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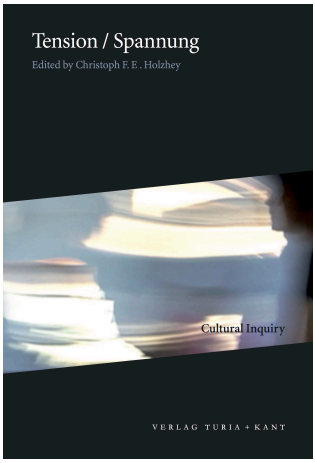

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Tension and Narrative

Autobiographies of Illness and Therapeutic Legitimacy in Eighteenth-Century French and English Medical Works

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ABSTRACT: This article discusses the function of tension in autobiographies written by eighteenth-century doctors George Cheyne, Francis Fuller, Claude Revillon, and the Viscount de Puysegur. It studies how their rhetorical strategies stir tensions in readers through the narration of their own periods of infirmity and search for a remedy. The descriptions of their recoveries offer resolution, legitimate their medical practices, and help diffuse their works. Through the staging of these reversals, the authors suggest a shift in the way the role of medical doctors was perceived as well as a fundamental change in their relationship to illness.

KEYWORDS: autobiography; history of medicine; tension

TENSION AND NARRATIVE

Autobiographies of Illness and Therapeutic Legitimacy in Eighteenth-Century French and English Medical Works*

Sabine Arnaud

> The most skilful physicians are those who, from their youth upwards, have combined with the knowledge of their art the greatest experience of disease […] and should have had all manner of diseases in their own person.
>
> Plato, *The Republic*

Physicians of the pre-modern period were regularly accused by contemporaries of basing the entirety of their knowledge upon antiquated manuals and obsolete theorizations. Literary works of the time often portray doctors as indifferent to the suffering of their patients, ordering endless treatments, playing upon patients' fears, and embarking on loquacious discourses to mask their ignorance. They portrayed them using a language intelligible only to colleagues, perhaps only to themselves, and prescribing ineffective, even dangerous therapies. In the eighteenth century, a number of doctors took it upon themselves to overturn this perception. Reading the medical treatises of the time one witnesses not only an effort to renew treatments but also a change in the writing about illnesses. The switch to vernacular was often accompanied by aiming medical texts at patients as well as peers.

The role of rhetoric in attracting patients given doctors' increasing consciousness of the medical market[1] has become an area of study over

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* I would like to thank Diane Pfeil and Brian Price for their attentive reading of this article.

1 See G. J. Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (London: University of Chicago Press, 1992); Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997); Harold J. Cook, *Matters of Exchange, Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007); *William Hunter and the Eighteenth-Century Medical World*, ed. by William Bynum and Roy Porter (Cambridge: Cambridge University Press, 1985); Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Polity Press, 1989).

the last twenty years. In recent years, different genres of medical writing have been identified such as the use of correspondence,[2] novel,[3] or dialogue.[4] This paper examines a little known genre in the eighteenth century: the writing of doctors' autobiographies. This genre underwent its greatest development in the eighteenth century with the writing of memoirs and journals, and we will see how such a form presented very specific opportunities for physicians both in the representation of an image of the physician and in persuading readers of their competence. We will analyse French and English publications by Francis Fuller,

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2 See in particular Steven Shapin, 'Trusting George Cheyne: Scientific Expertise, Common Sense, and Moral Authority in Early Eighteenth-Century Dietetic Medicine', *Bull. Hist. Med.*, 77 (2003), pp. 263-97. This article emphasizes the importance of mastering civilities in constructing the professional image of the doctor. Discussing Samuel Richardson and the Countess of Huntingdon, Shapin writes that 'both patients also stood in an intimate relationship with Cheyne because both were made to understand that their conditions were similar to those suffered by the doctor himself' (p. 263). The concern demonstrated in Cheyne's correspondence with patients and the insight he claims based on the similarity of his own experience is central to his medical practice and vital to his image as a savant dedicated to the health of his peers. In the wake of Shapin's hypothesis, this article seeks to uncover how the integration of autobiography within medical treatises themselves permits doctors to claim a relationship of confidence or even intimacy with their readers, in the absence of pursuing private correspondence with them. See also *La Médecine des Lumières: Tout autour de Tissot*, ed. by Vincent Barras and Micheline Louis-Courvoisier (Geneva: Bibliothèque d'Histoire des Sciences, 2001); Philip Rieder, 'Séduire en raisonnant: les conquêtes épistolaires de Louis Odier (1748-1817), médecin et citoyen de Genève', in *La correspondance familiale en Suisse romande aux XVIIIe et XIXe siècles: Affectivité, sociabilité, réseaux* (Neuchâtel: Presses Universitaires Suisse, 2006), pp. 75-87; Michael Stolberg, 'Medical Popularization and the Patient in the Eighteenth Century', in *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, ed. by Willem de Blécourt and Cornelie Usborne (New York: Palgrave Macmillan, 2004), pp. 89-107.

3 See *Antoine le Camus, Abdeker ou l'art de conserver la beauté*, ed. and introd. by Alexandre Wenger (Paris: Éditions Jérôme Million, 2008) and Alexandre Wenger, *La Fibre littéraire: Le discours médical sur la lecture au XVIII^{e} siècle* (Geneva: Droz, 2007).

4 See Sabine Arnaud, '*L'Art de Vaporiser à Propos*, Pourparlers entre un Médecin et une Marquise Vaporeuse', *Dix-Huitième Siècle*, 39 (2007), pp. 505-19; Pierre Hunauld, 'Dissertation sur les vapeurs et les pertes de sang', in *La Philosophie des Vapeurs*, ed. and introd. by Sabine Arnaud (Paris: Mercure de France, 2009), pp. 81-186.

