Balzac's *Le Médecin de campagne* in Medical Discourse: Imagining the Doctor's Role in the Third Republic

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Honoré Balzac's *La Comédie humaine* was republished in 1869 and soon became part of the Third Republic's literary canon.¹ Physicians played an important role in the Balzac revival through their analysis of his medical melodramas, especially *Le Médecin de campagne* and its hero, Dr. Benassis.² This benevolent despot, social reformer, and kindly country doctor became one of the best-known characters in French medical fiction, perhaps in all medical fiction. For practitioners (*médecins*)³ of the Third Republic, the story of the country doctor constituted a powerful cultural myth that served to unify the professional internally and to defend it within popular culture. This myth was reproduced in professional discourse as the essential story of all doctors; Benassis'

¹ David Bellos, *Balzac Criticism in France 1850-1900* (Oxford: Clarendon Press, 1976), chap. 5. *La Comédie humaine* was reissued by Houssieux in 1869. In the 1870s Emile Zola and Georges Clemenceau began a campaign to raise a statue to him.

² Other medical stories in *La Comédie humaine* include *La Messe de l'athée* and *Ursule Mirouet*.

³ At the time there were two types of licensed médecin, the *officiers de santé*, who had two years' training at one of the local medical schools and a year of apprenticeship with a physician, and the *docteurs en médecine* who were trained at the *Facultés de médecine*. 
character became a core component of professional identity. As a narrative of medical practice, the country doctor story constructed an ideal vision of doctor-patient relations and a model of medical understanding, where medicine was represented as a social mission and doctors were portrayed as vectors of secular morality and rational knowledge. While it is difficult today to read *Le Médecin de campagne* as something other than a melodramatic fantasy, a study of the novel's interpretation and reproduction in medical discourse reveals much about the nature of professional ideology and the mechanisms of its formation in the Third Republic.

Professional interest in Balzac was part of a far-reaching consideration of the larger cultural dimensions of medical practice, articulated in a new kind of medical publication. When the 1884 law legalized workers' unions, one consequence, unintended by the government, was to enable physicians to form their own professional organizations. These organizations founded publications where a new genre of medical discussion was born.\(^4\) Rather than publishing on scientific theory and research, these journals and newsletters focused on the social and cultural aspects of professional life. Ordinary practitioners understood that they had an unprecedented opportunity to share ideas about medical practice with other practitioners.\(^5\) The result was a remarkably open discussion of professional issues, including commentary on doctor-patient relations as well as the analysis of the stories about medicine appearing in novels, plays, and newspapers. By

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\(^5\) For a description of the purpose of these professional publications see Auguste Cézilly, "A nos adhérents," *Le Concours médical* 1:1 (1879): 3.
the 1880s several of the national journals regularly published columns and articles of literary analysis, scrutinizing the image of medical practice in popular culture. In his journal, *La Chronique médicale* Dr. Augustin Cabanès alerted his physician readers to the growing publication of what he called a "new literary genre:" the medical novel. In the spring of 1898 he inventoried the genre, counting one hundred and seven novels in print and readily available for purchase in Paris with medical plots. Many of these were stories highly critical of medicine.\(^6\) In the same year, Marcel Baudouin of the *Gazette médicale de Paris* identified eleven "medical plays" on stage that season; he was appalled to report that in eight of these, physicians were represented as evil, ridiculous, or incompetent. Theater-goers could see an evil surgeon defiling the body of a young woman, a doctor who neglected his patients for love, a reprobate country practitioner spreading microbes everywhere, and an arrogant doctor whose pride condemns an innocent woman and her children to a terrible fate, as well as wild, drunken interns and lots of venal "charlatans."\(^7\) As one non-medical critic put it, there was a "war over medicine in the theater."\(^8\) Showing a keen awareness of the importance of medicine's representation in popular culture, the profession's writers and editors understood that popular fiction could have

\(^6\) Dr. Augustin Cabanès, "La médecine et la littérature," *La Chronique médicale* 6 (June & Aug. 1898): 401-403, 529. Cabanès explained that the origins of medical novels were to be found in a long tradition of medical fiction stretching from Rabelais and Molière to Flaubert and Zola.


