

A Moment of Synthesis: Medical Holism in France between the Wars

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The word "holism" did not become common currency in France until the 1960s. But the various meanings associated with this term were attached to French catchwords of the interwar era such as *synthèse*, "*humanisme médicale*, and *néo-hippocratism*. There were, it can be argued, two quite distinct forms of holism during this period. *Pragmatic* holists saw themselves as functioning within the mainstream of medical science. They studied or treated specific problems systematically and contextually either because this was the traditional way to do things or seemed the best way to deal with certain problems. *Doctrinaire* or *ideological* holists, in contrast, rejected putatively dominant medical values in the name of a total holistic perspective that was supposed to revitalize and indeed revolutionize medicine. Holism in this version became the best or only way to study the body and practice medicine.

This chapter attempts to reconstitute the process by which a self-conscious movement built around doctrinaire holism was gradually cobbled together during the interwar period. The central argument proceeds as follows:

By the early 1920s, there was a growing body of scientific and medical activity that can be characterized as pragmatically holistic but that was not perceived as fundamentally antagonistic to the major currents of mainstream scientific medicine. Such ideological holism that did exist was located primarily at the margins of the medical profession and particularly the growing naturopathic and homeopathic movements. During the second half of this decade, pragmatic and ideological forms of holism gradually moved closer together as ideological holists utilized the extensive body of research produced by pragmatic holists to justify and legitimate their views. Simultaneously, the therapeutic and doctrinal disarray that reigned during this decade seems to have made many physicians increasingly open to alternative therapies—and particularly to homeopathy, which received enormous attention in

the medical press. By the 1930s, in the context of professional, social, and international crisis, ideological holism spread widely within mainstream medicine.

The Holism of the 1920s

There exists a widespread belief among historians that medicine became increasingly reductionistic during the nineteenth century. This is true to a considerable degree. Developments at the forefront of medical science, such as pathological anatomy, animal experimentation, and bacteriology, unquestionably shifted attention away from lived individual experience of disease. But the stereotype neglects the extent to which large segments of the medical world remained unaffected by such developments that had limited applicability for working clinicians. In their daily practice, clinicians claimed to take account of individual variation, indeed uniqueness. They pointed out that climatic and social conditions influenced disease processes and that body and mind influenced one another. "Natural" therapies like sunshine, mountain air, and mineral waters were widely utilized in the early twentieth century. Most clinicians recognized that proper nutrition had a role to play in maintaining health and curing illness, even if there was no consensus about what "proper" was.¹

It is true that such perspectives produced little in the way of scientific "breakthroughs" that could compare with the germ theory of disease; this explains why they have been little noted by historians. But they continued to exist. And they gained new life in the early twentieth century for social, institutional and intellectual reasons. In the absence of any selection process for entry to medical schools (beyond the *baccalauréat* diploma) the number of physicians in France increased dramatically.² Outside of the privileged spheres of the medical elite, many were seeking some kind of competitive edge that would attract clients. Idiosyncratic theories and practices proliferated and some were quite explicitly holistic. Such competition was further stimulated by the growing medicalization of French society that had turned large numbers of French men and women into consumers of pharmaceuticals.³ A truly extraordinary and chaotic trade in untested pharmaceuticals developed in the absence of any system for regulating the massive output of a recently established pharmaceutical industry.⁴ Among the huge number of therapeutic advertisements competing for attention in the pages of medical journals, one finds a growing interest in traditional products like medicinal plants as well as other remedies presented as "natural" or systemic. More controversial therapies were also embraced. Reflexotherapy, centrotherapy, acupuncture, chiropractic, and osteopathy were acknowledged, sometimes positively, in the medical press. The rapid expansion of medical knowledge and the plethora of medical books and journals contributed to the confusion that many doctors openly acknowledged.

The rapid growth that characterized medical institutions of the period also affected domains that were traditionally holistic or natural. The therapeutic use and

scientific study of mineral waters expanded dramatically and spawned the related field of climatology, thanks to massive investments by the mineral waters industry in propaganda and research. By the late 1930s, chairs of hydrology had been established in most medical faculties in France, an institute attached to the Collège de France had been created, and many spas were maintaining research laboratories. Although French hydrologists frequently aspired to the analytical reductionism of chemistry, the field plainly treated whole persons using “natural” means. The late-blooming sanitarium movement for the treatment of tuberculosis also encouraged the therapeutic use of pure air, rest, climate, and sunshine. Furthermore, the peculiar nature of contagion and cure in tuberculosis led some leading clinicians to rebel against the dominant bacteriological orientation of the official anti-tuberculosis establishment and to insist on the central role of individual hereditary “constitutions.”⁵

But perhaps the most significant impetus for the spread of pragmatically holistic orientations was scientific. Owsei Temkin has argued that there are two fundamental perspectives on illness and healing, one oriented toward functional pathology and the other centering on disease entities.⁶ The two usually coexist but the germ theory of disease clearly represented a tilt in the direction of the second tendency. In the early twentieth century, however, elite medical science in France seems to have tilted to some extent back toward functional pathology as experimental techniques opened up new areas to rigorous research. Outside France as well, functional perspectives encouraged the elaboration of systemic theories or limited “syntheses,” as the Swiss medical historian Charles Lichtenthaler has noted.⁷ Developments in such fields as endocrinology, the physiology of the central nervous system, and immunology (particularly the notion of anaphylaxis, which was ubiquitous) encouraged systemic orientations emphasizing interconnections among organs and organ systems. They also shifted attention from causal agents of illness to the body’s responses to such agents, to what the French called “terrain.”⁸

Bacteriological perspectives were clearly inadequate in explaining increasingly widespread degenerative and chronic illnesses. In the case of infectious diseases, bacteriologists had of course discovered numerous disease-causing microorganisms. They could not, however, adequately explain individual variation in susceptibility and resistance to these microorganisms, a problem that underlined the fundamental role of terrain. Furthermore, whatever its etiological triumphs, bacteriology had produced few effective therapies even for infectious diseases. Because it had proven almost impossible to attack disease-causing microorganisms directly, “biologists have been led . . . to direct their efforts . . . toward the constitution of terrains which appear to them more manageable. . . .”⁹ Developments in nutritional science, particularly the discovery of vitamins, gave new life to the traditional medical emphasis on diet. Nonmedical sciences also encouraged these tendencies. Astrophysics provided new meaning to traditional concerns with climate and natural environments. The field of “cosmobiology” examined the effects on humans of solar

storms, various forms of radiation, and magnetic waves, producing entirely novel dangers for humans to worry about.¹⁰

In the early 1920s, holistic currents remained well within the confines of mainstream academic medicine; even if some were dismissed by many as misguided, they were not seen as a challenge to the existing medical order. At the margins of medicine, however, there did exist various forms of ideological holism that directly challenged orthodox medicine. Four of them are of particular importance to our story.

Vitalism has a long history in France.¹¹ Developed in opposition to mechanistic views of the body, its proponents insisted on the vital capacity of the body to defend itself against illness and refused to accept that human biology could be reduced to organs or physicochemical processes. As Georges Canguilhem has suggested, it was also an attitude, a sense of identification with nature. In this view, humans in their relationship to nature had to adapt to rather than conquer, contemplate rather than master.¹² Vitalism was particularly identified with the Montpellier Faculty of Medicine, but less strident versions were popular in Paris as well.¹³ In the decade before World War I, vitalism experienced a renaissance partly due to the popularity of Henri Bergson’s philosophy and partly due to such theories of the terrain as those of Ilya Metchnikoff and Charles Bouchard.¹⁴ By the 1920s, however, medical vitalism as a formal doctrine seems to have become somewhat outdated, a local medical manifestation, perhaps, of the shift in biology from vitalism to mechanistic forms of organicism discussed by Donna Haraway.¹⁵ Only a few medical works at the beginning of the decade defended the doctrine.¹⁶ Nonetheless, the impulses behind vitalism did not disappear and its central notions would reemerge vigorously during the 1930s.

A second current, naturopathy, although marginal to mainstream medicine, demonstrated considerable vitality. In the 1920s it was dominated by the remarkably prolific writer Paul Carton. This physician in the suburbs of Paris developed a “synthetic” doctrine of healing centered on semi-vegetarian diets but also including physical exercise and spiritual mental health. The mix was laced with a strong dose of the occult. Aside from writing countless books setting out and defending his views while belittling both orthodox medicine and the various vegetarian, nudist, and naturopathic groups that he viewed as unworthy competitors, Carton set up an institutional apparatus that included a national society and a journal.¹⁷ He emerged as the medical hero of a popular and controversial novel about the crisis of medicine published during World War II by the Goncourt prize-winning novelist Maxence Van der Meersch.¹⁸

By far the most significant form of ideological holism during this period was homeopathy. Not as popular in nineteenth-century France as it was in the United States or Germany, homeopathy began quite suddenly to receive enormous attention in the 1920s.¹⁹ At first, treatment tended to be critical but as time went on there appeared more and more assessments that were at least partially positive.²⁰

In 1930, Maurice Loeper, professor of therapeutics at the Paris Faculty of Medicine asked a leading homeopathic practitioner to present four lectures in his course. Shortly thereafter he devoted a special issue of the journal he directed, *Progrès médical*, to homeopathy.²¹ None of this could rival the chair of homeopathy created at the University of Berlin in 1928 but then French homeopathy had started out from a much weaker position than its German counterpart.

