



Sarah Jones



## Zola's Fortunate Man: Rereading *Le Docteur Pascal* as a Country Doctor

### Abstract

This article rereads Émile Zola's *Le Docteur Pascal* (1893) from a critical Medical Humanities perspective to highlight the eponymous doctor's entanglement with medical practice, thus offering an innovative interpretation of one of Zola's most maligned novels. Drawing on John Berger's trope of the country doctor, described in *A Fortunate Man: The Story of a Country Doctor* (1967), this article foregrounds, firstly, Pascal's confrontation with his professional inadequacy; and, secondly, the inequality inherent in the doctor-patient relationship. At the same time as demonstrating the value of applying conceptual approaches derived from the critical Medical Humanities to literary studies, my analysis of the doctor-patient relationship in a rural context is of critical interest to the current development of the Medical Humanities.

### Keywords

Zola; John Berger; country doctor; doctor-patient relationship; Medical Humanities

The demands of rural medicine are well known to both practising doctors, patients, and scholars working in the critical Medical Humanities: rural general practitioners often describe being under consistent pressure to deliver medical care beyond their limits in order to best serve their local communities that may be medically and geographically isolated as well as economically deprived. Scholars have recently identified the "clinical courage" that rural practitioners

display when faced with these challenging circumstances, but what does literature reveal about the relationship between doctor and patient in the context of rural medicine<sup>1</sup>? The country doctor, a medical practitioner working in isolated rural areas, is a ubiquitous figure in French literature. In Martin Winckler's 1998 *La Maladie de Sachs*, the agony of the country doctor is used to reflect the hardship that surrounds his patients. But this character trope has a longer history: François Tonnellier observes that "Le médecin de campagne est le personnage fondateur d'un genre littéraire créé au début du XIXe siècle: le roman médical" (Tonnellier 2009, 57). Although Tonnellier may emphasise the prevalence of country doctors in novels of the first half of the nineteenth century, such as Honoré de Balzac's Doctor Benassis from *Le Médecin de campagne* (1833), this article seeks to demonstrate the longevity of the trope throughout the nineteenth-century novel. I adopt a conceptual approach to the phenomenon of the country doctor, derived from John Berger's discussion of the rural general practitioner Doctor John Sassall in the photography-essay *A Fortunate Man: The Story of a Country Doctor* (1967) to highlight the simultaneous failures and successes of the rural medical practitioner<sup>2</sup>.

In this article I trace the narrative arc of Émile Zola's *Le Docteur Pascal* (1893), the final novel of the Naturalist *Les Rougon-Macquart* cycle. I begin with how the image of Pascal as a *médecin-expérimentateur* is undermined by his medical failures: throughout the beginning of the novel Pascal constantly faces his own professional inadequacy. I then outline Pascal's new medicine, his "théorie dernière", which constitutes less an abandonment of his previous experimental method than it does a unification of the scientific aspects of medicine with the practical demands of his vocation as a country doctor. Despite Pascal's optimism about his project, I use Berger to highlight the inequality inherent in the relationship between country doctor and patient. Foregrounding these aspects of *Le Docteur Pascal* allows a rereading of the eponymous character

as being at the intersection between pragmatism and idealism, success and inadequacy, fraternity and inequality. In this way Pascal's attributes of a country doctor become more apparent, and he emerges as one of the "fortunate men" Berger's essay outlines. I thus explore the extent to which *A Fortunate Man* and *Le Docteur Pascal* are potential models for the entangled doctor-patient relationship in rural medicine<sup>3</sup>.

