

CHAPTER SIX - CONCLUSION: ART, MEDICINE AND FRENCH SOCIETY IN THE EARLY THIRD REPUBLIC

The idea that support of the fine-arts by the French government was as beneficial to the government as it was to the painters who received its help was noted in an article that appeared just before the opening of the 1885 Salon. Louis de Ronchard, writing in LA NOUVELLE REVUE, argued that State "encouragements" freed artists from the worries of the marketplace where artists had constantly to worry about selling their works to a public whose tastes seemed to change with the seasons. "La protection de l'Etat, loin de nuire a l'indépendance de l'art, l'assure au contraire. Elle l'affranchit des mesquines préoccupations de la vie quotidienne, et, ce qui n'est pas un moindre service, elle l'élève au-dessus des caprices du public en lui permettant de suivre en liberté son inspiration dans de grandes oeuvres nationales." [1] Ronchard believed that the state, in its turn, would be able to achieve its own aims through the fine arts. "D'autre part," Ronchard wrote, "l'Etat a besoin de l'art pour son oeuvre d'enseignement moral et de civilisation." [2] Beautiful art admired by the public advanced the republican government's message that it promoted peace, progress and the desire for

order. De Ronchard wrote that "L'etat a besoin de l'art pour travailler avec lui a l'education du gout et de l'esprit publics, pour faire penetrer dans le sein des masses, avec le sentiment du beau, un esprit de paix, d'ordre et de progres. [3] He concluded that

By recognizing and assisting young talent, by supporting their development, by removing them from servitude to the merchants and rendering them independent of the caprices of taste and fashion...the government of the Republic will show itself faithful to its moralizing and civilizing mission. At the same time that it will give to art, that glory of our nation, the help that it needs to fulfill its mission. [4]

This open declaration that the republican authorities should support certain artists in order to further its own aims had been heard before. In the last years of the 1870s, when commissions for the new Hotel de Ville were being considered, Marius Vachon had written that the government (he wrote mainly about the municipal government of Paris but he also frequently referred to the State government) had a duty to encourage the arts. "Sans doute, la politique, les gouvernements, ne peuvent créer l'art. Cette puissance ne leur est point departie; mais ils peuvent l'exciter, l'encourager et le soutenir....La nouvelle administration de la ville de Paris, qui a pour les beaux-arts un veritable budget d'Etat, suit l'exemple du gouvernement." [5] Vachon added that "Le conseil

municipal de Paris...comprend la veritable mission de l'art qui n'est pas simplement un luxe, comme l'a dit souvent à tort, mais une necessite sociale, un moyen d'education et de progres." [6] Although the government should not dictate either a program of subjects or an "official" style to the artists it supported, the artists themselves should incorporate those subjects that matched the themes that reflected the new spirit of the age and which the government wished to promote. "The soul of the 19th century needs to come alive in modern art, just as the soul of antiquity lived in ancient art and that of the Middle Ages in gothic cathedrals....It is necessary, therefore, that the great social virtues: devotion to country, glory of work, passion for liberty, heroism, love of family, the great conquests of modern science find in the painting of the 19th century a painting not less brilliant and sincere than that of the middle ages and of the renaissance....But these motifs for inspiration and subjects to be treated cannot remain indifferent to those who give them artistic life nor to those who are called to enjoy it."

Vachon endorsed government support of the arts, he said, partly because at the time there were many complaints that such official support was having

the supposed harmful effect of creating a "republican art." "In certain studios, in certain artistic circles and in certain journals, we have heard the Paris Municipal Council reproached for wanting to create a republican art....There is not republican art and the Municipal Council doesn't in the least wish to create one....It does not impose any tyrannical conditions on artists, any shackles, any program of ideas, esthetic tendencies, nor any certificate of civic duty. the appeal that it addresses to artists is an appeal to the loyal public. Its only desire is to assist." [7]

Vachon referred to phrygian caps, lictors' fasces, "mariannes," and "RF"s as the artistic representations of the Republic. But they were not the only way to represent the Third Republic or its beliefs in art [8]. The style and subject matter of the new paintings of doctors at work help to reinforce the idea that the Third Republic valued and promoted useful and steady progress through science. It reassured the Salon-going public that the republic respected traditions and order as well. These new portraits of medical men, rewarded at the Salons and displayed in public places, were reminders that the republic provided a place where the talented could achieve, through their own efforts and despite humble

backgrounds, material rewards and respect of their fellow-citizens.

Republican writers claimed that its official or national art promoted accord and harmonious relations among the nation's social groups. [9] "French republicanism," writes John Hutton, "was filled with references to unity and harmony as the goal of the arts. Republican theorists viewed their concepts of harmony as gaining a foothold in art in direct consequence of the harmonious social order they claimed to have founded." [10]

When the government of the Third Republic created its own Fine Arts Ministry to oversee the art world, either directly or through its friends at the Association des Artistes Françaises, it was not doing anything radically new. Miriam Levin notes that every French government between 1789 and 1880 had acted similarly. [11] For the Third Republic, according to Levin, this ideology was "a commitment to liberty, equality, fraternity, aided by science and technology; the premise that aesthetic experience was an integral part of every human beings's sense of identity." [12] Her study pays particular attention to the need felt by the authorities of the Third Republic for order. Levin writes that "It is not surprising that the Republicans

elevated order to the position of an immensely satisfying educational goal." [13] The government did not cease to believe that art could foster these commitments in 1880.

The government found many ways to use art in the service of the republic. It adorned its new city halls and other public places with paintings that met an approved program. The annual Salons and the Universal Expositions also could be used as devices for educating the public about the blessings of republicanism. "Exhibitions mounted by the government and supported by it constituted the most dramatic, and arguably the most immediately effective, lesson in the benefits of Republicanism for French citizens. Whether small salons or large universal expositions, the Republicans conceived of these displays as positive reinforcing exercises in participatory democracy with the theater of technological innovation." [14]

The republican message of order, harmony, peace and progress was being transmitted during a period which, according to many indicators, was one of disharmony and discord. The first decades of the Third Republic were, to cite one recent study, "a period of flux, in which French society was splintering to an extent hitherto experienced only in periods of

insurrection or civil war." [15]

Although attacked by many opponents from both the right and the left, the government was able to hold on to the much wider middle ground. The "republic of republicans" that emerged from the political conflicts of late 1870s was faced, in the 1880s, by serious challenges to the political order, the economy and the society. Socialists and extreme nationalists were dissatisfied and chose to express their discontent through mass movements and direct action. Working people demanded a better deal and took to the streets. Michelle Perrot has identified nearly 3,000 strikes during the twenty years from June, 1871 to the end of 1890. [16] At the same time, France saw the beginnings of the revolutionary right wing organizations, described by Zeev Sternhell and Philip Nored that challenged the government. General Boulanger's political success and the scandals that shook the state were major threats at the end of the 1880s. Economically, France seem to be falling behind her industrializing rivals. The public also worried that its population appeared to have stopped growing. It is not surprising that the government elevated the need for order to a high status.

Despite these serious problems, the Third

Republic survived. "The most incredible thing we have seen since 1870 is not the telephone, the automobile, radium, or the wireless telegraph; it is that the Republic has endured!...The Republic is a regime...that can defend itself." [17] It not only defended itself through its armies, police and courts, the Republic's message clearly fit the aspirations, interests and values of a powerful segment of the population. Its promise of ordered progress through science and reason was a message that matched the aspirations and values of an important segment of the social order. Levin notes that the "Republicans placed primary emphasis on the need for images for the new style derived from the life experience and culture of the middle classes....Proust, in his review of the 1882 Salon, for example, commends the younger artists, such as Jules Bastien Lepage (1848-1884), Leon Lhermitte (1844-1925), and Henri Gervex (1852-1929), for their use of contemporary figures, whether peasants or charcoal carriers." [18] The republican government enacted series of reforms based on that promise. The new school laws which dated from the beginning of the 1880s and providing laic, compulsory and free education, were only one milestone along the republican path. The transformation of medicine, in hospital, clinic and

Faculty could be heralded as a another manifestation of republican philosophy. The government increased enrollment at the Medical Faculty partly for the practical reason that it needed to show that it was sensitive to the needs of its supporters. "For the republicans in power," according to George Weisz, "facilitating access to higher and secondary education was a means of satisfying the demands for increased equality and social mobility coming from their lower and middle-class clienteles." [17b] The Universal Exposition of 1889, coincidental with the hundredth anniversary of the Revolution of 1789, and particularly its Eiffel Tower, was to be a celebration of its accomplishments as well as a visual manifestation of its support for scientific and technological progress. In Deborah Silverman's words, "In the eyes of the sponsors of the exhibition--the moderate liberal politicians of the Third Republic--the tower, at once the gargantuan entrance to the exhibition and its most lasting monument, would state and recapitulate the exhibition's designated theme--the unprecedented achievements of French liberalism under the Third Republic." [19]

The painters of living doctors at work chose a middle road in art that

paralleled the policies the Republican government followed. Although it is dangerous to infer painters' views from the art they produce [20], the "middle-ground" seemed to suit both government and painters. Unlike the avant-garde artists who were active at the same time, they did not reject the lessons they had learned from their teachers at the Ecole des Beaux-Arts. Their subject might be the innovations of modern medicine and surgery, but the principles of art they followed had been long-established. For the impressionists and neo-impressionists, both technique and subjects represented the "modern," but the canvases of Gervex, Brouillet and the other Salon artists remained deeply rooted in the academy's program. They may have added more light to their canvases (a metaphor for the victory of enlightenment over darkness) but their "anatomy," and their drawing was "sound." Their paintings appeared "finished." Reviewers might criticize the dimensions of the paintings, but they did not ridicule them. Henry Houssaye wrote that in 1882, "Le Salon est envahi par d'immenses toiles d'une categorie nouvelle qui portera sans doute dans l'histoire de l'art le nom de peinture municipale ou celui de peinture civique." [21]

More and more frequently, artists were

choosing the subjects of their paintings from "modern life," that is, from new developments in the economy, industry and society. Many contemporary observers of the Salon were aware of this trend, and not all were pleased with the change. They noted that the artists who sent their works to the exhibitions of the 1880s had become less interested in what had previously been the two most important Salon categories: religious and history painting. Henry Houssaye, for example, remarked on the obvious absence of religious painting at the 1882 Salon. "Today, it is a lost cause to speak about religious paintings which no one even looks at. Mythological canvases and history paintings have become rare." [22] "Les tableaux d'histoire sont rares au Salon de 1886," wrote Georges Lafenestre. [23] Lafenestre remarked on this trend because he opposed it. He criticized artists's preoccupation with modern life and objected to their painting ordinary subjects. "L'une des plus grossieres erreurs commises par les theoriciens du modernisme, c'est d'attribuer a tous les sujets contemporains, quels qu'ils soient, la meme valeur esthetique." [24] He believed this "error" was mainly a result of the artist's need to satisfy the demands of an essentially ignorant art buying public. These buyers sought art that was new and in "style."

The government sought to advertise its own commitment to progress by demanding "modern" subjects, and Lafenestre wrote that the artists who competed for the government's commissions were "obliges a chercher presque exclusivement, sous pretexte de verite, leur inspirations dans des sujets contemporains." [25] According to Lafenestre these were "les facilites perilleuses que trouvent les artistes a contenter a la fois le gout d'un public grossier et le gout des amateurs blasés, en copiant un coin quelconque de la vie réelle...." [26] At the Salon of 1891 (Champ-de-Mars), Jean Darric noted that one of the most striking features of the exhibition was its modernity. "Les artistes de ce groupe se preoccuperont surtout d'etre, selon leur expression, 'modernes,' c'est-a-dire actuels. Ils chercheront avec passion cette qualite qui assure de prime abord a leurs tableaux un interet. Ils seront actuels dans le choix de leurs sujets, presque tous tires de la vie contemporaine. La grande composition historique ou allegorique ne sera chez eux qu'a l'etat d'accident." [27]

For the art produced in the early Third Republic, i.e., 1778-1885, Miriam Levin asserts that "on a superficial level the democratic ideal found aesthetic expression in the sober dress, restrained

demeanor, and simple backgrounds apparent in the multitude of official portraits of the period. Depictions of the men of the Third Republic suggest the extent to which they equated a certain type of physical appearance with an ideal type of pragmatic and moral character." [28] Although those portraits may well suggest such republican values as order, sobriety and accomplishment that have been associated with its middle class supporters of the government, they hardly matched its professed belief in progress. They express a virtue of timelessness rather than change. We can certainly add to Levin's list those traditional doctors' portraits that were examined earlier as reflective of many of the same virtues. Whether in academic robes or dark suit and tie, the doctor so depicted clearly becomes part of an enduring moral tradition. How could the Republicans, who praised the virtue of progress so highly ascribe the a privileged position to immutability? The new portraits seemed to solve the contradiction for them. Here were the doctors, men like Dr. Chicotot in his chapeau haut de form, or like Pean whiskered and dressed in his dress suit, or like Charcot in his business suit and tie, who shared those republican values yet were at the forefront of scientific and technological advance. The

laboratory coat worn by Emile Roux and other doctors confirm the union of (moral) order and (scientific) progress under the Third Republic.

Some art historians have questioned whether such art can be considered actually modern. Linda Nochlin has argued that there is "an enormous gap between painting which is advanced in subject but conventional in every other way and that which is truly of its time, or even in advance of it (to use the term 'avant-garde' in its most literal sense) and hence, a pictorial paradigm of the most adventurous attitudes of its era." [29] Nochlin's remarks echo the earlier comments by Stephen Spender that "Modern art is that in which the artist reflects awareness of an unprecedented modern situation in form and idiom. The quality which I call modern shows in the realized sensibility of style and form more than in subject matter." [30] By these standards, the painters of the new style doctors's portraits were not modern and certainly not avant-garde. This view is not surprising. Modernity, as it was represented in "the art of Manet and his followers," has been associated with disenchantment, of a great uncertainty about the new world that was being formed. T. J. Clark calls it "a kind of scepticism, or at least unsureness, as to the nature of representation in art."

[31] Clark asks rhetorically, "did not all this ambiguity have to do at bottom with the character of modern life?" [32] Therein, perhaps, lies the answer to the paradox that the paintings of doctors who were in the forefront of modern medicine and science was a subject painted by the artists who remained essentially faithful to the Academy rather than attract the artists with whom modernity is most associated. Gervex, Brouillet, Laurent-Gsell and the others did not share the impressionists' uncertainty about their world. Neither did the doctors whom they painted. These were men who had the confidence of self-made individuals. They knew they were the elite of their community and felt an identity of vision between their own lives and that of the world in which they lived. These artists, doctors and republican authorities thus had parallel interests in progress and order.

