nineteenth-century France, and the eponymous heroine's proto-Existentialism is foregrounded to combat it. The motif of the patient's laugh is equally discernible in Sand's *Lélia*, whose eponymous heroine is another nineteenth-century patient who is so bold as to overturn the respect inherent in the doctor-patient relationship and to laugh at their doctors.

[83] Kristeva, *The Severed Head*, p. 118.
[84] Beauvoir, *Le Deuxième Sexe*, I, 272.

Chapter Four.

Cholera and its Metaphors: George Sand and Honoré de Balzac

Cholera was the most terrifying and mysterious infectious disease of the nineteenth century, as well as one of the deadliest. It subsumed, and came to define, all that it encountered, as the contemporary Eugène Roch observed: 'Le choléra était tout'.[1] The 1832 pan-European cholera epidemic was not easy to forget, as Doctor F. L. Poumiès de Siboutie states in his memoirs of the time:

> Cette maladie a des symptômes si caractéristiques qu'il est impossible de la méconnaître quand on l'a vue une fois. […] Des vomissements et la diarrhée se produisaient d'abord. Un froid glacial s'emparait de tout le corps qui prenait une couleur bleuâtre, violacée; les yeux s'enfonçaient dans les orbites, la figure prenait une expression sinistre, le patient était cadavérisé; des crampes survenaient dans les jambes et les bras, si douloureuses qu'elles arrachaient des cris de désespoir. Les matières excrétées étaient abondantes, blanches, savonneuses. Le dépérissement, suite de ces excrétions, était si rapide que tel malade, frais et gras le matin, mourait le soir dans un état de squelette.[2]

Throughout his memoir, Poumiès de Siboutie styles himself as an advocate of the poor and was therefore horrified at the nature of the disease that swept through their ranks in 1832. Cholera was a horrifying disease. Cholera was also highly contagious: one in nineteen Parisians were infected during the 1832 epidemic, and 18,000 died.[3] The medical profession had no organized defence against cholera's incursion: 'il régnait une grande diversité de traitements dans les hôpitaux comme dans la pratique particulière. Le froid, le chaud, les calmants, les excitants furent employés avec des succès et des revers à peu près égaux'.[4] Doctors' efforts were in vain: 'le nombre des morts fut à peu près le

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[1] Eugène Roch, 'Variétés: Paris malade; Esquisses du jour', *Journal des Débats*, 29 September, 1832, p. 3.
[2] F. L. Poumiès de Siboutie, *Souvenirs d'un médecin de Paris* (Paris: Plon, 1919), pp. 237-38.
[3] *Rapport sur les épidémiques cholériques de 1832 et 1849 dans les établissements dependant de l'administration générale de l'assistance publique de la ville de Paris* (Paris: Paul Dupont, 1850), p. 152.
[4] Poumièse de Siboutie, *Souvenirs d'un médecin de Paris*, p. 237.

même, quels que fussent les moyens employés'.[5] Poumiès de Siboutie reveals how the cholera epidemic significantly shaped popular perception of the medical profession, particularly because of the virulence of the epidemic and medicine's inability to alleviate the symptoms or rout the disease itself. The fact that infection rates were highest amongst those dwelling in Paris's slum neighbourhoods led to a popular rumour that cholera was in fact a poison used against the impoverished in order to control their numbers. Doctors were therefore accused of being auxiliaries of a malevolent state, and public opinion turned against medical men:

> Plus d'une fois, je fus menancé, insulté, traité d'empoisonneur; je courus de grands dangers, […] mes confrères furent fort maltraité. Un jour, je vis […] une multitude furieuse qui, à plusieurs reprises, tenta de pénétrer dans l'Hôtel-Dieu pour en massacre les médecins. Combien de fois n'ai-je pas entendu crier à mes oreilles: 'À bas les médecins!'[6]

The cholera epidemic of 1832 was evidently a low-point for the doctor-patient relationship: all classes, not just the poor, lost faith in their physicians. How was this doctor-patient confrontation of 1832 represented in literature and, moreover, given the importance of the metaphorical dimension of tuberculosis seen in Stendhal's *Lamiel*, what metaphors did cholera provide for contemporary writers?

This chapter argues that the eponymous heroine of Sand's *Lélia* wrests control over narrative and over the body from the doctor's hands. I outline how Balzac's *La Peau de chagrin* is an important intertext with regard to both these themes. In the first instance, I argue that *Lélia* points towards a generalized crisis of confidence in doctors. In the second instance, I argue that *Lélia* is written against the quintessentially Balzacian genre of the *étude de femme*, particularly pervasive in *L'Interdiction*. In *Lélia*, Sand rejects the doctor's medical knowledge of the female body, his belief in his own professional impenetrability and, in particular, his moral superiority over his female patients. These struggles for the control of the narrative and the body result in the power balance of the medical relationship tipping strongly in favour of the patient. This change occurs through one highly evocative doctor-patient encounter, the first proper scene in a novel which opens by using and abusing an eighteenth-century epistolary structure in order deliberately to obscure readability.[7] Isabelle Naginski argues that Lélia's ill-

[5] Ibid.
[6] Ibid.
[7] Isabelle Hoog Naginski, *George Sand: Writing for Her Life* (New Brunswick, NJ; London: Rutgers University Press, 1992), p. 120. According to Naomi Schor, the novel is 'Sand's most iconoclastic, work, a narratologist's nightmare', Schor, *George Sand and Idealism*, p. 57.

defined *ennui* renders *Lélia* a 'propery readable (*lisible*) text' since her physical illness somatizes the otherwise elusive 'illness of the soul' of the *mal du siècle*.[8] Naginski is right to point out that illness is one of the keys to *Lélia*. Nevertheless, how would we understand the novel if we read it as a representation not of an intangible *mal du siècle*, but as a representation of an all-too real cholera epidemic?

As the Medical Humanities suggests, illness is intrinsically related to narrative.[9] But what is at stake when we speak of illness narratives in the context of literary narrative? Marie Maclean writes that 'fictional narrative is a game' and that 'The rules of the game involve control, at first seen as the control of the telling by the teller'.[10] She continues that narrative is 'a delicate interplay of power in which the narratee submits to the control of the narrator while the narrator must scheme to overcome the power of the narratee'.[11] In *La Comédie humaine* and *Lélia*, the patient's bedside is the site of this narrative power play, focusing the reader's attention onto the doctor-patient encounter that takes place there. Unlike its Balzacian precursors, *Lélia* pays explicit attention to how the patient resists the doctor's attempts to control the illness narrative. How can we understand the position of the patient's body in this paradigm of narrative and control? The Medical Humanities elucidates how the body is a both a repository and a creator of narrative: 'The story [is] told *through* a wounded body. The stories that ill people tell come out of their bodies. […] These embodied stories have two sides, one personal and the other social'.[12] According to these premises, the ill body is central to the production and ownership of the illness narrative. Turning back to *Lélia*, Waller argues that Lélia's struggle for narrative and sexual freedom is manifest in her malaise, itself tantamount to a radical feminization of the otherwise masculine *mal du siècle*.[13] Hannah Thompson foregrounds Lélia's body in this paradigm,

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[8] In her correspondence regarding *Lélia*, Sand commented that 'La maladie fait le livre'. Quoted in Naginski, *George Sand*, p. 118.

[9] See the Introduction for a summary of this scholarship.

[10] Marie Maclean, *Narrative as Performance: The Baudelairean Experiment* (London: Routledge, 1988), pp. 17-18.

[11] Ibid., p. 18

[12] Frank, *The Wounded Storyteller*, p. 2. For Bessel van der Kolk, an anti-Cartesian vision of the body and mind mean that emotional trauma is inscribed on the body, which can only be healed through the narrativization of that trauma, see Bessel van der Kolk, *The Body Keeps the Score: Mind, Brain, and Body in the Transformation of Trauma* (London: Penguin, 2015). For Elaine Scarry, the very nature of pain begets a narrative. See Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York; Oxford: Oxford University Press, 1987), pp. 3-23.

[13] Waller, *The Male Malady*, pp. 138-39.

emphasizing the corporeal dimension of the novel, particularly with regard to Lélia's gender.[14] I argue that the bedside scene in *Lélia* is an intricate power-play that inverts the conventional hierarchy of the doctor-patient relationship and encounter. The corporeality of Lélia's body extends not just to her gender, but also to the disease she contracts. Sand's novel therefore exploits cholera as a potent generator of literary metaphor to advance her radical sexual politics of narrative, which foreground the patient's right to sovereignty over their body and narrative.

Balzac's *La Peau de chagrin* sets up an idealized vision of the 'good doctor' and his capacity to allow the doctor-patient relationship to restore the patient's control over the illness narrative. The later novella *L'Interdiction* adopts an idealized yet cynical conception of the doctor's power over the female body. *Lélia* resists both these paradigms. Sand's novel criticizes Balzac's idealization of the doctor-patient relationship by demonstrating the extent to which the bedside encounter consists in a negotiation of control of the illness narrative and the diseased body. In the next section, I firstly argue that *La Peau de chagrin* and *Lélia* both criticize scientific positivism for its claim to control the patient's illness narrative, showing how Sand's novel does so by incorporating the 1832 cholera epidemic into its plot. Secondly, I argue that *La Peau de chagrin* and *Lélia* advance different versions of the female body: Balzac's *études de femme* rely on a doctor who penetrates the inner secrets of his patients; Sand rejects this assumption through her use of cholera's distinctive metaphors. Balzac's novel articulates an idealized doctor-patient relationship in which the 'good doctor' redeems his otherwise hated profession; Sand's uses the negotiations inherent in the doctor-patient relationship to dispel this idealization of medicine through one redemptive character.

Cholera features in their respective correspondences and is also present in Sand's account of the inception of *Lélia* in *Histoire de ma vie* (1854-55):

> La République rêvée en juillet aboutissait aux massacres […]. Le choléra venait de décimer le monde. Le saint-simonisme […] était frappé de persécution et avortait […]. L'art aussi avait souillé, par des aberrations déplorables, le berceau de sa réforme romantique. […] C'est sous le coup de cet abattement profond que j'écrivis *Lélia*.[15]

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[14] Thompson, *Taboo: Corporeal Secrets*, pp. 25-29.

[15] See Honoré de Balzac, *Correspondance*, ed. by Roger Pierrot and Hervé Yon, 3 vols (Paris: Gallimard, 2006), I, 501-41 for the period between April and July when the epidemic reached one of its high points. George Sand, *Histoire de ma vie*, ed. by Martine Reid (Paris: Gallimard, 2004), pp. 1272-73.

The novels on which this chapter focuses, *Lélia*, *La Peau de chagrin*, and *L'Interdiction* all appeared within a seven-year period around the epidemic that had such an impact on Sand, and this chapter shows that cholera provides a rich source of metaphors for these novels. By metaphors I refer to how figurative language describing a certain disease often came to represent the disease itself, and in this way created new vocabulary for authors to evoke the disease without explictly naming it. Scholarship has generally seen literary fiction as neglecting the epidemic. Sontag, whose work on the metaphorical dimension of tuberculosis was central to the Chapter Three's discussion of *Lamiel*, observes that depictions of cholera was less widespread. She suggests that the nature of cholera epidemics, and in particular their propensity to strike the poor and working class, minimizes the individualizing effect of diseases that tuberculosis would have.[16] Comparing the death of Gustav von Aschenbach in *Death in Venice* (1912) to that of the consumptive Hans Castorp in *The Magic Mountain* (1924), Sontag argues that Aschenbach 'is just another cholera victim, his last degradation being to succumb to the disease afflicting so many in Venice at that moment'.[17] Where tuberculosis emphasizes the singularity of the sufferer, cholera erases it: 'Cholera is the kind of fatality that […] simplified a complex self, reducing it to a sick environment. The disease that individualizes, that sets a person in relief against the environment, is tuberculosis'.[18] The historian Richard Evans explains this ellipsis in contemporary literature by arguing that 'the symptoms of cholera were particularly horrifying to nineteenth-century bourgeois sensibility'.[19] Evans argues that 'Cholera broke through the precarious barriers erected against physicality in the name of civilisation' and thus rendered it impossible to transcribe into art.[20] Scholars have explained Balzac's relative lack of interest in infectious disease by similarly arguing that the reality of epidemics, such as cholera and dysentery, were too horrific to be written.[21] Although Balzac never

[16] Sontag, *Illness and its Metaphors*, p. 38.
[17] Ibid.
[18] Ibid.
[19] Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1919* (Harmondsworth: Penguin, 1990), p. 229.
[20] Ibid.
[21] Moïse Le Yaounac acknowledges that *La Comédie humaine* makes fleeting references to contagious illness, such as cholera and yellow fever, but concludes that 'comme romancier il […] a ignoré [les contagions]' because of his overriding interest in the philosophical questions raised by nervous disease; the Empire and Restoration's taste for literature depicting slow consumptions or apoplectic accidents; and his adherence to ideas of literary 'dignité' and 'noblesse' which the horrors of cholera would compromise. See Moïse Le Yaouanc, *Nosographie de l'humanité balzacienne* (Paris: Librairie Maloine, 1959), pp. 273-75 (p. 275). Echoing Sontag's argument that cholera fails to individualize its victims, Le Yaounac argues that cholera similarly did not appeal to Balzac's ostensible interest in individual psychology, see Ibid., p. 275.

engages in an extended analysis of cholera, the disease provides the dramatic backdrop to *La Fille aux yeux d'or* (1835) and *La Fausse Maîtresse* (1842).[22] Elsewhere, scholars are beginning to point towards the importance of cholera to art in the nineteenth century. The art historian Nina Athanassoglou-Kallmyer argues that cholera's abject quality made the disease cohere to the Romantic fascination with the grotesque, particularly in the visual arts:

> cholera's broadly devastating effect on both the individual and the civil body […] aimed to abolish the normative by inverting it or replacing it with marginalized and suppressed liminal notions, including the horrific and the uncanny. […] horror became both end and regenerative beginning all at once.[23]

This chapter builds on Athanassoglou-Kallmyer's argument that cholera was a rich source of metaphors for narrative works. I argue that the disease provided both a rich metaphorical nexus through which to explore a plethora of themes on which the doctor-patient relationship encroached, notably the struggle for narrative and physical knowledge. Sand's *Lélia* uses the cholera-tinged doctor-patient encounter to resist the controlling doctor-patient relationship imagined in Balzac's *La Peau de chagrin* and *L'Interdiction*.

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[22] Cholera appears in the iconic urban panorama of *La Fille aux yeux d'or* and precedes one of the cycle's most famous lines: '[À Paris] tout y est toléré: le gouvernement et la guillotine, la religion et le choléra. Vous convenez toujours à ce monde, vous n'y manquez jamais. Qui donc domine ce pays sans mœurs, sans croyance, sans aucun sentiment; mais d'où partent et où aboutissent tous les sentiments, toutes les croyances et toutes les mœurs? L'or et le plaisir', Honoré de Balzac, *La Fille aux yeux d'or* in *Ferragus. La Fille aux yeux d'or* (Paris: Flammarion, 1988), pp. 210-11. The ambitions of 'la seconde des sphères parisiennes' are characterized using the vocabulary of the cholera epidemic: 'Chez eux, la torsion physique s'accomplit sous le fouet des intérêts sous le fléau des ambitions qui tourmentent les mondes élevés de cette monstrueuse cité' (p. 211). Balzac also uses cholera to contrast events in the world of the aristocracy and the bourgeoisie to events played out on a wide stage: 'Ils s'habillent, dînent, dansent, s'amusent le jour de la bataille de Waterloo, pendant le choléra, ou pendant la révolution' (pp. 215-16). By contrast, *La Fausse Maîtresse* uses the cholera epidemic to frame and begin the novel's inheritance-marriage plot: 'Le marquis de Ronquerolles eut le malheur de perdre ses deux enfants à l'invasion du choléra. Le fils unique de madame de Sérizy, jeune militaire de la plus haute espérance, périt en Afrique à l'affaire de la Macta. Aujourd'hui les familles riches sont entre le danger de ruiner leurs enfants si elles en ont trop, ou celui de s'éteindre en s'en tenant à un ou deux, un singulier effet du Code civil': Honoré de Balzac, *La Fausse maîtresse* in *Une fille d'Ève suivi de La Fauuse Maîtresse*, ed. by Patrick Berthier (Paris: Gallimard, 1980), pp. 195-96. See Delaporte for confluence between cholera epidemic in 1832 and the colonization of Algeria in the same year: François Delaporte, *Disease and Civilisation: The Cholera in Paris, 1832*, trans. by Arthur Goldhammer (Cambridge, MA: MIT Press, 1986), p. 194.

[23] Nina Athanassoglou-Kallmyer, 'Blemished Physiologies: Delacroix, Paganini, and the Cholera Epidemic of 1832', *The Art Bulletin*, 83: 4 (December, 2001), 686-710 (p. 689). Furthermore, the cholera epidemic provides the backdrop to revolution and civic unrest in Victor Hugo's *Les Misérables* (1862), wherein Fantine dies of the quintessentially Romantic disease of consumption. In her analysis of the medical and political discourse around cholera, Catherine Kudlick observes that 'Descriptions of cholera's apparent preference for the poor easily blended with discussions of social unrest and revolution to create the image of a disease defined as much in social terms as biological or medical ones'. Catherine Jean Kudlick, *Cholera in Post-Revolutionary Paris: A Cultural History* (Berkeley; London: University of California Press, 1996), p. 21.

The Struggle for Narrative: Criticizing Postivism in the 1830s

As outlined in Chapter One, realism and idealism dominated literary aesthetics in the nineteenth century. Schor delineates the tension between idealism and realism in Sand's work, arguing that her novels espouse a literary aesthetic of idealism notwithstanding moments of psychological realism to guarantee the novel's didactic intentions.[24] The scene in which Lélia contracts cholera shows the potential uses of idealism, in addition to historical realism, to counteract what I suggest is a Balzacian idealization of medicine. As Chapter One has already argued regarding the country doctor trope, Balzac's realism in *La Comédie humaine* does not entirely foreclose idealization. Schor shows how Balzac's realism was cultivated alongside idealism, although 'Sand's idealism must […] be understood as a response to what was to become known as Balzacian realism', Balzac ultimately defined realism as a subcategory of idealism.[25] *La Peau de chagrin* is a particularly useful Balzac novel through which to explore these questions thanks to its near constant oscillation between idealist-optimistic and realist-disillusioned modes and tones. According to Nigel Harkness, *La Peau de chagrin* is a 'paradigmatic text for thinking desire', best exemplified by the wish-granting magic skin in addition to Raphaël's insatiable desire for Fœdora.[26] Schor labels novels organized around the fulfilment of male heterosexual desire for a female love object as possessing 'realist plots'.[27] We may anticipate that Sand, as a proponent of idealism, opposes a Balzacian realist-heterosexual plot with an idealist counter-narrative. Although this may be true for much of *Lélia*, I argue that the bedside scene is an example of one of Sand's realist moments.[28] It is well known that Balzac used Sand as a model for some of his own literary projects: Sand is depicted in *La Comédie humaine* as Félicité des Touches, the literary *femme de province*, and parodied through Dinah de La Baudraye in *La Muse du département* (1843). However, here I show the extent to which *Lélia* parodies Doctor Horace Bianchon, commonly perceived as one of the few true heroes of *La Comédie humaine*.[29] The bedside encounter in *La Peau de chagrin* criticsizes

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[24] See Schor, *George Sand and Idealism*, pp. 67-68, and Moi, *Henrik Ibsen and the Birth of Modernism*, pp. 67-104.
[25] Ibid., p. 47.
[26] Nigel Harkness, *Men of Their Words: The Poetics of Masculinity in George Sand's Fiction* (Leeds: Legenda, 2007), p. 121.
[27] Naomi Schor, 'The Scandal of Realism', in *New History of French Literature*, ed. by David Hollier (Cambridge: MA; London: Harvard University Press, 1989), pp. 659-61.
[28] Waller, *The Male Malady*, p. 143.
[29] For Bianchon styled in these terms, see Anne-Marie Lefebvre, 'Bianchon, un astre du cosmos balzacien', *L'Année balzacienne*, 16 (1995) 311-30, and Alexandre Mikhalevitch, *Balzac & Bianchon* (Paris: Honoré Champion,

scientific positivism but, I argue, outlines an idealized doctor-patient relationship; *Lélia* uses this paradigmatic encounter to dispel the myth of medical benevolence.

Raphaël's Bedside Encounter in *La Peau de chagrin*

Brooks suggests that the hero of the nineteenth-century French novel should be understood as a 'desiring machine' whose presence in the novel 'creates and sustains a narrative of movement through the forward march of desire, projecting the self onto the world through scenarios of desire imagined and then acted upon'.[30] Brooks convingly argues that *La Peau de chagrin* is narratologically organized around Raphaël de Valentin's acquisition of the magic donkey skin that fulfils his wishes by depleting his energy resources. However, the novel is also one of medical epistemological frustration and Raphaël's subsequent disillusionment with the medical profession. As much is evident in Raphaël's encounter with four doctors one of whom, Horace Bianchon will eventually become an important narrative lynchpin for *La Comédie humaine*.[31] In *La Peau de chagrin*, Bianchon is an idealized representative of medicine who redeems his profession by refusing to allow scientific ideology, rather than the patient, to guide his consultation. Furthermore, we shall see that the cacophony of voices attempting medically to diagnose the patient in *La Peau de chagrin* and *Lélia* drown out the patient's own narrative. Amongst this professional dissonance at the patient's bedside, Balzac's novel offers a redemptive reading through the depiction of Bianchon; whereas Sand explicitly criticizes this idealism through a recreation of the same scene in *Lélia*.

Having become critically ill by dint of his use of the magical donkey skin to fulfil his desires, Raphaël awakes one morning to find himself surrounded by four doctors who prod and poke him whilst submitting him to heavy-handed medical examinations.[32] Three of these four doctors represent the competing contemporary medical doctrines of Analysis, Vitalism, and Eclecticism: 'les trois systèmes

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2014) pp. 9-22. Since Bianchon appears in thirty-one novels, he is one of *La Comédie humaine*'s most prolific characters (ibid., p. 10). Rather than attempting to recreate Bianchon's own fractured novel, I focus on case studies of two novels which encapsulate the beginning and end of his career.

[30] Brooks, *Reading for the Plot*, pp. 39-40.

[31] It should be noted that, in the first version of *La Peau de chagrin*, Bianchon was originally named Prosper, but his name was later changed to coincide with the depiction of the student Bianchon in *Le Père Goriot*.

[32] Raphaël is disagnosed as suffering from consumption, '[Bianchon] expliquait parfois, avec une sorte d'insistance, les diagnostics qui lui semblaient révéler une phtisie pulmonaire'. See Honoré de Balzac, *La Peau de chagrin*, ed. by Nadine Satiat (Paris: Flammarion, 1996), p. 285. All in-text references are to this editions and shall henceforth be indicated by *LPC*. For consumption as a Romantic disease, see Chapter Three.

entres lesquels flottent les connaissances humaines étaient là devant lui' (*LPC*, 284). Doctor Brisset is the representative of the Analysis school: the successor of Cabanis and of Bichat who together 'voient en l'homme un être fini, uniquement sujet aux lois de sa propre organisation, et dont l'état normal ou les anomalies délétères s'expliquent par des causes évidentes' (*LPC*, 285). The second doctor, and the representative of the Vitalist school, is Doctor Caméristus.[33] Caméristus 'voyait dans la vie humaine un principe élevé, secret, un phénomène inexplicable qui se joue des bistouris, trompe la chirugie, échappe aux médicaments de la pharmaceutique, aux *x* de l'algèbre, aux démonstrations de l'anatomie' (*LPC*, 285-86). On account of such convictions, Caméristus greets all interventionist medicine caustically – '[il] se rit [des] efforts [d'autres médecins]' – since he maintains that life is ultimately governed by 'une espèce de flamme intangible, invisible, soumis à quelque loi divine, et qui reste souvent au milieu d'un corps condamné par nos arrêts, comme elle déserte aussi les organisations les plus viables' (*LPC*, 286). Finally, the Ecletic doctor, Doctor Maugredie is a reflection of François Magendie. Maugredie in *La Peau de chagrin* is described as simultaneously a 'Panurge de l'école', the 'roi de l'observation', a 'grand explorateur', and 'grand railleur' (*LPC*, 286). Finding good in all medical theories, Maugredie refuses to adopt any of them: '[il] prétendait que le meilleur système médical était de n'en point avoir, et de s'en tenir aux faits' (*LPC*, 286). Maugredie is therefore the 'homme des tentatives désespérées' (*LPC*, 286). This scene encapsulates Raphaël's sense of disillusionment. Raphaël is disappointed by medicine and, in this scene particularly, his doctors' ability effectively to manage his illness. In *La Peau de chagrin*, art and science have been corroded by 'un effroyable sentiment d'égoïsme' which is the 'lèpre actuelle' of contemporary France (*LPC*, 108). Of course, medicine is proved incapable of curing this metaphorical leprosy.[34]

However, the disillusionment of *La Peau de chagrin* is not merely self-perpetuating, but clears the ground for a reconstructed idealism. The bedside scene in *La Peau de chagrin* contains one redemptive

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[33] The idea that the skin grants wishes only by draining Raphaël of his life force is consistent with the vitalist doctrine of a single, universal, life-giving fluid to which Balzac roughly adhered: 'la volonté humaine était une force matérielle semblable à la vapeur' (*LPC*, 162).