\(^8\) Armand Kahn, *Théâtre social en France de 1870 à nos jours* (Paris: Fishbacher, 1907), 12. The medical theatrical scene included the well-known *Théâtre Libre*.
dramatic effects on public opinion. It was clear to them that
telling and re-telling the right stories about medicine was
an important professional issue.

In popular literature there was no better positive story
about medical practice than *Le Médecin de campagne*. One
physician editor wrote: "The powerful author of *La
Comédie humaine* really knew about humanity, and as a
profession we should feel proud to have been synthesized
in the admirable, and true to life character of Dr.
Benassis." In the 1890s Cabanès published a series of
articles in *La Chronique médicale*, written by himself and
other doctors, which interpreted Balzac's heroes in light of
then contemporary medical concerns. In 1899 a
compilation of Cabanès' writing on Balzac was published
as *Balzac ignoré*. Cabanès' work owed a great deal to an
earlier text, which likely launched the medical interest in
Balzac: Dr. Henri Favre's *La France en éveil. Balzac et le
temps présent*, published in 1881. Favre and Cabanès
argued that Balzac's works, which had been unfairly
neglected, could be read as an accurate analysis of
contemporary French society and, moreover, provided an
inspirational vision of medical practice that reflected the
true meaning of the physician's life. Both physician-critics
called attention to the novel's central focus on the doctor's
character, which is gradually revealed to the reader in
episodes showing Benassis interacting with patients.
Ultimately a larger story unfolds about the doctor's life.
Benassis arrived one day in a remote, bleak village in a

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9 L. Merveille, "Les syndicats médicaux," *Gazette médicale de
professional events and professional discourse in France.
10 Dr. Henri Favre, *La France en éveil. Balzac et le temps présent*
(Paris: Marpon et Flammarion, 1888); Cabanès, *Balzac ignoré* (Paris:
Albin Michel, 1899).
valley of the Grande Chartreuse where, over time, he remade the lives and habits, morals and mores of his villagers, heretofore mired in ignorance and poverty. As Cabanès and Favre stress, Benassis applied the rational principles of both medicine and economics to improve the biology of his patients and the hygiene of the village, as well as its agricultural production and trade. The villagers have all become, in effect, his patients. His ability to transform this society is presented as a product of his personal qualities: intellect, social wisdom, humility, and dedication. Benassis' personality has a powerfully compelling effect on all who come into contact with him, enlisting them to carry out his utopian vision.11

In emphasizing the issue of the physician's moral character, Favre and Cabanès participated in a wider cultural project, the elaboration of a secular morality for the anti-religious governing circles of the Third Republic, which were anxious to recast religious precepts in secular guise. Thus Favre insisted that although Balzac was a monarchist and a faithful Catholic, he could be read for social insight "in a secular age." Favre's Balzac et le temps présent was published in a series called "France awakens" (la France en éveil), a series meant to describe the tenets of secular republican national character in order to create a new ethos of nationalism. As cast by Cabanès, Benassis emerges as a secular saint: "the story of the doctor is a

