

French Cultural Studies


<http://frc.sagepub.com>

Foretelling Pathology: The Poetics of Prognosis

Peter Cryle

French Cultural Studies 2000; 17: 107

View metadata, citation and similar papers at core.ac.uk

brought to you by  CORE

provided by University of Queensland eSpace

The online version of this article can be found at:
<http://frc.sagepub.com/cgi/content/abstract/17/1/107>

Published by:



<http://www.sagepublications.com>

Additional services and information for *French Cultural Studies* can be found at:

Email Alerts: <http://frc.sagepub.com/cgi/alerts>

Subscriptions: <http://frc.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.co.uk/journalsPermissions.nav>

Citations <http://frc.sagepub.com/cgi/content/refs/17/1/107>



Foretelling Pathology The Poetics of Prognosis

PETER CRYLE

University of Queensland

This paper examines a number of French middle-brow novels, usually called at the time *romans de mœurs*, from the period 1880–1910. It shows how, in these stories, doctors are shown to foretell the course of narrative through the diagnosis of certain pathologies, especially psychosexual ones. These pathologies are thus represented as implacable narrative programmes. In effect, most of these novels renounce the standard fictional resources of intrigue and suspense in favour of the relentless working out of their initial prognosis. The authority of medical discourse is therefore not just confirmed and disseminated: it is elaborated as fatality in the very terms of the novel.

Keywords: *history of sexuality, medical vulgarisation, naturalist fiction, popular fiction, power-knowledge, roman de mœurs, sexual pathology, Zola*

It is quite unsurprising that medical knowledge should have found its way into novelistic fiction in the last decades of the nineteenth century. That was, after all, when medicine was achieving new standing, as many scholars have noted.¹ Yet relatively little has been said about the discursive intersections of the novel and medical science at that time. Zola's advocacy of Claude Bernard's method as a model for an 'experimental novel' is often referred to by literary historians as a remarkable act of allegiance, not to say a naïve one.² But historians who restrict their focus to eminent authors are in danger of missing the broader cultural significance of Zola's tribute. When viewed with a wider lens, his enrolment in the cause of medical science appears far from exceptional. Medical knowledge was in fact regularly

disseminated through the novel during the period 1880–1910, although the preferred thematic terrain for novelistic medicine appears to have been a quite narrow set of pathologies. To hazard a generalisation based on a corpus of a hundred or so novels in which medical discourse plays some role, the great majority of illnesses represented in such novels are presented as sexual/gender disorders resulting from heredity, degeneration, or the excesses of an overly refined society.

Rather than focus here on widely known instances, I want to say something about the range of texts that extended from the literary to the medical. Less distinguished and decidedly less inventive than Zola were writers like Jean Fauconney. Using a variety of pseudonyms all of which began with the title ‘Docteur’, Fauconney produced a series of vulgarising texts, many of which were collected in the ‘Bibliothèque populaire des connaissances médicales’ under the anagrammatic pseudonym of Dr Caufeignon. The titles of that collection were:

La Blennorragie chez l’homme et la femme
La Syphilis
L’Onanisme
La Masturbation et la sodomie féminines
La Pédérastie
L’Amour et l’accouplement
La Procréation
La Menstruation et l’âge critique
L’Impuissance et la stérilité chez l’homme et la femme
L’Hermaphrodisme
La Perversion sexuelle
La Virginité
L’Hystérie
Hypnotisme et suggestion
La Folie érotique. Nymphomanie, satyriasis, abus vénériens
La Prostitution
Hygiène et régénération
L’Avortement
La Morphinomanie
Le Mariage et son hygiène

This ‘library’ was anything but austere. Fauconney/Caufeignon’s texts typically brought together a set of incidents and behaviours attributed to ancient times, to an exotic Orient, or to a libertine *ancien régime*. Each volume pursued its theme across a wide historical and geographical range, presenting its findings in the manner of loose-leaf clippings. These texts were typically anecdotal, rather than describing symptoms or syndromes as such. In that sense they were thoroughly given over to narrative. With no trace of generic unease and no fuss of negotiation, Caufeignon’s library of

psychosexual medical science took its place in his publisher's catalogue alongside a range of novels. And those novels, often calling themselves *romans de mœurs*, had their own relation to medical science. They regularly indulged in moralising accounts of depravity, but most often framed their accounts with commentary that allowed any depravity of which they spoke to exemplify a particular psychosexual pathology. It became ever more difficult, in this middle-brow domain, to tell just where medical science ended and the novel began.³

It might be said, then, that Zola and Fauconney positioned themselves in rather different ways between the scientific and the literary. Indeed, that middle space between the austere and the seductive, the pretentious and the prurient came to be occupied by a whole range of writers. I hope to show the extent of this range by discussing the variety of positions occupied by four novelists, each of them a discursive and generic mix somewhere between Zola's uncertain prestige and Fauconney's spurious notoriety. Two of these novelists, Jules Claretie and Charles Richet, were also doctors. One of them, Jean-Louis Dubut de Laforest, styled his whole œuvre as a study in 'social pathology', and the fourth, Armand Dubarry, produced a series of novels entitled *Les Déséquilibrés de l'amour*, each of which was devoted to a particular sexual pathology.

