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A Cultural History of Medical Vitalism in Enlightenment
Montpellier (review)

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developed several new pills which he sold to the public (including an opium-based pill for the reduction of pain in childbirth), the profits of which became the main support for the Labadist community—a prototype for others, such as the Pietist community of German Halle of the eighteenth century, who used pharmaceutical sales to support their work.

Yet despite the range of Van Deventer's activities that can be documented and the number of his writings that allow us to probe his thinking, we are not given a narrative biography but a summary of research findings. The work begins with a summary of previous work on Van Deventer and where it went wrong. This is followed by Van Deventer's life course from birth, to apprenticeship, to places of residence, and so on until his death; a critical bibliography of his printed works; the authorship of the laudatory poems introducing the books; the introductory remarks to his works by others, and his own dedications; the translators, commentators, printers, and others involved with the production of the books; an account of his unprinted manuscripts, with long quotations from them; some more personal comments by Van Lieburg on Van Deventer's inner life, religion, chemistry, medical service, and influence; and two appendices: a genealogical account, and a full bibliography. The book therefore lays out the known facts in a clear and conclusive fashion in closely printed, tight prose and extensive footnotes (although there is, surprisingly, no index to help find specific information).

As Van Lieburg remarks, to present a wider account of Van Deventer's world in a similar exacting manner would require much more research. It would also require a greater willingness to move imaginatively beyond the documents in an attempt to report on a lost world. But this is undoubtedly a thorough account of research on a fascinating and important figure, for which anyone working in the period will be grateful.

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Elizabeth A. Williams. *A Cultural History of Medical Vitalism in Enlightenment Montpellier*. The History of Medicine in Context. Aldershot, U.K.: Ashgate, 2003. xi + 369 pp. \$99.95 (0-7546-0881-6).

This work is in many respects a “prequel” to Elizabeth Williams's 1994 book, *The Physical and the Moral: Anthropology, Physiology and Philosophical Medicine in France, 1750–1850*. About a third of that book is directly concerned with Montpellier vitalism, and this new study incorporates most of that material, while expanding on it considerably.

The introduction to *A Cultural History* situates the work in the context of revisionist Enlightenment historiographies—principally those of the Frankfurt

School and of Michel Foucault. Seeking to extend the Foucauldian perspective, Williams states that her task is to reveal within Montpellier vitalism “the dehumanizing potentialities of science” (p. 3). A reading of the book as a whole, however, suggests that this opening statement is more a rhetorical gambit than a serious commitment. To say with confidence what is dehumanizing in Montpellier vitalism, one needs to know with confidence what it is that constitutes “the human”—but from a Foucauldian perspective, the status of such knowledge is always highly questionable. Fortunately, Williams does not spend much time on this inconsistent project.

What Williams does spend time on is drawing together the institutional, sociopolitical, and intellectual history of the Montpellier Medical University from the early eighteenth century to the Napoleonic era. The careers and doctrines of Montpellier luminaries such as Sauvages, Bordeu, and Barthez (as well as many other lesser lights) are set out in detail. But so too is the ongoing dialectic of Paris and Montpellier as alternative sites for the creation of medical knowledge, with each city making claims to being the privileged locus of this knowledge—Paris on the basis of its universalism, and Montpellier on the basis of its particularism.

Montpellier vitalist doctrine provided a counterpoint to Parisian medical orthodoxy. It was an “exotic” import into the capital, but one that depended on its domestication there for its cultural success. Although never fully accepted by the Paris Medical Faculty, it was embraced by persons of influence both at the court and in the salons. It was well represented in the medical articles of the *Encyclopedie*, but it posed no direct challenges to religious or social tradition. Leading Montpellier medical figures tended to “circulate” through Paris, establishing themselves there via patronage or other connections, achieving (or at least seeking) a high social and professional profile for a number of years, and then returning to Montpellier afterward. These career trajectories periodically renewed the transmission of vitalist doctrine to Paris while at the same time maintaining its “outsider” status, on which at least part of its attractiveness depended.

From the 1780s, however, Parisian medical discourse was increasingly able to assimilate vitalism, and thus to downgrade Montpellier as the originating site of vitalist thought. The centralizing tendencies of pre-Revolutionary medical reformers were extended by the governments of the Directory, Consulate, and Empire, and in the ensuing reorganization of French medical institutions Montpellier became, in practice, an outpost of Paris medicine rather than the source of a distinctively local form of medical knowledge. The resurgence of Montpellier apologetics during the Restoration period, as Williams notes, had more to do with the medicopolitics of that time than with any real improvement in Montpellier medicine’s institutional status.

Our expectation of medical history these days is that it should be neither hagiography nor hatchet-job. By this standard (as well as many others), *A Cultural History* is a success. Williams points out the impressive cultural achievement of Montpellier vitalism, and also its elements of racism, sexism, class prejudice, and

other standard features of past societies that continue to haunt us today. The book is well documented with extensive references to archival and published material. I have only one complaint about presentation: given the strong focus on locality in some parts of Williams's argument, a map showing the administrative and geographical features of southern France during the relevant period ought to have been included.

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Elizabeth A. Fenn. *Pox Americana: The Great Smallpox Epidemic of 1775–82*. New York: Farrar, Straus and Giroux, 2001. xiv + 370 pp. Ill. \$U.S. 25.00; \$Can. 39.95 (0-8090-7820-1).

Elizabeth Fenn provides an excellent academic study of what she describes as the smallpox (variola) epidemic of 1775–82 that, by her estimates, killed a minimum of 130,658 people on the mainland of North America. Her most significant discoveries suggest that smallpox spread northward from Mexico internally, to afflict the native American population as far north as Vancouver—throwing into doubt the long-held notion that it was spread by Spanish and English ships along the Northwest Coast.

With regard to the East Coast of North America during the period of her study, Fenn's evidence is both less conclusive and more sinister. It is less conclusive with regard to the claim of an epidemic among white English- and French-speaking Americans: Boston had experienced much worse in 1721, for example, and her numbers seem to make sense as an epidemic generally among populations that either did not practice wholesale inoculation (Spanish America) or were brought together to fight a war and were selectively inoculated. By her own account, those most affected by the outbreak of smallpox on the East Coast were soldiers and runaway slaves. The former was the more benign of the outbreaks, if that word can be used in reference to one of the most devastating and virulent viruses to afflict humans. By far the greatest casualties of the epidemic, using the *Baseline (Minimal) Mortality Rate* found on page 274, were the Spanish and the Indians they either conquered or came in contact with, spreading the disease internally northward from the teeming urban centers of Mexico. Of the total 130,658 estimated casualties of smallpox between 1775 and 1782, fully 113,557 were from Spanish America.

Why the author failed to explore the possible spread of the disease either to or from the Caribbean and Atlantic islands is not clear, but because of the widespread contact among Spanish and European colonists, native "Indians," and residents of African descent (slave and free), that area should have been a breeding ground for variola and an excellent test of her theories of transmission,