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The Intimate Experience of the Body in the Eighteenth Century: Between Interiority and Exteriority

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Introduction

Inspired by the recent literature on the history of the body, this article takes as a premise that the body is to be considered as an historical object and should not be envisioned as a universal entity, determined by nature and supposedly transcending temporal and geographical boundaries. It will be studied in this paper as an unstable, constructed phenomenon, inseparable from the cultural context in which it is born, grows, decays and dies. Furthermore, we argue for an historicization of the body that does not limit itself to representations or bodily practice—as if only views and attitudes changed while the body itself remained essentially the same—but expands to include sensations and bodily experience as such.[1]

In his comparative history of Japanese and western anatomy, Shigehisa Kuriyama demonstrates the extent to which perception is mediated by underlying representative schema; he emphasizes the fact that post-mortem examinations and reports in the eighteenth century sometimes differed radically between east and west.[2] As a matter of fact, the body that is seen, that presents itself to our eyes, is not exactly the same as the one we look at; the active verb implies the participation of the observer, a point of view, an initial set of questions, a mode of looking and expectations regarding what will be observed.

If sight is, to a certain extent, influenced by preconceptions, then it is easy to imagine that the other senses, hearing, smell, touch and taste, to which we can probably add internal sense, also known as coenæsthesia,[3] the way in which we inhabit our bodies or the feeling of

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[1] See in particular Barbara Duden, *The woman beneath the skin: a doctor's patients in eighteenth-century Germany*, Cambridge, MA, Harvard University Press, 1991.

[2] Shigehisa Kuriyama, 'Between mind and eye: Japanese anatomy in the eighteenth century', in Charles Leslie and Allan Young (eds), *Paths to Asian medical knowledge*, Berkeley and Oxford, University of California Press, 1992, pp. 21–43.

[3] Jean Starobinski, 'The natural and literary history of bodily sensation', in Michel Feher, with Ramona Naddaff and Nadia Tazi (eds), *Fragments for a history of the human body*, New York, Zone, 1989, pp. 350–405; Jean Starobinski, 'Le concept de cénésthésie et les idées neuropsychologiques de Moritz Schiff', *Gesnerus*, 1977, **34**: 2–20.

our corporeality, are no different. Here the experience of the body is touched upon, a notion that we conceive as the relationship human beings have to their own bodies, internally, but also in their interactions with the exterior, notably with other people.

One may roughly distinguish two dimensions in bodily experience: an external one, that comprehends perceptions of the body from the outside, by the subject him or herself and/or by any other observer; skin alterations, for example, belong to this external dimension, whereas itching would be part of the second dimension, the internal one. It concerns feelings and sensations purely interior and intimate, excluding a third person. Obviously, internal and external experiences cannot be separated so clearly, for most external alterations are associated with intimate sensations. The main difference between both is that the former can be lived only by the person concerned, whereas the latter can also be witnessed, at least partially, by others. In this paper, we will deal with both dimensions of bodily experience, exploring how external observers occasionally participate in its expression and elaboration, or involuntarily distort it. One of the key questions underlying our study is: is it possible to say anything, as an historian, concerning the intimate perceptions of sick persons of the eighteenth century?

If bodily experience is, above all, subjective and individual, it is also partially shared within a community. To feel is most often to recognize, localize or identify some phenomena in relation to corporal maps established from biological and cultural data. But the body's experience always retains, in the final analysis, a unique character, for any experience consists in a kind of addition, new perceptions starting to resonate with ancient ones. Bodily experience is thus greatly conditioned by an individual's biography and personality. It is, in a way, something made out of several layers; some are common to a socio-cultural group, as these biologico-cultural corporal maps inform the perception of a well-functioning body; others are personal, like acute pain.

How can we approach the history of bodily experience? One privileged way is through the words of people belonging to that history. Wherein lies the great interest of the private archives of Dr Samuel Auguste Tissot (1728–97), and in particular the significance of the letters requesting consultation that the sick of the eighteenth century addressed to the eminent physician.[4] The Swiss doctor from Lausanne enjoyed a Europe-wide reputation at the time of the Enlightenment, in particular after the publication of two of his books, *Onanism* and *Advice to the people in general, with regard to their health*,[5] and as a

[4] The Tissot archives, held at the Bibliothèque cantonale et universitaire de Lausanne (hereafter BCUL), contain, in addition to the doctor's writings, more than a thousand documents that are requests for treatment of the sick. Thanks to a research grant from the FNRS (n° 11-56771.99), we have compiled a qualitative database that has allowed the archives to be classified and organized using about 60 criteria. This work, carried out under the direction of Prof. Vincent Barras within the context of the Institut universitaire romand d'histoire de la médecine et de la santé, will permit the contents of these unique archives to be valued within the research community and will render them more easily accessible to researchers. The second part of this research project anticipates an analysis of the collection according to diverse themes: the relationship between doctor and patient, the body experience, the conceptions of health and disease, therapeutic pluralism, etc.

[5] Antoinette Emch-Dériaz, *Tissot: physician of the Enlightenment*, New York and Bern, P Lang, 1992; S A A D Tissot, *L'Onanisme*, Lausanne, Grasset, 1760 (1st edition); S A A D Tissot, *L'Avis au peuple sur sa santé*, Lausanne, Grasset, 1761 (1st edition). This latter book enjoyed a very large audience in the eighteenth century; eighteen editions were published during the author's lifetime, between 1761 and 1792, and it was translated into a number of different languages, including English: *Advice to the people in general, with regard to their health*, Edinburgh, A Donaldson, 1766.

consequence of his experience and talents as a medical practitioner. Tissot's medical correspondence contains more than a thousand documents describing particular cases sent to him in the hope of obtaining advice and treatment.[6]

Consultation by letter was a relatively common practice in the eighteenth century, and Tissot was certainly not the only doctor to receive correspondence of this nature.[7] Doctors did not always feel it was necessary to see patients, or to touch their bodies, diagnosis primarily being based on a narrative or a written account of symptoms.[8] This is no longer the case in today's medicine, which, fortified by its highly specified investigative tools of all

[6] The medical correspondance of Tissot has already been the subject of a number of studies. See, in particular, Séverine Pilloud, 'Mettre les maux en mots: médiations dans la consultation épistolaire au 18e siècle; les malades du Dr Tissot (1728–97)', *Can. Bull. med. Hist.*, 1999, **16**: 215–45; Micheline Louis-Courvoisier and Séverine Pilloud, 'Le malade et son entourage au 18e siècle: les médiations dans les consultations épistolaires adressées au Dr Tissot', *Revue Médicale de la Suisse Romande*, 2000, **210**: 939–44; Micheline Louis-Courvoisier, 'Le malade et son médecin: le cadre de la relation thérapeutique dans la deuxième moitié du XVIIIe siècle', *Can. Bull. med. Hist.*, 2001, **18**: 277–96; Vincent Barras and Philip Rieder, 'Ecrire sa maladie au siècle des Lumières', in Vincent Barras and Micheline Louis-Courvoisier (eds), *La Médecine des Lumières: tout autour de Samuel Tissot*, Geneva, Georg, 2001, pp. 201–22; Michael Stolberg, 'Unmanly vice: self-pollution, anxiety and the body in the eighteenth century', *Soc. Hist. Med.*, 2000, **13** (1): 1–21; Michael Stolberg, 'Mein äskulapisches Orakel! Patientenbriefe als Quelle einer Kulturgeschichte der Krankheitserfahrung im 18. Jahrhundert', *Österreichische Zeitschrift für Geschichtswissenschaften*, 1996, **7**: 385–404; Michael Stolberg, 'A woman's hell? Medical perceptions of menopause in preindustrial Europe', *Bull. Hist. Med.*, 1999, **73**: 404–28; Michael Stolberg, 'The monthly malady: a history of premenstrual suffering', *Med. Hist.*, 2000, **44**: 301–22; Frédéric Sardet, 'Consulter Tissot: hypothèses de lecture', in Barras and Louis-Courvoisier (eds), *La Médecine des Lumières*, op. cit., pp. 55–66; Daniel Teisseyre, 'Mort du roi et troubles féminins: le premier valet de chambre de Louis XV consulte Tissot pour sa jeune femme (mai 1776)', in Helmut Holzhey and Urs Boschung (eds), *Santé et maladie au XVIIIe siècle*, Clio Medica 31, Amsterdam and Atlanta, Rodopi, 1995, pp. 49–56; Daniel Teysseire, 'Le réseau européen des consultants d'un médecin des Lumières: Tissot (1728–1797)', in *Diffusion du savoir et affrontement des idées 1600–1770*, Montbrison, Association culturelle du centre culturel de la ville de Montbrison, 1993, pp. 253–67; Daniel Teysseire, *Obèse et impuissant: le dossier médical d'Elie de Beaumont (1765–1776)*, Grenoble, Millon, 1995.