George Cheyne, Claude Révillon and Chastenet de Puységur, all of whom included autobiographical material within their books. The purpose, here, is not to judge the veracity of the doctors' portrayals of their experiences, but to analyse their construction of a narrative and the function of autobiographical information. Leaving aside questions as to the quality of memories that one can retain of suffering, this article aims to study how these narratives are constructed around tensions.[5]

Specifically, this paper investigates how the insertion of an autobiography allows for a different interpretation of illness, and a focus on illness as a source of manifold tensions. When regular medical treatises define the denomination and the determination of diagnosis, the presence of an autobiography shifts the gaze towards the experience of illness. This focus on the physicians' own illness allows them to dwell on the physiological, moral, and social tensions aroused by such a state. The singularity of these autobiographies is built around a series of tensions and offers a frame in which they can be exposed and possibly alleviated or resolved: tensions between doctors and patients, tensions experienced by patients in regard to their illness, epistemological tensions in the phrasing of the illness. This paper will examine what is at stake in the display of such tensions by interrogating how the narrators build the tensions within their narrative. We will examine the ways in which doctors both create and neutralize tension in readers by recounting their personal experience of maladies, and analyse, in particular, the ways in which they frame the insertion of an autobiography. Furthermore, we will see how these texts not only describe tensions, but also produce them in their reader.

Tension is created and increased in three main ways in these narratives, and this paper will focus on each of them successively. Firstly, the unexpected withdrawal of the doctor's prestige, allowing for the presentation of the doctors while considering how they frame their inclusion of an autobiography to justify the breach their texts presents. Secondly, the rhetorics of suspense and fear, studying the imaginings and similes

5 On the use of tension in narrative, see Raphael Baroni, *La tension narrative: Suspense, curiosité, surprise* (Paris: Éditions du Seuil, 2007); Peter Brooks, *Reading for the Plot: Design and Intention in Narrative* (Cambridge, MA: Harvard University Press, 1984); Paul Ricœur, *Temps et récit* (Paris: Éditions du Seuil, 1983); Meir Sternberg, 'Telling in Time (II): Chronology, Teleology, Narrativity', *Poetics Today*, 11 (1992), pp. 901-48; Meir Sternberg, 'How Narrativity Makes a Difference', *Narrative*, 9.2 (2001), pp. 115-22.

involved to increase the tension of the narrative. Thirdly a final reversal before the disappearance of the illness, focusing on the role of tension in the structure of the narrative.

AN ICONOCLASTIC PORTRAIT

The integration of autobiography of sickness into medical treatises is profoundly discordant with eighteenth-century images of physicians and presents a first source of tension by disrupting the reader's expectations while putting into question the status of the doctor. The reader can only be surprised, disconcerted and shattered by such a departure from the recognized social representation of physicians. Their iconography grew in the eighteenth century to include etchings at the beginning of famous medical treatises and paintings of physicians, commissioned by academies of science, to be displayed in recognition of scientific and professional achievements.[6] As exemplified in the portrait of Cheyne below, portraitists flattered doctors with an imposing physique, smooth skin, a fashionable wig, and velvet clothes. This luxurious imagery is overturned by the episodes of fainting, suffocation, and vomiting recounted by Fuller, Cheyne, Révillon and Puységur. If paintings present doctors with a stillness that signifies immortality, narrations of affliction disrupt such reverence. The doctor does not belong to a special category any longer, such as those working in times of plagues without being contaminated; he appears as vulnerable, and long unable to find the proper treatment to cure his own affliction. Descriptions of illness in these texts undo the image of doctors as savants whose knowledge shields them from the asperities of life. In their treatises, the doctors appear as sick men, struggling against affliction and confronted by their mistakes, ignorance, and excesses. Readers encounter them in moments of infirmity, weakness, and even grave danger. The physicians offer themselves in an abrupt and unexpected proximity to their audience, unveiling the hesitations and missteps that precede the discovery of effective treatments.

The introduction of an autobiography as well as the descents into illness become for each of them an object of justification. Francis Full-

6 Ludmilla Jordanova, *Defining Features, Scientific and Medical Portraits 1660-2000* (London: Reaktion Books, 2000).

Portrait of George Cheyne. Image courtesy of the Blocker History of Medicine Collections, Moody Medical Library, The University of Texas Medical Branch Galveston, Texas, USA.

er's work, *Medicina Gymnastica; or a Treatise Concerning the Power of Exercise with Respect to the Animal Œconomy; and the Great Necessity of It in the Cure of Several Distempers*, published in 1705, was a post humous success following his early death, and saw eight republications. In the appendix to his treatise, Fuller writes that friends urged him to publish his personal experiences.[7] Fuller admits that the application of

7 Francis Fuller, *Medicina Gymnastica; or a Treatise Concerning the Power of Exercise with respect to the Animal Œconomy; and the Great Necessity of It in the Cure of Several Distemper* (London: Robert Knaplock, 1705), p. 253.

horseback riding as a treatment may be mocked by readers who have not experienced its benefits. He states that fear of prejudice prevented him from advocating horseback riding, and explains the inclusion of autobiographical details as the result of his friends' insistence. Fuller then goes on to rewrite his malady as a mark of God's Providence:

> Thus I have given a succinct and true Account, of a Long and Severe Distemper, which it has pleas'd Almighty God to lay upon me; by which it is Plain, that as some Men are distinguish'd by Riches, Honours, and the like; others may be as remarkably in the degrees of their Affection and Anguish, and may be forc'd to pass not only Days, but Years of what we call Life, after such a manner, that if it were not for Higher Consideration, it would be far better not to be.[8]

Fuller identifies the cause of his illness outside personal responsibility, instead casting it as a divine mission to find a remedy for hypochondria. By recasting his sickness as a teleological necessity, he deflects criticism of his character.

