Women, Gender and Disease
in Eighteenth-Century England and France

Edited by

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For our families:
Ned, Sonia and Paul
Jim, Margaret and Steve
# TABLE OF CONTENTS

Acknowledgements ........................................................................................................ ix

Introduction .................................................................................................................. 1  
FELICIA BERGER STURZER

## Part I: The Natural History of Women

Chapter One .............................................................................................................. 15
Writing the Natural History of Women: Medicine, Social Thought,  
and Genre in Post-Revolutionary France  
SEAN QUINLAN

Chapter Two .............................................................................................................. 45
Health and the Eighteenth-Century French Woman: A History of Decline  
MARY MCALPIN

Chapter Three ............................................................................................................ 67
Towards the New Medicine: Nicolas Chambon de Montaux’s  
Contributions to the *Encyclopédie méthodique*  
KATHLEEN HARDESTY DOIG

## Part II: Women as Medical Agents

Chapter Four ............................................................................................................. 91
‘Augustine Debaralle, insensée, folle, charlatane, et enfin tout ce qu’il vous plaira’: A Female Healer’s Struggle for Medical Recognition  
in Napoleonic France  
MORAG MARTIN

Chapter Five ............................................................................................................. 119
The Laboratory, the Boudoir and the Kitchen: Medicine, Home  
and Domesticity  
VALÉRIE LASTINGER
Chapter Six .................................................................................................................. 149
From Mother Midnight to Dr. Slop: Understanding Reproduction in Eighteenth-Century Literature and Culture
PATSY FOWLER

Part III: Gendering of Disease

Chapter Seven .......................................................................................................... 165
Love and Disease: The Contaminated Letters of Julie de Lespinasse
FELICIA B. STURZER

Chapter Eight .......................................................................................................... 183
Silence Reconsidered: British Literary Women and Breast Cancer
ELIZABETH KUIPERS

Chapter Nine .......................................................................................................... 201
Medical Imagery of Venereal Disease and the Gendering of Culpability in Eighteenth-Century France
MARIALANA WITTMAN

Chapter Ten ........................................................................................................... 231
You’ve Got the Vapors?: Historical, Medical and Literary Perspectives
IVY DYCKMAN

Contributors .......................................................................................................... 253

Index ...................................................................................................................... 257
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A few comments regarding editorial decisions are in order. In all cases, we respect the punctuation and spelling in quotes from original sources. The wishes of the author were also respected in cases of names or words with alternate spellings, including British conventions. Accents were added where necessary for comprehension. Capitalization in titles was changed only when necessary. Since the essay by Felicia Berger Sturzer is a reprint, no changes were made other than in style of references and in some cases, punctuation.
This collection of essays focuses on the intersection of women, gender, and disease in England and France during the eighteenth and the beginning of the nineteenth centuries. The essays represent diverse critical perspectives on women’s participation in the scientific and medical communities of the period, spaces that were dominated by men. Referencing encyclopedias, medical journals, historical, literary, and non-literary sources, the authors address the role of women within the medical establishment and the perception and treatment of diseases specific to women. They demonstrate that in spite of the obstacles they encountered, women made significant contributions to health care and scientific knowledge.

During the course of the eighteenth century, a philosophical shift occurred that placed greater emphasis on empirical analysis and envisioned a “science of man” informed by biomedical conjecture. During the Enlightenment, medical explanations of the female body and how it differed from that of males, the physical and emotional health of women, their medical care and contributions as caregivers within a broader socio-economic context became increasingly important as the focus of scientific, literary, and philosophical texts.1

When discussing sex and gender in the eighteenth century, we must do so with caution and the understanding that boundaries between disciplines and social categories were in a state of flux. While it is problematic to use the concept of “gender” and its post-modern meaning when referring to Enlightenment perspectives on sexual difference, a preoccupation with all aspects of sexuality was pervasive during the period. Sexuality and gender became significant topics of discussion within the broader context of a body of knowledge rooted in the fields of anatomy and physiology. While “there was a growing scientific literature during the eighteenth century on the nature of woman,” such inquiry did not adequately account for women and sexual difference.2 Eighteenth-century concepts of masculinity and femininity are difficult to assess, since such binary oppositions were only used by writers “to bring social differences to the fore” or “to consider a
particular form of social organization” that invariably relegated women to the private sphere of domesticity. Even though the majority of women were indeed denied a voice in the public sphere, as evidenced by the medical and scientific communities that excluded them, many women became well-known midwives, and some wrote self-help manuals on women’s health, domestic economy, and general hygiene. They were able to make significant scientific contributions as anatomists, botanists, herbalists, and public health advocates, all without any formal university training.