11 According to Bellos (chap. 5) Benassis stands in for Balzac's authorial claim to dissect the characters of the village and therefore for the psychology of the French people, according to a retinue of passions that Balzac understood to describe all human characters. Benassis carries out the author's fantasies of using his knowledge of these characteristics to manipulate the villagers into reform. My own discussion of the text is based on Honoré de Balzac, "Le Médecin de campagne," Scènes de la vie de campagne, vol. 8, La Comédie humaine (Paris: Gallimard, 1949), 317-535.
living commentary on the Gospel. One sees the Christian spirit of charity truly and really introduced into the mechanism of society.” Such secularized Christian morality is, in Cabanès' construction, an element of the universal, secular doctor. Cabanès draws attention to the singular episode that begins the novel involving a clan of "Cretins" living in a hamlet of the valley. Cretinism was conceived at the time as a kind of moral cancer and its victims were often treated as lepers. In the dead of night, villagers carry out Benassis' orders to have the hamlet abruptly removed from the valley, and relocated to an even more isolated mountainside. One cretin is too sick to be moved; Benassis returns repeatedly to assuage his suffering by personally bathing his filthy, deformed feet, a scene with obvious Christian reference. Cabanès emphasizes the sacrificial nature of Benassis' medical practice; he endures night calls, the climate extremes of the mountainous terrain of the Grande Chartreuse, and the terrible climbs on foot to see his patients. But there is another kind of sacrifice emphasized here as well. Benassis has sacrificed a former professional life where he tended wealthy bourgeois patients, was feted and admired, and lived comfortably attended by servants. He gave this up for a practice among society's most marginal inhabitants.

While Cabanès and Favre admitted the utopian and idealistic aspects of Le Médecin de campagne, they insisted upon the essential reality of its story of rural medical practice. This basic story with its themes of social mission, sacrifice, exhaustion, and social isolation made its way into the stories practitioners told about medical life. The widely circulated professional journal Le Concours médical

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12 Cabanès expressed these views in an article commemorating the hundredth anniversary of Balzac's birth. La Chronique (15 May 1899): 6-10.
regularly published serialized novels whose narratives retold the country-doctor story. Dr. Grellety's 1891 story entitled "Apologie du médecin de campagne" captures the essence:

Isolated in the uttermost ends of the most obscure departments . . . let us follow their long peregrinations of day and night, narrow tracks and rutted byways, in winter's wind and snow, and summer's burning sun. With a tender respect we must speak of their sacrifice, of their mission, so often unappreciated and so poorly rewarded. The life of the country practitioner is certainly not made of the cloth of silk and gold. . . . he is charged to carry out mercy, with no rest, no right to complain of fatigue, always at the disposition of the public even at the hour of his dinner. He is expected never to show ill humor even when he is disturbed by his patients on the most frivolous pretext. . . . His sacrifice imposes the most painful and onerous duties.\footnote{Dr. Grellety, "Apologie du médecin de campagne," \textit{Le Concours médical} 13 (June 1891): 266-67.}

\textit{Le Concours médical} actively solicited stories from practitioner-subscribers, stories written by doctors to be read by other doctors, thus reproducing a common discourse about medical practice. In 1902 the journal republished a memoir, which had earlier appeared in a newsletter of a local physician's union, written by a Dr. Dumas who practiced in and around Lédigne in the rugged mountains of the Cévennes. Dumas notes that a good doctor, like a good priest, gives himself body and soul to his patients, answering their calls under any circumstances. Dumas recounts the pathos of being called up out of a deep sleep in the middle of an icy winter's night by a midwife attending a difficult labor only to find that the baby had been born dead before he arrived. Other agonizing stories
follow in this long account in which he stresses that a
doctor must have a strong soul as well as a strong body in
order to tolerate such a life. In Dumas' story, medicine is
likened to a calling; only a few young men, he says, really
have the right stuff.\footnote{14 Dr. Dumas, "Lettre à un jeune homme qui songe à se faire
médecin," \textit{Le Concours médical} 26 (March 1904): 194-97.}