Scottish physician George Cheyne (1671-1743), a fellow at the Royal Society, enjoyed ties with the most renowned mathematicians and physicians of his generation. He recounted spending a great deal of time in taverns to develop his clientele. Cheyne settled in Bath, where he became a famed doctor. He attacked understandings of the body in terms of temperament, instead using a iatro-chemical approach that analysed physiology in terms of solids and fluids. He thus viewed maladies as the result of a disturbance in the circulation of fluids. In the appendix to Cheyne's treatise, the doctor apologizes for his 'indecent and shocking egotism [in making himself] the Subject of his Word or Works especially in so tedious and circumstantiated a Detail'.[9] He jus-

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8 Ibid., pp. 269-70.

9 George Cheyne, *The English Malady; or, a Treatise of Nervous Diseases of All Kinds as Spleen, Vapors, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, &c. in Three Parts* (London and Dublin: S. Powell, 1733), p. 250. Cheyne published a dozen works, a number of which were translated into French and Dutch. His writings circulated widely in England and received over seventy printings. Though each of the four doctors considered here was celebrated in his day, subsequent scholarship has discussed only George Cheyne and the Viscount of Puységur. For scholarship on George Cheyne read: Anita Guerrini, *Obesity and Depression in the Enlightenment: The Life and Times of George Cheyne* (Norman: University of Oklahoma Press, 2000) and *George Cheyne: The English Malady*, ed. and introd. by Roy Porter (London: Routledge, 1991).

tifies his inclusion of autobiographical details as an attempt to calm controversies following 'various and contradictory […] Reports of, and sneers on my Regimen, Care and Sentiments', and affirms that it is 'due to truth'.[10]

Cheyne explains that he advocates a diet based on general moderation and drinking milk as a result of his painful experiences of gastronomical excess. Cheyne's work is similar to Fuller's in that he construes his experiences as a sacrifice for the good of humanity. He writes:

> Having suffer'd once and again under all the Varieties of the Symptoms of this Disorder, partly from my own Indiscretion, and partly from a gross Habit of Body, and an original State of weak Nerves, and for having tried in my own Person almost all the possible Means, Reliefs, or Medicines, that *Physicians, Books of Physick*, or *Philosophy*, could suggest, besides my own Observations or many others, who have come to this Place for Relief for these Thirty Years, and being once and again perfectly rescu'd from them by the same Means, it will be a great Satisfaction to me, if I can at least alleviate and mitigate the Sorrows and the Miseries of my *Fellow-Sufferers*, by the experience I have so dearly bought.[11]

For Fuller and for Cheyne, the discomfort expressed in their personal accounts of the malady functions as a supplemental assurance of truthfulness, purportedly offered without embellishment. By offering their pain to their patients and to humanity, these doctors elevate their experience into a higher dimension. The doctor abandons the role of the savant for one of herald. And the charisma of the autobiography is uplifted with its metaphysical significance.

Two other writers, publishing in the later part of the eighteenth century, inscribe their autobiography in a different frame. Claude Révillon, who spent his life in a small town in Bourgogne, served as a correspondent of the *Société Royale de Médecine*, and was a member of the *Académie des Sciences* of Dijon before his death in 1795. His only surviving treatise, *Recherches sur la cause des affections hypochondriaques* was printed twice in French, in 1779 and in 1786, and translated into German. The two editions of his work propose a dissimilar analysis of the body's functions and the causes of its troubles. In the first, irregularities of perspiration are seen as the catalyst for sickness. In the second, these irregularities are themselves considered as an effect of electricity

10 Cheyne, p. 250.
11 Ibid., pp. 3-4.

contained in the body. His work quickly attracted a series of reviews in French journals and an article by Tobias George Smollet in England.[12] The writing expands the possibilities of autobiography by presenting his life in a correspondence. Révillon's treatise is composed as a series of letters addressed to an imaginary patient to whom Révillon recounts his suffering and search for a cure. One can surmise the tone of his work from the sentence with which it begins: 'I have been as unfortunate as you.'[13] Thanks to his choice in format, Révillon can introduce private and autobiographical elements without apology or justification. Fits of illness and experiments with treatment are interspersed throughout the treatise to support the series of points he makes. Révillon situates his affliction outside the realm of personal fault by inscribing it within the ancient tradition of melancholia, positioning himself alongside other men of letters. He insists that his malady causes him no guilt.[14] Though he presents hypochondria as the result of intense intellectual activity, Révillon distinguishes it from self-obsession or an indulgence of the mind. He defines its origin as physiological, rooted in the decline of perspiration caused by stationary activity. Révillon's volume of correspondence appears to be fictional: in the second edition of his work, published six years after the first, the style has been changed and letters contain a new theory in vogue at the time. He updates his medical conception by reinterpreting the loss of perspiration as the result of a decrease in the body's electricity, which leads to days of malaise, languor, hallucination, and weakness. Physical variations are investigated as the source of knowledge of the body, making it necessary to constantly monitor one's body.