What defines a woman? This seemingly simple question has been the subject of debate from antiquity into the twenty-first century. Essays by Sean Quinlan, Mary McAlpin, and Kathleen Doig provide a context to help us address the “woman question.”

Quinlan’s essay focuses on “the natural history of woman” as conceived in the late eighteenth and early nineteenth centuries. This topic, “unique to French sciences and letters—no exact corollary exists in English, German, or Italian,” is the subject of numerous “medico-scientific” books (p. 16). Quinlan discusses writers whose works incorporated contemporary scientific discourse into an analysis of women’s minds and bodies. Rather than cures for diseases, they raised issues relevant to the discussion of sex and gender. Patriarchal authority, the status of women, and their relationship to the public and private spheres were debated by physicians and intellectuals who “believed that women’s status was the greatest public issue of the day, and they hoped to shape general social thought” (p. 17). Pierre Cabanis, Jean-François de Saint-Lambert, Jacques-Louis Moreau de la Sarthe, Jules-Joseph Virey, Gabriel Jouard, and Louis-Victor Bénech contributed to these exchanges. Sex and gender were important topics, attracting the interest of a general public as well as the medical and scientific communities. Influenced by theories of a “science of man,” “natural history,” and the philosophy of the Montpellier medical school, these

   doctors tried to explain how vital properties manifested themselves across the diverse stages and conditions of human life: age, environment, occupation, temperament, race, and sexuality (p. 21).

Quinlan notes that while women were viewed as biologically determined to be wives and mothers, roles essential to the cohesiveness of society, they were also regarded as agents of moral degeneracy among the bourgeoisie and aristocracy—thus contributing to the fall of the Ancien Régime! Although familiar, these claims were more “speculative” and philosophical in nature, relying on medical facts to support their
assertions. The author argues that “these doctors and moralists likely expressed their own private agendas beyond surface politics or ideology” to gain public attention (p. 37). He concludes that biomedical science [...] promised that progressive change and melioration were possible, even if human improvement was limited by technical skill and natural realities (p. 39).

Debates on women, sex, and gender were important components of these changes. The perfectibility of “man,” the search for happiness, and the progress of civilization framed Enlightenment ideology in France. Progress, however, was also linked to the decline of French civilization. Women, “languissantes and débiles,” were perceived as largely responsible for this state of affairs. How could they be “cured” to save the nation? Mary McAlpin seeks answers to this question by tracing the history of the role women played in this process (p. 45). Using literary and non-literary sources, she explores the longue durée of this history of decline from the point of view of the ideal from which eighteenth-century French women are said to have degenerated (p. 46).

Medical treatises by physicians such as Théophile de Bordeu, Joseph Raulin, Jacques Ballester, P. Virard and J.D.T. Bienville, maintained that women differed from men, both physically and mentally, and were therefore more easily corrupted by civilization. Such female diseases as fleurs blanches (leucorrhea) and nymphomania, linked to the lifestyles of women in advanced civilizations, could be potentially controlled through better hygiene. Basing her analysis on Antoine Léonard Thomas’s Essai sur le caractère, les moeurs et l'esprit des femmes dans les différents siècles, McAlpin traces the sources for women’s moral and physical decline in advanced civilizations. While works focusing on women continued to be published throughout the eighteenth century, after the Revolution interest in women’s hygiene and health issues waned as women were no longer the focus of medical discourse.

Turning to literary sources, McAlpin points to Françoise de Graffigny’s Lettres d’une Péruvienne and Nicolas Chamfort’s La Jeune Indienne as examples of novels in which heroines from another culture are physically and mentally strong, in contrast to aristocratic French women. She concludes that when leaders of the Revolution determined “that woman’s place was in the home, raising the perfected citoyens of the
future,” it marked “a radical turn in the French cultural imagination” (p. 62). Only within the domestic sphere could women contribute to the progress of society for future generations.

Kathleen H. Doig’s essay discusses certain medical articles in the *Encyclopédie méthodique* (1782-1832) that focus on women. This work, a revision and modernization of Diderot’s earlier *Encyclopédie*, incorporates the influence of a new, more empirical and scientific approach to the diagnosis and treatment of disease. The volumes on *Médecine* document these advances, and include such diverse topics as “personal and public health; pathology; semiotics and nosology; therapeutic medicine; military medicine” and “veterinary medicine” (p. 68). The subjects that primarily affect women were mostly written by the physician Nicolas Chambon de Montaux. His articles provide an important historical source for medical practice and scientific thinking during the eighteenth and early nineteenth centuries.

