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INTRODUCTION



Cultural Histories of Medicine and Health in the Long Nineteenth Century

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In recent years, the medical humanities have blossomed, gaining currency within and across communities of the humanities and sciences and among medical scholars and practitioners. The practical utility of understanding the ways in which individuals and societies engage with scientific and medical knowledge has been valued in refreshing ways, giving new voice to the human element in an often-impersonal world of medical understanding. This turn in the discipline has been underwritten – and amplified – by a funding landscape that favours quantifiable, concrete outcomes for scientific advance, for economic gain, and for policy development. Within French studies, much recent research on the themes of medicine and health has been in this vein, informed by approaches with frequently territorial (rather than institutional) dimensions, with a focus on the human experiences of illness, suffering, treatment, healing and care, and on ways in which cultural mediation may be used in the service of rendering these experiences more intelligible. Such approaches have developed from the ‘pathographical’ (Hunsaker Hawkins 1993) and ‘autopathographical’ (Wilson 2016) – that is, from a focus on narratives of illness, treatment and recovery that is grounded in the concept of ‘narrative medicine’ (defined by Rita Charon (2006) as ‘medicine practised with these skills of recognizing, absorbing, interpreting, and being moved by the stories of illness’). These approaches have evolved into more recent emphases on ‘care’ (Bourdeau, Edwards, and Wilson 2020), on the supposedly healing power of literature and culture more widely (Gefen 2017; Phillips 2020), on the role of literature in challenging how illness is perceived and represented in the social imaginary, on exposing class inequalities in healthcare, or on responding – by placing itself at various ‘crossroads’ – to major societal phenomena such as pandemics (Elsner and Pietrzak-Franger 2024). These emphases have, to a certain extent, eclipsed longer-established, discursively grounded, and cultural-historical approaches to medical discourses and their social-cultural reception. The latter, rooted in epistemologically and institutionally-focused intellectual traditions and often informed by French thought, predate – and are in some ways independent of – mainstream Medical Humanities, and are located at some remove from its therapeutic and formative dimensions.

The displacement of these more cultural-historical approaches might be seen as part of a drift away from a certain kind of historicism which, in the humanities, and in modern language studies more specifically, is increasingly being called into question (such as by Andrew Counter 2021), shifting away from readings of ‘then’ in favour of more introspective readings of ‘now’. Nevertheless, as this special issue aims to demonstrate, discursive-historicist approaches still have a place in our research landscape in French and Francophone studies. Cultural-historical work in our present moment is in many ways the beneficiary of recent efforts by archives to improve access to swathes of physical and digital material, making it possible to initiate discussions of under- or unstudied texts, music, images, material objects, and ephemera from a far more diverse range of producers than has ever been possible before. Digitisation also affords opportunities to enrich our understanding of past societies and of the heteroglossic layers of meaning in other, better-known sources, be they literary, political, philosophical, or socio-cultural. Readings drawing on these opportunities are not simply efforts to recreate the past, in adherence to Ranke’s prescription (1885, vii), ‘wie es eigentlich gewesen’, or to treat literary texts axiomatically as ‘objective’ historical sources. Instead they invite a reconsideration of the exclusiveness and separateness with which literary and philosophical study have often been privileged within French studies, especially in the UK and France; this allows for a broadening of the field of investigation to valorise, compare and better comprehend different genres,

creatives, historical individuals, events, and cultural forms from a place of greater analytical parity. We aspire in our cultural-historical approaches to the medical humanities at once to offer possibilities for enriching our readings of literary and non-literary texts alike (as can be seen in the variety of contributions to this special issue), and to explore different genres side-by-side, productively intertwining the close-reading methods that are so fruitful in literary studies with a more diverse purview of texts, sources, and other cultural products.

Accordingly, this special issue sits within ongoing strategic attempts on the part of modern languages researchers to ‘de-centre’ the medical humanities from its longstanding focus on the English-speaking world, and also explores new pathways for cultural-historical methods in French studies. Turning to nineteenth-century studies in particular, while there have been numerous useful engagements with the wider narrative preoccupations of medical humanities in its more ‘(auto)pathographical’ emphases (Bhend 2018; Fauvel 2016; Wilson 2018), this special issue privileges the cultural history of medical discourses and practices, and will assert the materially, institutionally and discursively grounded character of cultural engagements with medicine, illness and health in nineteenth-century France and Belgium and their entanglement with cultural production. It gives a platform to research which broadly both continues and breathes new life into the longer-established cultural-historical tradition, examining ways in which scientific narratives and ideas were engaged with and responded to in varied social and cultural contexts, and offering readers a range of themes linking society and health. Our purpose here, rather than leaning towards the role of the humanities for enriching understanding of the sciences, is to lean instead towards the role of the sciences for understanding of the humanities, inverting the optics of value and influence.

