The physical and the moral

*Anthropology, physiology, and philosophical medicine in France, 1750–1850*

ELIZABETH A. WILLIAMS
Oklahoma State University

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INTRODUCTION

For about a hundred years French medicine sheltered an intellectual tradition that contemporaries knew under the rubric "la science de l'homme," but that I have tried to capture in my title by referring serially to anthropology, physiology, and philosophical medicine. In devising a title for this study, I consciously avoided the English expression "the science of man" because it evokes a host of late eighteenth-century constructs, including "social science," "science of society," and "social art," that were connected only loosely to the specifically medical science of man that is examined here. I also wanted to avoid suggesting an exclusive focus on anthropology.¹ This book is certainly intended to contribute to the history of anthropology, but it also treats the history of physiology, before that discipline became what is now understood by the term, and, above all else, it is about medicine, from which both anthropology and physiology in large part derived.

Historians have been aware of the tradition of the medical science of man – or what I will interchangeably call "anthropological medicine" – for some time.² Excellent work has been undertaken on its development dur-


² I have used the term "anthropological medicine" in part simply for stylistic relief from the cumbersome and tiresomely sexist "science of man" but chiefly because numerous figures in this medical tradition conceived their work as constituting, or at the least contributing to, a new science of anthropology that was rooted in or subsumed by medicine. For usages of the term in medical works, see, for example, P. J. G. Cabanis, Œuvres philosophiques de Cabanis, ed. Claude Lehec and Jean Cazeneuve, 2 vols. (Paris: Presses universitaires de France, 1956), 1:126, and 126, n. 1, 2:77; J.-L. Moreau de la Sarthe, "Pinel, Traité médico-philosophique sur l'aliénation mentale, ou la manic," Décade (20 pairial an IX [1801], 458–59n; Laurent Cerise, "Introduction," in Rapports du physique et du moral de l'homme by P. J. G. Cabanis (Paris: Fortin, 1843), xiii; Jacques Lordat, Réponse à des objections faites contre le principe de la dualité du dynamisme humain (Montpellier: Seville; Paris: J. B. Baillière, 1854), lxi–
ing the career of Pierre-Jean-Georges Cabanis and other physicians of the revolutionary era. In this literature the science of man is generally seen as a product of the millenarian optimism of revolutionaries who hoped to transform the individual and society by medical therapeutics and social hygiene. This approach ties the medical science of man to monistic or materialistic philosophy and therefore to left-leaning politics. It explores the development of the medical science of man in the rapidly changing ideological environment of the revolutionary years. Finally, it traces the eclipse of the medical science of man to the political reaction that culminated in the rise to power of Bonaparte and brought disillusionment to the medical visionaries themselves.

This conception of the origins, nature, and historical fate of the medical science of man is not, so far as it goes, inaccurate. The science of man was forcefully articulated during the Revolution. Its proponents in that era were mostly (although not always) linked to leftist politics. The science of man embraced during the Revolution was on the whole "optimistic" in its vision of humanity's future. This optimism did crumble amid the conflicts of an increasingly embittered politics.

These facts are but a small part, however, of a much larger and more complex history. The medical science of man originated well before the Revolution in the work of medical thinkers—the Montpellier vitalists—who were by no means millenarian visionaries. Although grounded in vitalist concepts, it was not a unitary medical doctrine or program linked to a particular political or social philosophy but a protean, often fragmented discourse. Furthermore, the medical science of man did not disappear with the end of the Revolution but instead, in the postrevolutionary era, underwent multiple terminological and ideological permutations. After the Revolution, the tradition of the science of man accreted conflicting meanings, repeatedly shifted institutional locus, and developed in company with a seemingly endless variety of theoretical and practical enterprises within the

4 On monism and materialism, see Staum, Cabanis, 7–8, 205–6, 236–37, 263–65, 304–7; Moravia, Il pensiero, part 1; on the generally leftist associations of the science of man and its eclipse under Bonaparte, see Staum, Cabanis, chaps. 9 and 10; Gusdorf, La conscience révolutionnaire, esp. 305–30.
broad domain of medicine. It finally went into eclipse only after mid-
century when its diverse elements gradually sedimented out into a range of
emergent disciplinary constructs and medical specialties. And even then,
forced into a subterranean and muffled existence, it continued to exert
powerful influence in the human sciences.