At the intersection of the old order and modernity, Chambon was influenced by contemporary knowledge of anatomy and physiology, the older “humoralist theory” of bodily fluids, and the vitalist theories of the Montpellier school. Using observation, evaluation, physical exams, clinical data, and documentation of case histories, he could more accurately evaluate and treat illnesses that affected women, such as hysteria, chlorosis, and “fleurs blanches.” As a proponent of better training for midwives and physicians, he incorporated the social dimensions of women’s health care and childbirth into the medical discourses of the period. Within a broader philosophic context, he discussed such controversial issues as female sexual desire versus social and moral restraints, and the relative importance of the mother’s life as opposed to that of the fetus. From our contemporary perspective, the latter anticipates underlying issues in the abortion debate. The documentation of case histories adds a human dimension to the medical discourse of his entries.

Doig concludes that medical practice at the turn of the nineteenth century had a life of its own and was “open to new methods, marked by discoveries and successes thanks to the empirical spirit that was now valued, and practiced by physicians like Chambon” who shared their knowledge with their colleagues and “readers of encyclopedias” (p. 84).

Women with scientific aspirations experienced hostility both from the medical establishment and cultural norms that relegated them to the private sphere. Nevertheless, the essays by Morag Martin, Valérie Lastinger, and Patsy S. Fowler highlight the contributions of women as healers, researchers, and teachers in the fields of anatomy, domestic economy, and hygiene.
Morag Martin’s essay documents the case of Augustine Debaralle, an “unofficial healer” in the latter part of the eighteenth century and the Empire. Against a background of discrimination, complex and conflicting laws regulating the practice of medicine, the advertising and selling of medical “recipes,” and the publication of scientific tracts, Debaralle demanded acceptance by scientific and medical communities monopolized by men. Marginalized and stigmatized as a crazy charlatan, her physical and mental health, along with her professional reputation, suffered. An intelligent, aggressive self-promoter, she was ultimately forced to curtail her activities, but her spirit was not destroyed.

A program for midwives at the Hospice de la Maternité in Paris opened opportunities for Debaralle in the field of women’s health care, particularly for pregnant women. Exposed to lectures on complex medical topics, and supported by strong female role models, she studied independently, conducting research, and writing tracts on various medical topics that she published without authorization. Ambitious, stubborn, and persistent, Debaralle rejected acceptable standards of feminine behavior. She frequently changed her activities, promoting “herself as a healer and an inventor of patent remedies, leaving behind the respectable titles of ‘midwife’ and ‘scientist’” (p. 98). Debaralle appealed to a rural populace who rejected the “new theories” proposed by the medical establishment. After the Revolution, laws limiting the practice of medicine were unsuccessful, resulting in lax enforcement and untrained medical practitioners who operated with little or no supervision. Yet, women were still excluded from medical schools and the health care professions.

Unable to patent her medicines, and challenging the official bureaucracy, Debaralle’s activities resulted in citations, fines, labels such as “insensée, folle, charlatane” and even imprisonment (p. 104). Increasingly delusional and paranoid, she transformed herself into a human rights activist and a “femme de lettres” (p. 109). The author concludes that Debaralle was ultimately silenced […] not just because she challenged the official medical world’s monopoly but because she insisted on speaking louder than those who opposed her (p. 110).

Valérie Lastinger introduces us to the famed anatomist Marie Marguerite Biheron, who became a master of ceroplastics, mentoring other women, and encouraging them to pursue their scientific interests. Marie Armande Gacon-Dufour wrote manuals of domestic economy, invented culinary substitutes to alleviate poverty during food shortages, and authored numerous works of fiction and non-fiction. Marie de Maupéou,
mother of Nicolas Fouquet, distributed medicine to the poor while Suzanne Necker became administrator of a hospital that bears her name.

Lastinger maintains that as women moved from the “boudoir” to “the laboratory,” they contributed to scientific and medical knowledge outside the universities from which they were excluded. By the end of the eighteenth and the beginning of the nineteenth centuries, however, women met with increasing resistance to their participation in scientific and medical communities. The author emphasizes, nevertheless, that

Anatomy, botany, chemistry, physics, mathematics—no branch of science seems to have been off limits, no laboratory seems to have been able to keep women out (p. 130).

Between 1780 and 1840, women’s involvement in medicine expanded to include charitable work, the compilation of formulas in recipe books, and especially the study of botany. Gacon-Dufour is a particularly interesting example of a woman knowledgeable in all aspects of domestic economy who helped develop food substitutes during times of famine. Lastinger concludes that women always found new outlets for their scientific curiosity and innovation:

It is not to say, however, that science, medicine and women parted ways at the end of the long eighteenth century. Rather, I would propose that we look in the domestic space to find the women scientists of the nineteenth century, as kitchens, dairies, stables, and fields could easily be transformed into laboratories (p. 139).