Claretie and Richet seemed to find the most straightforward way to rework medical knowledge through novelistic fiction: by telling stories in which doctors were the heroes. That is, after all, what Zola (1966–70) did in *Le Docteur Pascal* (1893). The point of representing a doctor as hero, for Zola, is not just ethical, but epistemological: Pascal Rougon is morally admirable for his selfless devotion to science, but the study of heredity actually qualifies him to be a hero of knowledge, since it reveals the central thematic articulations of *Les Rougon-Macquart*. And so it is, broadly speaking, with Claretie and Richet. Each of them produces sustained narrative and quite complex plot out of doctor–patient relations, while calling on medical knowledge to order their central themes.

Claretie's *Les Amours d'un interne* (1899; first published around 1881) is set largely in La Salpêtrière, and tells of the parallel careers of a young intern and a group of medical students. The novel draws its coherence not just from this professional setting, but from the medicalisation of an old novelistic theme announced in the title. All of the stories it tells are stories of love in which the uncertainties of romantic attachment are inflected by an amorous pathology said to be abroad in society. The epidemic disorder is hysteria:

L'hystérie est un peu partout à l'heure où nous sommes: tantôt elle s'affirme, exaltée, du haut d'une tribune; tantôt elle griffonne, on ne sait où, quelque lettre anonyme. Nous avons vu cela et nous le voyons tous les jours encore. Il appartenait donc au romancier d'étudier, après les savants, ces manifestations inquiétantes, attirantes aussi, et ces cas bizarres. (Claretie, 1899: 3–4)

Hysteria, we should understand, is a disorder of 'love', understood in its most compelling bodily sense, and it is now time for novelists to give an account of it. Accordingly, Claretie presents doctor characters who struggle to deal with the unruly manifestations of desire – in their patients and in themselves.

Charles Richet, in *Sœur Marthe* (1890), writing under the pseudonym Ephyre, tells the story of a doctor specialising in hypnotism who has occasion to treat a young nun afflicted with severe neurosis. As he attempts to deal with her disorder, he is drawn out of his clinical role into the 'madness' of love:

Combien de fois, curieusement penché sur les visages de ses magnétisés, n'avait-il pas épié leurs paroles, leurs attitudes, pour surprendre quelques-uns des mystères grandioses de l'intelligence qui se révèlent alors par de subites et passagères lueurs! Mais aujourd'hui ce n'était pas le feu sacré de la science qui faisait battre son cœur et qui lui oppressait la poitrine. Aimer sœur Marthe, aimer Angèle! En est-il donc venu à ce degré de folie? (Ephyre, 1890: 58)

The 'scientific' point is not just that pathologies of this sort are endemic in modern society. The *roman de mœurs* demonstrates their spread through amorous relations. The doctor is a kind of hero because he is continually exposed to contagion – to that particular form of psychosexual contagion known as desire.

Jean-Louis Dubut de Laforest, the third novelist in my list, was not a doctor, but believed he could use the novel for the purpose of medical inquiry. The kind of literature he advocated would apply medical understanding to the description of social phenomena, but also enhance scientific knowledge by bringing to it the observational skill of the novelist:

L'étude des sensations, appliquée à l'histoire des mœurs, les conditions de santé physique des individus influant sur les conditions de santé morale et établissant les assises des comédies et des drames, telle est la route que j'essaye de frayer, en observateur attentif et non en ingénieur diplômé. (Dubut de Laforest, 1897: 4)

The novelist is thus, in Dubut's eyes, a particular kind of cultivated amateur who contributes all the better to knowledge for not confusing his role with that of the medical profession:

Est-il besoin d'ajouter que, dans cette étude, j'ai songé surtout à faire œuvre d'écrivain et d'artiste, et non de médecin que je ne suis pas? ... L'Art et la Science doivent être séparés; mais ils n'ont pas le droit de s'ignorer l'un et l'autre. (Dubut de Laforest, 1897: 5)

All this could of course be set aside as prefatory rhetoric, comparable to Zola's much disparaged manifesto. It is not at all clear from the outset how the novelist and the doctor might pursue their work in parallel. But Dubut does in fact translate his parascientific project into particular narrative forms.

In two of his novels, we find once again the theme of the doctor in love. It is most strikingly present in *Faiseur d'hommes* (1884), which he co-authored with Yveling RamBaud.⁴ The doctor-hero in this story is a researcher in artificial insemination who finds himself drawn into an unbearably close relationship with a female patient, and is eventually driven to suicide. As in Claretie's and Richet's stories, the love affair is closely bound up with scientific practice. It is brought about by a medical procedure requiring close physical intimacy, a 'sorte d'envahissement matériel' (1884: 224), which eventually causes both doctor and patient to be overwhelmed by unsatisfied desire. This is, to be sure, an agonistic form of heroism, but it is heroism nonetheless, occasioned by the practice of medicine.

Other novels by Dubut find a rather different way to make narrative out of socio-sexual pathology. They tell stories in which the 'sick' person stands as a representative case, so that narrative and medical interest come from the unfolding of the illness over time. *Morphine* (1891) uses a title that echoes one of those in Fauconney's medical library, but there is a clear difference between Dubut's text and Fauconney's. *Morphine* is a novel in the proper sense, telling the story of the afflicted person from its beginning through to its end, whereas Fauconney's *Morphinomanie* is an anthology of anecdotes. A second novel by Dubut, *Mademoiselle de Tantale* (1886), also focuses on one character, using a classical sobriquet to evoke the notion of suffering. The preface tells us that this is a case of 'female impotence', a disorder which Dubut claims to have discovered himself.⁵ In each of these novels, the story is brought to an end by the death of the central character. Suffering unto death, so often seen at the end of the nineteenth century as the consequence of any full-fledged psychosexual disorder, helps to produce an utterly conclusive story, and a well-shaped novel.

