

### Epistolary Consultations on Venereal Disease in Eighteenth-Century France

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This essay examines the way in which medical consultations by letter were employed to seek and receive advice on venereal diseases in eighteenth-century France. Epistolary consultations from across eighteenth-century Europe have been used by historians for purposes that have included examining physician/patient power relationships; as a reflection of medical practice; to analyze perceptions of the female body; and to examine the different ways patients and physicians saw illness and therapy. This essay differs from others by focusing on two diseases that were particularly socially significant, *la vérole* (pox) and *la gonorrhée* (gonorrhea). Correspondence involving patients, their local medical practitioners (*médecins ordinaires*) and consultant physicians and surgeons has been analyzed for evidence of differentiation between the treatments offered to, and attitudes towards, male and female patients. By the eighteenth century only the plague had been written about more as a social, medical and historical phenomenon. This level of historical attention has continued to the present day. This essay looks at the way in which patients, their local professionals and consultants corresponded with each other on this particular group of ailments. It examines how gender differences in society at large were reflected in writing about, and the practices for treating, venereal diseases. It also briefly examines the competition that physicians had to face, in what this essay argues was a particularly contested sector of the medical market.

In 1692 the physician Monsieur Flamant in *The Art of preserving and restoring Health* described venereal diseases as “the first reward of unbridled lust.”<sup>1</sup>

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In 1753, Herman Boerhaave was to describe syphilis, the venereal disease which had afflicted Europe since the fifteenth century, as “The most cruel of all diseases.”<sup>2</sup> Not only was it shocking in its manifestations, with treatments which were also obnoxious, it was a disease with implications of moral degradation. Gonorrhoea, though less publicly obvious, was nonetheless a common and unpleasant disorder. How did patients and their physicians write about diseases which were socially unacceptable? Did they choose this mode of obtaining advice because of, or in spite of, the social sensitivities involved? Venereal diseases have not previously been examined in the context of epistolary consultations. This essay argues that the social and medical nature of these ailments led to a uniquely contested market.

Medical consulting by letter was a common practice in eighteenth-century France which dated back to at least the thirteenth century.<sup>3</sup> There were a number of reasons why patients, or their local professionals, sought this form of expert consultation in addition to face-to-face episodes. Geographical remoteness from centers of expertise is an obvious reason, but also they included seeking out new advice because of frustration at the lack of improvement over lengthy periods of time, and perhaps a desire to maintain some anonymity. The university-trained physician, relying on textbook learning and its application through reasoning, found this method of providing medical advice expedient and financially rewarding. Apart from perhaps taking a pulse, the physician had no need to place hands on the patient. He made his diagnosis and prognosis on the basis of the information the patient supplied, which could be done just as well by letter as by a face-to-face meeting.<sup>4</sup>

The analysis draws on correspondence between patients, their local advisors and consulting physicians and consulting surgeons. The principal source is a compilation of 740 consultations by doctors of the University of Montpellier for acute and chronic illnesses—*Consultations choisies de plusieurs médecins célèbres de l'Université de Montpellier sur des maladies aiguës et chroniques*—of which forty-eight can be identified as cases of venereal disease.<sup>5</sup> It is an unusual work in that the consultations were written over a fifty-year period, 1702 to 1751, by fifty-four physicians and surgeons writing individually or collectively in groups of up to five. It also draws on cases from other physicians and surgeons based in Paris, and the Midi.<sup>6</sup>

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palaeography has been retained where contemporary documents are quoted. All translations are the author's own unless otherwise indicated.

<sup>1</sup> M. Flamant, *The Art of preserving and restoring Health* (London, 1697), 18.

<sup>2</sup> Herman Boerhaave, *Traité des maladies vénériennes, traduit du Latin*, trans. Julien Offray de La Mettrie (Paris, 1753), 2.

<sup>3</sup> *Chirurgie de maître: chirurgien de Philippe le Bel, composée de 1306 à 1320*. Cited by Édouard Nicaise, *Les Consultations entre médecins au XIV<sup>e</sup> siècle* (Paris, 1894), 10.

<sup>4</sup> Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford, 1997), 118.

<sup>5</sup> *Consultations choisies de plusieurs médecins célèbres de l'Université de Montpellier sur des maladies aiguës et chroniques*, 10 vols. (Paris, 1750-57). The version used is from this writer's collection which is dated 1755. Venereal diseases are not the most common disorders for which consultations were sought by letter; there are twice as many on hypochondria and on rheumatism.