By exploiting resources available to them within the private sphere, these women made a significant impact on the scientific discourse from which their male counterparts excluded them.

The importance of midwives within the shifting landscape of women’s health care is illustrated by Patsy S. Fowler who studies representations of “copulation, contraception, conception, and childbirth,” as well as the role of the midwife, in order to understand the cultural manifestations of reproduction in the eighteenth century (p. 149). Using examples from novels such as Laurence Sterne’s *Tristram Shandy*, Eliza Haywood’s *Anti-Pamela*, and Daniel Defoe’s *Moll Flanders*, Fowler also addresses the role of female and male midwives such as William Smellie, who became popular among the “beau monde and the nouveaux riches” (p. 150). Competition from men, however, reduced the number of female midwives and decreased their income, while shifting control of women’s health care to male physicians and surgeons. The latter were more concerned with
money, reputation and pro-natalist policies than the needs of their female patients. Refusing to be marginalized, women used recipe books as one method to transmit their knowledge.

Basing her comments on historical sources in dialogue with literary texts set in London, Fowler takes us into the private sphere of women’s lives. Their knowledge of herbs and plants, passed on from one generation to the next, provided women with control, although limited, over their reproductive lives. Such knowledge enhanced a mentoring system that empowered women.

[...] nineteenth-century women turned to midwives, prostitutes, servants, apothecaries, female relatives, and even family recipe books for information on the use of herbal remedies as birth control and abortifacients (p. 154).

Her discussion of childbirth, lying-in, confinement, the role of friends and family, the special beds and chairs invented to facilitate childbirth, and the changing social status of women provides a window into their private lives as women adopted the new role of mother. In spite of advances in health care for women, the author nevertheless concludes that:

the medical advancements in women’s reproductive health seen throughout the eighteenth century were not necessarily indicative of improvements in the overall lives of women—sexual, professional, or otherwise (p. 160).

Many diseases in the long eighteenth century were regarded as gender specific by the medical establishment. In some cases, disease functioned as a metaphor for a woman’s moral deficiencies or emotional instability. Felicia Berger Sturzer, Elizabeth Kuipers, Marialana Wittman, and Ivy Dyckman present varying perspectives on specific diseases, their treatment, and their function as literary and cultural markers.

Sturzer’s article on disease as metaphor focuses on the correspondence between the salonnière Julie de Lespinasse and the Comte de Guibert, as well as Nicolas de Condorcet, between 1770 and 1776. As Lespinasse creates a literary “myth” of the romantic heroine who dies of a broken heart, she also documents the symptoms and treatment of the illness that consumes her body—tuberculosis.

This lethal disease, which affected large segments of the European population, was nevertheless romanticized in many artistic and literary works well into the modern era. As a more empirical approach to the study of disease favored the observation of signs rather than the indirect, abstract classification of symptoms, “the discursive distinction between symptom
and sign was at best blurred throughout the eighteenth century,” with the two terms used interchangeably in the article on “Phtisie” in the Encyclopédie (pp. 168-169). Within this context, Julie’s letters represent “the relationship between a writing subject, the patient […] and the shifting parameters of medical discourse during the Enlightenment” (p. 165).

Merging fact and fiction, the Lespinasse letters become medical bulletins describing a body ravaged by disease, and the anguish of a mind obsessed with erotic desire and death. They document a regimen of symptoms—insomnia, lethargy, muscular stiffness—and medications, treatments, as well as the opinions of the physicians that Lespinasse consults. Nothing alleviates her suffering except Guibert’s letters declaring his love, Glück’s opera Orphée and opium. As metonym for the absent lover, the letter is both a poison and a balm that controls her existence. Letters to Condorcet also confirm the multiple physical and mental ailments that characterized her illness. Sturzer concludes that the Lespinasse correspondence is “important to our understanding of women and disease in the eighteenth century” and “the broader issue of the relationship between the female body as text and an instrument of literary inscription” (p. 180).

In her essay on breast cancer, Elizabeth Kuipers maintains that historically, the discourse on the causes and treatment of this disease has been dominated by men, and the long eighteenth century was no exception. Jean Astruc, Bernardino Ramazzini, Friedrich Hoffman of Prussia, Johannes de Gorter, and Jean Louis Petit contributed to the literature on breast cancer, and perpetuated many of the stereotypes associated with the disease. Nevertheless, as knowledge about breast cancer progressed, so did approaches to treatment and a cure, with surgery recommended only as a last resort.