The last of the four novelists in my list, Armand Dubarry, who wrote a series of novels entitled *Les Déséquilibrés de l'amour* (1896–1906), was not concerned to make doctors into heroes because he was thoroughly preoccupied with the representation of pathologies for their own sake. Of the novelists I am considering here, Dubarry is comfortably the least distinguished and arguably the most risqué, retailing stories of psychosexual pathology whose titles often correspond to those of the prurient Docteur Caufeynon. But his novels are not scrapbooks: they take on a clear narrative shape by involving themselves to a remarkable degree in complications of plot. I shall take just one example for reasons of economy: *Les Invertis*, which dates from about 1895. This novel is accompanied by an assertive preface in which the writer positions himself as a *vulgarisateur*, and claims certain privileges in consequence:

Les Déséquilibrés de l'amour sont des romans psychopathologiques en lesquels, dans un but philosophique, nous usons de notre droit d'écrivain vulgarisateur de tirer parti de nos recherches, de nos observations, de nos

méditations; ce ne sont pas des romans laidement et sottement luxurieux.
(Dubarry, 1906: 11)

Adding his own observations to the findings of scientists is part of his vocation as 'philosopher', and the second-hand authority of science is offered as a guarantee that this work will never descend into pornography. Through his art as a novelist, he promises to ease the reader's burden by not asking him or her to bear the full weight of the 'physiological and psychiatric' knowledge gathered in his preparatory research. The author will endeavour to 'rendre amusants' the events he describes, 'sans donner d'entorse à la vérité' (Dubarry, 1906: 11). The most fundamental difficulty, as it transpires, is to tell the truth without 'twists' while constructing a plot full of incident for the sake of narrative interest.

In *Les Invertis*, Claire and Georges are attracted to each other, and only too eager to be joined in lawful matrimony. But their aspirations are thwarted by a ruthless pair of degenerate aristocrats, Adolphe and Florine. These two, we are told, are hereditary inverters: 'Enfants d'un père cocaïnomanie, mort sourd et gâteux, d'une mère éthéromane, morte d'un accès de démence neurasthénique, ils tenaient de l'hérédité leur dégénérescence' (Dubarry, 1906: 34). In other words, their perversion is genuinely pathological, and not something freely chosen. But this does not prevent the story from continually positioning them as villains. Adolphe conceives a plan to attract Georges by marrying Claire, and Florine believes that Claire's being married to Adolphe will remove Georges from the picture, thus making Claire available as a lover for her. Adolphe does indeed marry Claire, but the dastardly scheme takes a long time to come to fruition. Eventually Claire receives an ultimatum from Florine, insisting that she yield at last to her advances, and Georges receives a similar demand from Adolphe, with the same deadline. 'Quelle simultanité!', observes Georges, with charming reflexivity (Dubarry, 1906: 180). Georges and Claire are then forced to do some plotting of their own, and eventually contrive to escape. In the novel's climactic scene, they are pursued through the Swiss Alps by the avenging inverters, until nature comes massively to the aid of heterosexuality. Adolphe and Florine are swept off a cliff by an avalanche, trapped in trees near an eagle's nest, then attacked by the eagles. Readers with an orderly sense of gender will take satisfaction from the fact that a female eagle attacks Florine, while a male attacks Adolphe. The two, who have been clinging to the trees to avoid falling further, are forced to release their hold, and plummet three hundred metres to their deaths (1906: 309–11). This is the price that has to be paid, it seems, so that Georges and Claire can live happily ever after (1906: 313). 'Il n'est pas rare que le bien naisse de l'excès du mal', comments an authorial voice (1906: 313), and Dubarry's novels do all that they can to increase the odds for such outcomes. But the disconcerting thing to readers for whom homosexuality is not demonised is likely to be the slippage that occurs here in the sense of a key

word. What began as the theme of *le mal* as sickness, in the sense of psychosexual illness, has become in response to exigencies of plot *le mal* as evil: the adversary of all things good and heterosexual. There is no redemption or healing, merely an orgy of plot that culminates in the destruction of two nasty perverts whose psychosexual disorder had appeared at the outset of the novel to be the object of quasi-scientific observation.

This is how novelistic borrowings of medical discourse can come to grief. Intrigue of the kind practised in Dubarry's stories, by its need for adversarial agency, effectively prevents the novel from miming demonstration or inquiry. Psychosexual science figures here, not as a constraint or even a pretext for narrative, but merely as a hedge against accusations of frivolity or obscenity. Towards this end of the range of texts I am describing, the parallelism of knowledges advocated by Dubut de Laforest is patently absent. Dubarry's own prefatory claims to conjugate the two are left high and dry as his novel determinedly pursues an outcome which will satisfy the requirements of intrigue.