<sup>6</sup> Pierre Chirac, *Dissertations et consultations médicales*, 2 vols. (Paris, 1744); Henri-François Le Dran, *Consultations sur les plupart des Maladies qui sont du ressort de la Chirurgie* (Paris, 1765); Louis-Jean Le Thieullier, *Consultations de Médecine* (Paris, 1739); Bibliothèque municipale d'Avignon, MS 3192; Etienne-François Geoffroy, “Correspondance de Geoffroy, médecin parisien,” Bibliothèque interuniversitaire de médecine, Paris, MS 5241-45; ‘Manuscrits du docteur Antoine Louis, né à Metz, secrétaire perpétuel de l'Académie de Chirurgie de Paris, chirurgien en chef de la Salpêtrière (1723-1792)’ Bibliothèque municipale de Metz, MS 1317-25.

In total I have drawn on 102 cases concerning venereal disease covering the period 1713-1758 of which 20 were manuscript and the remainder printed.

Although the patients' names are omitted in *Consultations choisies*, there are usually sufficient details of the social background of the patients to identify them as belonging to the wealthy classes of French society.<sup>7</sup> The names of the patients in *Consultations choisies* were omitted in all cases, not only those concerned with venereal disease. This practice was common in printed works; it appears that omitting names became something of a convention during the eighteenth century in most such medical texts irrespective of the nature of the disease.<sup>8</sup> In the case of manuscripts, which might also have been copied and circulated, it was not unusual for names to be omitted when venereal diseases were involved. In a collection of relevant manuscripts at Avignon, six cases of *la vérole* are included without the names of the patient; by contrast, however, there are also five successive consultations given by different physicians, when the name of the duc de Caderousse is included.<sup>9</sup> The idea that in printed form consultations may have been fictitious has been raised in the literature, for instance by Laurence Brockliss.<sup>10</sup> There is a possibility that physicians concocted fictitious patients in order to show their expertise in proposing treatment. Proving such a subterfuge would be difficult to establish. In the case of *Consultations choisies*, it is difficult to believe that such deception could have been successfully perpetrated on such a scale, as many of the fifty-four consultants were high profile individuals within the medical world and alive at the time of publication.

A cautionary note is made by this author on the hazards associated with retrodiagnosis, the equating of historical disease descriptions and terminology with those used currently. As David Harley has put it, "retrospective rediagnosis is deeply misleading not only because it relies on naive acts of translation but also it privileges supposedly stable modern categories."<sup>11</sup> However for simplicity's sake in this essay, the terms syphilis and gonorrhoea, the two major diseases of interest here, have been employed. Syphilis went by a variety of terms in early-modern France, most commonly *la grande maladie* but also *lues vénériennes* and *la vérole* (not to be confused with smallpox, *la petite vérole*). Gonorrhoea is more complex, with as many as four types being described by contemporary physicians, not all of which were considered to be venereal.<sup>12</sup> As to the Latin-rooted term venereal, in the early modern period it encompassed diseases acquired through sexual intercourse.

The ideal historical record of this kind comprises a letter (*mémoire*) from a patient, or the patient's local professional, a reply from the consultant providing a

<sup>7</sup> For example, not only were consultations addressed to personages such as *une personne de qualité*, or *un Avocat de parlement*, *Madame la Comtesse*, *Monsieur le Chevalier*, but the exercise regimes suggested, such dancing, hunting and riding for pleasure, would have been restricted to the wealthy end of society.

<sup>8</sup> In the sixteenth and early seventeenth centuries this was not the case. See, for example, Lazare Rivière, *The universal body of physick in five books; exactly containing five hundred and thirteen observations, or histories, of famous or rare cures* (London, 1657).

<sup>9</sup> Bibliothèque municipale d'Avignon, MS 3192, nos. 18, 19, 26, 51, 199 and 283 without names, and nos. 291-97 on le duc de Caderousse.

<sup>10</sup> Laurence Brockliss, "Consultations by Letter in Early Eighteenth-Century Paris: The Medical Practice of Étienne-François Geoffroy," in Ann La Berge and Mordechai Feingold, *French Medical Culture in the Nineteenth Century* (Amsterdam, 1994), 81.

<sup>11</sup> "The accounts of internal ailments in the past are incommensurable with modern accounts because they were framed by a very different understanding." David Harley, "Rhetoric and the Social Construction of Sickness and Health," *Social History of Medicine*, 12 (1999): 417.