Nineteenth-century society is a particularly fertile ground for such research, being at once a time of rapid and revolutionary advances in the understanding of medical science, and a time during which public health conditions deteriorated in the industrialising cities of Western Europe; in which discriminatory approaches to female bodies and to those with mental and physical disabilities persisted – and even at times retrogressed – when subjected to modern scientific study; in which class divisions in access to health care and healthy living remained insurmountable; and in which widespread suspicion of formal medical care and compulsory public health measures were rife at all levels of society. The nineteenth century also, importantly, saw an unprecedented proliferation of medical discourses, and a striking correlation between literary and medical writings in terms of their form and preoccupations, and in terms of their approach to the organisation, presentation and communication of knowledge. Moreover, this creative interest in the medical sphere was not limited to literature and its aesthetics; there are engagements with ideas and experiences of public health and healthcare across all the principal forms of culture in the nineteenth century – material, visual, musical, sartorial, educational, physical, and more. So considerable are these correlations that the nineteenth-century French-speaking world can serve as a *locus classicus* for ‘entanglements’ between medicine, illness, disease, treatment and cultural production.

The Medical Sphere and Nineteenth-Century Culture

Medicine and health loom large over nineteenth-century society and culture in France and the French-speaking world. This is due at least in part to the already long-established status of Paris as a significant and influential centre for medicine, pharmacy, science and technology. This status was bolstered by a number of important developments at the turn of the nineteenth century, both administrative and scientific. While scientific discoveries are hard to separate from new administrative, institutional, disciplinary and professional structures, and must ultimately be understood in these (as well as other political and philosophical) contexts, it is important to highlight a number of landmark works published during the First Empire whose influence was pervasive throughout the century, and in which the body assumes an increasingly significant role as a site of positive knowledge and of medical observation and documentation.

Xavier Bichat’s *Recherches physiologiques sur la vie et la mort* ([1800] 1805) is widely acknowledged as the founding text of clinical medicine. In the Foucauldian account, Bichat distinguishes himself from other clinicians in exhorting doctors to stop taking notes on variegated and ultimately incoherent symptoms, urging them instead to open corpses; thereby occurred a ‘grande coupure’ in medical history, around which ‘l’expérience clinique est devenue le regard anatomo-clinique’ (Foucault 1963, 149). Bichat was not the first physician to dissect bodies, but for Foucault, Bichat affords a specifically epistemological privilege to the

clinical gaze (Downing 2008, 35), and makes death the starting point for the understanding of the pathological functioning of disease. Bichat's work – helping establish the body as site of the production of knowledge and the operation of power – sets the scene for the arguably clinical style of observation assumed by novelists from Balzac (who wholeheartedly embraces Bichat's vitalism, emblematised in the definition of life (1805, 1) as 'l'ensemble des fonctions qui résistent à la mort'), to Zola (more inclined towards the pathological determinism of Claude Bernard). The anatomo-literary gaze is particularly evident in analogies established between the physiological and social bodies as objects of clinical observation: in parallels in the practice of authors and doctors (consider Zola's claims (1971, 77–78) to follow Bernard's experimental method ([1865] n.d.), or the caricatural representation of Flaubert as surgeon (Lemot 1869)); in a growing preoccupation with the classification and organisation of scientific, bodily and other knowledge; and in new concerns for correcting supposed defects in the physiological body. More generally, there is a strong correlation between clinical modes of exposition in medical and literary discourses, fuelled by a strong interest in medicine from writers (Balzac, Flaubert, Zola, Huysmans, Rachilde, Proust, et al) who, as educated general readers, had access to medical textbooks. Bichat's impact on writers, moreover, goes beyond the clinical gaze. Bichat (1805, 3, 31, 32) established a distinction between a deep 'vie organique', characterised by 'continuité', and a more conscious 'vie animale', subject to 'intermittence', concepts mediated by Schopenhauer and later by psychologist Théodule Ribot in his work (1874) introducing the German philosopher to a French audience; this distinction is reflected in ideas of the body-mind distinction which emerged at the fin de siècle, and which were given literary expression in Proust as the distinction between involuntary and voluntary, unconscious and conscious actions and processes (Henry 2000, 89).