[34] The dinner-party scene in *La Peau de chagrin* is the epitome of this Balzacian disillusionment following the collapse of France after 1789: 'la liberté enfante l'anarchie, l'anarchie conduit au despotisme, et le despotisme ramène à la liberté' which is 'le cercle vicieux dans lequel tournera toujours le monde moral' (*LPC*, 105-06). The oscillation of despotism and freedom between their opposite positions of laws and morals means that the consequent power vacuum has now been filled by speculation. A banker sardonically cries out 'Buvons donc à l'imbécillité pouvoir qui nous donne tante de pouvoir sur les imbéciles!' (*LPC*, 106).

hope for the medical profession: Bianchon. He is described as wise and modest, a friend of Rastignac, and with an illustrious career surely ahead of him (*LPC*, 284-85). Bianchon acts as an arbiter between the doctors of different doctrines: he tries to present a united front to the patient, since professional unanimity allows the doctors to take immediate and decisive action: 'Ces messieurs ont unaniment reconnu la nécessité d'une application immédiate de sangsues' (*LPC*, 291). Bianchon is the only doctor able to relate to Raphaël humanely, since he is the only doctor who slowly explains the medical jargon and underpinning epistemology of his colleagues' staunch positions. According to Bianchon, the doctors are 'logiques' since 'Caméristus sent, Brisset examine, Maugredie doute' which mirrors the makeup of man who has 'une âme, un corps et une raison' (*LPC*, 292). Therefore, there will always be humanity, both in the form of the patient and in the humane doctor, in the human sciences: 'il y aura toujours de l'homme dans la science humaine' (*LPC*, 292). For Bianchon, the aim of doctors is not to heal but to aid the patient's own healing; 'nous ne guérissons pas, nous aidons à guérir' (*LPC*, 292). In comparison to the fractured, quackish voices of the supposed medical authorities, Bianchon is a redemptive figure for medicine and a moral anchor in the scene, asserting the importance of the patient's illness narrative and humanity rather than placing them in service to the interests of science. For this reason, Bianchon is a quintessential morally-upstanding *robe noire* which means, as Benassis suggests in *Le Médecin de campagne*, that Bianchon places the patient's physical and moral health above his personal financial or political interests.[35] The doctor-patient encounter in *La Peau de chagrin* illustrates the cacophony of medical opinion in the 1830s, and depicts these voices' misguided conviction, whilst also providing a redemptive figure through Balzac's idealization of the young Bianchon.

Medical Authority and Lélia's Illness Narrative

Sand uses the doctor-patient encounter to assert the patient's attempts to regain control over their own illness narrative, ceded by the failed and fragmented doctor-patient relationship in *La Peau de chagrin*. *Lélia* focuses on the eponymous heroine's rejection of paradigms of heterosexual desire: the

[35] 'Ce n'est pas sans raison, mon cher monsieur, que l'on assemble proverbialement les trois robes noires, le prêtre, l'homme de loi, le médecin; l'un panse les plaies de l'âme, l'autre celles de la bourse, le dernier celles du corps; ils représentent la société dans ses trois principaux termes d'existence: la conscience, le domaine, la santé' (*LMC*, 94).

novel opens with Lélia's determined rebuff of Sténio's advances, and continues by charting her continued rebellions against male desire and the institution of marriage. For example, *Lélia* explictly suggests how prostitutes and married women are both slaves to men's desire, levelling their social statuses: 'l'amour des hommes est devenu un lupanar jusque sous le toit conjugal. La plupart d'entre eux sont à une femme pure ce qu'une prostituée est à un jeune homme chaste'.[36] (*Lél*, 402). Lélia has been read as the first female incarnation of the otherwise masculine-coded *mal du siècle*: 'the exceptional being who embodies the modern malaise is a woman not a man, and her mal du siècle, far from a crisis in male identity, is largely a symptom of her explicitly feminist discontent'.[37] But what of Lélia's physical illness, her contraction of cholera within the novel's first one hundred pages? Despite the importance of cholera to the conception of the novel, and in the face of the rarity of such depictions in contemporary literary works, the thematization of cholera in *Lélia* has received surprisingly little attention. Naginski draws attention to how 'Lélia, whose blue illness is a metaphor for her despair, is paralyzed by her incapacity to act in the world, to participate in society', suggesting a connection between Léila's cholera and her feminized *mal du siècle* persuasively outlined by Waller.[38] Pierre Reboul, in a tone that Naginski describes as unduly critical of Sand's elliptical text, dismisses Sand's depiction of cholera as inaccurate and based on her contraction of a less deadly disease: 'Mais on doute que Lélia pût sourire, fût-ce de dédain! Ajoutons que Sand n'avait pas été atteinte du choléra, mais, au plus, de la *cholérine*, forme bénigne ou maladie étrangère'.[39] Because of Sand's supposedly whimsical depiction of the disease, Reboul passes up the opportunity to explore the full ramifications of cholera in the scene: 'Nous renonçons à établir une bibliographie du choléra' (*Lél*, 61, n. 1). Despite, or perhaps because of, the physical horror of the choleric patient, *Lélia* avoids a direct description of the worst symptoms:

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[36] George Sand, *Lélia*, ed. by Pierre Reboul (Paris: Gallimard, 1960), p. 402. All in-text references are to this edition and shall henceforth be indicated by *Lél.*
[37] Waller, *The Male Malady*, pp. 137.
[38] Ibid. and Waller, *The Male Malady*, pp. 136-75.
[39] See Isabelle Naginski, 'In Reboul's Empire: George Sand's *Lélia.* A Critical Double Standard', *George Sand et l'empire des lettres*, ed. by Anne E. McCall-Saint-Saëns (New Orleans, LA: Presses universitaires du Nouveau monde, 2004), pp. 195-207 and Pierre Reboul's annotation in *Lél*, 61, n. 1. In a letter dated 14 April 1832, Sand wrote to her mother: 'J'ai été très malade cette nuit, ma chère Maman, à tel point que mes amis et mes portiers ont décidé que j'avais le choléra. Le médecin a eu beau les assurer du contraire, ils le croient et le croiront toujours. Deux de mes plus dévoués ont couché dans mon salon, l'un, par terre, l'autre, je ne sais plus où. Je m'éveille et je m'étonne du grand *aria* que je vois autour de moi, car je vous assure que j'ai été bien moins malade qu'ils ne me font. J'ai eu quelque symptômes de choléra, mais si légers qu'une tasse de thé et des couvertures les ont dissipés et que j'ai dormi comme un sonneur jusqu'à midi' (quoted in *Lél*, 62, n. 2).

Naginski observes that the bedside scene 'categorically avoids depicting a case of cholera realistically'.[40] Nonetheless, by reading the bedside scene alongside contemporary medical texts, we can see the extent to which Sand builds her criticism of positivist science on contemporary discourse.[41] These descriptions of cholera allow Lélia to reclaim her illness narrative.

As we have already seen, cholera prompted a multitude of theories with regard to its etiology and potential approaches to curing its victims. Building on the quintessential scene of medical disagreement in *La Peau de chagrin*, *Lélia* combines the conflicting medical discourse around cholera with the depiction of epistemological fissures within the medical profession. As Naginski outlines, the bedside scene in *Lélia* is a 'confrontation of four ideologies' between Trenmor, Doctor Kreyssneifetter, the priest Magnus, and the poet Sténio.[42] I contend, however, that in addition to these four ideologies represented by the four men surrounding Lélia's bedside, in a manner reminiscent of *La Peau de chagrin*, Doctor Kreyssneifetter is a singular embodiment of the plethora of medical responses to the cholera epidemic. Whereas *La Peau de chagrin* expresses disillusionment about medical authority by presenting the same kind of literal cacophony of voices to which Raphaël is subjected; *Lélia* condenses these voices into Kreyssneifetter, criticizing both medicine's failure to understand disease, and the ways in which the doctor goes about managing his patient on her sickbed.

One of the major causes of anxiety about contemporary medicine's ability to combat disease lay in the fact that doctors were highly divided in terms of both the causes, and effects, and therefore also the potential treatments for cholera. Theories of cholera's etiologies ranged from hydraulic, to electrical, geological, zoological: ideas about the disease's pathological effects included suggestions based on Bichat's inflammation model, Magendie's experimental methods, Pinel's theory of nerves, and humoral medicine.[43] The final debate was about whether cholera spread through miasma or contagion.[44]

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[40] Naginski, *George Sand*, p. 123.
[41] Sand therefore draws on an element integral to Erich Auerbach's definition of realism in order to criticize Balzac's idealization. Auerbach argues that *Le Rouge et le Noir* realizes so much on historical detail to produce realism that certain scenes 'would be almost incomprehensible without a most accurate and detailed knowledge of the political situation, the social stratification, and the economic circumstances of a perfectly definite historical moment, namely, that in which France found itself just before the July Revolution'. See Auerbach, *Mimesis*, p. 455.
[42] Naginski, *George Sand*, p. 123.
[43] For a discussion of the different approaches to cholera's etiology and pathology, see Delaporte, *Disease and Civilisation*, pp. 87-89, 93-95, and 119-29.
[44] Ibid., pp. 135-39.

Because of the proliferation of theories as to cholera's cause, progression, spread, and cure, the medical profession found itself powerless when faced with such a deadly enigma:

> De l'exposition succincte que nous venons de présenter sur la mortalité dans le XIe arrondissement pendant l'invasion du choléra-morbus, nous sommes arrivé [sic] à proclamer cette triste vérité, que beaucoup de médecins se sont trop hâtés de se prononcer dans une maladie sur laquelle, il faut l'avouer, nous n'avons pu encore acquérir que ses données superficielles. Où réside la cause du choléra-morbus? Est-ce dans l'air, dans les émanations terrestres, dans les influences atmosphériques? Qui pourrait l'indiquer? Comment cette cause agit-elle? Est-ce en surexcitant les organs intérieurs des cavités splanchniques? Est-ce en altérant le sang? Qui pourrait résoudre cette dernière question, d'une manière satisfaisante et positive?[45]

In this passage, Doctor Tacheron condemns doctors for proclaiming to understand cholera when, in fact, they only knew of its most superficial aspects. Tacheron lists the fundamental but as yet unanswered questions regarding cholera, and asks for an enlightened individual to answer them. The multiplicity of treatments pointed to the professional panic about the causes of, and treatments for, cholera: suggested treatments ranged from Broussais's bleeding with leeches, to a special punch developed by Magendie, to Heinrich Scoutetten's heating machine to warm the bodies of cholera patients.[46]

Naginski names the bedside scene in *Lélia* as a 'confrontation of four ideologies', much in the same way as the doctor(s)-patient encounter in *La Peau de chagrin* operates.[47] Trenmor and Sténio find Lélia in a horrific state: already blue, she seems to be exhibiting all the symptoms of a cholera victim minutes from death. Yet Kreyssneifetter seems baffled. Despite Trenmor's requests for 'le punch du docteur Magendie' (*Lél*, 62), and Lélia's suggestion of 'les adoucissants' (*Lél*, 62), Kreyssneifetter remains ambivalent as to their effectiveness offering the thought: 'Essayons les adoucissants, si vous croyez à la vertu des adoucissants' (*Lél*, 62). Instead, Lélia is only inadvertently exposed to a version of Scoutetten's heating machine after her second convulsion: 'Léila tomba raide et froide sur le parquet. C'était une dernière, une horrible crise. Sténio la pressa contre son cœur en criant de désespoir. Son cœur était brûlant, ses larmes chaudes tombèrent sur le front de Lélia' (*Lél*, 70). In *Lélia*, Sand uses the

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[45] Doctor Tacheron, *Statisque médicale de la mortalité du choléra-morbus dans le XIe arrondissement de Pairs pendant les mois d'avril, mai, juin, juillet et août 1832* (Paris: Bechet Jeune, 1832), p. 51.

[46] Magendie's recipe for cholera-curing *punch* was as follows: 'Camomille, une pinte; alcool, deux onces; sucre, quatre onces; suc d'un citron'. See François Magendie, *Leçons sur le choléra-morbus* (Paris: Collège de France, 1832), p. 189. For Scoutetten's heating machine, see Henri Scoutetten, *Relation historique et médicale de l'épidemie de choléra qui a régné à Berlin en 1831* (Paris: J. Baillère, 1831). Sand was treated for her symptoms with 'une tasse de thé' as well as being wrapped in blankets (quoted in *Lél*, 62, n. 2).

[47] Naginski, *George Sand*, p. 123.

doctor's non-interventionism to ironize the medical confusion in the face of cholera: Lélia's doctor justifies his failure to provide an explanation or cure for her physical illness by defending his non-interventionism. When Sténio asks 'Mais que conseillerez-vous, selon votre conscience?' (*Lél*, 62) the doctor is indignant: 'À ce mot de conscience, le docteur Kreyssneifetter jeta un regard de compassion moqueuse au jeune poète' before explaining that 'Ma conscience m'ordonne de ne rien ordonner du tout, et de ne me mêler en rien de cette maladie' (*Lél*, 63). The doctor's inertia is explained by his reluctance to commit to a single medical system, thus leading him to biological fatalism: 'Je crois peu à l'influence d'un système quelconque […] nous naissons tous avec le principe d'une mort plus ou moins prochaine; nos efforts pour retarder le terme ne font souvent que le hâter' (*Lél*, 63).[48] Thus, the doctor advises that patients should accept death: 'Le mieux est de n'y pas penser et de l'attendre en oubliant qu'il doit venir' (*Lél*, 63). Kreyssneifetter's non-interventionism suggests that he may adhere to the Vitalist school mentioned above, since Kreyssneifetter does precious little after taking Lélia's pulse:

> Le joli docteur Kreyssneifetter tenait familièrement une main de Lélia dans les siennes et, de temps en temps, il interrogeait le mouvement de l'artère, puis il passait son autre main dans les belles boucles de sa chevelure artistement relevée en pointe sur le sommet de son noble crâne (*Lél*, 61).[49]

On the other hand, Kreyssneifetter's conviction to 'ne me mêler en rien de cette maladie' suggests an adherence to Pinel's theory of the nervous etiology of cholera (see *Lél*, 63, n. 1). Like Raphaël in *La Peau de chagrin*, Lélia is subjected to a cacophony of medical opinion and advice; unlike in Balzac's novel, Sand's these conflicting professional stances into one medical character in order to better foreground the contradictions with which the contemporary field was riven. *Lélia*, thus uses the bedside encounter, now restored to between one doctor and his patient, to suggest the extent to which the doctor-patient relationship splinters under the strain of the cholera epidemic.

Due to medicine's failure to provide clear answers as to the workings or treatment of cholera, doctors often turned to moralizing cures, the primary target of Sand's satire of medicine. The contemporary

[48] Reboul attributes the doctor's opinions to the thought of both Magendie and Pinel who, according to Delaporte, were in acrimonious disagreement with one another (*Lél*, 61 n. 1 and 70, n. 3 for Magendie, and 63, n. 1 for Pinel). For a comprehensive review of the different approaches to the etiology and treatment of cholera, see Delaporte, *Disease and Civilisation*, pp. 129-30.

[49] According to Brockliss and Jones, vitalists, such as Barthez, were uninterested in morbid anatomy and instead 'confined the study of disease to the observable' and thus the patient's body, Brockliss and Jones, *The Medical World of Early Modern France*, p. 436. In this passage, Sand parodies the doctor by rendering him effeminate and apes Balzac's interest in physiognomy as a way apparently to deduce a subject's character.

Michel Chevalier stated that there was only one 'veritable préservatif contre le Choléra [sic], à l'usage surtout de la population malaisée de Paris, c'est de ne point craindre le Choléra; c'est de rester en présence de ce nouvel ennemi, ce qu'elle est partout, courageuse et invincible'.[50] Such futile, flippant advice, as well as arrogance regarding medicine's understanding of the epidemic, characterizes Doctor Kreyssneifetter's diagnosis of and advice to Lélia:

> Ce n'est rien, disait-il avec un aimable sourire, rien du tout. C'est le choléra, le choléra-morbus, la chose la plus commune du monde dans ce temps-ci et la maladie la mieux connue. Rassurez-vous, mon bel ange! vous avez le choléra, une maladie qui tue en deux heures ceux qui ont la faiblesse de s'en effrayer, mais qui n'est point dangereuse pour les esprits fermes commes les nôtres. Ne vous effrayez donc pas, aimable étrangère! Nous sommes ici deux qui ne craignons pas le choléra, vous et moi défions le choléra! Faisons peur à ce vilain spectre, à ce hideux monstre qui fait dressser les cheveux au genre humain. Raillons le choléra, c'est la seule manière de le traiter. (*Lél*, 61-62)

Here, *Lélia* ironizes the medical profession's contemporary confusion about the causes and treatments for cholera, claiming that it is the best-known medicine of the age. Kreyssneifetter echoes Chevalier's assertion that, since cholera was a moral disease, the best cure was the assertion of moral fortitude and the absence of fear. Sand's use of the third person plural tense is an ironic take on the doctor-patient relationship: the doctor may believe, or at least be trying to make the patient believe, that they are fighting a joint enterprise. Of course, the doctor's lack of practical advice only isolates the patient further, and thus Sand's novel uses the medico-historical context of the 1832 cholera epidemic to criticize positivist science by ironizing it through the doctor-patient encounter at Lélia's bedside.

Moreover, *Lélia* uses the doctor-patient encounter to criticize the epistemological structures on which contemporary medical science, and thus the authoritative doctor-patient relationship, was built. Lélia rejects scientific observation: given Kreyssneifetter's inertia, Lélia caustically excuses the 'philosophe' from her bedside: 'Alors comme il se fait tard, bonsoir! N'interrompez pas plus longtemps votre précieux sommeil' (*Lél*, 63). However, the doctor defends his presence by demonstrating his personal sacrifice to his profession: 'je suis bien ici, je me plais à suivre les progrès du mal. J'étudie, j'aime mon métier de passion, et je sacrifie volontiers mes plaisirs et mon repos, je sacriferais ma vie s'il le fallait pour le bien de l'humanité' (*Lél*, 63). The doctor goes on to define his *métier* as follows: 'Je console, j'encourage […]. Je la constate, je l'observe, j'assiste au dénouement et je profite de mes observations' (*Lél*, 63). Sand's rejection of medical observation, and the underpinning Enlightenment values of

[50] Michel Chevlier, *Société des amis du peuple. De la civilisation* (Paris: n. pub., 1832), p. 4.

objectivity and universalism, are underscored by the novel's most famous maxim: '*Savoir*, ce n'est pas *pouvoir*' (*Lél*, 120). Naginski links this phrase to Balzac's in *La Peau de chagrin*: 'Voir, n'est-ce pas savoir?' (*LPC*, 89).[51] However, as the depiction of Bianchon at Raphaël's bedside suggests, *La Peau de chagrin* defends the medical gaze whereas *Lélia* questions its efficacy and supposedly inherent utility. The shopkeeper recounts a desire for visual mastery equated with materialized knowledge: 'Ma seule ambition a été de voir. Voir, n'est-ce pas savoir? [...] Que reste-t-il d'une possession matérielle? Une idée' (*LPC*, 89).[52] Moreover, as the Introduction noted, in *Le Père Goriot* Bianchon claims that he '[voit] encore le malade'.[53] In *La Comédie humaine*, then, vision is understood as intersecting with understanding, and thus provides the platform for an authoritative but benevolent doctor who heals patients through a holistic doctor-patient relationship. Not only does *Lélia* question the analogy between *savoir* and *pouvoir*, but Sand's novel demonstrates the inefficacy of medicine when it is seen from the patient's perspective: Lélia asks 'vous ne croyez donc pas à la médicine?' to which the doctor evasively replies 'l'étude de l'anatomie et la connaissance du corps humain avec ses altérations et ses infirmités, c'est là une science positive' (*Lél*, 64). What good does the study of the body do if Kreyssneifetter's response to Lélia's cholera is to advise her to be indignant, rather than to heal her physically or emotionally? Exasperated, Lélia declares that science has deserted the doctor and therefore her: 'je vois que le médecin m'abandonne. [...] Quand je sentirai le courage m'abandonner, je le ferai appeler, afin qu'il me donne des conseils de stoïcisme et que je meure en riant de l'homme et de sa science' (*Lél*, 64).

Finally, *Lélia* criticizes the redemptive dimension of the doctor-patient encounter presented in *La Peau de chagrin*. In Balzac's novel, the disillusionment of the scene is counteracted by the presence of Bianchon. Kreyssneifetter in *Lélia* is a direct parody of the Balzacian 'good doctor'. [54] Kreyssneifetter is an early incarnation of Sand's parody of the professional characters of *La Comédie humaine.* In *La Peau*

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[51] Naginski, *George Sand*, p. 133.
[52] For a comparison of the different types of vision in *La Peau de chagrin* and *Lélia*, see Mathias, *Vision in the Novels of George Sand*, especially p. 31.
[53] Balzac, *Le Père Goriot*, p. 339.
[54] In 1841, Sand wrote *Horace* in which the eponymous character is a law student in Paris, the occupation of Bianchon's double Eugène de Rastignac. In the preface, Sand appropriates Balzac's discourse of *type* and truth: 'Il faut croire qu'Horace représente un type modern très-fidèle et très-répandu'. See George Sand, *Horace* (Paris: Hetzel et Cie; Victor Lecou, 1854), p. 1.

de chagrin, Bianchon is introduced as accomplished despite his youth, 'le plus distingué […] des nouveaux médecins' (*LPC*, 285). In *Lélia*, the doctor's youth is exaggerated in order to be satirized. Kreyssneifetter is continuously characterized as young: he is 'le docteur imberbe' (*Lél*, 63). Bianchon adopts a gentle paternal approach to the care of his patient, questioning not only his colleagues' claim to the patient's illness narrative through their understanding of Raphaël's disease, but reaffirming the patient's sovereignty over his experience. Kreyssneifetter's exaggeratedly tender age renders his paternalistic bedside manner pompous and patronizing: he speaks in a tone which is 'doucereux et protecteur' (*Lél*, 61) to the patient who he calls 'ma belle enfant' (*Lél*, 63). Unlike Raphaël, a hapless victim of the three in-fighting doctors and whose cause is championed only by Bianchon; Lélia, 'avec un sang-froid caustique' (*Lél*, 62), repels Kreyssneifetter's attempt at patient-care. Sand further unpicks the doctor's claim to medical authority by feminizing him in the spirit of a Romantic hero. He is 'le joli docteur' and and 'un charmant homme tout jeune, blond, vermeil, au sourire nonchalant, à la main blanche' (*Lél*, 61). Lélia, by contrast, appropriates virile masculine power for herself and takes back control of her own narrative. In the only full-length portait of Lélia, which shows her attending a ball thrown by a famous musician, her appearance is described in way as to evoke the dark garb of the *robes noires*:

> Le manteau de Lélia était moins noir, moins velouté que ses grands yeux couronnés d'un sourcil mobile. La blancheur mate de son visage et de son cou se perdait dans celle de sa vaste fraise et la froide respiration de son sein impénétrable ne soulevait pas même le satin noir de son pourpoint et les triples rangs de sa chaîne d'or. (*Lél*, 45)

In this passage, we see the incorporation of Lélia's impenetrability into the sartorial synecdoche of the male professional: Lélia's adoption of dark masculine clothes signals not only her sexual impenetrability, but equally her appropriation of the clothes used by male professionals to assert their authority. In *La Peau de chagrin*, women are shown to be as impenetrable as professional men: 'Les prêtres, les magistrats et les femmes ne dépouillent jamais leur robe entièrement' (*LPC*, 171-72).[55] Not only does *Lélia* constitute a criticism of Balzac's idealized 'good doctor', but the novel exposes how

[55] For the theme of transvestism in Sand, see Jacinta Wright, 'S'habiller du vêtement du maître: George Sand et le travesti intertextuel', in *George Sand: Pratiques et imaginaires de l'écriture*, ed. by Brigitte Diaz and Isabelle Hoog Naginski (Caen: Presses universitaires de Caen, 2006), pp. 95-104.

this idealization is founded on gendered clichés which the radical eponymous heroine defiantly overturns, as the priest Magnus later admits, Lélia's 'puissance est supérieure à la mienne' (*Lél*, 65).[56]

La Peau de chagrin and *Lélia* both use a doctor-patient encounter at the patient's bedside to satirize modern medicine. In the case of Balzac, the patient's disillusionment makes way for an idealized 'good doctor' who, through an equally idealized doctor-patient relationship, reaffirms Raphaël's humanity which his doctors otherwise ignore. *Lélia* uses a similar scene to satirize medical responses to the cholera epidemic of 1832, thus locating her novel in the historical realities of its inception. Unlike *La Peau de chagrin*, *Lélia* does not provide the reader with solution to medical inefficacy by including an exceptional, redemptive doctor figure. Instead the eponymous heroine is forced to seize control over her illness narrative from the polyphony of medical opinion that her doctor represents. The above comparative reading of the bedside scenes in both novels confirms that *Lélia* criticizes Balzacian idealism by putting cholera centre stage for one of the novel's episodes. If the battle over medical epistemology, made most evident in the debates around the nature of cholera, is tantamount to a struggle over illness narrative, what do the abject bodily symptoms of cholera mean for both patient and doctor?