Why this new medical interest in homeopathy? To some extent, homeopathy benefited from the therapeutic failures of allopathy, which had at that point relatively little of proven value to offer a public increasingly eager to consume medications. In comparison to many of the bizarre medications regularly advertised in medical journals, homeopathic remedies seemed conservative and positively well-tested by experience. In the midst of intellectual disarray, the stability of homeopathic doctrine was undoubtedly comforting to many. Medical opinion was also to some extent following public opinion in taking seriously a practice that was increasingly being embraced by patients and discussed by the mass media.²² Certainly the rapid rise in the number of homeopathic medical practitioners²³ and a growing infrastructure of journals, educational institutions, hospitals and dispensaries made the movement difficult to ignore. Perhaps the most plausible explanation, however, is the one offered by homeopaths themselves: medical developments seemed increasingly to confirm at least some of the central tenets of the doctrine.²⁴ The traditional emphasis on strengthening the individual "terrain," now presented in the language of the most up-to-date science, was a message attractive to growing numbers of doctors. Even the more idiosyncratic aspects of homeopathic theory seemed to be supported by recent scientific developments. The doctrine of extreme dilutions for instance, long derided by orthodox physicians, began to appear more plausible in the light of research on anaphylactic shock provoked by minute quantities of substances. Catalysts, vitamins, tuberculin, radioactivity all seemed to confirm the power of the "infinitely small." Widely cited was the Arndt-Schultze law affirming that weak excitations augment physiological excitability whereas strong ones inhibit it. If, as modern physics taught, the vibrations of electrons and ions had enormous repercussions, highly diluted substances might act "dynamically" on cells. For dynamism, unlike chemical reactions, could not be explained by mass.²⁵

There is one other tendency that was just beginning to emerge in the 1920s: Christian medical humanism. In 1924, René Biot, one of many Lyonnais doctors to become involved in the holistic movement, founded the *Groupe lyonnais d'études médicales, philosophiques et biologique*, to reflect upon the role of medicine from a Christian perspective. The groups held meetings and published collective volumes on many of the medico-ethical issues of the day. In his own published work, Biot called for a "human medicine taking into account the totality of the individual, body and soul, in his milieu and his environment, and unthinkable without an interdisciplinary effort at reflection and synthesis transcending normal specialization."²⁶

It was not until the 1930s that Catholic medical humanism developed fully as an intellectual movement. But Biot through his connections with such other Lyonnais luminaries as August Lumière (who contributed financially to the *Groupe Lyonnais*), René Leriche, and Alexis Carrel, as well as through the conferences of the *Groupe lyonnais* (which brought figures like Rémy Collin and Maxime Laignel-Lavastine to Lyon) served as a major point of contact in the emerging network of medical holism and as a popularizer of a more humanistic as opposed to merely organismic form of holism.

Biot was also one of the first to recognize, beneath the plethora of fragmented and marginal groups opposing orthodox medicine, a growing convergence of views around the notion of "temperament" or what would soon be called "biotypes." In an article he published in 1927,²⁷ Biot surveyed three recent books that sought to advance scientific understanding of the old notion of "temperament." One was by the Parisian homeopath-psychoanalyst René Allendy, another by the naturopath Paul Carton, discussed above. The third was written by a more orthodox constitutionalist, Léon Mac-Auliffe, who taught at the *École des Hautes Études*.²⁸ He was a representative of a tradition of human morphology initiated at the beginning of the century by yet another Lyon physician, Claude Sigaud, and enriched by the Italian constitutionalist school based on endocrinology. After reviewing each author's efforts to come up with a manageable number of temperament types among humans, and finding each somewhat wanting, Biot concluded that such classifications could nonetheless help doctors see patients in all their individuality. These works, in his view, reflected the renaissance of "the medicine of the individual" or "human medicine."

The effort to redraw the medical map and bring together all those opposed to the dominant orientation of medicine took a major step forward in 1929 as a result of a book by René Allendy (best known today, perhaps, for being a lover and first analyst of Anaïs Nin).²⁹ Although it defended the author's twin commitments to homeopathy and psychoanalysis, the book also provided fragmented holistic groups with an intellectual framework for viewing themselves as part of a coherent medical tradition.

Allendy began by distinguishing between two opposing (indeed contradictory) "poles" within medicine. One understood illness as the accidental product of an external agent that could be identified through "analysis" and then combated directly. The other viewed illness as a product of internal processes linked to all the various conditions of life. Grasped through "synthesis," illness was a process of adaptation to difficult conditions; it was the physician's task to encourage and support this adaptation. Allendy invented a spurious historical tradition for each tendency, one of which was always dominant. The "synthetic" tradition included the medicines of China and India, Hippocrates, hermeticists, vitalists, and homeopathy. "Analytical" medicine was represented by Galen, Celsus, the Arabs, Boerhaave and most doctors of the modern period. It reached its apotheosis with pasteurism, characterized by the exclusive focus on germs.

Pasteurian-dominated medicine had, in Allendy's telling, led to a total impasse. Although it had advanced surgery and public health, pasteurism had done almost nothing to advance medical therapeutics. Medicine had lost all clinical sense in its effort to control germs. Somehow even widespread medical specialization which prevented doctors from treating whole patients was due to the pernicious influence of pasteurism.

However, in the wake of pasteurism's failures medicine had recently begun to rediscover the importance of individual terrain. Here Allendy appropriated much of the results of the pragmatic holism of the previous thirty years. He provided long and informed accounts of immunological developments, particularly the notions of allergy and anaphylaxis. He discussed work in a variety of areas that presented the "terrain" as a balance of elements and forces: endocrine syndromes, the sympathetic and vagus nervous systems, acid-alkaline balance, chemical equilibrium, the colloidal humorism of Auguste Lumiere (one of the inventors of cinema). Everything pointed to the idea that imbalances within the body rather than bacteria were the real causes of disease. He discussed recent work on psychic and emotional causes of illness. He concluded this section with an examination of the possibilities for combining all these axes of terrain analysis into a workable classification of temperaments that would be of heuristic value to clinicians.

Allendy was happy to appropriate new views on terrain produced by mainstream medicine, but his vision of synthetic medicine tended to exclude them from his ideal medicine of the future. A penultimate chapter on the renaissance of synthetic medicine focused on quite marginal alternative therapies. The exemplars of this rebirth emphasized the complex connections and correspondences among the different body parts and organs: centrotherapy, which provoked physiological responses through stimulation of different points in the nasal mucous membrane; iridodiagnostics, using lines and shadows in the iris to diagnose illnesses; the various systems focusing on the spinal column, including osteopathy, chiropractic, and reflexology. Along with homeopathy, it was above all Freudian psychoanalysis (and here Allendy revealed his true eccentricity in the French context) that "by establishing a bridge between the psychic and the organic . . . gave a magnificent impetus to the synthetic tendencies of medicine."³⁰ Psychoanalysis in fact worked much like homeopathy. Unlike other systems that tried to impose certain thoughts on patients, it sought rather "to resolve the conflict without forcing it, and looks for a solution only to the subject himself and operating through similitude, that is to say by a methodical reactivation of emotions previously poorly assimilated in order to reintegrate them in the present, a veritable psychic vaccination or homeopathy of the soul."³¹ Like homeopathy, it did not seek to suppress symptoms but—using "subtle" and delicate methods to aid each individual—to reestablish equilibrium based on the spontaneous tendency to heal.³²

Allendy's book, though full of terms and clichés that had been floating around for years, nonetheless expressed a significant conceptual shift. The world was no longer divided between orthodox medicine on one hand and many fragmented and

conflicting alternatives on the other. It was now seen as polarized between analytical and synthetic medicine, the one in decline and the other in ascendance. Although mainstream medicine had rediscovered the centrality of terrain, it remained, in Allendy's view, on the analytical side of the dividing line. During the decade of the 1930s, however, important sectors of mainstream medicine would appropriate this representation of reality and assertively situate themselves on the synthetic side of the divide. They would be welcomed enthusiastically by homeopaths like Allendy.

The 1930s

The 1930s were difficult years for the French medical profession. In addition to the continuing intellectual disarray provoked by "the unparalleled accumulation of acquisitions of every order,"³³ it faced massive professional problems, chief of which was the substantial increase in the number of practicing doctors. Unable to directly control entry to medical schools, the traditionally fragmented profession targeted foreigners whose right to practice in France was severely curtailed.³⁴ The French tradition of clinical medicine based on pathological anatomy, like French academic medicine generally, appeared to have been superseded by the new laboratory medicine identified with Germany and the United States. Specialization was threatening the existence of general practitioners and seemed to be fragmenting medicine beyond repair. Worst of all, the creation of a new national health insurance system endangered the very principle of private practice.