Marius Vachon had pointed out that even by 1879 religious painting was nearly dead. He reminded his readers that, in the well-known phrase, art and artists must be of their own time. Historical and religious painting no longer seemed suited to the present moment and artists could choose from many other subjects that did. But could modern science be painted by following traditional rules of composition and brushwork? Vachon

asserted that such modern subjects could be painted with beauty, grace, and harmony, three standards of the Ecole des Beaux-Arts. "Il faut que l'art soit en harmonie avec les idees et les aspirations du peuple. Tout grand artiste comme toute grand poete n'est que l'expression vivante du genie de son siecle et de son milieu. Il vient à son temps et a son heure, ni trop tot ni trop tard....A defaut des themes et des edifices religieux, ce ne sont point les monuments ni les sujets qui manqueront a nos artistes pour occuper leur esprit et leur talent...." [33]

Vachon suggested the discoveries of modern science as a proper subject for the modern artist, but it was not until after 1885 that portraits of living doctors showed them as scientists at work in the laboratory, clinic or operating theatre. It was only after Pasteur's successful first use of the rabies vaccine on a human patient in 1885 that physicians and surgeons began to have themselves depicted in the surgical theater, the laboratory and the clinical as modern scientists. After Pasteur's successful experiments with rabies vaccine and the public image surrounding it, the elite members of the medical profession realized how valuable this new image could be. It seemed to transform Pasteur who, although

acknowledged to be a great scientist, was still associated with the former regime. In 1876, Pasteur's scientific reputation had not been enough of an asset to win an election for him, even in his home department of the Jura. Pasteur had sought election to the Senate in January, 1876, and in his campaign statement (profession de foi) he proclaimed that his only interest was to represent science. He claimed to belong to no party or political combination. In a remark that expresses Pasteur's general outlook so well, he said that not having studied politics, he did not feel qualified to be political. Science, according to Pasteur, was the source and life of progress. He would be its representative in the government. In the campaign, Pasteur asserted that the preeminence of French science had brought victory in 1792, whereas its decline (relative to Germany) had led to defeat in 1871. "L'Allemagne nous a vaincus par sa superiorité scientifique." [34] Despite his claim that he would continue to adhere to his policy of supporting the government in power - now republican - his neighbors in the region rejected him. In the end, Pasteur placed last among the five candidates, receiving only sixty-two of the 660 votes cast. [35]

Why then did doctors begin to want to have

themselves painted as modern scientists if one's reputation as a scientist was not yet the attribute that would increase their glory? The middle of the 1880s marked, however, the beginning of the change and with it, being seen as a scientist fit the needs of the leaders of the medical profession. [36]

Public interest in science and medicine in France had begun to grow during the middle-1880s. Stanislas Meunier wrote that "An incontestable sign of the times...is that the wider public has been turning its complete attention to scientific things. It would certainly be exaggerated to say that they already appreciate it with an irreproachable discernment....but it would already be incorrect not to recognize this new tendency which makes popularization ["vulgarisation"] one of the most sure characteristics of the modern spirit." [37] Meunier noted that many modern novels had popularized real scientific information to the public, even if, as in Jules Verne's books, their stories were essentially fantasies. "Dans ces jolis romans, la fantaisie est si bien enchevêtrée au milieu des données scientifiques les plus sûres, qu'on ne sait plus du tout--à moins d'être un docteur en Sorbonne--où s'arrête le vrai, où commence le faux." [38] Meunier noted the accuracy with which Jules Claretie had

presented scientific ideas in his novel, JEAN MORNAS. Meunier called the novel, "livre a la fois scientifique et litteraire." [39] The story concerned Dr. Mornas' evil use of hypnosis to control Lucie, and Lucie's subsequent rescue, also through a doctor's use of hypnosis. Meunier wrote that Claretie supported up his scientific descriptions with evidence from the leading medical men of the day. "Et, comme un vrai savant, M. Claretie cite ses autorites: James Braid, qui, en 1841, se livrait deja a des experiences decisives; Charcot, Heidenhaim, Dumont-pallier, Ch. Richet, J. Luys, Azam, Bernheim, Liegois, Voisin, Liebault, etc." [40]

Meunier pointed out the number of conferences and lectures on scientific topics which "temoigne tres eloquemment aussi du gout du grand public pour la science," [41] had been growing rapidly in frequency and in attendance.

Even Salon painting, according to Meunier, "commence bien deciderement a se complaire dans la reproductions des acquisitions scientifiques." [42] Although the only canvas of science he mentioned by name was a work by Fernand Cormon, RETOUR D'UNE CHASSE A L'OURS; AGE DE LA PIERRE POLIE [Salon of 1884, #559], the article was published in June, 1886 and written

perhaps just as Meunier had a chance to see the paintings of Pasteur at that year's Salon. In contrast, Thiebault-Sisson referred directly to Gervex and Brouillet when in June, 1887 he wrote that "C'est encore une religion, que la science, religion tous les jours plus fétée: aussi appelle-t-elle tout naturellement les grandes toiles." [43]

During the 1880s, a large number of non-fiction articles explaining the latest ideas in science and medicine were published in several influential non-specialized journals. Some of these have been referred already [44] but there were dozens of others. Although treating different aspects of medicine and science, they contain some common themes. In every one of these the author's uses "scientific" language. Names of chemicals, percentages of solutions, statistical charts and descriptions of experimental procedures not only give each article a more serious and scholarly texture, but the details with which they filled the articles can be seen as the literary equivalents of the medical equipment, the bottles of sponges, Skoda hammers, hemostatic clamps and the rest with which the artists filled their portraits of working doctors. The articles prepared their readers to expect to see these details in any realistic representation of science. At

some point in nearly every one of the articles, the author mentions that the readership of the REVUE DES DEUX MONDES or LA NOUVELLE REVUE was the "enlightened public." These were the same "enlightened" people whose attendance at the Salon, reviewers noted each year.

The articles also indicate that there was, at least up to the time the new style of medical portraits began to appear, some resistance to acceptance of the newest scientific ideas that were gaining ground in medicine. For example, in 1884, in the NOUVELLE REVUE, Dr. Jacques Estienne warned

We must guard against being dragged forward without first reflection and not to succumb to the seductions of the newest theories, in prematurely formulating conclusions that the present state of science is still far from having corroborated....Today, the microbe, a living organism, is incriminated more vehemently than any other physical or chemical agent. [45]

The general attitude expressed in the articles towards the new sciences changed only gradually. But the very number of them indicate that there was a continuing interest among the readers of these two journals in scientific topics and particularly in science related to medicine.

The discussions held at the Paris Society of Surgery and at the Academy of Medicine regarding the

recent experiments to determine the best chemical composition of antiseptic solutions were reported in an article in LA NOUVELLE REVUE that appeared in August, 1884. Henry Joly's summary of these experiments was filled with "technical" data. He reported that, "it has been discovered through a series of experiments that a 2 or 3 percent solution of phenic acid makes a perfect antiseptic when the ambient temperature rises to 36 degrees." [46]

The main theme of Joly's article, however, was that despite benefits that were already evident, the new scientific medicine should not simply take the place of medicine as it had been practiced. Each should borrow what was best from the other to create a more perfect whole.

Therefore, here, the old and the new medicine live in each other's presence. Why? To fight as enemies? This would not please God! No. To mutually assist each other.

It is thus evidently impossible to admit, with Messieurs Duclaux and Bouley, that medicine needs to stop being a medicine of symptoms and must become a medicine of causes. If it does that, it will simply cease to be medicine.

But as important as is the knowledge of a new element in the study of infections, the essential preoccupation of the doctor needs always to remain the complexity of an organism which, in sickness as in health, acts, resists and combats by virtue of its own spontaneity according to the unprescribable law of unity. [49]

The opposition to Pasteur that had been expressed by some doctors at the Academy of Medicine, was described in another article in the REVUE DES DEUX MONDES by Denys Cochin. He especially noted that physiologists objected to Pasteur's conclusions because it was based on microbiology.

And finally last, they said at the Academy of Medicine: 'M. Pasteur's system -- in spite of its apparent simplicity -- will lead us into a veritable medical chaos.' These words were raised sharply by M. Bouley, the eminent physiologist who has succeeded Claude Bernard at the Jardin des Plantes. It displeased the doctors to see the causes of illnesses

as those of fermentations and by the germ theory....The truth is, -- no one can doubt it -- that if these doctors refuse to enter this fruitful new path that M. Pasteur had opened to them, they will have lost a unique opportunity to get out of their medical chaos. [50]

Pasteur's work, Cochin predicted correctly, was to have a profound impact on medicine. Cochin wrote that, "Le travail magnifique de M. Pasteur sur la maladie charbonneuse devait le premier servir de modele, et montrer, -- ce a qui l'on ne s'attendait guere, -- que la medecine peut devenir une veritable science d'observation et de raisonnement." [51]

In 1886, Pasteur's work again became the subject of dispute at the Academy of Medicine, and Joly reported the renewed debate in "Les Recentes Discussions De L'Academie de Medecine." He explained that he was returning to these discussions because of the continued interest in science among his readers and his belief that they should be kept informed of its latest developments. "Nous avons pense qu'il etait utile de mettre les lecteurs de la NOUVELLE REVUE au courant de ces discussions, de leur en offrir un resume d'ensemble et d'esayer d'en tirer la conclusion." [52] Once more Joly filled his article with "scientific" language. Names of chemicals (acide carbonique, l'ammoniaque, le phenol, les acides lactique, acetique et butyrique, l'azote, les gaz phosphores et sulfures,

les alcaloïques toxiques) abound in it.

Joly informed his readers that the strongest objections to Pasteur's ideas had been raised at the Academy of Medicine by doctors Bechamp and Peter. Joly summarized their positions: "L'un cherche à opposer au microbisme de M. Pasteur une theorie physiologique et, plus encore, philosophique assez confuse. L'autre defend surtout, et par des arguments tres precis, la pratique de la medicine française traditionnelle." [53] Despite the apparent incompatibility between the new medicine (Pasteur) and the old (Bechamp/Peter), Joly hoped that the two might be reconciled.

Even the history of medicine was thought to interest the literate public. If medicine had been undergoing a scientific revolution in the 1880s, at least one author tried to demonstrate that science and medicine had been intertwined for centuries. Lecoy De La Marche argued that in the medieval period many fields of science, including medical science, were much more advanced than most people realized. In fact, according to De La Marche, some medieval physicians and surgeons had made discoveries that were still valid.

The scientific inferiority of our ancestors, rather than being real, was very far indeed from what was formerly believed. They had been, if I may be permitted to repeat it, untiring researchers and often successful discoverers. Let us scrupulously

explore all the tiniest corners of the vast domain of science: we will see reigning there at that time, not the law of immobility, but the law of progress. Our civilization in its entirety is the daughter of that age. They have accomplished such wonders and prepared so many conquests with such imperfect instruments and limited resources. Those who have profited from the onerous work of these original pioneers owe them only the greatest recognition.

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Many of De La Marche's comments seem to describe his own times. The article points out that the medieval medical student had cadavers available from which to study anatomy. "Charles VI confirma la permission de delivrer annuellement un cadavre de supplicie à la Faculte de medecine de Montpellier....La chirurgie, du reste, avait besoin de l'anatomie, et la chirurgie, comme nous allons le voir, avait ses et ses praticiens." [55] According to De La Marche, surgery had not yet, at least in theory, completely separated from medicine, "et l'on entendait encore Lanfranc declarer, en 1298, que nul ne saurait etre bon medecin sans être bon chirurgien, ni bon chirurgien sans être bon medecin." [56] De La Marche added, "Principe fondamental et trop longtemps meconnu, auquel sont revenus de nos jours les esprits les plus éclairés."

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In fact, De La Marche tried to show that many of the debates concerning French society and the medical world of his age had also concerned medieval

people. For example, one debate that concerned both the middle ages and the 1880s was that between religion and medicine and between church and medical authorities. In his own time, it was the government that was trying to remove medical facilities from control by religious hierarchies. In the middle ages, it was the church which objected to medicine that was based on "science" rather than on faith. According to De La Marche, "la religieux qui mettaient leur confiance en elle [science] plutot que dans les remedes spirituels." [58]

De La Marche praised the care that the religious were able to give to sick people in the past and which they continued to do at the time he was writing. "There was, furthermore, a very simple means of erasing that spot which science presented to the eyes of the spiritual side. It was to spiritualize medicine itself, that is to connect the care of the soul to the care of the body and to give to the medical profession a noble and salutary extension, so natural yet so rare today." [59] Defenders of the religious nursing orders (which had been under attack since the late 1870s) were saying many of the same things about the nuns' devotion to their patients and how their spirituality made the hospital a better place. [60]

De La Marche also described the routine of the ordinary medieval doctor which, he noted resembled that of his nineteenth century counterpart. The medieval doctor was instructed first to take the patient's pulse and then examine his urine, not simply to diagnose, but to reassure the patient that the doctor was taking care of him. One treatise cited by De La Marche gave very specific instructions. "Finally, turning to the patient, you ask him how he feels. When he gives you his arm to take his pulse, you will feel it better from the left side, as Egidius advised. Then examine his urine, what is its color, its density, what substances does it contain. The variations in its condition often help us recognize different types of illnesses. A change of the pulse indicates for certain that the patient is ill. But the urine is a better indicator of which type of illness he suffers, and the patient is persuaded that you recognize the illness not only by his pulse, but also by his urine. Therefore, its inspection will give him more confidence in you. "[61]

De La Marche was not ridiculing medieval techniques. Modern biochemistry, he informed his readers, had confirmed their validity. "Ne rions pas trop cependant; on sait que depuis le moyen age les

progres de la chimie biologique ont donne aux recherches de cette nature une valeur semeiologique de premier ordre." [62]

De La Marche seems to be addressing a concern that modern science, if not modernization generally, threatened to cut French society from its past. By emphasizing the achievements of the "ancients," De La Marche implicitly stressed continuity. Without using the same words, he reiterated the often expressed view that the moderns "see so far because they sit on the shoulders of giants." His reassured his readers that modern science has not caused so great a rupture with the past.

