
H-France Review Vol. 9 (December 2009), No. 155

Sean M. Quinlan. *The Great Nation in Decline: Sex, Modernity, and Health Crises in Revolutionary France c. 1750-1850*. Aldershot, U.K. and Burlington, Vt.: Ashgate, 2007. xi + 265 pp. Includes bibliographical references. \$99.95 U.S. (hb). ISBN 978-0-7546-6089-9.

Review by Michael Winston, University of Oklahoma.

In *The Great Nation in Decline: Sex, Modernity and Health Crises in France c. 1750-1850*, Sean Quinlan provides a valuable look at the medical profession in France over the course of a critical, one hundred-year time span. Quinlan's book traces the emergence and transformation of social medicine in France in three distinct phases (a progressive pre-Revolutionary phase, a regenerative Revolutionary phase, and an ideologically fragmented phase that runs from the Napoleonic Empire to the 1850s). Quinlan shows how each period was marked by a series of health crises—real or perceived—that shaped the discourse on physical and moral health and hygiene and spurred the shift from individual care to social medicine. This well written and thoroughly researched book—it contains a wealth of archival documentation—should appeal to anyone interested in the history of modern medicine.

In the introduction, Quinlan situates his work with respect to two contrasting interpretations of the history of medicine, especially as pertains to public health and hygiene debates. On the one hand, historians like George Rosen and Henry Sigerist present the development of (social) medicine from the Enlightenment onward as a triumphant narrative of scientific progress. On the other hand, more critical approaches to the history of public health (such as that of Michel Foucault) interpret this narrative as one of control and repression. Neither view, however, can satisfactorily explain the complexity of the public health debate from 1750-1850, nor can they fully account for the diverse reasons that motivated medical practitioners during this time period. Quinlan's analysis focuses on four generations of French health activists and their attempts to use biomedical science to regenerate the "sick and decaying nation" (p. 4). In so doing, Quinlan has produced a nuanced study that avoids the shortcomings of both the progressive and neo-Foucauldian interpretations and fits nicely within general trajectory of recent accounts of French medical practice.

In chapter one, Quinlan explores the medical diagnosis of a social problem—the presumed degeneration of the French nation—within the shifting cultural, political and epistemological contexts of mid-century France. Particularly important here is the emergence of medicine as a true science of man. Informed by a holistic view of the relationship of mind, body, and society, medical practitioners considered which types of moral and physical comportment best promoted individual and, by extension, social health. Conversely, certain groups were targeted for reform due to their insalubrious patterns of behavior: urban elites, intellectuals, women, and children (each group constituted the subject of its own subgenre of medical literature). Quinlan pays particular attention to treatises that extol individual responsibility, and charts the proliferation of popular works intended to place medical knowledge in the hands of individuals. Indeed, the notion of self-regulating behavior as a means of avoiding disease returns as a central theme throughout the book, yet Quinlan avoids the temptation to read this as the imposition of narrow (bourgeois) class interest.

The second chapter moves beyond the health issues of specific groups and focuses on the treatment of large-scale populations and the concomitant emergence of proactive public hygiene programs. As Quinlan puts it, the doctor was forced to “leave the bedside and treat society as a whole” (p. 56). Numerous factors drove this shift, including anxieties surrounding depopulation, concerns over rural health as well as those related to living and working conditions of urban poor and laboring classes. In addition, many practitioners believed the institution of medicine itself desperately needed reform. Emblematic of this transformation of medical practice is the creation of the Royal Society of Medicine, which Quinlan interprets as further evidence of the central government’s desire to shape France into a unified polity. In addition, the use of demographic studies and medical topographies provided physicians and lay reformers with the means both of identifying factors influencing disease and distributing risk factors according to specific categories (age, sex, occupation, geography, etc). However, as Quinlan points out, the medical perceptions of the health of the nation were far from uniform, and the interests of medical practitioners and the government did not always match. For instance, views of rural life varied from sentimental depictions of an ideal state of health in the countryside to representations of life among the peasantry as insalubrious, while depictions of life in urban areas—especially in Paris—were complex and ambivalent (p. 77). As well, far from being a top-down model of diffusion, the medical networks established by the Royal Society of Medicine provided practitioners with the opportunity to shape and influence central policy.