Corporeal Battles: Cholera and the Female Body

In *La Peau de chagrin*, Raphaël posits that the enigmatic Fœdora as a worthy subject for medical examination, so alluringly perplexing does he find her: 'Vraiment vous êtes un sujet précieux pour l'observation médicale' (*LPC*, 172). Raphaël conflates gaining knowledge of a woman with the physical examination of her body performed by a doctor. The doctor-patient encounter, then, is in some ways erotic - but not in the straightforward sense identified by Foucault, which he accuses the Medical Humanities of creating in the 1960s.[57] Rather, the doctor-patient encounter is a narrative device in which knowledge and medicine collude to attempt to penetrate the female body. The role of desire as motivating and animating realist novels, often through the trope of the marriage plot, is an important

[56] For Sand's manipulation and inversion of gender-power structures in *Lélia*, see Harkness, *Men of Their Words,* pp. 121-45.
[57] In *Naissance de la Clinique* Foucault criticizes the 'idée mal jointe' and the 'vocabulaire faiblement érotisé de la 'rencontre' et du 'couple médecin-malade". See Foucault, *Naissance de la clinique*, pp. 12, and the Introduction for a discussion of this theme.

theme in scholarship on the nineteenth-century novel. According to Brooks, realist narratives 'function according to a masculine economy of desire, and […] channels such desire teleologically through a plot which moves inexorably towards climax and resolution'.[58] According to Brooks, narrative 'both tell of desire – typically present some story of desire – and arouse and make use of desire as dynamic of signification'.[59] The logic of desire is often channelled through the male gaze: 'Vision is typically a male prerogative, and its object of fascination the woman's body'.[60] Here, plot is produced and driven by heterosexual desire which is sustained through the visual surveillance of the female body. In the context of medical novels, the doctor has the privilege and power of the viewing subject. But what does it mean when the female body, the object of desire for the male gaze and the heterosexual plot, is wracked by the most virulent disease of the nineteenth century? Compared with Balzac's *étude de femme* novels, I argue that *Lélia* not only criticizes positivist science, but also rejects the medical male gaze through the impenetrability and horror of the heroine's diseased body. By hanging the novel's allegorical and aesthetic statuses on an abject disease such as cholera, *Lélia* allows its heroine to escape the confines of the doctor-patient relationship through an encounter of which she takes control.

Seeing, Reading, and Narrating Women in Balzac's *L'Interdiction*

Whilst maintaing a vigil at the deathbed of the eponymous character, Bianchon, in *Le Père Goriot*, explains to Rastignac that unlike his colleagues, he practises medicine entirely with one eye on the patient: 'Les médecins qui ont exercé ne voient que la maladie', he claims, but only he continues to see the patient in their entirety.[61] Published only a few years after *Le Père Goriot*, *L'Interdiction* opens with a similar exchange between Rastignac and Bianchon. In *L'Interdiction*, Bianchon outlines the link between the doctor's vocation and his intimate knowledge of women. Rastignac, now an urbane dandy, is in love with the Marquise d'Espard. Bianchon, however, suspects the Marquise of acting with false intent. To justify his suspicions, Bianchon proclaims that his intimate knowledge of women emanates from his profession: 'Les médecins sont habitués à juger les hommes et les choses; les plus habiles d'entre

[58] Harkness, *Men of Their Words*, p. 121.
[59] Brooks, *Reading for the Plot*, p. 37.
[60] Brooks, *Body Work*, p. 88.
[61] Balzac, *Le Père Goriot*, p. 339.

nous confessent l'âme en confessant le corps'.[62] Bianchon claims that he views women only as 'des marionettes, des poupées et des pantins' (*LI*, 278). On account of his medical profession, Bianchon is admitted to female patients' bed-chambers, and thus seems them at their most vulnerable:

> Mon cher, ces femmes de qui vous dites: 'C'est des anges!', moi je les ai vues déshabillées des petite mines sous lesquelles elles couvrent leur âme, aussi bien que des chiffons sous lesquels elles déguisent leurs imperfections: sans manières et sans corset. Elles ne sont pas belles. (*LI*, 278)

Bianchon's horror at women's true hideousness contrasts with Mikhalevitch's characterization of him as someone who 'prête à la psyché de ses patients (surtout aux femmes) une attention qui le différencie de l'approche purement scientifique et objectiviste de ses plus illustres maîtres et confrères'.[63] But rather than making use of this interest in patients' inner lives to heal them, the doctor uses his intimate knowledge of them to dismiss an entire *type*: 'Depuis que je vais dans la haute monde, j'ai rencontré des monstruosités habillés de satin, des Michonneau en gants blancs, des Poirets chamarrés de cordons, des grands seigneurs faisant mieux l'usure que le papa Gobseck! (*LI*, 278). In particular, Bianchon takes aim at the *femme à la mode* whom he considers to be an unnatural specimen: 'La femme à la mode n'est plus une femme: elle est ni mère, ni épouse, ni amante; elle est un sexe dans le cerveau, médicalement parlant' (*LI*, 279).[64] By using his 'qualité de médecin', Bianchon diagnoses the Marquise as one of the *femmes à la mode*, and warns him of her inevitable temperament: 'Aussi ta marquise a-t-elle tous les symptômes de sa monstruosité, elle a le bec de l'oiseau de proie, l'œil clair et froid, la parole douce; elle est polie comme l'acier d'une mécanique, elle émut tout, moins le cœur' (*LI*, 279). Here Bianchon presents himself as a *personnage à part* capable of penetrating women's bodies and thus reading their hearts.[65]

The denouement of *L'Interdiction* proves Bianchon right: the Marquise d'Espard with whom Rastignac tries to start an affair, is in fact a swindler acting under the influence of an malevolent Mesmerist. At stake in predicting the Marquise's true intentions is the nature of truth itself: in response to Bianchon's tirade, Rastignac remarks that 'Il y a du vrai dans ce que tu dis', to which Bianchon replies 'Du vrai !

[62] Honoré de Balzac, *Une double famille, suivi du Contrat du mariage et de L'Interdiction*, ed. by Samuel S. de Sacy (Paris: Gallimard: 1963), p. 277. All in-text references are to this edition and shall henceforth be indicated by *LI*.
[63] Mikhalevitch, *Balzac & Bianchon*, p. 299.
[64] For the representation of biological essentialism in Stendhal, see Chapter Two.
[65] This theory coincides with *la femme complète,* outlined in *La Cousine Bette* (1846), described following terms: '[Ê]tre une honnête et prude femme pour le monde, et se faire courtisane pour son mari'. See Honoré de Balzac, *La Cousine Bette*, ed. by Pierre Barbéris (Paris: Gallimard, 1972), p. 317.

[…] tout est vrai. Crois-tu donc que j'e n'aie pas été atteint jusqu'au fond du cœur' (*LI*, 279).[66] As one of the novel's main focalizers, the other being Popinot, with his penetrative gaze, Bianchon is thus seen as a guarantor of narrative stability and insight.[67] Bianchon narrates both of Balzac's works which bear the name of the genre, the *Étude de femme* and *Autre étude de femme*, thus suggesting the medical profession's unique intimacy with, and insight into, the sordid lives of women. In *Autre étude de femme*, Bianchon tells the harrowing tale of 'La Grande Bretèche'. In his story, Madame de Merret's cuckolded husband pressures his wife to swear that their bedroom cupboard is empty, when in fact he knows that her illicit lover is hiding in it. The enraged husband then immediately seals the cupboard by bricking it up, thus dooming the hidden lover to his death. The story ends with the image of Madame de Merret remaining in her room for days whilst listening to the pained groans of her lover who slowly starves to death from behind the wall. The tale, by relying on the narrative techniques of the *roman policier*, establishes Bianchon as a mystery-solver in addition to a master storyteller.[68] The doctor details how the mysterious house and its accompanying ghoulish tale which

> me laisse en proie à des pensées vagues et ténébreuses, à une curiosité romanesque, à une terreur religieuse assez semblable au sentiment profond qui nous saisit quand nous entrons à la nuit dans une église sombre où nous apercevons une faible lumière lointaine sous les arceaux élevés; une figure indécise glisse, un frottement de robe ou de soutane se fait entendre… nous avons frissonné.[69]

'La Grande Bretèche' establishes Bianchon as a master storyteller, as the narrator tells the reader that 'Les histoires que conte le docteur […] font des impressions profondes […] mais douces'.[70] At the end of the tale, it is only the female attendee's movement that breaks the spell Bianchon's story has cast on his listeners: 'toutes les femmes se levèrent de table, et le charme sous lequel Bianchon les avait tenus

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[66] Bianchon exclamation in *L'Interdiction* mirrors the famous maxim of the narrator of *Le Père Goriot:* 'ce drame n'est ni une fiction, ni un roman. *All is true;* il est si véritable que chacun peut en reconnaître les éléments chez soi, dans son cœur peut-être', Balzac, *Le Père Goriot*, p. 22.

[67] Cholera forms the dramatic backdrop to the action of *L'Interdiction*: immediately after his exchange with Rastignac, the novel follows the doctor through the streets of the twelfth arrondissement, the very neighbourhood so struck by cholera that Doctor Tacheron's dedicated his entire study to it. In *L'Interdiction*, the twelfth is 'le plus pauvre quartier de Paris, […] celui qui jette […] le plus de malades à l'Hôtel-Dieu, […] qui envoie le plus de chiffonniers au coin des bornes' (*LI,* 282-83). For the *chiffonnier's* protest against the characterization of spreading the disease, see Kudlick, *Cholera in Post-Revolutionary Paris*, pp. 179-80.

[68] As D. A. Miller observes regarding *Une ténébreuse affaire* (1841), 'Like Balzac's doctors and lawyers, [the police spies Peyrade and Corentine are] privy to what goes on behind the 'scènes de la vie privée', and they thus resemble the novelist whose activity is also conceived as a penetration of social surfaces'. See D. A. Miller, *The Novel and the Police* (Berkeley; London: University of California Press, 1988), p. 23.

[69] Honoré de Balzac, *Autre étude de femme,* in *Les Secrets de la princesse de Cadignan, et autres études de femme*, ed. by Samuel S. de Sacy (Paris: Gallimard: 1971)*,* p. 105.

[70] Ibid., p. 89.

fut dissipé par ce mouvement'.[71] Bianchon's investigations of the abandoned house, leading him to uncover the wife's infidelity and her lover's murder, are thus transformed by the *mise en abyme* into the doctor's opportunity to prove his talents as a storyteller elsewhere in *La Comédie humaine*. The appearance of 'La Grande Bretèche' in *Autre étude de femme* suggests how the doctor converts an anecdote into an act of showman storytelling. The intradiegetic success of 'La Grande Bretèche' is such that Bianchon will retell the tale later in his career in *La Muse du département* in the same style: 'Cet fut d'ailleurs la même perfection dans les gestes, dans les intonations qui valut tant d'éloges au docteur chez Mlle des Touches quand il la raconta pour la première fois', producing the same effect on his interlocuteurs. Thus 'Le dernier tableau du Grand d'Espagne mourant de faim et debout dans l'armoire où l'a muré le mari de Mme de Merret […] produisit tout son effet' since there was 'un moment de silence assez flatteur pour Bianchon'.[72] Overall, *L'Interdiction* and the accompanying *études de femme* narrated by Bianchon paint a picture of the commanding male medical gaze that penetrates and understands women's bodies, facilitating his powers as a narrator. At the apogee of his career then, Bianchon becomes the researcher and writer of the female body of *La Comédie humaine*.

Cholera and its Uses: Reclaiming the Female Body

There is a consensus amongst Sand scholars that *Lélia* resists plot structures centred around the desiring male gaze. As scholars such as Thompson, Harkness, and Schor show, Lélia's unknowability, and the rejection of desire-oriented narration by the novel's eponymous heroines is one of *Lélia*'s most pervasive themes.[73] Thompson writes that *Lélia* 'is a novel which refuses realism and instead rewrites the nineteenth-century model of the easily obtainable feminine body yearned for and ultimately secured by a male hero'.[74] Harkness organizes his argument around the novel's analysis of desire, claiming that *Lélia* presents 'a troubling vision of desire as an uncontrolled, multiform force'.[75] Schor points out that Sand's novella *La Marquise* (1832) is to a large extent explicitly written against the

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[71] Ibid., p. 114.
[72] Honoré de Balzac, *La Muse du département*, ed. by Patrick Berthier (Paris: Gallimard, 1984), p. 100.
[73] See Naginski, *George Sand*, pp. 107-35 and Schor, *George Sand and Idealism*, pp. 55-68. For more recent interpretations of this aspect, see Harkness, *Men of Their Word*, pp. 121-45 and Thompson, *Taboo: Corporeal Secrets,* pp. 25-30.
[74] Ibid., p. 25.
[75] Harkness, *Men of Their Word*, p. 123. Here, Harkness builds on Schor's argument that the novel is best defined by its 'undecideability or oscillation that violates the laws of generic purity' and that deliberately obscures the linear course of the plot of heterosexual desire. See Schor, *George Sand and Idealism*, p. 59,

Balzacian *étude de femme*.[76] Although Lisa Downing persuasively argues that there is a strong necrophilic urge in nineteenth-century culture which is often centred around deathbeds since they are 'favoured loci of libidinal expression', I believe that *Lélia* rejects masculine desire as the motor of plot by rendering the female body diseased, challenging assumptions of erotic desirability.[77] The fact that Lélia's condition is hyper-physical, in so far as cholera heightened and exposed the body's normal functions, means that her body is rendered visible, but not readable, in the bedside scene since, as illustrated above, cholera was both shocking and baffling. I contend that the metaphors of impenetrable, marmoreal coldness used by Sand emanate from the symptoms of cholera itself. Through her depiction of the doctor-patient encounter, Sand's novel thus demonstrates the aesthetic potential of the disease to rebel against the paradigms of medical vision and narrative knowledge embedded in the doctor-patient relationship and espoused in the *étude de femme*.

What cholera did to the body was horrifying to nineteenth-century contemporaries: *cyanose* or *facies cholérique* were responsible for the blue appearance of the skin that felt cold to the touch:

> Facies cadavérique, teinte violette ou livide de la face et des mains, altération profonde des traits et de la voix, yeux caves secs […]; refroidissement glacial des membres, du nez, de la face, quelquefois de la langue, haleine froide.[78]

Excruciating stomach cramps could cause the patient to writhe uncontrollably in pain, and white 'ricepaper' diarrhoea was an unmistakeable symptom: 'Le malade est pris presque en même temps de vertiges, de vomissements et de diarrhées, avec des crampes douloureuses dans les membres'.[79] Most harrowing of all was cholera's capacity for *cadavérisation*, turning the patient into a corpse before their death. As Doctor Arramide wrote: 'La figure est cadavérique et d'un aspect particulier; la peau donne au toucher la sensation de fraîcheur qu'une grenouille produirait à la main; le pouls disparaît

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[76] Ibid., p. 48. Schor argues that, in *La Marquise*, 'the cure for women's lack or loss of desire is not, as it is for men who suffer from this syndrome, degrading the object, but in some sense enhancing it through secrecy and illicitness'. In this instance then, impenetrability allows female desire to emerge and grow unhindered by male demands, ibid., p. 48.

[77] Lisa Downing, *Desiring the Dead: Necrophilia and Nineteenth-Century French Literature* (Oxford: Legenda, 2003), p. 11. See also Jacinta Wright, 'Romancing the Dead: Death and Desire in George Sand's *Lélia*', *Irish Journal of French Studies*, 1 (2001), 57-66. Waller highlights the metaphorical possibility of what she sees as Lélia's poorly-defined illness, see Waller, *The Male Malady*, pp. 136-75. Thompson focuses on Lélia's corporeality, see Thompson, *Taboo: Corporeal Secrets*, pp. 25-29.

[78] Fabre, *Du choléra morbus; ou, Guide des practiciens dans la connaissance et le traitement de cette maladie* (Paris: Germer Baillière, 1832), p. 8.

[79] Joseph-Claude-Anthelme Récamier, *Recherches sur le traitement du choléra morbus* (Paris: Gabon, 1832), pp. 25-26.

entièrement; tout le corps devient froid comme du marbre et d'une couleur plombée ou livide, en commençant par les extrémités'.[80] The *cadavérsation* of cholera was responsible for isolated cases of doctors declaring patients' deaths whilst they were still alive: the violinist Niccolò Paganini's doctor pronounced the maestro's passing due to his cholera-like symptoms and the disease's ghoulish aping of death:

> Le système nerveux s'y associe d'une manière si remarquable qu'il se déclare une catalepsie qui le tient tout un jour dans un état de mort apparente. Sa famille désolée croit qu'il a cessé de vivre, et il était déjà enveloppé dans le linceul funéraire et prêt à mettre dans le cercueil, lorsqu'un léger mouvement révéla aux assistans qu'il vivait encore.[81]

The abject, undeniably physical reality of cholera is the first thing that strikes the characters attending Lélia's bedside. Hearing of Lélia's forthcoming death, Trenmor and Sténio rush to her where they find the eponymous heroine 'couchée sur un sofa; ses joues avaient un reflet bleu, ses yeux semblaient s'être retirés sous l'arc profond de ses sourcils. Un grand pli traversait son front, ordinairement si poli et si blanc' (*Lél*, 60). As per contemporary observations of the disease, Lélia's extremities are the most notably discoloured: talking to Magnus 'en l'attirant vers elle de sa main froide et bleuâtre' (*Lél*, 65). Lélia's violent convulsions increase her cadaverous appearance: she 'tomba mourante' (*Lél*, 63) and later asks 'Suis-je déjà morte?' (*Lél*, 66) echoing popular anxiety around cholera's ability to foreshadow its victims' inevitable deaths. Sand therefore uses historical realism to incoroporate contemporary medical discourse about cholera into *Lélia* through the doctor-patient encounter.

Marmoreal impenetrability and medical unknowability also characterized contemporary medical discourse about cholera. The *Journal des Débats* reflected on the impenetrable mystery of the disease, and of nature in general: 'Le monde est bien vieux, dit-on, le monde n'en est pas moins plein de mystères impénétrables. Nos explications ne sont habituellement que l'assimilation d'un phénomène nouveau à un phénomène qui nous est plus familier, mais dont la cause intime nous échappe également'.[82] For Doctor Tacheron, cholera was unknown and ultimately unknowable in its cause,

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[80] J. B. Arramide, *Explication des symptômes du choléra-morbus, des apparences cadavériques, et de ses méthodes curatives, par des données physiologiques* (Paris: Éverat, 1832), pp. 6-7. For a discussion of cholera in art, see Nina Athanassoglou-Kallmyer, 'Blemished Physiologies', 686-710 and Richard Barnett, *The Sick Rose, or; Disease and the Art of Medical Illustration* (Thames and Hudson: London, 2014), pp. 129-43.
[81] Doctor Bennati and Doctor Miquel, 'Notice physiologique sur Paganini', *Revue de Paris,* 26 (1831), pp. 54-55.
[82] 'Rapport sur le choléra-morbus, lu les 26 et 30 juillet, à l'Académie royale de la médecine', *Journal des Débats*, 18 February 1832, p. 4.

spread, and treatment: 'Tout ce que nous savons, c'est que la maladie est nouvelle pour nous, redoutable dans ses effets, ignorée dans ses causes et ses modes d'agir'.[83] Sand uses cholera's symptoms, established in the doctor-patient encounter, to construct Lélia's impenetrability and frigidity in allegorical terms. The coldness of the choleric's body is a corollary of Léla's sexual frigidity that is a common leitmotif throughout the novel. The metaphorical echo of the cholera scene is immediately felt: in the first chapter of the second part the narrator observes how the convalescent Lélia is marked by the physical symptoms she previously experienced: 'Tantôt, furtive et discrète, elle passe avec un nerveux frémissement contre des pans de marbre qui la couvrent de leur reflet d'un noir bleuâtre […] avec une voix qui semble entrecoupée' (*Lél*, 74). The long shadow of cholera is also felt by the other characters, notably in the motif of coldness. Recalling Lélia's 'maladie funestre' (*Lél*, 78), Magnus wishes to touch 'ses grands mains effilées, si molles et si belles!' to which Sténio adds 'Et si froides!' (*Lél*, 83). Lélia's *sang-froid* in the bedside scene is presented as typical of her frosty demeanour and terrifying gaze: 'La figure pâle et le regard méchant et froid de Lélia […] me pétrifiait' (*Lél*, 86). Lélia turns coldness from a symptom of a physical ilness into the symptom of a broader social malaise:

> Oh le froid! ce mal pénétrant qui enfonce des aiguilles acérées dans tous les pores! […] Vous voyez bien que tout se civilise, c'est-à-dire que tout se refroidit. […] C'est que partout le sang s'appauvrit et se congèle à mesure que l'instinct grandit et se développe (*Lél*, 120-21).

Here, Lélia associates coldness with a resistance to desire and to the constrained gender roles of marriage which is the only socially-sanctioned institution for the fulfilment of female desire. Just as cholera renders its victims grotesque and abject, Lélia declares that her frigidity renders her socially and sexually abject: 'La froideur de mes sens me plaçait au-dessous des plus abjectes femmes, l'exaltation de mes pensées m'élevait au-dessus des hommes les plus passionnés' (*Lél*, 169).

Lélia's frigidity translates into her transmogrification into a marble statue that then goes on to cause physical suffering in those who love her: 'Vous êtes froide, Lélia, oh! froide commme le marbre! Moi, je suis mal, je brûle, l'air manque à ma poitrine (*Lél*, 216). This illness or pain is delivered through her gaze which 'pétrifiait' (*Lél*, 86). Harkness remarks that the motif of Lélia's statuesque coldness is a 'potent symbol not only of the social constraints placed on female subjectivity in the early nineteenth

[83] Tacheron, *Statisque médicale de la mortalité du choléra-morbus*, p. 51.

century, but also of the processes of literary signification in which the female character is caught'.[84] The coldness of Lélia's marmoreal body translate into paleness: 'Pâle comme une des statues de marbre blanc qui veillent auprès des tombeaux, vous n'aviez plus rien de terrestre' (*Lél*, 12). The whiteness of Lélia's bed extends the marble metaphor reflecting her coldness, 'Un lit de satin blanc. Et la vierge de marbre, qui est enchâssée dans la niche de l'est, poussa un profond soupir' (*Lél*, 79). Lélia's marmoreal coldness recalls how Fœdora, is viewed by Raphaël*:* she is 'la comtesse […] glaciale' (*LPC*, 169), and thus the 'femme sans cœur' of the chapter's title (*LPC*, 129). Fœdora is similarily given a statuesque quality meant to reflect her inability to love: she is 'une statue de marbre, paraissant exprimer l'amour, mais froide' (*LPC*, 173).