This crisis of medicine was intensified by a much wider societal crisis that has prompted one historian to refer to the 1930s in France as "the hollow years."³⁵ Superimposed on a longstanding sense of national decline—related to population stagnation and the rise of a powerful German neighbor—was increased social polarization caused by the Depression (which hit France late) and political instability and scandal; by 1934 the country faced a full-scale political crisis. A deteriorating international situation cast a pervasive shadow of disaster and gloom on a nation that had been traumatized by massive loss of human life during World War I. On the intellectual front, this decade was marked by unparalleled ideological conflict and widespread condemnation of the dehumanization of modern technological civilization (often exemplified by the United States). Everywhere, there were calls for a more "human" society, for a third way between capitalism and communism, for radical social "renewal" and "reconstruction."³⁶ Holism was a specifically medical response to this many-layered crisis. It shared an obsession with decline and the need for renewal and synthesis; some of its representative figures occasionally borrowed tropes from the Catholic spiritual revival or from critiques of technological civilization. But the key references in holistic thought were predominantly medical. The renewal of France, to the extent it was even considered, would follow from a renewal of medicine. Parallel developments in other fields, even related

ones like biology, were rarely noted. There was however one notable exception to this prevailing medical parochialism: widespread fascination with physics.

The conceptual revolution in twentieth-century physics looms ubiquitously in the writings of medical holism and, indeed, the medical press more generally. The discipline first of all provided a wealth of concepts that could “explain” invisible interconnections and sympathies among different organs and perturbations of the terrain that were the first stage toward disease; René Allendy was convinced that all perturbations would eventually prove to be located at the molecular or atomic level.³⁷ Physics, by the same token, could also suggest mechanisms for the way alternative therapies stimulated the terrain to heal itself. More generally, the discipline offered a model for the successful overthrow of classical scientific doctrines and for the simple and elegant “synthetic” theories that medicine aspired to. Thanks to the theory of relativity—become, in one historian’s words, “a myth and a fashion”³⁸—the discipline fit in with and gave prestigious support to the prevailing anti-positivist, anti-mechanistic mood of the decade. It was perceived as the ultimate holistic discipline, subversive of such fundamental distinctions as those between energy and matter, time and space. It demonstrated that “[e]verything is connected together; there is an interdependence a universal solidarity of beings and things.”³⁹ It confirmed the creative role of analogical thinking particularly the analogy between microcosm and macrocosm that linked the cell and the cosmos. Its theories were interpreted as demonstrating that there was no irreconcilable chasm between the material and immaterial, reason and spirit, science and art.⁴⁰ Finally, it illustrated by example that it was possible to do science in a way that allowed for the examination of basic metaphysical questions.⁴¹ The popularization of Heisenberg’s indeterminacy principle and the scientific relativism it encouraged further strengthened the holistic critique of deterministic reductionism.⁴²

The movement toward synthetic medicine revolved initially around the notion of terrain, increasingly transformed from a pragmatic and operational concept to a doctrine. Fernand Bezançon, for example, was a quintessential medical establishment figure.⁴³ A student of Fernand Widal, he made his name as a bacteriologist, assuming in 1919 the first chair in that subject at the Paris Faculty of Medicine. But he remained foremost a clinician known mainly for work on tuberculosis and rheumatism and moved on to the chairs of clinical medicine (1925) and tuberculosis (1935) at the Faculty. He showed a marked tendency even in his early work to emphasize the importance of individual “terrain” in determining the virulence of bacteria and became part of a group seeking to move the tuberculosis public health bureaucracy to greater recognition of the role of individual constitutions. In 1932, his influence at its peak, he extended his views into the domain of doctrine. He argued in his presidential address at the annual French Congress of Medicine that the narrow etiological notion of specificity associated with bacteriology had recently been replaced by a preoccupation with physiopathological mechanisms. Because individual organisms could respond differently to the same agent and similarly to different ones, “specific maladies” had been replaced in pathological

thinking by “specific reactional modalities.” This required a new focus on “constitutional, hereditary or acquired predispositions,” particularly those relating to the sensibility of the organism. The therapeutic consequence of this position was to seek to stimulate the physiological functions of tissues with therapeutics directed not against specific maladies but rather toward specific physiological reactions.⁴⁴ Several years later, he associated this position with a return to “old medical doctrines.”⁴⁵

A more elaborate “doctrine” of the terrain emerged from a group at the Saint-Louis Hospital. The first public declarations were made by Arnault Tzanck, a young physician in the Parisian hospital system.⁴⁶ In a book and several articles,⁴⁷ Tzanck referred to the “disarray” that currently afflicted medicine. The chief culprit, in his estimation, was a materialist pasteurism that focused on the action of microorganisms. This was now being challenged by a view that gave primacy to “terrain” in the production of morbid manifestations. The author’s sympathies were clearly with this second tendency, which he associated with earlier notions such as Richet’s anaphylaxis, Widal’s colloidal disequilibrium, and von Pirquet’s allergy. All led away from a view of sickness as intoxication requiring disintoxication therapy and suggested instead an understanding of illness as a manifestation of generalized “oversensibility” or intolerance requiring desensibilization therapy. Very different specialties were thus facing similar problems centering on individual predisposition. When confronted with the objection that pasteurians were in fact quite aware of the effects of terrain, Tzanck responded with a quasi-vitalist argument: Pasteur’s terrain was a physico-chemical *milieu intérieur* comparable to a culture medium that affected the activity of microorganisms; he was taking the more radical view that the terrain actively responded *biologically* to external agents (and to its own previous responses) in an individualized way and in the process created symptoms and lesions.

In 1936 Jean Darier, leader of the Saint-Louis group, presented his own views at the International Congress of Dermatology in Budapest. Modern dermatology, he argued, had been through three phases. The first was morphological; many skin lesions had been described but a comprehensive classification had proven elusive. In the second, parasitical etiological agents had been discovered, leading to major advances in the classification, diagnosis, and treatment of diseases. But many questions relating to variations in individual responses to agents remained unanswered. This had led to the third biological era when the central role of the terrain had become a “veritable *biological doctrine*.” Darier admitted that one class of illnesses was produced by agents acting directly on the organism; another class was the result of metabolic changes occurring independently of any agent. But he was most concerned about a third category, illnesses of intolerance caused by “vital reactions” that were the responses of organisms to external agents.⁴⁸ Darier further insisted on the universal applicability to medicine of his doctrine. “The influence of the results of modern biology on medicine . . . tends to lead back to a new unity medicine which, in these recent times had cut itself up into an infinite number of

specialties. . . . It is not the least honor for dermatology, . . . to have contributed substantially to reconstituting the antique unity of medicine."⁴⁹

Even the temples of pasteurian science produced their versions of constitution-ism. In 1933, Gustave Rappin, director of the Institut Pasteur of Nantes, published a book challenging that most basic of bacteriological orthodoxies, that microorganisms originate only from other microorganisms. Basing his theory on the discovery of filterable viruses and new concepts of matter developed by physicists, Rappin argued that the organism was not just the victim of "external germs" but that pathogenic germs were in fact "formed in it and by it" through a transformation of cell protoplasm. Bacteria, rather than being the cause of illness, were the organism's responses to external cosmic and particularly meteorological conditions. It was necessary "to thus finally return to sound conceptions of diathesis and morbid heredity as they have been bequeathed to us by our masters in the past" and not to allow the results of centuries of observation to be "carried off and swept away by the Pasteurian squall."⁵⁰

The intensification of ideological holism during the 1930s is particularly visible in the work of the most influential French surgeon of the period, René Leriche.⁵¹ Like so many other French holists, Leriche was trained in Lyon, where he had become friendly with Alexis Carrel. Taking up a position in the Medical Faculty of Strasbourg in 1925, he moved back to the Faculty of Lyon in 1932 before being called upon in 1938 to replace Charles Nicolle in the prestigious chair of medicine at the Collège de France. Under Vichy he refused offers to become Minister of Health or Minister of Public Instruction but did serve two years, without damaging his postwar reputation, as president of the newly established *Ordre des Médecins* regulating the medical profession. Starting in the mid-1920s, Leriche's fundamental theme was that surgery had to become fully physiological. It had to think of its procedures not as a way to ablate diseased organs but as a way to restore normal function.⁵² He was especially enthusiastic about regulating functional processes like glandular secretions by operating on the nervous system. He began to argue in the 1930s that disease was often the result of "humoral" disorders rather than anatomic lesions and began insisting that surgery was itself fundamentally iatrogenic and "against nature."⁵³ An inevitable "post-operative malady" was one more reason for surgeons to understand their work physiologically in order to minimize trauma and promote rapid healing. His work on the surgery of pain also made him sensitive to the interaction between somatic and psychic factors. Leriche was immensely influential, and it became commonplace for other French surgeons to refer to the humoral or physiological orientation of surgery that had replaced the pasteurism of an earlier era.⁵⁴

By the late 1930s, Leriche's rhetoric, like that of many others, was heating up. In his inaugural lecture at the Collège de France in 1938, he hit on a number of holistic tropes that had become commonplace in medicine and in social discourses, decrying the materialism and technologization of contemporary civilization. Drunk with analysis and with novelties, surgery "aspires to a moment of synthesis." The

power of its techniques held the danger that surgery would "forget" "the total man, a being of flesh and of sentiment." It had therefore to return "to its place *the eminent primacy of observation of man by man* so that one does not see the collapse of the old hippocratic sense before the dictatorship of apparatuses."⁵⁵ Returning to a traditional theme of French clinical medicine, he defined his "physiological" orientation not in terms of animal experiments based on induced illnesses, which "often have had nothing in common with the slow genius of our habitual disorders," insisting instead on a predominantly clinical and human physiology that utilized animals only in a selective and ancillary way.⁵⁶

By the later 1930s, the Parisian medical press was overflowing with examples of doctrinaire holism.⁵⁷ Much of it merely continued earlier developments. Auguste Lumière, for instance, frustrated by the unwillingness of the medical establishment to accept his view that humoral "flocculation" was the key to illness, established his own clinic in Lyon (despite his lack of an M.D. degree) and was increasingly presenting his theory as an alternative to and attack on official medicine.⁵⁸ Naturopathy spread to the regular profession, especially in the south of France.⁵⁹ Homeopathy continued to be discussed vigorously by a medical community impressed by its "renewal"⁶⁰; unprecedented, however, was the new sense of overwhelming international crisis that pervades much of the medical writing of this decade.