[7] On epistolary consultation in general, see Dorothy Porter and Roy Porter, *Patient's progress: doctors and doctoring in eighteenth-century England*, Cambridge, Polity Press 1989, pp. 76–8; Irvine Loudon, *Medical care and the general practitioner 1750–1850*, Oxford, Clarendon Press, 1986; Guenter B Risse, 'Cullen as clinician: organisation and strategies of an eighteenth-century medical practice', in R Passmore, A Doig, J P S Ferguson, I A Milne (eds), *William Cullen and the 18th century medical world*, Edinburgh University Press, 1993; Laurence Brockliss, 'Consultation by letter in early eighteenth-century Paris: the medical practice of Etienne-François Geoffroy', in Ann La Berge and Mordechai Feingold (eds), *French medical culture in the nineteenth century*, Amsterdam and Atlanta, Rodopi, 1994, pp. 79–117; Laurence Brockliss, 'Les membres du corps médical comme correspondants: les médecins francophones et la République des Lettres du XVIIIe siècle', in Barras and Louis-Courvoisier (eds), op. cit., note 6 above, pp. 151–70; Wayne Wild, 'Doctor–patient correspondence in eighteenth-century Britain: a change in rhetoric and relationship', in Timothy Erwin and Ourida Mostefai (eds), *Studies in eighteenth-century culture*, vol. 29, Baltimore and London, Johns Hopkins University Press, 2000, pp. 47–64; Joan Lane, '"The doctor scolds me" the diaries and correspondence of patients in eighteenth-century England', in Roy Porter (ed.), *Patients and practitioners: lay perceptions of medicine in pre-industrial society*, Cambridge University Press, 1985, pp. 205–48; Elborg Foster, 'From the patient's point of view: illness and health in the letters of Liselotte von der Pfalz (1652–1722)', *Bull. Hist. Med.*, 1986, **60**: 297–320.

[8] See, in particular, William F Bynum and Roy Porter (eds), *Medicine and the five senses*, Cambridge University Press, 1993. It is important to add that the act of touching the body was not as exceptional an activity as has been suggested. About 15 per cent of the documents mention palpations or other technical procedures, such as vaginal or rectal examination; the narratives specify the way in which these techniques were carried out and their conclusions, leaving room for the suggestion that these examinations were among the important elements to communicate to Tissot.

sorts, deals largely with physical examination. This technical evolution, that took root in the nineteenth century, has profoundly affected the nature of the patient–doctor relationship. According to some medical historians and sociologists, the sick person's body has gradually replaced his or her narrative.[9] The situation was quite different in Enlightenment medicine. The history of the illness told to the doctor constituted the main basis of diagnosis, even if bodies were also occasionally submitted to a more or less extended observation.[10] Medical language was not very specialized or technical, so lay people with some instruction could communicate with doctors and transmit valuable information about problems of health without too much difficulty.

Requests for consultation addressed to Tissot[11] were not always written by the sick themselves; another doctor, a family member, a friend, or even the parish priest sometimes presented the history of the disease.[12] However, almost 450 of these documents are written in the first person, by the ill persons themselves. And this is quite an exceptional source in the history of medicine, for bodily experience is here specifically expressed and interpreted by the sufferers themselves. Contrary to many contemporary studies, which are mainly *about* the patients, this article is based on lay archives emanating *from* them.[13] Having the rare opportunity of reading the sick persons' own words, we intend to analyse how they try to describe and make sense of their intimate sensations. We will attempt to go beyond the traditional discourses found in medical treatises in order to grasp the body as perceived subjectively, from the inside. Another interest of this corpus of epistolary consultations is the complex constitution of the discourse on bodily experience. As mentioned above, a number of letters are written by external observers or by mediators transmitting the complaints of the patients, sometimes in collaboration with the latter. Such documents underline the fact that bodily experience is also constructed inter-subjectively. The extent to which the sufferer finds him or herself in the report made by a third person is a question that remains to be raised, and that we will only touch on in this paper.

Working on the basis of materials originating from patients or from individuals close to them, we hope to demonstrate that the perspective "from below" reveals more about the well-known notions concerning hygiene or humoral balance. These letters contain a great

[9] Mary Fissell, 'The disappearance of the patient's narrative and the invention of hospital medicine', in Roger French and Andrew Wear (eds), *British medicine in an age of reform*, London and New York, Routledge, 1991, pp. 91–109; Jens Lachmund, 'Between scrutiny and treatment: physical diagnosis and the restructuring of nineteenth century medical practice', *Sociol. Health Illn.*, 1998, **20**: 779–801.

[10] Dorothy Porter and Roy Porter, op. cit., note 7 above, p. 77; Bynum and Porter (eds), op. cit., note 8 above. However, touching the body was not completely marginalized. On this subject, see also Micheline Louis-Courvoisier, 'Qu'est-ce qu'un malade sans son corps? L'objectivation du corps vue à travers les lettres de consultations adressées au Dr Tissot (1728–1797)', in F Frei Gerlach, A Kreis-Schinck, C Opitz, B Ziegler (eds), *Concepts du corps*, Munster, Waxman, 2003, pp. 299–310; Othmar Keel, 'Percussion et diagnostic physique en Grande Bretagne au 18ᵉ siècle: l'exemple d'Alexander Monro secundus', Bologne, *Actes du XXXI Congresso Internazionale di Storia della Medicina*, 1988, pp. 869–75; *Idem*, 'L'essor de l'anatomie pathologique et de la clinique en Europe de 1750 à 1800: nouveau bilan', in Barras and Louis-Courvoisier (eds), op. cit., note 6 above, pp. 69–91.

[11] The epistolary consultations addressed to Tissot, written between 1761 and 1797, constitute an ensemble that is quite heterogeneous in content as well as in form. Some, for example, abound in details, while others are much more concise; the number of pages varies from 1 to 35. Some patients' files contain up to 10 documents, written under different circumstances, while others contain a single letter requesting consultation.

[12] Pilloud, op. cit., note 6 above.

[13] Eberhard Wolff, 'Perspectives on patients' history: methodological considerations on the example of recent German-speaking literature', *Can. Bull. med. Hist.*, 1998, **15**: 207–28.

degree of theoretical eclecticism, which the authors appear to handle with a certain ease with regard to the medical categories. Among the various ways of seeing and feeling the body, patients may thus choose the one corresponding best to their experience, daring sometimes to question doctors' opinions. Besides, we notice that this diversity in the patterns of experience seems to evolve in the course of the eighteenth century with the progressive emergence of the nervous body, a type of corporeality attuned to the new cultural values of the social élite.

In spite of their exceptional value, epistolary consultations do not allow access to the bodily experience itself, but to an *expression* of it. And this process of exteriorization through words, which aims to make sensations more objective, communicable by words, is also one of distortion, as many patients confirm. In fact, they have to translate through collective categories something that often seems to them absolutely unique (they frequently use original metaphors in order to make their case more singular). For the historian trying to trace bodily experience in the past, the mediation of vocabulary seems doubly problematic. We deal with accounts dating from the eighteenth century, which entails the risk of anachronisms and misinterpretations; language has undergone semantic shifts that make it difficult to understand certain terms of the period. For example, when Tissot's patients write of "warmth of the entrails", "flux of humours", "fluttering in the nerves", or even "internal effervescence",[14] to what are they actually referring? Are these sensations painful, disagreeable or simply unusual?

Analysing how the body is expressed in letters requesting advice is all the more problematic because this kind of expression is conditioned by certain constraints, in particular those related to the epistolary genre and to medical practice.[15] It is, therefore, just as important to consider what is not being said; the narratives that the sick wrote to their doctors constitute only one version, which is quite likely to differ at least slightly from the versions they may have presented to their loved ones or confided in their intimate journals. The narratives are reconstructions; they underline certain aspects while neglecting others that may have been judged less important for the doctor; some details were perhaps forgotten and others they may not have dared to reveal. What is expressed is culturally codified and contained within the boundaries of decency and moral law. These boundaries distinguish what can be discussed from what must be kept quiet or hidden.

How do we take into account the limits imposed by language or form? The late Roselyne Rey made a convincing argument for considering these limits as not so much amputating subjective reality but as having a significant bearing on how that reality is fashioned by making up an intrinsic part of it. She thus redeems the vocabulary used by people

[14] "Chaleurs d'entrailles"; "flux d'humeurs"; "trémoussement dans les nerfs"; "bouillonnements intérieurs".

[15] In order to facilitate consultation at distance and the exchange of information, Tissot specified a number of guidelines for people drafting letters requesting consultation. He lists these at the end of his book, *Advice to the people in general, with regard to their health*, in a section entitled 'Questions which it is absolutely necessary to know how to respond to when consulting a doctor'. These questions, which refer to various data, such as the age of the patient, their lifestyle, the state of their pulse, urine, etc., suggest a selection and a hierarchy of sensations considered relevant to the doctor. Authors who were able to examine this book, a publication that was a veritable best seller in its own time, had at their disposal a relatively precise framework for what needed to be communicated to the doctor. See S A A D Tissot, *L'Avis au peuple sur sa santé*, new critical edition by Daniel Teysseire and Corinne Verry-Jolivet, Paris, Quai Voltaire, Cité des Sciences et de l'Industrie, 1993, pp. 392–4.

as a privileged tool for exploring their bodily sensations, despite, or rather thanks to, determinations induced by words:

> ... modes of expressing pain, from the discreet silence of reserve to explosive cries and moans, maintain links with the modes of living with pain, that is to say, in the plain sense of the word, with what is experienced. Enunciation is an act, which, beyond the statements that it produces and beyond the meaning that it transforms, affects subjective reality itself, without it being possible to say whether expression eases suffering by liberating it or whether it amplifies suffering by continuing to resonate.[16]

In the pages that follow, we examine the bodies of Tissot's patients, or rather what patients and their mediators said about their bodies, from three principal perspectives. First, the body's multiple interactions with the *exterior* environment, its submission to environmental influences, the absorption of air, food and drink, engagement in diverse activities or, conversely, its state of being caught up in sleep. Second, in its interiority, disclosing its own structure, hidden architecture, and the internal organization that permits it to metabolize what it ingests. Third, the process of elimination that permits the body to expel superfluous waste material, those beneficial evacuations that, in addition to having their own merit, can, as long as they can be read, reveal some of the mysterious phenomena that take place under the body's skin.

