

**The healing power of words: medicine as literature in
Bernard Mandeville's Treatise of the hypochondriack
and hysterick diseases**

Sylvie Kleiman-Lafon

► **To cite this version:**

Sylvie Kleiman-Lafon. The healing power of words: medicine as literature in Bernard Mandeville's Treatise of the hypochondriack and hysterick diseases. Voltaire Foundation, Oxford. Medicine and narration in the eighteenth century, 2013, Studies on Voltaire and the Eighteenth century. <hal-01418894>

HAL Id: hal-01418894

<https://hal-univ-paris8.archives-ouvertes.fr/hal-01418894>

Submitted on 17 Dec 2016

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

The healing power of words: medicine as literature in Bernard Mandeville's *Treatise of the hypochondriack and hysterick diseases*

SYLVIE KLEIMAN-LAFON

In the prefatory note to his definitive edition of the *Fable of the bees*,¹ Frederick Kaye claimed that he had 'not passed these last years in Mandeville's company without an ever-deepening certainty of his literary greatness', leaving future generations of scholars the opportunity to expound on this aspect of Mandeville's work. Notwithstanding the intricate composition of the *Fable of the bees* itself, published in three successive phases and featuring a long poem, a set of philosophical remarks and a dialogue, the best example of the literary qualities mentioned by Kaye is certainly – and perhaps surprisingly – Mandeville's *Treatise of the hypochondriack and hysterick diseases*, the only medical work ever written in English by the Dutch physician.

When, in 1711, the first version of what was then entitled *A Treatise on the hypochondriack and hysterick passions* appeared,² Bernard Mandeville had already published a translation of La Fontaine (*Some fables after the easie and familiar method of Monsieur de La Fontaine*), *Typhon, or the Wars between the gods and giants: a burlesque poem in imitation of the comical Mons. Scarron* (1704), *The Grumbling hive* – the first version of the text which was reissued in 1714 with a set of philosophical remarks as *The Fable of the bees* – and *The Virgin unmask'd*, a dialogue upon love and marriage between an old woman and her niece.³ The initial version of the *Treatise* was reprinted in

1. Bernard Mandeville, *The Fable of the bees*, ed. Frederick B. Kaye, 2 vols (Oxford, 1924).
2. B. Mandeville, *A Treatise on the hypochondriack and hysterick passions, vulgarly call'd the hypo in men and vapours in women, in which the symptoms, causes, and cure of those diseases are set forth after a method entirely new, the whole interspers'd, with instructive discourses on the real art of physic itself, and entertaining remarks on the modern practice of physicians and apothecaries, very useful to all, that have the misfortune to stand in need of either, in three dialogues* (London, Dryden Leach, 1711).
3. *Some fables after the easie and familiar method of Monsieur de La Fontaine* (London, 1703) followed by an enlarged version (*Æsop dress'd*, London, R. Wellington, 1704), this edition contains Mandeville's translation of La Fontaine's 'Les membres et l'estomac', which heralds the passages on the supremacy of digestion included in the *Treatise* and hints at the body as a metaphor of government used in *The Fable of the bees* (see vol.1, p.3). *Typhon, or the Wars between the gods and giants* (London, J. Pero, 1704); *The Grumbling hive, or Knaves turn'd honest* (London, S. Ballard, 1705); *The Virgin unmask'd* (London, J. Morphew, 1709).

1715 with no changes by the same publisher.⁴ Fifteen years later, a second edition ‘corrected and enlarged by the author’ was printed; Mandeville altered the title, added about a hundred new pages and took out certain parts.⁵

With the *Treatise*, Mandeville returned to medical literature, which he had somewhat neglected since his university years in Leyden, where he matriculated in philosophy in 1685 and graduated in 1691 with a doctoral degree in medicine. Indeed, apart from this larger work, his only forays into medical writing had hitherto been limited to his production as a student. He wrote his inaugural thesis in 1685 (*Bernardi à Mandeville de medicina oratio scholastica*), followed by another philosophical dissertation on animal functions in 1689 (*Disputatio philosophica de brutorum operationibus*). Finally, in 1691, he defended his medical thesis on the subject of digestion (*Disputatio medica inauguralis de chylosi vitiata*) and substantial portions of this text were later incorporated in the *Treatise*.

Mandeville’s intentions are quite clearly expressed in the title of the *Treatise* itself: to write a comprehensive work on hypochondriac affections and how to cure them.⁶ Had the *Treatise* been limited to such a dry practical approach, however, it would not have been very different from other works on the same subject published earlier (on melancholy) or later, such as John Hill’s *Hypochondriasis*.⁷ Mandeville’s real project, as first described in his preface, is not only to offer his suffering readers a thorough description of their ailments and to suggest his own cures, but also to explain his scientific method and his conception of sound medical practice.

The dialogue form provides Mandeville with the opportunity to depart from the traditional format of medical treatises – ‘to deviate from the usual method’ – and to avoid ‘the tedious enumeration of signs and causes upon the neck of one another, as well as the frightful heaps of different medicines found in those that have treated of the hypochondriack and hysteric passions’.⁸ The necessity to steer clear

4. B. Mandeville, *A Treatise on hypochondriack and hysteric passions* (London, Dryden Leach, 1715).

5. B. Mandeville, *A Treatise on hypochondriack and hysteric diseases* (London, J. Tonson, 1730).

6. In Mandeville’s time, the term ‘hypochondria’ did not yet refer to an imaginary disease or to the irrational fear of being ill. Mandeville uses the term to designate an affection that was still quite close to Galen’s hypochondriac melancholy – he understood it as a psychosomatic disease characterised by abdominal pain, indigestion and flatulence alongside more psychological symptoms such as irritability or ennui. From the end of the seventeenth century, hypochondria came to be associated with all sorts of compulsive behaviours: excessive drinking (tea, coffee or alcohol), eating or reading, or unbridled sexuality.