<sup>12</sup> There was *gonorrhée virulente* considered to be venereal and *gonorrhée simple* which was not. However, Boerhaave described four species. Boerhaave, *Traité des maladies vénériennes*, 53-148.

diagnosis and outlining what remedial action was required, and then follow-up information on the outcome. Such an ideal is seldom encountered. Brockliss described the study of epistolary consultations as “much more difficult than it might seem for the collections of printed consultations only tell one half of the story,” usually the physician’s.<sup>13</sup> In the case of manuscripts there is at times only the *mémoire* available, though often with margin notes made by the consultant. In some of the cases used in this paper, both halves of the correspondence are available. Another shortcoming is the lack of information as to who initiated the resort to consultants, whether it was at the behest of the patients or the *médecin ordinaire*.

Historians have made use of such records to examine the correspondence between patients and physicians from many European countries—Scotland, England, Spain, Italy, Germany and France.<sup>14</sup> Their historical analyses have explored a range of questions such as the practices of individual physicians, particular families, rhetoric and so forth. This essay differs from others of the same ilk in that it is focused on a single disease group, ailments that provide opportunities to study contemporary social and gender perceptions not encountered with other chronic diseases. The practice of surgeons, as opposed to physicians, providing epistolary consultations in this area, has previously been ignored by historians.<sup>15</sup> Though less common, the available cases have been included in this essay.

The historiography of syphilis and gonorrhea has been addressed by many historians. The number of tracts written on venereal diseases, and syphilis in particular, was exceeded only by those on the plague.<sup>16</sup> Suffice to say that even though syphilis may have lost virulence since its initial contagion in Europe in the fifteenth century, by the eighteenth century it remained life-threatening. The widespread occurrence of venereal disease throughout Europe was not limited to any particular social grouping, occurring within the aristocracy to the very poor. Claude Quézel has described cases of syphilitics in the court of Louis XIV and suggests that Louis Joseph de Bourbon, duc de Vendôme, contracted it through homosexual activities.<sup>17</sup> Laurence Brockliss and Colin Jones indicate that Louis XIV himself had caught gonorrhea.<sup>18</sup> At the other end of the social scale, Jones, in discussing the incarceration of prostitutes in a Montpellier institution, *Le Bon Pasteur*, described them as requiring treatment for venereal diseases.<sup>19</sup>

<sup>13</sup> Laurence Brockliss, “Consultations by Letter in Early Eighteenth-Century Paris,” 81.

<sup>14</sup> Significant works of this kind include Barbara Duden, *The Woman Beneath the Skin: A Doctor’s Patients in Eighteenth-Century Germany*; trans. Thomas Dunlap (Cambridge, Mass., 1991). Duden analyzed the records of the Eisenach physician Johannes Storch; Laurence Brockliss, “Consultations by Letter in Early Eighteenth-Century Paris,” 79-117; Francesco Torti, *The Clinical Consultations of Francesco Torti*, trans. with an introduction by Saul Jarcho (Malabar, Fla., 2000); Wayne Wild, “Doctor-Patient Correspondence in Eighteenth-Century Britain,” *Studies in Eighteenth-Century Culture*, 29 (2000): 47-64; Alfons Zarzosa, “Mediating Medicine through Private Letters: The Eighteenth-Century Catalan Medical World,” in *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, eds. Willem de Blécourt and Cornelia Osborne (Basingstoke, 2004), 108-126; Micheline Louis-Courvoisier and A. Mouron, “‘He found me very well; for me, I was still feeling sick’: The strange worlds of physicians and patients in the 18th and 21st centuries,” *Journal of Medical Ethics: Medical Humanities*, 28 (2002): 9-13. This last article provides a comparative analysis based on the letters of the Swiss physician Samuel Tissot.

<sup>15</sup> Consultation by letter undertaken by surgeons is a topic which is being further explored in my doctoral thesis.

<sup>16</sup> Kenneth F. Kiple, *Plague, Pox and Pestilence: Disease in History* (London, 1997), 114.

<sup>17</sup> Claude Quézel, *A History of Syphilis* (Baltimore, Md., 1990), 93-96.

<sup>18</sup> Brockliss and Jones, *Medical World of Early Modern France*, 319.