Unlike the medical science of man of the revolutionary era, this larger
tradition of anthropological medicine has generally escaped the attention of
historians. The importance to the science of man of the work of the Mont-
pellier vitalists, although by no means wholly ignored, has been under-
estimated because of the relative neglect of vitalism generally in the history
of medicine and biology. The overemphasis on the labors and personality of
Cabanis has resulted from the tendency to seek a univocal ideological reg-
ister—leftism, materialism—for the medical science of man. Finally, the
neglect of the medical science of man of the early to mid-nineteenth century
has stemmed from two interrelated historiographical tendencies: to empha-
size the development of forward-looking and progressive rather than tradi-
tional or archaic strains of French culture, and to reproduce and valorize
ideological antinomies rather than to explore processes of adaptation, ac-
commodation, and co-optation.

These various dispositions in turn reflected more fundamental method-
ological and ideological commitments that until recently undergirded gen-
eral historiography and, most relevant to this work, the history of thought.
In liberal historiography, individual historical actors who struggled for pro-
gressive change with exceptional clarity of vision or force of will figured
prominently. In the historiography of the Left, social groups that mobilized
for starkly delineated class and political conflicts dominated. In recent
years, however, both these individuals and these social groups have tended
to diminish in significance as the great contest of Left and Right that gave
them meaning has lost its clarity. The minutely detailed examinations of
ideological and class differentiation that preoccupied intellectual, social, and
political historians into the 1960s (and especially historians of France, the
motherlode of ideology) have come to seem strangely irrelevant. At the
same time, the various discursive, institutional, and administrative pro-
cesses by which power is established and maintained in society, whatever
the apparent or claimed ideological intentions of those who set them in mo-
tion, have commanded ever greater attention. Modes of manipulating lan-

5 This shift has taken place in historiographical contexts that have radically different implica-
tions. The contrast is perhaps best gauged by comparing the perspective of François Furet,
who in his immensely influential *Interpreting the French Revolution* (Cambridge: Cambridge
University Press, 1981), announced the end of ideological debate over the French Revolu-
tion, and Michel Foucault, who found ideology an impoverished framework for the analysis
of power. On this feature of Foucault's thought, see the essays in *Foucault: A Critical Reader*,
guage, of hiding behind professed ideology, of absorbing and co-opting discourses of challenge or resistance—these have assumed greater significance as the overtly articulated conflicts of Left and Right have come to have a hollow, even archaic ring.

The history of thought has not only shared in this general reevaluation of historical significances but has also become the terrain for a major campaign of methodological revisionism. This revisionism has undermined basic theoretical and procedural commitments, including the view that ideas originate and are conveyed in more or less readily definable units, that they circulate in a system of exchange whose principal value is reasoned choice, that ideas have natural or logical links to other ideas and to specific social practices, that when combined ideas form (or at least should form) rational doctrines, that coherence in intellectual traditions is achieved in a process of linear development, and that the focus of historical investigation should be those ideas that have proved the most fertile in influence on strains of thought that have remained recognizably and durably important.6

Such conceptions of how to study and evaluate the thought of the past have been forcefully contested both within and outside the world of working historians for some three decades, most compellingly by the diverse theorists of "discourse."7 As conceived principally by Michel Foucault, discourses originate not as unit ideas but as socially engendered linguistic practices. They do not circulate in a system of rational exchange but rather accrete strata of sometimes wildly incompatible meaning. Discourses may be arbitrarily linked to other discourses by speakers who act to define and advance their specific social interests. They cohere not because of inner logic or empirical proof but because networks of conditions and practices hold them together. Finally, they exercise influence not as great ideas but as momentarily inescapable modes of thinking and talking about objects constituted by discourse itself.8

The concept of discourse has supplied a vehicle for rediscovering and reassessing patterns of thought—such as the fragmented, sometimes elusive