7. John Hill, *Hypochondriasis: a practical treatise on the nature and cure of that disorder, commonly called the hyp and hypo* (London, for the author, 1766).

8. Mandeville, *Treatise* (1711), p.viii.

of unpalatable jargon in order to be understood by a large readership also enables him to underline a fault commonly found in contemporary physicians and patients alike: an exaggerated taste for false knowledge and pretentious language. Apart from its practical and didactic purposes, the *Treatise* is first intended as a criticism of the physician who, out of pride, 'abandons the solid observation of never erring nature to take up with the loose conjectures of his own wandering invention, that the world may admire the fertility of his brain', and of the equally vain patient who is 'in love with the reasoning physician, to have an opportunity of showing the depth of his penetration'.⁹

The *Treatise* was published six years after *The Grumbling hive*, in which Mandeville had already portrayed both the medical profession and patients in a rather unfavourable light:

Physicians valued Fame and Wealth
 Above the drooping Patient's Health,
 Or their own Skill: The greatest Part
 Study'd instead of Rules of Art,
 Grave pensive Looks, and dull Behaviour;
 To gain th'Apothecary's Favour,
 The Praise of Mid-wives, Priests and all,
 That served at Birth, or Funeral;
 To bear with th'ever-talking Tribe,
 And hear my Lady's Aunt prescribe;
 With formal Smile, and kind How d'ye,
 To fawn on all the Family;
 And, which of all the greatest Curse is,
 T'endure th'Impertinence of Nurses.¹⁰

Once the knaves turned honest, the money-making hive became a virtuous but ruined desert, in which knowledgeable and respectable physicians dealt with reasonable patients:

Tho' Physick lived, whilst Folks were ill,
 None would prescribe, but Bees of Skill;
 Which, through the Hive dispers'd so wide,
 That none of 'em had need to ride,
 Waved in vain Disputes; and strive to free
 The Patients of their Misery;
 Left Drugs in cheating Countries grown,
 And used the Product of their own,
 Knowing the Gods sent no disease
 To Nations without Remedies.¹¹

9. Mandeville, *Treatise* (1711), p.iv.

10. Mandeville, *The Grumbling hive*, p.5-6.

11. Mandeville, *The Grumbling hive*, p.18.

The 1711 preface to the *Treatise* takes up some of the provocative ideas exposed in the *Grumbling hive*. It is also the occasion for Mandeville to present his own professional ethics while rejecting in advance the criticism his work was bound to spark off, especially the most likely accusations of self-promotion:

From a romantick pretence, that neglecting their private interest, men ought only to labour for the good of others, it is become the fashion among the censorious to give the name of *quack* bills to all the writings of physicians, by which it is possible, that besides the common welfare of the people, they can have any by-end of increasing their reputation and promoting their own practice.¹²

The preface ends with a much clearer allusion to the idea that private vices induce public benefits:

The common good and benefit of mankind are stalking horses, made use of by every body, and generally most talk'd of by those that least regard them. But the men of sense of our clear-sighted age are wiser than to expect such heroic flights of self-denying virtue from their fellow-creatures, and whoever understands anything of a green knows that every bowl must have a bias, and that there would be no playing without it.

Wherefore as times go, and the world is degenerate, I don't think, that he is either a bad subject or a useless member of humane society, who, without detriment to the publick, serves his own ends, by being beneficial to those who employ him.¹³

Between 1711 and the publication of the second edition of the *Treatise* in 1730, the scandal created by the 1723 edition of *The Fable of the bees* certainly prompted Mandeville to remove some objectionable passages from his work, more particularly the clear allusions to the moral stance of *The Fable*.¹⁴ Possible reactions to the *Treatise* itself as an exercise of self-promotion may also have convinced Mandeville to take out any direct reference to his personal life. The mention of Mandeville's own address 'in Manchester Court, in Channel-Row, Westminster' on the title page had already disappeared in 1715, but in the 1730 edition Mandeville even suppressed the following cautious invitation from the original preface:

neither would I have scrupl'd to direct the reader to my habitation, if I made my constant abode in the city; but as I live with my family out of town,

12. Mandeville, *Treatise* (1711), p.xii-xiii.

13. Mandeville, *Treatise* (1711), p.xiii-xiv.

14. According to F. B. Kaye, this new edition of *The Fable of the bees* attracted unprecedented attention and was even presented by the grand jury of Middlesex as a moral and political threat to the nation. The addition of the dialogue in 1728 did little to assuage the violence of the initial criticism. For a detailed account of the reception of *The Fable* and of the attacks from the grand jury, see W. A. Speck, 'Bernard Mandeville and the Middlesex grand jury', *Eighteenth-century studies* 11:3 (1978), p.362-74.

instead of dating this epistle from my own house, I shall refer him to the booksellers and printers, named at the bottom of the title page, from whom anyone may always learn where to find me.¹⁵

He also took out several allusions to his father, who was, like him, a specialist of nerve and stomach disorders in Amsterdam and Rotterdam,¹⁶ together with another passage in the preface in which he explained that he was speaking through the character of Philopirio (the physician of the dialogues).¹⁷ Mandeville obviously did not want the attacks launched on *The Fable of the bees* to mar the success of his medical work or, even worse, to interfere with the message of the *Treatise*. But these alterations may also have been prompted by a reflection on the subject of the *Treatise* itself. In his unpublished thesis on Mandeville, Stephen Hanscom Goode accurately suggests that the various allusions to his father may also have been removed because they were inconsistent with Mandeville's conception of medical knowledge as something which is gained by experience and cannot solely be passed on from one generation to another.¹⁸ More generally, self-effacement may also have appeared to him, on second thought, as being more in keeping with his vilification of pride and dishonesty.