Viscount Chastenet de Puységur (1751-1820) has to be understood somewhat differently. The background of the Viscount differs from

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12 Smollet's article was published in *The Critical Review: Or, Annals of Literature*, 51 (London: A. Hamilton, 1781), pp. 227-28. Revillon's work was also reviewed in *Magasin encyclopédique*, 13 (1795), pp. 85-87; *Journal de médecine, chirurgie et pharmacie*, 53 (March 1780), pp. 193-207; *L'Esprit des journaux, françois et étrangers*, 15.9 (September 1786), pp. 115-116; and *Mercure de France* (May 6, 1786), pp. 190-91. The review in *Mercure de France* insists on the fact that 'The object of this work is all the more important, as the maladies it discusses have never been so widespread'.

13 Cf. Claude Révillon, *Recherches sur la cause des affections hypochondriaques* (Paris: Hérissant, 1779): 'J'ai été aussi malheureux que vous l'êtes' (p. 1); all translations from Révillon are from Brian Price and Sabine Arnaud.

14 Ibid., pp. 24-26.

those of the doctors introduced above. He did not study at medical school, instead attending Franz Mesmer's courses on animal magnetism, a theory regarding cosmological forces that could be harnessed to cure illness. After discovering somnambulism, Puységur distinguished his practices from those of Mesmer and utilized this new method instead of Mesmer's system of convulsive crises. Puységur's practice consisted of putting the sick to sleep – thus discovering hypnosis according to Henri F. Ellenberger.[15] Once in this state, many of Puységur's patients understood how to describe the origin of their suffering and what they needed to take or do in order to heal. They would also foresee its duration and possible relapse, and some were additionally able to predict stages in others' illnesses and prescribe effective treatments for them even though they would not know anything about medicine. Puységur reshaped Mesmer's practices 'by transforming the patient's role from passive to active'.[16] His techniques led him to reflect on the potential and limits of animal magnetism and to ideas about how one could be willed out of sickness. Puységur gathered his observations and experiences together in several works.

Rather than defending his image as a healer, or trying to ground his authority in his social status as a wealthy nobleman, Puységur was primarily concerned with convincing patients of somnambulism's virtues. Far from asserting his knowledge as his own property, his texts favoured the development of a safe, effective, and adaptable therapeutic practice. It is not until after his discovery of somnambulism that Puységur's personal experiences of illness appeared. By curing himself with the same treatments he administered to others, he confirmed the value of his therapies. Puységur's principal works recount two different episodes of illness. The first is the result of melancholy brought on by the poor public reception of somnambulism and exhaustion caused by overwork.[17] The second occurs immediately following the death of Puységur's brother.[18]

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15 Henri F. Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1970), p. 70.

16 Nathan M. Kravis, 'Rapport and Transference: Victor Race and the Marquis de Puységur', *Hospital & Community Psychiatry*, 45 (1994), pp. 325-28 (p. 327).

17 A.M.J. de Chastenet de Puységur, *Mémoires pour servir à l'histoire et à l'établissement du magnétisme animal* (London, 1786), pp. 338-39.

18 A.M.J. de Chastenet de Puységur, *Recherches expériences et observations physiologiques sur l'homme dans l'Etat de somnambulisme naturel provoqué par l'acte magnétique* (Paris: Dentu, 1811), p. 339.

Both of these personal narrations of illness are situated in the middle of both the *Mémoires pour servir à l'histoire et à l'établissement du magnétisme animal*, published in 1786, and *Recherches, expériences, et observations physiologiques sur l'homme dans l'état de somnambulisme naturel provoqué par l'acte magnétique*, published in 1811. This may seem to be a less strategic location for autobiographical passages, but it corresponds perfectly with Puységur's aims. In placing his own experiences alongside those of his patients, he communicates the reciprocal and non-hierarchical nature of treatment through magnetism. Puységur inverts the roles of doctor and patient through the practice of somnambulism, enabling patients to prescribe their own cures and become their own doctors. When Puységur utilizes the premonitory gifts of his patients upon falling ill, the reciprocity of their relationship is affirmed. 'After giving details about my illness', he writes, 'I believe I should speak about my *doctors*.' Talking about his wife, he adds:

> Were it not for her intimate conviction of the benefits of animal magnetism, one must feel how deeply she would have feared abandoning me to the care of my people, without calling a doctor […]. But why do I say that she did not want any *doctors*? Hah! If she had only known of a doctor safer than the one she called in, in whom she had a blind trust, and who, by the certainty of his enlightenment, could well have tranquilized her. It is of *Vielet* that I wish to speak; yes, it is to a peasant, Vielet, in somnambulic crises, that I owe my recovery.[19]

By being willing to risk his own life, Puységur verifies the practices he has already established:

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19 'Après avoir donné le détail de ma maladie, je crois devoir parler de mes médecins. Si l'on se représente la situation critique où je me trouvois le matin du 27, on pourra se faire une idée de l'inquiétude & de l'effroi que devoit éprouver madame de P. Sans la conviction intime où elle étoit des bons effets du magnétisme animal, on doit sentir combien elle auroit cru risquer de m'abandonner ainsi aux soins de mes gens, sans appeler un médecin […] mais pourquoi dire qu'elle ne vouloit pas de médecins? Eh! n'en avoit-elle pas un plus sûr que tous ceux qu'elle auroit fait appeler, en qui elle avoit une confiance aveugle, & qui, par la sûreté de ses lumières, devoit bien la tranquilliser? C'est de Vielet que je veux parler: oui, c'est à un paysan, c'est à Vielet, en crise de somnambulisme, que je dois ma guérison' (Puységur, *Mémoires*, pp. 341-42); all translations from Puységur are from Brian Price.