6 For reflections on the traditional practice of intellectual history and recent challenges to that practice, see the essays in Modern European Intellectual History: Reappraisals and New Perspectives, ed. Dominick Lacapra (Ithaca, N.Y.: Cornell University Press, 1982).
tradition of the science of man—that earlier were neglected or simply lost from view since they failed to exhibit the characteristics demanded of "important" ideas. Discourse analysis legitimizes inquiry into previously neglected realms of thought and speech by several means. At a fairly abstract level, it posits that whatever is said is significant by the very fact of its being said, thus delegitimizing the concept of an intellectual or scientific canon. More practically, it supplies a standard for judging the relative importance of ideas and intellectual traditions other than the criteria of clarity, rationality, and relevance to present thought. The standard it establishes is that of power, conceived not purely as the obvious power of the state apparatus and strategic institutions but also of those discursive practices that constitute social existence, identity, and relations. Thus discourses have power over those who speak within them—the architects of specific doctrines—and over those who are the objects of discourse, whether the discourse itself has any claim to truth, rationality, or transcendental meaning.¹⁹

This study is situated, then, within a new historiography conditioned by the insights and emphases of discourse analysis. It recovers for historical investigation a scientific discourse—the medical science of man—that always retained what Raymond Williams calls an "effective nucleus of meaning," but that was also marked by incoherence, fragmentation, unstable linguistic usages, methodological and logical evasions, and transparent political and ideological bias.¹⁰ This discourse exerted intellectual and social power not in spite of these characteristics but precisely because it was friable, subject to apparently endless reformulation, extension, and adaptation to new circumstances. Yet these very qualities—the incoherence and adaptability of the medical science of man—have caused it to be lost from historical vision. Judged by traditional criteria, the history of the medical science of man appears to be one principally of failure, of an accumulation of statements subsequently thought unilluminating, wrongheaded, sometimes even vicious. Unlike familiar features on the intellectual landscape (such as the various "anticipations" of evolutionary theory), the discourse of the science of man could not be viewed as leading up to or generating any currently recognizable and valued scientific approach, theory, or paradigm. Indeed, one of the most telling features of this history is the way in which, after about 1850, the discourse of anthropological medicine was repudiated even in those domains where its influence was most compellingly registered. This process of repudiation then conditioned subsequent historiography. The single theorist of the medical science of man to remain widely known and in relatively good repute by the later nineteenth century was Cabanis, who was

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claimed by physicians of that era as a forerunner of materialist neuroscience; it is unsurprising that the only conception of the science of man that we know very much about was his.\(^\text{11}\)

Thus the perspective of discourse analysis has made it possible to see the larger science of man where earlier historiographical perspectives did not. All the same, I have sought to avoid what many historians have seen as serious problems presented to diachronic, genuinely historical analysis by the framework of discourse. These problems include the assumptions that discourse is autonomous and functions independently of the decisions and actions of individual speakers. This perspective has in turn seemed to imply that discourse is internally self-assured and untroubled, in short that discourse leaves no room for conflict. In some critiques these problems have been laid at Foucault’s door; more recently the Foucauldian perspective has itself been plumbed for insights into the process by which “counter-discourses” emerge.\(^\text{12}\) This study, which is an empirical investigation prompted by the insights of discourse analysis, does not address these problems at the level of theory. It does indicate, however, that in this case discourse was far from monolithic. Indeed I argue that the great power of the science of man derived from its supplying the basic but endlessly renegotiable terms of discussion of a problem—the relations of the physical and the moral—that had, from all ideological perspectives, become unavoidable.

A related but less tractable set of problems has to do with how discourses are formed and how they disintegrate. Foucault’s own studies laid much greater stress on the power exerted by discourses in given synchronic settings than on how discourses are contested, undergo fragmentation, and ultimately suffer structural collapse. And at least one of his disciples has recently applauded historians who “frankly admit that they are incapable of explaining cultural mutations, and, even more, that they haven’t the slightest idea what form a causal explanation might take.”\(^\text{13}\) If seen in this light, discourse analysis becomes a problematic tool for investigations, such as this one, that emphasize development and change. This study attempts not only to show the discursive power of the science of man at successive mo-

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\(^{11}\) See the discussion in Chapter 2 and in the Epilogue.


ments of French history but also to explore the dynamics of its history. It examines how the science of man accrued widespread support and then, having exercised dominance, collapsed into a substratum of principles and impulses no longer joined under one discursive rubric.