Basing her analysis on personal narratives and literary texts, Kuipers provides a much-needed feminist perspective through the voices of the women victimized by breast cancer. She focuses on accounts of how three women experienced this disease—Mary Astell, Frances Burney, and Lady Delacour in Maria Edgeworth’s novel Belinda. By daring to speak, these women not only broke the silence but challenged the negative moral connotations and shame associated with the disease. Private suffering enters the public domain through their stories, which inscribe the changing ideas regarding breast cancer toward the latter part of the eighteenth and the beginning of the nineteenth centuries.

Mary Astell underwent a mastectomy without anesthesia and died of the disease. Frances Burney’s letter to her sister in 1811 constitutes “the
earliest known account [of the operation] written by the patient” (p. 185). In spite of her desire to keep the correspondence private, the very act of writing marked it as a public document. Edgeworth emphasized the importance of a female support system in confronting breast cancer through the experience of the fictional Lady Delacour. In her novel, she questions the role of women as wives and mothers, and cancer as a metaphor for moral laxity.

Kuipers concludes that all three authors argued for “the need of a women’s community in times of crisis” (p. 198), thus anticipating our contemporary struggle for greater emphasis on women’s health issues.

Marialana Wittman’s essay concentrates on the perception of venereal disease in eighteenth-century France as documented in journals, medical treatises, letters, and police reports. With few visual images, the existing information was “painted through words rather than brushes” (p. 201). She argues that contrary to earlier views of women as diseased and men as healthy, in the eighteenth century the medical discourse on venereal disease “shows clearly that culpability for its spread “was almost exclusively assigned to men.” Medical, sociological, and economic factors converged in contradictory discourses on the disease (p. 202). Shifting populations between country and urban spaces further impacted the effects of venereal disease on the development of healthy families.

Women, especially wives, were considered victims of their husband’s infection, and even prostitutes were ancillary to discussions on the etiology and spread of venereal disease. The prominence of men in the medical documentation was due to many factors. The contagion theory maintained that the virus more easily penetrated the pores of the male sexual organ, while the “theory of relative female immunity” linked menstruation to the expulsion of fluids and protection from the disease. Thus,

the gendered visions of venereal disease depicted in the theories on vulnerability gave a particular shape to the conceptualization of culpability in eighteenth-century France (p. 212).

The lack of unbiased sources regarding patients and the larger number of men than women who sought medical attention also account for the emphasis on males in the medical literature. Wittman concludes that while we cannot determine precisely why visual representations of venereal disease were rare,

by incorporating the gendering of vulnerability and the focus on healing the male body into the history of eighteenth-century France, we can come
closer to seeing the complex vision of venereal disease that was influential in the period (p. 221).

She demonstrates that the century’s gendering of disease anticipated debates that inform the medical discourses of our own time.

In eighteenth-century France and England, literary and medical references to women who have the “vapors” are numerous, with the nature of the condition described in vague terms. Within the context of changing medical philosophies during the Enlightenment, Ivy Dyckman’s essay traces references to this illness and its particular association with women. Two medical treatises in French, by Jean Astruc and by Samuel Auguste André David (S.A.D.) Tissot, and three in English, by John Ball, A. Hume, and John Leake, form the basis of her study. Confronted by rivalries between physicians, surgeons, apothecaries, licensed and unlicensed medical practitioners, women struggled to overcome their consignment to the private sphere of domesticity. Some managed to publish homemade “recipes” for cures to a variety of illnesses, the vapors among them.

Dyckman traces the etymology of vapors and notes references to it in such literary works as the letters of Mme de Sévigné, Robinson Crusoe, and Henry Fielding’s Amelia. A poem by Lady Mary Wortley Montagu and Rétif de la Bretonne’s novel Les Nuits de Paris provide a variety of contexts for eighteenth-century views on this condition. Today, it incorporates depression, “bipolar disorder, post-traumatic stress disorder” while “In the eighteenth century it was considered one of many illnesses—hypochondria, hysteria, the spleen, dyspepsia—categorized as ‘nervous disorders’” (p. 238). It is noteworthy that a nervous disorder was linked to various illnesses involving the “bowels” and of course, the uterus.

The author concludes that self-help manuals, written primarily by men in the latter half of the eighteenth century, had both positive and negative results on the health care of women. On the one hand, they were a step forward, a written confirmation of women as individuals who were capable of taking care of their own bodies, even if men were telling them how to do it.