### **Confronting Professional Inadequacy**

In *Le Roman expérimental* (1880) Zola contends that there exists an analogy between literature and science, arguing that literature should adopt the experimental method Doctor Claude Bernard was contemporaneously applying to medicine, including the doctrine of determinism: if experimental medicine leads to the knowledge of physical life, "les lois de la pensée et des passions seront formulées à leur tour. Un même déterminisme doit régir la pierre des chemins et le cerveau de l'homme" (Zola, 2006, 59). Zola sees the scientist and writer as united in their search for "le mécanisme" that animates life; the writer's literary experiment is to imagine certain conditions, and then write what he observes (56). This analogy between doctor and writer has generated significant critical interest in the overlap between medicine and the Naturalist novel. For example, Lawrence Rothfield argues that the nineteenth-century novel adopted the *regard médical* as part of the development of realism as well as the professionalisation of writing (Rothfield 1995). Zola's comments in *Le Roman expérimental*, together with the presence of the *arbre généalogique* in *Le Docteur Pascal*, that Pascal draws and shows to Clotilde, has encouraged the characterisation of the novel as the apogée of Zola's Naturalist project, with the genealogical tree understood as an inter-text between real and fictional worlds<sup>4</sup>. Although scholars have observed Zola's ambiguous and ambivalent treatment of medicine in other novels, *Le Docteur Pascal* is notably absent from otherwise complete studies of medicine in *Les Rougon-Macquart*<sup>5</sup>.

Notwithstanding these previous readings of the novel, the foreboding opening of *Le Docteur Pascal* discourages the reader from adopting wholesale Zola's notion of experimental literature. The novel's conception of Pascal as a *médecin-expérimentateur* is almost immediately undermined by Félicité's accusation that the doctor is responsible for the recent death of one of his patients, a man named Boutin. Alongside the better-known *arbre généalogique*, Pascal is also interested in the dangerous *médecine des signatures*, discovered in a fifteenth-century medical textbook, which involves preparing a broth made from the organ of a sheep or cow corresponding to the organ responsible for a patient's illness, and then injecting that broth into the patient (Zola, 2017, 92)<sup>6</sup>. Félicité suspects Pascal of violating his profession's ethical code, declaring "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" (64). On first reading, these accusations are presented as the hysterical ravings of the Zolien trope of the *dévoté*, a woman unduly influenced by the Catholic Church. However, a few pages after Félicité's initial charge, we find this accusation supported by Martine, the servant, who repeats the local peasant women's gossip: "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" (85). Despite the suspicion surrounding Pascal's practices, the novel reassures the reader that Boutin's death was natural and inevitable: Pascal explains that the situation was "un épileptique qui a succombé dans une crise congestive" (95).

Nonetheless Félicité's and Maxime's speculation about Pascal causing medical harm is proven true for another patient, the local tavern keeper Lafouasse, one hundred pages later. After visiting Lafouasse at his deathbed, Pascal returns home with a guilty conscience, he is "bouleversé par un accident, ayant sur sa conscience de médecin aventureux la mort d'un homme" (189),

and recounts how Lafouasse's ataxia, a dysfunction of the nervous system, had left the patient all but doomed. Nonetheless, Pascal believes that his death was hastened and made more painful by his own clumsy intervention, recalling how he injected Lafouasse with an impure liquid, an accident revealed to him only when the patient immediately collapses from a suspected embolism:

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. C'était une embolie, il ne pouvait accuser que l'insuffisance de ses préparations, toute sa méthode encore barbare. (190)

Lafouasse's painful death demonstrates the potential perils of Pascal's ambitious medical experiments. Written in free indirect discourse, blurring the boundary between narrative truth and character perception, the passage focuses less on the cause of Lafouasse's death, and more on the doctor's experience of professional inadequacy at the thought that he increased the suffering of a terminally ill patient: "Sans doute Lafouasse était perdu [...]; mais la brutalité du fait n'en était pas moins là, cette mort affreuse, et quel regret désespéré, quel ébranlement dans sa foi, quelle colère contre la science impuissante et assassine!" (190). Lafouasse's death is not unparalleled in *Les Rougon-Macquart*: Naomi Schor notes the importance of Albine's death in *La Faute de l'abbé Mouret* (1875) as the *mise en abyme* of *Le Docteur Pascal* (Schor 1978, 21). I add to Schor's observation that Lafouasse's death recalls Albine's demise insofar as the latter anticipates Pascal's professional inadequacy amplified in the former. Pascal allocates to Albine the caring responsibility for Serge Mouret, but doing so precipitates her own decline. Reflecting on this medical