In 1887, the same year Brouillet's painting of Charcot was exhibited, a new column "Chronique Medicale," appeared in LA NOUVELLE REVUE. Its author, Dr. L. Morand, tried to keep his readers up to date about the progress of the proposed legislation to replace the mental health law of 1838. The bill had just been passed in the Senate and in Morand's view, "Le moment parait donc venu de soumettre aux lecteurs de la REVUE les reflexions que suggere l'etude de cette legislation nouvelle que le sentiment public reclamait depuis longues années." [63]

Morand explained the provisions of the old

law under which, he said, dangerous criminals had often been set free, absolved of responsibility because of their insanity. The 1838 law, moreover, had permitted non-medical authorities arbitrarily to commit patients to asylums. The study and treatment of mental illness had progressed a great deal during the intervening fifty years. Morand endorsed the new law and hoped to influence public opinion in favor of it. "Fruit de deux annees d'études consacrées à la discussion approfondie de tout ce qui a été dit, écrit ou fait sur la matière, ainsi qu'en temoigne le long mais si complet rapport de M. le senateur Th. Roussel, la nouvelle loi me semble, notablement superieure à l'ancienne." [64] "The law under consideration," Morand continued, "without denying it, presents more than a few imperfections, which discussion in the Chamber of Deputies will be able to resolve....In summary, and in spite of the flaws which we find in it and which its application will perhaps reveal a greater number, the new law deserves, in my opinion, a welcome." [65]

Mental illness was not the only medical field that had shown progress and 1887 witnessed a change in the attitude of journal articles towards the new scientific medicine. An article by Louis Gallet is

representative of a new positive view towards surgery and hospital care. Gallet discussed the significant improvements in patient care specifically at the Lariboisiere Hospital, but his comments were applicable to more than one Parisian institution. In 1886, the Lariboisiere was "pas le plus vaste, [mais] il est le plus actif des etablissements Parisiens." [66] Gallet found that, compared to 1863, mortality at the hospital had increased from 12.50 per 100 to 13.50 per 100 (it would have been higher, he explained, except for the fact that mortality due to child birth decreased from 2.77 per 100 to 1.10 per 100). This might seem, at least on the surface, a severe condemnation of the new scientific medicine. Gallet contended, however, that the increase in mortality is explained by the fact that more patients decided to come to the hospital for treatment, whereas previously they had decided to remain at home, hoping for the best or maintaining the traditional attitude, "nous savons mourir nous-memes." In other words, the hospital had become a "victim" of its own success. The news spread that the Lariboisiere was a modern hospital and one might get well there. "The publicity given to the success of the antiseptic methods for several years was not a small part of the explanation for this traffic of the Parisian population

towards the hospital. 'There is no duchess better treated in her own home than the lying-in patients at the Maternity Hospital, Professor Tarnier said one day. He contrasted the awful memories of the Maison de la Bourbe to the reassuring statistics of the new services of his teaching hospital....In the past, going to the hospital was one of the worst extremities to which a person could be reduced." [68] Gallet also pointed out that hospital expenses per patient had increased by more than one-third since 1866, from 62 francs to 88fr. 87 (in 1885) [68b] These statistics, too, were a sign of better care.

Many patients arrived at the Lariboisiere from outside Paris and Gallet's article gives some insight into relations between Paris and the provinces at that time. Gallet explained that "pauvres filles viennent de la province a Paris cacher le fruit d'une faute," [69] but frequently enough, "ce n'est pas toujours spontanement que les pauvres gens viennent...les communes departementales qui, comptant sur la liberalite de la grande commune parisienne, lui expedient officiellement leurs malades indigents sous le plus simple pretexte." [70] If the provinces resented Paris's power, they were nevertheless willing to send their indigent patients to the capital.

Gallet claimed that these non-Parisian patients strained the resources of the Lariboisiere. The measures he proposed to solve the overcrowding seem severe. He suggested that those who could, be removed from the hospitals and moved to separate hospices and housed in unused space in attics, dining areas or workshops. He claimed that this plan would improve conditions for all patients. "On y garderait les uns et les autres pendant un temps indéterminé, pendant un très long temps peut-être, mais du moins on les y garderait dans des conditions meilleures pour eux que celles de l'hôpital, avantageuses aussi pour l'hôpital, dont leur départ régulier allégerait singulièrement le service." [71] Gallet also made a second proposal, "plus radical, plus onéreux peut-être, mais plus avantageux encore," [72] to send patients back to their departmental hospitals. In Gallet's view, the law of 1851 needed to be changed so that patients coming to Paris from the provinces and admitted to Paris hospitals would automatically have their expenses paid for by their department. Such a measure would remove the incentive for departmental authorities to send their patients to the capital. Gallet pointed out that under the system then in use it was not always a simple matter to collect money from the departmental

authorities. Only when payment could not be avoided would the provincial governments feel the pinch. [73] In the event, the National Medical Assistance law of July, 1893 established departmental programs which paid for the care of indigent patients by their own departmental governments. [74]

Gallet's only negative remark about the Lariboisiere's administration was that he felt that too many patients who were well enough to leave the hospital were being kept on longer than necessary, primarily to serve as auxiliary staff or worse, because physicians could inflate their statistics by including them with the patients seen during daily rounds. [75] As Mark Micale has shown for the Salpetriere during the same years, patients stayed on for quite a long time (although Blanche Wittmann's stay of seventeen years is exceptional). He notes, perhaps somewhat euphemistically, "the all-important boundary between staff and patients was a quite fluid one at the Salpetriere." [76]

The readers of these journals seemed to be among the first to have become aware of how far surgery had progressed by the mid-1880s. An article by Dr. H. Folet praising the new scientific medicine appeared in LA NOUVELLE REVUE in November, 1887. The piece concerned

the revolution that had been taking place in surgery and thus seems related to Gervex's very popular painting of Péan at the Saint-Louis Hospital. Folet described the growing number of operations being attempted, but perhaps more importantly, he noted that the larger public beyond the medical profession was becoming aware of the new surgical procedures that had been made possible by the new scientific medicine. He approved of these changes. "And so, the wider public has hardly begun to notice this veritable revolution in surgery. Even in the enlightened circles they have not realized its importance and they know its nature only poorly. The question is however of those who need to interest opinion. First of all, because everyone is legitimately concerned with the public's health. Then, because this subject is connected to so many other problems which have been raised, for the most part, by the fine work of M. Pasteur and which during these last years have not only preoccupied the scientific world, but have attracted universal attention." [77] Clearly Folet felt it his duty to make the progress more widely known.

Although he pledged not to include too many technical details in his study - "Enfin cette question, quelque aride qu'elle paraisse, est parfaitement

accessible a tous, pourvu que l'expose en soit reduit aux grandes lignes et debarrasse des details etroitement techniques utiles aux seuls specialistes."

[78] - Folet filled the article with numerous data. He devoted several pages to the formerly high rate of mortality connected to surgery. Despite his promises, Folet insisted that, "il est indispensable, pour preciser la demonstration, de fournir aux gens du monde qui nous font l'honneur de nous lire, quelques donnees de statistique comparee. Nous ne fatiguerons pas leur attention par de fastidieuses enumerations de chiffres; mais, au risque d'un peu d'aridite, nous leur voulons offrir, tres brievement, un petit faisceau de resultats frappants et bien demonstratifs." [79] Folet then gave two more pages of statistics comparing surgical results during the 1860s with those of the early 1880s at various French hospitals (including Strasbourg, Lyon and Bordeaux). Perhaps Folet believed that so many statistics gave his work an objective and scientific (positivist) cast. Folet could at least claim that his country collected better statistics than other nations. He wrote that "cette amelioration considerable de la mortalite chirurgicale n'est pas, nous l'avons dit, speciale a la France; elle n'a meme pas debute par notre pays et s'est produite partout en Europe, en

commençant par l'Angleterre et l'Allemagne. Les statistiques venant de l'étranger sont, à vrai dire, souvent un peu confuses. Elles manquent de cette qualité française: la clarté, et ne permettent pas pour la plupart d'isoler du reste des opérations les deux opérations types que nous avons considérées jusqu'ici; elles donnent les chiffres en bloc." [80] These numbers were followed by almost four more pages of data. Again Folet apologized. "On nous excusera de nous être attardé au milieu de ces broussailles de chiffres; mais nous voulions qu'il fut incontestablement établi qu'un magnifique progrès a été réalisé depuis 12 à 15 ans, progrès auquel on peut légitimement appliquer le nom de révolution chirurgicale." [81]

Folet explained that at one time surgeons had quite often been guilty of passing infections from patient to patient, either by their hands or their medical instruments. "Le transport des contagions par le personnel, par le personnel étudiant en particulier, donne en outre la clef de la connexité qui unit dans les hôpitaux les séries de cas d'infection puerpérale aux séries de cas d'infection chirurgicale." [82] Folet showed how antisepsis and asepsis - he mentions the work of Lister, Alphonse Guérin and Lucas-Championnière

in the 1860s and 1870s - had changed this situation.

Folet admitted that there were a few drawbacks to the new method, possibly more burdensome for the surgeon than for the patient. "There are some very minimal inconveniences with antiseptics. Some inoffensive skin rashes and pimples that contact with the antiseptic substances sometimes causes in the wounded area....For the surgeon, there are some real although light inconveniences. It forces him to take more time, to be more careful, to get more fatigued. It triples or quadruples the duration of operations and bandaging." [83]

In the article's final section, Folet noted that most physicians had already accepted Pasteur's microbiological ideas. "We have seen that the majority of antiseptists agree with the hypothesis that the infectious agent is a living germe, alive and multiplying in those milieux which suit it, that it is a fermentation, a microscopic animal, or as one says these days, a microbe....The opinion that the origin of surgical and puerperal infections is a microbe has tended to become generalized." [84] In closing, Folet noted that, although Pasteur certainly deserved most of the credit for the new scientific ideas which had revolutionized medicine, their development was the

achievement of the community of hospital surgeons. "We have shown that this great discovery has been a collective work although certain men have given a decisive impetus to this revolution. Above all, we place Pasteur among them. He had not personally taken part in the purely surgical studies, but in the fine work on the role of the infinitely small are a host of organic phenomena which have almost constantly inspired specialized researchers. Certainly the results obtained in the domains of surgery and obstetrics are superb." [85]

Between May, 1889 when it first appeared, and December, 1894 when it ended, LA NOUVELLE REVUE published a column, "Le Trimestre Scientifique," in which Stanislas Meunier reported the recent developments in various sciences. In addition, during the 1890s, there were at least eighteen other articles related directly to science and medicine published in LA NOUVELLE REVUE. For example, its readers learned of experimental medicine in Russia, based on the work at the Pasteur Institute in Paris in an article by A. Hutinet, "L'Institut de Medecine experimentale a Saint-Petersbourg," (January 1, 1890); Leo Quesnel wrote a brief account of the life of the Jewish physician Lopez de Villalobos, "Une Grand Medecin Au XVIe Siecle'"

(January 15, 1892) very modern in his medical ideas and a forced convert to Catholicism; A. Chaillou's article, "Le Traitement et la Diphterie," appeared at the time of Roux's work.

In addition to these eighteen articles, Cesare Lombroso contributed another ten articles during the 1890s. In 1891 alone, he wrote about "La Physionomie des Anarchistes" (May, 15), "Les Passions Dans Les Revoltes et la Revolution," (July 1) and "La Nevrose de Trois Femmes de Genie" (December 15).

In 1905, Dr. Ph. Hauser reviewed the nineteenth century from what he called the medical-social point of view. He expressed the view that one could not completely explain disease by the germ theory. It was equally necessary to take social factors into account, especially those which resulted from the transformation of the economy and society in the nineteenth century. In his opinion, these changes had given rise to new diseases as well as having increased the danger of those illnesses already known.

Hauser described the large number of mental illnesses that had been identified during the second half of the century. Some, like "morphinomanie" and its less dangerous cousin "tabaquisme," had been identified only during the past century. Morphinomania

might have been particularly frightening to Hauser's readers since, "le vice de la morphine sous forme d'injections hypodermiques, transforme en manie, est propre a l'europe civilisee et est repandu surtout en France, en Allemagne et en Angleterre. Dans ces pays, les classes superieures payent un tribut considerable a la morphinomanie, pendant que l'alcoolisme porte surtout ses ravages dans la classe inferieure." [86] Political leaders, military officers and even doctors were the most susceptible victims of morphine addiction.

The upper levels of society also had to worry about diabetes. According to Hauser, "The majority of diabetics who frequent the establishments of alkaline mineral waters are scientists, artists, businessmen, bankers and high officials of commercial and industrial establishments, government officers and many who devote a great part of their existence to the political and social battles." [87]

If certain diseases were reserved for the "superior" classes and others reserved for the "inferior" classes, there were illnesses that had spread through all levels of society. Democracy was having some negative effects on health. Syphilis, for example, was "une des maladies, qui, dans le XIXe

siècle, ayant envahi toutes les classes de la société."

[88] Gout, "in our democratic century, is so generalized that it has ceased to be the exclusive property of one social class." [89] In his discussion of tuberculosis, Hauser wrote

It is necessary to take account of the radical change which during the second half of the nineteenth century has taken place in our society in our way of being, of thinking and of feeling. It is not only the love of well-being, but also the love of luxury and of pleasure which has invaded every social class, creating false necessities at the expense of true needs. It has resulted that by and large necessities grow, man is pushed to engage in ever increasing activities and to spend his organic forces. This explains his susceptibility to illness and has prepared the terrain for the germs of tuberculosis. [90]

Hauser wrote that the popular classes were less able to withstand the rigors of modern society. The spread of education beyond elementary levels had caused them great (medical) harm.

Among the pathogenic causes of nervous illnesses inherent in the evolution of human society, throughout the nineteenth century, must be counted the modern system of education that has been imposed by the government on our youth which wishes to consecrate itself to a scientific or literary career. The struggle for existence is always increasing since it is intimately tied to the instinct for conservation, as much collective as individual, and has pushed nations to elevate the level of public instruction, to stir up the progress of arts and sciences and to expand useful knowledge among the working classes. It is especially found among the nations that pretend to place themselves at the head of civilization which always make the greatest efforts in this area. They spend enormous sums to impart the most knowledge possible to their

the instructional material and are every increasing the number of subjects in primary and secondary education, and to an even greater degree in higher instruction.