> After having the joy of giving life back to so many individuals through the means of animal magnetism, nothing could better satisfy me than to owe my own health to these same means, which I had so blindly and usefully used in the service of others.[20]

While first renouncing their position of knowledge, these four doctors create a tension destabilizing the relationship of authority which is expected by the patient. This shift alters the position of the doctor, who does not regard himself as outside the realm of the sick, but presents experiences of his body's daily variations and his own struggles against illness. It reverses the image of medical knowledge as a competence aiming to start from the universal to understand the singular, to cast it as an induction from the singularity of a personal experience towards conceptualizing the universal. Doctors break the aura of medical knowledge to present it as a bare activity of trials. They give up the traditional and impersonal voice of knowledge built in the reading of the ancients and confront the reader with the insecurity and the violence of an experience lived on a personal level.

We can see the benefit of introducing such tensions: undoing the traditional hierarchical construction of the doctor/patient relationship according to which the doctor would be the depositary of a knowledge which preceded him and the patient the passive, ignorant, and not always trustworthy victim of illness. The narrative creates the conditions for trust between doctor and patient, while defusing the tensions associated with their exchange (distrust, incomprehension, indiscipline). The story operates as a space of encounter, the narrative of the sick body and of its recovery provide the patient with a model with which he can identify.

The function of the breach with eighteenth-century images of medical knowledge and practitioners is double: creating trust in the doctor as a man who can understand, and creating trust in the possible recovery of the illness, however far in time and painful the wait might be. In a century about which historian Peter Gay said that the sick had better chances of surviving if they did *not* consult a physician, the doctors' personal accounts bridge the gap between themselves and the prospec-

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20 'Après avoir eu le bonheur de rendre à la vie tant d'individus par le secours du magnétisme animal, rien ne pouvoit mieux compléter ma satisfaction, que de devoir ma santé au même moyen dont je m'étais su aveuglément & si utilement servi envers les autres' (Puységur, *Mémoires*, p. 338).

tive patients.[21] The regimens they propose, however severe they may appear, are trials that they have personally undergone. The inclusion of autobiography becomes the occasion to prove the veracity and efficacy of their particular treatments, which bring a newfound sense of well-being in addition to alleviating symptoms. Their lives become the price of knowledge, and these autobiographies their testimony.

RHETORICS OF TENSIONS

The writings explored here gave space to considerations usually considered extraneous to medical knowledge, and allowed doctors to offer a new approach to the experience of sickness. Autobiography allows the introduction of a plethora of details rarely seen in physicians' narrations of patients' cases. Doctors included statements about their pains, their fears, their anguish. Many descriptions of physiological, pathological, psychological, and moral tensions are juxtaposed in these narratives. Doctors dwelled upon the body in pain, alternated it with the fears associated with these pains, their uncertainties during the trials undergone to find the right treatment, and the worries resulting from the unpredictability of the length of the illness, and its possible return. A first-person narrative allows for trust soliciting empathy. The four doctors move back and forth between an internal gaze, dwelling upon their sensations, and an external gaze, as though they were looking upon themselves from outside.

The tensions increase in the narrative by the number of similes, interjections, and comparisons which the doctors use to describe their pain. Fuller is the most theatrical of the group. He employs violent images such as 'strange Faintings, which were so tormenting and insupportable that if I had been Stab'd, or had had my Flesh cut with Knives I am certain I could much easier have born it'.[22] The tension grows as the imaginings associated with being sick broaden to bloody images. Fuller recurrently enters into detailed descriptions of his physical torment, concluding, 'undoubtly Pain is the greatest of Evils to the Body'.[23]

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21 Peter Gay, *The Enlightenment: The Science of Freedom* (New York: Norton & Company, 1996), p. 19.

22 Fuller, p. 266.

23 Ibid.

Cheyne's descriptions abound in strong terms to describe his illness such as 'shaking', 'schock' or 'paroxysm' modified by adjectives such as 'vertiginous' or 'extremely frightful and terrible'.[24] The quantity and variety of his symptoms seem endless and they long elude attempts at treatment. He also includes terrifying prognoses, such as: 'I had certainly perished under the Operation but for an Over-dose of Laudanum after it.' In his introduction to Cheyne's *English Malady*, Roy Porter observed:

> Religious meditations afforded him fortitude, and medicines strengthened his body [...]. Perhaps because of his temperament, perhaps because of the *mœurs* of his circle, perhaps because of his identity as authority-figure, he was not expansively introspective. Though his legitimation of the English malady may, ironically, have encouraged the self-indulgent confessional egoism of James Boswell and his ilk, Cheyne himself deplored such vanity.[25]

Moving away from this interpretation, Cheyne is here viewed as drawing readers to commiserate with his suffering. Differing also from the analysis of Anita Guerrini, an approach in terms of narrative leads to a strategic understanding of Cheyne's self-portrayal as a repentant sinner when describing profound melancholy following a religious reawakening.[26] His text is unique in that it solicits sympathy from his public through extensive self-criticism. Cheyne writes, '*Carelessness* and *Self-Sufficiency*, *Voluptuousness* and Love of *Sensuality* [...] might have impaired my *Spiritual* Nature'.[27] He then compares illness to punishment: 'I went about like a *Malefactor* condemn'd, or one who expects every Moment to be crushed by a *ponderous* Instrument of Death, hanging over his Head'.[28] He adds foreshadowing hints implying future developments, increasing the suspense and the fear of the reader towards the possible outcome of the therapy used.