tragedy, Pascal acknowledges that he failed to adequately supervise her, favouring scientific study over his own caregiving duties: “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!” (Zola, 1999, 297). This proclamation and Pascal’s acknowledgement of science’s harmful effects following Lafouasse’s death combine to portray a country doctor who must nakedly, and repeatedly, come to terms with his own professional failures and their potentially fatal effects on his patients.

Berger characterises the doctor’s awareness of both medicine’s failures and his own inevitable professional inadequacy as the quintessence of the country doctor. Berger argues that all doctors experience helplessness when faced with failure, but foregrounds that Sassall is unique in chastising himself for mistakes, which other doctors would classify as “unfortunate complications”, because of the patient’s entire reliance on the country doctor, who is often the only medical counsel they can receive (Berger, 2016, 133). A notable example from *A Fortunate Man* is that of suicide. Berger notes how, as a young doctor, Sassall was so preoccupied with the heroism of medicine that he could not recognise his patients’ quotidian suffering amongst the more exciting emergencies. Berger briefly notes that “A man who had never been ill shot his brains out” changed Sassall’s approach to medicine (55). The elliptical phrasing of this assertion, and its placement at the end of a paragraph, point towards the act’s violence and inexplicability. *Le Docteur Pascal* contains a comparable event. The idyllic walk taken by Pascal and Clotilde in Chapter Eight, compared to her Biblical pastel of David and Abisaig (Zola, 2017, 252), is disrupted by the couple bumping into Sarteur, a milliner with a history of mental illness who swears that “il était tout à fait guéri de cette brusque rage homicide” (258) by Pascal’s treatment. The doctor and Clotilde are both assured that Sarteur is healed, and his name only reappears in Chapter Twelve when Pascal is informed abruptly of his suicide. The sudden, tragic news forces Pascal to re-

confront his inadequacy, and Pascal retraces how his previous belief, that his hypodermic injections had cured Sarteur of madness, was mistaken:

Toute la soirée, il songea à ce cas étrange, à cet homme qu'il croyait avoir sauvé de la folie homicide, par sa médication des piqûres hypodermiques, et qui, évidemment, repris d'un accès, avait eu assez de lucidité encore pour s'étrangler, au lieu de sauter à la gorge d'un passant. Il le revoyait, si parfaitement raisonnable, pendant qu'il lui conseillait de reprendre sa vie de bon ouvrier. Quelle était donc cette force de destruction, le besoin du meurtre se changeant en suicide, la mort faisant sa besogne malgré tout? Avec cet homme disparaissait son dernier orgueil de médecin guérisseur; et, chaque matin, quand il se remettait au travail, il ne se croyait plus qu'un écolier qui épelle, qui cherche la vérité toujours, à mesure qu'elle recule et qu'elle s'élargit. (360)

Sarteur's suicide suggests the extent to which patients suffer not just from Pascal's medical mistakes, but also his failure to successfully intervene, to save Sarteur from himself. The transformation of Sarteur's impulse for murder into suicide confounds the doctor, and the passage offers no response to Pascal's question "Quelle était donc cette force de destruction [...]?" Sarteur's suicide thus marks the lowest ebb of Pascal's professional self-esteem, rejecting his ideal of a *médecin guérisseur* which he replaces with a portrait of himself as an ignorant schoolboy.