Cosmobiology, for instance, emerged as a more central concern, with its own journal and an international congress. It represented something more than the usual hippocratic concern with climate and weather, for it portrayed humans as swimming in an atmospheric sea of astrophysical entities, magnetic and solar rays of every sort. Any sudden changes, particularly solar storms, could easily transform conditions beyond the normal parameters of successful human adaptability. Like astrology in earlier times, cosmobiology tried to bring control and predictability to medicine by adjusting human activities to larger cosmic forces and rhythms.⁶¹ Cosmobiology was used to explain such matters as epidemics and waves of unsuccessful results in surgery⁶²; some surgeons were beginning to use it to determine when to avoid surgery. Several writers tried to correlate the pattern of solar storms with the pattern of political upheavals during the decade, and found unsurprisingly that there was such a correlation.⁶³ Variations in electrical and magnetic fields were so frequently invoked as causes of disease that a leading "medical meteorologist," George Mouriquand, Professor at the Lyon Faculty of Medicine, felt called upon to point out that their causal role had yet to be proven by rigorous experimentation.⁶⁴

In a rather different way, the proliferation of works developing Christian views of medicine expressed the broader Catholic revival that was also a response to the crisis of the era.⁶⁵ They began with the premise that modern medicine like modern society was in a state of crisis that had fundamentally spiritual causes. Much of this work emerged from social Catholicism which sought to make Catholicism more present in the world and to reassert the importance of individual human beings in a universe dominated by impersonal forces. It increasingly made use of a growing

body of theological literature, notably the work of Jacques Maritain. Biot's group in Lyon was joined by others like the one around the journal *Cahiers Laennec*. Collectively these groups examined a wide variety of issues and can be seen as the precursors of bioethics in France. In the shorter term they popularized a variety of themes associated with "human medicine" that added a spiritual dimension to the systemic and environmental orientations of terrain holism. A variant of Catholic humanism was the work of various authors sympathetic to Catholicism, though not necessarily of an orthodox kind, and critical of excessive claims made on behalf of science and of the materialism and secularism usually associated with them.⁶⁶

In the mid 1930s two seminal books were published in Paris. One was the French version of Alexis Carrel's famous *Man the Unknown*.⁶⁷ Carrel, a French-trained medical researcher and Nobel Prize winner working at the Rockefeller Institute in New York, sought nothing less than the reconstruction of Man based on a synthetic scientific understanding of his true nature. It received extensive attention in the medical press,⁶⁸ not least for its strong eugenic orientation, but few reviewers were impressed by the specifically medical ideas it advanced. These, it was suggested, had already been presented by various French writers.⁶⁹ A second book that appeared soon after was by Pierre Delore, then a young hospital physician in Lyon.⁷⁰ This did not achieve the commercial success of Carrel's international bestseller, but it turned out to be the most influential statement of the new "synthetic" medicine of the mid-1930s. It combined the various themes that had merged into the ideology of synthesis that had been appropriated by parts of the medical establishment.

Delore, as Allendy had done seven years before, started out by distinguishing between two tendencies in medicine: "analysis" and "synthesis." The first which dominated current medicine was more than just the narrow focus on germs that it had been for Allendy. It was rather a style of thought (exemplified nonetheless by bacteriology) responsible for the production of huge quantities of disassociated facts and lacking any coherent framework. It also prevented doctors from taking account of the full complexity of terrain, the social and cosmic context, and the unity of body, psyche, and soul in the human person. It was closely associated with the preponderance of the laboratory, excessive and premature specialization, and philosophical materialism. "Synthesis" in contrast was the spirit of generalization based on philosophy and general culture and exemplified by proper clinical reasoning that centered on the unique individual "terrain" in all its psychophysiological unity within its physical, social, and cosmic milieu.⁷¹ It signaled a rejection of overspecialization and a return to general and family medicine. It also signaled an emphasis on preventing disease in the healthy by looking out for and remedying the functional derangements of the "terrain" that were the preconditions of disease.⁷² It recognized those irreducible aspects of life that could only be grasped qualitatively and was profoundly attached to those parts of the historical medical tradition, notably the hippocratic writings, consistent with modern science.

Like René Allendy, Delore was on the side of synthesis. But while Allendy had

insisted on the incompatibility between the two tendencies, Delore sought nothing less than a synthesis between analysis and synthesis. The current crisis of medicine was due not to analysis but an *exclusive* reliance on analysis. The goal was to strike a more equitable and fruitful balance between the two tendencies. And while Allendy had distinguished sharply between the new emphasis on terrain in medicine and the alternative practices that represented the true renaissance of synthesis, Delore made no such distinctions. Everyone had a place in the generalized reorientation of medicine toward synthesis. Indeed the very mission of medicine was one of reconciliation; between analysis and synthesis, tradition and scientific progress, intuition and reason, laboratory and clinic, body and mind (and soul), the spirits of Latin and Anglo-Saxon cultures. (The German spirit was pointedly not included.⁷³)

There are many possible reasons for this conciliatory stance, including Delore's status as a budding "establishment" medical figure who could not repudiate the tradition that had nurtured him. But it seems clear that in the context of social disintegration and international crisis, the polemical power of the term "synthesis" rested in large part on its promise to transcend *social and professional* as well as intellectual divisions and to restore lost unity. Synthetic medical doctrine brought together all conflicting medical perspectives; even marginal ones like homeopathy, centrotherapy, and reflexotherapy were granted a limited but real place in Delore's synthetic renaissance. There was certainly some professional self-interest associated with this inclusiveness. One argument advanced for it was that there must be something to such therapies if increasing numbers of people paid for them: thus medicine had the choice of abandoning them to charlatans or subjecting them to scientific scrutiny in order to appropriate the (probably small number of) effective remedies that they contained. This would give it greater authority to condemn the rest.⁷⁴ But such inclusiveness also expressed an increasingly urgent desire for unity and reconciliation.

One must be eclectic. One must not oppose allopathy and homeopathy; that complete rather than oppose each other. . . . therapeutics has two poles; one galenic expressed by the law of contraries; the other hippocratic, expressed by the law of similitude. . . . There should no longer be allopathes and homeopaths, but only clinicians and therapeutics in the most complete sense.⁷⁵

Increasingly during the 1930s, "synthesis" came to serve as an antidote to a wider societal and civilizational breakdown stemming from economic dislocation, social polarization and the threats of communism, fascism, and global war.⁷⁶ Synthetic medicine was for some writers part of any solution to this crisis. For some, the doctrine had direct political implications. The emphasis on the family doctor, for instance, could promote social health and combat the nation's low birthrate by encouraging women to return to the home to care for their (it was hoped, larger) families.⁷⁷ A small number of writers sympathetic to holistic medicine also advo-

cated eugenic solutions that would strengthen and purify the French race or made appeals to social discipline.⁷⁸ An even smaller number advocated a left-wing holism that saw capitalism as the main barrier to both health and medical treatment of the "whole person."⁷⁹ But for the most part, it was not specific political solutions that holistic medicine had to offer so much as a metaphor of unity and reconciliation: reconciliation among groups divided by ideology, and between the timeless values of the past and the scientific promises of the future. Such reconciliation and renewal in the medical sphere would, it was believed, inevitably spill over into the public domain. Delore ended his book by referring to medicine's role "in the defense of the true civilization. . . . Medicine will be at the center of the society of tomorrow. It is its responsibility to make a major contribution to the reconstitution of elites. May its spirit of order, truth and justice radiate more and more. May it be up to its mission of humanity!"⁸⁰