Another text in which the body assumes prime importance – though from a mechanistic as opposed to vitalist perspective – is Pierre-Jean-Georges Cabanis's *Rapports du physique et du moral de l'homme* (1802), which, as well as being a significant text on digestion, foregrounds the body as the material site of human experience and perception; Foucault (1999, 150) terms this process a 'somatisation', that is, a grounding within the body of psychological and intellectual phenomena that had previously been considered as part of the metaphysical realm. This new understanding of mental processes was to have significant impact later in the century, particularly in criminal psychiatry and anthropology. Also influential in this regard was Philippe Pinel's *Traité médico-philosophique sur l'aliénation mentale, ou La manie* (1801), a turning point in the transition from madness being considered as a marginal detachment from reality to mental illness becoming a diagnosable and treatable condition. Pinel's diagnoses of various forms of 'manie' take on an important status in the emerging discipline of forensic medicine or *médecine légale*, which increasingly relies on psychiatric and toxicological experts, leading to significant involvement of the medical profession in the criminal justice system. The concept of 'manie' is later developed further by disciples such as Esquirol and Marc, particularly as 'monomanie', a pathologized variant of the *idée fixe* with proliferating symptoms – and this idea of 'monomanie' as a multifaceted disease entity also becomes disseminated in popular culture. Notably, numerous Balzac characters, such as Raphaël in *La Peau de chagrin* and Balthazar in *La Recherche de l'absolu*, are characterised as monomaniacs on account of their highly focused enthusiasms. In Charles Duveyrier's musical melodrama *Le Monomane* (1835), there are in fact no fewer than three monomaniacs: a condemned man who confesses repeatedly to crimes he has not committed, a *juge d'instruction* who commits murder in his sleep, and a doctor who risks becoming a monomaniac on account of his unhealthy interest in magnetism as cure for somnambulism.

The kind of encroachment of medicine within mechanisms of power mentioned above indicates that nineteenth-century evolutions in the medical sphere occur not only through innovative works, ideas and discoveries, but also through institutions – indeed, it should be noted that doctors such as Cabanis and Pinel, as well as promoting new understandings of illness and new treatments, were also advocates of reform of the institution of the hospital. It cannot be overlooked that the medical texts outlined above were produced not only in the wake of the French Revolution and amid ongoing military campaigns of unprecedented scale (during which substantive advances were made in surgery), but also in the context of major territorial, administrative, professional and disciplinary reforms enacted under the Napoleonic Empire. Critical among these for medicine (and pharmacy) were laws outlawing practice by unqualified individuals and establishing a simplified hierarchy of qualified practitioners, replacing the variegated range of those involved in medical and pharmaceutical treatment (barbers, *épiciers*, low-status surgeons, and so on) with a two-tier system consisting of *docteurs en médecine* (trained in six national medical schools) and

officiers de santé (trained at local hospitals in the newly constituted *départements*, beyond which they were unable to practise). This new hierarchy was paralleled in pharmacy, resurrected from its status as underling to chemistry and elevated to the same level as the medical profession. This restructuring took place amid a wider reorganisation of scientific disciplines and a centralising and hierarchical rearrangement of the national territory, in which Paris – as seat of central government to which appointed departmental prefects reported – acquired greater power and influence. Such shifts occurred not just in the political and administrative sphere but also in terms of the dissemination of intellectual and scientific ideas and practices to the provinces – notwithstanding the influence of important regional centres of medicine such as Montpellier and (particularly towards the end of the century) Nancy.

The nexus of administrative, institutional and disciplinary contexts is clearly one that lends itself to Foucauldian approaches concerned with, for example, the clinical gaze and with the functioning of institutional power-knowledge. It is also one characterised by conflict, whether over shifting disciplinary boundaries undergoing constant renegotiation, professional regulation, or wider social and political matters. A *locus classicus* of an arena for conflict is public health, also known as *police médicale* or *hygiène publique*. Significantly, *hygiène publique* was closely allied with *médecine légale*; its theorists were initially the same leading Parisian doctors who pioneered forensic medicine, founders (in 1830) of the highly influential *Annales d'hygiène publique et de médecine légale*. Many of these doctors were also in powerful academic roles with jurisdiction over medical training and regulation of the health professions. Disputes over public health policy therefore involved very powerful and influential figures; their ramifications went far beyond the issues immediately at hand.