The theme of marble, creation, and control echoes the Pygmalion myth, and Lélia is compared to Galatée in the novel: 'C'est le marbre sans tache de Galatée' (*Lél*, 46). According to Waller, rewriting the Pygmalion story allows Sand to bring the female statue to life 'not as the perfect object of man's desire, but as a self-contained and troubled subject who rebuffs his self-interested idiolization of her'.[85] The marmoreal coldness of Lélia's body amounts to the intrinsic unknowability of the protagonist. The opening passages are iconic in this regard, uniting both Lélia's fundamental unknowability and the pain she provokes, as one character writes of her: 'Qui es-tu? et pourquoi ton amour fait-il tant de mal?' (*Lél*, 7). The failure to comprehend Lélia is partly attributed to the failure of external sight — 'Plus je vous vois, et moins je vous devine' (*Lél*, 7) - and the intense power of Lélia's inner eye: 'Vos yeux […] brillaient d'un feu sacré' (*Lél*, 9). Similarliy, Raphaël fails to read Fœdora, despite her apparent intellgibility: 'C'était plus qu'une femme, c'était un roman' (*LPC*, 164). Fœdora's body is merely a source of aesthetic experience for him, rather than a gateway to her person or a means of communicating with her: 'Souvent une pensée semblait se peindre sur son front de marbre. […] Je voulais lire un sentiment, un espoir, dans toutes ces phases du visage'. (*LPC*, 167-68). By reading the metaphorical potential of cholera into *Lélia*, we can see how the novel does more than play on

[84] Nigel Harkness, 'Reading Realist Petrification in George Sand's *Lélia* and Balzac's *Sarrasine*', *French Studies*, 59: April 2005), 159-72 (p. 68).
[85] Waller, *The Male Malady*, p. 147. For a discussion of Pygmalion and its intersection with the desire of design in Sand, see Harkness, *Men of Their Words*, pp. 136-38. For the Pygmalion myth in general, see Anne Geisler-Szmulewicz, *Le Mythe de Pygmalion au XIXe siècle*: *Pour une approche de la coalescence des mythes* (Paris: Honoré Champion, 1999) and Alexandra Wettlaufer, *Pen vs Paintbrush: Girodet, Balzac, and the Myth of Pygmalion in Postrevolutionary France* (New York: Palgrave, 2001).

allegory, but rather co-opts history's capacity as a potent generator of myth to contribute to the theme of impenetrability. Through her screams during the fraught doctor-patient encounter, Sand renders Lélia's body at once abject and incomprehensible, just like the mysterious cholera disease that ravaged Paris in 1832.

The beside scenes of *Lélia* and *La Peau de chagrin* demonstrate that the patient's body is another site of struggle between doctor and patient. In *La Comédie humaine*, Bianchon claims mastery over women through his intimacy with their bodies and, he argues, their secrets. We have seen how Bianchon transforms medical knowledge of female corporeality into narrative power, mediated through the doctor's vision, into the power to narrate 'La Grande Bretèche'. Rather than rejecting the realities of cholera, Sand co-opts them to underpin the theme of Lélia's impenetrability and unknowability. Moreover, the patient's struggle to reclaim their narrative voice is connected to their struggle to regain autonomy over their body: recent scholarship in psychiatry suggests, in an anti-Cartesian fashion, that the body is a central repository for mental trauma and vice versa.[86] As we have seen in Balzac's *études de femme*, for Bianchon, the ability to penetrate and understand women's bodies is tantamount not only to understanding their minds, but also elevates the doctor to become one of the *La Comédie* humaine's central narrators. Lélia resists attempts by Sténio, Magnus, or Kreyssneiffeter, to understand her. In response to their questions, Lélia is either sardonic, as in the cholera scene, or silent: 'Lélia ne répondit point' (*Lél*, 93). It is only when confiding in her sister, the courtesan Pulchérie, that Lélia finally narrates her story in the symbolic silent freedom of a female-only space that embraces sexual and romantic relations outside bourgeois marriage: 'Commencez votre histoire […]. Les bruits de la fête se sont éloignées; j'entend l'orchestre qui reprend l'air interrompu; on vous oublie; on renonce à me chercher: nous pouvons être libres quelque temps. Parlez' (*Lél*, 158). In order to repel the Balzacian doctor's over-encroachment on the doctor-patient relationship, *Lélia* uses cholera as a rich source of metaphors to explore the patient's ownership of her own body.

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[86] See for example Bessel, *The Body Keeps the Score*.

Sand's *Lélia* overturns the hierarchical nature of the doctor-patient relationship by critiquing medicine's claim to control over the illness narrative through positivistic science, and rejecting the doctor's attempts to understand the patient's body. The novel achieves this via a doctor-patient encounter in which the patient criticizes the ideal of a good doctor-patient relationship itself. In a moment of historical realism, Sand uses the medical vocabulary of the 1832 cholera epidemic to express these themes in *Lélia*'s bedside scene. Cholera, as a potent generator of myth, is used by Sand to articulate scepticism about the medical profession as well as the abject status of the female body. Furthermore, we have seen that Sand's novel is influenced by, and criticizes, ideas found within Balzac's. *Lélia* builds on, and departs from, Balzac's *La Peau de chagrin.* The bedside scene in Sand's novel borrows the polyphony of the earlier novel's bedside scene, but criticizes Balzac's redemptive 'good' doctor. Cholera is essential to Sand's project here: the 1832 epidemic provides the medical and physical vocabulary through which Sand builds on and parodies Balzac's novel. Looking more broadly at *La Comédie humaine*, Bianchon's position in the Balzacian *étude de femme*, as a knower of women and a narrator of tales about them, is also resisted in *Lélia* through the epononymous heroine's unknowability and physical impenetrability. These themes are well established in scholarship about Sand, but this chapter establishes the extent to which Sand relies on the medical discourse of cholera to articulate the extent to which Lélia cannot be known by her male admirers. Overall, *Lélia* claims the bedside scene as belonging to Lélia, rather than to her doctor or his ineffectual science. Comparing Sand to Balzac, the doctor-patient encounter is at the heart of *Lélia*'s criticism of *La Peau de chagrin*'s idealized medical man since the Balzacian medical encounter presumes an all-powerful doctor and a submissive patient.

For the purposes of this chapter, I have foregrounded areas of *La Comédie humaine* in which Balzac accords Bianchon, as its pre-eminent doctor, an all-seeing medical eye that penetrates women's bodies and thus affords him great power as a narrator. However, 'La Grande Bretèche' also suggests failures in Bianchon's claims to moral superiorty insinuated in *La Peau de chagrin* and *L'Interdiction.* In *La Muse du département*, Bianchon is repeatedly declared a man of superior moral, social, and professional standing, particularly in comparison to Dinah de La Baudraye: he is a 'savant interprète de la nature

humaine'.[87] Dinah, despite her local popularity is a poor rival to the real George Sand, as the narrator hints: 'On se passionna, dans l'arrondissement de Sancerre, pour madame de La Baudraye, en qui l'on voulut voir la future rivale de George Sand'.[88] Harbouring a secret love for Dinah, which goes unsaid in the novel yet is nonethless detected by Dinah, his medical vocation prevents her from imagining a relationship between them: 'elle pensait aux devoirs de la profession et se demandait si une femme pouvait jamais être autre chose qu'un *sujet* aux yeux d'un médecin qui voit tant de *sujets* dans sa journée!'[89] His scientific coolness means that the touch of his hand awakens nothing in her.[90] The narrator, in an attempt to retain Bianchon's superiority, suggests that Dinah's repulsion at his profession only confirms his pre-eminence: 'La franchise et la bonhomie du docteur, sa profession, tout le desservait. […] les femmes qui veulent aimer, et Dinah voulait autant aimer qu'être aimée, ont une horreur instinctive pour les hommes voués à des occupations tyranniques; elles sont, malgré leur supériorités, toujours femmes en fait d'envahissement'.[91] For Dinah, the cold professional nature with which the doctor conducts an otherwise intimate encounter with women's bodies forecloses any erotic interest between them. Bianchon's encounters with his patients forestall the development of his romantic relationships.

However much *La Muse du département* testifies to Bianchon's moral and narratological authority, the doctor is compromised by the particular intimacies of the medical profession. As Diana Knight observes, 'Bianchon […] is entirely complicit in the hypocritical open secret of the La Baudraye marriage' since he passes on the open secret of Dinah's sexless marriage to Lousteau who uses the information for the journalist's conquest of her.[92] Lousteau remarks of Dinah's husband that 'Pour un homme qui ne pense qu'à ses provins et à ses baliveaux, il a du trait' to which Bianchon elliptically replies 'Il faut bien qu'il ait quelque chose'.[93] The only one to hear Bianchon's remark, Dinah cannot help betraying the sexlessness of her marriage with a laugh:

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[87] Balzac, *La Muse du département*, p. 87.
[88] Ibid,. p. 87 and p. 70.
[89] Ibid.
[90] Ibid., p. 146.
[91] Ibid., p. 139.
[92] Diana Knight, 'Conjugal Secrets in Balzac's *La Muse du département*', *Nineteenth-Century French Studies*, 40: 3 & 4, (Spring-Summer 2012), 273-86 (p. 281).
[93] Balzac, *La Muse du département*, p. 138.

> Mme de La Baudraye, la seule qui pût entendre le mot de Bianchon, se mit à rire si finement et si amèrement à la fois, que le médecin devina le secret de la vie intime de la châtelaine, dont les rides prématurées le préoccupaient depuis le matin.[94]

In this passage, Bianchon is set up as complict in Dinah's extramarital affair. He also becomes complicit in the birth of Dinah's illegitimate son, since the doctor is present during her labour. Although Bianchon's act of legally registering the child's birth could be seen as the doctor's moral obligation to the child, the act of signing the paperwork means that Bianchon's complicity is etched into the child's legal status. *La Muse du département* forgeounds that professional involvement in sordid affairs is part and parcel of the doctor's role. In *L'Interdiction* Bianchon boasts of his intimate knowledge of women; but in *La Muse du département* the extent to which that intimate knowledge catches up with him, in the form of complicity, is revealed, and the damage to his professional and moral authority has been done. The aftertaste of Bianchon's narrative is ultimately not that of his professional impenetrability, but of a mask hiding a doctor who suffers the loss of his professional and moral authority, established in *La Peau de chagrin* and *Lélia*, because of the sordid decisions to which he is privy. *La Muse du département* therefore suggests that the criticisms of Balzac's idealized doctor launched by Sand in *Lélia* may be equally found in *La Comédie humaine*.

[94] Ibid.

Chapter Five.

The Invisible Forces of the Doctor-Patient Relationship: Hysteria and Germs in Zola's *Lourdes*

In the middle of the nineteenth century, Louis Pasteur's discovery of microbes threatened to undermine the epistemological foundation on which the doctor-patient relationship and encounter had previously been based. As Bruno Latour states:

> Le biologiste ou le physiologiste […] s'intéressent à des acteurs *internes* parfois microscopiques parfois fonctionnels qui n'ont ni avec les seconds, ni surtout avec les premiers, de rapport nécessaire. Ils parlent d'organe, de fonction glycogénique du foie, de respiration, de cellules. Voilà un monde immense qui n'interfère [pas] directement […] avec le 'colloque singulier' des médecins'.[1]

The medical relationship, the 'colloque singulier' between doctors and their patients, was at risk as a result of the progress of microbiology and laboratory-based science. Latour states that Pasteur's interest in microbes and their relative virulence amounted to an epistemological shift in medicine that subverted the social arrangement of the bedside around which clinical practice had hitherto been organized. With such an agent as microbes, Pasteur and his disciples 'peuvent […] se rire des catégories avec lesquelles la société du 19e siècle est bâtie'.[2] One of these categories was the knowledge on which the physician's

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[1] Bruno Latour, *Les Microbes. Guerre et paix, suivi de Irréductions* (Paris: Éditions A. M. Métailié, 1984), p. 116. For a comprehensive overview of this phenomenon, see Laura Otis, *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics* (Baltimore; London: Johns Hopkins University Press, 1999). For the quintessential conception of Pasteur as the father of modern medical science, see René Dubos, *Louis Pasteur: Free Lance of Science* (Boston: Little, Brown and Company, 1950), pp. 3-20. For Pasteur's conclusions regarding chemistry and biology, in addition to his philosophy in relationship to Claude Bernard and Auguste Comte see, respectively, François Dagognet, *Méthodes et doctrine dans l'oeuvre de Pasteur* (Paris: Presses universitaires de France, 1967), pp. 229-35 and pp. 236-50. Regarding Chapter One's discussion of Zola's *Le Docteur Pascal*, Robert Koch, another key revolutionary microbiologist, rose from mere country doctor to Nobel-prize winning microbiologist, see Thomas Brock, *Robert Koch: A Life in Medicine and Bacteriology* (Madison, WI; Berlin; London: Science Tech Publishers, 1988).
[2] Ibid.

authority, which is to say that of the patient and their body.[3] Latour's illustration of a practice-based medicine uprooted by a new, science-based medicine builds on the arguments of Foucault. According to Foucault, removing the patient's individuality from medical enquiry at the turn of the nineteenth century was the first move towards the scientization, and thus modernization, of medicine: 'Pour connaître la vérité du fait pathologique, le médecin doit abstraire le malade'.[4] The process of scientization, identified by Foucault as beginning in the early nineteenth century but now ostensibly completed by the 1850s, appears in the work of contemporary doctors. For example, in his work on the bacillus responsible for the bubonic plague, the Swiss doctor Alexandre Yersin erases the patient from his work, referring exclusively to *la maladie* rather than *le malade*, *le moribund*, or *le convalescent*.[5]

Similar characterizations dominate scholarship on the hysteria medicine which emerged from the middle of the nineteenth century. Its chief proponent, Charcot, is often understood to have controlled his patients through his development of hysteria as a diagnosis. The group portrait 'Une leçon clinique à la Salpêtrière' (1887) by the genre artist Pierre Aristide André Brouillet depicts Charcot demonstrating hypnosis on a hysterical patient who lies helpless in the arms of Doctor Joseph Babinski whilst Charcot lectures to a group of male physicians. Didi-Huberman's analysis of Charcot's collection of photographs of hysterical patients from *Iconographie photographique de la Salpêtrière* (1878) outlines Charcot's scientific method of understanding hysteria as ultimately reassuring his own authoritative position over his patients.[6] As mentioned in the Introduction, this supposedly scientific medical gaze exhibited by scientists as diverse in their interests as Pasteur and Charcot is seen as analogous with the development of the realist novel: Rothfield characterizes the differences between Choderlos de Laclos's and Zola's depictions of disease as emanating from the development of microscopic science in the mid-nineteenth century.[7] Rothfield argues that although Flaubert 'does not actualize medical presuppositions', a newly scientific

[3] Ibid.
[4] Foucault, *Naissance de la clinique*, p. 26.
[5] Alexandre Yersin, 'La Peste bubonique à Hong Kong', *Annales de l'Institut Pasteur*, 8 (1894), 662-67.
[6] See Didi-Huberman, *Invention de l'hystérie*, pp. 17-31. As Elaine Showalter observes, Charcot was known for 'his probing gaze that seemed to penetrate […] to the heart of the patient'. See Elaine Showalter, 'Hysteria, Feminism, and Gender', in *Hysteria beyond Freud*, ed. by George Rousseau and others (Berkeley: University of California, 1993), p. 309.
[7] Rothfield, for example, characterizes the difference between Laclos's and Zola's depiction of disease as coalescing around the development of microscopic sciences around the mid-point of the nineteenth century. See Rothfield, *Vital Signs*, p. 7.

medicine is instead inserted into novels such as *Madame Bovary* as directives for literary technique, particularly regarding the clinical, microbiological precision with which Emma's multiple nervous breakdowns are narrated.[8] As such,

> *Madame Bovary* marks the emergence of a mode of writing in which the real has become medical, in which the relation between author and text is modelled on medical precepts, with the author viewing characters and situations as a doctor views patients and cases.[9]

At stake for the doctor-patient relationship from the middle of the nineteenth century onwards, in both the practice of medicine and in its depiction in literature, is thus its very significance and existence.

However, the revolution in microbiology, and the development of hysterical medicine, pointed towards the importance of invisible forces that created and transmitted disease.[10] The development of microscopic vision, making visible the invisible forces which act on human health, are not excluded from the doctor-patient encounter, and in fact reinforced the significance and urgency of the medical encounter. Zola's *Lourdes*, his first novelistic project after the end of *Les Rougon-Macquart*, therefore chimes with a contemporary trend observed by Latour, who argues that 'La dérive ou le déplacement pastorien […] offre aux médecins à partir de 1894 un moyen de continuer leur métier traditionnel d'hommes qui soignent, mais avec une efficacité *renforcée* par le pastorisme'.[11] As previous chapters have established, the doctor-patient relationship and encounter were important forms of intimate and interpersonal knowledge, as well as sites of competing interests. This chapter argues that, in *Lourdes*, the doctor-patient encounter remained central to the literary conception and depiction of contemporary medicine since it articulated the invisible forces which microscopic science now confirmed existed: the doctor-patient encounter

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[8] Ibid., p. 37.
[9] Ibid.
[10] According to Latour, the discovery of microbes meant that society, and in particular the medical community, was required to make room for the invisible: 'À composer la société avec seulement des liens sociaux en omettant les invisibles, on aboutit à une corruption générale, à une deviation perverse des bonnes volontés humaines. Pour agir efficacement d'homme à homme […] il faut 'faire place' aux microbes'. Latour, *Les Microbes*, pp. 42-43. This acceptance of the invisible is present in work across the long nineteenth century. In Guy de Maupassant's *Le Horla* (1887) the invisble is characterized as containing mysterious elements: 'D'où viennent ces influences mystérieuses qui changent en découragement notre bonheur et notre confiance en détresse. On dirait que l'air, l'air invisible est plein d'inconnaissables puissances, dont nous subissons les voisinages mystérieux', Guy de Maupassant, *Le Horla*, ed. by André Fermigier (Paris: Gallimard, 1986), p. 37. In *Le Rêve de d'Alembert*, Diderot writes that 'Sans doute le fait est clair, mais la raison du fait ne l'est aucunement, surtout dans l'hypothèse de fceux qui n'admettent qu'une substance et qui expliquent la formation de l'homme ou de l'animal en général par l'apposition successive de plusieurs molécules sensibles. Chaque molécule sensible avait son moi avant l'application; mais comment l'a-t-elle perdu, et comment de toutes ces pertes en est-il résulté la conscience d'un tout?'. Denis Diderot, *Le Rêve de d'Alembert*, ed. by Colas Duflo (Paris: Flammarion, 2003), pp. 99-100.
[11] Latour, *Les Microbes*, p. 127.

makes visible the invisible. Indeed, rather than declining, the particularity and idiosyncrasy of the doctor-patient encounter increased in importance thanks to the changes in the medical environment around it. These changes were, firstly, the rise of hysteria science and, secondly, the revolution in microbiology. Zola's *Lourdes* illustrates how the doctor-patient encounter was perfectly placed to understand the nature of illness-provoking invisible forces which acted on a hysteric's body, as well as using the new science of microbiology to criticize the Church's promulgation of miracles. In this way, Zola's doctor-patient encounters continue the idealization of the doctor-patient relationship from Chapter One but, by contrast, it separates rather than elides medical and religious authority.

In *Lourdes*, the doctor's ability to validate the hysteric's illness, itself a mysterious intermingling between the physical and the emotional, through his understanding of the invisible forces which acted on her body, confirms the physician's power over the patient. I argue that *Lourdes* considers the phenomena of hysteria and microbiological science as fundamentally related to one another: hysteria encompassed the mysterious linking of mental and physical health; microbiology posited the existence of invisible and nefarious germs. Zola's novel demonstrates the idea that medicine must use the ambiguities of the doctor-patient relationship to encompass these invisible, apparently inexplicable phenomena. The risk would be, according to *Lourdes*, that these phenomena continue to be claimed by organized religion, characterized as threatening procreation with its cult of virginal sterility. Furthermore, *Lourdes* suggests the extent to which the doctor-patient relationship should prioritize compassion above all other concerns.

There are two central doctor-patient encounters described in *Lourdes*. The first is narrated through Pierre, and recounts Marie's various encounters with medical professionals that have led her to travel to the healing waters at Lourdes. The second occurs on Marie's final day in the town, immediately after her miraculous healing, when she encounters the *bureau des constations médicales*. The present chapter analyses the first scene in depth, before indicating the ways in which Marie's diagnosis of hysteria intersects with contemporary medical and religious discourse surrounding the revival of the Marian cult in the middle of the nineteenth century. In this way, Zola's novel points towards the doctor-patient encounter as a necessary and urgent way in which young girls could be dissuaded from dedicating their lives to the Catholic Church. Finally, it examines the scene in the *bureau des constations médicales* and the novel's status as mediation on the future of the doctor-patient encounter in the scientific and religious contexts of the

nineteenth century. Like *Le Docteur Pascal*, *Lourdes* grapples with questions at the intersection between faith and medicine. Rather than advocating a scientific conception of experimental medicine, as may be anticipated given the ideas Zola expressed in 'Le Roman expérimental', *Lourdes* focuses on, and thereby valorizes, mysterious doctor-patient encounters in which the doctor is willing to embrace the invisible forces that act on the body in the forms of hysteria and microbes.

Marie and her Doctors: Hysteria, Paralysis, and the Psychosomatic Nature of Illness

Lourdes uses female hysteria to point towards the invisible, psychosomatic forces which act on the body, and thus foreground the doctor-patient relationship as an aspect of medicine able to understand and heal these nefarious influences. *Lourdes* uses Marie's paralysis to suggest a link between paralysis, hysteria, and sexuality. The science of hysteria is an important topic in French studies' understanding of medicine, particularly influenced by Foucault's interest in sexology in *Histoire de la sexualité* and madness in *Histoire de la folie*: hysteria is at the intersection between these two elements.[12] Matlock, for example, highlights how transgressions of the social and sexual order demonstrate that sexual deviants, such as the prostitute and the hysteric, become 'privileged objects of knowledge in [their] own right' and are attacked by those who cast them as deviants.[13] Didi-Huberman asserts the hysterical patient's ability to manipulate her doctor, regardless of the latter's scientific and professional authority:

> À la Salpêtrière […] les hystériques n'ont pas cessé de faire l'œil à leurs médecins. Ce fut une espèce de loi du genre, non seulement la loi du fantasme hystérique (désir de captiver), mais encore la loi de toute l'institution asilaire elle-même.[14]

Matlock and Didi-Huberman argue that the new science of hysteria, its medical practitioners as well as its institutions, worked to control and correct the bodies of the women diagnosed as hysterical. Thompson argues that Marie's sense of *pudeur* repels the doctor's penetrating medical gaze.[15] However, the novel's depiction of the doctor-patient encounter points to the alleviation of healing rather than to the correction of sexual deviance. Nonetheless, *Lourdes* does tackle the question of sexual deviance, defined in the novel

[12] See the Introduction for an analysis of these themes.
[13] Matlock, *Scenes of Seduction*, p. 3. Prostitution was considered as menace to public health and was thus tackled by hygienists such as Alexandre Parent-Duchâtelet (1790-1836). Important studies on this phenomenon include Charles Bernheimer, *Figures of Ill Repute: Representing Prostitution in Nineteenth-century France* (Cambridge, MA: Harvard University Press, 1998) and Alain Corbin, *Les Filles de noces: misère sexuelle et prostitution (19e siècle)* (Paris: Flammarion, 1982).
[14] Didi-Huberman, *Invention de l'hysterie*, p. 168.
[15] Thompson, *Taboo: Corporeal Secrets*, pp. 55-57.

as abstinence, and characterizes the Church as causing needless physical and emotional suffering through its promulgation of the Marian cult of female sterility. *Lourdes* participates in the misogynistic paradigms identified by feminist scholars of hysteria, but uses the doctor-patient relationship as a way to solve the mysterious, psychosomatic dimension of illness.