But like all the individuals who are not endowed with the same strength for work, nor with the same physical energy, nor with the same ardor for the profession they have chosen, it necessarily results for a great number of them to become exhausted physically and intellectually at an age where the developing nature of their organisms need to absorb a large part of the material ingested for general nutrition. A nervous hyperactivity is also the result of the using up, for its own purposes, of the largest portion of the products of organic combustion, which contributes directly to the weakening of the central nervous system which controls the physiological functions and which give rise to troubles of nutrition and development for the organism. On one hand, the physiological activity of the brain depends on the quantity and the quality of the blood that it receives and on the other hand, spontaneous or provoked cerebral activity modifies the circulation of blood and nutrition. The result is that the brain is congested by the through the effort it exerts in constant attention to prolonged intellectual work. [91]

It should be noted that Hauser then added these items of "common knowledge." "Tout le monde sait que les jeunes gens livrés à des travaux intellectuels exagérés et continus sont sujets à la carie dentaire." [100] Young women of any social level who might pursue intellectual studies in imitation of men rather than real need or desire would inevitably find themselves in much worse physical and mental health. "Il arrive souvent que ce ne sont pas toutes les candidates au brevet qui sont douées d'une organisation physique et

mentale assez equilibree pour traverser cette rude
epreuve sans porter prejudice au developpement normal
de leurs corps et de leur esprit et au maintien de leur
sante." [93]

If the "science" expressed by Hauser seems
preposterous today, it does not lessen the serious
reading which they received when they appeared. The
dozens of non-fiction articles about science and
medicine that were published in important journals
testify to the interest in these subjects among the
French literate public. The public learned of many of
the real developments in the medical world from them:
antisepsis, microbes, anesthesia, X-rays, hypnotism and
a host of other medical topics. They reflect an
increasingly favorable opinion of scientific medicine,
an opinion that had been sceptical at the beginning of
the 1880s but more positive by the end of the decade.

In the middle of the decade, doctors looked
down on the amount of medical knowledge held by the
general public. In 1885, Dr. Suty of L'UNION MEDICALE
had written that he had heard some (non-)medical people
discussing surgery and other topics. It seemed to him
that their information was dated. "Les gens du monde
parlent des choses de la medecine comme en parlaient,
il y a trente ans, les medecins. Dans trente ans, les

medecins hausseront les epaules en entendant les gens du monde soutenir les theories qui nous enthousiasement [parlons] aujourd'hui." [94] The numerous articles that began to appear soon after he wrote these words were to negate his forecast. The paintings of the doctors at work more vividly brought the new medicine to the public.

Medicine and hospitals were portrayed in as many as 250 different works of fiction published in the last two decades of the century. The most well-known of these is perhaps Emile Zola's LE DOCTEUR PASCAL. Its hero was a model of the experimental scientist. Pascal even tried out his experimental remedies on himself before on any patient. Zola claimed to have modeled his this medical hero on another, Claude Bernard. In March 1890, Edmond de Goncourt asked Zola what he was presently writing. Zola replied that he was busy finishing the last three novels of the Rougon-Macquart. "Mais au fond," continued Zola, "le livre qui me parle, qui a un charme pour moi, c'est le dernier, ou je mettrai en scene un savant...Ce savant, je serais tente de le faire d'apres Claude Bernard, par la communication de ses papiers, de ses lettres." [95] Zola wrote to Henri Bryois of LE FIGARO, that "Mon DOCTEUR PASCAL sera...[sic], a peine deguisee, tres

transparente, une monographie de l'illustre savant Claude Bernard, dont j'ai essaye a appliquer, en tous mes romans, la methode scientifique." [96] A few years later, however, in the summer of 1894, Zola wrote to the biologist, Lucien Cuenot that he modeled Dr. Pascal on several scientists, Claude Bernard among them. [97]. According to Yves Malinas, any "medical" errors that might have crept into the novel were not Zola's fault, but were those made by the elite of the medical profession. "Toutes ces platitudes [e.g.: "La degenerescence est la loi d'aggravation des tares hereditaires sous l'influence double de l'heridite et de l'alcool" {Cabanis}; "L'hysterie est la maladie nerveuse primordiale et unique dont toutes les autres que sont des variantes." {Dejerine}] ne sont pas de Zola, elles sont des plus grands neurologues et alienistes de son temps et l'on ne saurait etre surpris qu'il les ait acceptees comme vraies." [98] Malinas added that "La 'clinique ' et les diagnostics de Pascal etaient, en 1893 comme en 1873, parfaitement raisonnable et l'on ne peut imputer a Zola des erreurs d'interpretation qauï faisaient partie de l'enseignement officiel....L'etude clinique de Pascal sur la tuberculose ne peut encourir aucun reproche; elle est serieuse et conforme aux faits." [99]

LE DOCTEUR PASCAL was not Zola's final word on medicine and science. In his novel *LOURDES*, the first book of the three cities trilogy, Zola contrasted the work of a scientific medical practitioner to healing based on religious faith. One of Zola's goals was to demonstrate that diseases could be explained scientifically and that the doctor's knowledge held the key to good health. At the hospital in the novel, "the only medical man about the place was the young doctor...Ferrand...who...as a medical man of the new school...was altogether upset by the careless neglect of precautions, the contempt which was shown for the most simple teachings of science, in the certainty which was apparently felt that, if heaven should so will it, cure would supervene, sudden and resounding like a lie given to the very laws of nature." [100] On April 26, 1894, Zola read passages from the novel to an audience of 4,000 at the Trocadero. [101]. By the end of the summer of that year, the novel had sold over 121,000 copies. It sold continuously if slowly and by 1896, the total reached 143,000 copies [102]. Zola claimed that a reaction against science seemed to have begun during the early 1890s and he desired to combat it. As he wrote to his Dutch translator/agent Jacques van Santen Kolff in 1894, *LOURDES* was "an extremely

complete monograph....You must already know that my starting point is the examination of the attempt at blind faith of this 'fin-de-siècle' lassitude. There is a reaction against science, on an effort to return to the beliefs of the tenth century. It is the belief of little children who get down on their knees and pray without questioning anything. Picture the unfortunate patients who for whom even doctors have given up hope. Yet they have not resigned themselves. They beg for a cure, even against the very laws of nature. Such is the appeal for a miracle. And, enlarging the thing, my symbol is that humanity is ill. Today, science seems to condemn it and for consolation, it throws itself upon belief in miracles. [103]

The doctors in Zola's novels represented quite a change from their image presented by Gustave Flaubert in the 1870s. His two characters Bouvard and Pecuchet decide to start up a medical practice. Not having had the benefit of attendance at a medical school, they consult François Raspail's GUIDE TO HEALTH; they perform "medical" experiments on geese, pigeons, dogs and kittens. When they consider themselves ready, they "treat" a beggar-woman's hunchback son with camphor. (They had "learned" from their reading that all illnesses are caused by worms

and that camphor works best in getting rid of them.) These two are clearly crackpots and perhaps should be pitied more than condemned, but they are not Flaubert's only attack on the medical profession. The regular medical practitioner in Bouvard and Pecuchet's neighborhood, Vaucorbeil, is not depicted more favorably. When Bouvard and Pecuchet tried to learn chemistry, Vaucorbeil told them that they were wasting their time. "I don't deny its importance, of course! But at the moment it's dragged into everything! That has a deplorable effect on medicine." [104] And when Pecuchet takes on a typhus case, he comes into direct conflict with Vaucorbeil since this was one of his paying patients. In front of the patient, the two begin to argue over the causes and proper treatment of the illness, a "scientific" dispute certainly not designed to inspire the patient's confidence. Vaucorbeil demanded that the patient's wife choose between him and Pecuchet. When she hesitated, Vaucorbeil responded, "Very well, since you hesitate between someone with a diploma---." Pecuchet interjects, "A diploma isn't always an arguemt." Vaucorbeil's answer was, "We'll see about that when you go before the Court for illegal medical practice>!"

If the image of medical practitioners that

Flaubert paints is ludicrous, the questions of diplomas, of illegal practice, and professionalization were taken quite seriously. There has been increasingly less emphasis placed on the "scientific revolution" in medicine and on medical education as the bases on which doctors were able to establish a professional monopoly. Although such an explanation may, in Matthew Ramsey's words seem "plausible enough," and "intuitively apparent," [105] he argues that "well before the Pasteurian era, France adopted an exceptionally tight de jure monopoly." [106] Martha Hildreth has described the "old" and the "new" story of professionalization similarly:

It is a popularly held notion that professionalization came about in the late nineteenth century as a result of the development and adoption by the medical profession of a unified and effective theory of disease, the germ theory. According to this viewpoint, established doctors were able to rally around the germ theory and use it to support their claims to dominate the practice of medicine and exclude unlicensed practitioners. Physicians' claims were backed by the modern state which began to become interested in improving the health of its citizens by promoting modern medical care. The state thus granted physicians an autonomous position in regulating their own profession and helped them to dominate the whole medical care system. This explanation, however, does not fit the development of modern medicine in France. Some French doctors were professionalized about one hundred years earlier. In addition, the French state took a very active role in medical care as early as the late eighteenth century. [107]

According to Hildreth, it was only the elite doctors

who enjoyed professional status before the passage of the Chevandier Law of 1892. This law, Hildreth argues, was enacted because of the efforts of the ordinary practitioners through their association, the Concours Medical, and their allies in the government.

Claudine Herzlich also points out that the ordinary practitioners, most of whom came from a modest social background and whose numbers increased throughout the nineteenth century, were responsible for establishing the professional monopoly granted by the state. Her argument is that in return for their support of the state's goal of providing health care for the poor, ordinary doctors insisted that the government exclude any other practitioners from the field. Herzlich notes that these doctors had previously opposed any entry by the state into the medical field on the grounds that it would inevitably lead to government control over medicine (which they interpreted as support for the profession's elite members). "The same modest physicians who agreed to abandon part of their individual freedom in the doctor-patient relationship as the price for expanding the market also demanded that their monopoly of practice be recognized." [108] Herzlich acknowledges the political power doctors were able to exercise. "The medical

profession became, during this period, an extremely effective pressure group -- in particular through the numerous physicians who were members of parliament, and through the profession's collective action...." [109] Herzlich's article is perhaps the extreme case of disagreement with the older analysis of professionalization of French medicine. There is no mention at all of Pasteur, bacteriology or science in the entire article.

For Hildreth, professionalization means much more than passage of the Chevandier Law or the Medical Assistance Law of 1893, although she studies these two laws in depth. Hildreth's idea of professionalization includes the development of a certain feeling among the ordinary doctors that they are members of a special fraternity (the words corporation and esprit de corps would have too many historical connotations). She argues that Auguste Cezilly, the guiding spirit of the movement, fostered this common feeling by promoting the image of the ordinary doctor as the devoted healer, an image that had great appeal to the general practitioner because it was good in itself and also because it could serve to counter the elite doctor's image as a scientist, an image the ordinary physician could never hope to achieve. Nevertheless, Hildreth recognizes

that the images of Pasteur and Lister as doctor/scientists, did have appeal for the general public and could not be completely ignored by the ordinary physicians. They could claim some reflected glory as members of the same profession. Hildreth states that "contrary to Freidson's observations, the adoption of bacteriological medicine as a coherent ideology was not an important factor in creating professional unity among doctors. The ideology of germ theory was important to the profession because it helped to legitimize the profession's goals in the public view." [110] "What effect," Hildreth asks, "did the bacteriological revolution have on medical practice? [Jacques] Leonard remarks that it was the work of Pasteur and Lister which began to improve the economic and social status of the mass of practitioners after 1885. Leonard is careful to note that the reputation of official medicine improved as a result of the overwhelming publicity which Pasteur and his theories received after 1885....French doctors were able to exploit the favorable reputation created by the work of Pasteur and Lister as well as the health concerns of the state to promote their professional goals." [111] Hildreth adds that the CONCOURS MEDICAL conducted an effective two-track public relations

campaign in the press. On one side, it was defensive, countering any reports that showed doctors in an unfavorable light. On the other side, it took the offensive in portraying the doctor as a healer who was willing to sacrifice his own health in order to serve his patient - day or night, summer or winter. In Hildreth's words, the ordinary doctor was publicized as "family freind and advisor....This image of devotion and sacrifice was the heart of their ideology." [112]

Professionalization and the achievement of a professional monopoly at the end of the century was, in the analyses of both Hildreth and Herzlich, mainly the result of the activity of ordinary practitioners, acting even against the elite of the profession, whose status, income and power had long been secure. Furthermore, the new science of bacteriology, the new instruments and technology used in treating illnesses and for performing new and more dangerous operations played no (or a very small) part in the achievement of this monopoly. If this is so, why then did the paintings of the individual doctors at work in their clinics and surgical theaters, actually making use of these new scientific discoveries, appear just as the debate over professionalization, i.e., the Chevandier law, was reaching its most intense levels? The answer

may be that it was exactly because the drive towards professionalization was the work of the ordinary doctors. Elite physicians did not necessarily see themselves as having the same professional interests as the general practitioner. They achieved their status by controlling hospital services or faculty chairs. These were men who held multiple positions which gave them position, influence and income. As medicine became increasingly based on modern science, elite physicians and surgeons needed to remain in the forefront of modern science or lose their status. Ordinary physicians might be well-served by the genre paintings which showed them as anonymous family physicians. These paintings fit their ideology. Elite physicians and surgeons, however, needed to be identified and connected to the most recent advances. The subject of their portraits was science, not concern for their patients.

At the time these portraits began to be exhibited, in the opinion of many French physicians, the medical profession was undergoing a severe crisis. The pages of the CONCOURS MEDICAL are filled with letters from doctors complaining how difficult it was for them to earn a decent living. "Cette profession n'offre pas assez d'avantages pour satisfaire a

l'existence de tous ceux qui aspirent exercer." [112] They complained that the field was overcrowded, that competition from "non-doctors" was present everywhere, and that patients either paid their bills very slowly or not at all. "Les deux grandes causes qui rendent, en general, la profession medical si peu lucrative," a Dr. M. wrote to the CONCOURS MEDICAL, "sont d'une part: le trop grand nombre de medecins; d'autre part le retard qu'on eprobe dans le paiement." [113] A different correspondent thought the situation had begun to resemble a "'struggle for life,' comme dit Darwin, et l'on verra les medecins faire queue a la porte des malades." [114] Doctors saw competitors in every direction. Some were even licensed and allowed to practice medicine legally (health officers and pharmacists retained the right to practice when no physician resided in the area. A host of unlicensed healers also continued to treat patients. Military doctors were reported to have been seen treating civilians in the towns near army garrisons, a violation of the law. Doctors complained that medical students were also practicing medicine as if they were fully accredited doctors. [114b] Some doctors even wrote that school teachers, having received first-aid kits and medical manuals from the government, were taking

the place of physicians. In the opinion of the CONCOURS MEDICAL (i.e., Cezilly), "il est evident que cette innovation aurait pour resultats de creer une nouvelle classe de medicastres et, par consequent, une nouvelle exercise illegal de la medecine. Nous pensons que le medecin seul doit avoir la disposition de la boite de secours." [115]

According to Martha Hildreth, "doctors believed that by the end of the century the good old days had vanished: clients were generally lacking in respect and had become very lax in paying their bills." [116] Hildreth noted that many ordinary doctors felt that their reputation had declined steadily during the last decades of the century and the relationship between doctors and patients had worsened. Doctors attributed this deterioration to overcrowding, "which caused jealousy and competition among doctors rather than cohesion, damaging their public image." [117] Hildreth cites an article by Dr. J. Bach of Toulouse who "claimed that the 'princes of science' in Paris were to blame for the loss of respect doctors generally felt. Bach said the elite doctors, by charging such high fees, had incurred the wrath of the public." [118] The ordinary practitioners argued that, by their domination of the medical field, elite doctors had

forced the ordinary practitioners to compete more intensively for the few patients who were left. Such competitiveness was unseemly and further reduced their standing. Dr. Bach's term of opprobrium for the profession's elite, "these princes of science," expresses quite clearly the view that if the new sciences had improved the professional situation of any doctors, it was certainly not the general practitioner. Indeed, science was another barrier between them and the most well-known and well-paid doctors.