### **Pascal's Final Theory**

After Lafouasse's death, Pascal withdraws from the community and from medicine. Pascal's guilt leads him to reject even self-treatment when he falls ill, and he swears to never treat a patient again: "Il niait la médecine, il jurait de ne plus toucher à un malade" (204). The failures of his scientific project, uncovered in the novel's first

three hundred pages, provoke clear disillusionment with his usual medical practice. Berger's analysis of the country doctor suggests to us how Pascal's position, torn between a desire for absolute scientific knowledge and professional anguish at his responsibility for the harm caused by his experiments' failures, is the perpetual paradox of the country doctor. This final section examines Pascal's formulation of a new medicine which, without rejecting science, embraces the country doctor trope identified by Berger. Pascal's theory has not been well received by critics: observing the utopian optimism in Zola's later works, F. W. J. Hemmings argues that "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" (Hemmings, 1966, 257). Hemmings laments Zola's flight into scientific idealism: "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 philosophise and to read a sermon into the study of human nature" (258). This part of the novel does indeed mark a departure from the realist tone of *Les Rougon-Macquart*, heralding the beginning of Zola's idealistic period: *Le Docteur Pascal* was published while Zola conceived and began work on his *romans à thèse*, *Les Trois Villes* (1893-98) and *Les Quatres Évangiles* (1898-1902)<sup>7</sup>. Rather than seeing *Le Docteur Pascal* as less sober than Zola's previous novels, here I reread Pascal's theory of the asymmetrical doctor-patient relationship as envisioned by Berger, arguing that inequality is at the heart of the country doctor's vocation.

Following Lafouasse's death, Pascal grows dissatisfied with the scientific view of medicine that lead him to experiment with hypodermic injections that endanger his patients' lives. Whereas he previously considered his medical rounds "des tournées de miracles" (Zola, 2017, 98), he now confesses to Clotilde that he

only finds them “des tournées de soulagement et de consolation” (264). Pascal embraces study in order to excitedly throw himself back into medical practice once he is confident of the success of his hypodermic injections, only to be once again disappointed. Pascal is now aggrieved by empiricism and feels the emptiness of medical therapeutics: “il sentait tout le vide de la thérapeutique. L'empirisme le désolait” (264). Although Pascal still believes in the importance of driving medicine towards an experimental method, he laments the numerous patients' deaths caused by their doctors' futile searches for new cures:

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. Les médications changeaient avec les hypothèses: que de gens avaient dû tuer jadis les méthodes aujourd'hui abandonnées!. (264)

Pascal begins to understand that, from the patient's perspective, the only certain element of the medical encounter is the doctor's presence. As such, “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” (264–65). Notwithstanding this assertion's appeal to notions of medical genius, what is most important according to Pascal is that the doctor is perceived as a genius by the patient. This perception has the effect that being injected with water is equally as effective as being injected with Pascal's special *liqueur*. Having realised as much, and now disillusioned with experimental medicine, Pascal abandons all his patients except those “qui le réclamaient à grand cris et qui se trouvaient miraculeusement soulagés, même lorsqu'il les piquait avec de l'eau claire” (265). Pascal here echoes contemporary opinion on the importance of the placebo effect to cure 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 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” (Chéron, 1893, 61–62). Rather than “guérir, retarder la mort” as his old mantra proclaimed (Zola, 2017, 260), Pascal now concludes that 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” (261)<sup>8</sup>.

The importance placed on healing (*soulager*) over curing (*guérir*) eventually leads to Pascal’s “théorie dernière” (376), espoused some hundred pages later. In a quasi-confessional scene, Pascal theorises to a colleague, Doctor Ramond, that “L’homme baignait dans un milieu, la nature, qui irritait perpétuellement par des contacts les terminaisons sensibles des nerfs”, producing internal and external sensory experiences (376), concluding that health depends on the correct balance of sensations. For Pascal, medical treatment therefore constitutes the re-establishment 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” (376). Pascal’s final theory does not significantly depart from the original design of the hypodermic injections, which work thanks to the body’s circulating life-giving fluid. Earlier in the novel the narrator notes that

[Pascal] 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. (93)