Arguably the key public health crisis in early-nineteenth-century France (as in Europe more widely) was the cholera epidemic of 1832, to which there are numerous references in mainstream culture, including contemporary ones such as the pseudonymous Monsieur le docteur Mesenthère's 1831 vaudeville revue *Les pilules dramatiques, ou le choléra-morbus*, later accounts such as a chapter in Sue's *Le Juif errant* (1844), and an episode in Hugo's *Les Misérables* blending details of the epidemic with another significant contemporary event (the insurrection of June 1832). There are also intradiegetic reflections in works set years later, such as the pharmacist Homais's boasts of his heroism during the pandemic in *Madame Bovary* (1857), themselves typical of a particular rhetoric of self-justification among certain health professionals engaged in disciplinary conflicts during the July Monarchy (including Halmagrand 1844; 1861). The scene was set for such conflicts by the cholera epidemic, around which crystallized opposition between miasmatisms – who believed disease was transmitted by contact with bad air and foetid smells, then the mainstream school of public hygiene policy and activism – and contagionists – who believed that disease was transmitted by contact between bodies, but who were still decades away from vindication. As Laura Otis (1999) has outlined, this conflict was embroiled with wider social tensions, with miasmatisms tending to be liberal campaigners for social reform and better living conditions for the poor, and contagionists likely to use invasion metaphors to represent otherness as threatening to the social as well as physiological body. In the political context of the July Monarchy, the conflict between contagionism and miasmatisms was mirrored in that between monarchist *Orléanisme* and liberal republicanism. Additionally, in the disciplinary (and politicised) context of the health professions, it was reflected in conflicts between extreme codification and light-touch regulation, between official *police médicale* and tolerance of alternative therapies, between strictly controlled and regulated medical training and so-called 'enseignement libre'; thus, the disciplinary and the political frequently overlapped.

The regime of strict regulation of the health professions during the July Monarchy was embodied by the formidable Mathieu Orfila, Dean of the Paris faculty of medicine, famously engaged in recurrent conflict with the unconventional alternative health practitioner, supplier of patent remedies and republican political activist François-Vincent Raspail, and deposed under the Second Republic for his Orléanist sympathies. Orfila and Raspail's conflict was alluded to by another partisan doctor, Noël Dupré, who as well as producing pamphlets in defence of independent medical education outside the heavily defended scope of the Faculté de médecine, notably at the École pratique, also authored a long didactic poem setting out the principles and virtues of the unqualified Raspail's unconventional treatments and patent remedies (incidentally, advertised on Homais's shopfront and purchased by Bouvard and Pécuchet), and denouncing Orfila's various institutional and extra-institutional machinations against Raspail. That these works by Dupré (1865;

1883) were published long after Orfila's professional demise and death is indicative of his status, legacy and impact on culture, persisting well into the Third Republic.

As the century progressed, with both industrialisation and sciencification at the fore, the fluidity of ideas between medico-scientific, social, and cultural concerns became ever more marked. Preoccupations with syphilis, alcoholism, and tuberculosis in particular attracted attention across the medical, political, and cultural spheres. This was fuelled by developing discourses in the life sciences surrounding ideas of race and evolution, threading from Buffon to Darwin, reshaped in philosophical language more specific to French cultural contexts by Taine, peddled by reactionary *sociologues* including Gustave le Bon, and, in relation to the colonies, espoused by otherwise liberal voices such as Victor Hugo through the *mission civilisatrice*. Such ideas percolated into the realm of popular science in the latter half of the century, and so found themselves (ab)used in policy making and cultural opinion formation around the treatment of the poor, women, and minorities, around colonialism, and in paranoias about the degeneration of the French nation and race. Indeed, so ubiquitous were fears of national decline, especially in the wake of 1870–71, that lines of influence travel not only from science to culture and popular opinion, but also the reverse, particularly among the dominant bourgeoisie. The severity of social anxiety attached to alcoholism, for instance, in the shadow of the Commune and reflected in bleak literary works such as *L'Assommoir*, helped to focus scientific attention on finding cures for the scourge, including efforts to find a vaccine for alcohol addiction, despite there being no evidence of a pathogenic cause.¹

Similarly characteristic of the second half of the century were the developments in psychiatry, building upon Pinel's foundational text, which would come to inspire powerful literal and metaphorical reconceptualisation of the human condition and human society. Typified by Charcot and his work at the Salpêtrière – notably, in the *medical* reconceptualisation of female hysteria and female sexuality through the lens of behaviours deemed *socially* unacceptable² – the new psychiatry would attract attention in, and at times be foreshadowed by, melodrama, opera, and literary texts alike, dramatising the madness of supposedly primordial and often supposedly hereditary urges. At the same time, the boundaries of the human and technological were also being renegotiated, in particular through medical experiments using electricity and radiology, implemented for conditions from paralysis to anaemia, gynaecological problems to cancer,³ and thence feeding the fantasies of science fiction, from Jean-Eugène Robert-Houdin's uncanny electric and electromagnetic automata at the Théâtre des Soirées Fantastiques in the 1850s, to Villiers de l'Isle-Adam's famous android in *L'Eve future* (1886).