On the other, they promoted the place of women “as dutiful wives and mothers” who were too delicate to actively participate in the public sphere (p. 246).

The essays represented in this volume raise questions regarding the importance of women as subjects of empirical and historical discourse. Furthermore, a critical reading of the relationship between women, gender, and disease allows us to evaluate how readers reacted to medical writing,
philosophical debates, and new scientific discoveries. These textual productions both challenged and reinforced traditional modes of thought in the eighteenth and early nineteenth centuries. Ultimately women, long regarded as counter-examples, as the quintessential “other” in relation to the norm of universal man, found a voice. Their contributions continue to impact our own era.

Notes

2 Jordanova, pp. 154, 155, 158-159.
3 Jordanova, p. 176.
PART I:

THE NATURAL HISTORY OF WOMEN
CHAPTER ONE

WRITING THE NATURAL HISTORY OF WOMEN: MEDICINE, SOCIAL THOUGHT, AND GENRE IN POST-REVOLUTIONARY FRANCE

SEAN QUINLAN

In France, following the Reign of Terror, there appeared a steady stream of lengthy books whose authors discussed an intriguing subject-matter: “the natural history of women.” The eminent physician and politician Pierre Cabanis introduced the theme in his inaugural lectures at the Institut National de France starting in 1796 and the books then started rolling off the presses: Jean-François de Saint-Lambert’s *Analyse de l’homme et de la femme* (1800-1801), Jacques-Louis Moreau de la Sarthe’s *Histoire naturelle de la femme* (1803), Gabriel Jouard’s *Nouvel essai sur la femme* (1804), Louis-Victor Bénech’s *Considérations sur les rapports du physique et du moral de la femme* (1819), and Jules-Joseph Virey’s *De la femme, sous ses rapports physiologique, moral et littéraire* (1824). To this mix, one could also add the well-known text by poet and critic Antoine-Léonard Thomas (1732-1785), whose *Essai sur le caractère, les moeurs et l’esprit naturel de la femme*, a spirited apologia for female talents, appeared in a new edition in 1803.1

These books were written by an eclectic group of doctors, naturalists, and self-styled men of letters, all of whom claimed to explain the “physical and moral” qualities of women in their entirety. In their eyes, previous intellectual authorities—doctors, anatomists, naturalists, metaphysicians, moralists, and *philosophes*—had all failed to grasp women’s true inner nature and the role they were supposed to play in society. “On a beaucoup écrit sur les femmes,” regretted one doctor, “on a célébré leurs charmes, leur mérite, leur beauté; mais ces objets d’un culte universel n’ont presque jamais été pour les savants un sujet de recherches et de méditations.”2 Yet, by writing the natural history of women, these
savants could penetrate the female mystique and lay bare her mind and body: an attitude later captured, for example, in Louis Ernest Barrias’s sculpture “Nature Unveiling Herself Before Science,” a work prominently displayed at the Paris medical faculty. In doing, scientific authorities could discover women’s true vocation: the family.

This natural history of women was unique to French sciences and letters—no exact corollary exists in English, German, or Italian—and so historians might profitably approach these books as constituting a special medico-scientific genre. This genre differed from other biomedical writings on gender and healing, notably gynecology and obstetrics, because its scope was decidedly non-therapeutic. By this I mean that the writers focused less upon women’s diseases and their cures than they asked more speculative questions about women’s minds, their bodies, and their diverse ethnic varieties. In adopting this approach, these writers distilled an array of cutting-edge scientific and social thought: the Montpellier vitalists’ so-called medical science of man; Charles-Louis de Secondat de Montesquieu’s and Nicolas de Condorcet’s sociological works; Jean-Jacques Rousseau’s moral anthropology; recent ethnographic and travel literature; Félix Vicq d’Azyr’s and Georges Cuvier’s work on comparative anatomy; Charles Bonnet’s and Lazzaro Spallanzani’s embryological researches; and new clinical theories associated with the Paris hospitals.

With these books, obviously, these writers wanted to disseminate medical, naturalist, and social-scientific ideas to lay readers. Nonetheless, I should emphasize that the texts also contained a personal agenda: namely, they wanted their popularizations to contribute to public discourse and thus shape general attitudes and behavior. Though these writers often hearkened back, as we shall see, to mid-Enlightenment debates about women’s role in society, they were also responding to experiences arising from the French Revolution itself: how leading figures such as Condorcet, Charles-Maurice de Talleyrand, and L.-M. Le Peletier de St. Fargeau had debated women’s education; how ordinary women had participated in civic debate, revolutionary clubs, and collective action; and how feminist luminaries such as Marie Olympe Aubry de Gouges had challenged patriarchal authority and asserted women’s rights in public life. French society, it seems, was rethinking conventional gender roles—for some critics it created tremendous sexual anxiety and loathing—and so now public authorities and intellectuals wanted to examine women in a new light and understand what was changing.

