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Olivier Faure, *Aux marges de la médecine. Santé et souci de soi. France XIX^e siècle*. Aix-en-Provence: Presses universitaires de Provence, Collection "Corps et âmes," 2015. 366 pp. €20.00 (pb). ISBN 979-10-320-0031-1.

Review by Daniela S. Barberis, Shimer Great Books School, North Central College.

This volume gathers a collection of articles by Olivier Faure, a founder and eminent representative of the social history of health and medicine in France. Most of the articles (with one exception) had already appeared in print in the 1990s-2000s but are no longer easily accessible, having originally been published in journals that are now rare or have disappeared. The older articles have been slightly modified or synthesized to fit into this new volume but remain largely as originally conceived. Faure chose them due to their focus on the margins of medicine, as the title of the volume indicates. This approach "by the margins" of a profession and a society, he considers to be "one of the best ways of getting to know a society" (p. 12). The author favored texts that dealt with professions close to medicine, with doctors who practice alternative therapies or with those behaviors related to health that developed at the borders of medical authority. The emphasis is on de-centering our perspective on medicine, whether by a provincial focus (in contrast to the great medical figures in Paris), by a focus on auxiliary professions of lesser prestige than that of physicians (midwives, pharmacists, etc.), or by a focus on eccentric or alternative therapies or institutions (homeopathy, etc.). This anthology thus retraces thirty years of research in the history of medicine and health practices that goes largely against the grain of mainstream approaches.

New to the volume is a short general introduction in which the author gives us some information about his academic background and his rationale for choosing articles from among his larger oeuvre. Now retired, Faure, trained in the 1970s, defines himself as a social historian who focuses on history from below, from the point of view of the patients, students, inmates, etc. of total or disciplinary institutions such as those described by Goffman or Foucault. He is interested in the social characteristics and behavior of ordinary people, particularly when they had the opportunity to escape the surveillance of the doctor or other authority figure. His approach to the history of health, Faure tells us, is focused on the individuals as autonomous actors in their quotidian universe who mobilize social strategies and appropriate dominant discourses (p. 10).

The book has seventeen chapters grouped into five sections. The first section contains three articles on those who take care of others' health without being doctors, such as pharmacists, midwives and *officiers de santé* (health officers), whose training (often marginal) is investigated.

In the second section, four articles are concerned with small hospitals and their religious personnel, with unclassifiable institutions such as l'Antiquaille of Lyon (1803-1845), destined for beggars, prostitutes, and individuals affected by venereal disease or insanity, and, in addition, the civil hospices of Lyon facing starvation under German occupation during WWII. A third section focuses on patients: incurable, chronic, infirm, epileptic, or those who demanded admission into a charitable institution (*maison de charité*). The two last sections discuss diverse, eccentric (in the sense of peripheral) therapies: thermal cures, non-standard uses of medication, homeopathy, magnetism, the Bircher-Benner method, etc.

The general impression made by the volume is that of eclecticism, although Faure insists on the coherence of his work, pondering in his introduction whether he hasn't always handled a single topic: the relationship between populations and the health system (p. 11). Such a topic seems too broad to ensure the unity of the volume. Strong in archival work, the articles are rich in detail, but are not always placed in a larger social or political context; the archives used mostly consist of official documents, surveys, inquiries, and financial reports, though private correspondence between doctors and patients is also used occasionally (for the article on the patients of Hahnemann, the founder of homeopathy, for example). A case for the integrity of the articles can perhaps be made by highlighting a common object: medicalization not as imposed from above by medical elites but as demanded and engaged with by the population, the "clients."

The articles in the first section, "Neighboring Professions and Marginal Training," question the received narrative that presents the provincial training of para-medical personnel (midwives, pharmacists, *officiers de santé*) as "backward" and the students as unwilling to accept modern medical innovations. This characterization is due, Faure argues, to an elitist Parisian medical establishment that wished to remain in control of training and misrepresented the solid and pragmatic work done by provincial teachers, who respected their students and their needs. Provincial pharmacists and midwives, Faure hypothesizes, represent a lost opportunity; with their greater proximity to the world and habits of their patients, these professionals could have played a fundamental role in transforming popular attitudes towards sickness and health.

Faure's investigation of the training of health personnel in the provinces reveals that provincial elites (mayors, hospital administrators, hospital physicians, prefects, etc.) invested significantly in quality schools, distributing scholarships and otherwise funding this training. Furthermore, the countryside is not a healthcare "desert." Midwives, pharmacists, religious communities—a variety of medically trained non-physicians were at work in these marginal locations. This network is hierarchically organized: doctors in the principal cities of the department, *officiers de santé* in the canton centers, midwives in the villages. The forms of treatment proffered by the different levels of this hierarchy, however, are similar: diet, bleeding, prescription of medications. Faure argues that the countryside not only accepted innovation but participated in its construction. Midwives and religious personnel (mostly female) were born in the countryside and, for the most part, in the locations where they practiced. For a number of them, health care training represented an opportunity to improve their social status and income (and increase their freedom as women). Their social, cultural and geographic proximity to those they served gave them an access that was not available to urban doctors. Thus, according to Faure, doctors fought with determination against those who could have been their best auxiliaries and who, nonetheless, habituated patients to the reception of treatment, medication, and to certain forms of observance of the procedures of treatment. If the term "medicalization" is understood

in a broad sense (as having recourse to specialists and following their prescriptions), midwives and nuns were the “Trojan horses” of a medicalization without physicians (*médecins*).