Perhaps the most enduring legacy of nineteenth-century French medical science is Pasteur's work on germ theory, leading to his successful application of the rabies vaccine (1885) and to a subsequent global flurry of research to isolate pathogens and explore possible inoculations for infectious diseases. This included a rush to bring to heel the biggest killers, like tuberculosis, diphtheria, and cancer; diseases that became worrying through globalisation and colonisation, including plague, yellow fever, and malaria; and diseases associated in particular with urban squalor, such as cholera, typhoid, infant gastro-enteritis, and severe eye infections (which blinded substantial numbers of poor children).⁴ The rate of success in the pursuit of identifying pathogens was indeed so considerable that nearly every year seemed to yield a new, groundbreaking finding during the fin-de-siècle period. Nevertheless, as Margot Szarke (2023) has elucidated, anti-vaccine sentiment was still rife, as much among doctors as among the public, and both pro- and anti-vaccine writers drew upon the same quantitative and emotive techniques to sway their increasingly overwhelmed and uncertain readers. These arguments not only fed into the press, but also into everything from symposia at the Expositions Universelles (including a well-attended Congrès run by the Ligue des anti-vaccinateurs in 1889⁵) to café-concert songs – indeed, hundreds of popular café-concert songs from the late 1840s onwards thematized not only vaccination programmes, usually with a cynical eye, but also merrily satirised the myriad medical professionals, charlatans, epidemic disease outbreaks, physiological and psychological illness, and medico-scientific advances.

And yet, at the same time that the boundaries between the medical spheres and culture in all its forms seemed to be at a particularly low point, the gulf between the patient and medical professionals had seldom seemed so pronounced. From one angle, this manifests in the extreme differences in lived experience between the poor and their more comfortable contemporaries. It is hard to imagine that the considerable majority of Parisians living in poverty-grade housing, with sewage overflowing into their corridors and landlords refusing to pay for their access to adequate running water,⁶ would have had the same attitude

towards this century of scientific advance and its medical figureheads, or that they would have engaged with these ideas in the same ways via contemporary culture. As late as 1890, a survey of Parisian housing stock revealed that out of the just over 800,000 lodgings in the city, over 600,000 charged under 500 francs in rent – considered the bar for poverty housing – and of those, approximately 450,000 charged under 300 francs and represented abject poverty (Foucher and Richard 1891, 392). The access to medical or social support for this substantive majority of the city’s population was nearly non-existent, and where it did exist, its provision so often came with an entrance fee of judgement and moralization that it was not always sought out.⁷

From another perspective, even those with considerably less desperate, healthier personal circumstances were gradually distanced from decision-making powers in their own healthcare. Increasingly, the individual had the sense of being alienated and dehumanised in the medical encounter, with the progressive prohibition of charlatans and local healers, with more bureaucratic regulation of midwives and medical professionals, with compulsory vaccination programmes, and with the growing emphasis on the doctor as expert to be obeyed rather than on delicate bedside manner. From this stemmed suspicion of medical professionals and science – even, at times, sparking witch-hunts. Famously, a frightened working-class crowd, after hearing rumours that the 1832 cholera outbreak was actually an attempt by the wealthy to poison them, literally ripped apart government officials trying to examine the sources of the disease in Paris (Kudlick 1996, 4). Less violently, similar suspicion is evinced in mainstream texts and music: there are sardonic poems and plays about vaccines (see Szarke 2023); journalistic exhortations to readers to be on their guard against the callousness, incapacity, and cruelty of doctors, for example, in the journalists Charles Sollier and Louis Gastine’s *Défends ta peau contre ton médecin* (1907); and numerous literary representations of health professionals, including Flaubert’s catastrophic pairing of Homais and Charles Bovary (1857), Daudet’s *Le Nabab* (1877), André Couvreur’s *Le Mal Nécessaire* (1899), and Proust’s domineering Cottard (1913) – as Áine Larkin discusses in her contribution to the present issue.