Martyrdom is a recurrent theme of the discourse, as
exemplified by several "tributes" to country doctors
published in 1902 in another professional journal, the
\textit{Bulletin officiel de l'Union des syndicats médicaux de
France}. Here the country doctor is described as an
"unknown hero" of rural France, sacrificing himself for the
nation.\footnote{15 "Pour les médecins de campagne," \textit{Bulletin officiel de l'union des
syndicats médicaux de France} (5 Oct. 1902): 361.} Like Benassis, the archetype country doctor gives
up the learned circles and bright society of his youth for a
life of psychological isolation where he endures exhaustion
and exposure to disease in the filthy hovels of the poor.
Such testimonials used the religious term "vocation"
(sacerdoce) to describe the work of the country doctor, and
eulogies of doctors who died in medical practice were
styled "martyrologies" as if invoking saints' lives. Such
stories featured young doctors who had contracted a fatal
disease or had simply worn themselves out and were thus
sentenced to an early death from their medical practice. A
typical story of martyrdom in the provinces was that of a
young doctor of Châtellerault (Vienne) who was said to
have been "abused to death" in the service of his
community.\footnote{16 Dr. Labroue, "Discours au syndicat de Châtellerault-Vienne," \textit{Le
Concours médical} 24 (1902): 512-14.} Such martyrs were commemorated in other
ways as well. In 1902 \textit{Le Concours médical} printed an
analysis of early deaths in the profession based upon the

\textit{Balzac's Le Médecin de campagne}

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Annuaire statistique and on the records of professional insurance funds; the report concluded that doctors had a much higher mortality rate than average Frenchmen.\textsuperscript{17} Several Paris hospitals had marble plaques at their entrances listing the names of physicians who had died in service.\textsuperscript{18}

Echoing Balzac's picture of Benassis washing the feet of the cretin, professional discourse emphasized the sacrifice inherent in physical contact with the bodies and beds of the very poor. A serialized novel of 1901 tells how the doctor of the poor "does not hesitate to put his hands on the skin that has known no hygiene for a long time. . . . and among the most destitute he does not falter in putting his ear against the filthy and damp underclothes. . . . the service to the poor is the most noble and humanitarian of his services."\textsuperscript{19} In his widely circulated profile, Le Médecin, Dr. Maurice de Fleury recorded example after example of practitioners serving the poor, concluding: "Well enough of these examples, each one shows us humility! A sublime profession, a profession without elegance, the most lowly patient can demand from us the most repugnant examination."\textsuperscript{20} The sacrifice made in touching the bodies

\textsuperscript{17} Young doctors were particularly at risk; those between the ages of twenty-six and thirty had a thirty per cent higher mortality rate than average: Em. Fleury, "Le Martyrologe," Le Concours médical 24 (29 Nov. 1903): 698-704.

\textsuperscript{18} "Le Martyrologe des médecins," La Chronique médicale 5 (1898): 347. The specter of physical exhaustion and death was reinforced by then current notions of physiology based on a vision of the body's economy, which taught that there were limits to biological energy.


\textsuperscript{20} Maurice de Fleury, Le Médecin, Les caractères de ce temps (Paris: Hachette, 1927), 8-12. He wrote also in Le Figaro and

\textit{Proceedings of the Western Society for French History}
of the poor, the filthy, and the pathological was not only a sacrifice of one's safety from disease, but also one of the physician's bourgeois dignity. For the discourse makes clear that the physician was violating social etiquette in a way made more dramatic by the boundaries of class. This problem was acutely felt. The poor, it was claimed, should be especially respectful of physicians to compensate for the violation of social position inherent in the very act of their doctor's care. As one commentator noted, the fact that the nature of his calling put the practitioner in intimate moral and physical contact with the poor, the peasantry, and the working class made him unique among the bourgeoisie. Another wrote that it might be so great a shock for young men of the elite to treat the poor that this task was perhaps best left to doctors whose class origins were "closer to the people" and who had "not become too bourgeois."