The change in the title – the word 'diseases' replacing the word 'passions' in the 1730 edition – is somewhat more problematic. Malebranche's definition of the passions in *De la recherche de la vérité* apparently corresponded to what Mandeville meant in the initial title: 'J'appelle ici passions toutes les émotions que l'âme ressent naturellement, à l'occasion des mouvements extraordinaires des esprits animaux et du sang.'¹⁹ Mandeville first used the word 'passion' to describe a physical disorder affecting the soul; his later use of the word 'disease' does not make much difference except that it seems to present hypochondria and hysteria from a more strictly medical point of view, perhaps removing (at least from the title) a philosophical notion that might have again sounded too close to the moral issues of *The Fable of the*

15. Mandeville, *Treatise* (1711), p.xiv.

16. Mandeville, *Treatise* (1711), p.40: '[I have] been led into it by the long experience of a father before me, who, when he died had been a physician above 38 years, in two very populous cities, and as he had some success in the distempers we speak of, at the very beginning of his practice.'

17. Mandeville, *Treatise* (1711), p.xi: 'In these dialogues, I have done the same as *Seneca* did in his *Octavia*, and brought myself upon the stage; with this difference, that he kept his own name, and I changed mine for that of *Philopirio*, a lover of experience, which I shall always profess to be.'

18. Stephen Hanscom Good, 'Bernard Mandeville: the physician as writer', doctoral dissertation, University of Pittsburg, 1972, p.95.

19. Nicolas de Malebranche, *De la recherche de la vérité*, 2 vols (Paris, André Pralard, 1674-1675), vol.2, bk 5, ch.1, p.122.

bees. Mandeville's idea may also have been to suggest that these affections were, unlike the passions, beyond the control of the soul (and of the patient's willpower): a disorder of the animal spirits that required a cure addressing both the mind and the body. To Mandeville, this was certainly not an exercise in pure flattery directed at a guilt-ridden patient: winning the patient/reader's trust by removing anything that may have sounded accusatory or could have hinted at moral disapproval was indeed the very basis of the cure.

A discourse on the method

The *Treatise* consists of three dialogues between a doctor, Philopirio, and a couple: Misomedon (the hypochondriac) and his wife Polytheca, who suffers from the vapours but intends chiefly to ask the doctor for advice for their daughter, who also suffers from the same illness. Mandeville used the dialogue form in most of his major works.²⁰ The aim was no doubt to select both a format that was unexpected in a medical treatise and one that corresponded to the taste of a 'sprightly talkative age', and aimed at giving a convincing voice to the 'silent experience of pain-taking practitioners' against 'the witty speculations of hypothetical doctors'.²¹ It was also dictated by the necessity of bringing the patient to the gradual acceptance of his condition and of the proposed cure by opposing the confessed limitations of the physician's knowledge to the false certainties of the patient. The ailing reader of the *Treatise* (Mandeville professes to write for the benefit of the patients and not for that of other practitioners) is therefore presented with Misomedon's case history by the hypochondriac himself, and no opinion is imposed upon him that has not been first discussed between the patient and his doctor. Mandeville's intention in the *Treatise* is to help the patient to know himself better, a principle which is also summed up in *The Fable of the bees*: 'One of the greatest reasons why so few people understand themselves, is, that most writers are always teaching men what they should be, and hardly ever trouble their heads with telling them what they really are.'²² Mandeville echoes the Socratic injunction – 'know thyself' – not as an encouragement to a narcissistic and self-indulging soul-searching but as the compulsory tool of personal improvement and, in this case, cure. In the *Treatise*, Philopirio presses Misomedon – who grossly misjudges both his illness and his wife's – to keep looking into

20. See *The Virgin unmask'd, The Fable of the bees, part II, by the author of the first* (London, J. Roberts, 1729) and *An Inquiry into the origin of honour* (London, J. Brotherton, 1732).

21. Mandeville, *Treatise* (1711), p. iv.

22. Mandeville, *The Fable of the bees*, ed. Kaye, vol. 1, p. 39.

himself, quoting a short passage from Horace to make his exhortation more convincing: 'Denique te ipsum concute.'²³

At the beginning of the first dialogue, Misomedon paradoxically explains to Philopirio that, despite the fact that he believes himself to be incurable, he has nonetheless decided to consult in an ultimate attempt to rid himself of what he goes on to describe as a crippling disease, but also (and perhaps mainly) to be proven right. He claims to the sceptical physician that he is convinced of the hopelessness of his case 'by reason, and not a suggestion of [his] fear'. The patient could have added 'by experience as well', since the tiresome succession of useless remedies he has endured has fuelled both the illness and Misomedon's mistrust of doctors, as his name suggests.²⁴

The patient's description of his symptoms and of the history of their appearance is conspicuously linked to his coming into several sources of money: to the 300 pounds a year left to him after his father's death is added the personal fortune of his wife, which he immediately uses up to pay off his accumulating debts. Just when he is about to be ruined for good by his spendthrift existence, he finally gains the estate bequeathed to him by a distant relative. His amazed discovery of the possible consequences of his excessive consumption of goods is followed by a no less excessive consumption of books and physical pleasures.²⁵ The exposition of Misomedon's case enables Mandeville to present the reader with various types of doctors and as many conflicting medical theories. The first symptoms – winds, belches, water in the mouth and 'other signs of indigestion' – are explained by 'an eminent physician' and 'man of great learning' as deriving from the heat of the liver and the cold temperament of the stomach, for which he prescribes thorough bleeding and purging. The first doctor, a proponent of the medical methods of the ancients, sounds very much like Molière's Purgon and Diafoirus in *Le Malade imaginaire* (1673) or like Lesage's Sangrado in *Gil Blas* (1715-1735). The pedantic accumulation of Latin medical terms and the confused

23. Horace, *Satires*, l.iii.35: 'denique te ipsum concute, numqua tibi uitiorum inseuerit olim natura aut etiam consuetudo mala' ('Examine yourself, and see if no failings have been sown by Nature or by habit').