Against the backdrop of changing attitudes toward slavery and the reconfiguration of the French colonial empire, chapter three takes the national health concerns explored in the first two chapters and follows their application in France’s West Indian colonies, particularly Saint Domingue (Haiti). Here medical practitioners considered how the colonial milieu affected non-indigenous bodies, the white settler and African slave. For the white population, the key to health maintenance lies in self-control, especially with respect to sexual relations and alcohol consumption. But Quinlan recounts a different story for the enslaved black population. Here he examines the way in which racial difference was thought to change the experience of disease. In other words, why did one group experience disease when another does not? Consideration of this question raised a further dilemma: were Africans particularly susceptible to certain diseases because of some sort of inherent physiological defect or did diseases like yaws result from the dehumanizing conditions of slavery? Regardless of the position adopted, there was little debate that the slave owner must regulate the health of his slaves—like women and children, slaves could not be trusted with their own welfare—if only for the sake of his own economic interest. Even abolitionists argued for the most part that the slave population had to be assimilated to European norms before emancipation. The application of health policy in the colonies also provides a glimpse at the tensions between the increasingly autonomous plantocracy and the central government in France. In very broad terms, this chapter is of particular interest in light of recent scholarship on Haiti and the Haitian Revolution offered by David Geggus and Doris Garraway.

Chapter four examines the way in which medicine plays a central role in the efforts to restore the physical and moral character of France during the Revolutionary era. Prior to the Terror, as Quinlan points out, reform programs tended to be radical and were intended to regenerate the nation by creating the new Republican citizen. However, post-Thermidorian social medicine proved to be more conservative in approach. Drawing on the doctrine of limited sensibility (the idea that the individual was endowed with a limited amount of this vital principle and that, consequently, it must be preserved by careful attention to moral and physical health), physicians like Cabanis and Bichat once again took up the banner of self-control and advanced a doctrine of limited perfectibility. Quinlan also traces the evolution of the medical discourse devoted to the “natural history of women” in the wake of Pierre Rousset’s groundbreaking pre-Revolutionary work, *Système physique et moral de la femme*. Under the guise of preserving the overall health of the social order, this medical sub-genre essentially reduced socio-cultural roles to biology, thereby “naturalizing” women’s domestic roles. The final section of the chapter follows this conservative medical discourse as it develops within the context of conjugal hygiene treatises. The goal of such treatises is the restoration of French bloodlines through careful attention to

reproductive practices and domestic hygiene. Here the importance of heredity and limited capacity for change come to the fore. As a consequence the optimism of pre-Revolutionary reform projects is largely liquidated.

The increasing skepticism and conservative attitudes with respect to meliorist health policy during the Napoleonic Empire and the Restoration constitute the subject of chapter five. In general, the basic premises of pre-Revolutionary medicine—that hygiene could improve the lives of ordinary citizens; that the nation needed healthy citizens; and that population growth mattered for national power—are systematically undercut. Here Quinlan takes the reader into increasingly fragmented terrain, as evident in the three major trends in social medicine in the post-1804 era. In the first place, the proponents of medical police (like François-Emmanuel Fodéré) espoused a pragmatic approach: medicine was to support the status quo and promote good hygiene both in rural and urban environments. The second approach, associated with the Idéologues, Eclectics and social Christians, aimed at creating a new moral society based on social harmony and interdependence. The final approach, influenced by statistical methods and Malthusian thought, focused on the plight of the laboring classes. In this final section, the seeds of class conflict (that will be fully developed in chapter six) are sown: while the doctors recognized unsanitary living conditions, they claimed that the poor were largely responsible for their own ill health. Despite the disparate ideological orientations of these practitioners, they generally shared conservative values, rejected the idea of radical change and reform, and were united in their commitment to public service and law and order programs.