A year after the appearance of Delore's book, the neo-hippocratic movement emerged in France. It represented an institutional analogue to the doctrinal reconciliation that Delore had proposed. By the early 1930s, Hippocrates personified holistic and humanistic tendencies in medicine, but in a rather inchoate way.⁸¹ In 1933, the psychiatrist and professor of the history of medicine at the Paris Faculty of Medicine Maxime Laignel-Lavastine founded a new journal devoted to "medical humanism" and open to the various holistic currents, and named it *Hippocrate*.⁸² The Italian medical historian Arturo Castiglioni lectured on neo-hippocratic medicine at the Academy of Medicine in 1933.⁸³ Several medical theses on the subject were successfully defended at the Paris Faculty of Medicine.⁸⁴ But the French neo-hippocratic movement was actually born at the annual meeting of the progressive, eclectic wing of French homeopathy associated with the journal *L'Homéopathie moderne*. For some years this group under the leadership of Maurice Fortier-Bernonville and Marcel Martiny, both at the Leopold-Bellan Hospital in Paris (and with the participation of René Allendy), had been seeking to create a scientifically respectable form of homeopathy more closely integrated with mainstream medicine. Among those invited to its Hahneman Days conference of 1935 were Laignel-Lavastine and a leader of British neo-hippocratic medicine, Alexandre Cawadias, who had published several articles in *L'Homéopathie moderne*.⁸⁵ The presence of Laignel-Lavastine as an observer symbolized the growing friendliness of parts of mainstream medicine to homeopathy. But Cawadias was there to sell neo-hippocratism to French homeopaths. Fittingly, he was introduced by René Allendy.⁸⁶

Cawadias's message was simple.⁸⁷ Neo-hippocratism represented the growing convergence between scientific homeopathy and growing segments of official medicine. It was based on three general principles that both groups agreed on.⁸⁸

1. The primacy of the clinic. This did not exclude the results of the laboratory so long as the hierarchical primacy of clinical observation was clearly recognized.

2. A dynamic and individualized conception of illness. It was based on a differential biology founded on notions of temperament (using physiology), constitution (morphology) and character (psychology). Individual reactions had to be seen as well in terms of cosmobiology and sociobiology.
3. Rational treatment meant natural treatment. Treatment sought to aid the body's own reactions to illness.

Having himself moved increasingly toward homeopathic practices, which he now utilized for about 80 percent of his patients, Cawadias could assure his listeners that the synthesis with mainstream medicine that he proposed included a significant and in no way subordinate role for homeopathy. He was convincing enough that, at the final banquet, Marcel Martiny proposed that an international neo-hippocratic meeting be organized in Paris. He proposed further that Laignel-Lavastine serve as president and that Cawadias serve as secretary general.⁸⁹ In 1937, the French did indeed play host to the First International Neo-hippocratic Congress that took place in Paris. Laignel-Lavastine served as president but the role of secretary-general was filled by Martiny. A year later a national neo-hippocratic congress took place in Marseille. An international neo-hippocratic movement was set up with Laignel-Lavastine as president and Pierre Delore as secretary-general. A national organization was established under the presidency of Lucien Cornil, dean of the Marseille Faculty of Medicine. The outbreak of war prevented the convening of a second international congress that was scheduled to take place on the island of Cos at the end of 1939.

Neo-hippocratic medicine in France gave new prominence to homeopathy (and to a lesser extent naturopathy), but its primary significance was to bring together many of the holistic tendencies that had emerged during the previous decade. There were of course prominent homeopaths such as Fortier-Bernonville and Allendy, naturopaths such as the Marseille surgeon, Joseph Poucel, and medico-literary figures such as Paul Desfosses, who was the chief chronicler of holism in the journal *Presse médicale* (and who was sympathetic to the eugenic views of Alexis Carrel). Members of the Parisian medical elite were prominent in the movement; faculty professors such as Paul Carnot, Maurice Loeper, and René Leriche of the Collège de France were members of the various committees of patronage while younger men such as the hospital physicians Guy Laroche and André Jacquelin participated actively in neo-hippocratic congresses. Provincial medical elites were even more visible at meetings; participants included Lucien Cornil, dean of the Marseille Faculty of Medicine, J. Techoueyres, director of the medical school at Reims, and faculty professors Jules Guiart (Lyon), and Jean Fiolle (Marseille). Pierre Delore would be named a professor at the Lyon Faculty of Medicine in 1944.⁹⁰

There were also some glaring absences. Alexis Carrel was apparently invited but declined to attend because he believed that medicine should not be bound by doctrines like vitalism and pythagoreanism and that it required more, not less, laboratory experimentation and observation, which he preferred to history of medicine,

“a science of uncertain presumptions. . . .”⁹¹ In fact, the muscular eugenic approach that he championed was conspicuously missing from the neo-hippocratic congresses. Parisian “terrain” theorists such as Jean Darier (who was ill and died in 1938), Arnault Tzanck, and Émile Sargent also did not take part. Fernand Bezançon did attend the national meeting in Marseille but only as the representative of the Minister of National Education. Although many participants spoke or wrote positively of religion and spirituality, the absence of representatives of Christian humanist medicine, like René Biot, is also striking. Other absences are more easily explained. Auguste Lumière not only did not attend but wrote a work criticizing neo-hippocraticism for ignoring his theories of “flocculation.”⁹² Léon Vannier, leader of the more intransigent wing of homeopathy, attacked neo-hippocraticism as a snare that would weaken true hippocratic medicine, homeopathy.⁹³ Carrel, Biot, Lumière, and Vannier contributed prominently to a collection of essays about alternative medicine published just before the end of World War II.⁹⁴ It presented a holism that was more eclectic, more deeply Catholic, and more hostile to official elite medicine than was neo-hippocraticism.

Overall, the French holistic movement appears to have been composed of a very motley collection of individuals and groups representing a great variety of medical situations. They were brought together by some overlapping concepts and metaphors as well as by a strong sense that official medicine was in a crisis provoked by narrowness of vision and the rejection of traditional wisdom. Perhaps the most striking social feature of French holism is the influence of present or former residents of Lyon (Delore, Carrel, Biot, Lumière) rather than of Montpellier with its long vitalist tradition. Lyon was the second university city in France after Paris and since the end of the nineteenth century had fought bitterly against Parisian dominance and privileges.⁹⁵ The city also played a leading role in the Catholic revival of the period. Finally, it may be significant that several of the leading homeopathic pharmaceutical manufacturers were established in that city.

There are many things that need to be said about holistic medical thought in France but for the sake of brevity, two points will suffice here.⁹⁶ First, holistic medicine in France had both professional and intellectual ramifications. At the professional level, it represented a defense of clinical medicine against the monopolistic claims of the laboratory, of general practice against excessive specialization, and of private medical practice against the “bureaucratized” and “collective” medicine that doctors perceived to be emerging. All these were attitudes shared to some degree by many if not most doctors in France. Intellectually, it was a collection of quite traditional attitudes, apparently legitimated by the most recent scientific developments and intensified by the threat of sociopolitical breakdown. With the notable exception of René Leriche, there appears to be little of that originality that Anne Harrington has located in Germany in the work of such figures as Kurt Goldstein. But if French medical holism was less original, it was also relatively more benign. Though it was fundamentally conservative in its ideological orientation, it exhibited relatively little of the exclusionary racism that permeated so much German holistic thought. This is not to say that there were no reactionary

and racist elements within French medicine; on the contrary, these were vigorous and widespread. They were not, however, particularly associated with holistic circles. And although some holists like Leriche became *Pétainistes* and accepted positions of responsibility during the Vichy regime, the major figures associated with holism, with the possible exception of Alexis Carrel, emerged pretty much untarnished from the Vichy and occupation experiences.⁹⁷

The final point is that holism was at once antireductionist and deeply reductionist. At one end of the movement was terrain holism, which did not shrink from defining individuals in terms of pH or hormonal balances or cellular perturbations, all constructed by the laboratory. At another end were the Christian humanists calling for the treatment of patients as “human persons.” Everyone of course agreed that laboratory definitions needed to be tempered by clinical observation. But is not surprising that there was something inherently unstable in the holistic enterprise.⁹⁸ It is not just that holistic views are susceptible to breakdown in the face of the infinite number of factors that need ideally to be taken into account (although that is true). There was already a strongly reductionist quality in the thought of leading holists who were looking for simple pathologies—often at the cellular level—that would be susceptible to equally simple therapeutics and prophylaxis. The most distinctive qualities of interwar holistic thought lay not so much in antireductionism as in the insistence that both disease and healing were the products of physiological or psychological functioning and not entities external to the individual. This preference was undoubtedly a consequence of the fact that doctors had relatively few ways of attacking external causes and many traditional methods for affecting the terrain. It also left open the possibility of a preventive *clinical* medicine, as opposed to preventive public health dominated by bacteriology and leaving little scope to doctors. But there was a moral and religious fervor to discussions of this issue that had in many cases everything to do with individual responsibility for health, disease, and healing. It was somehow preferable morally for individuals to heal themselves rather than be healed.⁹⁹ Inequalities of constitution served occasionally as a barely concealed metaphor for social inequalities.¹⁰⁰

Another distinguishing feature of holistic theories was the sense of interconnection among all body parts and all levels of reality. It was in fact this interconnectedness that encouraged the slide to reductionism because if one could just find the fulcrum or point of maximum impact, small interventions could transform *everything*. Such strategic interventions could transform for the better *or* produce disastrous results. This kind of thinking was particularly appropriate to the crisis atmosphere of the interwar years, when belief hovered uncertainly between fear of universal catastrophe and faith in the renewal and reconstruction of humankind.