Physician biographies of the turn of the century echo the themes of sacred duty and self-sacrifice. The ideals envisioned in the Benassis story were supported, even if the denouement proved notably different. Writing around 1900, Dr. Béal of Auvergne recalled that he entered rural practice around 1880 in order to devote himself entirely to the comprehensive reform of his patients. He described his practice as "lost in the mountains" and "terrible;' his patients were suspicious of him and doubtful of his ideas, little different from "the beasts of their fields." In Béal's account, he battled for years to get the peasants to take an

elsewhere under the name "Horace Bianchon," a name evidently taken from Balzac whose character of the same name is a recurring figure in *La Comédie humaine.*  

occasional bath and to stop habitually dosing themselves with purges. Ultimately he left to set up a practice in a nearby small town, where he prospered and thus was able to "rescue a bit of my pride." 23 Another example is an autobiographical narrative published in 1910 by Dr. Boudin who practiced in Oynnax in the Jura mountains. Boudin, who started practice twenty-five years before writing his story, remembers that he chose the remote countryside in hopes of an altruistic career only to find himself locked in a protracted struggle to convince the peasants to change. 24 In his biography of his father, Léon Guyon describes the village in the Sarthe where Dr. Guyon practiced as "nearly identical" to Balzac's fictional village in the Grande Chartreuse. Like that fictional village, and like Béal's as well, it was "one of the last places on earth." Léon Guyon claims a close link to Benassis for his father, whose life "shows that Balzac in Le Médecin de campagne had not exaggerated the role of country doctors in civilizing the peasants." 25 Like Béal, Dr. Guyon chose not to die a country doctor. Despairing of ever creating the utopian reforms they had imagined, Béal, Boudin, and Guyon, along with scores of other doctors, left village practice after a few years for a more comfortable professional existence in small towns. Béal reflected the dismay of many young doctors who found the peasants impenetrable to new ideas and hostile to doctors as outsiders. Peasants were altogether unwilling to give their medical care over to licensed practitioners. Instead, they were more likely to use

23 A. Béal, Passe-temps d'un praticien d'Auvergne (Paris: Maloine, 1900).
25 Léon Guyon, Un Médecin de campagne d'autrefois, notes et souvenirs 1795-1865 (Le Mans: Librarie Saint-Denis, 1905), 14.
traditional healers, a group of diverse specialists - from bonesetters to midwives - scarcely mentioned in Le Médecin de campagne but ubiquitous in the nineteenth century.

If Benassis' utopian example did not work out in practice, its vision of what medical practice should properly be like framed the expectations and the failures related in these accounts of real medical life. When utopia failed, it was described in professional discourse not as a failure of professional medicine or of individual doctors, but as a failure of patients. In the act of complaining over and over about their lack of respect in society, practitioners inscribed a notion of how patients should behave in spite of many recorded incidents of recalcitrance. The failure of the utopian vision to work out in real experience did not diminish it; rather the discourse of dismay served to reinforce it.

Alongside the use of Le Médecin de campagne as an exemplar of medical practice, Cabanès and Favre found it a useful demonstration of the nature of medical knowledge, one which served to shore up professional unity. Balzac reveals the nature of Benassis' medical insights through the eyes of a military officer, Genesteix, a visitor who comes into the village from the enlightened outside world that Benassis has left. As Genesteix sees the doctor with his patients, he comes to understand that Benassis has a genius for uncovering the central moral core of each villager; using his knowledge of their true character, he is able to find the correct diagnosis and therapy. His patients present a tangle of aberrant symptoms: a young bourgeois man has been extensively treated by Parisian doctors for a generalized malaise but has continued to deteriorate; a young woman exhibiting an nervous personality has long been socially marginalized. The doctor's diagnosis
identifies inherited deficiencies in their bodies, which have become pathological under the impact of specific events in their lives, events he elucidates in his diagnosis. He cures them by transforming their environment. Lawrence Rothfield argues that Benassis represents a claim to professional authority that is "charismatic," that is, it derives more from the individual doctor's character and experience than from his use of systematized medical knowledge. It is true that Benassis' charisma is crucial in establishing his authority among his patients and villagers. However, to readers of the Third Republic, Benassis' analysis of the problems presented by disease, as well as those presented by the town's grinding poverty, operated within the realm of rational, logical thought. Physicians understood Benassis as employing a system of medical knowledge they followed as well. As Cabanès and Favre note, Benassis reads the bodies and behaviors of his clients for signs and signals he has learned to recognize as important elements of diagnosis. When he pronounces his conclusions, he asserts a logical pattern of interaction between specific inherited weaknesses, which have been exacerbated by specific events and circumstances in the patients' lives. Medical knowledge rested on the precepts of hereditarism, that is, of the disposition (diathèse), which envisioned each individual body as made of up organ systems with inherited "weaknesses" and "strengths." The