Following the trauma of his patients' deaths, Pascal now contends that life consists of man's immersion in his environment, which animates "la machine humaine" (376), concluding that "le travail devenait ainsi la grande loi, le régulateur de l'univers vivant" (376). Although this assertion echoes Zola's interest in the experimental method insofar as both posit that the writer-doctor must study how environment shapes its subjects, Pascal also pays attention to what can now be understood as the interpersonal side of his new medical theory. He theorises that illness is caused by changes in the environment that disrupt the body's natural balances, and thus formulates an entirely new system for healing:

[Pascal] 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*. (376–77) (my italics)

Here, the *flair du médecin*, originally formulated one hundred pages previously, is converted into the all-powerful authority of the doctor who heals his patient through suggestion: the other cures purport to the doctor's ability to manipulate the exterior and interior of the patient's body. The pervading semantic field of mechanism and labour, linked to the human *mécanisme* evoked in *Le Roman expérimental*, (*action, mécanique, labeur*); as well as a lexicon of religious authority (*autorité toute-puissante, indéniable, purement, éternel*), combine to produce an image of an all-knowing, all-healing, vitalist

country doctor. Despite the doctor's authority within this scheme, the patient is at the implicit centre of this passage: the complex medical interventions described are all in relation to the diseased body<sup>9</sup>. Thus, in Pascal's new medicine, the success of the patient's healing experience would be defined by the extent to which the placebo injection soothes their pain, since it is the combination of medication and its administration that heals.

For Berger the special character of the doctor-patient relationship is at the heart of the country doctor's medical practice. Berger identifies that Sassall attempts to implement a fraternal medical relationship, in which doctor and patient recognise each other as equals (Berger, 2016, 67–84). Although Pascal's new medicine differs from Sassall's insofar as it relies on a paternal model of the doctor-patient relationship, both Pascal and Sassall acknowledge that, firstly, the patient is the "central character" of the medical encounter, and secondly, that the medical outcome depends on the doctor's "sense of mastery" of the fraught situation (77). This mastery is derived from the doctor's thirst for knowledge: Sassall's self-identification as a "Master Mariner" is driven by his curiosity towards the patient's body (80). Despite the doctor's best intentions to create an atmosphere of mutuality around the doctor-patient relationship, Sassall is aware that his mastery is built on a fundamental inequality between doctor and patient that fraternal sentiment cannot overcome. Berger thus identifies that the inequality between patient and country doctor, between the patient's acceptance of their lot in life and the doctor's constant striving to learn more, is the central, but unequal dynamic, on which the medical relationship depends:

[The patient's] backwardness enables him to follow his cases through all their stages, grants him the power of his hegemony, encourages him to become the 'consciousness' of the district, allows him unusually promising conditions for achieving a 'fraternal' relationship with his patients, permits

him to establish almost entirely on his own terms the local image of his profession. [...] Sassall can strive towards the universal because his patients are underprivileged. (144)

By accepting the inherent asymmetry of the doctor-patient relationship, as identified by Berger, Pascal responds to his patient's need for emotional support in a way that redeems both them and himself through a form of measured medical paternalism.

Throughout this article, we have seen Pascal encounter numerous patients who come from social classes much lower to him, such as innkeepers and workmen. Pascal recognises this social inequality since Clotilde remarks that, out of charity, the doctor pays his patients rather than accepting payment for treatment (Zola, 2017, 102). Considering the inherent asymmetry of the doctor-patient relationship, Pascal's gesture towards his patients could be construed not just as charity, but also as cynical compensation for his use of their bodies for the purposes of medical science. In this way, Pascal's striving for new treatments, either through the concrete hypodermic injections experiment or the abstract formulation of his "théorie dernière", reinforces the inequality in the medical relationship in addition to failing to improve patients' lives or deaths. Ultimately, then, the asymmetry of the doctor-patient relationship leads back to the country doctor's acute awareness of his own professional inadequacy, the inadequacy from which Pascal suffers in the first half of the novel and from which, Berger would argue, the country doctor can never escape. As Berger argues, inequality and inadequacy are inherent, necessary even, to the country doctor. This intersection of inadequacy and inequality suggest that the country doctor trope foregrounds the extent to which medical practice is continuously entangled in antagonistic modes of thinking, and that its practitioners are often forced to adopt partial positions and practices from the necessity of their professions.