In what follows, I suggest that the natural history of women should be understood on three levels. First, the authors composed their books so they
Writing the Natural History of Women

could influence how their readers thought about gender roles following the French Revolution. In this regard, they sought to bring their specialized knowledge to bear upon women’s character and physical constitution and thus determine whether men and women were truly equal beings and what this meant for their respective social duties. Though the writers diverged in opinion and emphases, they believed that women’s status was the greatest public issue of the day, and they hoped to shape general social thought.

Nonetheless, these books were not “hegemonic” in that doctors and intellectuals were imposing a coherent vision upon the lay public, as though we could speak of a “sovereign” professional consciousness when discussing women and gender relations (as Edward Said spoke of a “sovereign Western consciousness” when discussing Orientalism). When these writers proffered their books to general readers, they were not just constructing political and social arguments, but they were also trying to establish themselves in the scientific and literary community and thus accrue cultural capital for themselves (to borrow Pierre Bourdieu’s sociological concept). Surely they hoped to sell books, but it’s also likely that they wished to distinguish themselves in the medical marketplace and thus attract patrons and patients.

To achieve this goal, the authors employed a writing strategy that differed from the clinical style found in standard textbooks on women’s health. They sought to delight and entertain their readers, serving them a dish of science seasoned with political ruminations and literary verve. In so doing, they offered less a shared worldview than a particular “take” on revolutionary social conditions. Sometimes the writers combined political agenda and professional ambition in ways that belied the political points they sought to establish.

Above all, doctors and intellectuals used the natural history of women to address fundamental issues regarding self and identity: they wished to determine, in the words of philosopher Charles Taylor, “where they [stood] on questions of what is good, or worthwhile, or admirable, or of value.” Seen in this light, the writers wanted to uncover the true and authentic self and understand what it meant to be a man or a woman in this new age and then live out these natural roles in everyday life. For these writers, the natural history of women explained what women truly were and how they should act in a rapidly changing society. It offered them an objective measure to set the world a bit straighter in a time when the path forward seemed dangerous and unclear.

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To understand this genre, one must start with the writers themselves, for their biographies provide an important perspective. The most prominent of them was Pierre Cabanis (1757-1808), who was a leading physician and Idéologue philosopher. In the waning years of the Old Regime, he joined Madame Helvétius’s salon circle and befriended the philosopher and mathematician Condorcet; from these interactions, in part, he forged his materialist philosophy and outlook on social improvement. Under the Directorial republic (1795-1799), he served as a legislative deputy and later conspired with Napoleon Bonaparte to overthrow the republic. For his support, Napoleon awarded him a senatorial post, but Cabanis later incensed the First Consul because of his liberal sympathies.

The other writers lacked Cabanis’s status. Jean-François de Saint-Lambert (1716-1803) was a well-known poet and man of letters. Though contemporaries praised him for his lyrical poem *Les Saisons* (1769)—a work that shows why the Enlightenment isn’t known for its poetry—historians chiefly remember him today for his liaisons with mathematician Émilie du Châtelet (1706-1749), who died giving birth to his illegitimate child, and Sophie d’Houdetot (1730-1813), who inspired Rousseau’s character Julie in *La Nouvelle Héloïse* (1761). By the time Saint-Lambert published his work on women, he was already in his late seventies and contemporaries found him more a curiosity than a serious intellectual.

By contrast, Dr. Jacques-Louis Moreau de la Sarthe (1771-1826) belonged squarely to the revolutionary generation. He was born in Montfort and, as a young adult, moved to Paris in 1791. He trained first as a surgeon, later receiving a post as librarian at the medical faculty library in 1795. Afterwards, he earned his medical degree and taught medical history. Friend to Cabanis and Cuvier, Moreau de la Sarthe helped edit the prestigious medical series for the *Encyclopédie méthodique* (taking over for the late Vicq d’Azyr), and he directed a massive revision of Johann Kaspar Lavater’s multi-volume work on physiognomy. In addition, he wrote about various medical innovations, psychiatric treatment, and vaccination.