26 Peter Brooks sees the essence of melodrama in the conceit that individual experience is the realm where cosmic truths are revealed when the interior emotional/moral life of each individual is exposed. Brooks argues that the uncovering of the core of each patient is a story of the existence of a "moral occult:" see Peter Brooks, The Melodramatic Imagination: Balzac, Henry James, Melodrama and the Mode of Excess (New Haven: Yale University Press, 1976), 15-30.

body's disposition (or dispositions) was the product of its evolutionary ancestry in dynamic relationship with the psychological and physiological life experience of the individual, the "the physiological evolution of each person."  

Favre pointedly insists that Benassis' knowledge demonstrates the "rationality and morality" of traditional medical cognition: a system of logical material knowledge intertwined with moral and social wisdom. The ability to

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28 Le Gendre, 230-34. In the last half of the nineteenth century, the structure and function of organ systems, in particular the gastrointestinal, cardiovascular, and neurological, had been mapped out for clinicians along with the procedures for distinguishing the explicit dysfunction or infection of each system. The dysfunction of organ systems and their predilections for infectious disease were viewed as a product of heredity. The body might have a weak digestive system but a strong "musculature." In such a case, challenges involving the strength of the body would be easily met as long as nutrition was adequate, while gastrointestinal diseases were avoided. See Alfred Martinet, *Éléments de biométrie* (Paris: Masson, n.d.). For hereditary ideas in medical ideology see Martha L. Hildreth, "Doctor and Families in France, 1880-1930," in French Medical Culture in the Nineteenth Century, eds. Ann La Berge and Mordechi Feingold (Amsterdam: Rodopi, 1994) and Jacques Léonard, *La Médecine entre les savoirs et les pouvoirs: Histoire intellectuelle et politique de la médecine française au XIXe siècle* (Paris: Aubier-Montaigne, 1981), 258-62.

29 Favre, 37. The notion of "traditional medicine," which incorporated the precepts of the clinic as described by Erwin Ackerknecht and Michel Foucault, was not simply a rejection of experimental medicine and bacteriology. Recent scholarship has shown the old picture of widespread opposition to Pasteur on the part of doctors to be false. By the late 1880s the debate about bacteriology was over and its insights had been generally incorporated in medical practice. See Léonard; Bruno Latour, *The Pasteurization of France*, trans. Alan Sheridan and John Law (Cambridge, MA: Harvard University Press, 1988); Patrice Debré, *Louis Pasteur*, trans. Elborg Forster (Baltimore: Johns Hopkins University Press, 1998); Michel
understand the sources of disease as a function of the individual patient's disposition was understood to be inextricably connected with the ability to understand the patient's moral character. Character, too, was a function of disposition; like the disposition of organ systems, it was understood to be at one and the same time fixed by heredity and dynamically transformed through "physiological evolution." Thus dysfunction was assumed to be a matter of body and character. Such ideas were not only the conceits of social novels like those of Alphonse Daudet and Émile Zola, which owed so much to Balzac; they were assumptions widely shared in educated, secular, republican society. Favre and Cabanès' interpretations of Balzac reinforced the validity of this knowledge. They used Balzac to underscore the critical importance of medicine to the reformist desires of the republic, showing how the doctor embodied its secular morality and, in his daily contact with its citizens, substantiated it. That Favre incorporates an ability to read "morality" along with biology is a sign of the secularization and rationalization of morality in which moral revelation had become associated, like biology, with a set of perceivable signs. Learning the knowledge system of traditional medicine was complex. Signs were not easily revealed in each individual's outward demeanor. The

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mechanisms of heredity and physiological evolution that constituted the dynamic "disposition" of each patient were far from obvious. As a guide to rural medicine explained, the doctor needed to learn a combination of "material facts" and "moral wisdom."