The country doctor thus emerges as torn between the two halves of his vocation: "country" implies their insertion into the local

landscape, their immersion with the local people; and the mutual recognition of their patients' humanity; "doctor", on the other hand, demonstrates the medical, professional, and epistemological superiority of the doctor that allows him to retain his position of privilege. In *Le Docteur Pascal* and *A Fortunate Man*, inequality and asymmetry are inevitable and essential to the alleviation of the patient's suffering, even if the patient is not entirely cured. The doctor's inadequacy and the medical relationship's inequality indicate the extent to which the country doctor trope sheds light on the entangled status of literary depictions of medicine, as well as medicine itself. This entanglement produces solidarity through suffering: the sole way that Sassall and Pascal successfully overcome the division between themselves and their patients is by joining the patient in their suffering. Berger's text finishes with the doctor accepting his own depression as "conscientious suffering" which unites him with his patients (Berger, 2016, 147). *Le Docteur Pascal* concludes with the eponymous doctor's death from a heart attack, making the novel one of the rare examples of cardiovascular disease featuring in literature, and punctuating the doctor's tragic plight. For the country doctor, the only solution to professional inadequacy and medical inequality is to join the patient in their mortal suffering. Experiencing suffering allows the country doctor to approach medicine's impossible goal of mutuality: through the country doctors' anguish, Pascal and Sassall become fortunate men.

My analysis of the literary incarnation of the country doctor reveals the specificity of rural medicine and the necessity to treat it as a connected, but unique, domain with general practice medicine. On the one hand, the medical professional and patient are both subject to acute stress due to these circumstances; on the other hand, as *A Fortunate Man* and *Le Docteur Pascal* demonstrate, this stress is a necessary precondition to produce a meaningful interpersonal relationship that goes beyond the usual exigencies of the medical encounter. By exceeding the expectations of medical

professionalism, the extent to which country doctor and patient become entangled with one another in fact renders that medical relationship more effective since it is the product of the challenging circumstances in which both actors find themselves. *A Fortunate Man* and *Le Docteur Pascal* thus remind doctor and patient alike of their medical relationship's singularity and the value of its entangled state.

*Christ Church and Merton College at the University of Oxford*

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<sup>1</sup> Jill Konkin et al. name six features of rural practitioners' "clinical courage", including the drive to support all members of community, the acceptance of uncertainty, and the provision of collegial support to others so that they may continue their work (Konkin et al, 2020).

<sup>2</sup> Josie Billington describes Berger's *A Fortunate Man* as a cornerstone of the medical humanities (Billington, 2016, 59).

<sup>3</sup> "Entanglement" is a key term for the critical Medical Humanities (Fitzgerald & Callard, 2018).

<sup>4</sup> Susan Harrow has recently nuanced such arguments by observing the shared corporeality of Pascal and the genealogical tree (Harrow, 2010, 81).

<sup>5</sup> Mary Donaldson-Evans mentions in passing positive portrayals of doctors such as Pascal (Donaldson-Evans, 2000, 18).

<sup>6</sup> Larry Duffy argues that the injections represent the incorporation of contemporary scientific discourse into the novel (Duffy, 2015, 194–217).

<sup>7</sup> David Baguley attempts to reconcile Zola's recourse to utopianism with his earlier Naturalist mode (Baguley, 1980). The contrast between Zola's early and late work leads Henri Mitterand to speak of a fourth Zola (Mitterand, 1991).

<sup>8</sup> Carol Mossman observes that Zola elsewhere valorises the pain of childbirth (Mossman 1993, 208–16).

<sup>9</sup> Michel Foucault argues that the medical gaze establishes the patient's singularity: "Le regard médical n'est plus réducteur, mais fondateur de l'individu dans sa qualité irréductible" (Foucault, 2017, 11–12).

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