To reiterate, like the doctor consulted at a distance by letter, we can only attempt to grasp these bodies through the accounts presented by the people inhabiting them, and one must be cautious not to generalize hastily out of these individual examples. On the one hand, they keep an irreducible particular tone, as argued before. On the other, they are influenced by biological-cultural corporal maps that are dependent on sociological status. Tissot's archives do not reveal much information concerning the social or geographical origin of his correspondents, but we must infer that they usually came from the upper classes, benefiting from relatively high material and educational resources which enabled them to appeal to the famous Swiss physician and to communicate their symptoms and illness history in intelligible terms. The relevance of their discourse with regard to eighteenth-century bodily experience is thus limited. This relative social homogeneity makes it difficult to discuss, within this corpus, the influence of education or fortune on the expression of bodily experience. Conversely, the importance of occupation and profession, and of the ecological setting, rural or urban, is widely documented in this corpus, as will be shown later. Gender could also be developed, but is not the concern of this article.

The primary individual guide that we have chosen in this exploration of eighteenth-century bodily experience, for his exemplariness and for the richness of his testimony, is Monsieur Torchon Defouchet, an unmarried man of forty years, with the benefit of a certain degree of education and a relatively elevated station in life. His written request for advice, a highly detailed, sixteen-page statement sent from France in April 1785, eloquently illustrates the relationship between interiority and exteriority as Tissot's patients generally

[16] "Les façons de dire la douleur, dans le silence retenu de la réserve comme dans l'explosion des cris et des gémissements, entretiennent des rapports avec les façons de vivre la douleur, c'est-à-dire, au sens plein du terme, avec ce qu'on éprouve. L'énonciation est un acte qui, au-delà des énoncés qu'elle produit, au-delà du sens qu'elle transforme, affecte la réalité vécue elle-même, sans qu'il soit possible de dire si l'expression soulage en libérant, ou si elle amplifie en créant des résonances". Roselyne Rey, *Histoire de la douleur*, Paris, La Découverte, 1993, p. 8.

expressed it, and as we have schematically reconstituted it through division into three perspectives on the body or what can be seen as three corporal moments.[17] The further interest of this narrative resides in its long anamnesis, in the course of which the author evokes a number of consultations he has had with other doctors, reconstructing their comments and advice. This allows the patient's own vision to be contrasted with that of the professionals, demonstrating how medical representations of the body can influence those of lay people and contribute to the forging of individual corporal experience.[18]

I. External Influences on the Body

Air and Environment

Rapidly skimming through Monsieur Defouchet's letter, in particular the sections dealing with the external factors that had an influence on his body, it becomes clear that his account has an emblematic value in that it translates collective attitudes, the importance of which can be verified by examining other epistolary consultations. He thus pays a lot of attention to air, diet, exercise and sleep, four elements that, along with bodily excretions and the passions of the soul (both discussed later in this article), compose the "six non-naturals",[19] considered to be the basis of traditional hygiene since the time of Galen.

The notion of air quality, which underwent a period of renewal in the eighteenth century, is a preoccupation that dates back to Antiquity, and in particular to the well-known Hippocratic treatise, *Airs, waters and places*.[20] As the title suggests, air was always associated with a particular place, which explains the marked interest in medical topographies, not only within the medical community, but also among the general population, or at least among the social élite who had the benefit of a certain level of education.[21] Monsieur Defouchet evokes, over and over again, the role of the environment on his state of health, frequently making the common distinction between urban and rural lifestyles, and underlining the purity of air that prevails in the countryside.

If cities were reputed to be noxious, above all because of the miasmas resulting from demographic concentration, they could equally and implicitly be held responsible for supposed urban health problems related to social and moral behaviour linked to promiscuity—debauchery, drunkenness and even sedentary habits, to which we will return later, were considered to be most harmful for the body. It is not by chance that Defouchet specifies, after having mentioned his six-year stay in Paris, that he "conducted himself most moderately ... [having committed] neither onanism nor libertinage of any kind",[22] two

[17] BCUL, IS/3784/II/144.03.06.19, Apr. 1785.

[18] It should be noted that this influence does not exert itself in a unilateral way; medical discourse on the body is also informed and partially conditioned by lay representations.

[19] "Six non naturals"; see esp. Antoinette Emch-Dériaz, 'The non-naturals made easy', in Roy Porter (ed.), *The popularization of medicine 1650–1850*, London and New York, Routledge, 1992, pp. 134–59. See also George Cheyne, *An essay of health and good life*, New York, Arno Press, 1979 (first published in 1724).

[20] Hippocrate, *Airs, eaux, lieux*, ed. and trans. Jacques Jouanna, Paris, Belles-Lettres, 1996.

[21] On the relationships between the exterior and interior environment of the body and the influence of lifestyle on health, see, in particular, Roselyne Rey, 'Vitalism, disease and society', in Roy Porter (ed.), *Medicine in the Enlightenment*, Amsterdam and Atlanta, Rodopi, 1995, pp. 274–88.

[22] "... de la conduite la plus régulière ... [n'ayant commis] ny l'onanisme, ny le libertinage d'aucune espece".

activities considered to be highly dangerous for a man's health in the eighteenth century, notably because they could produce an exhaustion of vital forces supposedly contained in the sperm.[23]

The body, or at least the male body, was seen to contain this precious essence, which was not to be squandered. This body, furthermore, seemed to possess a kind of memory of place, both physiological and physical, traces of an original, familiar place that somehow became the body's proper location from which therapeutic properties might spring. Thus, doctors sometimes prescribed a change in surroundings to raise the morale of people suffering from homesickness, in particular mercenaries.[24] Some convalescents or patients did not hesitate to return to the places of their childhood in order to "breathe in"[25] the air of their homeland.

Associated with particular sites, winds, currents or changes in weather more generally, are very often mentioned as exterior elements having an impact on bodily experience. Defouchet writes of his body that it "is more accurate than a barometer for predicting rains",[26] an image that recurs in many consultations. Mentions of the time of year or of meteorological conditions appear regularly in the narratives of the sick addressed to Tissot. These allusions serve not only to situate the narrative chronologically; implicitly, they often also have an explanatory value. For example, when Defouchet situates the onset of a series of twitches at the "beginning of March",[27] it is likely that he associates this condition with an overabundance of blood that always occurs on the eve of spring, thus also augmenting his physiological vigour, as if the corporal microcosm were subtly in phase with the macrocosm and the rhythms of nature.

Diet

The various causal links between the body and its environment that are considered and experienced could be developed at greater length. We will however content ourselves here with a quick enumeration of these external influences. Directly linked to climate, to seasons and to locations, diet is a variable constantly evoked in questions of disease. As soon as a sense of uneasiness arises or poses a threat, nothing is more important than the "regime", for doctors as much as for patients, who, as in Defouchet's case, often go on to describe their dietary habits in great detail:

> ... my stomach has always given me problems ... all gamy meats and meats that are not fresh are certain to give me an attack of indigestion. I had this problem when I ate wild strawberries in the woods, in the morning, on an empty stomach, with no bread. For more than ten years I have not eaten lettuce in the evening because it returns to my mouth when I wake in the morning. The only kind of salad that does not bother me in the evening is celery ...[28]

[23] Tissot, *L'Onanisme*, op. cit., note 5 above.

[24] Jean Starobinski, 'Le concept de nostalgie', *Diogène*, 1966: 92–115.

[25] "Humer".

[26] "... est plus sûr qu'un barometre pour m'annoncer les pluyes".

[27] "Commencement de Mars".

[28] "... mon estomach m'a toujours donné de la défiance ... touttes les viandes faisandées et qui ne sont pas fraîches me donnent à coup sûr une indigestion. J'en ai eu pour avoir mangé, dans le bois, des fraises à jeun et sans pain, le matin. Il y a plus de dix ans que je ne mange pas de salade le soir parce qu'elle me revient à la bouche en me levant le matin; la seule salade qui ne m'incommodoit pas le soir etoit le cellery ...".