While Third Republic doctors read the first part of *Le Médecin de campagne* as a map of ideal medical practice, the last part of the novel models the doctor's acquisition of diagnostic skill. Entitled the "confession of the country doctor," it is an account of Benassis' journey from arrogance to wisdom through a moral and social education. As a young man he was ambitious and arrogant, proud of his prestige in medical science. He was also careless in his personal life, sexually promiscuous, and self-absorbed. Seducing a virtuous young woman, he abandoned her and their son in order to pursue a successful career among a well-to-do bourgeois clientele. Gradually, as the consequences of his early moral failing are revealed to him,

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32 Diseases that to the untrained might seem unrelated could be seen in hereditary ideology as closely related. As one text put it, the same flaws in the neurological system could be manifest in asthma, rheumatism, or diabetes; the precise manifestation of disease depended upon the "individual's evolution" from gestation through life experience. It was felt that only a careful clinical history focusing on the family history of disorders and an unfolding of the patient's experience could identify the true nature of the physiological weakness at the root of the disease. See U. Dubois, *Le Bon Médecin de la famille, traité de médecine usuelle* (Lamarche-sur-Saône: J. Martin, 1893), 285. A readily accessible example of how the *diathèse* was understood can be found in the 1928 Larousse encyclopedia article on arthritis. This disease is defined "a disease of modern life . . . a weakness caused by overwork that becomes hereditary." But the entry notes that the disease is not homologous; that is, a diabetic ancestor can pass it along to an offspring in the form of obesity or gout: *Arthritisme,* *Larousse du XXe siècle* (Paris: Maison Larousse, 1928), 1: 370-71.

33 Fiessinger, 6.
he tries to make amends and reform himself, but a series of new disasters ensues, all related to his early sins. To expunge his past he seeks out the peasants of the Grande Chartreuse and a medical practice of repentance. The experiences of sin and redemption are central to Balzac's construction of Benassis' moral wisdom. Along with humility, Benassis has achieved a kind of worldliness, a keen social and moral understanding of human nature derived from the experiences that revealed to him the faults of his own character.

Medical students and interns acquired social knowledge along with the opportunity to sin and therefore to repent during their sojourns among the poor and the underclass. The journey across the barriers of class was a rite of passage in the formation of the would-be doctor. Medical students and interns worked among the poor of the hospitals and lived in consort with the demi-monde of urban society, where they expected to associate with street people, artists, singers, prostitutes, and café-habitués. The annual beaux-arts ball symbolized this relationship. The tolerance and encouragement of relations between medical students and the underclass were an extension of their contact with the world of the hospital's clinics of poverty and misery. Extramural medical education tested the student's moral fiber while it exposed the student to pathologies that were more readily hidden among the bourgeoisie. From the people of the underclass who wore their pathologies on the surface of their skin and revealed them in their habits and behaviors, the student would learn to identify the signs from which to diagnosis illness hidden within the body. At the same time, his moral character

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34 The sexual affair with the woman of the people was a central plot element of medical novels from Jules Claretie's *Les Amours de l'interne* to Roger Martin du Gard's *Les Thibaults*.

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would be transformed as the student dabbled a bit in the world of social sin before returning to a proper bourgeois life. Like Benassis, he underwent a drama of sin and repentance as he developed an understanding of human failings through the comprehension of his own hidden dispositions.