Before moving to consider how this formal difficulty comes to be resolved in practice in some middle-brow novels, I shall briefly consider a rather different manner in which medical knowledge finds its way into the novel: through representations of the doctor's gaze. Hypnotism, often referred to under the generic name 'magnetism', was a focus for this, and I have already mentioned it when quoting Richet's *Sœur Marthe*. But whether or not the doctor is actually practising hypnosis, his gaze tends to be presented as a dramatic convergence of knowledge and power. I will offer further examples of this in passing in the final section of my paper, but let me give just one striking example now so that it can serve as a point of reference for my argument. Claretie's *Les Amours d'un interne* centres on Vilandry, an accomplished intern who works at La Salpêtrière. Nothing about Vilandry is more accomplished, more acutely professional, than his gaze. This is a typical scene involving the young hysteric Mathilde:

Vilandry . . . jeta à Mathilde un regard profond, le coup d'œil enveloppant et pénétrant à la fois du médecin devinant une nature d'élite ou un tempérament maladif, un sujet à expériences, et sous cette espèce d'interrogatoire aigu, Mathilde, devenue pâle, eut par tout le corps un frisson de malaise et détourna la tête brusquement, comme pour échapper à une obsession. (Claretie, 1899: 46)

The patient knows that her pathological condition is 'embraced and penetrated' in an instant. As she says to one of the student doctors, 'Quand il m'a regardée, il m'a toute saisie' (1899: 42). On another occasion, a woman in a frenzy of rage is brought to a sudden halt by one single intense look from Vilandry: 'On eût dit qu'Hermance s'arrêtait brusquement dans sa rage, étonnée de ce regard braqué sur elle' (1899: 125).

These are more than instances of insight: they are theatrical performances

of medical power-knowledge, and it is no coincidence that they occur in the hospital which was the scene of Charcot's famous *mardis*. As Elaine Showalter reminds us, Charcot himself was

famed for his probing gaze that seemed to penetrate not only to the heart of the patient but also to the souls of his assistants, interns, and associates . . .

This intensely scrutinizing male gaze mingled the mesmerizing power of the hypnotist and the commanding eye of the artist with the penetrating vision of the scientist piercing the veil of nature. (Showalter, 1993: 309)

Yet while such displays of power may provide literally arresting moments in stories, they are theatrical, rather than properly narrative ways of carrying the prestige of medical knowledge into the novel. I want to focus attention primarily on a formal *trouvaille* which provided a working solution to the difficulty of discursive translation. I shall try to show that, instead of plot as suspense or intrigue, something like its opposite comes to the fore in many of the novels of which I am speaking. Medical knowledge tends to be worked out, in fact, through the quasi-absence of plot, by the inscription of authoritative prognosis.

That is why it is unhelpful to consider pathology merely as a theme, as something for the novelist to cut and paste from medical treatises. Pathology in these novels often signifies some form of predictability. And exploiting that predictability, making pathology into a narrative programme, can become the business of the novel. This is what allows the novel to contribute, at least in principle, to a descriptive understanding of psychosexual disorders: by foreclosing its own narrative outcomes, and enjoying the strictness of that constraint. Narrative foretelling can become assimilated to scientific prognosis, as medical predictions are invested with a sense of foreboding, and resonant pronouncements made about what the future will bring. Medical power-knowledge thus comes to be inscribed, in certain circumstances, as novelistic fatality.

It would be misleading to imply that medical prognosis played no role in the novel before the time of which I am speaking. Whereas doctors were typically represented in narrative fiction for at least a century following Molière as incompetents or charlatans, novels in the early part of the nineteenth century sometimes gave them a role as guarantors of specific narrative outcomes. This happened most often when a character entered that phase of an illness which, from the end of the eighteenth century onwards, came to be called in French *la crise*: the moment of most intense suffering, and the turning point towards recovery or death.⁶ Here is a routine example from a novel by Félicité de Choiseul-Meuse dating from 1817: 'Il est sauvé! il est sauvé! s'écria le docteur au moment même où mon pauvre André croyait que je venais d'expirer; voilà la crise que je désirais; à présent je répons de lui' (Choiseul-Meuse, 1817: 27). Declaring that the patient is 'saved' marks

not so much a therapeutic triumph as a decisive clarification of the future. The doctor is now able to *répondre de lui*, to take the responsibility of guaranteeing a positive outcome. Had the illness turned the other way, it would have been a matter of promising a fatal outcome, a prognosis usually signified by the verb *condamner*.

This pattern of doctorly pronouncements does not simply disappear at the end of the nineteenth century. It continues to be found whenever illness marks a turn in the plot. Moments of pathological crisis function in fact as nodes in which dramatically divergent possibilities for narrative are held together. So when the doctor 'saves' or 'condemns' the patient, he resolves a certain tension, and declares the end of an episode. But the *roman de mœurs* and its generic neighbours often move far beyond this function by investing medical prognosis with the capacity to predict a whole lifetime. At its most authoritative, the diagnosis of a particular sexual or degenerative pathology spells out the destiny of a character. And the novel finds its purpose, not in the distractions of intrigue, but in the relentless confirmation of its initial observation, as it works to build the certainty of psychosexual science.