Further, medical care and public health, in French-speaking Europe as elsewhere, were of course subject to the fluctuating landscape of socio-political ideals, power struggles, and the vested interests of dominant lobbying groups such as industrialists and landlords⁸ – complicated still further in France by the instability of national government and ideology in the wake of successive revolutions. One representative outcome of this was a delay in collecting quantitative data on disease and causes of death in France, an endeavour hotly contested throughout the nineteenth century as an infringement of individual liberty, privacy (especially for the bourgeoisie), and doctor-patient confidentiality.⁹ Another outcome, seemingly counterintuitive, was that many doctors, including through physicians’ unions and their significant presence in government, actively opposed medical advances such as anti- and asepsis,¹⁰ compulsory vaccination programmes for the general population, and public health measures such as tighter legislation over slum housing, considering that such changes would be detrimental to the success and authority of their profession.¹¹ From a more constructive but no less ideologically self-interested standpoint, the preoccupation of the Third Republic with creating useful citizens actively engendered health and hygiene reforms in the new Ferry schools, in efforts to support and sanitise (and moralise) maternity and childcare support (reflected in Kathryn Bryan’s contribution in the present issue on representations of abortion), in attempts to bring provincial medical provision under a centralised support and control structure (La Berge and Feingold 1994, 1–2), and in initiatives to found institutions for the mentally and physically ill, the destitute, and those with disabilities (including, as Sun-Young Park writes in the present volume, for deaf people). Even the most generous and effective of reforms in the politics and culture of nineteenth-century medicine and healthcare were emphatically ideological demonstrations of power, much as they are today.

Nineteenth-century French and Francophone culture’s engagement with medicine and healthcare is grounded, then, in their discursive, institutional, social, political and ideological dimensions, meaning that the approach of scholars to the period is necessarily sensitive to these factors. This is borne out in the contributions to this special issue, to which we will now turn.

In the first article in this special issue, Jacob Meister takes us to the infamous waste disposal site at Montfaucon on the periphery of Paris through its representation in a range of written genres: the medical topography (in particular Claude Lachaise’s *Topographie médicale de Paris*, 1822) and the literary form of the *physiologie* (notably the *Nouveau tableau de Paris au XIX^e siècle*, 1834, and *Paris ou Le Livre des cent-et-un*, 1834), as well as literary and journalistic texts. Through a series of deft close readings and cultural-historical contextualisation, Meister explores the complex and subtle interplay between the genres of

frequently moralising scientific, administrative document and journalistic, serio-comical text documenting urban practices in this period. Indeed, not only is literature *produced by* the public-health practices of recuperation and sanitation that were under way at Montfaucon, but literary texts also intervened *to produce* a class-based understanding of sanitation – one that appealed to bourgeois concerns about both (working-class) people and about waste. Meister’s analysis demonstrates that the boundaries between medical science and literature in this period are not merely passively porous, but are, in fact, actively and mutually influential.

Crossing the border to Belgium, Kaat Wils addresses instances of porosity across an alternative boundary – that of Catholic tradition and the new therapeutic, science-adjacent fields of spiritism, hypnotism, and animal magnetism in the mid-nineteenth century. Rather than focusing on the divergences between these areas, as previous studies on this topic have tended to do, in this article Wils examines points of convergence between these two disparate and seemingly incompatible spheres of belief. A wealth of primary sources underwrites her analysis of the changes in Catholic attitudes to these experimental therapeutic methods, in particular surrounding the case study of the stigmatic Louise Lateau (1850–83); here, Wils takes a detailed historiographical approach to exploring the tensions and cross-fertilizations between religious and medico-scientific faiths through the varied diagnoses, explanations, and treatments that were brought to bear upon Lateau’s perplexing symptoms.

Returning to Paris – this time, to Asnières during the Third Republic – it is the intersection between disability and educational ideologies that comes to the fore in Sun-Young Park’s rich history of the Asnières *Institut* for the education of deaf pupils. As decision-makers shaped provision for the ‘different’ bodies of differently-abled children, feeding into the evolution of this *Institut*, they were forced to confront the ambivalence at the intersection of ideals of *laïcité*, social hygiene, and educational standardisation. Woven through with details from extensive archival research, this article highlights, in particular, the importance of the *Institut*’s architecture and design in furthering the educational, social and ideological prerogatives of the Third Republic through the shaping of the experience of its deaf pupils and the formation and training of bodies and minds. Through her focus on architecture and space and their impact on the human subject – in combination with hygienist and republican discourse – Park exposes the limits and contradictions of republican universalism (manifested emblematically in Third Republic educational policy), discussing the cognitive dissonance of an institution which at once intended to ‘correct’ deaf children’s difference and reintegrate them into society, and yet also provided a locus for participating in, belonging to, and feeling pride in a unique, deaf community.

