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Alexandre Wenger, *La Fibre littéraire: Le Discours médical sur la lecture au XVIIIe siècle*. Genève: Droz, 2007. 358 pp. Bibliography and index. € 44.84. ISBN 978-2-600-01173-0. ISSN 1660-5829.

Review by Suellen Diaconoff, Colby College (emerita)

While today we are constantly reminded by governmental commissions and reports that the general population reads less and less and that the printed book is in danger of extinction, just a few centuries ago the concern was that people were reading too much, that reading was often bad for the individual's health, and that the consumption of novels, especially, was deleterious not only to the individual reader but also to society.[1]

But whether we are talking about the present or the past, what is striking is how the discourse on reading tends to give rise not only to laments but to moral judgments and anxiety. People have variously been told to read more, to read less, to read with pen and paper by their side, to learn to read "correctly" or analytically. They have been warned that it is immoral to read certain genres—in the past, novels and plays; today, pornography and pulp fiction. They have been implored to refrain from reading during the day (a wasteful use of precious time), but also at night (because it may lead to "sinful" activities at bedtime). They have been cautioned not to read for narcissistic, escapist reasons, but to read seriously for self-improvement, and then, on the other hand, they have been counseled against spending so much time reading weighty and demanding tomes that they end up with weak eye sight, gout, bad digestion, kidney stones, liver and lung problems, weak hearts, headaches, dizziness, dropsy, and constipation—all ills suffered by men of letters, according to Dr. Vandermonde in his *Dictionnaire portative de santé* (1759).

Clearly, the consumption of books has rarely been considered a value-neutral subject, an observation that is constantly, if indirectly, underscored in Alexandre Wenger's study on the development of mid-eighteenth-century medical discourse on reading in France. Indeed, that Enlightenment discourse typically goes beyond the merely descriptive, to become emphatically prescriptive and often proscriptive.

For the doctor-authors of these medical treatises on reading—the moral-medical-philosopher pundits of the Enlightenment—reading was an activity that cried out to the "expert" to analyze, moralize, and medicalize the entire process of book consumption, as of the reader-patient him or herself. Convinced that reading engages the whole organism and leads to a variety of pathologies that can bring about individual and social degeneration, the doctors saw an opportunity, according to Wenger, both to extend their influence over their patients and to play a role as the "august guardian[s] of the intellectual health of the nation" (p. 305). Basing their scientific understanding on the "prestige of the fiber," in accordance with eighteenth-century science that identified the physiological as key to people's behavior, the doctors promoted their adherence to a complete psycho-organic relationship between the physical and the moral.[2] At the same time, pontificating about reading became an opportunity both to make their own reputation and to serve the nation. In attributing to themselves not only medical, but also psychological, educative, and patriotic intentions, Enlightenment doctors saw themselves as combining civic virtue with medicine. By relating reading to physiology and then to pathology and

ultimately to a necessary therapeutics, the doctors strove to advance their own careers by diagnosing the ills brought on by reading. Needless to say, many of their ideas strike us as unduly narrow-minded when not actually comically absurd. For instance, Chambon de Montaux is only one of many of his colleagues who categorically asserted in *Des Maladies des filles* (1784) that women's reading leads to hysterical illnesses and especially to nymphomania. Having established a diagnosis, the doctor would then write a book intended to "inoculate" the patient-reader against a variety of risks—most importantly, unbridled sexuality. Surprisingly, despite their ideas, members of the medical profession in general, if not this particular brand of moral medical commentators on reading, seem to have enjoyed the esteem of members the elite intelligentsia, including Diderot who opined, "Pas de livre que je lise plus volontiers, que les livres de médecine, pas d'hommes dont la conversation soit plus intéressante pour moi, que celle des médecins," *Eléments de physiologie* (p. 97).