This extract, describing normal dietary habits and sensitivities before the onset of disease, underlines Defouchet's awareness of his body's uniqueness. Defouchet knows his own body, what it does and does not tolerate. He further specifies that the consumption of wine, liquor, coffee or ham could often set off an attack of flux. This information, given on the very first page of his account, is followed by multiple allusions to the quality of digestion, both a sign and cause of disease in a number of epistolary consultations. Defouchet dates the beginning of his illness to the emergence of a dull pain in the stomach area. At first intermittent, it became constant, which led him to seek out various treatments and to modify his diet a number of times. He always specifies the components of these various diets, having gone so far as to ask doctors for new regimes when his condition took a long time to improve, proof that the role of food is seen as decisive in the strategies implemented to regain health. After retracing at length his dietary trajectory through different stages of his illness, he ends with an account of his current eating habits:

> ... I only eat things that are easy to chew and I eat slowly, one mouthful after another. I live only on milk without sugar or salt, very stale bread, overcooked gruel made with wheat flour, potato flour, and cream of rice ... I eat as much as necessary in order to maintain my weight. Since yesterday I have added to my regime a glass of milk freshly milked from the cow, which I drink two hours after my supper just as I am going to bed.[29]

Along with these famous regimes, therapeutic and preventative, the dietary habits of diverse socio-cultural groups could be discussed at length. Here, however, we only note that prevailing physiological conceptions regarded dietary equilibrium as crucial. Ingested nutrients were thought to be constitutive for the manufacture of blood, itself the basic matter of other bodily humours. Malnutrition prevented the blood and vital forces from being renewed, but marked over-eating was also not to be recommended: over-indulgence quickly led to states of plethora, such as an over-abundance of bodily fluids, considered to be one of the most widespread causes of disease.

Sleep

If Defouchet devotes paragraphs to describing how his digestive system is working, a key element in assessing the condition of basic bodily functions, he does not fail, time and time again, to comment on another very useful indication: sleep. He mentions particularly the duration and quality of his sleep: "I get... six hours of sleep per night, but", he writes, "[it] is full of dreams; there is always some nerve that remains awake". Later on he adds: "It is perhaps not unimportant to observe here that in my childhood, from 8 to 13 years of age, I sleepwalked and my dreams were gloomy".[30]

Dreams, mentioned frequently by correspondents, generally attest to nocturnal agitations produced by an unbridled imagination, which are potentially very harmful for the body,

[29] "... je ne prends que des choses dont la mastication est aisée et je mange lentement, une bouchée après l'autre. Je ne vis que de lait sans sucre, sans sel, de pain très rassis, de bouillie faite avec farine de froment recuite, avec farine de pommes de terre, avec creme de riz ... je mange autant qu'il faut pour ne pas maigrir. J'ai ajouté depuis hier à mon régime un verre de lait tout nouveau tiré de la vache, je le bois deux heures après mon souper au moment de m'endormir".

[30] "J'obtiens ... six heures de sommeil par nuit, mais [il] est rempli de rêves; il y a toujours quelque nerf qui veille"; "il n'est peut-être pas inutil d'observer icy que dans mon enfance, depuis 8 jusqu'à 13 ans, j'etois somnambule et que mes rêves etoient tristes".

notably because the lascivious nature of some dreams can produce involuntary ejaculations, which could lead to exhaustion. It is for this reason that Defouchet resolves to abandon a certain stimulating remedy, which had these secondary effects: "my sleep was ruined, accompanied by eroticism, tension and even pollutions".[31]

The nights of Monsieur Gauteron, another of Tissot's patients, were also disrupted by involuntary ejaculations, which were detrimental to his health, as he explained:

> ... when I have had a bad night, I am quick to notice the despondency that I feel in the first hours of the day ... Often I have nocturnal emissions without waking up, although it is only too easy to know I have had them when I awake, from the fatigue that I feel, as if I had just run a long race.[32]

The author cannot explain this "agitation" from which he suffers in his sleep: he works moderately, he exercises each day, and he feels that neither his reading nor his relations are likely to bring about "not very honest thoughts".[33]

These short excerpts, to which others could be added, suffice to demonstrate to what extent sleep is seen as fundamental, necessary for recharging both physical and moral forces, its disturbance signalling physiological problems and certain "disturbances" of the soul. Consequently, in these letters, sleep is the object of great and close attention.

II. Interiority

The Body as Machine

Breathing, drinking, eating and sleeping have already been addressed, but exercise is still missing from the list of essential principal conditions for the proper functioning of the human body. Why is exercise considered to be so crucial? To understand this, Defouchet's account of the effects of exercise on the interior of his body is instructive: "I have done two leagues on horseback in order to see", he notes, "whether this exercise might not wind up my machinery".[34] He seems to evoke the mechanism of a watch, in which the interior movement must be stimulated in order to continue functioning. This conception recalls iatromechanistic theories, which conceive of the body as a mechanic-hydraulic assembly driven by perpetual motion.

Many patients talk of their body in a language that privileges this corporal cartography, often describing it literally as a machine. Thus, when health deteriorates, a "lack of spring" or a weakening of the "dynamism of the solids", is frequently mentioned, which in turn often produce a "thickening" of the fluids, itself the origin of a number of blockages in the intestines, designated by the terms "obstruction", "congestion", or "embarrassment".[35] Such expressions invoke a particular model of the body in which solids, like the workings of an engine, continually contribute to the refinement and distribution, through various

[31] "... mon sommeil etoit gaté, accompagné d'erotisme, de tension et même de pollutions".

[32] "... quand j'ai passé une mauvaise nuit, je m'en apperçois facilement à l'abbatement que j'éprouve pendant les premieres heures de la journée ... Souvent j'ai des pollutions sans me réveiller, mais il ne m'est que trop facile d'en juger à mon réveil, à la fatigue que je ressens, comme si je venois de faire une longe course". BCUL, IS/3784/II/144.05.05.19, 10 July 1792.

[33] "Des pensées peu honnêtes".

[34] "... j'ai fait deux lieues à cheval pour essayer si cet exercise ne remonteroit pas ma machine".

[35] "Manque de ressort"; "tonus des solides"; "epaississement"; "obstruction"; "engorgements"; "embarras".

conduits, of the nourishing fluids essential to the body. This perception of the basic physiological processes as unfolding in a kind of chain reaction was shared by a large part of the medical profession. The explanations of two doctors providing epistolary consultation to Monsieur de Grivel prove this point. According to their analyses, "solids [were] accustomed to churning liquors through exercise, [and] liquors, by this churning, purge themselves such that a good balance of health is maintained".[36] The sudden halt to all exercise disrupts this equilibrium and causes "tendencies towards catarrhs",[37] an indication of an excess of phlegm. Physical activity had the added merit of facilitating evacuations, not only perspiration but also other extremely important excretions whose benefit to the body will be discussed further on. Many people who consulted Tissot implicitly made the connection between their sedentary nature and constipation problems. Practised in moderation, a key word for hygienic principles of the eighteenth century, physical activity allowed for interior equilibrium to be re-established, and it was thought that individuals more frequently absorbed in intellectual rather than manual work should, in particular, seek to exercise, as if it were also necessary to achieve a healthy balance between body and mind.

The Humoral Body

The metaphor of the body as machine competes with and is completed by other images that appear in the epistolary consultations, thus making the corporal topography more complex, echoing as it does other perceptual or theoretical frameworks.[38] In talking about their interiority, sick people used, for example, a number of expressions borrowed in part from the classical humoral tradition. According to this tradition, poor circulation or diffusion of humours in the body provoked symptoms conveyed by the terms "plethora", "repletion" or even "fullness"[39] signalling an over-abundance of bodily liquids, that usually resolved themselves through evacuation—either spontaneous or induced through treatments.

At the opposing end of the spectrum from "retention", the sick also used the terms "effusions", "emissions", "bleeding" or even "flux" to denote involuntary losses. Defouchet makes himself heard at length on these losses that worry him from time to time:

> I am sure to have an attack of flux after drinking wine, liquors ... coffee, even after eating ham or savoury food; consequently I only take one twice.... In the countryside for twenty years, I had only to combat my stomach and attacks of flux, which I made disappear with a vesicant medicated plaster behind the ear.[40]

[36] "Les solides [étaient] accoutumés à broyer les liqueurs par l'exercice, [et] les liqueurs, par le broyement, s'épuroient de façon à entretenir un bel equilibre de santé".

[37] "Des dispositions aux catarrhes".

[38] See, in particular, François Duchesneau, *La physiologie des lumières: empirisme, modèles et théories*, The Hague and Boston, M Nijhoff, 1982; Lester S King, *The philosophy of medicine: the early eighteenth century*, Cambridge, MA, and London, Harvard University Press, 1978.

[39] "Pléthore"; "réplétion"; "plénitude".

[40] "J'etois certain de me procurer une attaque de fluxion en buvant du vin, des liqueurs, ... du caffe, même en mangeant du jambon ou du salé; aussi je n'en prends pour deux fois l'un.... Depuis vingt ans que je suis à la campagne je n'ai eu a combattre que mon estomach et les attaques de fluxion, que je faisois disparoitre avec un emplatre vesicatoire derriere l'oreille".