<sup>19</sup> Colin Jones, “Prostitution and the Ruling Class in Eighteenth-Century Montpellier,” *History Workshop*, 6 (1978): 15. On the role of prostitutes in the transmission of venereal disease and French

There was debate amongst physicians about how they thought venereal diseases were transmitted. There was little doubt that sexual intercourse was seen as the principal, though not the only, means of spreading the diseases. Some believed they could be contracted other than through sexual contact. Boerhaave claimed that in his experience syphilis could be communicated through clothing, and bedding.<sup>20</sup> Gonorrhoea, however, he believed was contracted solely through sexual intercourse. Only one of the consultations examined in this study suggested that contraction of either disease was other than through coitus, a case which is discussed below. There is little doubt that the male patients were aware of how they had contracted their venereal ailments from the references to having consorted with women who were infected. Their correspondence is revealing about how relationships between the sexes were understood by contemporaries as much as how the diseases were gendered.

The patients' attitude to their predicament or the behavior that caused their infection appears to vary, at least amongst men, from acceptance as it being one of the hazards of dalliance to expressing their intense shame. No comment on women's attitudes to the cause of their infections has been encountered in the cases examined; the *mémoires* refer only to symptoms. Whilst women did write directly to consultants, only one example has been encountered where a woman wrote about her venereal disease. According to Quézel, physicians shifted their attitude on these disorders from the seventeenth to the eighteenth centuries from moralizing to one of medicalization.<sup>21</sup> This shift may be evident in medical texts per se but has not been encountered in the consultations either printed or manuscript examined here. The physicians were happy to write that the diseases had been acquired from women of dubious morals—"une femme du vertu suspecte" and "une femme gattée [gâtée]" are typical of the expressions employed.<sup>22</sup> Consultants may have used judgmental terms, but they had no qualms about selling their services to their wealthy clients. The poor, men and women (not just prostitutes) who probably could not afford the services of physicians were incarcerated in Paris, not merely to try to control syphilis, but to put them in a place where chastisement could be inflicted and to rid the streets of offensive sights. The visible signs of the disease were regarded as offensive.<sup>23</sup>

The consultations attributed the initial source of venereal disease differently for men and women. In the correspondence, the source is always attributed to contact with an infected female, not a male. Nonetheless, the subsequent result was often infection of a man's wife and through her, their children. In 1750, the Montpellier physician Jacques Lazerme was asked to consult for a woman suffering from syphilis. He remarked, "These symptoms evidently prove that Madame has contracted a venereal disease through the imprudence of your husband"—hardly condemnatory

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policies of containment see also Quézel, 99-103 and Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Regime and Revolutionary France* (London, 1989), esp. 241-74.

<sup>20</sup> Boerhaave, *Traité des maladies vénériennes*, x.

<sup>21</sup> Quézel, 5, "In the seventeenth century a moralizing approach was taken [to infection with syphilis]; the temptations of the flesh are to be shunned, and so much the worse for pox-sufferers, to treat whom is simply to encourage their lecherous ways, according to some authors. Attention should be directed instead to the wife or child infected by the debauchee. During the course of the eighteenth century, however, moral considerations were gradually supplanted by medical ones. Morality, religious or otherwise, is one thing and disease is another; the pox is a disease, and therefore must be treated."

<sup>22</sup> The expression "femme gattée" was a play on words; it could mean a prostitute but could also be a bruised woman. I am grateful to Dr. Vanessa Pietresik of l'Université de Picardie, Jules Verne for assistance in interpreting this phrase.

<sup>23</sup> Susan Connor, "The Pox in Eighteenth-Century France," in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, ed. Linda E. Merians (Lexington, Ken., 1996), 20.

terminology.<sup>24</sup> The same consultant in another instance wrote to his female patient that the treatment he proposed for her would be useless unless her husband was also treated, and whilst undergoing treatment they should totally refrain from sexual activity otherwise they would be constantly re-infecting each other.<sup>25</sup> It was as if it was always a wayward husband whose liaisons brought the disease to the marriage bed. There is never any suggestion that the husband had been infected by a wayward wife.