Wenger is not the first critic or historian to address Enlightenment medical discourse on reading, but his study is particularly valuable because he gives us a very complete look at the medico-literary culture of the second half of the eighteenth century, in a very readable way. From the outset, he engages our interest by opening with the story of a heroine named Julie, who at the tender age of twelve begins to suffer from vague physical longings, which a maid tries to assuage by giving her novels. Of course they only heighten Julie's yearnings; she masturbates, her health gets worse; doctors can't help her, and ultimately she ends up a recluse. From this little morality tale, taken not from *La Nouvelle Héloïse* but from the doctor, J. D. T. de Bienville and his *La Nymphomanie, ou traité de la fureur utérine* (1771), Wenger identifies nine major issues around which each of the subsequent nine chapters will be fashioned. To wit: Why did reading become a medical concern in the Enlightenment? What kinds of readings do various kinds of genres produce and how, according to the doctors? If reading illuminates the passions rather than the mind, how does that fact figure in Enlightenment thinking? What is the role of the imagination and how does it produce a physiological reading, particularly in women? What are the pathological peculiarities of different kinds of reading, regardless of sex? What are the repercussions on the social body, and how can medical discourse provide a "prophylactic and therapeutic cure"? Does reading a medical treatise, as the doctors try to argue, offer an antidote to reading a novel? How far can medical description go without representing and causing the vice itself? Does the doctor-savant reinforce his role in society by joining physiology to pathology and to therapeutics by means of literary pretensions?

These questions allow Wenger to explore both broadly and in depth how Enlightenment medical discourse on reading reveals the values and prejudices of the so-called experts, whose ideas may or may not have impacted more broadly the thinking of the time. While today we talk about *reading* being at risk, for the moral medical doctors of the eighteenth century, all *readers*, but especially four types were at risk—women, young people, the worldly, and men of letters. The first three groups share the characteristic of an "infantile constitution," while the last category is marked by its anti-social obsession with books, to such an extent that some doctors fear that the population will not continue to grow.^[3] It was to these most vulnerable readers that the moral medical commentators destined their pedagogical and hygienic treatises.

Typically, Wenger focuses his inquiry through the writings of two or more doctors per chapter—for instance, in chapter one, Bollioud-Mernot, *Traité sur la manière de lire les auteurs avec utilité* (1747), and Bardou-Duhamel, *Essai sur la lecture* (1765); in chapter two, Alexandre-Guillaume Mouslier Moissy, *La Nature philosophe* (1776) and Romance de Mesmon, *De La Lecture des romans* (1776); in chapter eight, Antoine Le Camus, *Abdeker, ou L'Art de Conserver la Beauté* (1748) and Amédée Doppet, *Le Medecin philosophe* (1786); and so forth. At the same time, several chapters explore how specific literary genres feed into the doctors' assessments (for instance, epistolary novels and pedagogical treatises in chapter two, libertine literature in chapter eight, "La Physiologie dans le boudoir," and, of course, the accursed novel). Additionally, Wenger pays considerable attention to the choice of literary strategies and rhetorical techniques employed by the doctor-writers, including direct address, and, most importantly,

the *tableau*, intended to mobilize the imagination and the reader's "sensual resources." One of the most famous of these ostensibly edifying *tableaux* is found in Samuel-Auguste Tissot's *L'Onanisme; Dissertation sur les maladies produites par la masturbation* (1760) concerning L. D****, the clockmaker, who masturbated so much that he became an idiot and died despite having considerable talents.

Given the doctors' claims to exposing vice in order better to combat it, Wenger correctly underscores the ambiguous nature of many of the so-called medical texts, especially the "medical fiction," such as Le Camus's *Abdeker*, which he describes as simultaneously libertine and imbued with therapeutic pretensions. Observing that whereas in the nineteenth century, clinical discourse is neutral (p. 256), Wenger demonstrates that the Enlightenment can make no such claim, since much of the "medical" literature on reading is open to the charge of inciting the very pleasure supposedly being indicted. In that respect, we might conclude that some of the doctors resemble Molière's Tartuffe, loudly proclaiming moral superiority while demonstrating covert erotic urges. Such a comparison with Tartuffe is not wholly incidental, since Wenger states that while formerly it had been men of the cloth who denounced novels, beginning in 1750, it was the moralizing doctors who led the charge, offering to the public with their medical treatises something like a secular bible (p. 309). In this regard and at times, the reader sometimes wishes that Wenger had given more information on these men, how successful they were, and whether there was anything like a counter-discourse to their moralizing.