One of the indicators of difference between the 'incidental' function and the broadly prognostic one is whether the doctor is a named character in the novel. When an anonymous doctor appears, he is likely to be performing the established routine of saving and condemning, departing when his punctual task is done. That is still how it happens, for example, in Jules Davray and Jean Caujolle's *Vendeuse d'amour* (1891), where a virtuous young woman dies of consumption: 'le médecin n'avait dit que trop vrai; Ketty s'éteignait lentement' (1891: 414). But when the doctor bears a proper name, he is more likely to be present near the beginning, foretelling the story's overall pattern. In Jacques Yvel's *Demi-Femme* (1901), the old Doctor Mérijoux, a family friend of Georges Darthez, predicts what will happen to the recently engaged Odette in the course of her future married life with another man. He foresees the unavoidable circumstance which must follow from the fact that Odette really loves Darthez, even though she may not fully know it herself (Yvel, 1901: 110). And his gaze goes beyond the outward signs of happiness to the certain perception of future suffering: 'Bonheur factice, je vous le répète, car Mlle de Saverny se ressaisira, et de ce piédestal empourpré et doré, elle retombera dans le noir' (1901: 109–10). The doctor reads the souls of other characters 'dans un livre ouvert' (1901: 154), as the equivalence of book and psyche is made good by the novel. The role of the doctor is double: he can state what the characters do not know about their own desire – that is, he can tell the unconscious – and he can outline the story of decline. But those two functions are closely related. He will not just describe sexual and moral disorders as pathological conditions, but predict, and thus help to narrate, decline as a process.

In the richest examples, the doctor is involved throughout the story, as his predictions are tested against developments of plot, and reasserted against

evidence to the contrary. In Besse's *La Débauche* (1898), for example, the doctor is on hand to dispense approximately equal measures of hope and apprehension. Would Germaine, who is anaemic, die if Henri were to leave her? There can be no doubt of it, for Dr Lionnet declares: 'Une émotion forte la mènerait à la mort' (Besse, 1898: 112). And what of another character, Hélène, who falls sick? She is *perdue*, and will be dead within the hour (1898: 114). Germaine, on the other hand is eventually declared to be *sauvée* (1898: 159). '[S]i le vieux médecin n'a pu aider autant qu'il aurait voulu à cette guérison miraculeuse', he says of himself ceremoniously, 'c'est à lui qu'il appartient de la garantir . . . Je n'ai su, tout seul, vous rendre la santé. Je puis, du moins, vous jurer qu'elle est à jamais rendue' (1898: 160). This may be as close as doctors come in novels to 'doing things with words', in Austin's sense. The doctor writes a 'prescription' that is not so much pharmaceutical as narrative.

Dubut de Laforest's *Morphine* (1891) begins with a tribute to a famous man of science. Just as Zola eulogises Claude Bernard and Claretie praises Charcot, Dubut dedicates his novel to the illustrious Italian criminologist Cesare Lombroso. But the novelistic elaboration of medical knowledge, as I have already suggested, requires more than protocols of allegiance. In *Morphine*, it begins with Doctor Lapouge's perception of barely visible signs, as Raymond de Pontailac is enjoying the company of a group of military friends. Beneath the appearance of health, the doctor, who is also a major in the army, detects a symptom of morphine addiction:

Alors, Lapouge observa Pontailac. Il lui semblait métamorphosé, car si pour les autres regards, le capitaine avait conservé, sous les dehors d'un chagrin amoureux, les apparences d'une verdure extraordinaire, – seul, l'œil du majeur venait de noter les tremblements furtifs du morphinomane. (Dubut de Laforest, 1891: 12–13)

Could it be that Pontailac is destined to be destroyed by his addiction? The impersonal narrator appears to be genuinely uncertain about the outcome: 'Avait-il tort ou raison, le major Lapouge? Est-ce que vraiment Pontailac, ce mâle superbe, était dominé, violenté, à jamais brisé par la morphine?' (Dubut de Laforest, 1891: 17). A well-muscled body might perhaps be able to hold out against the inner trembling of pathology . . . But the suspense is not allowed to endure. Doctor Lapouge himself is in no doubt, as he says to Pontailac: 'Vous arriverez à être très malade!' (1891: 11). And any lingering uncertainty about his authority is dispelled only a few pages later by a narratorial reference to 'les symptômes d'une intoxication progressive' (1891: 20). 'Progressive intoxication' is in fact the subject of the novel, and the unrelenting shape of its narrative. Indeed, in narrative fiction, pathologies of the psychosexual kind are almost always 'progressive' in that sense. Their gradual development corresponds exactly to the scope of the story. So while Dubut might claim in his preface to *Mademoiselle de Tantale*

that 'le romancier observe, mais il ne cherche pas à prouver' (Dubut de Laforest, 1897: 4), the logic of narrative seems to require that descriptions work themselves out in time as compelling demonstrations.

In a number of such stories, the fulfilment of the doctor's prediction is a long and complicated affair, exactly as long and as complicated as the novel itself. Catulle Mendès's *Méphistophela* (1890) is a case in point. Doctor Glaris combines a thorough grounding in medical science with a gift for seeing into the future:

Savant? oui, incontestablement; ses travaux, ses livres, avaient obligé à une certaine estime même les rares hommes, qui, solitaires dans leurs laboratoires, se dérobaient à la curiosité des reporters ... Il n'était pas sans ressemblance avec un prophète qui tirerait les cartes. Il les tirait bien. (Mendès, 1993: 244–5)

In fact, this novel does become a kind of contest, but the contest is precisely about whether a remarkable prediction will be fulfilled. Glaris's excellence as observer is matched against the fierce determination and perverse will of the heroine, Sophor d'Hermeline. While she haughtily asserts her sexual freedom as a lesbian and seems to flourish as a consequence, he diagnoses pathological desire, and claims to foresee its inevitably destructive outcome.