24. Misomedon admits that his knowledge of medicine is mainly theoretical but he adds that the small experience he has is the result of his experience as a valetudinarian: 'what to my cost, in relation to my own illness, I have learn'd upon myself' (Mandeville, *Treatise*, 1711, p.37).

25. Excessive consumption and luxury are extensively discussed by Mandeville in *The Fable of the bees*, especially in 'Remark (L.)'. The guiding principle of the *Treatise* is probably best summed up in *The Fable*: 'It is happy for us to have fear for a keeper, as long as our reason is not strong enough to govern our appetites' (*The Fable of the bees*, ed. Kaye, Remark (L.), vol.1, p. 118). For further reading, see *Consumption and the world of goods*, ed. John Brewer and Roy Porter (London, 1993); *Consumer culture in Europe, 1650-1850*, ed. Maxine Berg and Helen Clifford (Manchester, 1999).

explanation of the proposed treatment are typical of this class of physician for whom bleeding and purging are the only medical answer, regardless of the nature of the disease and the history of the patient. Following the first doctor's advice, Misomedon goes to Epsom 'to drink the waters' but the remedy is worse than the disease as this additional purgation only accelerates the physical decline of the patient. Sending for 'the first physician to be had' in Epsom and being presented with the same remedies again, Misomedon then hopelessly confides in a neighbour, who pragmatically advises him to rely on 'plain, palatable medicine':

A bottle of French Claret, which he ordered to be burnt with good store of Cinnamon, cloves and mace and a pretty deal of orange-peel; whilst this was a-boiling he sent for some syrup of quinces to sweeten it, and when it was ready, made me take half a pint of it, with a very brown toast well rubb'd with nutmeg.²⁶

He is cured in a day and, back in London, merely suffers from a 'grumbling in [the] bowels' for the next two years. This symptom becoming increasingly inconvenient, he is then pushed by his wife to consult 'one of the most noted physicians about town'. The second doctor is a proponent of the 'modern opinion', and he derides the preceding methods as 'fopperies' and 'figments', opposing them to his own 'rational method', which he delineates in a logical demonstration in three parts. The prescribed chemical remedies offer instant relief but, as soon as Misomedon ceases the treatment, the symptoms come back more vigorously each time until the medicines finally prove ineffectual. The modern physician soon gets tired of his melancholy patient, who then tries to come up with remedies of his own, mixing former prescriptions and happenstance knowledge acquired by the random study of a vast number of medical books.²⁷ The tedious enumeration of Misomedon's reading echoes the list of aggravating symptoms of indigestion induced by his 'canine appetite' for both food and medical knowledge: 'unsavoury belchings', 'croaking *borborigmi*', 'gnawing pain', 'vomiting', 'convulsive pullings', 'constipation', 'vertigo' and constant nightmares.²⁸ Before Mandeville, Giorgio Baglivi had already underlined the equal pointlessness of reading and eating in excess: 'For as over-feeding does not improve health, neither does insatiable reading enlarge solid knowledge.'²⁹

26. Mandeville, *Treatise* (1711), p.13.

27. See Jean-Jacques Rousseau, who, in *The Confessions*, also describes his own 'extravagant method' of reading and deplors his excessive consumption of bookish knowledge; *The Confessions, with the Reveries of the solitary walker*, 2 vols (Dublin, Whitestone, 1783), vol.2, bk 6, p.86.

28. Mandeville, *Treatise* (1730), p.22-25.

29. Giorgio Baglivi, *The Practice of physick reduc'd to the ancient way of observations*, 1st edn [Latin]

This unrestrained consumption and irrational search for new remedies and new doctors (Misomedon confesses to sending 'for two or three physicians at a time') finally leads to the complete domination of the disease.³⁰ Far from trying to curb his voraciousness, Misomedon increases his consumption of medical treatises with the intention of acquiring an all-encompassing knowledge of the subject, yet he is left even more puzzled by the contradictions, delusions and falsities of the authors he names. In the third dialogue, Mandeville gives this deluge of words an absurd twist with the lengthy reproduction of pages of abstruse medical prescriptions in apothecary's Latin abbreviations – unpalatable words fit for ineffectual treatments:

R. Passular minor, ʒ ii
Conquantur in aquæ lib. Ii. Et Colaturæ ferventi adde fol. Sennæ. ʒ fs.
Cremor. Tartari ʒ i
Sem. Fœnic.
Anisi contusor aa ʒ ii
*Colat. Adde Syrup. Rosac. Solutiv. C. Hellebor. ʒ ii. m. f. Apoz.*³¹

The effect of this impenetrable prose is that of a final purge whose aim is to unclog Misomedon's speech and reasoning. To Philopirio, language, just like the patient's diet, must be simple and truly nourishing.