Révillon goes as far as his predecessors. Supposedly echoing a description of the malady by his partner in correspondence, the doctor writes: 'Sir, I have felt this strangulation a thousand times; in order to breathe, I was forced to retire to our bank and our ramparts in the middle of the night; in my bedroom I felt suffocated and feared that I

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24 Cheyne, pp. 325-27.
25 *George Cheyne*, pp. x-xi.
26 Guerrini, p. 149.
27 Cheyne, p. 331.
28 Ibid., p. 327.

would be knocked over.'[29] His tactic is to present only his own letters. This allows readers to imagine their own thoughts in conversation with the doctor and to appropriate his text. Révillon repeatedly states that his capacity to portray hypochondria originates from his personal trials: 'You surely recognized yourself in the first portrait; in the second, you will see whether my own experience has granted me the possibility to become a faithful painter.'[30] His treatise compiles a repertoire of vaporous crises in which readers are encouraged to see themselves.

Another strategy of Révillon's work is to attack physicians and ally himself with an audience of likely patients:

> For many years I have been the dupe of the advised means; I have understood that inconstancy, thought characteristic of this illness, was coming less from the patients than from the insufficiency the art offers to relieve the illness. Cure or relieve the ills of vaporous people, & you will see them as constant as other patients; but don't mistakenly diagnose hysteric and hypochondriac signs, as a natural effect, unless you consider it coming from the inadequacy of the art. I ask mercy for this small justification I owe to ancient companions of misfortune.[31]

At a time when vaporous patients were admonished for the endless fluctuations in their symptoms, Révillon identifies the cause of the malady's variability in the incompetence of doctors.

Puysegur's description of his pain is followed by its acknowledgement by other parties: 'If one could see the critical situation that I was in on the morning of the 27th, one would have an idea of the anxi-

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29 'J'ai mille fois éprouvé, Monsieur, cet étranglement; j'étois forcé de me retirer au milieu de la nuit, sur nos quais & sur nos remparts, pour pouvoir respirer ; je me sentois suffoqué dans ma chambre, & je craignois d'être renversé' (Révillon, 1779, p. 20).

30 'Vous venez sans doute de vous reconnoître dans le premier portrait: vous allez voir, par le second, si ma propre expérience ne m'a pas mis dans le cas d'être un peintre fidèle' (ibid., p. 9).

31 'J'ai été pendant plusieurs années la dupe des moyens conseillés; j'ai compris que l'inconstance donnée comme un signe caractéristique de cette maladie, venoit moins des malades que de l'insuffisance des secours que l'art offre pour la soulager. Guérissez ou adoucissez les maux des vaporeux, & vous les verrez aussi constants que les autres malades: mais ne rangez plus parmi les signes de l'hystérie & de l'hypocondriacisme, un effet naturel, à moins que vous ne le considériez venant du vide de l'art. Je demande grace pour cette petite justification que je dois à mes anciens compagnons de malheur' (ibid., p. 23).

ety and dread felt by Madame de P.'[32] In his second illness, it is one of his patients, Madame Maréchal, who tells another of his patients that Puységur is sick and that he will be in danger if he does not acknowledge it right away.

> She only said it was dangerous and that it would have a distressing influence if, Sir, you would not do everything to protect yourself. […] She gives me the responsibility to write to you, Sir, to take immediately five baths of three-quarters of an hour of river water and a refreshing bouillon.[33]

The invocation of his circle confirms the illness, and makes the reader think that he is leaving most of his symptoms unsaid while the others around him are carefully watching.

Through their accounts of their own pains and suffering, the doctors acknowledge the veracity of their patients' claims, assert their understanding of the moral anguish, and share their suffering. Each symptom becomes important, not because it would be a sign in the identification of the diagnosis, but because it is an added source of discomfort. The hierarchy between symptoms is not the result of their role towards knowledge but of the scale of the pain they produce. The four doctors do not begin from medical categories in explaining how to recognize illness, instead they focus on the exploration of symptoms and therapies. Physical experience is prioritized, laying out all the tensions the illness provokes and setting medical terminology aside. Tensions are not resolved in a series of diagnosis or by cleaning the mess of symptoms with hermetic diagnosis. Instead, the impression of an infinity of sensations overwhelming any possible category is produced.

Such visceral descriptions of pain function to authenticate the account of the doctors, and to present these series of symptoms associated with little respected illnesses (hypochondria, hysteria, vapours) as a worthy source of concern. The doctors' testimonials counter the stigma and irony typically associated with hypochondria and vapours, demonstrating that one can claim such illnesses without shame or guilt. Unlike the bulk of their contemporaries, Fuller, Cheyne, Révillon, and

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32 Puységur, *Mémoires*, p. 341.

33 'elle dit seulement qu'il est dangereux, et qu'il aurait des suites fâcheuses si Monsieur ne faisait pas tout ce qu'il faut pour s'en préserver. […] Elle me charge d'écrire à Monsieur de prendre tout de suite cinq bains de trois quarts d'heure, d'eau de rivière, un bouillon rafraichissant' (Puységur, *Recherches*, p. 340).

Puységur do not associate hypochondria and vapours with weakness or femininity. Fuller casts illness as a sudden and intense pain, Cheyne sees it as a result of excess, Révillon describes it as a marker of melancholic sensibility, and Puységur locates its cause in overwhelming stress. The violence that doctors describe as characterizing their fits prevents any suspicion of faint-heartedness on their part. Symptoms are interpreted as signs of the natural vulnerability of the body, not to be confused with personal traits that would make an individual particularly susceptible to sickness. The reader also becomes familiar with the internal conflicts of the doctor between different possible therapeutics, propelling the tension to its highest degree before the release with the recovery.

Fuller, Cheyne, Révillon, and Puységur expose physiological troubles with the aim to change their readers' perception of their own body. One is instructed that all unexpected physical tensions should be read as symptoms, and is encouraged to view sensations as pathological expressions. In addition, the doctors introduce a glossary of physiological terms for readers' use. The treatises implore readers to watch constantly over their health and describe their bodies with the medical vocabulary the doctors provide.