Still in the context of the humoral body, patients sometimes complained of a problem at the level of the composition of the humours, which they expressed using the terms, "acridity of the blood", "acrimony of the bile", "principle of acidity", or even "lymph showing signs of thickening and salinity".[41] Defouchet mentions the quality of his blood: "The blood itself seemed to tend towards dissolving, indicated by the sickly state of the gums, which were soft, flaccid and bloody".[42]

In this neo-humoralistic model, fluids are considered to be basic constituents of the body, which is seen as a kind of envelope in which solids play only a minor role.[43] The term fluid is moreover used in a larger sense in the eighteenth century, encompassing many more humours or bodily secretions than those defined by the ancients on the basis of the four fundamental elements (blood, phlegm, bile and black bile).[44] Along these lines, Defouchet devotes quite a bit of energy to talking about his very abundant salivation, his mucus as well as his sweat.

Also inherited from Antiquity, the concept of temperament is often used by patients as well as by doctors. Along with the notion of constitution, it allows idiosyncrasies to be taken into account. Temperament originally referred to the specific mixture, in a particular subject, of the four humours, in both quantity and quality. Defouchet specifies, for example, in the first line of his account, that he is of a temperament that is "pituitary and abundant in saliva".[45] Such indications simultaneously define both physical and moral properties. A predominance of bile will thus result in a bilious temperament, usually associated with a "severe and inflexible" character, while an excess of black bile will predispose a subject to melancholy.[46]

These concepts of constitution and temperament are worth stressing, for they sustain the idea of the individual nature of illness and bodily experience. In the eighteenth century, it was still generally believed that illness could not exist independently of the person in which it appeared and developed. It was thus to be observed and judged in particular cases, and the variability of its course depended greatly on the idiosyncrasies of its host. Immersed in such medical and cultural representations of illness, patients could all the more claim that theirs was particular, even if the possible variations and combinations of constitution and temperament were not infinite.

The Nervous Body

As humoral aetiology slowly gave way to nervous aetiology, medical treatises increasingly began to distinguish individual predispositions according to characteristics linked to the nerves. This evolution concerns above all certain occupational diseases, connected with

[41] "Acreté du sang"; "acrimonie de la bile"; "principe d'acidité"; "lymphe ayant un caractère d'épaississement et de salinité".

[42] "Le sang même a paru tendre à la dissolution qui a été dénoté par l'état maladif des gencives, qui ont eté molles, flasques et saignantes".

[43] Gianna Pomata, *Contracting a cure: patients, healers and the law in early modern Bologna*, Baltimore and London, Johns Hopkins University Press, 1998, pp. 129–32.

[44] Jean Starobinski, 'Sur l'histoire des fluides imaginaires (des esprits animaux à la libido)', in *idem, La Relation critique*, Paris, Gallimard, 1989, pp. 196–213.

[45] "Pituiteux, abondant en salives".

[46] C L F Panckoucke (ed.), *Dictionnaire des sciences médicales par une société de médecins et de chirurgiens*, Paris, Panckoucke, 1812–1822; cf. article entitled 'Douleur'.

a high social status and literary or mundane activities.[47] It can be traced in the work of Tissot who, from the 1770s, devoted several years of his life to a major treatise on nervous ailments.[48] This progressive shift towards nervous aetiology, which continued to include, at least for some time, humoral, plethoric and iatromechanic notions, is also reflected, to some extent, in the patients' letters. As a matter of fact, the authors often demonstrate theoretical eclecticism progressively leading to a predominance of nervous terminology. Defouchet clearly found himself between two coexisting lexical registers since he stated, always by way of introduction to his request for consultation, that his nerve fibre was limp and flabby. This particular expression of interiority is strong evidence for the arrival of the nervous body in the second part of the eighteenth century. Defouchet remarks:

I observe that I am most sensitive to the cold, but I have also noticed that those who are exposed to the cold with me have chattering teeth and shivering that I do not have, which indicates that my [nervous] cord, which does not sound like that of any other, is perhaps less rigid than that of others; [but] I notice ... that an unexpected noise makes a strong impression, as it has for as long as I can remember, and I react with a start unlike others in my company; I therefore have a tendency to experience sensations.[49]

The terms sensitivity and irritability gradually become key words in the expression of bodily feeling,[50] as their reoccurrence in epistolary consultations attests. Some claim the terms to have been used for reasons of fashion, a trend of the time or a strategy of social distinction since the idea of a "sensitive body" was closely linked with the presumption of a delicate and refined body.[51] This in turn was sometimes also associated with a certain depth of soul,[52] even a form of emotionalism, if we are to believe what Defouchet writes: "I do not have a sad nature but there is a streak of sensitivity in me, that sometimes makes me undergo great ordeals." In the following quotation, it is not his moral qualities but actually a part of his anatomy which is qualified as sensitive. "Each day I rub myself... on the lower part of my stomach, and I am pleased to note that this part is now much less sensitive and less irritable than it was when I have a bath".[53]

[47] Anne C Vila, *Enlightenment and pathology: sensibility in the literature and medicine of eighteenth-century France*, Baltimore and London, Johns Hopkins University Press, 1998.

[48] S A A D Tissot, *Traité de l'épilepsie, faisant le tome troisième du Traité des nerfs et de leurs maladies*, Lausanne, Chapuis, 1770 (lst ed.). *Idem, Traité des nerfs et de leurs maladies*, Paris and Lausanne, Didot le Jeune, 1778–80. See also, Emch-Dériaz, op. cit., note 5 above, pp. 117–35.

[49] "J'observe que je suis aussy frilleux que personne, mais je remarque que ceux qui sont exposés au froid avec moi ont des claquements de dents et des tremblements que je n'eprouve pas, ce qui indique que ma corde [nerveuse], qui ne sonne pas comme celle d'un autre, est peut-être moins roide que celle d'un autre; [mais] j'observe ... qu'un bruit imprévu me fait plein d'impressions en tout tems, un sursaut que n'eprouvent pas ceux qui sont en ma compagnie; j'ai donc de la facilité à ressantir".

[50] Stolberg, 'Mein äskulapisches Orakel!', op. cit., note 6 above, p. 416.

[51] Roy Porter, ' "Expressing yourself ill": language of sickness in Georgian England', in Peter Burke and Roy Porter (eds), *Language, self and society: a social history of language*, Cambridge, Polity Press, 1991, pp. 276–99; Roy Porter, 'Bodies of thought: thoughts about the body in eighteenth-century England', in Joan H Pittock and Andrew Wear (eds), *Interpretation and cultural history*, New York, St Martin's Press, 1991, pp. 82–108; Vila, op. cit., note 47 above.

[52] L J Rather, *Mind and body in eighteenth century medicine: a study based on Jerome Gaub's* 'De regimine mentis', London, The Wellcome Historical Medical Library, 1965.

[53] "Je me fais tous les jours des frictions ... au bas ventre, et j'observe avec plaisir que cette partie est actuellement bien moins sensible et moins irascible qu'elle ne l'etoit quand je prennois les bains".

If Defouchet attempts to control his physical sensitivity and to avoid products that are too irritating or too stimulating, it is because the symptoms brought about by hypersensitivity are most unpleasant. In their letters, patients mention "tensions", "spasms", "convulsions", "shaking", "trembling", "contractions",[54] and all sorts of other unusual and excessive reactions in the nerves or at the level of perception.[55] But sensitivity should not be quelled too much or stimulated insufficiently, thus running the risk of inciting "numbness", "weariness", "despondency", "difficulties in movement", even "loss of sensation".[56] Indeed, according to vitalist doctors of the Montpellier school, sensitivity was an essential vital faculty, present in each nervous fibre of the body, which was capable of reacting to stimulation and of transmitting information to the brain in order for it to produce a reaction.[57]

Subjective Experience

The three principal models of the body, iatromechanistic, humoral and nervous, implicitly underlie bodily experience as expressed by Tissot's patients in their letters. The iatrochemical model, prevalent largely in the seventeenth century but in the eighteenth century still present in certain allusions, related in particular to the "separation" of the humours, their "distillation", their "fermentation" or even their "clarification" and "purification".[58] Clearly the analysis could be extended to take into account what patients wrote concerning their appearance, colouring, size or weight. But we prefer to concentrate here on the expression of bodily *feeling*, even if those sensations are only separable from representations with difficulty. Thus, when Defouchet recalls his "embarrassed" stomach,[59] does he really feel it or is it a way of naming a sensation that he believes is caused by a blockage? To what point do the conventions and theoretical models of the body influence perception itself? It is extremely difficult to answer this question, but the epistolary consultations demonstrate, nevertheless, that allegiance to medical discourse is acquired neither wholly nor intact. Many patients criticized aetiological hypotheses put forward by their doctors or complained of the fact that their symptoms were poorly understood.[60]

[54] "Tensions"; "spasmes"; "convulsions"; "tremblements"; "crispations".

[55] See, in particular, Rey, op. cit., note 21 above.

[56] "Engourdissement"; "lassitude"; "abattement"; "difficultés de mouvement"; "perte de la sensation".

[57] Roselyne Rey, 'Psyche, soma, and the vitalist philosophy of medicine', in Paul Potter and John P Wright (eds), *Psyche and soma: physicians and metaphysicians on the mind-body problem from Antiquity to the Enlightenment*, Oxford, Clarendon Press, 2000, pp. 255–65; Rey, op. cit., note 16 above, pp. 135–6.