Hildreth asserts that ordinary doctors strove to overcome the dangers they saw coming from both within and without the profession by organizing a new association to represent their interests, interests they saw as quite different from those of the elite doctors. "In the face of these threats they created a national professional Union movement which turned the crisis into triumph....The movement began in 1879 with the founding [of] the journal LE CONCOURS MEDICAL by Dr. Auguste Cezilly." [119] The Union's ideology of the general practitioner as self-sacrificing family doctor was successful in attracting the ordinary doctors to it. "They used this ideology successfully to unite doctors in the Union movement." [120] Genre paintings of ordinary doctors show an anonymous doctor

at the patient's bedside. It is the patient and his or her illness are treated sympathetically in the paintings, which generally call for an emotional response. Such genre paintings were well suited to the ideology of the Union movement, and also fit very well with the concern for the family that had become widespread during the 1880s and 1890s. [121]. It was an image the ordinary doctor could point to proudly, one certainly equal or even perhaps superior to the cold and impersonal image of the scientist/physician/surgeon.

The UNION MEDICAL, another journal which reflected the interests of the ordinary doctors [122], had much to say about the portraits of the elite doctors as scientists. Its Salon reviews were often critical of individual canvases, but even more significantly, they criticized the fact that overall the paintings showed doctors performing many different kinds of operations, or demonstrating new medical theories (e.g., Charcot's demonstration of hysteria) that the new scientific developments made possible and that gave these surgeons and physicians their professional standing. Dr. Norech called the scenes depicted in the paintings "sujets scabreux." [123] The UNION's critics [124] argued that the general public

was unable to comprehend what was being portrayed in the paintings and would therefore consider the scene monstrous, and all doctors perhaps, not just the "scientists," would become the target of the public's mockery. Dr. Norech, in the very first line of his review of the 1888 Salon, states that compared to 1887, that there are fewer canvases which take the public inside a surgical theater or to the city's hospitals for clinical demonstration. "In this year's Salon, we have not noticed paintings relative to medicine as 'brilliant' as those which, in 1887, held the public's attention. Should we regret it? That is not our opinion, and we remember having heard many unkind things said about the canvases of Monsieurs Brouillet and Gervex and about the talent of the artist. For these reasons, this year we could not be happier to see the most illustrious in our profession escape from the perilous honors of the exhibition wall. The large public, no matter what one does, will always be a poor judge of medical customs and will often turn to deriding those things of which only we comprehend the utility and the value." [125] It is interesting to note that despite his disapproval, his comments indicate how interested the public was in seeing the paintings of doctors they knew at their work.

The next year, Norech wrote that, happily, there were even fewer paintings of such scabrous subjects at the Salon of 1889 than had been exhibited in the previous two years. He thought that it would be enough to show a simple doctor's portrait to honor French science. Scientists were not only those who worked in laboratories. Since Pasteur, all doctors were becoming scientists. "Il y a peut-etre, un peu moins de toiles a tapage rapport a la medecine au Salon de cette anne qu'a ceux des annees precedentes. Ne nous en plaignons pas trop, et, pour s'etre contentes d'un simple portrait, des maitres eminent n'en seront pas moins l'honneur de la science franaise." [126]

But clearly, artists did continue to paint these scenes, for in reviewing the Salon of 1890, Dr. Norech repeated much the same criticism as before. Again he argued that paintings which showed surgeons in the process of performing operations or doing experiments were 'actually harmful to the reputation of doctors since the non-medical public who went to the Salon could not really appreciate the medical significance of the surgery or experiment portrayed in the canvas. "We do not have," Norech wrote, "this year those large canvases in effect dedicated to the medical art or rather to those who exercise it. We state

furthermore that we are not upset about it, and, even though the most illustrious of our profession believed it a duty to have themselves painted while at their work, it does not appear to us that their dignity has gained by the remarks, not always benevolent, of a crowd that in general is not able to comprehend the significance of the scenes being presented to them."

[127] Norech's criticism is directed, it seems clear, not simply at the paintings but at the elite doctors, "les plus illustres parmi nos maitres," who perform operations and laboratory experiments. The crowds unpleasant remarks he speaks of may indeed be the complaint that such doctors considered their patients experimental material to be studied or on whom to demonstrate the usefulness of a new tool or vaccine. This "reputation" provided a clear contrast to the general practitioner's preferred image, which could also be seen at the same Salons.

Martha Hildreth has reminded us that scores of plays performed in Paris during the fin-de-siecle included scenes which brought the terrifying aspects of the hospital, common in the earlier part of the century, up to date. In these plays, Hildreth has written

There is a keen awareness of the impact of a scientific model in medicine which integrated

research in bacteriology and chemistry with theory and practice. This new science embodied hope, but threats as well. Laboratories and experiments loom large as fearful images, with horrifying implications. Unwary patients could be victimized by physicians experimenting with new therapeutic tools such as anti-bacterial chemotherapies and X-rays....

Physicians realized that scientific knowledge brought both benefits and dangers. Private practitioners sought to distance themselves from such fearful images of science and to portray themselves as 'family friend' and not 'man of science,' as family doctor, not scientist-practitioner or, worse yet, as experimenter.

The ideal of family practitioner was the medical profession's answer to the frightening images raised by the laboratory. And it was an answer with great appeal to many within the profession. Private practitioners used the image of the family doctor as a rhetorical tool in their long-standing battle against state and public medicine, against hospitals, clinics, dispensaries, the Pasteur Institutes, the Red Cross, nurses and a whole battery of threats to private practice." [128]

The UNION MEDICALE's Salon reviewers were apt to praise any traditional portrait of medical men which appeared at the Salon. Dubray noted that "En peinture ou en sculpture beaucoup de medecins ont chaque annee leurs portraits au Salon. [129] They tried to mention as many of the portraits as possible that could be seen of their "professional family," not just of those who had written medical textbooks or had achieved prominence in some way. "Cherchons d'autres portraits appartenant a notre famille medicale, il n'en manque pas, tant à la peinture qu'à la sculpture, et il est

toujours agreable, dans ce local immense, habite par un monde si etrangement mele, de rencontrer des figures de connaissance." [130] In Dubray's opinion if one of the well-known members of the profession were to have his portrait exhibited, it would be better to be painted in the studio rather than in the operating theater or the laboratory. In fact, he prefers some of the older conventions of medical portraits. "Parmi les portraits des celebrites contemporaines, quelques-uns nous interessent particulierement, comme celui de M. le professeur Richet, par Pierre-Auguste Cot (no. 607). C'est un des bons portraits que l'artiste aura termines avant sa mort, et tout le monde medical en a reconnu et respectueusement salue le modele, bien qu'il ait conserve l'incognito dans le Livret. La main gauche de professeur Z...s'appuie sur un volume de l'ANATOMIE CHIRURGICALE, qui aurait suffi a dévoiler l'anonyme." [130b]

Conversely, UNION MEDICALE reviewers criticized artists whose genre paintings, they felt, did not glorify the general practitioner sufficiently. For example, Dubray believed that Michelena's painting, L'ENFANT MALADE (1887) reduced the doctor in it to the status of a mere artisan. "Le medecin vient d'entrer, et ce confrere est le seul personnage qui m'afflige

dans cette scene. Le laisser-aller de sa tenue, son paletot marron, sa barbe de vieux revolutionnaire font penser au cerrurier du village plutot qu'a un medecin."

[131] In 1888, the journal's Salonnier noticed that there was a water color which honored medicine as it had been, based perhaps on outmoded theories, but which brought doctor and patient together. As a result, in those "good old days" before science took over, patients appreciated their doctors more. "[Dans] l'aquarelle de M. Olaria...un jeune enfant moribund subit la saignée de bras et le sang s'elance en rejaillissant de tous cotes. Mais voyons la legende: 'Le jeune Olaria rend a la vie par le Dr. M...; Portrait. Un client reconnaissant! Confreres, saluons.'" [132]

Thus at the Salon, each group of doctors had an image of itself which matched its ideology: genre paintings represented ordinary practitioners as the family doctor and the new style portraits showed the elite doctor as the master of the latest developments in medical science. These contrasting images were representations of contrasting ideologies at a time when the profession of medicine had become a very public concern.

The term "elite of the medical profession"

has been used throughout, but it needs to be defined more precisely. The leading members of the Parisian medical were not one monolithic entity. There were divisions among them, but in general they fell into two distinct groups. The first was composed of professors at the Medical Faculty. The second consisted of the leading doctors in the Parisian hospitals. Despite many similarities in education and background, the two elites viewed each other as rivals.

At each hospital, the chefs de service, the most senior physicians, were the elite of the hospital doctors. This members of this elite group was most often in conflict with their academic counterparts. Clinical training was under the supervision of the medical faculty who held hospital appointments and conducted at the Parisian hospitals. At the hospitals, however, supposedly controlled by the heads of each service. The two groups thus frequently came into contact at the same (hospital) location. Questions of authority were sure to arise and tension grew between the two groups. George Weisz, who has extensively studied the rivalry between the two elites has written that, "If there was little difference in background or life-style, the two groups constituted distinct and rival medical elites under the jurisdiction of

different ministries. The clinical aspects of the faculty programme went on in the hospitals, generating considerable tension between the two administrations."

[133] By the middle of the 1880s, the non-medical public had already been aware of the conflict for a number of years. In 1878, in a non-specialized journal, Chaufard wrote, "Il fallait donc arriver a une entente avec l'administration hospitaliere. Pourquoi cette entente se trouvait-elle si difficile à etablir? C'est que, faisons-en l'aveu, certains sentimens de rivalite jalouse s'etaient peu à peu glisses entre les medecins et chirurgiens des hopitaux et ceux qui, professeurs de faculte, devaient à ce titre un nouveau lustre." [134]

These paintings must also be seen not only in connection with the issue of professionalization but also in the context of the professional rivalry between the professors of the Medical Faculty and the elite physicians and surgeons at the Paris hospitals. The new style of medical portraiture could serve a double purpose. It could be a weapon in the rivalry between the two elites as much as it could enhance the reputation of the medical elites in the face of the challenges posed by the general practitioners. Each elite group sought to portray itself as more

progressive and in the forefront of medical science. Hospital physicians and surgeons had themselves portrayed as innovators and inventors, as specialists who could perform successful operations not even attempted by other doctors or who could unravel medical mysteries that remained puzzles to their rivals. It was the hospital setting rather than the faculty that seemed more accommodating to medical specialization, and, although not referring to these paintings directly, Weisz points out that "specialists campaigned in a variety of ways for recognition." [135]

Weisz has focused on the battle over control of medical education, but as he notes, that battle really stood for much more. "Between 1876 and 1913, an elite of medical academics attempted to adapt medical training to what they understood as the demands of modern science....During the last decades of the nineteenth century, their dominance over the educational system and over medical life in general was vigorously challenged by a competing elite of hospital physicians who shared many of their scientific aspirations." [136] The paintings of these doctors at work supported their claims of scientific preeminence.

Weisz agrees with Hildreth that the elites of the medical profession were not unconcerned about the

organization of the ordinary practitioners and the pressure for reform they were exerting on the government, but he sees a more important role that the progress of medical science had in the quest for professional monopoly. The elite doctors even took advantage of developments outside France to stress the importance of science for French medicine. "The spread of this 'scientific' ideal of medical education was directly related to the growing prestige of German science and higher education....Applied to medicine, it promised to revolutionize man's ability to cure disease. At the same time, it promised to dissipate widespread public scepticism towards the claims of official medicine and thereby to justify medical demands for a monopoly of health-care services for professional autonomy. In France, the identification of medical education with the growing prestige of 'science' also served to increase the effectiveness of reformers' demands for greater academic freedom and larger budget allocations. By becoming 'scientists', academics could raise the status of their profession and clearly distinguish themselves from the growing mass of general practitioners." [137] Their strategy was to make science the center of French medicine and themselves the center of science. Hospital physicians

and surgeons did likewise.

The two opposing medical elites sought to defend their positions, in part, by attacking each other's territory. Hospital doctors not only demanded faculty appointments, they threatened to establish an official educational track outside the faculties. According to Weisz, "Between 1890 and 1893, a few men launched a noisy campaign of criticism against official medical studies....As in the 1870s, the Assistance Publique, which administered the Parisian hospitals, began making threatening noises about its intention to establish a teaching hospital independent of the faculties." [138]

On the other hand, the Faculty was successful in preserving the agregation as a barrier to admission to its ranks by hospital doctors, who on several different occasions had tried to open the door which had kept them from positions at the Faculty. "The [Medical] Congress of 1907," Weisz points out, "as well as two subsequent meetings in 1908 and 1910, passed resolutions calling for the abolition of the agregation, which protected the teaching monopoly of the 'mandarins.'" [139] The attack on this barrier came, not unexpectedly, from the other medical elites. "The campaign against the agregation." Weisz continued,

"won the qualified support of those in the non-academic research sector, notably in the hospitals (Huchard) and in the Institut Pasteur, whose director, Emile Roux, published a widely publicized indictment of the agregation [140]. Until the outbreak of the First World War at least, the Faculty was able to mitigate any changes in the agregation.

The separation between the Faculty and the Hospital lasted well into the twentieth century, and although it had a negative effect on the development of French medicine, it was in part a result of the successful campaigns of each elite group to maintain its own position. As Theodore Zeldin points out, "it was only in the late 1950s that universities and hospitals were at last united." [140b]. This long separation has been seen as having been generally harmful to French medicine, since in Weisz's view it was in part to blame for the prevention, , of "the emergence of extensive postgraduate specialization in the experimental sciences. This failure which, I would argue, was a major factor in French medicine's apparent lack of dynamism in the twentieth century, was also the result of the academic elite's attachment to an outdated system of concours that symbolized its authority and protected its exclusiveness." [141] But

each elite, if not successful in eliminating the power of the other, was able to preserve what it had.