Autobiographical narrative is presented as exceeding observation's pretension to know the subject's experiences, for it permits a back and forth between an interior and exterior gaze. It puts the primacy of the doctor's gaze into question, recalling the importance of the patient's own narrative. This emphasis on the narration of physiological and psychological experiences of illness takes the place of observation. Effective treatments are developed by listening to a patient's detailed personal accounts and comprehending her/his relationship to illness. Recitations of pain and anguish in narrations of self-perception supplement doctors' autobiographical renderings of symptoms phrased as though they were their own spectators. The narrative of the malady thus acknowledges a host of tensions that are absent from observations: seen versus unseen, said versus unsaid, and known versus unknown.

The doctors furthermore mobilize tensions by advocating consistent discipline in lieu of temporary treatments. The treatises discussed here prioritize the reestablishment of the body's equilibrium. Puységur names this conception as the 'vital principle', viewing magnetism as a therapy that allows the body to fight illness, as opposed to the idea that a prescription alone is fighting illness.[34] The autobiographical treatises

34 Ibid., p. 345.

of Fuller, Cheyne, Révillon, and Puységur produce a vision of medicine where treatments are tailored to fit the conditions of individuals rather than prescribed unilaterally. A comparison of the body's functions at different moments leads to the deduction of what treatment is necessary. Such a conception of medicine implies that patients must take the responsibility to care for and monitor themselves. Doctors can contribute to patients' health only by suggesting their needs and beneficial forms of discipline. This discipline is not conceived as an exercise of doctors' authority, but as a means towards patients' autonomy, which becomes possible through the intuitive discovery of the body. Therefore a positive usage of tension develops, through experimentation, discipline, and the practice of somnambulism.

POSTPONING RELEASE

At the same time, narration does not want to function as a progressive recovery. When close to claiming the recovery, each narrative suddenly takes a turn for the worse. For Fuller, Cheyne, and Révillon, a first healing is followed by a relapse into old habits, and a moment of doubt for Puységur, providing a new tension in the narrative, and delaying for a while its resolution. This moment unsettles what has been said and the value of the testimony provided. By postponing the resolution, the autobiography disrupts once more the anticipation of the reader and creates tension. Not only is the status of the doctor as a savant questioned, he is now failing to pursue his own method. This new element impedes the convalescence, creating once again suspense in the narrative, before a final catharsis. These moments of uncertainty, trial, and neglect are then followed by the reaffirmation of the therapy. The function of these new tensions is the validation of the medical practices used by the narrators, making their health dependent upon their discipline.

Fuller explains his relapse as the result of excessive horseback riding.[35] He then abandons the practice and begins adhering to the advice of other doctors, only to become weaker and weaker. Fuller next resumes moderate riding to certify that his own methods had successfully alleviated his physiological troubles.[36] His experiences serve as

35 Fuller, pp. 263-64.
36 Ibid., p. 266.

evidence that his treatment can compensate for the negative effects of other doctors' cures: '[…] habituating myself very much to Riding, did enable Nature to throw off the Humour that way, and to support her under the Shock of those numerous Vomitings'.[37] He marks the contrast between prescriptions that endanger patients and the method of physical exercise, which is at least inoffensive and is likely to have positive effects against any illness.[38] Though Fuller acknowledges having read an advocacy of horseback riding in the works of Thomas Sydenham, he develops it as a daily practice, reconceiving it as a preventive and regenerative action that can be followed without additional regimens.

Cheyne's episode of neglect comes with a return to gourmand habits. After an initial enthusiasm for moderation, he descends into a second period of perdition: 'Never tasting any Supper, and at Breakfast nothing but Green Tea, without any *Eatable*; […] every Dinner necessarily became a *Surfeit* and a *Debauch,* and in ten or twelve Years, I swell'd to such an enormous Size, that upon my last Weighing I exceeded 32 *Stone*'.[39] Cheyne's own weakness becomes indicative of a universal fallibility in the course of the narration, enabling him to caution readers against similar lapses. Beyond the advocacy of a specific treatment, Cheyne emphasizes the primacy of self-discipline.

Révillon anticipates concerns that his own experiences of illness cannot be universalized, and his treatise includes the findings of multiple trials to validate his hypotheses. He performs experiments repeatedly to assert that he has built doubt into the methodology of his project and to establish the reliability of his theories. These experiments function as a new source of tension, this time one he can control. Révillon uses his own body as a site of observation and experimentation, noting:

> So as to be certain of this hypothesis, it has happened, on days of perfect calm, that by diminishing my perspiration, by exposing myself to cold, and by putting my feet in cold water, I have caused all my vaporous accidents to reappear. Often, after suffering for entire mornings, I would use the necessary means to restart perspiration, and as soon as this happened, I felt better.[40]

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37 Ibid., p. 268.