Whilst usual for women to be advised to avoid sexual intercourse whilst undergoing treatment, this was not always the case with men. In two consecutive consultations, clearly written for a husband and wife, the husband was advised to avoid intercourse with anyone except his wife, despite the fact that it stated he had infected her with virulent gonorrhoea; but his wife was advised to avoid intercourse altogether.<sup>26</sup> This verges on an invitation for intramarital rape! There was a slight twist in the case of a man for whom Jean-Jacques Montagne wrote a consultation. The patient had complained that his gonorrhoea had been acquired as a result of the infidelity of his mistress. The consultation set out treatment for him, but did not suggest that the woman should be treated, simply that the lovers should not see each other.<sup>27</sup>

The patients' perceptions of their condition could be different to that of the practitioners. Evidence of sensitivity on the part of the patient regarding their bodies was encountered. In a non-venereal case, the Parisian consultant Jean-Baptiste de Silva commented that a woman would not let him examine her vagina.<sup>28</sup> One male patient was clearly reluctant to be explicit in writing to the Parisian physician Louis-Jean Le Thieullier. In describing the onset of his physical symptoms, he wrote, "Il y a dix-neuf ou vingt ans que je gagnai une chaude-p\*\*\* qui me tomba sur les b\*\*\* et eus à l'entrée du canal de la v\*\*\* un petit ulcère." Later, when explaining the swelling of his testicle, he wrote "il me tomba une humeur sur mon T\*\*\*\* droit, qui devint enflé considérablement."<sup>29</sup> Le Thieullier's response was unambiguous; the cause was gonorrhoea, centered in the testicle. A local physician could be under pressure from the patient; one wrote that his illustrious male patient had suffered three doses of gonorrhoea over an eight-year period, which he presumably had failed to cure.<sup>30</sup> He wrote of his patient's shame ("honte") at getting this condition and remarked that the patient "is determined to do everything possible to escape from this sorry state, and eagerly sought the advice of the Montpellier physicians, in the firm persuasion that he would be obliged to them for a radical cure."<sup>31</sup> As a point of interest the Metz

<sup>24</sup> *Consultations choisies*, 9:401.

<sup>25</sup> *Consultations choisies*, 5:363-71. Although the *mémoire* is not included, it is evident from the consultation that the woman wrote requesting advice "Le mémoire que Madame s'est servi..."

<sup>26</sup> *Consultations choisies*, 1:466-80.

<sup>27</sup> *Consultations choisies*, 5:363-71.

<sup>28</sup> Chirac, 2:260.

<sup>29</sup> Louis-Jean Le Thieullier, *Consultations de Médecine* (Paris, 1739), 1: 238-49. This was probably intended as "Il y a dix-neuf ou vingt ans que je gagnai une chaude-pisse qui me tomba sur les bourses et eus à l'entrée du canal de la verge un petit ulcère," ("It was nineteen or twenty years ago that I suffered from gonorrhoea, which affected my testicles and there was a small ulcer at the entrance to the canal of the penis,") and "il me tomba une humeur sur mon Testicule droit, qui devint enflé considérablement." ("there was a sore on my right testicle that became extremely inflamed.") There are other possible interpretations for "les b\*\*\*."

<sup>30</sup> *Consultations choisies*, 10:32-40.

<sup>31</sup> *Consultations choisies*, 10:234-39. Lisa Smith has contended that letters written by local physicians had the effect of filtering out "[French patients'] illness narratives through the more 'scientific gaze'" based on her study of the correspondence of Étienne-François Geoffroy. Lisa Smith, *Women's Health*

archives of Parisian surgeon Antoine Louis include indices of consultations, but all but one of the manuscripts that refer to venereal disease—and nothing else—have been removed from the collection.<sup>32</sup> When and by whom is not known, but this suggests that somebody considered these documents to be unfit for the eyes of others. Whether maintaining privacy was an area of concern is the subject of ongoing research.

As mentioned earlier, the effects, particularly for syphilis, could be horrendous. Venereal diseases resulted in a range of internal and external symptoms. Ulceration of the genitals in both men and women, often foul smelling, pustules, some visible to the world, and a loss of flesh and bone particularly in the maxillo facial region were common features of *la vérole*.<sup>33</sup> Gonorrhoea resulted in discharges, irritation and pain but did not exhibit the tissue loss which characterized *la vérole*. Not all symptoms were unique to venereal disease. A physician described his female patient's symptoms as including hysteria, fits of terror, palpitations, pain in the joints, day and night, and mentioned that her upper larynx was ulcerated and corroded.<sup>34</sup>