In the 1880s in addition to the rivalries doctors faced within their profession and the challenges from those who were practicing medicine just on the edge of legality, a new challenge arose from the science department at the Ecole Normale Superieure. Before the 1880s, Louis Pasteur's great successes had been in solving the problems associated with various French industries, diseases of silkworms or wines and beer. In the '80s, however, he turned his attention to illnesses among living creatures, first animals then humans. In the middle years of the decade, Pasteur and the pastoriens even hoped to establish their own centers of medical research and practice as quickly as possible. They envisioned these centers remaining outside the control of the faculty and hospital administrations. They sought independence. According to Anne Marie Moulin, "the pretext for the foundation of the [Pasteur] Institute was the success of the rabies curative inoculation. Although the initial project was launched upon these premises, it rapidly became evident to all that the project went far beyond these modest goals. Pasteur was creating an institute for research on all infectious diseases...." [142]

Moulin points out just how much a threat Pasteur's program was to the medical elites. "In the metropolis itself, the pastorian doctrine was in quest of a place of its own, an independent hospital adapted to its views and methods. The Pasteur Hospital was originally planned to accomodate bitten patients, according to the donor's (Mrs. Lebaudy) legacy. The project evolved into a hospital for the application of diphtheria serotherapy and ultimately became a hospital for the study of infectious diseases. The hospital was supposed to promote both clinically-inspired fundamental research in the neighbouring institute and applied experimental therapy in the clinic." [143]

Outside of Paris, Pasteur Institutes were established in Lille and Lyon. Here was another challenger to the medical establishment. Pasteur's ability to publicize himself as a modern laboratory scientist and as well as a healer of diseases, publicity which particularly showed him healing children, helped to make it clear to the elite of the medical establishment that neither the "anatomy-lesson" painting or the traditonal medical portrait, would just not be sufficient "glorification" to meet this additional threat posed by Pasteur. Pasteur's successful campaign to win public support for both the Institute and the Hospital had shown the

medical elites how powerful the image of the scientist at work could be. Bruno Latour has compared the "pasteurization of France" to a military campaign, "a famous historical battle," and although he argues that the term strategy "is too rational," [144] i.e., that in all battles there are unplanned and unpredictable events, it does seem appropriate since Pasteur was intimately involved in the shaping of his public image in general and the design and exhibition of his portraits in particular.

"Nous ne vivons pas à une époque heroique," complained Gustave Ollendorff in his review of the Salon of 1885. [145] Ollendorff complaint was as much about the lack of "genius" among the artists of his time as the difficulty of finding heroic subjects in contemporary life. French artists looking for new heroes to paint were soon to find them among the doctors at work in the hospitals and clinics of Paris. One historian who has written about the representation of heroes in art asserts that "heroism is not necessarily an unchanging ideal, but rather that it is shaped and reshaped by society in accordance with other principles and purposes." [146] Heroes in the ancient world or in the Renaissance were exceptional characters whose very special qualities set them apart

from the average range of men. The new nineteenth century hero has been described as a product of the democratic environment that promised that anyone could be a hero. Heroism was to be found in everyday life. Some of the doctors I have discussed have already been described by some modern art historians as having been portrayed as "heroes" by their portraitists. Linda Nochlin, for example, refers specifically to Claude Bernard, (painted by Lhermitte), to Jules-Emile Pean, (by Gervex), to Samuel Gross and D. Hayes Agnew (by Thomas Eakins), as "scientists and doctors, nineteenth-century heroes in the service of humanity, [who] are, like artists and poets, portrayed in their working milieu, in the midst of their feats of discovery or missions of mercy." [147] In addition to these real-life doctors, Nochlin points to several fictional medical practitioners whom she also calls heroes. Zola's Dr. Pascal "becomes the archetype of the selfless man of science, later apotheosized in Sinclair Lewis's ARROWSMITH and Paul de Kruif's biographical MICROBE HUNTERS, where in heroicized brief accounts of the actual achievements of real scientists, life seems to be imitating Realist art, to say nothing of the same phenomenon in films like DR. ERLICH'S MAGIC BULLET or MADAME CURIE, where the scientist-hero, depicted with

circumstantial accuracy, wins through in the end against overwhelming odds." [148]

The subtitle of Elizabeth Johns' study of Thomas Eakins' work quote's Baudelaire's phrase, "The Heroism of Modern Life," and Johns explains why she applies the term "hero" to the late nineteenth century surgeon. In her words, "Their achievements demonstrated to optimistic nineteenth-century successors [of the Enlightenment] that heroic action came from traits of character that most men, with the encouragement of the new democratic times, had the potential to develop: the exercise of reason, firm standards of morality, and admirable self-discipline....Leaders...urged that men cultivate heroism in every role--that of the physician, the writer, the pianist, the banker, the factory owner, even the athlete. Their creed had several tenets. These modern heroes would be 'scientific,' undertaking their work on the basis of principles developed through direct observation and experimentation; they would be 'egalitarian,' investigating without prejudice all phenomena, activities, and people; they would be 'progressive,' acutely sensitive to change, and demonstrating their awareness of it by knowing the history of their pursuit. And finally, they would be

doers." [149]

Progressive, experimenters, observers and doers, the descriptions exactly fit the the elite doctor's self-image although they may have disagreed with Johns' heroic doctor about the need for a dramatic style. In the 1870s many surgeons still staged their operations as dramatically as possible. In America, Johns writes, "surgeons took turns at performing three or four spectacular operations, each surgeon introducing the next as the 'hero' of the upcoming demonstration....But Dr. Gross was not dramatic, and he would not permit such an atmosphere in his clinic."

[150] Johns a bit further on wrote that, "the surgery that defined Gross as a modern surgeon was not the heroic amputation or the bladder-stone removal that had been practiced by earlier surgeons for centuries, but a quiet surgical procedure that in its capacity to improve the life of a patient illustrated incisively the benefits of the evolution of surgery." [151] Pean pointedly chose the singular clothes he wore when operating for their effect, and Charcot's demonstrations of hysteria were certainly theatrical. French surgeons did not want to draw attention away from themselves. Their aim was exactly the opposite. They wanted to establish their authority and priority.

To be shown having performed pulmonary decortication or using an X-ray machine dramatic and purposeful. It was Eakins, not Gross, who initiated the painting. In France, it was the other way around. French doctors, it seemed, did not share Gross' reluctance to be dramatic.

But doctors who were not part of the scientific elite believed that they too were heroes and were not content to allow the elite doctors monopolize the "heroic" image. They saw the ordinary practitioner's work also heroic because of the great sacrifices he was called on to make in order to care for his patient. Nochlin recognizes the ordinary doctors' heroism in "the service of humanity," and cites by way of example the painting that was "perhaps the best known of these medical panegyrics...Luke Fildes's moving, and certainly extremely accurate THE DOCTOR...." [152]

The general practitioner also referred to their work as heroic in a more traditional sense. During the early 1880s, examples of their heroic devotion appeared from time to time in the pages of the CONCOURS MEDICAL. Cezilly's publication equated heroism with bravery in the face of danger, and the CONCOURS willingly provided its readers with stories of courage. In its "Bulletin De La Semaine" of February

7, 1880, the CONCOURS reported the death of yet another young medical student, "a victim of his own courage. We must add the name of Reverdy to that of Herbelin whom we noted the other day, as the seventh this year. Reverdy died at the Sick Children's Hospital. It is again the croup which has taken our young colleague from us." [153] Although the article appeared in a professional journal, the author hoped that Reverdy's story would become widely known. "Il est bon que le grand public sache le devouement obscur, le courage tranquille de ces hommes, qui pour avoir le droit de vivre en soignant leurs semblables, passent leurs années de jeunesse dans des hopitaux ou se trouvent reunies toute les chances possibles de contagion et vont puiser la science au lit du malade qui leur transmettra, peut-etre, le germe de la mort." [154]

Cezilly compared doctors who died from diseases incurred as a result of their practice to heroic soldiers who fell on the battlefield. He regretted the fact that the government seemed indifferent to this notion. Cezilly wrote, "Shouldn't widows and children of doctors who died as a result of their practice be entitled to pensions and lycee scholarships from the state just the same as are soldiers who died on the field of battle? Here is the

reply of the Deputy, Monsieur Talandier:

'If so, then in industry and science and all professions where there is danger of sudden death should also be included. It is a very large question....Doctors choose their profession. It is up to them.'

I say No. In a civilized society, the state has moral obligations, not simply legal requirements." [155]

Six months later, the CONCOURS MEDICAL received a reply from Interior Minister Constans, officially rejecting Cezilly's proposal as well as his comparison. Cezilly accepted this reply, and cunningly turned it to his own advantage in his campaign to organize the ordinary practitioners into his association. He argued that doctors, no matter what the Interior Minister said, were heroes who braved danger every day. Therefore, since the government would not recognize this simple truth and grant pensions to their widows and children, it was even more important they join the Union movement. He told his readers that "we must protect ourselves. As the minister says, 'medicine, like other professions, has its dangers.'" [156] If the scientist/doctor could be the hero of the new medical portrait, then the ordinary family doctor, unnamed and dedicated could be the hero of genre paintings.

The Pastorians could match Cezilly's heroes with one of their own, the young researcher Louis

Thuillier. His death in Egypt in 1883 reminded the world that the work of the Pasteur laboratory was not without danger. Pasteur referred several times to "la mort heroique de Thuillier." [157] The medical community as well honored Thuillier's sacrifice, indirectly reminding readers that its members routinely faced similar dangers. Had Thuillier simply stayed in his laboratory (the way laboratory scientists worked), he would never have been a victim of cholera. Doctors, on the other hand, come in direct contact with disease everyday. The GAZETTE MEDICALE DE PARIS noted that "We feel comfortable bidding final good-bye to the courageous Thuillier, comfortable even though Thuillier was not a doctor. Did he not indeed deserve our admiration, this young scientist, this normalien with such a bright future, who volunteered to place himself in danger of death. He deserves to be considered a true martyr to science rather than a victim of some illness, which he certainly would not have looked for him in the laboratory at the Rue d'Ulm. He was devoted to the service of humanity and demanded to be part of the mission which went to the field to study the causes, the conditions of development and the remedies for cholera. All honor to this young victim of pure research." [158]

A plaque in his honor which read: "Louis Thuillier Mort pour la science Alexandrie 1883" - was installed at the Ecole Normale Supérieure and his burial was paid for by the national government. The city of Paris honored Thuillier by naming a street in the fifth arrondissement after him.

Representatives of the ordinary practitioners tried to turn the elite's portrayal of themselves as heroes of science against them. Paul Brouardel, Dean of the Faculty of Medicine at the University of Paris, but a supporter of ordinary doctors of the Union movement, [159] attacked any equation of modern medicine with modern science. He denied that even a position in the very forefront of scientific medicine entitled the elite ipso facto to control over the profession. Brouardel argued that the emphasis on science had actually created a wider distance between the doctor and his patient. In his view, doctors used to be the "medicus familiaris. But today, it has changed. Doctors know a great deal more about their specialty but they do not know their patients." [160]

Brouardel's second argument was that the increasing importance of science to medicine had actually contributed to even further overcrowding of the profession. Since science had been heralded as the

key to progress and the nation's future, it was only natural that young French men and women, desiring to be "scientists" have been increasingly attracted to careers in medicine. "From where, sirs, has come this great increase in the number of doctors and of medical students in France as well as in other countries?....It seems to me very probable that this infatuation with the study of medical science is due to the rapid progress made in medicine and in surgery during the second half of our century. The daily press has made widely known those very important discoveries in bacteriology and the practice of surgery as it currently is, thanks to antisepsis. It has made parents see a less risky opening than commerce or industry for the young people who have had sufficient secondary studies." [161]

Thirdly, Brouardel contended that the belief that medicine had become scientific led the general public to expect their physicians to be able to cure them and for their surgeons to complete operations successfully every time. Now when doctors failed, Brouardel argued, patients were very likely to sue their doctor, whether ordinary doctor or his "scientist" colleague. Worse yet was that when an ordinary doctor was sued, the "scientific elite"

supported the patient against the doctor. Brouardel cited a case in which the Medical Faculty of the University of E. testified against a doctor who, they said, had not followed the latest scientific practices. The case, although a German one, had been reported in the ANNALES DE HYGIENE of 1887 (vol. XVII) and therefore Brouardel felt it appropriate to include in his book. Germany had a reputation of being ahead of France in medical science, and events there seemed to be a preview for what might soon occur in France. [162]

Brouardel renewed the argument that patients often believed that their doctor/scientist was more interested in using them as medical experiments than as sick people to be healed. "Dans certaines journaux medicaux, on lit chaque jour que tel medecin a commis tous les mefaits imaginables....Le corps medicale se heurte a un sentiment de suspicion tres net, tres franchement avoue." [163] Brouardel cited reports of a Parisian doctor who, "avant les decouvertes de Roux en France et de Behring en Allemagne dans le domaine de la serum-therapie, un medecin de Paris eut l'idee de saigner des chevres et d'injecter le serum a des tuberculeux." [164] His patients died immediately, although it could not be proved that the cause of death was the injections. Since that time, however,

according to Brouardel, the courts have tended to side with the public and have frequently handed down very severe penalties on unfortunate medical men.

Even several years later, when Brouardel summed up his views, it was clear that they remained largely the same. The ordinary practitioner not the medical scientist was the heart of the profession. "Certes, il est necessaire qu'il y ait des specialistes, c'est une consequence ineluctable des progres scientifiques. La medecine devint une science tellement vaste, qu'il est non seulement difficile, mais impossible d'en connaitre d'une maniere suffisante toutes les branches....Cependant si j'admets la necessite des specialistes, je pense qu'il est non moins necessaire que l'execution du traitement qu'ils prescribent soit surveillie par le medecin de famille." [165]

The pastorians had a success similar to the other elites in establishing and maintaining their own position in the medical profession. As noted earlier, they enjoyed immediate success in the creation of the Pasteur Institute. This was due in no small measure to the favorable image as scientists serving humanity with Pasteur and those around him were represented. [166] Despite this rapid victory, the pastorians remained a

group apart and in Anne Marie Moulin's view, the Pasteur Hospital never became a very important institution within the medical profession.

"...Although some prestigious professors attended as consultants, the hospital remained separated from the medical school and its residents were never recruited via the concours of the Assistance publique. It mainly housed patients sent by the colonial physicians....By the 1930s the hospital had become somewhat an 'hopital de quartier' and was hardly a commonground between researchers' interests and clinicians' goals." [167]

It is perhaps not without significance that L. E. Fournier's apotheosis of Pasteur, LA SCIENCE AU SERVICE DE L'HUMANITE, which clearly expressed the goal of the Pasteur Hospital to bring together laboratory research, science and medical practice, decorated the Ecole Normale Supérieure rather than the Medical Faculty.