[58] "Séparation"; "distillation"; "fermentation"; "décantation".

[59] "I have vague pains in the small of the back, in the shoulders, but mostly in the area of my stomach, and this area, the left side . . . seems more embarrassed; it seems that it is from there that wind escapes. In using my hand to scratch this side, it makes a louder sound than the other side, which makes me think there is more tension in this part or perhaps there are obstructions." "J'ai des douleurs vagues dans les reins, dans les epaules, mais surtout dans la region de l'estomach, et dans cette region, le cotté gauche . . . me paroit plus embarrasé; il semble que c'est par là que les vents s'echappent. En grattant avec la main sur ce cotté, il rend un son plus fort que l'autre cotté, ce qui me fait croire qu'il y a plus de tension dans cette partie ou peut-être des obstructions."

[60] Micheline Louis-Courvoisier and Alex Mauron, ' "He found me very well: for me, I was still feeling sick"; the strange worlds of physicians and patients in the 18th and 21st centuries', *Journal of Medical Ethics: Medical Humanities*, 2002, **28**: 9–13.

The words of Monsieur Thomassin are, in this case, particularly relevant:

My disease is interior, only I feel it; I also thought that only I could describe it; this is why I have not taken a doctor from the faculty as an interpreter, who in using the terms of the art, would explain things to me perhaps less well than I can in my weak patois.[61]

It is this kind of reticence towards medical discourse that led certain patients to take pen in hand to inform Tissot about their symptoms. Their wording, very personal and sometimes completely atypical, must signal their attempts to provide accurate accounts of the unique character of their sensations. Defouchet summons up comparisons to characterize his pains that can hardly be described as banal:

During the weeks that I suffer the most, ... I hear in this part [the stomach], on the left side, under the last rib ... a cracking, like that made by the strips of paper that workers put in their windows when they are blown by the wind ... In the shoulders, I feel a shuddering as if my skin was coming off, as if there had been some blowing between hide and flesh.[62]

We are faced here with an individual, subjective body, from which a general understanding of the history of the body can be extracted only with difficulty. But inside this same, singular body, it happens that phenomena widely attested in our sources are produced or perceived, and therefore a more general sketch of the pattern of bodily experience in the eighteenth century can emerge.

"Travelling Pain"

The notion of a "travelling pain" often occurs in our sources;[63] patients, in other words, allude to the displacement of the same pathogenic agent throughout the body. In changing location, this agent produces very different symptoms. Thus Defouchet believes that it is the same "rheumatic humour" that, after having affected his extremities a number of times during his youth, has now established itself in his stomach, where it causes digestive problems: "Since last June, I have started to feel a dull pain in the area of the stomach; ... I was not worried about it because I thought it was a rheumatism pain, and also because I did not feel any flux left". [64]

The fact that his flux has ceased confirms his thinking that it is indeed rheumatism with which his stomach is afflicted. In fact, he noticed that the rheumatism bothered him as soon as the flux disappeared, and that the arrival of a new inrush halted the original rheumatic aches: "I did not have flux when elsewhere in my body I felt some minor rheumatic pain".[65]

[61] "Ma maladie est interieure, il n'y a que moi qui la sente; j'ai cru aussi qu'il n'y avoit que moi qui put la décrire; c'est pourquoi je ne prends point pour interprete quelque docteur de la faculté, qui en se servant de termes de l'art, m'expliqueroit peut-être moins bien que ne fera mon foible jargon". BCUL IS/3784/II/144.02.08.13, March 1775.

[62] "Dans les semaines où je souffre le plus, ... j'entens dans cette partie [l'estomac], du cotté gauche, sous les dernieres cottes, ... un claquement comme celui que font les carreaux de papier, que les ouvriers mettent à leurs fenetres, lorsqu'ils sont agités par le vent ... J'ai ressenti dans les epaules, un frissonnement comme si ma peau se decolloit, et comme si l'on m'avoit soufflé entre cuir et chair."

[63] This expression is borrowed from Roselyne Rey, op. cit., note 16 above, p. 145.

[64] "Dès le mois de juin dernier, j'ai commencé à eprouver une douleur sourde sur la region de l'estomach; ... je n'en etois pas inquiet parce que je croiois que c'etoit une douleur de rhumatisme, d' autant que je ne ressentois plus de fluxion ...".

[65] "Je n'avois pas de fluxions lorsque je sentois sur quelqu'autre partie du corps quelque legere douleur de rhumatisme".

A number of patients, like Defouchet, observed that some of their symptoms always came in pairs, while others, were mutually exclusive; it sufficed for one to begin for the other to cease. Such connections between occurrence, propagation, movement and the disappearance of sensations reveals, to a certain extent, the secret and mysterious underlying structures of the body, in particular the so-called sympathetic connections between regions or organs, uniting them from a sensory point of view. According to Rey, the concept of sympathy "functioned in parallel with the theory of 'metastases', the transport of morbific matter from one point to another. Sympathy was the equivalent, in the nervous domain, of metastasis in the humoral domain".[66]

These networks of connections, generally accepted without always being adequately explained or justified, are a typical dimension of the eighteenth-century corporal maps that this paper is attempting to restore. Further aspects characterizing this topography are the exit routes that we will now explore, those which, from the inside of the body, return us to the exterior.

III. From the Interior of the Body towards the Exterior

On the Importance of Evacuations

Reading these accounts relating to the expression of the body illuminates the wealth and abundance of descriptions linked to bodily evacuations. This concern echoes the questions posed by Tissot at the end of his work entitled *Advice to the people in general, with regard to their health*: "Does he defecate often, or rarely? How is his stool? Does he urinate a lot? How is his urine? Does it change often? Does he sweat? Does he spit?" and for women: "Are they menstruating? Are their periods regular?"[67] Responses to these questions come from doctors as well as from family members and patients themselves. Thus, Madame Decheppe de Morville, on the lookout for any sign of illness in her husband, conjures up in detail her husband's various excretions:

... after [having taken pills] [he] vomited a little bit more water which had no taste other than that of the pills and a little bitterness. Two days after the day he took the pills, he had a very dense stool with matter that, without being too hard or too soft, was extremely acrid; and the next day, he had a second stool that was much less heavy, whose matter was much less dense and even more acrid. Urine seems to be always proportional to what he has drunk; it is natural in colour and does not leave a sediment. It flows during the day, and the waters do not seem to remain long in the body ...

[66] "... fonctionnait en parallèle avec la théorie des 'métastases', ou transport de matière morbifique d'un point à un autre. La sympathie était l'équivalent, dans le domaine nerveux, de la métastase dans le domaine humoral". Rey, op. cit., note 16 above, p. 145.

[67] "Va-t-il du ventre souvent, ou rarement? Comment sont ses selles? Urine-t-il beaucoup? Comment sont ses urines? Changent-elles souvent? Est-ce qu'il sue? Est-ce qu'il crache?"; "Ont-elles leurs règles? Sont-elles régulières?" Tissot, *L'Avis au peuple*, op. cit., note 5 above, p. 393. The question of menstruation is essential and returns systematically in these letters requesting consultation. It would deserve to be explored further in this context. Other authors have looked into this topic, notably Stolberg, op. cit., note 6 above, and Alexandra Lord, '"The great *Arcana* of the deity": menstruation and menstrual disorders in 18th century British medical thought', *Bull. Hist. Med.*, 1999, **73**: 38–63.

As soon as he eats it [aspic], wind appears to clear out from underneath the ribs and to pass through the intestines, without any pain; he even releases some immediately through the rear.[68]

Madame de Morville's letter is not exceptional; it illustrates a common kind of narration linked to evacuations. The relative abundance of this kind of observation[69] raises two kinds of thoughts. First, it is clear that the authors of these letters feel no embarrassment in providing all kinds of detail. The natural functions of the body arouse no particular discomfort, and the following assertion of Stephen Greenblatt is not yet relevant: "Eventually all of the body's products, except tears, become simply unmentionable in decent society".[70] Thus the limits of decency in the eighteenth century are not those with which we are familiar today.

Secondly, these kinds of observations point to the importance of a partial opening of the body to the exterior. They confirm the close links between the body and its environment, links already identified by a number of authors.[71] They reveal to us that the "baroque" body, the body open to the exterior, had not yet been set back by the "bourgeois" body, the disciplined body which was to become a private sphere, with orifices little by little closed off to the outside world.[72] This measured but necessary porosity is explained by the notion that the closure of the body entailed a real danger of disease: it was, in any case, perceived as such by numerous patients, including Madame Briaux, who began her letter in the following manner:

For three years, I have been in the most miserable state; I have only four months tranquillity over the course of the year: during July, August, September and October; my illness begins by not being able to blow my nose, spit, or sweat at all; my skin becomes dry; I grow very thin; I become extraordinarily bored; I dislike everything.[73]

Evacuations play a double role: they contribute to establishing a connection between the body's interior and exterior, a connection that, as has been demonstrated, was seen to be essential for good health, and they allow for greater readability of the body.