As a corrective to what I see as the excessively formalistic character of discourse analysis, I have also employed the framework of "tradition" to designate and analyze the medical science of man. To a much greater extent than discourse, tradition encourages attention to the way individual theorists deliberately positioned themselves in relation to the science of man. Tradition is seen here not as the "dead hand of the past," as Marx called it, or as an anonymous and inescapable framework for utterance, but as a body of transmitted texts, concepts, and linguistic usages that were available for conscious manipulation to diverse ends. Some of the physicians working within the science of man deliberately embraced the tradition and trumpeted its value and authority. Others took up its themes while avoiding identification with the tradition as a whole or noisily rejecting elements within it that they found objectionable. If discourse analysis enables us to perceive unintentionally registered effects and constraints, the framework of tradition reestablishes a context charged with immediacy and intentionality.

In any event some recognition of conscious contests - waged with and over tradition - is essential to understanding the fragmentation and collapse of the discourse of the science of man. Of the complex reasons for the demise of the science of man, the single most compelling was its identification with what came to be seen as discredited tradition in both the theory and organization of medicine. At one level of analysis, this rejection of the science of man may be seen as ineluctably determined since it resulted from the linked and powerful processes of the spread of scientism and the ever more complex division of intellectual and professional labor in medicine. Yet these social processes were themselves the work of myriad conscious and choosing individuals. The concept of tradition allows us to recover, as discourse analysis does not, the practical, often highly emotive, labor of devising and promoting intellectual constructs. It recognizes that in such labor the power of tradition, of what Raymond Williams calls the "practical continuities - families, places, institutions, a language" - is often great. In so doing the framework of tradition supplies some sense of how conceptions and usages that are seemingly dispirited, discarded, even dead can continue to tug at the margins of a putatively unencumbered creative consciousness. Thus the history of the science of man is illuminated by viewing it alternately as an autonomous discourse of great and evident momentary

15 Williams, Marxism and Literature, 116.
power and as a tradition that, even after slipping from view, continued to exert real force.

The medical science of man cannot be precisely defined. As Nietzsche said of the concept of punishment, its history is its definition, and that history is the subject of this book. But the science of man can be said to have four principal nodes of reference. First, it was holistic, both in its conception of the human persona as an integral, functionally interdependent whole and in its view of medicine as a science or art that must somehow embrace the myriad, interdependent phenomena of human experience. Seen in this light, medicine was not limited to a discrete set of physical phenomena but instead was extensive, to some theorists even comprehensive, in its purview.

A second defining feature derives from the first: the science of man postulated intimate relations (rapports) among separate domains of human experience that in the eighteenth century were usually conceived according to a tripartite scheme of the physical, the mental, and the passionist but that later were reduced to what physicians of the revolutionary era called "the physical and the moral." The science of man did not generally reduce the psychic domain to the physical, and thus was neither "monist" nor "materialist." Most physicians who worked within the tradition accepted some kind of distinction between mind and body and between willed and unwilled action. But they taught nevertheless that these realms of existence and experience were closely interdependent. "Rapport" meant, then, not control or determination of mind by body or vice versa but linkage, interrelation, reciprocity.

"The concept 'punishment' possesses in fact not one meaning but a whole synthesis of 'meanings': the previous history of punishment in general, the history of its employment for the most various purposes, finally crystallizes into a kind of unity that is hard to disentangle, hard to analyze and, as must be emphasized especially, totally indefinable. . . . [A]ll concepts in which an entire process is semiotically concentrated elude definition; only that which has no history is definable." Friedrich Nietzsche, On the Genealogy of Morals, trans. Walter Kaufmann and R. J. Hollingdale (New York: Vintage Books, 1969), 80.