Healing Hysteria: Charcot, Mesmer, and Zola

Zola's *Lourdes* is the first novel of *Les Trois Villes*, composed at a similar time to *Le Docteur Pascal* and published one year after the final instalment of *Les Rougon-Macquart*. The novel follows Pierre Froment, a priest who has lost his faith in religion, and Marie de Guersaint, a paralytic, on France's annual pilgrimage to Lourdes. The novel is divided into five sections, each corresponding to a different day that Marie and Pierre spend at Lourdes. Each section is divided into five chapters, and the final chapter of each section depicts Pierre or another character relating the story of Bernadette Soubirous, the shepherdess whose visions of the Virgin Mary February-July 1858 led to the foundation of the Grotto at Lourdes. The novel is primarily focalized through Pierre's observations of Lourdes, the Grotto, and Marie's doctor-patient encounters. On the long journey from Paris to Lourdes, Pierre reflects on the doctor-patient encounters which led him and Marie to embark on a pilgrimage to Lourdes. Confined to a wheelchair for a decade, Marie and her family desperately sought medical advice as to the nature of, and potential cure for, her otherwise inexplicable paralysis. After reflecting on Marie's encounter with the eminent Parisian doctors, Pierre's inner monologue recounts Marie's second doctor-patient encounter, with Doctor Beauclair, Pierre's distant cousin. Beauclair asks about Marie's father, 'cet architecte […] à l'esprit faible' in line with Zola's interest in *Les Rougon-Marquart* on the effects of familial hereditary.[16] Beauclair delicately examines his patient, after which he reaches a diagnosis of ovarian dysfunction: 'il s'etait assuré, en la palpant, discrètement, que la douleur avait fini par se localiser à l'ovaire gauche' (*Lou*, 67). Drawing attention to Marie's ovaries suggests that she is suffering from hysteria: Charcot coins the term *zones hystérogènes* to suggest how areas of the body, particularly the female reproductive organs, were focal points for the symptoms of hysteria. Charcot describes them as

[16] Émile Zola, *Lourdes*, ed. by Jacques Noiray (Paris: Gallimard, 1995), p. 67. All in-text references are to this edition, and shall henceforth be indicated by *Lou*.

> des régions du corps plus ou moins circonscrites, au niveau desquelles la pression où le simple frottement détermine, plus ou moins rapidement, le phénomène de l'aura, auquel succède quelquefois, si l'on insiste, l'attaque hystérique.[17]

Charcot goes on to explain how applying and relieving pressure to the *zones hystérogènes* can control the patient's symptoms, effectively allowing the doctor to control his patient's body:

> Ces points, ou mieux ces plaques, ont encore la propriété d'être le siège d'une sensibilité permanente […]. L'attaque, une fois développée, peut être souvent arrêtée au moyen d'une pression énérgique exercée sur ces mêmes points.[18]

In these passages, Charcot links the physical position and biological role of a woman's reproductive organs to an ongoing illness and, having deduced as much, casts himself as able to cure such disturbances through touch alone. Given Zola's meticulous research for *Les Rougon-Macquart*, Thompson believes that Zola would have conducted thorough medical reading for *Lourdes* and this example of a Charcot-inspired description of the hysterical body builds on her suggestion.[19] In the novel, Marie's pain moves around her body when Beauclair applies pressure to the ovaries: 'lorsqu'on appuyait là, cette douleur semblait remonter vers la gorge, en une masse lourde qui l'étouffait' (*Lou*, 67). As Beizer points out, and as we have seen in Chapters Two and Three, Charcot's emphasis on the hysterogenic zones maintains the theme of the biologically predetermined notion of feminine character and role, and thus were tantamount to a medical disciplining of the hysteric's body.[20]

Although Didi-Huberman, Matlock, and Beizer convincingly point towards the gendered power dynamics within the doctor-hysteric relationship, *Lourdes* also draws on a particular idealized conception of Charcot's forerunners. Tracing the history of 'dynamic psychiatry' which attempted to solve the enigma of the link between body and mind, the historian Henri Ellenberger states that 'the development of modern dynamic psychiatry can be traced to Mesmer's animal magnetism'.[21] Like Mesmer, and unlike

[17] Jean-Martin Charcot, *Leçons sur les maladies du système nerveux*, 3 vols (Paris: Lecrosnieret Babé, 1890), III, 88.
[18] Ibid., p. 88.
[19] Thompson, *Taboo: Corporeal Secrets*, pp. 51. For Zola's research for *Les Rougon-Macquart*, see Cabanès, *Le Corps et la maladie*, pp. 241-43. For Zola's research on the history of Lourdes and the biography of Bernadette, see René Ternois, *Zola et son temps: Lourdes, Rome, Paris* (Paris: Belles lettres, 1961), pp. 320-21.
[20] Beizer, *Ventriloquized Bodies*, p. 7.
[21] Henri Frédéric Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (London: Fontana, 1994), p. 69. Adam Crabtree contends that eighteenth- and nineteenth-century research into animal magnetism 'led directly to the evolution of a new paradigm for understanding the nature of the human psyche and mental disturbance: the alternate-consciousness paradigm. Before 1784 two other paradigms were most commonly called upon to explain mental aberrations: the intrusion paradigm […], and the organic paradigm. The alternate-consciousness paradigm opened up the possibility of an intrapsychic cause of mental disturbance, pointing to the influence of unconscious mental activity as the source of unaccountable thoughts or impulses'. See Adam Crabtree,

Charcot whose *leçons du mardi* were well-known and well-attended by both physicians and the general public, Beauclair, despite his 'vive intelligence', is 'encore peu connu et […] bizarre' (*Lou*, 67).[22] Animal magnetism referred to an invisible natural force possessed by all living beings and which was responsible for their health and well-being: Mesmer stated that 'il existait dans la nature un fluide universel qui pénétrait tous les corps animés ou inanimés'.[23] According to Mesmer, the obstruction of universal fluid was responsible for illness and disease, particularly nervous disorders: 'son double courant, son renforcement, son activité, son émanation étant si manifestes; voyons maintenant le mécanisme des maladies nerveuses et la marche de l'influence magnétique'.[24] As mentioned in Chapter One, Mesmer argued that harnessing and re-establishing the internal flow of animal magnetism within the body was essential to the patient's convalescence:

> De même qu'un fer qui se rouille, et tombe en efflorescence par succession de temps, n'a plus la faculté magnétique, en lui donnant sa première forme par le moyen de la faculté, de même le fluide universel détruit ou affaibli dans un corps malade doit être corroboré par addition pour pouvoir reprendre sa première vigueur et dissiper les obstacles.[25]

Mesmer thus argued that: 'On voit peu de maladies nerveuses qui ne soient produites par le ralentissement du fluide universel et qui ne puissent être dissipées par son rétablissement'.[26] The rebalancing of universal fluid was, to Mesmer's mind, enough to constitute a universally-applicable cure for ill health. Central to the efficacy of animal magnetism is the *rapport* between magnetizer and patient, as Mesmer describes one encounter with a patient:

> Un jour, me trouvant près d'une personne que l'on saignait, je m'aperçus qu'en m'approchant et en m'éloignant, le cours du sang variait d'une façon remarquable; et ayant répété cette manœuvre dans d'autres circonstances, avec les mêmes phénomènes, je conclus que je possédais une qualité magnétique qui n'était peut-être point si frappante chez d'autres.[27]

In animal magnetism, the intimate physical encounter between patient and magnetizer allows the latter access to the former's body in order to heal it, thanks to the magnetizer's understanding of the invisble forces which ciruclate through the body. In the following sections I discuss the erotic dimension of these

From Mesmer to Freud: Magnetic Sleep and the Roots of Psychological Healing (New Haven; London: Yale University Press, 1993), p. vii. For a discussion of Mesmerism in *La Comédie humaine*, see the Conclusion.

[22] For the ostracization of Mesmer from the mainstream medical community, see Brockliss and Jones, *The Medical World of Early Modern France*, pp. 783-801.

[23] Mesmer, 'Discours sur le magnétisme', p. 53.

[24] Ibid., p. 56.

[25] Ibid., pp. 56-57.

[26] Ibid., pp. 57.

[27] Ibid., p. 53.

encounters, but my point here is to foreground the extent to which Mesmer used the language of the *rapport* to suggest a non-invasive path to the end of physical and mental pain, thus placing the doctor-patient encounter squarely in the centre of a patient's healing process. Building on contemporary medical discourse surrounding hysteria, itself rooted in eighteenth-century Mesmerism, Zola's Beauclair offers an insight into the psychosomatic nature of illness, and therefore the mysterious and inexplicable inner-workings of the body and mind. In so doing, *Lourdes* underlines that medicine must embrace mysterious approaches to understanding the equally mysterious problem of the psychosomatic nature of illness.

Despite the physical manifestation of Marie's paralysis, Beauclair ultimately believes in the psychosomatic nature of her condition which can, therefore, be cured by her own will: 'il s'était écrié qu'il fallait la mener à Lourdes, qu'elle y serait sûrement guérie, si elle était certaine de l'être' for 'la foi suffisait' (*Lou*, 67-68).[28] Zola goes as far as to allow Beauclair to gesture towards two historical cases of his: 'deux de ses clients, très pieuses, envoyées par lui l'année auparavant, étaient revenues éclatantes de santé' (*Lou*, 68). Again, Beauclair here builds on work Charcot first begun in 1892. Charcot claimed that, due to the mysterious intermingling of body and mind, the belief in miraculous healing could precipitate its occurrence in the most devout hysterical patients: 'La guérison, d'apparence particulière, produit direct de la *faith-healing*, que l'on appelle communément en thérapeutique du nom de miracle est, on peut le démontrer dans la majorité des cas, un phénomène naturel' that, Charcot claims, can be found in any religion at any historical moment.[29] Charcot highlights the two main requirements for a healing miracle, namely, a particular patient disposition and a particular relationship with the body: 'le domaine de la *faith-healing* est limité; pour produire ses effets, elle doit s'addresser à des cas dont la guérison n'exige aucune autre intervention que cette puissance que possède l'esprit sur le corps'.[30] Charcot believes that miracles can heal physical symptoms because of the extent to which illness can be psychosomatic.[31] For these reasons, Beauclair 'refusa absolument de signer un certificat' (*Lou*, 68) since the doctor rebuffs the suggestion that

[28] In a moment of clairvoyance, which *Lourdes* will eventually prove correct, Beauclair predicts how Marie will experience her cure: 'en coup de foudre, dans un réveil, une exaltation de tout l'être, tandis que le mal, ce mauvais poids diabolique qui étouffait la jeune fille, remonterait une dernière fois et s'échapperait, comme s'il lui sortait par la bouche' (*Lou*, 68).
[29] Jean-Martin Charcot, *La Foi qui guérit* (Paris: Félix Alcan, 1897), p. 4.
[30] Ibid., p. 5.
[31] Charcot's work on hysteria constitutes a significant step towards modern-day understanding of psychosomatic illnesses, as Suzanne O'Sullivan acknowledges. See Suzanne O'Sullivan, *It's All in Your Head: True Stories of Imaginary Illness* (London: Vintage, 2015), pp. 81-84.

Marie's paralysis has a wholly physical cause. Through Marie's encounter with Beauclair, *Lourdes* overall foregrounds how the doctor-patient encounter, by bestowing the doctor with knowledge of and thus authority over the body, can embolden the patient to take steps towards a potential cure, even if that cure is non-medical since the roots of Marie's paralysis lie in the mysterious nature of psychosomatic illness.

Hysteria, Sex, and the Marian Cult

By embracing the mysterious causes of illness, the doctor-patient encounter between Marie and Beauclair taps into the underlying cause of hysteria: the rejection of sexual reproduction associated with womanhood, itself promulgated by the Church. Although *Lourdes* was published one year before what Henri Mitterand terms the third or even fourth incarnation of Zola, the novel has much in common with its pronatalist successors: *Lourdes* is critical of Catholicism in the late nineteenth-century since it promoted a sterile model of femininity for young women.[32] Carol Mossman characterizes Zola's novel *Fécondité* (1899) as the author's 'authoritarian hymn to fertility' in so far as it examines obstacles to reproduction, national renewal, and colonial domination.[33] These motifs are present in a number of Zola's novels, often acting as concluding images: *La Faute de l'abbé Mouret* ends with the birth of a calf to a cow; *Le Docteur Pascal* finishes with an image of Pascal's child being breastfed by its mother.[34] *Lourdes* imagines an idealized doctor-patient encounter in which hysteria is understood and removed as an obstacle to maternity, thus building on the conception of the idealized doctor-patient relationship discussed in Chapter One.

In his depiction of Marie's physical invalidism, Zola builds on a relatively common analogy between female hysteria, lower-leg paralysis, and the patient's rejection of maternal sexuality: for example, Michael Finn argues that Rachilde's own lower limb paralysis was an attempted escape from reproductive heteronormativity by staging 'an acceptance and a performance' of hysteria.[35] In *Lourdes*, Beauclair's

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[32] See Henri Mitterand, 'Le Quatrième Zola', *Œuvres et critiques,* 16 (1991), 85-98. For a shift in Zola's approach to science after the completion of *Les Rougon-Macquart,* see Michel Gosme, 'Le Nouveau statut de la science dans *Les Trois Villes*', *Cahiers Naturalistes*, 74 (2000), 223-36.
[33] Mossman, *Politics and Narratives of Birth*, p. 201.
[34] See Zola, *La Faute de l'abbé Mouret*, p. 383; Zola, *Le Docteur Pascal*, p. 429.
[35] Michael Finn, 'Doctors, Malady, and Creativity in Rachilde', *Nineteenth-Century French Studies*, 34: 1-2 (2005-06), 123. Hannah Thompson also mentions *Lourdes* in conjunction with Rachilde, as well as George Sand's *Lélia.* See Thompson, *Taboo: Corporeal Secrets*, pp. 49-61. For the cult of invalidism, see Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-de-siècle Culture* (New York; Oxford: Oxford University Press, 1988), pp. 25-63. Lucien Israel argues that hysterical paralysis of the legs was an attempted escape from the biological functions expected of the

location of the cause of Marie's condition in her ovaries points towards the psycho-sexual cause of her lower-limb paralysis. Indeed, Marie's paralysis is neither wholly invented nor wholly real: it is the physical haunting of the trauma sustained through a horse-riding accident which coincided with what Marie experienced as the emotional trauma of puberty: 'une chute de cheval qu'elle avait faite, à treize ans, au moment où elle allait devenir femme' (*Lou*, 54). After the accident, Marie has become locked in a fragile, childlike body: 'elle était si amaigrie, qu'elle en semblait diminuée, retournée à la taille d'une enfant' (*Lou*, 64). Marie's childishness equates to her being frozen in a moment in which she is unable to conceive, and thus she is not fully a woman: she is 'cette enfantine délicieuse, petite fille à vingt-trois ans, restée toujours à la minute où un accident l'avait frappée dans son sexe, l'attardant, l'empêchant d'être femme' (*Lou*, 393).[36] The slight, childlike figure of Marie recalls how Catholic mysticism, in embracing anorexia and amenorrhea, constituted a rejection of maternal reproduction, further cementing Zola's criticism of the Church for inculcating a hysterical cult of virginity in young girls.[37]

Zola presents the doctor-patient encounter as the antidote to the relationship cultivated between Church and young *dévotes*. The novel suggests that the phenomenon of Lourdes, including its cures, can be explained by the Church's creation of mass religious hysteria. As Pierre leaves Lourdes, he realises that 'Lourdes n'était qu'un accident explicable' (*Lou*, 570) since it can be directly linked to the power and influence of the Church: 'la violence de réaction apportait même une preuve de l'agonie suprême où se débattait la croyance, sous l'antique forme du catholicisme' (*Lou*, 570). This antiquated form of Catholicism refers to the revival of the medieval Marian cult in the nineteenth century. The Immaculate Conception became dogma in 1854, thus coinciding with a series of apparitions: the Médaille miraculeuse

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mature female body: '[Les] paralysies […] constituent, comme tout symptôme hystérique, une représentation, la représentation d'un corps imaginaire auquel manquerait peut-être une function par rapport au corps réel, mains on pourrait se demander aussi s'il ne s'agit pas d'un corps débarrassé de certaines fonctions ou activités imposés au corps réel'. See Lucien Israel, *L'Hystérique, le sexe et le médecin* (Paris: Masson, 2001), p. 25.

[36] Marie's inability to mature into a woman is grounded in her willing ignorance of sexual knowledge since Zola's women sometimes remain childishly ignorant of the world. As in *Lourdes*, 'On ne peut pas demander encore ni aux enfants ni aux femmes l'héroïsme amer de la raison' (*Lou*, 549). Zola applies the infantilization of women to the emasculation of men, itself understood as a state of ignorance: in *La Faute de l'Abbé Mouret*, Serge's rejection of science and retreat into Catholicism is seen as a return to childishness: 'il ne savait plus, il n'était plus qu'une candeur, qu'une enfance ramenée aux balbutiements du catéchisme'. See Zola, *La Faute de l'abbé Mouret*, p. 135.

[37] See Rudolph Bell, *Holy Anorexia* (Chicago; London: University of Chicago Press, 1985); Joan Jacobs Brumberg, *Fasting Girls: The History of Anorexia Nervosa* (New York: Vintage, 2000); and Walter Vandereycken, *From Fasting Saints to Anorexic Girls: The History of Self-Starvation* (London: Athlone Press, 1994).

in Paris in 1830, Notre-Dame-de-la-Salette in 1846, and Lourdes in 1858.[38] Barbara Corrado Pope outlines how, in the face of growing secularization thanks to the development of modern science, the Marian cult became more militant in order to counter a decline in religious deference.[39] According to Kristeva, the nineteenth century was characterized by a concerted effort on the part of medical, religious, and legal authorities to define and confine the feminine body.[40] Patricia McEachern argues that the revival of the Marian cult was central to this trend: 'the nineteenth century saw a concerted effort to codify women's behaviour in imitation of the Virgin, who became the keystone in the education of girls and the role model for women at all stages of their lives'.[41] *Lourdes* criticizes how the Marian cult revival made sex into a taboo, illustrating the extent to which Marie's reaction to her own puberty, itself stigmatized by the Church, creates her hysterical paralysis.[42] *Lourdes* shows the influence of the Virgin Mary as all-encompassing, providing the vocabulary through which girls such as Marie would interpret their lives. Marie embodies the extent to which the Church's message about the ideal woman, through its idealization of the Virgin, condemns real women to be the passive vehicles of male interests.[43]

[38] For the history of the apparitions, and their impact on France in the nineteenth century, see Philippe Boutry, 'Marie, la grande consolatrice de la France au XIXème siècle' in *L'Histoire*, 50 (November 1982), 31-39 and Stéphane Michaud, *Muse et Madone: Visages de la femme de la Révolution française aux apparitions de Lourdes* (Paris: Seuil, 1985). For recent studies on Lourdes and the Catholic revival in France at the end of the nineteenth century, see Yves Chiron, *Enquête sur les miracles de Lourdes* (Paris: Perrin/Mame, 2000) and Gérard Cholvy and Yves-Marie Hilaire, *Histoire religieuse de la France contemporaine* (Toulouse: Privat, 1985-88).
[39] Barbara Corrado Pope, 'Immaculate and Powerful: The Marian Revival in the Nineteenth Century', *Immaculate and Powerful: The Female in Sacred and Social Reality*, ed. by Clarissa Atkinson, Constance Buchanan, and Margaret Miles (Wellingborough: Crucible, 1987), pp. 176-77.
[40] Julia Kristeva, 'Stabat Mater', trans. by Arthur Goldhammer, *Poetics Today*, 6: 1-2, 'The Female Body in Western Culture: Semiotic Perspectives' (1985), 133-52.
[41] Patricia McEachern, 'La Vierge et la bête': Marian Iconographies and Beastial Effigies in Nineteenth-Century French Narratives', *Nineteenth-Century French Studies*, 31: 1 & 2, (2002-03), 111-22 (p. 113). For the importance of virginity and maternity in a girl's life during the period, see Deborah Gorham, *The Victorian Girl and the Feminine Ideal* (London: Routledge, 2012), pp. 3-63.
[42] The Church's Marian-inspired virginity clashes with Zola's sympathy towards pronatalist arguments. For the anxiety around France's depopulation at the end of the nineteenth century, see Karen Offen, 'Depopulation, Nationalism, and Feminism in Fin-de-Siècle France', *The American History Review*, 89: 3 (June 1984), 648-76 and Richard Tomlinson, 'The 'Disappearance' of France, 1896-1940: French Politics and the Birth Rate, *The Historical Journal*, 28: 2 (June, 1986), 405-15. The Zola novel most often discussed in connection with natalism is *Fécondité*. See Counter, 'Zola's *fin-de-siècle* Reproductive Politics', 193-208 and Carmen K. Mayer-Robin, 'Midwifery and Malpractice in *Fécondité:* Zola's Fictional History of Problematic Maternities', in *Birth and Death in Nineteenth-Century French Culture*, ed. by Nigel Harkness and others (Amsterdam: Rodopi, 2007), pp. 173-89. David Baguley notes that the Alliance nationale lists Zola as a 'sociétaire': David Baguley, *Fécondité d'Émile Zola: roman à thèse, évangile, mythe* (Toronto: University of Tornoto Press, 1973), p. 42.
[43] Venita Datta argues that the cult of heroes and heroines at the end of the nineteenth century equated to a search for national unity in fractured political times. See Venita Datta, *Heroes and Legends of fin-de-siècle France: Gender, Politics, and National Identity* (Cambridge: Cambridge University Press, 2011), pp. 3-15. Although the revival of the Marian cult does not conform to these paradigms of militarized figureheads, the search for a unifying figure within the iconography of Lourdes echoes the trends identified by Datta and Pope. For example, in *Les Foules de Lourdes* (1906) Huysmans writes that: 'À cette heure où la Société, fissurée de toutes parts, […] il semble que cette grotte embrasée

Marie is presented as one in a long line of devout hysterics at Lourdes, with the novel characterizing Bernadette as the paradigmatic case. Kathleen Ann Comfort points out that the recounting of Bernadette's tragic demise in the final fifth of each section of the novel reflects Marie's experience of hysteria, suggesting the extent to which Marie has absorbed Catholic doctrine into her own experience of illness.[44] During Bernadette's devilish hallucinations, she shouts, 'Va-t'en, va-t'en Satan! Laisse-moi mourir stérile!' (*Lou*, 568).[45] By her cries, Bernadette reveals the extent to which she equates fertility and maternity with the devil, an association derived from the Church's sanctioning of the Immaculate Conception and, instead, clings onto sterility. Like Bernadette, Marie's childlike nature is made more permanent by her absorption of Catholicism's cult of virginity: she believes that she must have the unspotted soul of a child in order to guarantee a miracle: 'Père, je sens que je guéririais, si j'avais dix ans, si j'avais l'âme toute blanche d'une petite fille' (*Lou*, 97). Her pursuit of virginity is reflected in her vow to the Virgin Mary after her cure. Confiding in Pierre, she confesses that:

> Pendant la nuit d'amour, vous savez, la nuit d'extase brûlante que j'ai passé devant la Grotte, je me suis engagée par un vœu, j'ai promis à la Sainte Vierge de lui faire le don de ma virginité, si elle me guérissait… Elle m'a guérie, et jamais, vous entendez, Pierre! Jamais je n'épouserai personne! (*Lou*, 551)

Influenced by the Church, Marie prizes virginity above all else, and therefore it seems right to her that a physical cure would cost her maternal function: after all, nuns were expected to renounce carnal sexuality and become the brides of Christ when taking the veil. By contrast, Zola's novel depicts medicine as appearing on the side of fertile maternity and sexual reproduction, since Beauclair illustrates that Marie's physical healing will be tantamount to an embrace of sexually reproductive femininity:

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de Lourdes ait été placée par la Vierge comme un grand feu allumé sur la montagne, pour server de repère et de guide aux pêcheurs égarés dans la nuit qui envahit le monde'. Joris-Karl Huysmans, *Les Foules de Lourdes* (Paris: Stock, 1906), pp. 172-73.

[44] See Kathleen Ann Comfort, 'Divine Images of Hysteria in Émile Zola's *Lourdes', Nineteenth-Century French Studies,* 30: 3 & 4 (Spring Summer 2012), 329-45.

[45] Nuns and consecrated virgins were both 'brides of Christ' and thus celibate. Monica Furlong draws attention to the 'passionate and celibate religious ardour' of medieval female mystics by contrasting their stories with that of Héloïse, in order to demonstrate the extent to which mysticism was a route towards female self-possession, self-knowledge, and rebellion against the Church. See Monica Furlong, *Visions and Longings: Medieval Women Mystics* (London: Mowbray, 1996), pp. vii-viii. The idea of consecrated virgins was well-established in the nineteenth-century imagination: the climatic scene of Chateaubriand's *René* (1802) centres on the moment at which René's sister is about to surrender her sexuality in order to take the veil.