[68] "[à la suite de l'absorption de pilules, le malade eut] un vomissement d'eau un peu plus considerable, qui n'avait d'autre goût que celui des pilules et un peu d'amertume. Le surlandemain du jour où il avait pris les pilules, il a eu une sele très abondante de matieres qui sans etre n'y trop dures ny trop molles, etoient fort acre[s]; et le landemain, il a eu une seconde selle beaucoup moins abondantes, dont les matieres etoient plus claires et encore plus acres. Les urines paroissent toujours proportionnees à la boisson, elles sont d'une couleur naturele et ne deposent pas. Elles coulent pendant le jour, sans, à ce qu'il semble, que les eaux sejournent longtems dans le corps ... Aussitôt qu'il en a mangé [de la gelée de viande], les vents paroissent de debaraser de dessous les cottes [côtes] et passer dans les intestins, sans aucunes douleurs; il en sort même quelques-uns sur le champs par le bas." BCUL, IS/3784/II/144.03.02.13, 24 Feb. 1784.

[69] More than 100 documents contain details on spit, almost 50 describe various evacuations, about 150 provide analyses on blood, about 130 on stools, about 150 also on urine, and more than 30 on vomit.

[70] Quoted in Gail Kern Paster, *The body embarrassed: drama and the disciplines of shame in early modern England*, Ithaca, NY, Cornell University Press, 1993, p. 14.

[71] On this subject, see notably the work of Paster, ibid., p. 9; Duden, op. cit., note 1 above, pp. 119–23; Pomata, op. cit., note 43 above, pp. 132–3.

[72] To use the terminology of Mikhail Bakhtin mentioned by Duden, op. cit., note 1 above, p. 15.

[73] "Depuis trois ans, je suis dans l'etat le plus malheureux; je n'aye que quatre mois de l'année de tranquilité, qui sont juillet, aout, septembre, et octobre; ma maladie commance par ne plus mouchée, ni crachée, ni aucune moiteur; ma peaux devien seché; je megris beaucoup; je m'ennuie exthrordinairement; tout me deplais". BCUL, IS 3784/II/144.04.03.02, undated letter.

Reading the Body

As already noted, patients sometimes have difficulty expressing their pain in words. A term providing an exact translation of a bodily sensation is often difficult to find and has the potential to be erroneously interpreted by the reader. Thomas Beddoes, the famous late-eighteenth-century Bristol doctor, remarked upon this difficulty when he declared: "language has not yet been adjusted with any degree of exactness to our inward feelings".[74] In order to compensate for this "imprecision" in language and subsequent interpretive difficulties, the doctors of the Enlightenment had at their disposal a number of tools: palpation, examinations (vaginal, rectal), and to a lesser extent, percussion, as well as the observation of evacuations.[75] Barbara Duden has underlined the importance of evacuations in the search for knowledge of the body, in establishing that a Dr Storch was forced to rely on the rules governing internal bodily processes by means of corporal emanations. The accounts, outlining personal experience, resist all generalization; secretions become, from this point on, useful for achieving a better understanding of the interior of the body.[76]

The surgeon Perot confirms this, when he writes of the comtesse de Jodocte, who is suffering from various abdominal symptoms: "As soon as I arrived, and after being instructed as to the problems accompanying the disease and having been brought the excretions, . . . I palpated the patient".[77] Narration, observation of evacuations, and palpation are the three tools he calls on in this particular consultation.

In these documents, the most often observed evacuations, in terms of quality, are blood (from bleeding or menstruation), vomit, spit, urine and stools. Taste, temperature, colour and consistency are all analysed, along with composition. Thus, of an unknown patient suffering from a backache, we learn that his urine contains no stones but has "a sediment that erodes pewter and is thought be rheumatic matter".[78]

Patients as well as doctors established correlations between the results of their observations and the conditions they believed to be the causes of their suffering. Thus Monsieur Roche describes the way in which he establishes his own diagnosis, relying on different elements, including an analysis of his expectorations and blood. He has been suffering, he writes, from "great pains in the chest" for two months; "my saliva resembles burnt butter (that is to say, it is a brown colour), mixed with blood, which stains a handkerchief a faint red, and when it dries, there are small stains, or threads, like fibres of blood on the handkerchief".[79] His servant, who sleeps in the same room as he, tells him that he moans and groans all night. Given his symptoms, the patient deduces "very positively"[80] that his lung is affected. He then mentions a bloodletting that he has had done: "my blood is, in the middle, the colour of vermilion, and full of little bubbles of water, and resembling

[74] Quoted by Porter, ' "Expressing yourself ill' ", op. cit., note 51 above, p. 282.

[75] See note 8, and Keel, 'L'essor de l'anatomie pathologique', op. cit., note 10 above.

[76] Duden, op. cit., note 1 above, p. 107.

[77] "Aussitôt que je fut arrivé, après m'avoir fait instruire des accidents qui accompagne la maladie, et m'avoir fait apporter les déjections . . . je palpé la malade". BCUL, IS 3784/II/144.02.03.15, 14 Sept. 1773.

[78] ". . . un sediment qui ronge l'etain et que l'on a cru être une matiere rhumatique". BCUL, IS 3784/II/144.01.07.39, 6 July 1772.

[79] "Grandes douleurs dans la poitrine"; "les crachats res[s]emblent à du beurre brulé (c'est-à-dire d'un brun), mélé avec du sang, qui teinte la mouchoir d'un foible teinture du rouge, et quand ils sont secs, il y a des pitits [petites] taches, ou filaments, comme des fibres du sang sur le mouchoirs".

[80] "Très positivement".

somewhat a honeycomb". At the moment that the doctor removed his blood, he declared that the lung of the patient was "severely afflicted".[81]

Discharges participate therefore, although only partially, in the demystification of the corporal enigma. "Their functioning is the barometer of health, following both order and irregularities".[82] This function, however, should not obscure their primordial function as regulators of the balance between the interior and exterior of the body.

Regulation of the Body

The movement of humours towards the exterior, when it is well regulated, is a sign of health. As Gianna Pomata shows, and as we have seen with the extract of the letter from Madame Briaux, disease is constituted by the loss of the natural conditions of openness to the world.[83] This pathological alteration, expressed particularly by the suppression or suspension of one or more of the humours, is both a sign and a cause of plethora.

Plethora is seen less as a diagnosis than as a condition. Described notably by Galen, it captured the imagination of the Greeks in a particularly intense way, who considered it to be, along with dyspepsia, responsible for all disease.[84] The anguish connected with plethora finds, therefore, its roots in the symbolic content promoted by this belief.[85] The archives with which we are concerned do not explicitly betray this anxiety: the term plethora appears only very infrequently, and, even in its synonyms, can mask different realities, more or less serious. Thus, Defouchet is not worried when he writes: "When I feel some fullness, a movement or heavily laden urine comes to me naturally and I get rid of it".[86] On the other hand, symptoms such as weariness, sluggishness, feelings of heaviness, pain, tense muscles, fatigue, all signs that point to plethora, are very often mentioned in these letters.[87] If the term plethora is not always explicit in these archives, the syndrome still seems very present in the expression of pronounced symptoms, and it is furthermore evident in accounts of the therapeutic arsenal employed to induce evacuations.

More than 450 purgatives, about 280 bloodlettings and 70 applications of leeches are mentioned, without counting cupping glasses, cautery, setons, vesicants, emetics, diuretics, solvents, liquefiers, and also baths, which, "in opening the pores of the skin, can also dilute the lymph, making it flow easier and, as a result, encourage resolution".[88]

Specifically naming each humour, as in the case of Monsieur Torchon Defouchet's account and those of many others, does not mean that the routes in the interior of the

[81] "Mon sang est, dans le milieu, de couleur du vermillion, et plein de petit[e]s bouteilles d'eau, et res[s]emblant un peu à un rayon de miel"; "fortement affligé". BCUL, IS/3784/II/144.03.05.21, 15 March 1785.

[82] "Leur marche est le baromètre de la santé, elle en suit l'ordre et les irrégularités". S A A D Tissot, *Essai sur les maladies des gens du monde*, Lausanne, Grasset, 1770, p. 115.

[83] Pomata, op. cit., note 43 above, p. 133.

[84] Shigehisa Kuriyama, 'Interpreting the history of bloodletting', *J. Hist. Med. Allied Sci.*, 1995, **50**: 11–46, p. 33. Kuriyama cites a translation of Galen's *De sanitate tuenda*.

[85] Shigehisa Kuriyama, *The expressiveness of the body and the divergence of Greek and Chinese medicine*, New York, Zone, 1999, pp. 212–13.

[86] "Lorsque j'avois quelques plenitudes, il me venoit naturellement une courante ou des urines chargées qui me debaroissoient".

[87] Kuriyama, op. cit., note 85 above, p. 215.