Epilogue: Postwar Holism

Medical holism survived the war; books and articles continued to be published throughout the 1940s and 1950s. The neo-hippocratic movement carried on func-

tioning at low levels, holding international congresses in 1953, 1956, 1958, 1962, and 1966, but it had clearly lost its relevance for the medical profession. To some extent this reflected the deaths of virtually all its leading personalities from 1954 to 1960. More important, probably, was a changing intellectual climate that made the notion of reconciling medical tradition and scientific progress seem rather archaic. Even the published eulogies of leading neo-hippocratic figures tended to speak about their "humanism" rather than their neo-hippocratic theories. This does not mean, however, that the various holistic elements and tropes that constituted neo-hippocraticism disappeared from the medical scene. Some returned to the outer margins of medical life. Others were expressed in a language more compatible with the current medical modernism. It may be suggested, very tentatively at this point, that by the early 1960s, psychosomatic medicine served as one such repository for prewar holistic tendencies.

The notion that psychological factors played a role in illness and healing was self-evident in the 1930s; one did not need to be an ideological holist to write about psychic and emotional factors in illness, although this was a prominent theme in neo-hippocratic writings. In 1947, however, Jean Delay introduced to France a more formal notion of psychosomatic medicine based largely on American writers like Adolph Meyer, Stanley Cobb, and Franz Alexander. Delay was in the midst of a brilliant career. He was a pioneer in the therapeutic uses of electroshock, would be the first to write (in 1952) about the psychic effects of chlorpromazine,¹⁰¹ and would be elected to the Academy of Medicine in 1955. But there was no institutional follow-up to his initiative in psychosomatic medicine until 1959 when the *Revue de médecine psychosomatique* appeared. A year later, the First French Language Congress of Psychosomatic medicine took place in the spa town of Vittel.

Jean Delay served as president of the congress and his presidential address reads as if it had been conceived at a neo-hippocratic meeting of the 1930s. The psychosomatic movement, he said, seeks to go beyond a local and specialized medicine of organs and in the direction "of a general medicine of the organism. It places at the forefront the role of the terrain thus renewing with the hippocratic tradition. . . ." As such, psychosomatic medicine was the continuation of a long-established tendency within medicine. It represented

a holistic conception . . . of the individual envisaged in his totality . . . as if mental forms and organic structures represent only different levels of organization of the same vital energy . . . [it] attempts to surmount the contradictions inherent to cartesian dualism. . . and the insufficiencies of mechanistic monism. Fundamentally vitalistic in its principle, it distinguishes between organization and organism only as the organizing force and the organized structure.¹⁰²

Perhaps sensing that such views had become unpalatable to many in his audience, Delay proceeded to retreat by declaring that psychosomatic medicine should in fact

attempt to avoid such philosophical and doctrinal pronouncements and focus simply on the interdependence of the physical and moral. Only future research can determine just how successful the French psychosomatic movement actually was in this effort to distance itself from its interwar holistic past.

Acknowledgments

I am grateful to the Social Science and Humanities Council of Canada for the financial support that made research for this chapter possible. I would like to thank Donna Evleth for providing invaluable research assistance and Harry Marks for constructively criticizing an earlier draft.

Notes

1. Although we know a great deal about the persistence of traditional medical practices in specific marginal sectors (water cures, tuberculosis sanitariums) in the late nineteenth and early twentieth centuries, remarkably little has been written about this aspect of mainstream medical practice. An exception is Guenter B. Risse, "The Renaissance of Bloodletting: A Chapter in Modern Therapeutics," *Journal of the History of Medicine and Allied Sciences*, 34(1979), 3-22. On the persistence of traditional rhetoric among elite British physicians, see Christopher Lawrence, "Incommunicable Knowledge: Science, Technology and the Clinical Art in Britain, 1850-1914," *Journal of Contemporary History*, 20(1985), 503-20.

2. There were approximately 15,000 physicians in France in 1890 and over 25,000 in 1931.

3. Olivier Faure, *Les Français et leur médecine au XIXe siècle* (Paris: Belin, 1993).

4. For discussions of the crisis which this produced, see P. E. Morhardt, "La Crise de la thérapeutique," *Vie médicale*, 16(1935), 675-77; Pierre Delore, *Tendances de la médecine contemporaine* (Paris: Masson, 1936), pp. 154-58; Charles Achard, "La Part de l'Académie de Médecine dans la protection de la santé publique," *Bulletin de l'Académie de Médecine* (*Bull. Ac. Méd.*), 3rd Ser., 123(1940), 886-88.

5. P. Carton, *La Tuberculose par arthritisme*, 3rd ed. (Paris: Maloine, 1911); Fernand Bezançon, "Le Problème de la tuberculose et l'orientation thérapeutique," *La Médecine*, 5(1924), 565-92; Raoul Brunon, *Causes, prophylaxie et traitement de la tuberculose pulmonaire* (Paris: Doin, 1924); P. Delore, "Facteur acide-base et tuberculose pulmonaire; étude physiologique du terrain dans la tuberculose," Thèse med. Université de Lyon, 1926; A. Lumière, *Tuberculose, contagion, hérédité* (Lyon: Sezanne, 1930). To a lesser extent, research on the pathology of cancer often focused on the functional disequilibria of the "terrain." See, for instance, R. Reding, *Le Terrain cancéreux et cancérisable* (Paris: Doin, 1932).

6. Owsei Temkin, "The Scientific Approach to Disease: Specific Entity and Individual Sickness," *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: The Johns Hopkins University Press, 1977), pp. 441-55.

7. Charles Lichtenthaler, *Histoire de la médecine*, trans. Denise Meunier (Paris: Fayard, 1978), pp. 452-57. Also see Chapter 1 in this volume, note 6.

8. Despite the widespread acceptance of the germ theory, much of French medicine

remained strongly oriented toward terrain. The most influential theoretician of pathology in France during the first decade of the twentieth century was undoubtedly Charles Bouchard, whose theory of cell nutrition was pervasive. On Bouchard, see Paul Le Gendre, *Un Médecin philosophe: Charles Bouchard, son oeuvre et son temps (1837-1915)* (Paris: Masson, 1924).

9. J. Héricourt, *Le Terrain dans les maladies* (Paris: Flammarion, 1927), p. 14.

10. J. Vallot et al., "De l'Influence des taches solaires sur les accidents aigus des maladies chroniques," *Bull. Ac. Méd.*, 88(1922), 41-44. G. Sardou et Maurice Faure, "Les Influences climatiques, météorique et cosmique," *Paris médical*, 64(1929), 328-31. K. E. Krafft, *Influences solaires et lunaires sur la naissance humaine* (Paris: Maloine, 1928).

11. On the earlier history of vitalism, see Elizabeth Victoria Haigh, *Xavier Bichat and the Medical Theory of the Eighteenth Century* (London: Wellcome Institute for the History of Medicine, 1984); Elizabeth Williams, *The Physical and the Moral: Anthropology, Physiology and Philosophical Medicine in France, 1750-1850* (Cambridge and New York: Cambridge University Press, 1994).

12. Georges Canguilhem, "Aspects du vitalisme," *La Connaissance de la vie* (Paris: J. Vrin, 1992), pp. 83-100, especially pp. 86-88.

13. The best-known Parisian vitalist of the later nineteenth century was Émile Chauffard. At the public opening of the new premises of the Academy of Medicine in 1900, the permanent secretary of that institution, Sigismund Jaccoud, criticized "bacteriologists" in the name of the vitalism of his mentor, François Malgaigne. S. Jaccoud, "Un Adieu à la rue des Saints-Pères," *Bull. Ac. Méd.*, 40(1906), 20-21.

14. J. Grasset, *Idées médicales* (Paris: Plon, 1910); Albert Vilar, *Essai sur l'École de Montpellier et la médecine contemporaine* (Montpellier: Imprimerie Coopérative Ouvrière, 1910). On the vitalist revival of this period more generally, see Frederick Burwick and P. Douglass, *The Crisis in Modernism: Bergson and the Vitalist Controversy* (Cambridge and New York: Cambridge University Press, 1992) and especially the excellent essay by George Rousseau.

15. Donna Jeanne Haraway, *Crystals, Fabrics and Fields: Metaphors of Organicism in Twentieth-Century Developmental Biology* (New Haven: Yale University Press, 1976).

16. Albert Vilar, *A Propos de doctrines médicales* (Paris: Jouve, 1922) and his *Pour la défense de l'ancien médecine* (Montpellier: l'Abeille, 1923).

17. For Carton's own version of his story, see Paul Carton, *L'Apprentissage de la santé: histoire d'une création et d'une défense doctrinale* (Paris: Maloine, 1933). He was the founder and guiding light of the Société Naturiste Française and edited the *Revue naturiste*.

18. Maxence Van der Meersch, *Corps et Ames* (Paris: Albin Michel, 1943). An English translation was published as *Bodies and Souls* (New York: Pelligrini and Cudahy, 1948).