For readers whose focus is literature, there is much of interest in chapter three, "*Lire, imaginer, éprouver*," which deals with Enlightenment medicine's interest in the imagination in terms of physical and moral relations. Those who are interested in the peculiarities of women readers, as theorized by the moral/medical practitioners of the eighteenth century, will turn to chapter four, "*Physiologie de la lectrice*." As Wenger states, from mid-century forward, the hypothesis about the ontological otherness of women was progressively reinforced, with ramifications for how female readers were medicalized. Basing themselves on the theory of fibers, which deemed women more emotional, possessing greater sensibility and delicacy of emotion, plus a vivid imagination, the doctors such as Louis de La Caze, Paul-Victor de Sèze, and Pierre Roussel asserted that women learn not by analytical power, but by feeling, and that the world literally enters her body (p. 153), which is why she is subject to more physiological effects and nervous breakdowns. Ultimately, however, while her physiology can make her a victim of the wrong kind of reading, it can also make possible a cure through none other than the medical text. Hence, both literature and medicine share a common desire to "inoculate" the reader with the basic principles of health and morality, and to "vaccinate" the vulnerable reader against the sickness of love and its mortal dangers. In that sense, Wenger proposes, both Bienville's Julie and Rousseau's Julie are near-cousins (p. 326).

Well written and clearly organized, *La Fibre littéraire* is less concerned with the actual practices of reading than with a thorough discussion of the medical discourse on reading. Qualitatively, the author not only demonstrates a mastery of his sources, but also analyzes the methods of the doctor-writers, their use of literary motifs and judgments concerning particular literary genres. In addition, Wenger's ten and a half-page bibliography of primary sources is extremely helpful, while the accompanying bibliography of secondary sources is a good general source on the subject, particularly for articles up to 2003. But one of the strongest arguments for the value of *La Fibre littéraire* comes toward the end of chapter five, when the author rightly contends that the pathologies of reading developed by the Enlightenment doctors constitute an original contribution to today's debates on the conditions of the "reading revolution" of the eighteenth century. Certainly that is true, and because of it, *La Fibre littéraire* will be a key source for those who wish to pursue the history and practice of reading in eighteenth-century France. Indeed, Wenger's study suggests multiple lines of further inquiry—for instance, a comparative study of women's pedagogical texts and the treatises of the medical commentator (is there evidence that women read the medical texts and how they reacted to them?), or, more broadly, a sustained exploration and critique of the value system within the medical text as it pertains to the relationship of literature and its uses. Why does this Enlightenment discourse seem to

deny the plural and diverse nature of literature, and to insist that reading and writing are linked to narrow-minded morality and patriotism rather than to a growing commitment to democracy that the Revolution would endeavor to bring about? For scholars who pursue such subjects, Wenger's book will be extremely useful.

NOTES

[1] In the National Endowment for the Arts 2004 report, "Reading at Risk," we learned that whereas in 1982, 56.9 percent of Americans had read a work of creative literature in the previous twelve months, a decade later that proportion fell to 54 percent and further yet in 2002, to 46.7 percent. The bad news concerned not only the under twenty-five year-old group, but also those between ages thirty-five and forty-four who read for only twelve minutes a day (on the weekends the figure increased to ten minutes), while the sixty-five and older cohort read for less than an hour during the week and just over an hour on weekends, Jennifer Howard, "Americans Are Closing the Book on Reading, Study Finds," *The Chronicle of Higher Education*, 30 November 2007, A12.

Today, it is hardly news that scholars and teachers of literature are concerned about the decline of literary studies, the disappearance of the canon, and what some fear is the end of reading books. See *The Chronicle of Higher Education*, 19 December 2008, B7-B9 for articles by Rita Felski, Steven G. Kellman, and Bruce Fleming who address the question, "What Ails Literary Studies," and Caleb Crain, "Twilight of the Books," *The New Yorker*, 24 & 31 December 2007, pp. 134-139.

[2] In comparison, when a scientist like Maryanne Wolff in *Proust and the Squid* (New York: Harper, 2007), looks at reading today, the focus is on the neurobiological approach to processing text—that is, how the brain functions during the act of reading, as for instance in the differences that occur between reading the Roman alphabet as opposed to reading Chinese, which mixes phonetic and ideographic elements.

[3] One citizen-doctor, Amédée Doppet, claiming patriotic aims, even supported flagellation as long as it reignited the passions and promoted population growth. The long title of his work tells the reader everything: *L'Aprhodiaque externe ou traité du fouet et de ses effets sur le physique de l'amour. Ouvrage médico-philosophique, suivi d'une dissertation sur tous les moyens capables d'exciter aux plaisirs de l'amour* (1788). See Wenger, p. 282.

Suellen Diaconoff
Colby College (emerita)
s_diacon@colby.edu

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