The oil paintings of doctors showing them at work that were exhibited at the Salon after the mid-1880s seemed to served their need for an effective device to transmit certain ideas to the public. "The medical community, too," assert Ann La Berge and Mordechai Feingold, "needed stable channels through which to transmit and diffuse medical ideas. Historians differ in their evaluations of the manner in

which new techniques such as microscopy or a paradigm such as Pasteurian germ theory were disseminated."

[174] Indeed, the representatives of the ordinary practitioner believed that these images were too effective in depicting medicine as modern science and technology. Whether praising or criticizing these paintings, all reviewers agreed that the large public was attracted by them. At the same time, the paintings were useful to artists who wished to be considered modern but who did not want to be thought of as members of the artistic avant-garde. Medical scenes presented a nearly perfect solution. The republican government rewarded the artists who painted these scenes, purchased their works and sent them to the national museums or to other public buildings for display. The heroes depicted in the canvases reflected virtues that the government believed were its own. In the middle-1880s, just at the time that Pasteur was creating a microbiological foundation for medicine, the aims of the three overlapping worlds of elite medicine, official art and government intersected. Each faced serious challenges and believed that the new medical portraits were useful in meeting them.

FOOTNOTES CHAPTER SIX - CONCLUSION

1. de Ronchard, Louis. "De L'Encouragement Des Beaux-Arts Par L'Etat," LA NOUVELLE REVUE, vol. 33, March 1, 1885, p. 131
2. de Ronchard, L. *ibid.*, p. 131
3. de Ronchard, L. *ibid.*, p. 131
4. de Ronchard, L. *ibid.*, p. 136
5. Vachon, Marius. "L'Art Au Conseil Municipal de Paris," LA NOUVELLE REVUE, vol. 1, Dec. 1, 1879, p. 1090
6. Vachon, Marius. *ibid.*, pp. 1098-1099
- 6b. Vachon, Marius. *ibid.*, p. 1096
7. Vachon, Marius. *ibid.*, p. 1103
8. For the use of RF, Marianne and other symbolic representations of the Third Republic, see Maurice Agulhon's MARIANNE AU POUVOIR
9. On "official" or "national" art during the Third Republic, see Genet-Delacroix, Marie-Claude, "Esthetique Officielle et Art National Sous La IIIe Republique," LE MOUVEMENT SOCIAL, April-June, 1985, No. 131, pp. 105-120
10. Hutton, John. NEO-IMPRESSIONISM AND THE SEARCH FOR SOLID GROUND ART, SCIENCE AND ANARCHISM IN FIN-DE-SIECLE FRANCE, Louisiana State University Press, Baton Rouge, 1994, p. 40
11. Levin, Miriam R. REPUBLICAN ART AND IDEOLOGY IN LATE NINETEENTH CENTURY FRANCE, UMI Research Press, Ann Arbor, Michigan, 1986, p. xiii
12. Levin, Miriam R. *ibid.*, p. 10
13. Levin, Miriam R. *ibid.*, p. 79
14. Levin, Miriam R. *ibid.*, p. 101
15. Hutton, John, NEO-IMPRESSIONISM AND THE SEARCH FOR SOLID GROUND, *op. cit.*, p. 14

16. Perrot, Michele. WORKERS ON STRIKE FRANCE 1871-1890, Translated by Chris Turner. Yale University Press, New Haven and London, 1987p. 7
17. Meyer, Arthur. CE QUE MES YEUX ONT VU, Plon, Paris, 1911, pp. 31, 33. Quoted in Silverman, Deborah, ART NOUVEAU IN FIN-DE-SIECLE FRANCE POLITICS, PSYCHOLOGY AND STYLE, University of California Press, Berkeley and Los Angeles, 1989, p. 43
18. Levin, Miriam R. REPUBLICAN ART AND IDEOLOGY, op. cit., p. 177
19. Silverman, Deborah. "The 1889 Exhibition: The Crisis of Bourgeois Individualism," OPPOSITIONS, no. 8, Spring, 1977, p. 71
20. For example, see Linda Nochlin's discussion of anti-semitism and the art and politics of Degas and Pissarro in "Degas and the Dreyfus Affair," in THE POLITICS OF VISION. ESSAYS ON NINETEENTH CENTURY ART AND SOCIETY. Harper and Row, N.Y., 1989, p. 160
21. Houssaye, Henry. "Le Salon de 1882," REVUE DES DEUX MONDES, vol. 51, June 1, 1882, p. 565
22. Houssaye, Henry. "Le Salon de 1882," ibid., p. 564
23. Lafenestre, Georges. "Le Salon de 1886," REVUE DES DEUX MONDES, vol. 75, June 1, 1886, p. 590
24. Lafenestre, Georges. "Le Salon de 1887," REVUE DES DEUX MONDES, vol. 81, June 1, 1887, p. 630
25. Lafenestre, Georges. "Le Salon de 1887," op. cit., p. 586
26. Lafenestre, Georges. "Le Salon de 1889," REVUE DES DEUX MONDES, vol. 93, June 1, 1889, p. 633
27. Darrieu, Jean. "Salon de 1891," LA NOUVELLE REVUE, vol. 70, May 15, 1891, p. 390
28. Levin, Miriam R. REPUBLICAN ART AND IDEOLOGY, op. cit., p. 19
29. Nochlin, Linda. THE POLITICS OF VISION, op. cit., p. 7
30. Spender, Stephen. THE STRUGGLES OF THE MODERN,

Hamilton, London, 1963, p. 71-72. Quoted in Calinescu, Matei, FIVE FACES OF MODERNITY, Duke University Press, Durham, 1987, p. 88

31. Clark, T.J. THE PAINTING OF MODERN LIFE PARIS IN THE ART OF MANET AND HIS FOLLOWERS, Princeton University Press, Princeton, 1984, p. 12

32. Clark, T.J. *ibid.*, p. 21

33. Vachon, Marius. "L'Art Au Conseil Municipal de Paris," *op. cit.*, p. 1096

34. Pasteur, L. CORRESPONDANCE, REUNIE ET ANNOTEE PAR PASTEUR VALLERY-RADOT, Flammarion, Paris, 1951, vol. II, p. 619.
Jan. 25, 1876.

35. For Pasteur's letters detailing the entire campaign, see pp. 611-619

36. In the summer of 1885, Pasteur was again asked to stand for election. A committee composed of political leaders, some of whom were also members of the medical profession, believed that not only had Pasteur's reputation as a scientist grown since 1876, but that new conditions in the republic made it seem likely that his candidacy for the National Assembly would be successful. Pasteur wrote of this offer to his son-in-law, Rene Valery-Radot noting that the spokesmen for the group, Jules Simon, Tisserand and Denys Cochin has emphasized that "qu'enfin mon election serait pour tous comme un peu hommage rendu à la science dans ma personne." [CORRESPONDANCE, III, p. 424].

Pasteur declined and wrote to Leon Say, "Je suis bien touché de votre demarche. Il me serait fort agreable de devoir un mandat de député à des electeurs dont un certain nombre, on eu à appliquer les resultats de mes études. Mais la politique me fair peur et j'ai deja decline toute candidature dans le Jura, et refuse de me laisser porter au Sénat dans le courant de cette année." [CORRESPONDANCE, IV, August 21, 1885, pp. 34-35]

In 1892, Pasteur was once more offered the opportunity to stand for a senate seat. At first he was tempted to accept since he had come to believe that both he and science were finally important enough in the eyes of the voters of the Seine-et-Oise to assure victory on

his terms. He wrote to Leon Say, "Si j'avais la bonne fortune d'avoir votre assentiment et votre appui, je me presenterais dans ce departement qui est votre a tant de titres." [CORRESPONDANCE, vol. IV, p. 340, September 12, 1892]. Ultimately, he declined. 1892 was, of course, Pasteur's jubilee was celebrated at the Sorbonne.

37. Meunier, Stanislas. "L'Esprit Scientifique a Travers Les Ages," LA NOUVELLE REVUE, vol. 41, July 1, 1886, pp. 83-84

38. Meunier, Stanislas. *ibid.*, p. 84-85

39. Meunier, Stanislas. *ibid.*, p. 81

40. Meunier, Stanislas. *ibid.*, p. 82

41. Meunier, Stanislas. *ibid.*, p. 88

42. Meunier, Stanislas. *ibid.*, p. 83

43. Thiebault-Sisson, "Salon de 1887," LA NOUVELLE REVUE, vol. 46, May 15, 1887, p. 788

44. For example, Heckel, Edward, "Les Anesthesiques et la Douleur," LA NOUVELLE REVUE, Jan.-Feb., 1882; Fere, Charles. "J.-M. Charcot et Son Oeuvre," REVUE DES DEUX MONDES, vol. 122, March 15, 1894, pp. 410-424

45. Estienne, Dr. Jacques. "Les Grandes Epidemies et La Doctrine Microbienne," LA NOUVELLE REVUE, vol. 30, October 1, 1884, p. 490

46. Joly, H. "Les Microbes Et La Clinique Essai de Philosophie Medicale," LA NOUVELLE REVUE, vol. 29, August 1, 1884, p. 502

47. Joly, H. *ibid.*, p. 502

48. Joly, H. *ibid.*, p. 509

49. Joly, H. *ibid.*, p. 523

50. Cochin, Denys. "Les Travaux De M. Pasteur," REVUE DES DEUX MONDES, 3rd Series, vol. 66, Dec. 15, 1884, p. 854

51. Cochin, D. *ibid.*, p. 865

52. Joly, Henri. "Les Recentes Discussions De L'Academie De Medecine Janvier-Juin 1886," LA NOUVELLE REVUE, vol. 41, August 15, 1886, p. 780
53. Joly, H. *ibid.*, p. 780
54. De La Marche, Lecoy. "Les Sciences et la Medecine Au Moyen Age," LA NOUVELLE REVUE, vol. 36, Sept. 1, 1885, pp. 77-113
55. De La Marche, *ibid.*, p. 111
56. De La Marche, *ibid.*, p. 112
57. De La Marche, *ibid.*, p. 112
58. De La Marche, *ibid.*, p. 103. Despite the ban of their practicing medicine, several members of the religious community did so anyway. "On trouve, au XIIIe siecle, des medecins destingues parmi les clerics: Gilles de Corbeil, chanoine de Paris; Rigord, moine de Saint-Denis; Odon, abbe de Sainte-Genevieve; Jean de Saint-Amand, chanoine de Tournai; Jean de Saint-Gilles, frere precheur; Roger de Provins, qui fut a la fois le chapelain et le medecin de saint Louis." p. 102
59. De La Marche, *ibid.*, p. 103
60. See, for example, Guillaume, Pierre, MEDECINS, EGLISE ET FOI DEPUIS DEUX SIECLES, Aubier, Paris. 1990, pp. 83-88; Leonard, Jacques, "Women, Religion, and Medicine," ANNALES, E.S.C. 32, September-October, 1977, pp. 887-907, reprinted in Forster, Robert and Orest Ranum, MEDICINE AND SOCIETY IN FRANCE SELECTIONS FROM THE ANNALES, vol. 6, Johns Hopkins University Press, Baltimore and London, 1980, pp. 24-47, translated by Elborg Forster and Patricia M. Ranum, esp. pp. 38-44; Also, Knibiehler, Yvonne CORNETTES ET BLOUSE BLANCHES LES INFIRMIERES DANS LA SOCIETE FRANCAISE 1880-1980, Hachette, Paris 1984, esp. pp. 45-46
61. De La Marche, "Les Sciences et la Medecine Au Moyen Age," *op. cit.*, p. 104
62. De La Marche, *ibid.*, p. 110
63. Morand, Dr. L. C. "Chronique Medicale La Loi Sur Les Alienes," LA NOUVELLE REVUE, vol. 45, March 15, 1887, p. 381

64. Morand, Dr. L. C. *ibid.*, 385
65. Morand, Dr. L. C. *ibid.*, p. 389
66. Gallet, Louis. "Un Grand Hopital Parisien En 1886," *LA NOUVELLE REVUE*, vol. 46, June 15, 1887, p. 688
67. According to Eugen Weber, French peasants continued to fear doctors at least through the late 1870s. In the 1880s, according to Weber, peasants might use the term "microbes," but they were still imagining the ancient evil spirits. Weber cites the expression as used by an "old man in Victor Hugo's *LES MISERABLES*: 'Que voulez-vous, Monsieur, nous autres, pauvre gens, j'nous mourrons nous-memes.'" *PEASANTS INTO FRENCHMEN*, Stanford University Press, Stanford, 1976, pp. 154, 155
68. Gallet, L. "Un Grand Hopital Parisien," *op. cit.*, pp. 695-696
- 68b. Gallet, L. *ibid.*, p. 706 Lariboisiere was opened on March 13, 1854, the first new hospital under the recently organized Assistance Publique of Paris. Construction had begun under the July Monarchy and it included several new architectural features for hospitals. Roger Tourtel and Jean Favard have written that "Les grandes salles, qui menagent peu le gout d'intimite des malades, peuvent sembler demodees a nos contemporains; il faut reconnaitre que ces locaux eclaires de large fenetres, distribues de facon judicieuse marquent un reel progres sur les vieux hopitaux qui, installes souvent au gre des circonstances dans d'anciens couvents ou d'anciennes demeures delaissees, ne possedaient la plupart du temps aucune des annexes necessaires au fonctionnement de services hospitalieres." Tourtel, R. and J. Favard. *CENT ANS D'ASSISTANCE PUBLIQUE A PARIS 1849-1949*, Administration Generale De L'Assistance Publique, p.XV
69. Gallet, L. *ibid.*, p. 703
70. Gallet, L. *ibid.*, p. 704
71. Gallet, L. *ibid.* p. 708
72. Gallet, L. *ibid.*, p. 709
73. Gallet, L. *ibid.*, p. 711