> Beauclair avait ajouté que Marie serait femme enfin, que le sang de la maternité jaillirait, dans ce sursaut d'hosanna, ce réveil d'un corps resté enfant, attardé et brisé par un si long rêve de souffrance, tout d'un coup rendu à une santé éclatante, les yeux vivants, la face radieuse. (*Lou*, 398)[46]

The 'prescription' of sexual reproduction as the ultimate cure for Marie borders on the myth of therapeutic rape as a cure for sexually transgressive women in the nineteenth century.[47] Here, *Lourdes* comes close to the novels identified by Matlock and Beizer as celebrating reproductive sex as a 'cure' for hysteria, thus recuperating the female hysteric's transgressive body into paradigms of heterosexual desire and production.[48] Fear of transgressive sexual activity also haunted the beginnings of Charcot's hysteria medicine: in Mesmer's era, the potential eroticism of the physical intimacy between magnetizer and magnetized was the subject of a generalized cultural anxiety. For example, the Faculty of Medicine's secret report on Mesmerism pays attention to how

> La proximité devient la plus grande possible, le visage touche presque le visage, les haleines se respirent, toutes les impressions physiques se partagent instantanément, et l'attraction réciproque des sexes doit agir dans toute sa force; il n'est pas extraordinaire que les sens s'allument. L'imagination, qui agit en même temps, répand un certain désordre dans toute la machine; elle suspend le jugement, elle écarte l'attention; les femmes se peuvent se rendre compte de ce qu'elles éprouvent, elles ignorent l'état où elles sont.[49]

Lindsay Wilson describes how Mesmerism's deliberate incitation of convulsions provoked a pamphlet war that rallied to the cause of exposing mesmerism as a threat to sexual and moral propriety.[50] But by the time of *Lourdes*, the greatest threat to sexual and reproductive mores are seen as emanating from the Church's ostensible indoctrination of young girls into the Marian cult. Zola's novel presents a Mesmerist-esque approach to the doctor-patient encounter as the potential cure for sexual transgression otherwise sanctified by the Church, as Marie's encounter with Beauclair suggests. Zola therefore inverts medical and religious authority: whereas scholars such as Matlock and Beizer have characterized the doctor as deliberately harming his patients for the sake of their sexual correction. In *Lourdes* the Church manipulates

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[46] Peter Cryle uses novels from *Les Rougon-Macquart* to argue how French novels often used doctors, through their diagnosis of certain pathologies, to foretell the course the narrative the novel in question will take. See Cryle, 'Foretelling Pathology: The Poetics of Prognosis', 107-22.

[47] See Dijkstra, *Idols of Perversity*, pp. 64-82.

[48] For example, to cure her hysteria, Matlock argues that Emma Bovary's doctors 'would not have granted [her] a divorce; nor would they have left her to books and adulterous affairs. Rather they would have demanded that Charles Bovary find a way to convince her to like sex with him.' See Matlock, *Scenes of Seduction*, p. 157.

[49] 'Rapport secret sur le magnétisme, par Beilly et ses collègues' in Alexandre Bertrand, *Du Magnétisme animal en France* (Paris: J. B. Baillière, 1826), p. 513. Brockliss and Jones comment how the report was written 'in a language which mixed clinical prose with the knowing, heavy-breathing tug of the pre-Romantic novel', Brockliss and Jones, *The Medical World of Early Modern France*, p. 789.

[50] See Lindsay Wilson, *Women and Medicine in the French Enlightenment: The Debate Over* maladies des femmes (Baltimore; London: John Hopkins University Press, 1993), pp. 110-124.

and injures young women and Beauclair must correct them through Mesmerism's embrace of the mysterious way in which the body and mind are connected in hysteria.

Something in the Water: The Grotto and its Germs

Alongside the new science of hysteria, the revolution in microbiology was one of the most important trends in mid- to late-nineteenth century medicine. Pasteur's microbiology gave hygiene, and in particular water, a renewed importance: water could eradicate harmful germs, but it could also carry them. Their eradication was characterized as an important moral endeavour, as according to an 1896 pamphlet on public hygiene, 'Le microbe, voilà l'ennemi'.[51] Water, previously associated with Christian rites such as baptism, thus became secularized thanks to Pasteur's advances in microbiology which observed and objectified its properties.[52] In the nineteenth century, regular cleansing with water became more closely and more rigorously associated with scientific needs: Gaston Bachelard observes that 'se purifier n'est pas purement et simplement se nettoyer. Et rien n'autorise à parler d'un besoin de propreté comme d'un besoin primitif, que l'homme reconnaîtrait dans sa sagesse native'.[53] Both posited that doctors should seek to control the newly discovered invisible forces which caused previously unexplained sickness: in *Lourdes*, the Grotto's waters are characterized through the new discourse of germs, and Zola's use of the new vocabulary of microbiology contributes to his framing of the novel's final doctor-patient encounter, discussed in this final section.

The development of microbiology revealed that water could also be the source of illness and disease and that its relative purity could not be determined by eye. The safety of water could only be understood by chemical analysis: 'Pour un esprit moderne, la différence entre une eau pure et une eau impure est entièrement rationalisée'.[54] Indeed, telling the difference between pure and impure becomes a crisis in the novel, only heightened by the history of the Grotto's foundation. Describing her vision of the Virgin

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[51] Cited by Georges Vigarello, in Georges Vigarello, *Histoire des pratiques de la sante* (Paris: Seuil, 1999), p. 254. Laura Otis observes that microbiology in late nineteenth-century European literature evoked barriers, frontiers, and battlegrounds, particularly within the context of Europe's colonial projects. See Laura Otis, *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics* (Baltimore; London: Johns Hopkins University Press, 1999), pp. 3-34. Water-borne diseases such as typhoid and cholera influenced Zola's *La Faute de l'Abbé Mouret*, as well as George Sand and Honoré de Balzac. See Chapters One and Four respectively.
[52] See Jean-Pierre Goubert, *La Conquête de l'eau* (Paris: Robert Laffont, 1986).
[53] Gaston Bachelard, *L'Eau et les rêves: Essai sur l'imagination de la matière* (Paris: Corti, 1942), p. 191.
[54] Ibid., p. 184.

Mary that led to the discovery of so-called healing waters outside the small town of Lourdes, Bernadette insists on the spiritual purity of the water, despite its dirty appearance:

> [la Vierge] me dit que je devais aller boire à la fontaine. N'en voyant pas, j'allai boire au Gave. Elle me dit que ce n'était pas là: elle me fit signe avec le doigt, en me montrant la fontaine. J'y fus; je ne vis qu'un peu d'eau sale; j'y portai la main.[55]

In direct response to Bernadette's vision, *Lourdes* documents how this misplaced and, according to Bachelard unnatural, faith in the cleansing power of dirty waters becomes a metaphor for the circulation of disease contrary to modern scientific practice.[56] The Grotto's healing waters are a 'bouillon terrible' of germs and disease:

> Quelle saleté, quelle bouillon de microbes!... La manie, la fureur de précautions antiseptiques où nous sommes, reçoit là un fameux soufflet. Comment se fait-il qu'une même peste n'emporte pas tous ces maladies? Les adversaires de la théorie microbienne doivent bien rire. (*Lou*, 212)[57]

The novel attributes the disgusting state of the waters to the priests' neglect of basic hygiene, which they deprioritize relative to the preservation of the water's supposed healing powers: 'l'eau, comme il le disait, n'était guère engageante; car, de crainte que le débit de la source ne pût suffire, les pères de la Grotte ne faisaient alors changer l'eau des baignoires que deux fois par jour' (*Lou*, 192). The Grotto's healing waters become a soup of germs in which various illnesses mingle and threaten the life of all those willing to submerge themselves in its water: 'Il s'y rencontrait de tout, des filets de sang, des débris de peau, des croûtes, des morceaux de charpie et de bandage, un affreux consommé de tous les maux, de toutes les plaies, de toutes les pourritures' (*Lou*, 192-93). The priests' neglect of hygiene is a synecdoche of Catholicism's prioritizing of the invisible, the divine purity of the water by refusing to change it, over the visible signs of its contamination.[58] Miracles make the invisible work of God visible: a convincing miracle

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[55] Letter to R. P. Gontrand, 28 May 1861, *Revue Bernadette*, (1933), I, 77-78.

[56] Thompson estimates that Zola probably did consult medical textbooks for his study on *Lourdes,* particularly given his meticulous research into the history of Lourdes and Bernadette's visions, see Thompson, *Taboo: Corporeal Secrets*, p. 51. Cabanès highlights how other realist writers made use of such literature for their novels, although he omits *Lourdes* from his study. See Cabanès, *Le Corps et la maladie*, pp. 243-51.

[57] The pathogenic, and not just nervous, cause of mania is highlighted in Zola's 'Ébauche' for *La Faute de l'Abbé Mouret*: 'Serge est tombé malade d'une fièvre typhoïde affreuse'. See Émile Zola, *La Faute de l'abbé Mouret* in *Les Rougon-Macquart*, ed. byArmand Lanoux and Henri Mitterand, 5 vols (Paris: Gallimard, 1960), I, p. 1693. Throughout the novel, Serge's fever progresses from 'une légère fièvre' to a full-blown religious mania, thus foreshadowing *Lourdes*'s speculation about the material cause of hysterical diseases. This view coincided with medical theory about typhus: in the *Dictionnaire des sciences médicales*, typhoid is defined as 'une maladie fébrile'. See *Dictionnaire des sciences médicales*, LVI, p. 176.

[58] Another example is the Church's adherence to transubstantiation, whereby wine is turned into the blood of Christ. The pollution metaphors of the ritual are outlined in Charles Baudelaire's 'La Destruction': 'Sans cesse à mes côtés s'agite le Démon; Il mange autour de moi comme un air impalpable/Je l'avale et le sens qui brûle mon poumon/Et l'emplit d'un désir éternel et coupable', Charles Baudelaire, *Les Fleurs de Mal*, ed. by Jacques Dupont

'peuplait l'invisible' and gives the pilgrims hope that they will also be cured since the miracles 'montrait à chaque malade son ange gardien derrière lui, prêt à l'assister, sur un ordre du Ciel' (*Lou*, 103). Although Zola's novel condemns religious faith, it does not exclude the importance of scientific faith which, in accordance with the new Pasteurian medicine, likewise required faith in what was invisible, but whose existence could be proved through chemical analysis: 'Il semblait que ce fût une véritable culture des germes empoisonneurs, une essence des contagions les plus redoutables, et le miracle devait être que l'on ressortît vivant de cette boue humaine' (*Lou*, 193).[59]

At the same time as the revolution in microbiology, the revival of the Marian cult also drew on water to express the new dogma of the Immaculate Conception. The Church used metaphors of water to reinforce its message of feminine purity. Jean Pierrot draws attention to the *fin-de-siècle* interest in the metaphorical potential of water: water is intrinsically capable of expressing the fluidity of the imaginary realm since it is 'changeante, évanescente, subtile'.[60] These qualities underpin the Church's obsession with the healing powers of the Lourdes waters: embodying the idealized femininity of the Virgin Mary, the waters at Lourdes are considered to be pure and unblemished. Like the Virgin, they were considered invested with miraculous powers.[61] However, the Grotto's waters are described in *Lourdes* as a fetid stew of germs and disease, as well as frigidly cold.[62] As Jacques Noiray observes, coolness in *Lourdes* is associated with, on the one hand, the supposedly miraculous waters but, on the other hand, life-giving freshness. This

(Paris: Flammarion, 2012), p. 159. In *La Faute de l'abbé Mouret*, Serge is equally obsessed by the erotic dimension of transubstantiation.

[59] The stench of the Grotto's waters contrasts with the heavenly floral scents associated with the Virgin, particularly because of the female bathers' undeniable earthy fertility: in *Les Foules de Lourdes*, Huysmans insists on the putrefaction of the waters by women's menstruation: 'on ôte sa chemise; elle est maculée, par endroit, de gomme-gutte et de sang frais, empesée, à d'autres, par des taches d'humeur sèche qui la font ressembler à du sparadrap', Huysmans, *Les Foules de Lourdes*, p. 63.

[60] Jean Pierrot, *L'Imaginaire décadent (1880-1900)* (Mont-Saint-Aignan: Publications des Universités de Rouen et du Havre, 2007), p. 258. These qualities lead Pierrot to argue that water is an innately malleable material for writers: 'Sa signification affective et imaginare se modifie considérablement […] selon qu'il s'agit d'une eau courante ou au contraire immobile et dormante, d'eau transparente ou obscure' (ibid.)

[61] The mania around Lourdes builds on a medical tradition of healing waters that dates from the early modern period: Brockliss and Jones foreground how, with the support of the crown in the 1630s, mineral water therapy was seen as essential treatment of contumacious complaints such as paralysis and female sterility. Although Madame de Sévigné travelled to Vichy in 1676 seeking relief for her rheumatism of the hands, it was not until the eighteenth-century that spas became anything more than the last resort for the terminally ill. See Brockliss and Jones, *The Medical World of Early Modern France*, p. 163 and pp. 314-15.

[62] Many pilgrims are horrified at the cold of the Grotto's waters. For example, Monsieur Sabathier is particularly traumatised by his experience in the Grotto: 'L'eau froide le terrifiait. Il racontait encore que, la première fois, il avait éprouvé un saisissement si atroce, qu'il s'était juré de ne recommencer jamais. À l'entendre, il n'y avait pas de pire torture' (*Lou*, 192).

contrast is best seen in the omnipresence of the river Gave in the novel, which Zola evokes as life-giving: the 'grand ciel de lumière et de joie où montait la fraîcheur du Gave', and particularly the river's 'eaux limpides, vertes et bleues' and the lush surrounding landscape (*Lou*, 172).

Finally, scientific truth is conceived as a free-flowing river, in sharp contrast to the pools of ignorance in the Grotto: the free-flowing river Gave incarnates truth: 'La vérité bouillonnait, débordait, en un tel flot irrésistible' (*Lou*, 60). Water is thus a mobile symbol in the novel: on the one hand representing the polluted, freezing waters of the Grotto which represent both the priests' scientific ignorance and echoes Marie's hysterical frigidty. On the other hand, water has the potential for life-giving fertility, suggesting that Marie's cure for hysteria lies in her assumption of a sexually reproductive role. The revolution in microbiology thus heralded a confrontation between two conceptions of water: either as a resource which required sterilization to combat invisible, but material, microbes; or as a sacrament whose invisible, but immaterial, qualities rendered it holy to the Church. *Lourdes* confronts the intersection between the development of microbiological science, seen as an intellectually fertile ground, on the one hand, and the stagnant and frigid Marian cult's aquatic metaphors, on the other.

The filthiness of the Grotto's water, now revealed to the reader thanks to Pasteur's science, elicits both repulsion and fear and, like the novel's depiction of hysteria, organizes these responses around the female body. Zola uses Lourdes' waters to create a contrast between two conceptions of femininity, ironically underpinned by their mutual transgression from heterosexual reproduction. Élise Rouquet, a lupus sufferer with a terrible facial scar, embodies vice and corrupted sexuality; Marie and Bernadette embody the Church's conception of virginal sterility as outlined above. McEachern argues that Élise is the novel's central incarnation of femininity turned monstrous by the repulsive effects of disease.[63] The ulceration of her facial scar is dramatically revealed to the reader in its entire horrifying state:

> Enfin, le fichu tomba, et Marie eut un frisson d'horreur. C'était un lupus, qui avait envahi le nez et la bouche, peu à peu grandi là, une ulcération lente s'étalant sans cesse sous les croûtes, dévorant les muqueuses. La tête allongée en museau de chien, avec ses cheveux rudes et ses gros yeux ronds, était devenue affreuse. Maintenant, les cartilages du nez se trouvaient presque mangés, la bouche s'était rétractée, tirée à gauche par l'enflure de la lèvre supérieure, pareille à une fente oblique, immonde et sans forme. Une sueur de sang, mêlée à du pus, coulait de l'énorme plaie livide. (*Lou*, 45)

[63] McEachern, 'La Vierge et la bête', p. 120.

In this passage, the reader encounters abject bodily fluids, denoting the horrifying materiality of the female body as discussed regarding Stendhal's *Lamiel* and Sand's *Lélia* in Chapters Three and Four respectively. Facial scars were associated with syphilis, itself identified with prostitution. In *Les Rougon-Macquart*, for example, the courtesan Nana's face is scarred by smallpox, *la petite vérole*, as an insinuation of the venereal occupational hazards of prostitution.[64] The sexual-symbolic dimension of Élise's facial lupus thus suggests sexual transgression: aligning the body of the prostitute with that of the hysteric-virgin Marie, thus foregrounding the author's stance on the Church's deliberate obstruction of reproductive sexuality. The horror experienced at the sight of Élise's wound is only heightened when the filthy reality of the shared water tap in the Grotto is revealed, again made visible thanks to the 'discovery' of microbes:

> [Pierre] fut surtout intéressé par le spectacle d'Élise Rouquet qui, jugeant inutile d'aller aux piscines, pour la plaie affreuse dont sa face était rongée, se contentait, depuis le matin, de se lotionner à la fontaine, appliquait longuement sur la plaie un mouchoir qu'elle imbibait, comme une éponge (*Lou*, 190).[65]

The crowd's mania for the waters is such that they ignore its contamination: 'autour d'[Élise], la foule se ruait dans une telle fièvre, que les gens ne remarquaient plus son visage de monstre, se lavaient et buvaient au canon même où elle mouillait son mouchoir' (*Lou*, 190).[66] Élise, in her own obsession for a miracle

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[64] Bertrand Taithe, *Defeated Flesh: Medicine, Welfare, and Warfare in the Making of Modern France*, p. 218. For a more sustained analysis of the importance of syphilis as cultural metaphor in the nineteenth century, see Leonard R. Koos, 'Damaged Goods: Telling the Tale of Syphilis in Nineteenth-Century France', *Dalhousie French Studies*, vol. 80 (Fall 2007), 45-58. Alain Corbin, Charles Bernheimer, and Jann Matlock have all identified an overlap between depictions of a hysterical or alcoholic prostitute as a common trope. See also Mark Micale, *The Mind of Modernism: Medicine, Psychology, and the Cultural Arts in Europe and America, 1880-1940* (Stanford: Stanford University Press, 2004), p. 83. Micale insists on the importance of 'hystero-syphilis' that was developed at the end of the century (p. 83). See also Patrick Wald Lasowski, *Syphilis. Essai sur la littérature française du XIXe siècle* (Paris: Gallimard, 1982). Syphilis was also associated with degeneration. See Dijkstra, *Idols of Perversity*, pp. 210-35 and Daniel Pick, *Faces of Degeneration: A European Disorder, c. 1848-c.1918* (Cambridge: Cambridge University Press, 1993). For a later context of syphilis, see Steven Wilson, 'Dictante Dolore: Writing Pain in Alphonse Daudet's *La Doulou*', in *Medicine and Maladies: Representing Affliction in Nineteenth-Century France*, pp. 171-89. Syphilis was such a pervasive metaphor in the nineteenth century that des Esseintes remarks, in *À rebours* that, 'Tout n'est que syphilis'. See Joris-Karl Huysmans, *À rebours*, ed. by Marc Fumaroli (Paris: Gallimard, 1977), p. 172.

[65] In Huysmans's *Sainte Lydwine de Schiedam* (1901), the eponymous saint's body begins to decompose before her eventual death: she suffers from gangrene and the skin condition Saint Anthony's fire, with the result that her right arm is barely attached to her shoulder, the structure of her face begins to break down, and she begins to vomit blood. When asked from where this blood has appeared, she sardonically quips, as if in response to Pierre's horror at Élise's facial ulcer, 'Dites […] vous qui en savez plus long que moi, d'où peut venir au printemps cette sève dont se gonfle la vigne, si noire et si nue pendant l'hiver?'. Joris-Karl Huysmans, *Sainte Lydwine de Schiedam* (Paris: Stock, 1901), p. 84.

[66] This fear also characterized contemporary anxiety around menses: in 1775 the physician Théophile de Bordeu outlined that the blood of the different genders smelled different, particularly menstrual blood: 'il y a quelque chose de caché; [qu'] il y a une grande quantité d'émanations invisibles dans l'excrétion menstruelle'. See Théophile de Bordeu and others, *Recherches sur les maladies chroniques: leurs rapports avec les maladies aiguës, leurs périodes, leur nature, et sur la manière dont on les traite aux eaux minérales de Barèges, et des autres sources de l'Aquitaine* (Paris, Ruault, 1775), p. 435. Huysmans presents female menses as eliciting horror. Thus, Jacques Marles states that 'le sang régulier des femmes engendre les fantômes', Joris-Karl Huysmans, *En rade*, ed. by Jean Borie (Paris: Gallimard, 1984), p. 199. Robert Ziegler examines how *En rade* associates menstruation with contagious hysteria. See Robert Ziegler, *The Mirror of Divinity: The World and Creation in J.-K. Huysmans* (Newark: University of Delaware Press, 2010), pp. 168-69.

which she will later believe has been visited on her, is the obverse side of the virginal hysteria of Marie and Bernadette.

Lourdes uses the new science of microbiology to undermine the Church's zealousness regarding the miraculous healing powers of the Grotto's waters. Turning a microscopic eye to the waters, the novel denounces them as riddled with dangerous and repulsive germs caused by scientific ignorance. The priest's ardent belief in the healing power of the waters only contributes to their germ-riddled state, as well as leading them to violate the sanctity of the body. Moreover, Zola uses the waters to construct a dichotomy between, on the one hand, the Church's conception of a pure femininity associated with Mary and the waters with, on the other hand, the repulsiveness of Élise's sexually transgressive body. Like the novel's depiction of Marie's hysterical paralysis, the Grotto's filthy waters are characterized as exacting invisible forces on the mind and body: with the Church believing in their healing powers, and the novel instead pointing to them as the source of religious mania. However, rather than undermining the doctor-patient encounter thanks to Pasteur's revolution in microbiology, *Lourdes* in fact formulates its primary function as one of compassion based on an embrace on what is both invisible and mysterious to the naked eye.

Marie and the *bureau des constations médicales*

Faith in the existence of what is invisible is a common prerequisite for both miracles and microbes; but, the latter has a material rather than spiritual presence in the world. Cécile Balavoine highlights the extent to which microbiology came to define the cultural landscape and hygienic practices of France in the late nineteenth century. These landscapes focused on the elision between physical and moral cleanliness, and between the real and the imaginary:

> Une pureté immuable comme celle de la Vierge ou même comme celle dont rêvent les adeptes de Pasteur va à l'encontre de la nature […]. Laver, aseptiser, stériliser, pasteuriser sont des gestes qui naissent ou se systématisent au XIXème siècle. Même s'ils correspondent à une réalité nouvellement découverte – la nécessité de combattre les microbes – ces gestes font partie d'un univers fantasmatique.[67]

Although *Lourdes* is unequivocal in condemning the supposed holy properties of the Grotto on the basis of Pasteur's new microbiological theories, Balavoine here points towards how both the scientific and the

[67] Cécile Balavoine, 'Lourdes entre pureté et décadence: Une étude sur *Lourdes* d'Émile Zola et *Les Foules de Lourdes* de J.K.-Huysmans', unpublished PhD Dissertation, New York University (2004), p. 14.

religious were founded on the imaginative realm. *Lourdes* uses the doctor-patient encounter, this time after Marie's seemingly miraculous cure at Lourdes, to illustrate the extent to which this belief in the imaginary, even if scientific, must be filtered through a trustworthy medical relationship. By demonstrating the extent to which the *bureau des constatations médicales* corrupted the clinical encounter by the doctors' adhesion to Catholic dogma, the novel calls for a new way to understand doctor-patient encounters as primarily vehicles of relief, regardless of the scientific or non-scientific basis of that relief. Given Zola's sympathy with pronatalist arguments, the alleviation of physical suffering is tantamount to a re-entry into productive sexual relations.

On the fourth day of the pilgrimage, Marie overcomes her paralysis and walks for the first time, just as Beauclair had originally predicted. Although Pierre tries to focus on how Marie's suffering has been relieved, he cannot help remembering Beauclair's diagnosis of 'le simple état d'autosuggestion' (*Lou*, 397).[68] Nonetheless, Marie proudly presents herself at the *bureau des constation médicales* in order to have her miracle verified by the Lourdes doctors. Since they are sure these doctors could not have misdiagnosed Marie, they conclude that her cure must be miraculous: 'si l'on avait le moindre doute, ces deux certificats suffiraient à convaincre les plus incrédules, car ils sont signés par deux médecins de la Faculté de Paris, dont les noms sont bien connus de tous nos confrères' (*Lou*, 405). The passage pays particular attention to the meaning of the Parisan doctors' signatures on the Pyrenean doctors: 'les signataires avaient la réputation de practiciens honnêtes et habiles' (*Lou*, 405). Given the renown of the signatories, the potential psychosomatic dimension of Marie's original paralysis is not questioned by the Pyrenean doctors. The medical authority of the signatories, and the fact that Marie's cure cannot be explained by modern science, means that it is quickly certified as miraculous: 'Le cas échappe à la science, voilà tout ce que je constate' (*Lou*, 408). Given the extent to which Zola characterizes the Grotto's waters as germ-ridden, morally stagnant, and sexually frigid, Marie's cure emerges as entirely the product of both the physicians' and the patients' steadfast belief in the existence of miracles.