The consultations do not refer directly to infected children, though this was known to be a problem through breast feeding, *in utero* infection or, as believed by some, contraction at the time of parturition.<sup>35</sup> A woman described as being over six months pregnant was diagnosed by the consultant Montagne as being infected by "*un soupçon de vérole*." In this instance Montagne's approach to treatment was conservative; he sought to contain the condition until the child was born and then more rigorous treatment could be employed.<sup>36</sup> The woman was advised that she should breastfeed the child herself rather than employ a wet nurse when it was born. He gave two reasons; first, it would prevent the infant infecting a wet nurse, and second, with the mother being treated post-partum for the disease, her milk would treat the child as well. This advice showed a degree of social responsibility on Montagne's part towards a wet nurse. Wet nurses invariably came from poorer classes and it has been suggested that this was one of the ways syphilis was introduced to poor communities.<sup>37</sup> Montagne went further in suggesting that once delivered, mother and child should travel to Montpellier, where provision for their care would be provided. The only other instance of a consultant suggesting a face-to-face encounter was when there was uncertainty whether a woman had syphilis and it was suggested that her husband went to Montpellier to establish if he was infected.<sup>38</sup>

In summary, the initial source of infection was generally attributed to women of dubious virtue, but it was men who spread the diseases into respectable society. The patient, male or female, had then to face the prospect of unpleasant treatments and an infection with syphilis with its external lesions could not easily be hidden from view.

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*Care in England and France (1650-1755)* (PhD diss., University of Essex, 2001), 91. The sources I have studied lead to a different conclusion.

<sup>32</sup> Bibliothèque municipale de Metz, MS 1317a and 1320.

<sup>33</sup> For examples of the symptoms of male syphilis see *Consultations choisies*, 1:280, of female, *Consultations choisies*, 8:242 and of gonorrhoea symptoms, *Consultations choisies*, 3:363.

<sup>34</sup> *Consultations choisies*, 9:400-404.

<sup>35</sup> See for example Joan Sherwood, "Treating Syphilis: The Wet-Nurse as Technology in an Eighteenth-Century Parisian Hospital," *Journal of the History of Medicine and Allied Sciences*, 50 (1995): 315-19.

<sup>36</sup> *Consultations choisies*, 8: 280-82. The affected parts were to be subjected to mercury fumes.

<sup>37</sup> For a more general discussion on the role of wet nurses in early modern France see Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester, 2004), 160-67.

<sup>38</sup> *Consultations choisies*, 2:417-26.

The therapies proposed in the correspondence are those commonly employed in the early modern period; they generally confirm historians' current understanding of contemporary practices. Applied externally or internally, mercury, as the metal or its salts, was regarded as the specific treatment for syphilis and was used also in the majority of gonorrhea cases. Mercurials, known since ancient times for treating skin disorders, had been first introduced into Europe for the treatment of syphilis in 1496 by the Veronese physician Georgio Sommariva.<sup>39</sup> The most common form of treatment was by mercury frictions, rubbing a mercury-based ointment into the skin. This procedure was well known for its unpleasant side effects; notably black saliva pouring from the mouth and nose and fetid breath. This often led to reluctance on the part of sufferers to accept the need to submit to it. Whether applied externally or taken internally the patient was often required to enter a "fumigation-box" to encourage absorption of the mercury.<sup>40</sup> The pregnant patient referred to previously was to be exposed to mercury vapor in such a device post-partum.

On the treatment of Montpellier prostitutes, Jones has commented, "Treatment [of syphilis] with ointment of mercury, or with mercury-based tablets, was rarely effective, and normally did little more than temporarily suppress some of the external symptoms of the disease."<sup>41</sup> Likewise, gonorrhea was invariably treated with mercury. The alternative treatments guaiacum and sarsaparilla, which were popular in the sixteenth century, were rarely prescribed in the letters examined here, perhaps because their efficacy was less certain.<sup>42</sup> Only one letter has been encountered where a patient had tried both these substances, to no avail.<sup>43</sup> Yet in addition to such specifics, the evacuative procedures of bleeding, purging and vomiting were applied as they were in almost any illness. The use of enemas, another common evacuative procedure, is only mentioned in one consultation on venereal disease.<sup>44</sup> Despite the pain which often accompanied these diseases, in only two cases was a sedative recommended.

The evacuative approach to treatment was consistent with longstanding Galenic humoral theories of physiology and pathology, and the external source of the diseases fitted in with Hippocratic concepts. Whether or not patients gained radically different knowledge through written consultations over that which could have been obtained from their local practitioner is questionable. After years of failed treatment perhaps they just hoped for something new, or on the occasions when the local physician wrote, he was seeking validation for what he had already been doing. What

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<sup>39</sup> Michael J. O'Dowd, *The History of Medications for Women: Materia Medica Woman* (New York, 2001), 116.