The articles in the second section, “Far from the Triumphant Hospital,” again express a skepticism as to the traditional accounts of the medicalization of the hospital. If it is undeniable that medicalization took place, Faure points out that the process was not as irresistible or necessary as is generally portrayed. The Antiquaille hospital in Lyon is used to illustrate the unpredictable and paradoxical nature of the process. Initially dedicated to housing beggars and other “bad” poor, this establishment was directed by a conservative and pious elite that chose to reject the beggars in favor of giving priority to those affected by venereal diseases and the insane. This change was inspired by the desire to aid those most rejected by society and was encouraged through financial means; it ultimately led to giving a greater and greater role to physicians in the institution, physicians who became specialists. In this roundabout way, this asylum became one of the hospitals in Lyon most oriented towards purely medical care.

Two other articles in this section are dedicated to small country hospitals. Faure aims to show that one cannot speak of “the hospital” but only of “hospitals” in the plural (p. 96). These small and mid-size hospitals are not simply “behind” the great hospitals in Paris and in provincial capitals until the beginning of the twentieth century, but are radically different than those institutions of the same name. The small country hospitals served multiple functions: they housed schools, pharmacies, asylum rooms, rooms for boarders, and were often administered by religious personnel who were more authoritative than the doctors who were often absent, or the local authorities who were not very invested in these institutions. Thus, the rural hospital functioned in other ways than the large town hospital, although those ways were not necessarily inferior. They not only distributed services but were social actors involved in the life of the population.

The third section, “Good Poor and Bad Patients,” is presented as addressing problems posed by the previous section of the book: the desire to restrict the use of hospitals for acute diseases that are in principle curable produces the exclusion of sick individuals considered inappropriate to occupy the beds of those institutions. This creates the categories of incurable and chronic patients. The case of epileptics (chapter nine)—considered contagious and exiled outside the town centers, where they joined the insane who were already there—exemplifies a geography of the hospital where the “good” patients are placed at the center, that is to say, the cities, and the “bad” ones are distributed to increasingly distant peripheries. Another example of this exile to the periphery is the case of geriatric patients and those who suffer from incurable diseases, who become the focus of specialized medical treatment. In an increasingly urban and industrial world, inactivity becomes less tolerable. Faure shows that their case is analogous to the earlier one of the insane and those affected with venereal diseases: the medicalization of the hospital and medical specialization can develop from the margins.

In part four, “Spontaneous Therapeutic Practices?” Faure follows the trail of medicalization to provincial spa resorts offering mineral water treatments and bottling mineral water. As usual, he utilizes local archives, exploring the history of the resort at Mont-Dore, whose spa was directly administered by the *département* (chapter eleven). He finds a precocious, popular, and largely rural balneology focused on local clients, preceding the Second Empire when the trend of “taking the waters” spread to the elites. He also shows the articulation between health problems and general social issues by examining the attempt to create an ideal spa town at

Mont-Dore. In chapter twelve he turns his attention to small thermal resorts and focuses on their autonomous practices, independent of the prescriptions of the medical profession.

The last paper in this section is dedicated to the topic of self-medication. Faure sees himself as having brought to the fore the crucial role of medication in the process of medicalization. Beyond the techniques of production and commercialization that made it more accessible and cheaper, if not more efficacious, medication was, at least in the nineteenth century, “a product ardently and spontaneously desired by the public” (p. 246). Medication was a transactional object between doctor and patient, which Faure sees as fundamental in bringing the patients to the doctors. It is in order to obtain this “magical” product that the patients come to see the physicians. This popular consumer desire for medication has led to the medical representation of a crude populace that judged medical care simply through their senses and was gullible and prone to fall for “snake-oil.” Faure argues that things were more complex and that the ignorant peasants could show surprising finesse. Thus, once again, the will to combat disease, to protect and improve health was not only a medical aim, or the aim of local authorities, but emerged from a demand at the lowest levels of society, including those in the countryside.

The fifth and last section of the book, “Alternative Therapies,” discusses homeopathy from the perspective of a history of the patients (chapter sixteen) and the Bircher-Benner method (chapter seventeen). A quasi-forgotten figure, Maximilian Bircher-Benner (1867-1939), the creator of muesli, organized a clinic in Zurich that offered hydrotherapy, heliotherapy and a diet based on raw fruit while utilizing the latest technical diagnostic methods, thus capitalizing on the image of Switzerland as a modern country. This section also contains the only new chapter in the book, a sketch of a history of alternative medicine from the mid-nineteenth to the mid-twentieth century. The author concedes that this chapter could be expanded and its themes elaborated. Its main thrust is that the medical margins were not simply populated by closed and folkloric sects but that these were, rather, interconnected movements that offered answers to the scientific questions of their time and to the concerns of a sophisticated part of the population.

Faure is thus consistent; the same points are driven home throughout the volume. He is also original, qualifying common narratives in the history of medicine by focusing on the details of practice in the trenches in an average, provincial setting, rather than in the great Parisian institutions. This carefully researched series of articles offers, despite the limitations of its specificity, an important caveat to an overly smooth narrative of medical progress in the face of popular resistance.

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