Dr Glaris's prognosis is contested, not just by the heroine's actions and appearance, but by other observers. Surely, says one of the doctor's companions, Sophor is a living refutation of the general truth of his theories: 'Votre théorie ne sait-elle que répondre à ces objections vivantes: le bonheur et l'orgueil de cette monstrueuse créature?' (Mendès, 1993: 272). There is no quick reply to this insistent question, and the doctor is forced to concede that Sophor's nature does allow her to thrive temporarily: 'cette femme semble bien portante en son ignominie comme certaines bêtes à qui convient l'air méphitique' (1993: 262). But he goes on to say that the very excess of health is the sign that it is not 'sincere'. In the course of certain psychosexual illnesses, we must understand, there can be misleading signs of great strength and life, but this only makes the prognosis of ultimate degradation all the more profound, and all the more telling.⁷

When he first sees Sophor, Glaris declares that she is locked into the narrative programme of her desire, which can only lead to her demise (Mendès, 1993: 36). After a long retrospective phase in the story, he produces a flamboyant version of the same prediction:

je vous jure qu'avant qu'il soit longtemps, la baronne Sophor d'Hermeline, qui a vingt-cinq ans, qui est belle [etc.] enviera ... d'être pareille à la vieille ivrognesse des ruelles chancelante et défaillante, près de rendre l'âme au coin d'une borne, avec du vin, dans la boue. (Mendès, 1993: 264)

This later reiteration of the initial insight is both concessive and assertive, as if an unflinching faith in scientific knowledge were needed to maintain the

initial prediction of catastrophe in the face of flourishing 'vice'. Delaying for so long the confirmation of the initial prognosis – avoiding for a time the downward slope of 'progressive' decay – does in fact serve to build narrative interest, but the outcome is finally as the doctor predicted, and he experiences its confirmation as a personal victory. Sophor comes to consult him in desperation some years later:

Cette femme que depuis bien des années il observait, dont il avait prophétisé la déchéance, cette malade d'autant plus intéressante qu'elle avait retardé plus longtemps que tout autre l'avènement de la crise finale, recourait à lui! C'était donc qu'elle cédait, qu'elle lui donnait raison, qu'elle était vaincue comme il avait prédit; il s'enorgueillissait. (Mendès, 1993: 528)

Note that the *crise* here is no mere incident in the story: it is a moment of destiny.

The victory experienced by Glaris is more than a narrowly personal one: it confirms the triumph of pathological destiny over individual energy and eccentricity. Medical science, through the professional gaze of Glaris, knows the ineluctable laws of psychosexuality, and Sophor's career, for all its brilliant show of defiance, has finally been reduced to a performance of law-governed behaviour. That is precisely where pathological desire is revealed to be something less than 'true' desire. For all Sophor's assertiveness, her lesbian vice is not something she freely wills: 'Il semble qu'elle ne veut pas son vice, qu'il lui est indifférent, odieux même, mais qu'elle y est obligée, qu'elle y est soumise comme à une insecouable loi' (Mendès, 1993: 36). So here, when she is *condamnée* by the doctor's prognosis, it is not to a speedy death, but to a long and painful life of vice: 'condamnée aux travaux forcés de l'immonde plaisir' (1993: 36). She comes to suffer most from the very thing that allows her to be an object of scientific knowledge, the terrible predictability of it all:

Sophor, dès cette terre, s'était réalisée; elle savait bien que c'était fini, que jamais des joies différentes de celles dont elle s'ennuyait, ne lui seraient possibles. Elle avait fait le tour de son destin. Elle n'ignorait plus, pareille à un voyageur qui suit des chemins accoutumés, ce qu'elle trouverait au tournant de la route; les auberges étaient sans surprises. (Mendès, 1993: 485)

Any ambiguity that lingers about such stories as *Méphistophéla* has more to do, finally, with the basis for prediction than with the certainty of the outcome. When accounting for Sophor's fate, an anonymous narratorial voice describes her as 'malade ou possédée' (Mendès, 1993: 269). Glaris, the doctor, knows her to be sick. But we are told that he is also a prophet, a reader of cards, and he even refers to himself as a 'prophète de mauvais goût' (1993: 264). Such thematic ambivalence (and scientific uncertainty) is sustainable here precisely because there is no effective difference in *Méphistophéla* between prognosis and prophecy. It seems, in fact, as if the

poetics of fatality function so powerfully in the novel that they finally detract from any straightforward confirmation of scientific authority. Doctor Glaris has an exotic and uncertain ethnic background, just the sort of thing one might find in a charlatan or a fortune-teller, if one made the habitual supposition that such people could not be French.⁸ It was just one more step – or was it one less? – to have the prophetic role played by someone who was not a doctor at all. That happens, for example, in Victorien du Saussay's *Rires, sang, et voluptés* (c. 1901), where the prophetic role is played by a mysteriously insightful gypsy woman called Sara.⁹ In approximately the same way as psychosexual knowledge claims to bridge the bodily and the moral, narrative prediction in the *roman de mœurs* finds itself ranging between diagnosis and divination.