<sup>40</sup> One of the contemporary explanations for the use of mercury was that the 'virus particles' of *la vérole* were acidic, and that mercury was alkaline and contained holes of the right size for the virus to be contained. As the mercury was expelled from the body, particularly under a regime of sweating in an enclosed box, it took the virus with it. Vincent Brest, *An Analytical Inquiry into the Specifick Property of Mercury related to the Cure of Venereal Diseases* (London, 1752), 2.

<sup>41</sup> Colin Jones, "Prostitution and the Ruling Class in Eighteenth-Century Montpellier," 15. As this treatment was probably unpaid for, the failure may be a result of incomplete treatment. On the other hand, it may be a more generalised reflection of the shortcomings of mercury therapy as a whole.

<sup>42</sup> On the theoretical basis for using the plant material Guaiacum and its mode of use see Jon Arrizabalaga, John Henderson and Roger French, eds., *The Great Pox: The French Disease in Renaissance Europe* (New Haven, Conn., and London, 1997), 188.

<sup>43</sup> *Consultations choisies*, 10:234-42. He had also taken crude mercury internally to no effect. The consultants, Antoine Fizes, Jacques Lazerme and Honoré Petiot recommended the mercury frictions and purging.

<sup>44</sup> The non-use of enemas is unexplained and anomalous since purging was employed in the treatment of virtually every other kind of illness.

is evident is that the physicians believed treatment when the signs first appeared could lead to containment; if delayed, the disease would spread to the whole body, and the efficacy of even mercury was then much less certain.

Whether patients perceived themselves as being cured cannot be evaluated. One of the shortcomings of this correspondence as a form of medical source material is that there is seldom any record of outcomes. This limitation was recognized by the authors of the printed *Consultations choisies* for all ailments, not just venereal diseases, but was excused on the basis that if consultation by letter was not effective, then patients would return for further advice and in any case, the therapies proposed were the same as those previously employed in cases where the patient was seen.<sup>45</sup> In just one case of syphilis a footnote claimed that the treatment had been entirely satisfactory.<sup>46</sup> On the other hand a patient who had twice been subjected to the gross mercury treatment declared it to be useless. His consultant commented, “That Monsieur has used the frictions twice and not recovered his health...it is natural for him to think this method is useless.”<sup>47</sup> But its success depended on the method being used correctly and the consultant suggested this had not been the case. There are a number of instances where men objected to submitting to this treatment, but none where women did. This may be a reflection of the perceived relative authorities of male and female patients vis-à-vis the consultants.

During the eighteenth century in particular, although it had earlier roots, contestation for the right to treat patients became intense between physicians and surgeons, particularly in Paris. There the Faculty of Medicine fought to guard its privileges which were under threat from physicians from outside the faculty and other types of medical practitioners.<sup>48</sup> The traditional view amongst physicians had been that they could address all types of ailments, but did not engage in hands-on medicine; the surgeon dealt with external disorders as well as operating.<sup>49</sup> Venereal diseases were subject to this conflict more than many others. If regarded as external, and many of the symptoms were, venereal diseases could be regarded as within the ambit of the surgeon. If they were internal, and the cause was seen to be located internally, they were a matter for the physician. The surgeons certainly believed that this was a field in which they could practice freely.<sup>50</sup> The proportion of consultations written by

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<sup>45</sup> *Consultations choisies*, 1:ix-x. “Ce qui manqué donc aux Consultations pour être de vrais observations de Médecine c’est l’événement de la maladie: mais il y a lieu de présumer, de celles au moins qui ne sont pas essentiellement mortelles, qu’il a été heureux, quand on n’a pas été obligé de recourir de nouveau aux lumières du Médecins consulté. D’ailleurs on voit l’effet des remèdes qui ont été précédemment employés.”

<sup>46</sup> *Consultations choisies*, 8:384-88

<sup>47</sup> *Consultations choisies*, 4:18-19.