Chapter six analyzes the changing attitudes regarding human nature, sexuality and society during the period 1832-1852. The critical moment in this chapter is the cholera epidemic of 1832, an epidemic that forced physicians to rethink notions of social progress and public assistance. What emerges is a social theory of disease (the notion that health varies according to class and milieu) that posits the cholera epidemic as a sign of the degeneracy of the urban poor and working classes. Along with milieu, the other major force that caused physicians to reconsider conceptions of health and hygiene was heredity. Doctors began to explore the possibility that an underlying biological force was responsible for illness among the so-called dangerous classes. Consequently, reproductive strategies assume primary importance, and theories of hereditary degeneration cement class distinctions. In this climate, upper- and middle-class concerns about urbanization and the growth of the proletariat spell the end of the progressive, meliorist dream articulated by physicians like Charles Augustin Vandermonde in the pre-Revolutionary period.

In the concluding section, Quinlan recapitulates the major shifts within the field of social medicine over the course of three distinct periods (1750-1789; 1789-1804; and 1804-1852), and provides a glimpse at the ways in which physical and moral hygiene continued to intersect with social, economic and political discourses from the middle of the nineteenth century to the early twentieth century.

Generally speaking, the book represents a valuable contribution to modern medical historiography, and its few shortcomings pale in comparison to its many strengths. Nevertheless, certain aspects of the first two chapters do not strike this reviewer as particularly original, especially in light of the extensive treatment of anthropological medicine by Elizabeth A. Williams and Anne C. Vila. Furthermore, the discussion of Pierre Roussel raises a couple of problems. Quinlan does not devote enough attention to theories of sexual dimorphism and the resurgence of seminalist or spermist conceptions of human generation (Roussel was a proponent of seminalism, not epigenesis) during the 1770s and 1780s; this would have provided a more solid foundation for his claims regarding the biomedical sexism of the immediate pre-Revolutionary and post-Thermidorian periods. Jean-André Venel, the author of *Essai sur la santé et l'éducation médicale des filles destinées au mariage*, is misidentified as Gabriel Venel, the chemist responsible for the article "Chimie" in Diderot and d'Alembert's *Encyclopédie*. In addition, Quinlan refers to Rousseau as a primitivist, a characterization that A.O. Lovejoy has shown to be inaccurate.

The very interesting, but rather short, chapter on social medicine in the colonies could have been supplemented by a more detailed look at the then contemporary debate concerning the Americas as human habitat (what Antonelli Gerbi memorably termed the “dispute of the Americas”). The conservative medical backlash in the post-Thermidorian period is extremely well documented (Cabanis, etc.), but the specifically medical social activism of the early years of the Revolution is largely absent. Does this bear any relationship to the purported anti-scientific ideology of the Revolutionaries, especially during the early years of the First Republic? Quinlan could have also expanded the discussion of social Christians in Chapter Five. Finally, women disappear as agents of social decline after 1832, at least in Quinlan’s account. Why is this? Are women simply displaced as a “problem group” by the rapid growth of the urban underclasses during the early nineteenth-century? All things considered, these are but minor reservations. Readers will find many original insights in this stimulating contribution to the history of medicine, especially as pertains to the role of gender, class and race in shaping the debate over public health and hygiene in modern France.

Michael E. Winston
University of Oklahoma
mewinston@ou.edu

Copyright © 2009 by the Society for French Historical Studies, all rights reserved. The Society for French Historical Studies permits the electronic distribution of individual reviews for nonprofit educational purposes, provided that full and accurate credit is given to the author, the date of publication, and the location of the review on the H-France website. The Society for French Historical Studies reserves the right to withdraw the license for redistribution/republication of individual reviews at any time and for any specific case. Neither bulk redistribution/republication in electronic form of more than five percent of the contents of H-France Review nor re-publication of any amount in print form will be permitted without permission. For any other proposed uses, contact the Editor-in-Chief of H-France. The views posted on H-France Review are not necessarily the views of the Society for French Historical Studies.

ISSN 1553-9172