Misomedon seems therefore to ascribe two chief causes to his illness: the uncontrolled consumption of food and remedies (leading either to painful retention or to unrepressed evacuation), and the irrepressible consumption of words and incoherent discourses (leading either to confusion or to unstoppable logorrhoea). The idea that excessive book-reading is at the root of hypochondria is certainly not new, and in the second dialogue Misomedon and Philopirio discuss Mickaël Ettmüller's explanation of the fact that men of learning are allegedly more prone to hypochondria than other classes of men: 'their stooping and squeezing the belly against the books [...] hinders the free descent of the diaphragm, and consequently the circulation of the humour.'³² More

(1696); 1st edn [English] (London, Andrew Bell, 1704), ch.7, 'The preposterous reading of books', p.41. G. Baglivi (1668-1707) was an Italian physician. During his medical studies he travelled throughout Europe, especially to Holland and England, where Mandeville may have met him. He became a fellow of the Royal Society in 1698. Mandeville was no doubt attracted by his Hippocratic bias and quoted him extensively in the *Treatise*. For his complete works, see *Opera omnia medico-practica et anatomica* (Lyon, C. Rigaud, 1704).

30. Mandeville, *Treatise* (1711), p.24: 'I was touch'd by an unspeakable concern, to think that the cruel distemper had now likewise invaded my soul, as before it had tyranniz'd my body only.'

31. Mandeville, *Treatise* (1730), p.257. See also (1711), p.183-95.

32. Mandeville, *Treatise* (1711), p.149. See Mickaël Ettmüller, *Operum omnium medico-physicorum* (Lyon, Thomas Amaulry, 1690), p.70. M. Ettmüller (1644-1683) was a German physician

seriously, Philopirio explains that the hard studies and constant lack of exercise that characterise the life of the learned make them prone to hypochondria by overstraining their animal spirits. Much later, Jean-Jacques Rousseau also pointed to an excess of medical literature to explain part of his affection, using words that Mandeville could easily have put into Misomedon's mouth:

Pour m'achever, ayant fait entrer un peu de physiologie dans mes lectures, je m'étais mis à étudier l'anatomie, en passant en revue la multitude et le jeu des pièces qui composaient ma machine, je m'attendais à sentir détraquer tout cela vingt fois par jour: loin d'être étonné de me trouver mourant, je l'étais que je pusse encore vivre, et je ne lisais pas la description d'une maladie que je ne crusse être la mienne. Je suis sûr que si je n'avais pas été malade, je le serais devenu par cette fatale étude.³³

In the *Treatise*, if medical books – rather than any other kind of books – are presented as having deleterious effects on the patient's health, the reading of the classics is not identified as the trigger of Misomedon's disease. On the contrary, as opposed to the 'crabbed authors' of his legal studies, the 'exquisite authors' of the books found among the various 'things of value' bequeathed by his distant relative managed to divert Misomedon from his spending frenzy.³⁴ His taste for classic authors is even used by Philopirio in his curing strategy, a choice he justifies at the end of the third dialogue:

I am not only careful of the *idiosyncrasis*, but likewise strive to fall in with the very humours and inclination of my patients: as for example, as soon as I heard you was [*sic*] a man of learning and lov'd quotations from classic authors, I answ'r'd you in your own dialect, and often strain'd myself to imitate, what in you is natural: I would not have talk'd so to a modishly ignorant courtier, that would call it pedantick.³⁵

To put an end to the physical torments of his patient, Philopirio must first introduce some order and clarification to the mixture of medical

who taught botany, anatomy and surgery at the university of Leipzig. See also, among other authors quoted by Mandeville, Boerhaave, Locke and Sydenham.

33. Jean-Jacques Rousseau, *Les Confessions*, 4 vols (Geneva, 1782-1789), vol.2, bk 6, p.106. See also on the same subject, S.-A. Tissot, *De la santé des gens de lettres* (Lausanne, 1758). See also Rudy Le Menthéour's article on Rousseau's self-diagnosis in this volume, 'Melancholy vaporised: self-narration and counter-diagnosis in Rousseau's work'.

34. See, Mandeville, *Treatise* (1711) p.5-6. If Mandeville does not advocate a good book as a proper remedy against hypochondria, Thomas Sydenham, asked by Richard Blackmore to give a list of useful readings for a would-be doctor, reportedly answered: 'Read *Don Quixote*, it is a very good book, I read it still' (Richard Blackmore, *A Treatise upon the small pox*, London, J. Clark, 1723, p.xi). Quoted by Kenneth Dewhurst, 'Thomas Sydenham (1624-1689), reformer of clinical medicine', *Medical history* 6:2 (1962), p.101-18 (104).

35. Mandeville, *Treatise* (1711), p.277.

theories his patient has ingested over the years.³⁶ Mutual trust being at the basis of the cure, the ensuing conversation is not, therefore, that of a patient and his physician – in which the latter would try to impose his views to the former in uncompromising and sententious terms – but the casual discussion of two men of learning. Through the cautious Philopirio, Mandeville also intends to win his readers (and potential patients) over and to convince them – as Philopirio convinces Misomedon – of the validity of his approach to medical knowledge and practice.

To theory and hypotheses (which he judges as diverting as a good play but equally unable to provide a cure),³⁷ Philopirio opposes observation and experience: 'Tis observation, plain observation without descanting or reasoning upon it that makes the art, and all, that neglecting this main point have strove to embellish it with the fruits of their brain, have but cramp't and confounded it.'³⁸ He advocates the imperative necessity of spending countless hours by his patients' bedsides and denounces diagnoses made *a priori* and from a distance, 'in the closet' of the physician.³⁹ He rails against Van Helmont and Thomas Willis, blaming the former for hiding his inconsistencies under the gloss of his wit ('Van Helmont was as rash, as he was witty; I am always extremely pleas'd with his good sense, and energetick way of writing, but have often wish'd that his reasons had been better back'd with observations'),⁴⁰ and the latter for his excessive use of tropes and figures: 'The admirable Willis is here as he is every where full of wit; his speculations are sublime, as imagination can carry them, and the contrivances of all he supposes are most ingenious. These similes I confess are very diverting for people that have nothing else to do...'⁴¹ Mandeville is here siding with Giorgio Baglivi, who argues that the abuse of similes in medical writings can only lead to confusion and to a misconception of the functioning of the human body. Like Baglivi, for instance, Mandeville blames Willis for taking up the widely used image of

36. Mandeville is here taking up Baglivi's advice to 'read with a method': see *The Practice of physick*, p.41.

37. See Mandeville, *Treatise* (1711), p.86: 'In some of our modern hypotheses there is as much wit to be discover'd as in a tolerable play, and the contrivance of them cost as much labour; what pity it is they won't cure sick people.'