[68] The novel suggests that the real cause of Marie's paralysis may have been even more simple than hysterical autosuggestion: on the train home to Paris, Marie discovers a nail jutting out from her wheelchair that would have been pressing into her lower limb and causing her significant pain (*Lou*, 536).

Moreover, Pierre's account of Marie's encounter with the two Parisian doctors points towards the failure of medicine to reach a reasoned diagnosis. Pierre remembers the consensus that two Parisian doctors were forced to reach about Marie's diagnosis, 'Deux des médecins, […] l'un croyant à une rupture des ligaments larges, l'autre diagnostiquant une paralysie due à une lésion de la moelle, avaient fini par tomber d'accord sur cette paralysie, avec des accidents, peut-être, du côté des ligaments' (*Lou*, 67). Zola here shows that the doctors failed to undertake any rigorous scientific investigation into the true nature of Marie's original paralysis, instead they merely 'tomber d'accord' onto an agreement that her ligaments are at fault. The Parisian doctors' omission opens the door to the certification of Marie's miracle: the Parisians' signatures are enough to convince the *bureau* that Marie's paralysis was wholly physical. Like in *La Peau de chagrin* and *Lélia*, this scene in the *bureau des constations médicales* denounces the so-called medical authority of the physicians as bankrupt thanks to their limited understanding of the true workings of illness and health. The novel's final doctor-patient encounter is a portrait of the doctors' abandonment of science. Notwithstanding the novel's condemnation of this capitulation, the failed doctor-patient encounter allows *Lourdes* to imagine a new relationship in which compassion is prioritized over adherence to both medical science and to Catholic dogma.

Pierre's reluctant endorsement of Marie's cure suggests that science must remain open to the mysterious and the unknown because of the desperation that accompanies human suffering. After Marie's cure Pierre continues to torture himself with the knowledge that Marie's cure has a scientific, rather than divine, explanation, he cannot bring himself to tell her the truth: 'Beauclair le lui avait bien dit que la guérison viendrait en coup de foudre, lorsque, sous l'influence de l'imagination puissamment surexcitée, il se produirait en elle un réveil soudain de la volonté, depuis longtemps endormie' (*Lou*, 406-07). But although this anecdote could explain 'scientifiquement' Marie's cure, Pierre does not recount it to the *bureau*, but instead agrees with the doctors, muttering 'C'est vrai, c'est vrai' (*Lou*, 408). Pierre's desire to see Marie a married mother is not sufficient motivation for him to dispel her belief in her own cure thanks to his Pierre's resolved silence is his experience of the 'immense pitié' (*Lou*, 570) for Marie's suffering: having lived through her pain, Pierre feels morally obliged to prioritize the alleviation of her suffering, regardless of the origin of that cure: 'il fallait tolérer Lourdes, ainsi qu'on tolère le mensonge qui aide à vivre' (*Lou*, 571). Pierre's personal resolution becomes the novel's general approach to the question of illness and

healing.[69] If the nature of suffering may be mysteriously psychosomatic, the novel asks, then modern medicine must embrace alternative cures in order to find the best route to alleviate human suffering:

> Quel était donc ce impérieux besoin d'Au-delà qui torturait l'humanité souffrante? D'où venait-il? […] Toujours la soif inextinguible du bonheur l'avait brûlé, toujours elle brûlerait. Si les pères de la Grotte faisaient de si glorieuses affaires, c'était qu'ils vendaient du divin. Cette soif du divin, que rien n'a pu étancher au travers des siècles, semblait renaître avec une violence nouvelle, au bout de notre siècle de science. (*Lou*, 574)

As a result, Pierre concludes that science must acknowledge the inexplicable and the unknown: 'Aujourd'hui l'expérience était faite, rien que la science ne semblait pouvoir suffire, et on allait être forcé de laisser une porte ouverte sur le mystère' (*Lou*, 574). This idea means that Pierre cannot take away Marie's faith since it helps alleviate her pain, although it also fails to inspire him to convert back to Catholicsm. Pierre abandons the empirical truth of Beauclair's diagnosis and prediction in favour of the supernatural explanation to which Marie and the doctors subscribe. Although he cannot wholeheartedly subscribe to the doctors' religious-inspired medical opinion, Pierre decides to focus on the extent to which certification alleviates Marie's suffering.

Lourdes therefore criticizes the way in which the doctor-patient encounter is handled at the *bureau des constatations médicales*, in so far as the doctors sacrifice professional and scientific integrity for personal faith and adherence to institutional dogma. But rather than reaffirming the microscopic knowledge of the Grotto's germ-ridden waters, themselves the reason for the Church's continued stranglehold on female reproduction, the encounter's failure instead encourages Pierre to prioritize compassion. After all, the novel proposes, if illness is caused in mysterious ways then those who seek a cure must be equally open to mysterious cures. Zola's water metaphors suggest that the line between religion and science is not clear cut, and that medicine should embrace the mysteriousness of illness and therefore of healing. Following the revolution in microbiology, *Lourdes* traces how doctors and patients were both required to believe in the existence of microbes which they could not see. This belief was built on the same imaginative aspects that support the pilgrims' fervent belief in the Grotto's miraculous powers. As a result, the novel's move from miracles to germs, via the motif of water, suggests that Zola's novel searches for a medicine that

[69] Regarding Pierre in *Les Trois Villes*, Julia Przybos describes Pierre as Zola's 'mouthpiece'. See Julia Przybos, 'Zola's Utopias' in *The Cambridge Companion to Zola*, ed. by Brian Nelson (Cambridge: Cambridge University Press, 2007), p. 175.

embraces the power of the imagination in order to produce the most effective, compassionate doctor-patient encounter possible.

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This chapter has outlined the connection between the new sciences of microbiology and hysteria, arguing that Zola's *Lourdes* examines the doctor-patient encounter in relationship to both these phenomena even though the former would seem to preclude it. The medical encounter, *Lourdes* suggests, is well-placed to understand, access, and harness the invisible forces that act on the body, incarnated in the new sciences of hysteria and microbes. *Lourdes* criticizes the Church for its apparent creation of religious hysteria, in which a mania for the Marian cult manifests itself as a rejection of sexual reproduction. Zola's novel proposes the doctor-patient encounter as able to intervene in this detrimental relationship. The Grotto's waters are a particularly pervasive metaphor in *Lourdes* for Zola's exploration of the similarities and differences between religious and scientific belief in the invisible forces of miracles and germs. Given that illness could be influenced by numerous factors, especially a psychosomatic dimension, *Lourdes* suggests that doctors need be eager to embrace the mysterious and the unknown, as does Doctor Beauclair for Marie. By contrast, the doctors of the *bureau des constatations médicales* betray their professional authority in favour of personal allegiance to an institutional belief. Notwithstanding Zola's strong personal objections to the role of medical doctors at Lourdes, the novel, through its use of water metaphors, suggests what religion and science have in common. Both rely on the belief in what cannot be seen with the naked eye, again foregrounding the importance of the mysterious and the unknown. *Lourdes*'s criticism of the Marian cult is squarely aimed at its promotion of virginity over reproduction, an aim that ran counter to Zola's own natalist beliefs. Moreover, Pierre searches for a humane religion which seeks to alleviate suffering rather than promote it as a path to moral salvation. *Lourdes* presents the doctor-patient encounter to navigate these diverse themes and moral questions. Doctor Beauclair provides an example of how doctors can increase their medical and professional authority by remaining open to the mysteriousness of psychosomatic illnesses. By refusing to sign Marie's certification, Doctor Beauclair remains professionally uncompromised since his refusal to sign is tantamount to his refusal to participate in Marie's so-called miraculous cure. Pierre, however, does not enjoy this luxury of professional detachment. Coming to

understanding that the relief of her suffering, by whatever means and with whatever consequences, is more important than a complete dedication to what he believes is an absolute truth.

Lourdes encapsulates some of the most prominent themes in the nineteenth-century novel's depiction of the doctor-patient relationship and the doctor-patient encounter. *Lourdes* continues the tradition of the bedside encounters that we saw in Balzac's *La Peau de chagrin* and Sand's *Lélia.* Furthermore, *Lourdes* points towards a doctor-patient encounter in which the physician embraces the mysteriousness of the invisible forces that act within and without the body. To a certain degree, then, *Lourdes* depicts the encounter between doctor and patients that *Le Docteur Pascal* envisages when it represents an idealized conception of the doctor-patient relationship. Moreover, we have seen this anti-scientific stance from Zola before. Chapter One examined how the serum that Pascal develops in *Le Docteur Pascal* may, on the one hand, articulate Pascal's desire to end suffering through the advance of science; but, on the other hand, the serum's partial successes suggest that science can only go so far in providing the comfort required to alleviate suffering.[70] *Lourdes*'s framing of the doctor-patient encounter in relationship to the Church echoes other examples in the nineteenth-century French novel. *Lucien Leuwen* and *Lourdes* are both critical of the Church's religious and moral authority: but the former presents medicine as mapped onto religious paternal control, whereas the latter depicts medicine as ascending to religion's former position. However, unlike *Le Médecin de campagne* in which Benassis's connection between medical and religious authority is unexamined, in *Lourdes* medicine can only alleviate human suffering if it meets certain requirements. Stendhal's *Lamiel* and Sand's *Lélia* both reject these paradigms of maternity; Balzac, Zola, and Rousseau in *La Nouvelle Héloïse* all promote sexual reproduction as the ultimate remedy for illness. Benassis hopes that La Fosseuse will one day marry (although she seems to refuse), Pierre hopes that Marie will marry him, and Julie becomes an obedient wife to Wolmar. Despite being a novel that remains obscure even in Zola's own corpus, *Lourdes* intersects with a range of themes central to the literary depiction of medicine in the nineteenth-century French novel.

[70] The planning of *Lourdes* was contemporary with the composition of *Le Docteur Pascal*, see Jacques Noiray, 'Préface', in Zola, Lourdes, pp. 7-27 (p. 7).

Conclusion.

Doctors, Patients, and Novels

In this thesis, I have argued that the doctor-patient relationship and encounter are central elements to how the nineteenth-century French novel depicts contemporary medical science and practice. I have examined the mechanisms by which the doctor-patient relationship and encounter allow the nineteenth-century French novel to narrativize medicine. By differentiating between the doctor-patient relationship and encounter, as well as demonstrating their reliance on one another, I have analysed an important theme in the literary depiction of medicine in the nineteenth century. The doctor is ostensibly in a position of omniscience, and potentially one of omnipotence, when negotiating the doctor-patient relationship, just as the author is in relation to their characters; but the patient in fact often escapes the doctor's direct control. By combining a Foucauldian methodology with the Medical Humanities' concretization of the doctor-patient relationship, supplemented by a historicist approach, I have argued that a hybrid approach to doctor-patient relationships and encounters is important for understanding these themes. Focusing on the doctor-patient relationship has illuminated certain aesethetic aspects of the nineteenth-century novel, particularly regarding idealism since we have seen how medicine engages with attempts to improve the world. However, the doctor-patient encounter often provides an important counterpoint to the idealization of the medical relationship, pointing towards how the patient can resist or repel the doctor. By looking at literary idealizations of the doctor-patient relationship alongside bedside encounters, this thesis has highlighted that novels are interested in both medical discourse and the patient's resistance to it. Overall, I have argued that by looking at the peripheral elements to a novel's plot, in this case through the medical episodes most often located at the patient's bedside, it is possible to understand how medicine is narrativized by the nineteenth-century French novel.

In the first chapter, I examined the trope of the country doctor, a medical character at the centre of the idealized doctor-patient relationship which appears in novels by Rousseau, Balzac, and Zola. The rest of this thesis moved to depictions of the doctor-patient encounters, arguing that the difference between the idealized doctor-patient relationship, on the one hand, and how encounters allow novels to nuance and criticize the conception of medicine by placing them within a web of negotiations and interpersonal relationships. Chapter Two was a direct response to the trope established in Chapter One and argued that *Lucien Leuwen* mapped the doctor-patient relationship onto the tyrannical father-son relationship, and, in particular, that the novel uses the doctor-patient encounter to expose the tyrannical dimension of both. In Chapter Three, medicine's essentialist discourse, centred on the seemingly unconnected sciences of puberty and tuberculosis, was shown to be appropriated and undermined by Stendhal's depiction of Lamiel as a rebellious patient. Chapter Four contrasted Sand's and Balzac's approaches to the doctor's bedside encounter with his patients, examining how these scenes criticized positivistic science's claim to understand and read the patient's narrative and body. Taken together, Chapters Three and Four foregrounded the female patient's capacity to use the doctor-patient encounter in order to escape the confines of the medical relationship. Chapter Five analysed how the mid- and late-nineteenth-century sciences of germs and hysteria reaffirmed the importance of the doctor-patient relationship and encounter to the novel. I argued that the medical relationship and encounter retain their importance for Zola's *Lourdes* because of their respective ability to tap into the invisible and mysterious forces which govern mental and physical illness. From these conclusions, it is evident that some nineteenth-century novels use an idealized doctor-patient relationship to construct a conception of how medicine would ideally operate; other novels of the same period use the doctor-patient encounter to expose these ideals as merely illusory. In the case of the latter, novels use the dynamism of the medical encounter to provide narrative insight into the plot at hand, contemporary medical discourse, in addition to questions of identity such as gender. But in both sets of novels, the relationship and encounter between doctor and patient, illness and medicine generate episodic and peripheral medical plots.

The relationship between doctor and patient resonates with nineteenth-century novelists because it situates medicine within its interpersonal, political, and social context, rather than conceiving of medicine as an esoteric, scientific way of understanding illness and the human body. The doctor-patient

relationship is dynamic, multifarious, prone to power inversions, and is a constant negotiation between its principal actors. Foregrounding the otherwise peripheral doctor-patient relationship allows us to see how novels understand themselves as literary projects and contemporary medical discourse. We have seen that medicine, and particularly *science*, was never a purely 'scientific' endeavour in this period. Instead, medicine is conceived as an art, science, and practice. The novel's representation of the practice and experience of medicine engages with medicine itself in all its complexity and narrative potential; as a privileged nexus in which many concerns are explored. However, a central concern of these depictions is the tension between doctor-patient relationship and bedside encounter: the difference between them, and their intrinsic connectedness to one another. The site of the nexus of medicine and literature is the patient's bedside and, most prominently in the nineteenth-cenutry novel, the encounter between doctor and patient. Rather than merely upholding the doctor's perspective on contemporary medical discourse, the bedside encounter articulates how patients can criticize and escape from their doctor's medical hegemony. Overall, the doctor-patient relationship and encounter work together at the periphery of the novel to portray a nuanced picture of how medicine is mediated by the interpersonal relationships and encounters in which it is inherently invested.

The doctor-patient relationship brings abstract, immaterial, and self-reflexive concerns regarding power and knowledge into dialogue with the concrete, material, and unavoidable aspects of illness and death. Medicine intervenes in the reality of all our lives, but particularly in the novels we read: characters are born, fall ill, consult a doctor, convalesce, and die. The waxing and waning of the doctor-patient relationship reflects how these concerns, divided beteween the material and the immaterial, are negotiated between doctor and patient in the novel. This process of negotiation allows an incorportation of a range of medical discourse into literary works, as well as a polyphony of responses to them. The doctor-patient encounter, often but not exclusivley taking place at the patient's bedside, is a particularly important dramatic moment in which these questions are explored and negotiated. Importantly, the nineteenth-century novel differentiates between the doctor-patient relationship on the one hand, and the nature of bedside encounters between doctors and patients on the other. Exploring the cleavage between the ideal and its literary manifestations is a central occupation of the novel in this period. The doctor-patient relationship offers a concrete way for the novel to depict the materiality of life, death, and illness; as well

as the peripherality of the medical. The nineteenth-century novel, for all these reasons, invests the doctor-patient relationship with narrative meaning; but it is the bedside encounter that makes illness and patient rebellion legible.

This thesis has formulated a hybrid methodology to reading medicine in the nineteenth-century French novel, combining Foucauldian approaches with the Medical Humanities' conception of the doctor-patient relationship, which I have underpinned with a historicist methodology. Building on approaches to the depiction of medicine in literature which have been influenced by Foucault's research, this thesis establishes that the doctor-patient relationship is never exempt from power dynamics, especially the nexus between authority, knowledge, and science. Departing from this Foucauldian perspective, this thesis uses the Medical Humanities' conception of the doctor-patient relationship as a way to account for medicine as encompassing an interpersonal relationship in addition to a host of medical discourse. However, although Sand's *Lélia* and Zola's *Le Docteur Pascal* directly engage with questions of control over the illness narrative; I have not found evidence in my corpus to corroborate the Medical Humanities' assumption that medicine and literature are analogous to one another by dint of their mutual interest in narrative. Instead, medicine and literature are different to one another: by recreating the medical, cultural, and sociopolitical contexts of the nineteenth-century novel, I have argued that fiction's interest in the doctor-patient encounter lies in its ability to narrativize themes and discourses in contemporary medicine by embedding it into plot, characterization, and themes. These elements emerge thanks to how literary depictions of the doctor-patient relationship draw out this unscientific side of medicine, even in the late-nineteenth century novel.

Despite the importance of medicine to literature and culture in the nineteenth century in France, and the increasing numbers of studies in French dealing with medical themes and discourses, the history of medicine and the Medical Humanities both continue to be dominated by Anglophone studies and scholars. This Anglocentrism obscures how French nineteenth-century medicine casts a long shadow over European literature throughout the twentieth and twenty-first century, producing surprising parallels between authors and texts. For example, Deborah Levy's Man Booker-shortlisted novel *Hot Milk* (2016) builds on nineteenth-century theories of hysteria, particularly those of Charcot. As such, the novel bears a remarkable ressemblance to Zola's *Lourdes*, despite how different their historical contexts may be. Like

Lourdes, *Hot Milk* focuses on an unexplained paralysis, in order to acknowledge the extent to which illness may be undecipherable, and shows how medical practitioners embrace the mysteriousness of illness to find a way to ease suffering. Levy's novel centres on the mysterious paralysis of Rose Papasterigiadis and the fraught relationship with her daughter, Sofia, with whom she travels through austerity-stricken Europe in the hope of a cure. They eventually end up in Almería, at the clinic of the mysterious, gold-toothed Doctor Gómez. Gómez uses his relationship with his patient to try to heal the strained relationship between mother and daughter which, the text insinuates, is the true cause of Rose's paralysis.

Gómez's practice builds on that of Mesmer, Charcot, and their psychoanalytic successors in so far as the Spanish doctor embraces the psychosomatic dimension of illness. Gómez insists on taking the patient's case history, starting with Rose's family history which she recounts slowly and carefully, and his cure is organized around trying to detect if there truly is a physical cause for Rose's paralysis. Although never passing explicit judgement on his patient, Gómez doubts that Roses's paralysis is anything more than the physical manifestation of fraught familial relationships. But the Spanish doctor chooses not to disclose this information to his patient. Instead, he briefly mentions the potential psychosomatic dimension of Rose's paralysis to Sofia and suggests that Rose's mother's cure may be imminent for this reason. Like the Charcot-esque Beauclair in *Lourdes*, Goméz is ultimately proved correct and Rose learns how to regain the use of her own legs. Both novels thus suggest the extent to which the doctor-patient relationship and encounter can tap into the invisible forces that control the mysterious psychosomatic dimension of illness. In *Hot Milk* the medical relationship and encounter give back to the patient love and familial harmony. Levy's novel therefore foregrounds the physical and emotional dimension of relationships: the discord between mother and daughter manifests itself as physical paralysis. Overall, much like we have seen in Zola's *Lourdes*, the route to successful healing in *Hot Milk* is one that begins with medicine's embrace of the mysterious nature of psychosomatic illness. In these ways, Levy's *Hot Milk* is the successor of the nineteenth-century French novel in terms of the emphasis placed on the doctor-patient encounter and suggests the extent to which Anglophone studies of literary representations of medicine must look to the French tradition in order to understand how the doctor-patient encounter is construed.

Medicine, Money, and Genius

Where can the concept of the doctor-patient relationship and encounter next take French studies? This thesis has brought together authors, texts, and genres which have elsewhere been characterized as disparate; the range across which the doctor-patient relationship and encounter span as a narrative device can be attributed to the endless diversity it encompasses. As such, the doctor-patient relationship could bring together a diverse range of texts. For example, Diderot's *Le Rêve de D'Alembert* (1762) is set at D'Alembert's bedside and, for the most part, proceeds as a discussion between Doctor Bordeu and Julie de Lespinasse. Published over two hundred years after *Le Rêve de D'Alembert*, the structure of Hervé Guibert's *À l'ami qui ne m'a pas sauvé la vie* (1990) centres on the protagonist's constant shuttling between various, always disappointing encounters with different physicians. Chapter Four outlined the contrast between Sand's and Balzac's depiction of the doctor-patient relationship and encounter: how far can this difference be attributed to the gender of the author, or doctor, concerned? Rachilde's œuvre, Colette Yver's *La Princesse des sciences* (1907), and Maylis de Kerangal's *Réparer les vivants* (2013), the first non-Anglophone winner of the Wellcome Book Prize, could all shed light on this question. We might also consider nurses' relationship to their patients: Christine Watson's recent memoir, *The Language of Kindness: A Nurse's Story* (2018), points towards a new popular interest in medical professionals which goes beyond that of qualified doctors. Since the doctor-patient relationship is often a peripheral, rather than central, concern for novelists, its presence in a wide range of literary works offers readers a provocative way of reading against the grain of the novel's historical and generic boundaries.

I have suggested that Levy's *Hot Milk* could be understood as an Anglophone successor to the tradition of Charcot-inspired nineteenth-century literature. But Levy's novel also points towards a new factor in the medical relationship and encounter absent from the texts discussed in the present thesis: the difference between charlatanism and medical genius. A central ambiguity of Levy's novel is whether Gómez is guilty of quackery, in fact an unacknowledged medical genius. The gold-toothed Spanish doctor stops Rose's medication, offering her no replacement, yet allows his patient to remain under his care for the foreseeable future. Has Gómez found a radical new way to strike at the heart of psychosomatic illness, or is he toying with his patients' well-being to make money? Levy's novel only offers one way for the reader to resolve this ambivalence: the role played by the monetization of the doctor-patient relationship.