19. On the history of French homeopathy, see Charles Janot, *Histoire de l'homéopathie française* (Fontenay-aux-Roses: Published by author, 1936). On its institutions during this period, see Marcel Vallée, *L'Organisation actuelle de l'homéopathie en France* (Lyon: Bosc et Riou, 1936).

20. A partial list of these articles and books is in the bibliography in Janot (note 19), pp. 226-27.

21. *Progrès médical*, 46(1931), May issue. Also see Morhardt, "Le Renouveau de l'homéopathie devant la critique scientifique," *Presse médicale*, 38(1930), 524-26 and Molinéry, "Le Renouveau de l'homéopathie," *Paris médical*, 84(1932), 204-6.

22. Box AJ16 6707 in the *Archives Nationales* (Paris) contains a file about complaints sent to the Paris Faculty of Medicine because of radio broadcasts by homeopathic practitioners.

23. Janot (note 19), pp. 228-29 and others claim that the number of French homeopaths rose from 110 in 1919 to 450 in 1936, with another 1500 or so medical "sympathizers." These are consistent with figures for 1938 in M. Martiny, "Histoire de l'homéopathie,"

Histoire générale de la médecine, de la pharmacie, de l'art dentaire et de l'art vétérinaire, ed. Maxime Laiguel-Lavastine, vol. 3 (Paris: Albin Michel, 1949), p. 576

24. Janot (note 19), p. 226. L. Rousseau, "La Question du terrain dans l'orientation médicale actuelle," *Homéopathie moderne*, 2(1934), 323-24.

25. Among the writers otherwise critical of homeopathy who accepted the plausibility of such views were Delore (note 5), 194-99 and Dr. Kopaczewski, *La Médecine en désarroi* (Paris: Jean Flory, 1938), pp. 106-19. Also see Morhardt (note 21), 524-26.

26. Émile Poulat, "Biot et ses amis: des hétérodoxies qui se connectent," in *Médecine humaine, médecine sociale: Le Docteur René Biot et ses amis (1889-1966)*, ed. Régis Ladous (Paris: Ed. du Cerf, 1992), p. 22.

27. René Biot, "La Renaissance de la notion de tempérament," *Progrès médical*, 42(1927), 1261-71.

28. René Allendy, *Les Tempéraments: essai sur une théorie des tempéraments et de leurs diathèses* (Paris: Vigot, 1922); Paul Carton, *Diagnostique et conduite de tempéraments* (Paris: Maloine, 1926); Léon Mac-Auliffe, *Les Tempéraments: essai de synthèse* (Paris: N.R.F., 1926).

29. René Allendy, *Orientations des idées médicales* (Paris: Au Sans-Pareil, 1929). His contribution was in fact recognized by the holists of the 1930s, who referred to him as a major precursor of the neo-hippocratic movement. See the presidential address by L. Cornil, in M. Martiny, "Le Premier Congrès National de Médecine Néo-hippocratique (Marseille, 1938)," *Presse médicale*, 47(1939), 37. On Allendy's marginal position in French psychoanalysis, see Elisabeth Roudinesco, *La Bataille de cent ans: Histoire de la psychoanalyse en France, 1: 1885-1939* (Paris: Seuil, 1986), pp. 270-76.

30. Allendy (note 29), p. 191.

31. *Ibid.*, p. 195.

32. *Ibid.*, pp. 229-30.

33. Jean Fiolle, *Scientisme et science*, 3rd ed. (Paris: Mercure de France, 1936), p. 146.

34. On this subject, see Donna Evleth, "Vichy France and the Continuity of Medical Nationalism," *Social History of Medicine*, 8(1995), 95-116. More generally, see Pierre Guillaume, *Le Rôle social du médecin depuis deux siècles (1800-1945)* (Paris: Association Pour l'Étude de l'Histoire de la Sécurité Sociale, 1996), pp. 199-263.

35. Eugen Weber, *The Hollow Years: France in the 1930s* (New York/London: W. W. Norton, 1994).

36. On intellectual life during this decade, see *ibid.*; H. Stuart Hughes, *The Obstructed Path: French Social Thought in the Years of Desperation* (New York: Harper Torchbooks, 1969); Jean-Louis Loubet de Bayle, *Les Non-conformistes des années 30: Une tentative de renouvellement de la pensée politique française* (Paris: Seuil, 1969); Zeev Sternhell, *Ni Droite ni gauche: L'idéologie fasciste en France* (Paris: Seuil, 1983); Pierre Andrieu, *Revoltes de l'esprit* (Paris: Ed. Kimé, 1991); Daniel Lindenberg, *Les Années souterraines, 1937-1947* (Paris: Ed. De la Découverte, 1990).

37. Allendy (note 29), p. 202.

38. Henri Dubief, *Le Déclin de la Troisième République, 1929-1938* (Paris: Seuil, 1976), p. 139.

39. Delore (note 5), p. 6.

40. *Ibid.*, p. 8.

41. *Ibid.*, p. 7.

42. While holism itself was generally ignored by leaders of official medicine, relativistic interpretations of physics hit closer to home and provoked responses. Henri Roger, "La Crise du déterminisme," *Presse médicale*, 49(1941), 129-32, 179-82; Gustave Roussy, "L'Avenir de la science," *Presse médicale*, 51(1943), 582-83 and "Des Brèches dans le mur," *Presse médicale*, 52(1944), 286-87. There were holists like Carrel who also rejected such views.

43. On his career, see René Moreau, "Fernand Bezançon, 1868–1948," *Presse médicale*, 56(1948), 878–79.
44. F. Bezançon, "Les Tendances nosographiques actuelle et la notion de spécificité," *Presse médicale*, 40(1932), 1549–51.
45. See his preface to André Jacquelin, *Directives en pratiques médicale: terrains et tendances morbides* (Paris: Masson, 1935), pp. VI–IX.
46. Tzanck would be a pioneer in setting up a Parisian system of blood collection and storage.
47. Arnault Tzanck, *L'Immunité, intolérance, biophylaxie* (Paris: Masson, 1932); "Les Doctrines médicales: introduction à l'étude de l'immunologie moderne," *Presse médicale*, 41(1933), 1449–53; "La Notion de terrain: son importance doctrinale," *Presse médicale*, 43(1934), 315–17.
48. Jean Darier, "Coup d'oeil sur la dermatologie après le Congrès de Budapest," *Bull. Ac. Méd.* 115(1936), 153.
49. *Ibid.*, p. 159.
50. Gustave Rappin, *Considérations sur l'étiologie des maladies infectieuses* (Nantes: de Bretagne, 1933), especially p. 131–32. Also see the review in *Presse médicale* 41(1933), 1415.
51. On Leriche's career and ideas, see his autobiographical *Souvenirs de ma vie morte* (Paris: Seuil, 1956); Henri Mondor, *René Leriche chirurgien* (Paris: Ventadour, 1956); Roselyne Rey, "René Leriche (1879–1955): une oeuvre controversée," in *Les Sciences biologiques et médicales en France, 1920–1950*, eds. Claude Debru et al. (Paris: Ed. CNRS, 1944), pp. 297–309.
52. Leriche was of course part of an international movement of physiological surgery. See Ulrich Tröhler, "Surgery (Modern)," *Companion Encyclopedia of the History of Medicine*, eds. W. F. Bynum and Roy Porter (London and New York: Routledge, 1993), vol. 2, pp. 984–1028, especially pp. 998–99. On this orientation in British orthopedics, see Roger Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organization of Modern Medicine, 1880–1948* (Houndmills, Basingstoke: Macmillan, 1993), p.48.
53. René Leriche, "Place de la chirurgie dans l'ordre de la vie," *Presse médicale*, 43(1935), 909.
54. For instance, Raymond Letulle, "Le Diagnostique rapide des troubles humoraux de la maladie post-opératoire," *Presse médicale*, 43(1935), 1568–70, and "X^e Congrès de la Société internationale de Chirurgie (Cairo)," presidential speech by Verhoogen of Brussels, *Presse médicale*, 44(1936), 115; Jean Fiolle, "L'Esprit médical en chirurgie," *II^e Congrès international de médecine hippocratique: Journées médicales d'Evian* (Paris: Expansion scientifique française, 1953), pp. 143–47.
55. René Leriche, "Leçon d'ouverture du cours du médecine au Collège de France," *Presse médicale*, 46(1938), 289. Emphasis is his.
56. *Ibid.*, p. 391.
57. A good overview is provided by Paul Desfosses, "De Quelques Tendances de la pensée médicale contemporaine," *Presse médicale*, 45(1937), 53–54; and "De Quelques Pensées biologiques et médicales modernes," *ibid.*, pp. 809–11.
58. August Lumière, *La Renaissance de la médecine humorale* (Lyon, Sézanne, 1935); *Les Horizons de la médecine* (Paris: Albin Michel, 1937); *Les Slogans de la médecine* (Lyon: Sézanne, 1941). On Lumière's life, see Bernard Chardere et al. *Les Lumières* (Lausanne/Paris: Payot, 1986).
59. See, especially, Gaston Daniel and Albert Daniel, *Arts et techniques de la santé*, 2 vols. (Paris: Doin, 1937). Also see J. Poucel, *Le Naturisme et la vie: la joie d'être sain* (Paris: Baillière, 1933); Dr. Casabianca, *Les Médecins peuvent-ils encore ignorer le Naturisme* (Marseille, 1934).
60. See the special issue of *Monde médical*, December 15, 1935, devoted to homeopathy;