<sup>48</sup> “Surgeons had an accepted monopoly over all external diseases, a term in the sixteenth and seventeenth centuries interpreted liberally,” Brockliss and Jones, *Medical World of Early Modern France*, 631-33. Jean Astruc, the Montpellier trained but Paris practising physician who had made himself out to be an authority on venereal diseases, was particularly vehement in claiming venereology for the physicians. He argued that simply because there were external symptoms how did this make the disease any different from others such as *la petite vérole*, *la rougeole*, *la fièvre peupre*, *la peste* and other diseases all of which carried external signs but which were due to an internal cause, a corruption of the blood and the humours. Jean Astruc, *Sur un écrit intitulé, Seconde mémoire pour les chirurgiens, Lettre de M. Astruc* (Paris, 1737), 6.

<sup>49</sup> The reality was that outside major centres, surgeons were the primary source of trained healthcare as there was often no physician immediately available. Furthermore in the sources examined surgeons engaged in consulting by letter on a variety of internal disorders beyond the expected classes of cuts, firearm wounds, broken bones and skin disorders.

<sup>50</sup> François Quesnay, *Lettres sur les Disputes qui se sont élevées entre les Médecins et les Chirurgiens; Sur le droit qu’a M. Astruc d’entrer dans ces disputes... Par M\*\* Chirurgien de Rouen* (1738). For

surgeons on venereal disease in the cases surveyed for this essay is comparable with the proportion written by physicians, approximately 8 to 12 percent. What the letters do show is that the physicians were content to provide advice which frequently involved the patient receiving treatment at the hands of a surgeon.

The physician also had to compete with the empirics, or charlatans as the physicians preferred to term them, who hawked his or her own remedies, undisclosed as to composition. In 1742 a patient wrote from Bordeaux of his condition which the consultants, two physicians and a surgeon, declared to be virulent gonorrhoea.<sup>51</sup> His local surgeon, in whom he said he had great confidence, had sold him some pills for the substantial sum of three *louis d'ors* (seventy-two *livres*).<sup>52</sup> A merchant had offered to cure him for 800 *livres* and he asked if this was a good buy as his local physicians had told him the man was an ignorant charlatan. The charge made by the Montpellier consultants was probably considerably less than the cost of the pills.<sup>53</sup> There were significant sums of money to be made consulting by letter, and cases of venereal disease were no exception. Whatever the theoretical and legal standing of physicians, surgeons and empirics, the simple fact was that they competed for the medical *livre*, but these figures suggest that decisions on the choice of service provider were not totally price driven, an argument Mary Lindemann has applied to medicine generally in early modern Europe.<sup>54</sup>

This essay has contended that venereal diseases lent themselves to the practice of consulting by letter; from the physician's viewpoint there was no need to touch the patient, from the latter's perspective, the method offered a degree of privacy, the chance to retain honor and avoid shame. The consultations were occasionally received from the patients, but more commonly from their local physician or surgeon. Whilst physicians at times made moralizing comments, this has not been found to be the case with surgeons. Whether through being regarded as socially unacceptable disorders, or because of their intimate nature, the conditions described in the initiating letters were at times written in euphemistic terms. The themes are certainly as telling about perceptions of gender and gender relations as they are about the disease itself. Whilst for the most part the consultants focused on the medical aspects of the case, they did not hesitate to assume that men became afflicted through their sexual behavior. The general construction and content of the consultations did not differ whether in manuscript or printed format.

These diseases affected both sexes, and the physical treatments offered were not gendered, however the behavioral advice and presentation was. There is evidence to suggest that the consultants were more likely to meet resistance to their authority from men with respect to the acceptance of treatment and controlling the sexual urges. If the vector was always female, the imprudent transgressor was the man who failed to inhibit his sexual urges, before and after marriage. For the patient, the wages of sin

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examples of surgeons employing mercury frictions see Le Dran, *Consultations sur les plupart des Maladies*, 41 and 161.

<sup>51</sup> *Consultations choisies*, 10:202-10.

<sup>52</sup> The composition of the pills is not stated, but secrecy over medications was not confined to surgeons and empirics, some physicians were known to behave similarly. See Brockliss and Jones, *Medical World of Early Modern France*, 636-37. For the most part, surgeons and physicians proposed identical treatments.

<sup>53</sup> A schedule of fees set down by the Nîmes Corporation of Physicians set a price in 1754 of nine *livres* for a consultation by letter. Cited in Brockliss and Jones, *Medical World of Early Modern France*, 545.

<sup>54</sup> Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge, 1999), 198.

could be distress, disfigurement and even death, but for physicians, surgeons and empirics their afflictions constituted a steady cash flow.