In *Hot Milk*, the doctor-patient relationship is organized around the idea of 'the rules of exchange', or reciprocation, by which all relationships abide.[1] If the doctor-patient relationship in Levy's novel reinstalls maternal-filial love, it must be remembered that 'a gift like love is never free' (*HM*, 201). But, without giving a reason, Gómez refunds Rose's medical bill once she regains the use of her legs, thus saving the family from an unimaginable financial burden. In this way, *Hot Milk* builds on Jacques Lacan's own acknowledgement of the importance of monetary transaction in the analyst-patient relationship. At the end of his discussion of Edgar Allan Poe's *The Purloined Letter* (1844), Lacan implies the analyst in the matrix he identifies within Poe's short story: 'Je ne veux pas insister, vous me ferez peut-être remarquer doucement que nous aussi, qui passons notre temps à être les porteurs de toutes les lettres volées du patient, nous nous faisons payer plus ou moins cher'.[2] From the analyst's perspective payment means that they do not enter into the patient's personal dramas, from which they would otherwise be embroiled: 'si nous ne nous faisions pas payer, nous entrerions dans le drame d'Atrée et de Thyeste qui est celui de tous les sujets qui viennent nous confier leur vérité'.[3] For Lacan, the way in which the clinical relationship constitutes a disinterested engagement between analyst and patient is underpinned by the logic of monetary transactions:

> Chacun sait que l'argent ne sert pas simplement à acheter les objets, mais que les prix qui, dans notre civilisation, sont calculés au plus juste, ont pour fonction d'amortir quelque chose d'infinment plus dangereux que de payer de la monnaie, qui est de devoir quelque chose à quelqu'un.[4]

If Lacan suggests that a transactional clinical relationship allows for professional disinterest, in *Hot Milk* the doctor's rejectio*n* of money instead acts as a way by which Sofia can decide if Gómez is a charlatan or genius. To do this, Levy creates a parallel between Gómez and Sofia's absent father: Sofia has another monetized interpersonal relationship in the novel; that between herself and her father. After having abandoned her mother in Spain with Gómez, Sofia travels to Athens to visit her estranged father or rather, as she puts it, to 'call in a debt my father owes me for never being around' (*HM*, 138). Sofia sees herself as his 'confused and shabby creditor', desperately seeking the repayment of the emotional credit

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[1] Deborah Levy, *Hot Milk* (London: Penguin, 2016), p. 201. All in-text references are to this edition, and shall be henceforth be indicated by *HM*.
[2] Jacques Lacan, *Le Séminaire de Jacques Lacan. Le Moi dans la théorie de Freud et dans la technique de la psychanalyse, 1954-55*, ed. by Jacques-Alain Miller (Paris: Seuil, 1978), p. 239.
[3] Ibid.
[4] Ibid.

that she feels she has squandered on him (*HM*, 138). But her efforts are to no avail. Just as she is about to leave her father to return to her mother in Spain, Sofia believes that he is about to make a grand gesture that would repay his emotional debt. But Sofia is mistaken: her father merely offers her a crumpled ten euro banknote. Like in *Lucien Leuwen*, then, Levy maps the medical relationship onto the parental-filial relationship: but in *Hot Milk*, the doctor seemingly corrects the wrongs done to Sofia by her father. Sofia even observes that Gómez has 'paternal feelings' for her, delighting as he does in offering her indulgent breakfasts (*HM*, 180). Sofia comes to realize that it was her father's debt that unbalances her relationship with her mother, since by refusing to pay any maintenance to her, Sofia is wholly dependent on her mother, who in turn has become dependent on her: '[Rose] is my creditor and I pay her with my legs. They are always running around for her' (*HM*, 25). In the absence of a father-daughter relationship, Gómez becomes Sofia's true emotional guardian. The 'true' father (or the true doctor) is the one who does not require reciprocation for their generosity. Moreover, by refusing payment, Gómez proves wrong the rumours of quackery that surround his clinic.[5] Would a quack ever pass up easy money? Gómez may have unorthodox practices, including patient and client deception, but the doctor-patient relationship he constructs alleviates physical and emotional suffering. Sofia, in a moment of despair wonders if 'the sting of being a creditor is the sort of power that makes me feel happy? Are creditors happier than debtors?' (*HM*, 138). Gómez's solution is to annul the debt, to clear the emotional score, to take the doctor-patient relationship out of the cash nexus which signifies emotional imbalance and debt, and therefore foregrounding the alleviation of pain over financial concerns. *Hot Milk*, then, resolves the question of Gómez's charlatanism or quackery by pointing towards the monetization of the doctor-patient relationship. By refusing payment Gómez rebalances the emotional debt Sofia carries with her father, therefore suggesting that Gómez's undertake his medical work through a genuine belief in his cure's efficacity, rather than from an insatiable desire to enrich himself. *Hot Milk* thus inverts the Lacanian role of money in the medical relationship and encounter.

[5] Gómez does this in numerous ways. Firstly, he draws Rose's attention to the word 'quack' graffitied on one of his clinic's exterior walls. Sofia realizes that the graffiti in fact reads something else, and that Gómez must have drawn Rose's attention to it as part of a challenge. Secondly, Gómez invites a US pharmaceutical company to his clinic, suggesting that 'big pharma' is a greater threat to his patient's health than his own unorthodox medical practice.

The connection between medicine and money, identified by Levy in *Hot Milk*, is particularly pertinent to the French novel in the early twentieth century. Louis-Ferdinand Céline stigmatizes the doctor by associating him with bourgeois financial gain and with an enthusiasm for swindling his vulnerable patients; Marcel Proust compares doctors to policemen who no longer dabble in theft.[6] Recently, medical historians have begun to point out the importance of entrepreneurial charlatanism throughout the early modern and modern periods. They have suggested that all forms of medicine, both mainstream and unorthodox, negotiated the border between healing and selling.[7] However, none of the texts in my corpus directly tackle the question of exchange in the medical relationship. It is therefore somewhat surprising that Levy introduces such a theme to *Hot Milk* given the novel's striking overlap with novels such as *Lourdes*. However, I believe this discrepancy can be explained by Levy's interest in Gómez as an irregular medical practitioner: in Levy's novel, money becomes a way in which the unorthodox practitioner is recognized as an upstanding doctor rather than a mercantile quack. In this final section, I illustrate how *La Comédie humaine* sheds light on the question of the transactional nature of medicine for both orthodox and unorthodox practitioners, showing that questions raised by *Hot Milk* can lead to a reconsideration of the depiction of medicine in the nineteenth-century French novel from the perspective of the transactional doctor-patient relationship.

Given Balzac's interest in the development of commercial capitalism and the cash nexus in the early nineteenth-century, it is no surprise that medicine is entwined with money throughout *La Comédie humaine*. After all, as *La Fille aux yeux d'or* suggests, all ambitious Parisians were somehow drawn into the cash nexus:

> Aussi jamais un homme qui s'est laissé prendre dans les conquassations ou dans l'engrenage de ces immenses machines, ne peut-il devenir grand. S'il est médecin, ou il a peu fait la médecine, ou il est une exception, un

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[6] In Céline's *Mort à crédit* (1936), Doctor Ferdinand Bardamu complains about philanthropic medical institutions: 'C'est emmerdant les philanthropes. J'aurais préféré pour ma part un petit business municipal… Des vaccinations en douce… Un petit condé de certificats'. See Louis-Ferdinand Céline, *Mort à crédit* (Paris: Gallimard, 1952), p. 16. In *Du Côté des Guermantes* (1920-21), the protagonist muses that 'Dans la pathologie nerveuse, un médecin qui ne dit pas trop de bêtises, c'est […] un policier [qui est] un voleur qui n'exerce plus'. See Marcel Proust, *Du Côté de Guermantes*, ed. by Thierry Laget, 2 vols (Paris: Gallimard, 1988), I p. 296.

[7] See Mark S. R. Jenner and Patrick Wallis, 'The Medical Marketplace' in *Medicine and the Market in England and its Colonies, c. 1450-c.1850*, ed. Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmlillan, 2007), pp. 1-23; Marc Rodwin, *Medicine, Money, and Morals: Physicians' Conflicts of Interest* (New York; Oxford: Oxford University Press, 1993), pp. 1-20.

> Bichat qui meurt jeune. […] Ces affairés par excellence attirent à eux l'argent et l'entassent pour s'allier aux familles aristocratiques.[8]

Thomas Piketty argues that one explanation for Rastignac's abandonment of his legal education in favour of becoming a social-climber is that economic conditions in 1830s France were such that only a lucrative marriage could dramatically improve one's social status: vocations such as law and medicine would never satiate Rastignac's desire for wealth.[9] Unlike Rastignac Bianchon fails in his romantic endeavours, as Chapter Four briefly highlighted, and the doctor must instead enrich himself by exploiting the potential lucrativeness of medicine. In *La Messe de l'athée* (1836), Bianchon's apprenticeship under the celebrated Doctor Desplein includes being shown how to build a reputation and fortune through the practice of medicine:

> Desplein ne manquait pas d'emmener Bianchon pour se faire assister par lui dans les maisons opulentes où presque toujours quelque gratification tombait dans l'escarcelle de l'interne, et où se révélaient insensiblement au provincial les mystères de la vie parisienne; il le gardait dans son cabinet lors de ses consultations, et l'y employait; parfois, il l'envoyait accompagner un riche malade aux eaux; enfin il lui préparait une clientèle.[10]

If Vautrin is known in *Le Père Goriot* as the provider of Rastignac's moral education, Desplein provides a similar apprenticeship for Bianchon: 'le tyran de la chirurgie eut un séide'.[11] In this passage, Bianchon's entrance into medicine is accompanied by his insertion into the cash nexus. Bianchon's proximity to the wealthy begets money, which begets a bigger practice, which in turn begets him still more money. Without his proximity to money, Bianchon would not have gained the intimate knowledge of women of which he is so proud in *L'Interdiction*, as discussed in Chapter Four. By the time of *Le Cousin Pons* (1846), Bianchon has amassed great wealth to the envy of his less eminent colleagues: 'le docteur Poulain ne pouvait s'empêcher de comparer ses recettes de dix francs dans les jours heureux, à celles de Bianchon, qui vont à cinq ou six cents francs!'[12] In that novel, Doctor Poulain foregrounds how wealth is central to medicine: 'En médecine, le cabriolet est plus nécessaire que le savoir'.[13]

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[8] Balzac, *La Fille aux yeux d'or*, p. 219.
[9] Thomas Piketty, *Le Capital au XXIe siècle* (Paris: Seuil, 2013), pp. 377-80. For Piketty, Rastignac's central dilemma is the choice between *travail* and *héritage*, one which characterized the entire nineteenth-century, ibid., pp. 380-83.
[10] Honoré de Balzac, *La Messe de l'athée* in *La Recherche de l'absolu, suivi de La Messe de l'athée*, ed. by Raymond Abellio (Paris: Gallimard, 1967), pp. 309-10.
[11] Ibid, p. 310.
[12] Honoré de Balzac, *Le Cousin Pons*, ed. by Jacques Thuillier (Paris: Gallimard, 1973), p. 194.
[13] Ibid., p. 192.

Despite the ubiquity of commercialism in Balzac's *La Comédie humaine*, not all hope is lost. One of the few Balzacian figures who remains outside the quagmire of capital is the *inconnu*, the male stranger. The ultimate *inconnu* of *La Comédie humaine* is Dante himself, the mysterious figure of *Les Proscrits* (1831) who reveals his identity in the novella's final pages: 'À Florence! à Florence! Ô ma Florence! cria vivement DANTE ALIGHIERI, qui se dressa sur ses pieds, […] et devint gigantesque'.[14] In *Ursule Mirouët* (1841), the *inconnu* is a mysterious healer, an inheritor of both Mesmer's animal magnetism and Swedenborg's Christian mysticism.[15] The *inconnu* explores animal magnetism and *volonté*; developing the proper application of Mesmerist theories: 'Le magnétisme a plus d'une application; entre les mains de Mesmer, il fut, par rapport à son avenir, ce que le principe est aux effets'.[16] He is an all-powerful universal healer: 'ce grand inconnu, qui vit encore, guérissait par lui-même à distance les maladies les plus cruelles, les plus invétérées, soudainement et radicalement, comme jadis le Sauveur des hommes'.[17] The genius of Mesmerist insight, and its combination with tortured artistic genius, also has noxious health effects, precipitating an illness in the eponymous tragic hero of *Louis Lambert* that only the true *voyeurs* can perceive: 'Louis devint la proie d'une maladie dont les symptômes furent imperceptibles à l'œil de nos surveillants'.[18] Balzac's explicit connection between Mesmerism and genius suggests that important instances of healing may occur outside the doctor-patient encounter that is professionally sanctioned by medicine's *grands hommes*. Does Balzac's presentation of Mesmerism and Swedenborgianism as geniuses

[14] Honoré de Balzac, *Les Proscrits* in *Louis Lambert. Les Proscrits. Jésus-Christ en Flandres*, ed. by Samuel de Sacy (Paris: Gallimard, 1980), p. 222. In *La Fille aux yeux d'or*, the tier of Paris that contains ambitious bourgeois doctors also awaits its own Dante, 'Nous voici donc amenés au troisième cercle de cet enfer, qui peut-être, un jour, aura son DANTE', (p. 217).
[15] Balzac famously blends the life and work of Mesmer and Swedenborg in *La Comédie humaine.* For the history of Mesmer and mesmerism, including its importance to nineteenth-century literature, see Brockliss and Jones, *The Medical World of Early Modern France*, pp. 783-803; Vincent Buranelli, *The Wizard from Vienna* (London: Owen, 1976); Crabtree, *From Mesmer to Freud*; Darnton, *Mesmerism and the End of Enlightenment in France*; Ellenberger, *The Discovery of the Unconscious*; Alan Gauld, *The History of Hypnotism* (Cambridge: Cambridge University Press, 1992); Wilson, *Women and Medicine in the French Enlightenment*; Stefan Zweig, *Mental Healers: Mesmer, Eddy, Freud,* trans. by Cedar Paul (London: Pushkin Press, 2012). For Swedenborg and Swedenborgianism, see Ernst Benz, *Emanuel Swedenborg: A Visionary Savant in the Age of Reason* (West Chester, PA: Swedenborg Foundation, 2002) and John Chadwick, *Swedenborg and His Readers: Selected Essays* (London: Swedenborg Society, 2003).
[16] Honoré de Balzac, *Ursule Mirouët*, ed. by Madeleine Ambrière-Fargeaud (Paris: Gallimard, 1981), p. 93. Balzac's interest in animal magnetism and Swedenborgianism has been well documented. See Margaret Hayward, 'The Myth of Balzac's Mysticism: His Father's Mesmerist Ideals', *History of European Ideas*, 27, 3 (2001), 273-87; Manzini, *The Fevered Novel from Balzac to Bernanos*, pp. 61-88; Melissa Marcus, *The Representation of Mesmerism in Honoré de Balzac's* La Comédie humaine (New York: Peter Lang, 1995).
[17] Balzac, *Ursule Mirouët*, p. 99.
[18] Honoré de Balzac, *Louis Lambert* in *Louis Lambert. Les Proscrits. Jésus-Christ en Flandres,* ed. Samuel de Sacy (Paris: Gallimard, 1980), p. 51. For Balzac and the notion of genius, see Gretchen Besser, *Balzac's Concept of Genius: The Theme of Superiority in the 'Comédie humaine'* (Genève: Droz, 1969) and, Ann Jefferson, *Genius in France: An Idea and Its Uses* (Princeton: Princeton University Press, 2015), pp. 91-100.

attempting to unearth the truth of life itself suggest that its practitioners, and their relationship with their patients, are exempt from the otherwise inescapable cash nexus? To what extent does the monetized medical relationship allow the reader to navigate the difference between genius and charlatanism, as in Levy's *Hot Milk*?

An ambiguous Mesmerist-Swedenborgian figure is Doctor Moïse Halpersohn of *L'Envers de l'histoire contemporaine* (1848), whose murky character and professional values are foregrounded by his peculiar relationship to money. The first half of the novel narrates Godefroid de Beaudenord's encounter with the Frères de la Consolation; the second half focuses on the incurable illness of Vanda Bernard and her relationship with Doctor Halpersohn. The Frères de la Consolation are an order which provides poverty relief, often in the form of medical provision, believing that 'la charité peut seule panser les plaies de Paris'.[19] Because of these lofty ideals, the order had initially struggled to find enough practitioners of the necessary attributes for the role, which included 'une discrétion absolue, de mœurs pures, de science éprouvée, activ[e], aimant à faire le bien' (*EMC*, 185-86). In this way, the first part of *L'Envers de l'histoire contemporaine* lays out the moral yardstick against which a medical practitioner should be measured. But the second part of Balzac's novel muddies these ideals, depicting Halpersohn more ambiguously. The Frères de la Consolation know of Vanda's mysterious case and of her family's poverty. The bank believes that Halpersohn is the only doctor who can cure her, but that he refuses to work without a fee. Halpersohn has a complicated reputation, and the novel insinuates that the accusations of quackery launched at him arise from his colleagues' professional jealousies: he is 'un médecin juif qui passe pour un empirique; mais […] c'est un étranger, un Polonais réfugié, que les médecins sont très jaloux de quelques cures extraordinaires dont on parle beaucoup, et que certaines personnes le croient très savant, très habile' (*EMC*, 210-11).[20] If Halpersohn is suspected of charlatanism by his colleagues, the novel points towards his professional superiority and his status as *un homme à part*. Halpersohn possesses a capacity to heal those that science has otherwise abandoned: he 'guérissait, et guérissait précisément les malades désespérées auxquelles la médecine renonçait' (*EMC*, 262). Drawing a parallel between Halpersohn and the exoticized

[19] Honoré de Balzac, *L'Envers de l'histoire contemporaine*, ed. by Samuel S. de Sacy (Paris: Gallimard, 1970), p. 184. All in-text references are to this edition, and shall henceforth be denoted by *EMC*.
[20] The narrator remarks that Vanda's case is what eventually convinces Desplein and Bianchon of the therapeutic benefits of magnetism (*EMC*, 208).

European roots of both Mesmer and Swedenborg, Halpersohn's Polish ancestry is the cause of his powers since 'les peuples slaves possèdent beaucoup de secrets; […] [et] des cures miraculeuses' (*EMC*, 263).[21] Halpersohn is impressive during his bedside encounter with Vanda, dramatically declaring that she suffers from the mysterious 'plique polonaise' and vowing that, should the family follow his exact instructions, she should shortly recover (*EMC*, 284). Generally, Halpersohn is presented as another *inconnu*: a mysterious stranger whose superiority is only doubted by those jealous of him.

Yet the novel uses Halpersohn's ambiguous relationship with money to ask the reader to reconsider the doctor's integrity, and thus the transactional nature of the doctor-patient relationship. When Godefroid, an initiate of the Frères de la Consoloation, visits Halpersohn in his office, he cannot help but notice a mound of money arranged on the doctor's desk. Does the money suggest that his medical practice is a racket? Or, rather, some intentional trickery through which Halpersohn hopes to exact generous payment from his clients: 'Peut-être l'avare mais infaillible docteur tenait-il à forcer ainsi ses recettes en laissant croire à ses clients, choisis parmi les riches, qu'on lui donnait des rouleaux au lieu de papillotes' (*EMC*, 262)? At this moment the text witholds judgement, instead allowing the image of Halpersohn's desk, loaded with money, to remain in the reader's mind.

Later in the novel, members of Vanda's family begin to suspect Halpersohn and keep track of his mysterious movements. Halpersohn is eventually found by Vanda's son, Auguste, who arrives at the doctor's practice in a state of near-madness. Whilst Halpersohn distractedly looks at his *mouillette* dipped in hot chocolate, Auguste quickly steals four notes from the pile of money sitting on the doctor's desk. Auguste then runs to the local police to settle the family's debt, sending Halpersohn a diamond-encrusted snuff box to act as a security against Vanda's treatment. But too late, for Halpersohn had already detected the crime and informed the police. Auguste is arrested, and the stolen diamonds are revealed as fake. In this episode, *L'Envers de l'histoire contemporaine* suggests the doctor's ambiguous relationship to money: indicating not only the doctor's indiscretion but more importantly his avarice.

[21] Halpersohn's Jewishness is fetishized by the novel in addition to his Slavic roots but, as this section argues with respect to his medical credentials, Halpersohn is not a wholly negative Jewish character. For the depiction of Jews in *La Comédie humaine*, see Frances Schlamoritz Grodzinsky, *The Golden Scapegoat: Portrait of the Jew in the Novels of Balzac* (Troy, NY: The Whitson Publishing Company, 1989).

However, some time later, Godefroid bumps into Vanda, who had been able to walk around outside for the last ten days. Vanda tells Godefroid that Halpersohn withdrew his complaint against Auguste, and that the doctor even personally tried to persuade Vanda's father to forgive Auguste for the crime. Yet again, the novel presents us with an alternative angle on Halpersohn. Now, he emerges as benevolent and morally upstanding, at least a few steps beyond the cold-hearted charity he regretfully bestows on the family earlier in the novel (*EMC*, 298). Is Halpersohn a charlatan or a genius? An enterprising entrepreneur, or a morally upstanding physician? Unlike Levy's *Hot Milk*, in which the text suggests that Gómez's charitable act confirms his status as a medical genius, Balzac's *L'Envers de l'histoire contemporaine* offers the reader no definite way to answer these questions with any certainty, but Halpersohn's relationship with money, which acts as a litmus test of moral integrity across the novel, suggests the ways in which the doctor-patient relationship is always influenced by money in a concrete way, as well as the rules of exchange in a more abstract sense.

Balzac's *L'Envers de l'histoire contemporaine* and Levy's *Hot Milk* both explore the way in which the commercial element of the doctor-patient relationship and encounter interacts with the practice of medicine itself. Levy's and Balzac's respective novels navigate questions of charlatanism and genius, and the monetization of the doctor-patient relationship is the primary way in which readers are given a sense of whether the doctor in question could be rightfully accused of quackery or not. In *Hot Milk*, Levy uses Gómez's annulling of the family's medical bill in order to rebuff the intradiegetic accusations of charlatanism. Gómez's handling of money reveals the doctor as a true visionary who not only prioritizes medicine over financial gain, but refuses payment in order to counteract the imbalanced parental relationships which Sofia suffers. Levy thus points towards how the doctor-patient relationship and encounter are situated within a nexus of other interpersonal relationships, and the importance of money and emotional debt within them. By contrast, *L'Envers de l'histoire contemporaine* instead focuses on Halpersohn's ambiguous relationship with money and the extent to which money cannot be relied upon as an icon of the doctor's moral compass. The ambivalence of this novel differentiates it from others in *La Comédie humaine* in which Balzac includes medicine and its practitioners in the burgeoning cash nexus of France following the French Revoluion. For Balzac the doctor's relationship with money informs, but does not determine, the nature of the doctor-patient relationship and encounter; for Levy in *Hot Milk*

money is an important way in which the doctor's intentions can be read. Nonetheless, both novels foreground money as an angle according to which medicine can be understood: the doctor is, after all, a salesman; the patient is his client. Balzac and Levy use monetary transactions as another angle onto the doctor-patient relationship and encounter: to expose their status as a complex negotiation, and to situate medicine within literary narrative. The doctor-patient relationships and encounters discussed in this thesis often depict medical interactions as dialogic and discursive exchanges between *médecin* and *malade*: Levy's and Balzac's respective novels introduce a transactional overtone to these dealings.

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This thesis has shown that medicine was not straightforwardly integrated into the nineteenth-century French novel via the quasi-scientific *regard médical*. Instead, medicine's vagaries, ambivalences, and negotiations were also assimilated. Even Zola's Naturalism, his self-declared scientific-novelistic experiment, is influenced by the humanistic and holistic aspects of medicine which we can perceive through the doctor-patient relationship. The Medical Humanities argues that illness generates its own plot in the form of illness narratives: but this thesis has argued that, in the nineteenth-century French novel, the doctor-patient relationship narrativizes it; and, very often, the doctor-patient encounter resists the trope of the doctor's domination of the medical relationship. The patient's bedside, rather than the Foucauldian setting of France's new hospitals, has recurred incessantly as the key site for these relationships and encounters. Finally, the doctor-patient relationship and encounter allow a reaffirmation of the patient's experience of medicine. The doctor-patient relationship and encounter indicate the extent to which novelists of the period were interested in incorporating medicine into the novel and, by doing so, documented the patient's experience of the practice of medicine. Overall, the doctor-patient relationship and encounter are two ways in which nineteenth-century French novelists sought to understand the practice of medicine within contemporary medical discourse.

This thesis has, in part, tried to recreate the medical discursive landscape in which nineteenth-century novels were conceived. In order to do so, the modern reader must, amongst other things, unlearn what they think they know about the scientific aspects of science, and appreciate the fluidity of these ideas in the period. Revalorizing the complexities of nineteenth-century medicine allows us to be more aware of

our own tendency to simplify the practice of medicine. When we think of modern medicine, for example, we may think of miracle cures and technologies rather than the ongoing importance of the doctor-patient relationship and encounter. Defibrillation often brings a patient back to life in a sudden, violent jerk when shown on television; in reality, defibrillators are never used on a 'flat-line' ECG rhythm, never produce such an extreme movement in the patient's body, and have a much lower success rate than television would suggest. And yet the defibrillation myth persists. Why? Because it simplifies the complexities of the doctor-patient encounter and relationship, rendering medical professionals the mere vehicles of magic-like technology? Because it makes death seem surmountable? Or, because it is a simple way for writers and directors to heighten the emotional tension of a given scene? This thesis has argued that, by looking beyond the idea of medicine's progressive modernization and scientization in the nineteenth century, readers can understand the importance of doctor-patient relationships and encounters to the literary depiction of medicine. What understanding of television programmes such as *ER* would emerge if we foregrounded doctor-patient interactions, rather than a narrative of medical and technological progress? In some ways we may think that the modern medicine is pushing the doctor-patient relationship into unchartered territory; when we look at nineteenth-century French literature, we may see that it has always been at the forefront of how medicine is practiced, experienced, and narrativized.

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