38 Ibid., pp. 270-71.

39 Cheyne, p. 342.

40 'Pour avoir, sur cet objet, quelque chose de certain, il m'est arrivé, dans des jours de calme parfait de la diminuer, en m'exposant au froid, mettant les pieds dans l'eau froide; je faisois reparoître tous les accidents des vapeurs. Souvent après

Révillon also undergoes a day of fasting that leads him to observe: 'I felt that vaporous people were not fit for fasts', and claims to have seen the same outcome with patients.[41] He furthermore posits that episodes of illness can be predicted based on climate and nutrition, and his treatise includes a journal entitled, 'A Journal on the state of the body, in relation to the perfection of perspiration and temperature of the air'. Inside, the reader finds four notations per day recording the weight of the doctor, the amount he has perspired, and the weight he has lost. One entry reads: 'At 10 o'clock at night I weigh only 109 pounds, & 2 ounces & half, which means a decrease from the afternoon weight of 18 pounds, six large; secretions are 10 ounces & a half, perspiration 8 ounces, I am feeling ill at ease.'[42] The second edition of Révillon's work is augmented by a table measuring forty-one by fifty-one centimetres. The direction of the wind and the appearance of the sky are listed alongside readings from a thermometer, a barometer, a hydrometer, and an electrical machine determining the level of electricity in the air. According to Révillon, all of these factors affect perspiration, and he records the corresponding changes in his own condition.[43] Depending on these different dynamics, the condition of a vaporous person ranges between suffering, weak, somewhat better, and well. Révillon goes so far as to write: 'When they [the vaporous] are attentive, they can, as they wake up, recognize and announce the winds on the horizon based on their moral and physical dispositions.'[44] Révillon's experiments belong to an eighteenth-century fascination for scientific objects, but they also demonstrate a new attention to the body itself.[45] Nutritional choices are a

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avoir souffert des matinées entieres, j'employois les moyens capables de rétablir la transpiration; & dès qu'elle se faisoit, je me trouvois mieux' (Révillon, 1786, p. 28).

41 'J'éprouvai que le jeune alloit mal aux vaporeux' (Révillon, 1786, p. 98).

42 'Je ne pèse à dix heures du soir que 109 livres, & onces & demie, ce qui opère une diminution pour l'après-midi, de 18 onces, six gros; sécrétions sensibles, 10 onces & demie, transpiration 8 onces, mal à mon aise' (Révillon, 1779, p. 108).

43 Révillon, 1786, p. 20.

44 'Quand ils sont attentifs, ils peuvent, en se réveillant reconnoître & annoncer, par les dispositions morales & physiques où ils se trouvent, le vent qui règne sur leur horizon' (Révillon, 1786, p. xiii).

45 On the use of the barometer, see Jan V. Golinski, 'Barometers of Change: Meteorological Instruments as Machines of Enlightenment', in *The Sciences in Enlightened Europe*, ed. by William Clark, Jan Golinski, and Simon Schaeffer (Chicago: University of Chicago Press, 1999), pp. 69-93.

means by which the sick can maintain their health and compensate for imbalances caused by the weather. Révillon advises the consumption of bread and wine for breakfast to provide strength without weighing upon digestion, asserts that the optimal moment for exercise is in the morning, when perspiration is best and is not troubled by a heavy stomach, and advocates waking up at six in the morning and going to sleep at ten at night.[46]

Puységur's moment of doubt arrives with the prescription of a purgative by Vielet, a patient from the peasantry who has been put into a somnambulic state to foresee the cure for Puységur's illness.[47] Yet Puységur's wife persuades him to continue, forcing him to admit that if she were sick, Puységur would follow his patients' prescriptions.[48] He then agrees to allow Vielet to prepare his medicine while in a state of somnambulism without verifying the dosage himself. During his other illness, Puységur nearly rejects the directives of Madame Maréchal, another somnambulic patient, who advises him to take a prolonged bath once a day for a period of five days. He feels great pain after the third bath, and begins to doubt her advice. This resistance legitimates readers' scepticism and demonstrates a refusal to be passive. However, Puységur immediately resumes treatments after another discussion with his wife, and he is saved once more.[49] By publishing these hesitations, he acknowledges the strangeness of his therapies and admits that they require great trust. He also affirms the therapeutic competence of an illiterate peasant and a woman, thereby demonstrating the universality of animal magnetism.

Puységur's illnesses are treated by a series of intermediaries: his wife, a woman patient, the peasant Vielet, and his servants Ribault and Clement, whom he considers his partners in practice. He is healed because he follows the directives of others, incorporates their contributions, and is not autonomous in decisions about his health.[50] Such a division of responsibilities is a clear departure from the institution of medicine, which at times attacked 'charlatans' and 'wives' tales' while seeking out their secrets. As with the other doctors, Puységur's autobi-

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46 Révillon, 1779, p. 127.
47 Puységur, *Mémoires*, p. 344.
48 Ibid., p. 345.
49 Ibid., pp. 337-43.
50 Ibid., p. 345.

ography concludes by legitimizing knowledge and practices rooted in his own experience.

TENSIONS AND MEDICAL NARRATIVE

In autobiographical narratives, tension functions to allow the arrangement of both intrigue and interaction with the reader. It is not the recounting of an event that imparts believability and persuasiveness, but the tension expressed by the doctor as he shares his experience. The role of autobiography is not only to provide a record of past experience, but also to produce tensions in the audience. These tensions are to be resolved to fulfil the expectations of the narrative genre, and such resolution operates through transformation of the narrative/reader relationship into a relationship between doctor and patient. The recounting of suffering lures the reader into viewing her/himself as a potential patient of the narrator. Tension thus functions as a mediation. Readers develop a sense of empathy towards doctors, and are affected more by the manner in which doctors recount their experiences than the substance of their own experiences. The effects of writing, interjections, repetitions, stylistic figures, and deictics participate in the construction of autobiographies and become the key to a sharing of experience. As a result of these arrangements, the reading of doctors' autobiographical treatises can function as catharsis: readers believe in the possibility of their own cure, and come to envision themselves as patients to be healed. More than an object of discourse, tension operates as a current within the text that is activated in its reading, transforming an audience's perceptions and guiding it to participate in the experience described. Through questions of therapeutic practices and their reception, tensions in autobiography catalyzes the powers of narrative writing in the construction of medicine.

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