As deployed in professional discourse, the country doctor story constructed a model of professional knowledge and a vision of its application as a mission of sacred service to the republic which validated claims for authority and demands for respect. When physicians wrote their own stories of medical practice, they reproduced the "truths" of *Le Médecin de campagne*; by validating its essential tenets they confirmed their own professional identity and ideals. Reproductions of the narrative fixed together humility and authority, sacrifice and hubris, as intertwined elements of the doctor’s identity. The sacrifice of personal safety and bourgeois dignity entailed in exposure to exhaustion and contagion and the humility expressed in touching the bodies of the poor were construed as entitlement to judge and to intervene. Writing to his colleagues, Dr. Maurice de Fleury encouraged them to

> think of all of our diverse roles today... juries cannot condemn a prisoner without our advice on his emotional state. The philosopher cannot write about etymology, will, memory, emotions or passion without consulting the masters of neurology. One cannot even build a house, a drainage system, or a water supply, raise children or train soldiers, without the counsel of hygienists.  

Advice books to young doctors taught that it was permissible to engage in social subterfuge as therapy. Dr.

Paul Ribier's 1904 medical thesis on the social role of medical practice described a therapeutic intervention carried out by his professor at the Paris Faculty. Dr. Ballet declared that he had cured a neurasthenic woman by charging her husband 5,000 francs for her care and then arranging to have the money sent to pay off her department store bills, a story with obvious narrative links to Flaubert and Zola.36

Whether the sensational visions represented by Ribier's and de Fleury's accounts amounted to medical reality or medical fantasy is beyond both the scope and the intent of this article. Rather, I have shown here the ways in which cultural myth making was central to professional identity and how in that myth making Balzac's story of the country doctor became a universal professional narrative. Certainly, within the general larger arena of Third Republic culture, the claims of medical discourse to entitlements, respect, and authority did not go unnoticed. Enemies of the profession, who turned out popular anti-medical fiction and non-fiction, used doctors' aspirations against them. This discourse skewered doctors for what was construed as their nefarious interference in family and social life.37 While ridicule of medicine in popular culture was tied to a long tradition of medical satire, it took on new immediacy in the Third Republic.38 When conservatives sought to attack the

37 Revivals of Molière's and other classical works critical of physicians were part of Third Republic theater.
38 For the intellectual and literary attack on the republic see Martha Hanna, The Mobilization of Intellect: French Scholars and Writers During the Great War (Cambridge, MA: Harvard University Press, 1996). George Weisz has shown how this debate figured in the construction of the University system and colored the debates over medical education in particular: Weisz, "Reform and conflict in French
republic, its doctors were obvious targets. As their embrace of the country-doctor story shows, doctors defined themselves as the secular saints of republican culture. Conservatives effectively exploited this identification in scathing satire that attacked the republic through its doctors. The most notable example is Léon Daudet's science fiction *Les Morticles* (1893), which creates a horrifying version of medical utopia - a kind of dark version of the Benassis story - where all the citizens of a society live in hospitals under a dictatorship of doctors. Daudet, who was an admirer of Balzac, included one noble doctor in his tale, a country practitioner whose virtues put him in conflict with the evil medical regime. Another satire, Charles Soller and Louis Gastine's 1907 non-fiction *Défends ta peau contre ton médecin*, presents no such paragon. Soller and Gastine describe a medical world characterized by arrogance and careerism where doctors abuse their patients in the name of research.

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40 Their arguments resonate from the same cultural politics that constructed fantasies of Free Mason and Zionist underground...
understood the cultural politics behind the retelling of the country doctor story; the medical "meglonmiacs," they warned, were "fond of portraying themselves as 'just a humble practitioner.'"  

conspiracies and that created Action Française. The general tenor of these anti-medical narratives was to fix physicians as the representatives of the secular, materialist, amoral, republican ethos, which, the discourse held, would corrupt the soul of France.