Contradictions at the heart of Third-Republican ideologies also emerge in the contention around women’s reproductive choices. Kathryn Bryan takes us to the murkier alleyways of Paris in a study of abortion and a detailed reading of its representation in the press around the turn of the century. Attitudes to women’s fertility, their dubious agency over it, and the role of medical intervention in that sphere unveil a wide range of double-standards regarding all the key ideological configurations we have seen thus far, from science and medicine, to religion, class, gender, and the reporting standards of the press. Taking a series of case studies, including the *Affaire Thomas* (1891), the serial columns of ‘Les Avorteuses de Paris’ (*Gil Blas*, 1900) and ‘Les Mères coupables’ (*Le Journal*, 1900), and the trial of Léonie Charretier (1906), Bryan teases out ways in which the condemnation of abortion and the conflation of bodies and morals provide fertile ground for infamy-hungry readers and scandalmongering journalists, whose rhetorical choices see them riding roughshod across the lines between fact and fiction, science and sensationalism, midwifery and mutilation.

Finally, as so many explorations of the nineteenth century do, our concluding article turns to Proust’s *À la recherche du temps perdu* and its backwards glance at the Narrator’s childhood around the turn of the century. Áine Larkin’s exploration of medical authority (and of its frequently sceptical contestation) in the novel focuses on how parents in the fin-de-siècle bourgeoisie might access, assess, and implement medical information after decades of rapid change in medico-scientific methods and beliefs and medical provision. Larkin examines the decision-making processes of the Narrator’s parents as they face the increasingly alien and authoritarian language of modern science and medicine, the prominent criticisms of medical practitioners, the tensions between paternal/patriarchal and maternal authority over children’s health, and the hopelessness of having no certainty for whose advice to follow or how to act for the best – an experience many of us have lived since 2020. This article traces the politics of care to question how the

cultural milieu, class, and gender all come together to inform the experiences and the treatment of those living with illness, and highlights how class and gender norms can also be destabilised.

Nineteenth-century French-speaking culture's engagement with health matters, and scholars' exploration of it, share many preoccupations – narrative, care, public health policy, public contestation of medical authority, class and gender, disability – with the current mainstream of medical humanities, with its significant theoretical turn, to analyse how healthcare is marked by effects of these and other institutional and social factors. The wider field, in fact, is increasingly characterised by what might be termed intersectional approaches, including focus on the elements just mentioned as well as scholarship on the environment, law, digital humanities and post/colonialism.¹² These themes correspond with major contemporary questions, but most of them are no less important or relevant to a period and setting that shaped the contemporary world, and during which medicine, science, technology, the judicial system and colonial expansion became discursively entangled with each other and with cultural production.

The approach taken by this special issue and its contributions can moreover – given their focus on French-speaking settings – be situated within ongoing strategic attempts on the part of Modern Languages researchers to 'de-centre' the medical humanities from its longstanding focus on the English-speaking world. It is consistent with renewed concern for linguistic and cultural sensitivity in analyses of the factors that condition the operation and implications of modern medicine, where 'modern' – as we see it – emphatically includes the nineteenth century. The 'boundary crossings' of medical humanities as an interdisciplinary enterprise are not just methodological concerns for a field concerned with boundaries between sickness and health, between the well and the unwell; as Steven Wilson argues in the 'Manifesto for a Multilingual Medical Humanities' (2023), these are deeply relevant in terms of thematics and substance to all modern languages disciplines, expressly concerned as they are with the unstable and shifting boundaries of linguistic and cultural identities, and indeed with intercultural entanglements.

With this in mind, there is no reason why the study of nineteenth-century medicine, healthcare, and public health policy should not be considered integral to the medical humanities. There are, however, some important divergences between many of the emphases and aims of the kind of scholarship found here – strongly focused on institutional and discursive themes – and the mainstream of health humanities. The first of these is that nineteenth-century French studies scholarship in the medical humanities, with its historicising emphases, tends to lack the instrumentalizing imperatives of mainstream medical humanities, focused on training more effective professionals, improving their practice and thereby improving patient experience and health outcomes in the present. Such cultural-historical scholarship – necessarily at a remove historically, with greater detachment – does not generally aim to improve present-day healthcare, other than to offer potential lessons from the past on how health professions and practitioners can let down and indeed harm patients on account of factors such as gender, class, and ethnicity, and the ideological underpinnings of such failures. So while there may be some eventual, indirect 'end-user benefits', the prospect of such benefits is unlikely to be central to funding applications, or indeed to the research itself, more concerned with the conditions of the emergence, development, and dissemination within the social and cultural imaginary of certain *savoirs*, discourses, narratives and practices in the sphere of medicine and public health.