[88] "... en ouvrant les pores de la peau, pouvoit aussi detremper la limphe, la rendre plus coulante et par consequent, favoriser la resolution". BCUL, IS 3784/II/144.04.05.04, undated letter.

body are so clear, or that the exit routes are always the same. The humours are many; they transform themselves, they move, take a wrong turn, mix with one or another, and sometimes finish by exiting by an orifice other than the one originally intended.[89] For example, the therapies (emetic, bloodletting, vesicant) used to treat Madame Menche's effusion of milk succeeded in improving her condition, in evacuating the milk through stool and urine.[90] As for Mademoiselle Pachoud, who regularly had amenorrhoea, she thought that she did not need any treatment since she had had a haemorrhoidal discharge "that substituted for her menses".[91] These errors in location or direction, these confused passages, explain the frequency of terms used to designate the liquid without specifying which one. Liquor, serosity, fluid, flux, humour, are as much words that describe, in the context of disease, the morbid principle. This explains the importance of therapies such as cautery, vesicants or setons. Their goal was to divert the "flux, which sort of wanders in this vascular system, moves in all directions, threatening all parts of the body, often causing the most serious problems".[92] It was thus often a question of attracting the flux towards an artificial wound made for the purpose, such that a pathogenic agent was quelled and did not go on to cause damage elsewhere in the body.

Finally, it is useful to specify that although evacuations proved necessary for the restoration or preservation of health, an excess of bodily emanations could turn out to be ineffective or even harmful for the patient. Thus, "a considerable fount of fifty-two evacuations in one night", does not do much to cure Monsieur de Vauvillier of his congestion of the small lobe of the liver.[93]

Conclusion

Three terms characterize the body as it is expressed in the documents discussed in this study: porosity, movement and measure.

By porosity, it is necessary to understand an exchange between the interior and the exterior of the body, an exchange on which many authors of the letters discussed here place particular emphasis. The qualitative and quantitative importance accorded to details related to diet, sleep, air, climate and evacuations is evidence of this preoccupation.

But, as argued above, movement and circulation within the body also assume great importance; the body does not limit itself to simply incorporating and evacuating; its internal organs digest, transform; its fluids circulate; its fibres transmit. Phenomena, described as chemical, mechanical, hydraulic and physical processes, are deployed in the body to animate it and to repel, if possible, the risks of congestion and obstruction, and to avoid deposits and stagnation of all kinds. The innumerable symptoms associated

[89] Regarding the mixing of the humours and "errors" in location or route, see Denis Diderot and Jean Le Rond d'Alembert (eds), *Encyclopédie, ou Dictionnaire raisonné des sciences, des arts et des métiers, par une société des gens de Lettres*, Paris, Briasson, 1751–1780, vol. 8, pp. 349–51; cf. article 'Humeur'.

[90] BCUL, IS 3784/II/144.01.03.12, 14 July 1769.

[91] "... qui supleoit aux menstruës". BCUL, IS 3784/II/144.02.07.14, 2 Nov. 1776.

[92] "... fluxion, qui est comme errante dans cet ensemble vasculaire, qui se déplace dans tous les sens, qui menace toutes les parties du corps, cause souvent les accidents les plus graves". Panckoucke (ed.), op. cit., note 46 above; cf. article entitled 'Cautère'.

[93] "... une fonte considerable, [de] cinquante-deux évacuations en une nuit". BCUL, IS 3784/II/144.02.04.26, 14 May 1774.

with these ailments testify to the importance of these phenomena. Yet, porosity and movement do not express themselves only in spatial terms; they apply also to interchanges between body and soul.

In reading these consultative exchanges, it is difficult to dissociate body from soul. There is undoubtedly a strong interdependence, which reinforces the individual and subjective dimension of experience, tainted with moral and personal tones. As a matter of fact, purely physical symptoms are very often associated with the movement of the soul, what authors of the eighteenth century called the passions. According to the author of the *Encyclopédie*, "pleasure and pain are pivots on which all our affections turn, known by the name of inclinations and passions".[94] And yet, grief is often associated with disease, in particular as a factor that can trigger an ailment. Moreover, sadness and loss of gaiety are pronounced symptoms in the same way as headaches and constipation.[95] These accounts confirm the arguments of many doctors of the period. Tissot wrote: "gaiety [is] the mother of health ... sadness, on the other hand, the constant fruit of remorse, throws the fibres into a slackened state, produces digestive problems, destroys strength and leads to consumption".[96] Other authors, "in studying the influence of the passions on human organization, have observed that happy affections seem to act most especially on the organs in the chest, while the effects of the sad passions, like grief, boredom and fear, almost always appear in the abdominal organs".[97] A good economy of the passions is therefore viewed by all as a necessity for maintaining the body's health.

The link between the somatic and the mental is made of a material so dense that it is difficult to isolate the two distinct components.[98] The passions of the soul were thought to have a definite effect on the body, while purely corporal treatments were used to treat the soul. Bloodletting, baths and cold showers were regularly administered to patients suffering from delirium, mania, dementia or madness. Thus, consulted about a man affected by madness, the advice of the best doctors of Besançon was "to purge, bleed, bathe and stroke the patient".[99] Another individual requested a bloodletting himself, "in order to treat, in part, the affliction which came about because of the loss of a sister".[100] Precisely because the connection between the body and the soul is so close, the exacerbated passions of the soul cannot avoid endangering the body.

It is here that our third term, measure, intervenes. As seen above, excess is a bad thing: an excess of exercise, food or drink can cause bodily disorders. Excessive evacuations, either

[94] "Le plaisir et la peine sont donc les pivots sur lesquels roulent toutes nos affections, connues sous le nom d'inclinations et de passions". Diderot and d'Alembert (eds), op. cit., note 89 above, cf. article entitled 'Passions', vol. 12, pp. 142–52.

[95] It should be noted that sadness and joy were not passions in the strict sense of the word, but were considered to be "two feelings [that are] at the basis and the root of all the passions". See Diderot and d'Alembert, ibid., article entitled 'Passions', p. 144.

[96] "La gaieté [est] la mère de la santé ... au lieu que la tristesse, fruit constant des remords, jette les fibres dans le relâchement, trouble les digestions, détruit les forces et conduit à la consomption". Tissot, *De la santé des gens de lettres*, new critical edition by Christophe Calame, Lausanne, Editions de la Différence, 1991, pp. 148–9.

[97] J-B Louyer-Villermay, *Recherches historiques et médicales sur l'hypocondrie*, Paris, Librairie Méquignon, 1802, p. X. For an overview of the positions of different doctors on this subject, see Rather, op. cit., note 52 above, pp. 182–3.

[98] On this, see especially Panckoucke (ed.), op. cit., note 46 above, cf. article entitled 'Réaction'.

[99] "... de purger, saigner, baigner et cares[s]er le malade". BCUL, IS/3784/II/146.01.05.10, 12 Aug. 1787.

[100] "... pour soulager en partie l'affliction que lui avoit donnée la perte d'une sœur". BCUL, IS/3784/II/144.03.01.08, 28 March 1777.

natural or artificially produced, are also harmful. This concept of measure applies equally to the passions of the soul. Exacerbated passions are pathogenic in two ways: either in their role as a factor triggering an ailment, or because their repression is itself harmful. According to Jérôme Gaub, professor of chemistry and medicine at Leiden, repressing anger can cause bodily harm, just as wine, while it is fermenting, can damage the cask if it is not properly ventilated.[101] Monsieur Colomb, who was the object of discussion above, speaks of such an experience: "towards the middle of last July, I found myself in the company of someone who gave me the impression of contradicting me. I am sensitive and sharp, sometimes quick-tempered. ... each word that he spoke was torture for me; I did not respond at all; I thought it prudent and wise to suppress my anger, but I knew the moment afterwards that I was mistaken because I felt a violent pain in my right side".[102] For Tissot, worse than the real danger caused by excessive passions, was their concealment: "the ambition for honours, the love of distinctions, the desire for fortune that luxury makes necessary, are three principles that, constantly driving the man of the world, hold his soul in a state of continual agitation that will only serve to destroy his health, ... and aggravating the danger of all these unfortunate impressions, is often the necessity to restrain and mask them".[103]

Finally, the notion of openness to the world, so necessary to health as discussed above, cannot be considered strictly on a corporal level. It also incorporates the idea of openness towards the social environment through the good management of the passions. Like evacuations, the regularity of which assures the preservation of the organism, the passions of the soul and the feelings they arouse must also be expressed, exteriorized. The body is submitted to a logic that is both physiological and moral, maintaining its integrity only through a fluidity of exchanges between interiority and exteriority.

[101] Rather, op. cit., note 52 above, pp. 139–40.

[102] "... vers le milieu du mois de juillet dernier, je me trouvai dans une compagnie où j'eprouvai de la part d'une personne beaucoup de contradiction. Je suis sensible et vif, quelquefois emporté.... chaque parole qu'elle lançait était une torture pour moi; je ne répondis point; je crus qu'il était prudent et sage de renfermer ma colere, mais je connus un moment après que je m'étais trompé, car je sentis dans le coté droit une douleur violente". BCUL, IS/3784/II/144.05.50.10, 17 Jan. 1792.

[103] "L'ambition des honneurs, l'amour des distinctions, le désir de la fortune que le luxe rend nécessaire, sont trois principes qui, animant sans cesse l'homme du monde, tiennent son âme dans une agitation continuelle qui seule suffiront pour détruire sa santé, ... et ce qui aggrave le danger de toutes ces impressions fâcheuses, c'est souvent la nécessité de les contraindre et de les masquer", Tissot, op. cit., note 82 above, p. 33.