Jane de la Vaudère's *Mortelle Étreinte* (1891) confirms the rough equivalence of the two kinds of foresight by distributing them between two characters. One of the central characters is a doctor, Louis Ferral, who shows general solicitude about his sister Luce's health, but utterly fails to read the pattern of obsessive and transgressive love which is leading her to her death (La Vaudère, 1891). There are warnings of danger in the novel, but they are uttered by a deranged old woman in the form of imprecations about vengeance and damnation (La Vaudère, 1891: 108, 169–71). The pathos of the doctor's professional inadequacy is cruelly pointed up by the disjunction between his role and that of the old witch. Whereas Urbain Glaris triumphed by playing both roles at once, Louis Ferral fails by allowing them to be utterly disjunct.

Sometimes the narration will do the work of medical prediction without resorting to the figure of the doctor. I have only a few examples of this in my corpus, but it is probably not a coincidence that these are clustered in the last few years of my study, after about 1905. It does seem that the prognosticating doctors who were so prominent in novelistic fiction from about 1885 to 1900 had become less visible by 1905. If so, that may be because medical discourse is by that time more widely, if thinly, spread. There is some evidence that the foretelling of psychosexual destiny could now be performed with equal force by non-professionals, especially by women who contemplated their own futures. In Saint-Agen's *Amants féminins* (1902), Claudette is in love with another woman, Paloma, but does not think of declaring her passion. She knows herself to be 'ill' without needing to consult a doctor. The work of self-examination is conducted in her diary: 'j'ai écrit là graduellement les effrayants progrès de mon amour saphique' (Saint-Agen, 1902: 25). She sees the 'progressive' aspect of her illness, and follows the standard logic of psychosexual knowledge, arriving at the most drastic of prognoses: 'Connaissant son mal, elle en étudiait le progrès en fouillant dans son cœur et savait qu'il causerait sa perte' (1902: 23–4). In another novel by Saint-Agen, *L'Affolante Illusion* (1906), the central character, Hélène, speaks from the outset of her 'blessure' (1906: 17).

The problem, and her sense of the problem, are metaphorical givens. Indeed, she foresees the end of her story like one who has read half a library of *romans de mœurs*: 'Ah! je suis trop sûre du dénouement de mon utopique passion: un asile d'aliénés ou la ... tombe!' (1906: 26–7). In Jane de la Vaudère's *Le Crime d'aimer* (1908), the central character actually casts about in search of a way of knowing the future. She consults fortune-tellers, and attracts narratorial irony for doing so (La Vaudère, 1908: 192). But the progress of her suffering actually brings with it the certainty of the outcome. The future becomes only too clear to her as a slow descent into madness: 'le chagrin, dépassant la mesure des forces, creuse un sillon vers la folie par une lente et insensible progression' (1908: 209).

I am aware that there is one quite obvious form of medical narrative which I have not discussed here: the story of healing. So I should emphasise, in conclusion, that this is not an oversight, but a reflection of my corpus. With the single exception of Jane de la Vaudère's *Le Droit d'aimer* (1895), in which a young doctor falls in love with his patient and gradually leads her back to mental health after she has been afflicted with *folie puerpérale* (La Vaudère, 1895), I have found no *romans de mœurs* where a story of successful healing structures the span of the novel. The point of medical narrative appears to be to rehearse the intractability of psychosexual disorders. Even where the most sustained efforts are made, even where 'hope' appears to be present, as in Claretie's *Les Amours d'un interne* (1899), it is hard to find one example of recovery.

It is instructive in this regard to turn to one of the great medical authorities of the preceding decades, Ambroise Tardieu. Here is what Tardieu had to say in his *Manuel de pathologie et de clinique médicales* when evaluating the chances of curing hereditary neuroses:

Les névroses acquises par l'hérédité, bien qu'elles ne se montrent pas dans le premier âge, ne peuvent que très rarement être prévenues; et lorsqu'elles ont paru une fois, elles ne cèdent presque jamais. Les névroses ont une tendance fâcheuse à s'étendre et à envahir successivement toutes les parties du système nerveux. (Tardieu, 1865: 357)

The great achievement, if such it be, of the *roman de mœurs*, was to take up the 'unfortunate tendency' of which Tardieu speaks, and transform it into a fatal proclivity of pathological misfortune. Tardieu leaves a small gap of scientific caution when he sees that healing from such disorders 'almost never' occurs. The novels I have been studying do all they can to close that small gap, often sacrificing some of their standard resources, including suspense and intrigue, in order to achieve their end. Mendès's Doctor Glaris is a superior doctor precisely because he knows and accepts this. When he examines Sophor, the programme he envisages includes his own failure as therapist: 'Je vais étudier les progrès de la maladie, sans espérance, hélas! de la guérir' (Mendès, 1993: 241). The point of narrative fiction, in this context,

is to bind together a set of (supposedly) psychosexual phenomena as a syndrome, and write them out as an individual destiny. It is a celebration of medical power, not as the power to heal, but as the power to recognise illness, to chart its future course, and to follow that course through to the bitter end.