38. Mandeville, *Treatise* (1711), p.35.

39. Mandeville, *Treatise* (1711), p.39: 'To be constantly near the patient's bed-side and faithfully set down every symptom, nay every motion he discovers'. See also p.54.

40. Mandeville, *Treatise* (1711), p.81.

41. Mandeville, *Treatise* (1711), p.86. See also p.163, about Willis' use of a martial metaphor to explain the movement of the animal spirits: 'This is no doubt a very witty simile, but to say no more of his poetical army of myrmidons, nor your digression upon dreams, I'll go back from whence I started, and own myself answer'd as to my first doubt.' On the rejection of similes in medical literature, see Baglivi, *The Practice of Physick*, ch.6, 'False similes, or a false sort of analogies'.

the alembic to describe fermentation and blood circulation (a comparison also to be found in Descartes' *Traité de l'homme*).⁴² But he also blames both for some of the theories they defend. If Philopirio's opinion on hypochondria takes up elements found in the work of John Purcell or Richard Blackmore as to the role of the spleen or of the animal spirits, he really sides with more practical authors, especially Sydenham and Giorgio Baglivi, from whom he borrows most of the principles expounded in the *Treatise* on the subject of medical practice. Echoing Sydenham against the common idea that a defect of the spleen is at the root of hypochondriac affections by producing too much heat, Philopirio claims that a more likely cause is a deficiency of the stomach ('a disorder of the chylification') and an excessive agitation of the animal spirits.⁴³

A talking cure

For Philopirio, curing his patient is not only a matter of explaining and convincing him of the pertinence of his medical knowledge and practice. Time, as in all relationships, is of the essence. The first questions asked by Misomedon of his new physician at the beginning of the first dialogue are therefore time-related, the amount of attention expected by Misomedon being doubled in the space of two sentences:

Mis. Are you in haste, pray?

Phil. Not in great haste, Sir.

Mis. I am glad of that; for most of your profession always either are, or at least pretend to be in a great hurry. But tho' you are at leisure, can you hear a man talk for half an hour together, and perhaps not always to the purpose, without interrupting him? For I have a great deal to say to you, several questions to ask you, [...] can you stay an hour?⁴⁴

The slow process of what is akin to a Freudian talking cure is mimicked by the winding and digressive progress of the conversation, which takes place over a few days.⁴⁵ The simple fact of talking at length to a

42. René Descartes, *Traité de l'homme* (1664), in *Œuvres et lettres*, ed. A. Bridoux (Paris, Gallimard, 1953), p.807-73 (808-15).

43. See Mandeville, *Treatise* (1711), p.81: 'What I think most suitable to the observations I have made, and consequently most probable is the opinion of those; that absolving the spleen, meseraick vessels, bilious, and pancreatick juice, etc. Throw all the fault upon the stomach.' See also p.107: 'not a deficiency of the spirits but their too violent agitation and therefore confusion'; and p.121: 'The disorders of the chylification are chiefly the cause of the distemper in question, I shall endeavour to prove.'

44. Mandeville, *Treatise* (1711), p.2.

45. For a definition of the talking cure, see Sigmund Freud and Josef Breuer, *Studies on hysteria* (1895), translated by James and Alix Strachey (London, 1955). Mandeville here advocates digressive conversation as an efficient cure. In Smollett's *Humphry Clinker*, centred on the hypochondriac character of Matthew Bramble, the winding roads from Wales to Scotland

sympathetic ear is already enough to ease the pains of Misomedon, and at the end of the seemingly endless inventory of his woes, he already expresses his relief at having been listened to:

If your medicines do me no good, I am sure, your company will [...] You can't imagine, how a pertinent lively discourse, or any thing that is sprightly revives my spirits. I don't know, what it is that makes me so, whether it be our talking together, the serenity of the air, or both; but I enjoy abundance of pleasure, and this moment, methinks, I am as well, as ever I was in my life.⁴⁶

For Misomedon, however, the relief is short-lived and immediately after this optimistic declaration he confesses to being again 'full of doubts and fears', and expresses his anxiety at the idea that his new doctor might go away and never come back. Despite his being constantly reassured by Philopirio, who claims that what the patient presents as a 'tedious tale' is in fact a diverting story and that he 'could hearken to [him] with pleasure for hours together', Misomedon resorts to all sorts of flattering arguments to hold him back. He thus first appeals to his expertise: 'But pray, don't leave me yet; for having told you concerning my distemper, every thing that has occur'd to my memory, I am now full of expectation, to hear what you think both of that and me.'⁴⁷ He later calls on the probable attractiveness of a financial reward to convince Philopirio to bear with him: 'come again to morrow about the same hour [...] What time I make you lose, shall be at my charge; and you'll never find me stingy, when I am troublesome [...] But don't go yet, if you are not in haste.'⁴⁸

But drawing and retaining Philopirio's attention is only a prerequisite to Misomedon's possible recovery. The fact that he too may become able to listen to and to accept the validity of another discourse than his own marks a real turning point in his treatment. His destructive self-centredness slowly gives way to exchange and to a growing interest in others; he also submits to the order and method Philopirio intends to instil in his dangerously cluttered erudition. Soon after finding that his doctor's conversation is doing him good, Misomedon also yields to the authority of his demonstration: 'I begin to be somewhat of your opinion, and am apt to think, that the art itself may yield some very good rules

and the meanders of a written conversation also alleviate the sufferings of the diseased. In this volume, Gavin Budge relates Bramble's discourse to the notion of irritability ('Smollett and the novel of irritability'), which accounts for Bramble's paradoxical sensibility, and his chronic dissatisfaction with his environment.