Like Moreau de la Sarthe, Julien-Joseph Virey (1775-1846) was a provincial who came to Paris during the revolution to make his career. Originally trained in pharmacy, he later took a medical degree and affiliated himself with the prestigious Société des Observateurs de l’Homme. He wrote prolifically on natural history, physiology, *and materia medica*, and he also helped edit the *Nouveau dictionnaire d’histoire naturelle* and Georges-Louis Leclerc de Buffon’s monumental *Histoire naturelle*. Later he was elected a national deputy from his native Haute-Marne and distinguished himself with his liberal sympathies and
political engagement—an outlook that, under the Restoration, might have cost him a faculty appointment.\(^{14}\)

The remaining writers are more obscure. Doctor Gabriel Jouard (17[??]-18[??]) published some literary criticism and submitted a medical thesis on the natural history of women. He wrote two other short books—one on contagion and the other on Montpellier medical doctrine—but beyond this, we know little about his life. Finally, Louis-Victor Bénech (1787-1855[??]) was born in Saint-Cirq in Lot and trained in Paris. Of these writers, he alone experienced the French Revolution as a child. Beyond his ruminations on women, Bénech wrote several short works on disease, environment, and cancer, and he seems to have incited public controversy in his native province with his unorthodox treatments for chronic disease.

Several points emerge from these short biographies. All these writers—excepting Bénech—formed powerful firsthand impressions of the French Revolution, and, in the case of the medical men, benefitted from its institutional reforms, participating in the innovative and exciting environment of the Paris hospitals. Though they possessed some intellectual status, none of them—save Cabanis—was a major player in the scientific and literary establishment. For example, Moreau de la Sarthe benefitted from Cabanis’s patronage and published widely, but he never received a prestigious university position; Virey’s sentimental attachment to Rousseauian philosophy and his liberal politics annoyed his medical colleagues and public authorities alike. In other contexts, figures such as François-René de Chateaubriand dismissed Saint-Lambert as a relic from a bygone Rococo era,\(^{15}\) whereas Jouard and Bénech remain complete unknowns. Surely, then, all these figures craved greater status in the republic of letters, and so they picked up the subject of women and sexuality, hoping to advance their careers.

Ultimately, then, these male writers—excepting Cabanis—were not major luminaries within the Parisian monde; they are perhaps best characterized as average or even mediocre thinkers. Like many other thinkers of their caliber, they became fixated on one hot-button issue—in this case, sexuality and gender relations—and elevated it to a causal factor, one that explained everything in French society. In this sense, they engaged in special interest pleading, appearing as what today we’d call single-issue voters. And like many single-issue voters, they wanted to find like-minded souls and convert them to their cause.

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These writers functioned in a larger biomedical context. One important impetus came from a growing medical literature on what contemporaries called “les maladies des femmes”: not just obstetrics and gynecology, but the range of diseases that afflicted women. Strikingly, the medical authors expanded upon the old Aristotelian-Galenic tradition—seen in books such as Jean Liébault’s *Trois livres des maladies des femmes* (1649) and Jean Varandée’s *Traité des maladies des femmes* (1666)—and treated women as a distinct group, in pathological terms, “à raison de la constitution qui leur est propre.” Following Jean Astruc’s pioneering works, these practitioners argued that women suffered from special diseases “dépendant des parties particulières aux sexes”: menstruation, procreation, gestation, childbirth, and nursing. This understanding informed most notably Nicolas Chambon de Montaux’s lengthy trilogy on female pathology: *Des Maladies des femmes* (1784), *Des Maladies de la grossesse* (1785), and *Des Maladies des filles* (1785). In 1794, when revolutionaries transformed the medical faculties and hospitals, reformers placed these ideas in the new medical curriculum, and they were reflected in major textbooks such as François Vigarous’s *Cours élémentaire des maladies des femmes* (1801) and Joseph Capuren’s *Traité des maladies des femmes* (1812).

At the same time, the natural history of women drew upon two other traditions in learned medicine: the so-called “science of man” and “natural history,” both of whose content and conventions shaped the genre’s content and style. The science of man meant complex things for contemporaries. Following David Hume, they believed that the science of man constituted the science of human nature itself, the means by which they applied “experience and observation” to understand the moral realm of the mind. Through this experimental philosophy, they could explain human consciousness and activity, both on the individual and collective level. Strikingly, the science of man boasted a clear Enlightenment agenda. For these philosophers, this study was the first step towards comprehending the human condition so that they could change that condition, making people more happy and useful, if not perfecting them outright.

Natural history also had its own formal conventions, practices, and philosophic agenda. Whilst empirical in scope, natural history featured an observational and taxonomic dimension—“la description fidèle des singularités de la nature”—that distinguished it from the more analytical science of man. Given these qualities, natural history appealed to the erudite and leisured public, as seen by the proliferation of naturalist books and curiosity cabinets. However, some critics found that this fashionable