74. For a history of the passage of the Medical Assistance Law of 1893, see Martha Hildreth, DOCTORS, BUREAUCRATS AND PUBLIC HEALTH IN FRANCE, op. cit., Chapters 4 and 5, pp. 215-269 and 270-326
75. Gallet, L. "Un Grand Hopital Parisien En 1886," op. cit., p. 698
76. Micale, Mark S. "The Salpetriere in the Age of Charcot: An Institutional Perspective on Medical History in the Late Nineteenth Century," JOURNAL OF CONTEMPORARY HISTORY, vol. 20, 1985, p. 718. See also Ackerman, Evelyn, HEALTH CARE IN THE PARISIAN COUNTRYSIDE, Rutgers University Press, New Brunswick, 1990, chapter 7 for practices at the suburban hospital at Mantes-la-Jolie.
77. Folet, Dr. H. "La Revolution De La Chirurgie," LA NOUVELLE REVUE, vol. 49, Nov. 1, 1887, pp. 95-96
78. folet, Dr. H. ibid, p. 96
79. Folet, Dr. H. ibid., p. 100
80. Folet, Dr. H. ibid., p. 102
81. Folet, Dr. H. ibid., p. 105
82. folet, Dr. H., ibid., p. 110
83. Folet, Dr. H. ibid., p. 117
84. Folet, Dr. H. ibid., p. 118
85. Folet, Dr. H. pp. 121-122
86. Hauser, Dr. Ph. "Le XIXe Siecle Au Point de Vue Medico- Social," LA NOUVELLE REVUE, New Series, vol. 33, April 1, and April 15, 1905, pp. 303-304
87. Hauser, Dr. Ph. ibid., pp. 316-317
88. Hauser, Dr. Ph. ibid., p. 310
89. Hauser, Dr. Ph., ibid., p. 314
90. Hauser, Dr. Ph. ibid., p. 313
91. Hauser, Dr. Ph. ibid., p. 465

92. Hauser, Dr. Ph., *ibid.*, p. 465
93. Hauser, Dr. Ph. p. 467
94. Suty, Cl. "Promenades Au Salon," *UNION MEDICALE*, vol. 39, No. 83, June 18, 1885, p. 1020
95. De Goncourt, Edmond and Jules. *JOURNAL*, vol. III, 1887-1896, Robert Lafont, Paris, 1989, p. 402
96. Bryois, Henri, "Les trois derniers livres des Rougon-Macquart," *LE FIGARO*, April 12, 1890. Quoted in ZOLA, EMILE *CORRESPONDANCE*, Vol. VII, edited by B. H. Bakker, Les Presses De L'Universite de Montreal, Publications du CNRS, 1989. pp. 370-371. Zola completed writing *LE DOCTEUR PASCAL* on Sunday, May 14, 1893.
97. Zola, E. *CORRESPONDANCE*, op. cit., vol. VIII, p. 155. According to Owen Morgan, Dorothy E. Speirs and John A. Walker who provided editorial notes to this volume, "Jean Rostand suggests three models: Bernard, Prosper Lucas and the physiologist Charles-Edouard Brown-Sequard," *ibid.*, p. 155
98. Malinas, Yves. "Zola, Precurseur de la Pensee Scientifique Du XXe Siecle," *Discours Prononce a Medan, Le 3, Oct., 1970,* *LES CAHIERS NATURALISTES*, No. 40, 1970, p. 115
99. Malinias, Y. *ibid.*, pp. 115-116
100. Zola, Emile. *LOURDES*, English Edition translated by Ernest Alfred Vizetelly. Chatto & Windus, London, 1929. pp. 124-125
101. Zola, E. *CORRESPONDANCE*, op. cit., vol. 8, p. 20
102. Zola, E. *CORRESPONDANCE*, op. cit. vol. 8, p. 114
103. Zola, E. *CORRESPONDANCE*, op. cit., vol. 8, p. 126
104. Flaubert, Gustave, *BOUVARD ET PECUCHET*, p. 75
105. Ramsey, Matthew. "The Politics of Medical Monopoly," in Geison, Gerald, ed., *PROFESSIONS AND THE FRENCH STATE*, University of Pennsylvania Press, 1984, p. 226

106. Ramsey, M. *ibid.*, p. 279
107. Hildreth, Martha, *DOCTORS, BUREAUCRATS AND PUBLIC HEALTH*, *op. cit.*, p. 2
108. Herzlich, Claudine. "The Evolution of Relations Between the French Physicians and the State From 1880 to 1980," *SOCIOLOGY OF HEALTH AND ILLNESS*, vol. 4, No. 3, 1982, p. 243
109. Herzlich, C. *ibid.*, p. 245
110. Hildreth, M. *DOCTORS, BUREAUCRATS AND PUBLIC HEALTH*, *op. cit.*, p. 65
111. Hildreth, M. *ibid.*, p. 7
- 111b. Hildreth, M. *ibid.*, p. 64
112. *LE CONCOURS MEDICAL*, vol. 9, #4, Jan. 22, 1887. p. 461
113. *LE CONCOURS MEDICAL*, vol. 1, No. 14, Oct. 4, 1879. pp. 180-181
114. Dr. E. Marignan, *LE CONCOURS MEDICAL*, vol. 1, No. 19, November 8, 1879. pp. 225-226
- 114b. *CONCOURS MEDICAL*, vol. 9, No. 3, Jan. 15, 1887. p. 38. Cezilly complained that article 15 of the government's proposed bill to regulate the medical profession allowed medical students too much freedom to continue this illegal practice.
115. *CONCOURS MEDICALE*, vol. 2, No. 3, Jan. 17, 1880. p. 30
116. Hildreth, M. *DOCTORS AND BUREAUCRATS, AND PUBLIC HEALTH IN FRANCE, 1888-1902*, Garland Publishing, Inc. New York and London, 1987. pp. 62-63
117. Hildreth, *DOCTORS, BUREAUCRATS, AND PUBLIC HEALTH*, *op. cit.*, p. 63
118. Dr. J. Bach, "Clients Refractaires," *LA FEDERATION MEDICALE*, No. 7, Feb., 1897. pp. 4-8, quoted in Hildreth, *DOCTORS AND BUREAUCRATS*, p. 63
119. Hildreth, Martha L. *DOCTORS, BUREAUCRATS, AND PUBLIC HEALTH IN FRANCE, 1888-1902*, Garland Publishing,

Inc. New York and London, 1987. pp. 37-39

120. Hildreth, M. DOCTORS, BUREAUCRATS, AND PUBLIC HEALTH, *ibid.*, p. 64

121. The Exhibition Catalogue, UN PATRIOTE AUX ORIGINES DE LA PUERICULTURE GASTON VARIOT (1855-1930) by Nadine Simon-Dhouailly, Nicolas Sainte Fare Garnot and F. Beaugrand (Assistance Publique, May 15-December 15, 1984) makes this point continually. See also George Sussman's SELLING MOTHERS' MILK, (1982).

122. According to Hildreth, "The Union published its own bulletin separate from Le Concours. However, the two organizations, Le Concours and the Union, worked very closely together and in many ways were one and the same." Hildreth, p. 44.

123. Norech, D. "Promenades Au Salon," *ibid.* In the same Salon review, Norech apologized for perhaps shocking the sensibilities of some of his readers with his description of Gelhay's COMPARATIVE ANATOMY AT THE MUSEUM. "Notre devoir nous force à imposer encore un chagrin aux ames sensibles." p. 826

124. During the 1880s, three different physicians, D. Dubray, Cl. Suty and D. Norech, wrote the annual reviews, "Promenades Au Salon," for the UNION MEDICALE. Norech replaced Suty in 1888. I would like to thank Toby Gelfand for bringing these reviews to my attention.

125. Norech, D. "Promenades Au Salon," UNION MEDICALE, Vol. 45, No. 68, May 31, 1888. p. 825

126. Norech, D. [In this article, he signed his name Noreck]. "Les Promenades Au Salon," UNION MEDICALE, vol. 47, No. 66, May 28, 1889. p. 797

127. Norech, D. "Promenades Au Salon," UNION MEDICALE, vol. 49, No. 69, June 12, 1890. p. 829

128. Hildreth, Martha. "Doctors and Families in France, 1880-1930: The cultural Reconstruction of Medicine," in La Berge, Ann and Mordechai Feingold, FRENCH MEDICAL CULTURE IN THE NINETEENTH CENTURY, *op. cit.*, p. 191. Hildreth discusses literary works, both fiction such as Daudet's LES MORTICOLES and non-fiction, such as a study by Charles Solby and Louis Gastine, DEFENDS TA PEAU CONTRE TON MEDECIN (1907) an

anti X-Ray work that was exactly contemporaneous with Chicotot's self-portrait, FIRST TREATMENT WITH X-RAYS.

129. Dubray, P. "Promenades Au Salon," L'UNION MEDICALE, vol. 43, #62, May 14, 1887. p. 758

130. Suty, Cl. "Les Promenades Au Salon," UNION MEDICALE, vol. 41, #70, May 23, 1886, p. 846

131. Dubray, P. "Promenades Au Salon," L'UNION MEDICALE, vol. 43, No. 65, May 21, 1887, p. 792

132. Norech, D. "Promenades Au Salon," L'UNION MEDICALE, vol. 45, No. 68, May 31, 1888, p. 826

133. Weisz, George. "Reform and Conflict in French Medical Education, 1870-1914," in Fox and Weisz, THE ORGANIZATION OF SCIENCE AND TECHNOLOGY IN FRANCE, 1808-1914. (1980)., p. 67

134. Chaufard. "De La Situation De L'Enseignement Medical En France," REVUE DES DEUX MONDES, vol. 25, January 1, 1878, p. 140

135. Weisz, George. "The Development of Medical Specialization in Nineteenth Century Paris," in La Berge, Ann and Mordechai Feingold, FRENCH MEDICAL CULTURE IN THE NINETEENTH CENTURY, Wellcome Institute Series in the History of Medicine, Rodopi, Amsterdam and Atlanta, GA., 1994. p. 169. Weisz pointed out that through the 1860s, at least, "these continued to be considerable opposition within the Faculty to the introduction of specialty teaching in the curriculum," (p. 164) and that "specialization among members of the Parisian Medical elite depended on its acceptance within the hospital system where elite clinics were pursued." (p. 168)

136. Weisz, George. "Reform and Conflict in French Medical Education, 1870-1914," p. 62

137. Weisz, G. "Reform and Conflict in French Medical Education," *ibid.* p. 65 (my emphasis)

138. Weisz, George. "Reform and Conflict in French Medical Education, 1870-1914," in Fox and Weisz, THE ORGANIZATION OF SCIENCE AND TECHNOLOGY IN FRANCE, 1808-1914, 1980, p. 67

139. Weisz, George. *ibid.*, p. 90

140. Weisz, George, *ibid.*, p. 90
141. Weisz, George, "Reform and Conflict in French Medical Education," *op. cit.*, p. 94
142. Moulin, Anne Marie. "Bacteriological Research and Medical Practice in and out of the Pastorian School, in La Berge, Ann and Mordechai Feingold, *FRENCH MEDICAL CULTURE IN THE NINETEENTH CENTURY*, Wellcome Institute Series in the History of Medicine, Rodopi, Amsterdam and Atlanta, GA., 1994. p. 329
143. Moulin, Anne Marie. "Bacteriological Research and Medical Practice," *ibid.*, p. 342
144. Latour, Bruno. *THE PASTEURIZATION OF FRANCE*, Harvard University Press, Cambridge, Mass. and London, England, 1988.
p. 7, p. 60
145. Ollendorff, Gustave. "Le Salon de 1885," *REVUE DES DEUX MONDES*, vol. 69, June 15, 1885, p. 918
146. Zupnick, Irwin. "Saint Sebastian The Vicissitudes of the Hero As Martyr," *CONCEPTS OF THE HERO IN THE MIDDLE AGES AND THE RENAISSANCE*, Burns, Norman T. and Christopher J. Reagan, editors. State University of New York Press, Albany, 1975, op. 258
147. Nochlin, Linda. *REALISM*, Penguin Books, 1971 (reprinted, 1987), p. 192
148. Nochlin, L. *ibid.*, p. 192
149. Johns, Elizabeth. *THOMAS EAKINS THE HEROISM OF MODERN LIFE*, Princeton University Press, Princeton, 1983. pp. 4-5
150. John. E. *ibid.*, p. 66
151. Johns, E. *ibid.*, p. 75
152. Nochlin, L. *REALISM*, *op. cit.*, p. 192. Professor Nochlin has informed me that Fildes' painting, either in engraving or other reproduction, was featured in numerous doctors' offices (mainly pediatricians) in the U.S.A. Personal Communication, Dec., 1994
153. *CONCOURS MEDICAL*, no. 6, Feb. 7, 1880, p. 61

154. CONCOURS MEDICAL, *ibid.*, p. 61
155. CONCOURS MEDICAL, *ibid.*, pp. 69-70
156. CONCOURS MEDICAL, No. 33, August 14, 1880, pp. 389-390
157. Pasteur, Louis, CORRESPONDANCE, vol. III, *op. cit.*, p. 397, September 26, 1883. Letter to Charles Garnier
158. GAZETTE MEDICALE DE PARIS, #39, September 29, 1883, p. 464
159. Hildreth, M. DOCTORS, BUREAUCRATS AND PUBLIC HEALTH IN FRANCE, *op. cit.*, p. 53
160. Brouardel, Paul. LA RESPONSABILITE MEDICALE, J.-B. Balliere et Fils, Paris, 1898, p. 8
161. Brouardel, Paul. L'EXERCISE DE LA MEDECINE ET LE CHARLATANISME, J.-B. Balliere et Fils, Paris, 1897, p. 25
162. Brouardel, Paul. LA RESPONSABILITE MEDICALE, *op. cit.*, p. x.
163. Brouardel, Paul. LA RESPONSABILITE MEDICALE, *ibid.*, pp. 305-307. The case Brouardel cited involved a fight between two army reservists. One was stabbed. A Dr. N. bandaged him and two days later treated the wound with ten leeches. No disinfectant was used. The patient died three weeks later. In Brouardel's words, "La Faculté de Medecine de l'Universite de E...., consultée à son tour, emit l'avis que le traitement insitute par le Dr. N.... etait contraire aux regles de la science." As a result of this testimony, Dr. N. received a sentence of two weeks in prison.
164. Brouardel, Paul. LA RESPONSABILITE MEDICALE, *ibid.*, p. 56
165. Brouardel, Paul. LA PROFESSION MEDICALE AU COMMENCEMENT DU XXe SIECLE, J.-B. Balliere et Fils, Paris, 1903, p. 51
166. See, for example, Weindling, Paul, "Scientific Elites and Laboratory Organization in Fin-de-Siecle Paris and Berlin," in THE LABORATORY REVOLUTION IN

MEDICINE, p. 172. Weindling states that 1,940,000 francs were collected.

167. Moulin, Anne Marie, "Bacteriological Research and Medial Educaton," op. cit., p.p. 342-343

168. La Berge, Ann and Mordechai Feingold, FRENCH MEDICAL CULTURE IN THE NINETEENTH CENTURY, op. cit., p. 13