46. Mandeville, *Treatise* (1711), p.41.

47. Mandeville, *Treatise* (1711), p.47.

48. Mandeville, *Treatise* (1711), p.58-59. See also (1730), p.343: 'I cheerfully confide in your knowledge, Philopirio, wishing no better success than my observance shall deserve; and depend upon it, if the event proves as happy as the expectation you give of it seems reasonable, you shall never find me ungrateful.'

when it is well cultivated', he candidly confesses; and he later adds that, ready to change his mind about medicine, he is Philopirio's 'convert already' and prepared to judge a physician by his practice and not by the satisfying ring of his theories.⁴⁹

From then on, what had hitherto been an exchange between a patient and his doctor slowly becomes a conversation between two men of learning, to such an extent that Philopirio himself ends up confiding some of his own idiosyncrasies to his patient. Following a long tirade against quacks, apothecaries and 'the growing luxury of the times' on the part of Misomedon, who predicts that, being honest, Philopirio will never 'get into great business', the latter explains in a very Mandevillian twist that his professional virtues are the mere consequences of his imperfections, and that his apparent disinterestedness looks more like self-interest:

Phil. I could never go through a multiplicity of business. Every body ought to consult his own temper and abilities in all undertakings. I hate a crowd, and I hate to be in a hurry. Besides, I am naturally slow, and could no more attend a dozen patients in a day, and think of them as I should do, than I could fly. I must own to you likewise, that I am a little selfish, and can't help minding my own enjoyments, and my own diversion, and in short, my own good, as well as the good of others [...] Not that I love to be idle; but I want to be employed to my own liking; and if a man gives away to others two thirds of the time he is awake, I think he deserves to have the rest for himself.

Misom. Pray, did you ever wish for a great estate?

Phil. Often, and I should certainly have had one before now, if wishing could have procur'd it.

Misom. But I am sure, you never sought heartily after riches.

Phil. I have always been frugal enough to have no occasion for them.

Misom. I don't believe you love money.

Phil. Indeed I do.

Misom. I mean you have no notion of the worth of it, no real esteem for it.

Phil. Yes I have; but I value it in the same manner as most people do their health; which you know is seldom thought of but when it is wanted.⁵⁰

The evolution of the roles in the patient–doctor relationship is such that Misomedon finally becomes sufficiently self-confident to interrupt Philopirio or even to point out the weakness of some of his arguments. Pressed to explain why physical exercise does not threaten the animal spirits or the composition of blood, and finding himself short of indis-

49. See Mandeville, *Treatise* (1711), p.58-59.

50. This passage was added in the 1730 edition (p.352). This was a way for Mandeville to deny that he had mainly written the *Treatise* to increase his practice; but appearing under the guise of a character who advocates neither idleness nor an immoderate taste for riches also enabled him to contradict the Middlesex grand jury, who had presented him as a proponent of luxury and vice.

putable proofs, Philopirio eventually concedes that: 'Our shallow understandings shall never penetrate into the structure of parts of that amazing as well as mysterious composition, the mass of the blood; and therefore let us not launch into any further disputes about that incomprehensible mixture, or assert any more of it, than what observation will allow us.' Emboldened by being thus able to converse with a man of the art, Misomedon sneers at Philopirio for his evasiveness: 'Good Philopirio no evasions, by way of cant: If you can destroy that supposition, do, otherwise don't speak against it.'⁵¹ Later in the second dialogue, he appears to be able to look at his own case from a distance and even, for the first time, to smile at his own excesses instead of lamenting his situation: 'I [...] can but smile at the comical way we have of digging our own graves.'⁵²

At this stage, the evolution of Misomedon's state of mind enables him to forget – at least momentarily – his own symptoms to discuss more general principles and even other cases, including that of his daughter. This change of subject is made less abrupt by the concluding summary of the various causes that brought him over the years to suffer from a chronic illness: the 'irregularities of [his] youth' paved the way to the disease, especially his marrying young and indulging in carnal pleasures with his wife:

The first I can accuse is your marrying young, and being too much addicted to what you was pleas'd to call the *res uxoria*: It is incredible, what vast treasures are insensibly consumed by a continual expense, tho' it be never so little. I know very well, that most married people flatter themselves with sufficiently consulting their health if they only abstain from unlawful pleasures, how intemperately soever they indulge their appetites, where the ridiculous notion of duty can palliate the extravagancy of their lust; but it is certain that the excess of legitimate, and what we call chaste embraces, proves often of no less fatal consequence as to the utter undoing our strength and constitution, than the *impura Venus* herself.⁵³

To Philopirio, once lost because of an excessive sexual activity, the animal spirits are lost forever: 'There is a season in which we cannot believe, that the spirits, squander'd away in venereal pleasures, cannot be restor'd, and the losses that were sustain'd are irretrievable.'⁵⁴

51. Mandeville, *Treatise* (1711), p.137.

52. Mandeville, *Treatise* (1711), p.144.

53. Mandeville, *Treatise* (1711), p.142-43.

54. Mandeville, *Treatise* (1711), p.145. Philopirio expresses here the belief that an unbridled sexuality could only weaken the constitution of young men, by diluting the blood, weakening the animal spirits, but above all by steadily depriving men of their semen, a substance held to be all the more precious that it was not thought to be renewable. Mandeville discusses this problem at greater length in another essay, clearly linking the depopulation of some nations and the sexual conduct of young men. See Phil-Porney