A second, similar, divergence lies in the fact that nineteenth-century French studies has less obvious scope than contemporary mainstream medical humanities for engaging with recent emphases on the supposed health benefits of exposure to and engagement in cultural production, through, for example, the writing of illness memoirs and other narratives of care – a phenomenon that can be situated more broadly within what Alexandre Gefen sees as the central development in French literary production of the present century, namely the prevalence of works that have as their explicit purpose to 'réparer le monde' (Gefen 2017, 9–24); the 'tournant esthétique-éthique' in literary production identified by Gefen (2017, 13) is the broader counterpart of the 'narrative turn' (Bleakley 2023) in medical humanities. While there is no shortage of nineteenth-century illness narratives in French, few of these are undertaken with a view to reparation, notwithstanding the Zolian injunction to 'tout dire, pour tout connaître, pour tout guérir' (Zola 1966, 993). Nevertheless, the terminology of reparation offers opportunity for innovative critical approaches to long-nineteenth-century cultural artefacts in their engagement with the curative aspects of literature. A case in point is Proust's *À la recherche du temps perdu*: its emblematic foregrounding of the redemptive quality of the work of art is a deeply problematised one; his novel contains not only significant scepticism (of a kind

found in much nineteenth-century cultural production) about the effectiveness of medical practitioners, but also widespread scepticism of the curative qualities of supposedly curative acts of cultural consumption, including reading.

The question, then, for cultural historians of nineteenth-century French-speaking societies, is of the place of our work, or about how best we place it, in a new, increasingly ‘scientific’ funding landscape in the arts and humanities, less concerned with the history of discourses or ideas, and more focused on instrumentalizing concrete, material outcomes deriving from research grounded in the present day, including in recent lived events. It is clear that, intellectually and thematically, our scholarship engages with key, long-standing and ongoing medical humanities concerns. In particular, it explores within nineteenth-century French-speaking settings the material and concrete perspectives of documented lived experiences of illness, treatment, recovery and, more broadly, of the production through medical knowledge, discourse and practices of the human subject. The challenge will be to shape future directions in our field in the light of the priorities of present-day mainstream medical humanities. Do we adapt our work to these priorities, for instance through identification of end-user benefits drawing on our capacity to offer long historical views on present-day concerns? Do we abandon historicism and redeploy our analytical skills on non-historical aspects of more recent cultural production around medicine and health? Or do we challenge the fundamental premises of medical humanities as part of our problematising work of discursive analysis of powerful institutions, for which the health professions in the nineteenth century provide emblematic historical models? What the articles constituting this special issue indicate is that medical cultures – in the broadest sense – of nineteenth-century France and Belgium are deeply modern, deeply contemporary, and should be taken seriously by a truly critical medical humanities.

Notes

1. Experiments exploring the possibility of extracting anti-toxins from the blood of horses (that had previously been made dependent upon alcohol) as a means to neutralising alcohol’s effects on human alcoholics were reported in the *Petit Journal* (Gautier 1900, 1).
2. Charcot’s work on hysteria at the Salpêtrière and its repercussions in art and literature have attracted attention in numerous studies, including, to give a small sample: Didi-Huberman 1982; Koehler 2013; Micale 1985; Ross 2016.
3. For example, electric cures appear in Jean-Baptiste Luce’s popular manual *La Médecine sans médicaments* (1881) as a treatment for TB. Electricity in medicine is discussed by Martha L. Hildreth (1987, 71).
4. The Congrès sur l’instruction des aveugles at the 1878 Exposition Universelle in Paris was attended by 208 ‘Jeunes Aveugles’, of whom 95 had been blinded by severe eye infections caught from early-years childcare settings (reported in Anon 1878).
5. See Scott 2026 (forthcoming).
6. See, e.g. Marjolin 1881.
7. For example, with the low uptake of state-run crèches for working mothers, as discussed by Anne La Berge (1991).
8. The landlord question comes up repeatedly in public health texts across the century, and especially after Haussmannisation: see Hildreth 1987, Chapter 2.
9. This resistance to data collection is discussed in Hildreth 1987, Chapter 2.
10. Borsa and Michel (1985, 127) give the example of the hospital administration at the Cochin hospital which forbade Just Lucas-Championnière (a champion of Lister’s work in France in the 1870–80s) from introducing soap, nail cleaning kits, and scrubbing brushes into the maternity hospital for his pupils.
11. See Hildreth 1987, Chapter 2.
12. A recent conference on ‘Critical Intersectionalities’ in French Studies Medical Humanities featured several presentations on nineteenth-century topics, precisely from many of these perspectives.

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