Notes

1. On this point, see J. Starobinski, preface to Segalen (1980: 17) and Beizer (1994: 30).
2. See, for example, Brunetière (1896: 123–4), and the series of examples quoted in Kellner (1980).
3. Angus McLaren describes the quasi-medical texts of Dr Jaf (another pseudonym for Jean Fauconney) as a ‘curious and comforting hodge-podge’ filled with ‘ambiguous or contradictory information’. McLaren notes that ‘Dr Fauconney even tried his hand at writing a pornographic novel about prostitution’ (McLaren, 1997: 149, 153).
4. The second novel by Dubut in which there is a doctor in love is *La Bonne à tout faire* (Dubut de Laforest, 1887).
5. The preface to *Mademoiselle de Tantale* takes the form of an open letter to Charcot, thanking him for recognition in this regard, and claiming to share his authority. See Dubut de Laforest (1897: 4–6).
6. For a discussion of the discursive extension of the notion of *crise*, see Benrekassa (1987). For a discussion of its role in erotic narrative, see Cryle (2001).
7. This is what Havelock Ellis identifies as hyperesthesia, characterised by simulated strength: ‘In many cases there is marked hyperesthesia, or irritable weakness. Hyperesthesia simulates strength, and, while there can be little doubt that some sexual inverts (and more especially bisexuals) do possess unusual sexual energy, in others it is but apparent; the frequent repetition of seminal emissions, for example, may be the result of weakness as well as strength’ (Ellis, 1922: 269).
8. See Mendès (1993: 246): ‘s’il s’avouait Suisse ou Russe, ou Polonais, beaucoup de gens affirmaient qu’il était né en Serbie’.
9. See du Saussay (n.d.: 308–16, 363–5).

References

- Beizer, J. (1994) *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France*. Ithaca, NY and London: Cornell University Press.
- Benrekassa, G. (1987) ‘Lexique médical, vocabulaire dramatique, métaphore politique: la notion de crise au XVIII^e siècle en France’, *Textuel* 19: 9–20.
- Besse, L. (1898) *La Débauche*. Paris: Librairie parisienne.
- Brunetière, F. (1896) *Le Roman naturaliste*. Paris: Calmann Lévy.
- De Choiseul-Meuse, F. (1817) *Amour et gloire. Aventures galantes et militaires du chevalier de C****. Paris: Pigoreau.
- Claretie, J. (1899) *Les Amours d’un interne*. Paris: Fayard.
- Cryle, P. (2001) *The Telling of the Act: Sexuality as Narrative in Eighteenth- and Nineteenth-Century France*. Newark: University of Delaware Press.
- Davray, J. and Caujolle, J. (1891) *Vendeuse d’amour*. Paris: Simon.
- Dubarry, A. (1906) *Les Déséquilibrés de l’amour: Les Invertis*. Paris: H. Aragon.
- Dubut de Laforest, J.-L. (1887) *La Bonne à tout faire*. Paris: Dentu.

- Dubut de Laforest, J.-L. (1891) *Morphine*. Paris: Dentu.
- Dubut de Laforest, J.-L. (1897) *Mademoiselle de Tantale. Pathologie sociale*. Paris: Dentu.
- Dubut de Laforest, J.-L. and RamBaud, Y. (1884) *Faiseur d'hommes*. Paris: Marpon & Flammarion.
- Du Saussay, V. (n.d.) *Rires, sang et voluptés. Roman d'aventures et d'amour*. Paris: Bibliothèque du fin du siècle.
- Ellis, H. (1922) *Studies in the Psychology of Sex*. Philadelphia: F.A. Davis.
- Ephreyre, C. (1890) *Sœur Marthe*. Paris: Ollendorff.
- Kellner, S. (1980) '*Le Docteur Pascal de Zola: Rétrospective des Rougon-Macquart, livre de documents, roman à thèse*'. Lund: Études Romanes de Lund.
- La Vaudère, J. de (1891) *Mortelle Étreinte*. Paris: Ollendorff.
- La Vaudère, J. de (1895) *Le Droit d'aimer*. Paris: Ollendorff.
- La Vaudère, J. de (1908) *Le Crime d'aimer*. Paris: Méricant.
- McLaren, A. (1997) *The Trials of Masculinity: Policing Sexual Boundaries, 1870–1930*. Chicago and London: University of Chicago Press.
- Mendès, C. (1993) *Méphistophéla*. Paris: Séguier.
- Saint-Agen, A. (1902) *Amants féminins*. Paris: Offenstadt.
- Saint-Agen, A. (1906) *Charmeuses de femmes. L'Affolante Illusion*. Paris: Offenstadt.
- Segalen, V. (1980) *Les Cliniciens ès lettres*. Paris: Fata Morgana.
- Showalter, E. (1993) 'Hysteria, Feminism, and Gender', in S. L. Gilman, H. King, R. Porter, G. Rousseau and E. Showalter (eds), *Hysteria beyond Freud*, pp. 286–344. Berkeley: University of California Press.
- Tardieu, A. (1865) *Manuel de pathologie et de clinique médicales*. Paris: Germer Baillière.
- Yvel, J. (1901) *Demi-Femme*. Paris: Offenstadt.
- Zola, E. (1966–70) *Le Docteur Pascal* in *Œuvres complètes*, vol. VI, pp. 1146–401. Paris: Cercle du livre précieux.

Peter Cryle is the Director of the Centre for the History of European Discourses, at the University of Queensland. *Address for correspondence:* Centre for the History of European Discourses, University of Queensland, Queensland 4072, Australia [*email:* p.cryle@uq.edu.au]