- also René Dumesnil, *La Renaissance de l'Hippocratismes* (Paris: 1938), p. 887. (This is reprinted from *Revue de Paris*.)
61. The analogy to astrology is made explicitly by Delore (note 5), p. 189. Also see Duprat, "L'Influx cosmique et la vie de l'homme," in *Les Rythmes et la vie*, Groupe Lyonnais d'études médicales, philosophiques et biologique (Lyon: Lavandrier, 1933).
62. Maurice Faure, "Congrès de Cosmobiologie, (Nice, 2–7 juin 1938)," *Presse médicale*, 46(1938), 1253.
63. "Association internationale pour l'étude des radiations du corps et de l'esprit," *Presse médicale*, 44(1936), 583–84; "Le Congrès de Cosmobiologie," *Paris médical*, 110(1938), 133.
64. G. Mouriquand, "Réflexions sur la méthode en météorologie médicale," *Presse médicale*, 44(1936), 2083–84.
65. René Biot, *Au Service de la personne humaine* (Joigny: Vulliez, 1934) and *Le Corps et l'ame* (Paris: Plon, 1938); Henri Bon, *Précis de médecine catholique* (Besançon: Alcan, 1936); A. Vincent, *Vers une médecine humaine* (Paris: Ed. Montaigne, 1937). Joseph Okinczyk, *Humanisme et médecine* (Paris: Labergerie, 1937); Georges Regard, *Études biologiques et scientifiques des grands problèmes religieux* (Paris: Payot, 1937). On the more general Catholic revival of the period, see Michèle Cointet, *Histoire culturelle de la France, 1918–1958* (Paris: SEDES, 1989).
66. Fiolle (note 33); Lecompte de Noüy, *L'Homme devant la science* (Paris: Flammarion, 1939); Rémy Collin, *Message social de savant* (Paris: Albin Michel, 1941). For an orthodox Catholic critique of such writings, see J. Bessière, *La Destinées humaine devant la science: Alexis Carrel, Lecomte de Nouy, Charles Nicolle* (Paris: SES, 1955).
67. Alexis Carrel, *L'Homme cet inconnu* (Paris: Plon, 1935). The most recent biography of Carrel is Alain Drouard, *Alexis Carrel (1873–1944): de la mémoire à l'histoire* (Paris: L'Harmattan, 1995).
68. Alan Drouard, *Une Inconnue des sciences sociales: La Fondation Alexis Carrel* (Paris: Ed. de la Maison des Sciences de l'Homme, 1992).
69. P. Desfosses, "Santé naturelle et santé artificielle," *Presse médicale*, 44(1936), 829.
70. Delore (note 5).
71. *Ibid.*, p. 42.
72. *Ibid.*, p. 54.
73. *Ibid.*, p. 59.
74. *Ibid.*, p. 188.
75. *Ibid.*, p. 202 (emphasis his). This is a quote that Delore took from an article of 1934 by the neo-hippocratic homeopath Marcel Martiny.
76. An example of this more general quest for synthesis is provided by the Marseille surgeon Jean Fiolle, who in 1937 wrote a book on the crisis of humanism. His solution was a more inclusive humanist culture that "excludes all exclusion," that adopted all aspects of the human cultural patrimony and that aimed at "synthetic perception" of human activity "with a view to an ecumenical culture." Jean Fiolle, *La Crise de l'humanisme* (Paris: Meure de France, 1937), especially pp. 202–203.
77. P. Desfosses, "Le Retour de la mère au foyer," *Presse médicale*, 46(1938), 587. On the full emergence of this current of medical thought during Vichy, see Francine Muel-Dreyfus, *Vichy et l'éternel féminin: contribution à une sociologie politique de l'ordre des corps* (Paris: Seuil, 1996), pp. 289–355.
78. P. Desfosses, "Des Moyens par lesquels l'élite se reconstituera: quelques pensées en connexion avec les idées de Carrel," *Presse médicale*, 44(1936), 203–204; and "Considérations sur la science et les besoins de l'homme moderne," *ibid.*, pp. 177–79. A more typical negative response to eugenics is P.-E. Morhardt, "Un Programme d'hygiène raciale," *Presse médicale*, 41(1933), 1459–61.
79. The only example of left-wing holism that I have encountered is Armand Vincent,

Vers une médecine humaine (Paris: Montaigne, 1937). The author was connected with the left-wing Christian revue *Esprit* directed by Emmanuel Mounier and blamed the crisis of medicine on the power of "money."

80. Delore (note 5), p. 214.

81. See my unpublished paper "Hippocrates in Interwar France," presented at the "Hippocrates in Modern Medicine" Conference, May 3–5, 1996, College of Physicians of Philadelphia.

82. *Hippocrate: Revue d'humanisme médical*, published from March 1933 to July 1939.

83. G.(sic) Castiglioni, "L'Orientation de la pensée médicale contemporaine considérée du point de vue historique," *Bull. Acad. Méd.*, Sér 3, 109(1933), 429–36.

84. Alfred Walter Waddington, "La Tradition hippocratique et le renouveau actuel du vitalisme," Thèse de médecine, Paris, 1934, No. 317; Léon Cottenceau, "Le Néo-hippocratisme," Thèse de médecine, Paris, 1935, No. 314.

85. Alexandre Cawadiaz, "La Méthode néohippocratique," *L'Homéopathie moderne*, 2(1934), 485–97; and "L'Étude morphologique du malade et son importance clinique en médecine néohippocratique," *ibid.*, pp. 728–40.

86. *L'Homéopathie moderne*, 4(1935), 59–65.

87. Alexandre Cawadiaz, "Le Néo-hippocratisme et l'homéopathie," *L'Homéopathie moderne*, 4(1935), 66–82.

88. *Ibid.*, p. 67; Laignel-Lavastine, "Le Néo-hippocratisme," *Presse médicale*, 45(1937), 1215–16.

89. *L'Homéopathie moderne*, 4(1935), 108.

90. At the Second International Neo-hippocratic Congress in 1953 the number of faculty professors who participated actively was more considerable.

91. B. Aschner, "Hippocratisme pratique," in *Actes du I^{er} Congrès international de Médecine neo-hippocratique* (Paris: Imprimerie Vacherat, 1937), p. 36. Also see Alexis Carrel, "Le Rôle futur de la médecine," in *Médecine officielle et médecine hérétique*, Alexis Carrel et Auguste Lumière et al. (Paris: Plon, 1945), p. 3.

92. August Lumière, "A propos du Premier Congrès de Médecine Néo-hippocratique," in *Les Slogans de la médecine* (Lyon: Sézanne, 1941), pp. 277–314.

93. Léon Vannier, *Néo-hippocratisme et homoeopathie* (Paris: Doin, 1938).

94. Alexis Carrel and Auguste Lumière et al., *Médecine officielle et médecine hérétique* (Paris: Plon, 1945). Marcel Martiny contributed an essay on neo-hippocratism.

95. On this issue, see George Weisz, *The Emergence of Modern Universities in France, 1863–1914* (Princeton: Princeton University Press, 1983).

96. I discuss other aspects of holistic thought in Weisz (note 81).

97. Alain Drouard (note 68) has made a case for the relatively innocuous character of Carrel's wartime activities. Muel-Dreyfus (note 77), however, gives a more sinister spin to the activities of his research institute. There is some discussion of the activities of leading medical figures, including Leriche, during Vichy in Bénédicte Vergez, "Internes et anciens internes des hôpitaux de Paris," Thèse de doctorat, Institut d'Études Politiques de Paris, 1995.

98. This instability was not just a French phenomenon. In the United States George Draper moved from constitutionalism to an embrace of genetic determinism. Sarah W. Tracy, "George Draper and American Constitutional Medicine, 1916–1946: Reinventing the Sick Man," *Bull. Hist. Med.*, 66(1992), 83.

99. For a glaring example of such normative judgments, see Marcel Martiny, "Nouvel-hippocratisme," in *Médecine officielle et médecine hérétique*, Alexis Carrel and Auguste Lumière et al. (Paris: Plon, 1945), pp. 157–58.

100. One writer suggested that differences of individual constitution were largely ignored because "political dogmas of the equality of citizens must, because of a concern for equity, extend to biology." Maurice Périot, *Hippocrate avait raison: synthèse de la personnalité humaine par le tempérament* (Marseille: M. Leconte, 1941), p. 9.

101. Judith P. Swazey, *Chlorpromazine in Psychiatry: A Study of Therapeutic Innovation* (Cambridge, Ma.: MIT Press, 1974), pp. 11–41. The chlorpromazine story has another intriguing link to holism. The individual most responsible for its development, Henri Laborit, was a surgeon friendly with René Leriche. His research on chlorpromazine originated in a line of research on shock deeply influenced by Leriche.

102. Jean Delay, "Perspectives psychosomatiques," *Presse médicale*, 68(1960), 1607.