P. J. G. Cabanis, Rapports du physique et du moral de l'homme, 2 vols. (Paris: Crapart, Caille et Ravier, 1802). (All references here are to the 1956 edition of the Œuvres philosophiques cited in note 2.) Cabanis's work gave this phrase its great currency, but it had been used for some time before. See, for example, the work of the Montpellier physician Louis de Lacaze (written in collaboration with Théophile de Bordeu), Idée de l'homme physique et moral (Paris: H. L. Guérin and L. F. Delatour, 1755). As we will see, the phrase had a firm place in medical discourse long into the nineteenth century. I have used the English "moral" for want of any more exact English equivalent. The French moral does not have so intense an ethical charge as the English, but as this work demonstrates, problems of morality were very close to the surface—and often fully there—for most of the physicians who employed the phrase "rapports du physique et du moral." See also L. S. Jacyna, "Medical Science and Moral Science: The Cultural Relations of Physiology in Restoration France," History of Science 25 (1987): 111–46.

For a discussion of this point, see Goldstein, Console and Classify, 49–55.
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Third, the science of man pushed medicine into society, by its own internal logic as much as by any overt ideological or political intention, for it was a medical philosophy that regarded intellectual, passionate, and social phenomena as intimately tied to the well-being of the body. In its earliest incarnations, the science of man owed this social construction of medicine largely to a certain reading of Hippocratism, which was construed as teaching that health was not individual but rather was dependent on social practices and milieux. Later these Hippocratic moorings were cut but anthropological medicine continued to insist on the importance to health of habit, occupation, climate, and similar influences.\(^{19}\)

Lastly, the science of man privileged the problem of discerning human "types" amid the great variety of clinical and social detail gathered in the course of medical investigations. These types were generally articulated in terms of the variable distribution in individuals of vital energy and, more specifically, in terms of temperament, constitution, age, sex, climate, disease, and, ultimately, race. This disposition to typologize was rooted in the medical vitalism from which, as I argue, the science of man derived its original encouragement. Vitalism insisted by definition on the variability and diversity of human phenomena. It originally assumed coherence as a medical doctrine by attacking universals, in the form of the mechanical and physiochemical constants ofiatromechanism and Cartesian conceptions of body physics. Rejecting mechanical constants, vitalist physicians looked instead for patterns, regularities, and generalities that would allow them to devise meaningful pathological, therapeutic, and physiological explanations. Thus the discernment of types showing regularities different from those found in the physical universe was one of the special contributions the science of man had to make to the larger scientific enterprise.\(^{20}\)

It is the central argument of this book that from the late Enlightenment to around 1850 the medical science of man developed in the three principal discursive contexts of anthropology, physiology, and philosophical medicine. Of these three, only anthropology now seems naturally linked to some idea of a science of man. Indeed, one of the main tasks I hope to accomplish is to show how and why in France the medical science of man ultimately became detached from the "progressive" and mainstream development of the other two contextual fields, physiology and medicine. As early as the 1820s the dominant construction of physiology—the experimentalist, laboratory-based science of François Magendie and his associates—left little place for posing the sorts of broad sociomedical questions that only two de-

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19 On Hippocratism in the science of man, see Moravia, "Philosophie et médecine."
cades before were commonly labeled "physiological." Nor was the phrase science of man used much beyond 1850 to signify a conception of medicine itself, although before that date the interchangeability of the terms médecine, art de guérir, science médicale, and science de l'homme was an ordinary feature of the French medical vocabulary. From roughly the 1830s to the 1850s the complex of problems, concepts, and theoretical inclinations that had made up the science of man began to be shunted aside and marginalized as the concerns of "philosophical medicine," which, unlike "positive medicine," continued to address nonmedical, "metaphysical" problems with the antiquated procedures of philosophical argumentation. It was only after 1859 when a group of doctors clustered in the Société d'anthropologie de Paris proffered a new version of anthropology, one acknowledging its medical roots yet establishing independent claims to positivity, that mainstream medicine again lent support (and then somewhat grudgingly) to the development of a medically founded science of man. But this new science of man—the consolidated discipline of anthropology—was only partially congruent with the earlier medical science of man whose history is examined here.

At the point where this book begins, medicine alone of these three was firmly constituted intellectually and socially, having existed for centuries as one of the chief divisions of learning and, with law and the clergy, forming one of the ancient professions. Neither "anthropology" nor "physiology" enjoyed such status in the later eighteenth century, although both words were gaining currency. In this period the term anthropology began appearing in the writings of German physicians and philosophers and in France, too, was beginning to enter various scholarly lexicons. In the late eighteenth century, furthermore, scholarly projects that look something like modern anthropology were underway. Cabinets were filled with human skulls and pottery shards, and notebooks were crammed with measurements and descriptions of facial angles, cranial diameters, and shades of skin color. Despite these endeavors, however, no distinct field of anthropology

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yet existed. There were no anthropologists as such and certainly no profession of anthropology.25 Rather, there was a discourse of anthropology, just as there were discourses of aesthetics, economics, and ethics, without any of these constituting established disciplines or fields of learning. Anthropological discourse was created by philosophers, jurists, naturalists, and doctors, whose “anthropology” differed in keeping with the previously existing discourses of philosophy, law, natural history, and medicine and with the institutional and social structures supporting these endeavors. This book is not, then, about all of early “anthropology” or the early “science of man”; rather it is about the anthropology of the doctors, the medical science of man.

“Physiology” was a term more commonly used than “anthropology” in eighteenth-century France, but it too signified divergent types of investigation pursued by diverse inquirers. In general, physiology meant the study of living function rather than static structure, but the way in which such investigations should proceed, the specific problems physiological inquiry should encompass, and indeed the meaning of “function” itself were matters of dispute.26 The first chapter of this book examines one crucially important conception of physiology that was developed by vitalist physicians at the University of Medicine in Montpellier in southern France and then adapted by Paris physicians in the context of the French “medical revolution.”27 To Montpellier doctors, physiology was the study of living organisms, as opposed to “dead objects” or “brute matter,” and its central objective was to discover the unique “laws” governing the existence of organisms endowed with “life.” The primordial law of organized beings was that they lived and functioned by virtue of the interconnected activities of the “animal economy,” which was empowered by some kind of vital force or forces. Thus physiology was the study of the interrelated, systemic, harmonious operations that simultaneously manifested and sustained the life of bodies that enjoyed vitality.


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As conceived by the Montpellier doctors, physiology ostensibly encompassed not only human beings but animals and plants as well. And indeed some Montpellier physicians undertook research on animals, arguing for the advantages of an approach that compared human to animal and vegetable phenomena.28 In practice, however, the vitalist physiology of the Montpellier physicians focused almost exclusively on human beings. Because Montpellier vitalism was a product of medicine, and medicine itself was anthropological in the sense that it was human-centered, these inquirers were especially cognizant of problems specifically presented by human physiology. In Montpellier vitalism, then, there was an ineluctable connection between physiological and anthropological problematics. This link was compellingly reinforced by the Montpellier concept of "organization," which necessarily entailed investigation of any and all phenomena connected to the life of the organism—internal and external, physical and mental, healthy and pathological. Nothing could be justifiably excluded since any process or operation might constitute the key to explaining the activities of the interrelated whole. Physiologically based medicine had to take into account any influence, activity, or circumstance that affected general vitality and health. It had to be constituted as the science of l'homme entier.

Montpellier's conception of physiology and of the tasks proper to medicine had powerful resonance in late eighteenth-century medical and scientific circles in France. The paths along which its influence moved to Paris are considered in Chapter 2, which takes up the development of the medical science of man by the Paris medical revolutionaries of the 1790s. As adapted by Paris doctors in the context of the Revolution, vitalist physiology retained its focus on the human and indeed was conceived of as the fundamental framework for the larger science of man that was to claim authority in diverse regions of human life and experience. This science of man was to investigate not body, mind, or feeling in isolation but instead the "relations between the physical and the moral." Grounded in physiology, it promised to extract from the study of human "organization" fundamental principles for a science of human beings as individuals and in society.

In the course of the Revolution the program of forming a new anthropological medicine came to be associated particularly with a configuration of medical theory that some historians have identified as medical Ideology. Accordingly, anthropological medicine was for a time closely identified with the larger movement of Ideology and with the Ideologues' supposed embrace of a unitary eighteenth-century legacy of atheist materialism.29 During the late Empire and Restoration this linkage between Ideology and