The hard studies to which Misomedon later submitted his brain only allowed the disorders to set in,⁵⁵ the chronic 'waste of the spirit' then weakened the stomachic ferment until the final conjunction of medicines and of the 'preposterous evacuation' ordered by the first doctor completed the ruin of Misomedon's health. Despite the rather sombre prognostic announced by Philopirio, for whom 'an entire cure, so as never to relapse into any of the symptoms that are become habitual [...] is never to be expected',⁵⁶ Misomedon seems quite happy to concur, and the second dialogue ends with a solemn declaration and an invitation to a dinner of venison pasty and French claret.⁵⁷ He is so much transformed by this long and free conversation that his fear of being unable to catch Philopirio's attention and to keep him by his side has given way to the confident certainty of his coming back: 'I'll detain you no longer', says Misomedon.

The now casual conversation is continued in the third dialogue, following two interrelated subjects brought about by Misomedon himself: hysteria and the role of apothecaries in the medical sphere. The fastidious exposition, over almost countless pages, of the pharmaceutical preparations swallowed by Misomedon year after year is not only here to indispose the reader, but also to underline the dangers incurred by the patients who fall into the hands of careless and greedy apothecaries. Misomedon speaks as a prosecutor against the whole profession, but his wife sides with her own apothecary, while Philopirio merely intervenes from time to time as a moderator. The discussion is mainly centred on the commercial aspect of the profession, and, again, on the conflicting relationship between the common good (represented by the patient's interest) and the 'private vices' (represented by the putative rapaciousness of the apothecaries).⁵⁸ But the question is also whether or not

(one of Mandeville's pseudonyms), *A Modest defence of publick stewes* (London, A. Moore, 1725), p.17, 19-23.

55. Mandeville, *Treatise* (1711), p.146: 'and indeed the immoderate exercise of the brain, and excess of venery are so generally the occasion of the hypochondriack passions that in all my experience I have hardly met with any, where I had not reason to impute the distemper, at least partly, to either of these if not both'.

56. Mandeville, *Treatise* (1771), p.152.

57. Mandeville, *Treatise* (1711), p.154: 'From this moment I commit myself entirely to your care, without enquiry into your method of cure [...] tomorrow I shall have a venison pasty for dinner, of which if you'll take part, you'll oblige me: my usual hour is one.'

58. Various arguments are used by Misomedon; the obvious interest of selling as many remedies as possible, but also the temptation to sell preparations of a dubious quality or simple products at an exaggerated price. See Mandeville, *Treatise* (1711), p.213: 'For if an apothecary's business be selling of medicine, and you commit a patient to his management, it is plain to me that he is left to himself to sell him as many as his conscience will allow of.' For further arguments, see also p.215-33.

physicians should sell their own remedies to counter the alleged wrongdoings of the apothecaries.⁵⁹

The fierce discussion between husband and wife offers a distorted image of the quiet and meandering conversation between doctor and patient. Misomedon is clearly leading the discussion, not only because he feels better, but also because his revived spirits and increased knowledge have given him an exaggerated feeling of self-confidence. The suffering patient has now adopted the language and posture of the physician and scolds his ailing wife with the voice of authority for doubting the treatment Philopirio recommended to her: 'Yes my dear, a course of exercise, and no medicines at all – I think it is very good English; tho' I confess, such language never came from an apothecaries mouth, or physicians either, that ever was twice recommended by one, and therefore I ought not to think it strange, if you don't apprehend it so readily.'⁶⁰ Misomedon, however, is no Philopirio: his words cannot heal and only make things worse, triggering a terrible headache and forcing Polytheca to withdraw.⁶¹ She points to the dangerous conceitedness of her husband's lecture and fluctuating arguments before leaving abruptly: 'You are pleased with your own discourse and you never keep to your text. [...] I don't understand the rules and rudiments you speak of.'⁶² Philopirio also underlines the excessive language of his patient and entreats him to remember his own illness and his own fickleness.

The final step of Philopirio's talking cure is the exposition of the treatment: a mixture of diet and physical exercise, to which Misomedon readily promises to conform. He is definitely ready to start the treatment when he confesses to his being no longer dependent on convincing words: 'I want no rhetoric to encourage me; the great desire I have of being cured is more eloquent than your persuasion.' The third dialogue ends with a conclusive sign of the efficiency of Philopirio's method: Misomedon claims he will not look for another physician and will remain Philopirio's faithful and obedient patient.

59. In 1703, a London butcher complained to the Royal College of Physicians that his apothecary (one William Rose) had advised him to take useless remedies provided at an outrageous cost. Rose was fined for the illegal practice of medicine, but the House of Lords ruled in his favour in 1704, putting an end to the legal monopoly of the physicians over the practice of medicine. See Roger Jones, 'Apothecaries, physicians and surgeons', *British journal of general practice* 56:524 (2006), p.232-33; *Health, disease, and society in Europe, 1500-1800: a source book*, ed. Peter Elmer and Ole Peter Grell (Manchester, 2004), p.346-48.

60. Mandeville, *Treatise* (1711), p.212-13.

61. See Mandeville, *Treatise* (1711), p.233: 'It may be so, but I have other things to mind. – Oh the tormenting and throbbing pain I feel in my head! This minute my brains are boiling, and if there was half a dozen of trunk-makers at work under my skull, I don't think I could be sensible of more noise and beating than I am. I can stay no longer [...] Oh! The misery of –'

62. Mandeville, *Treatise* (1711), p.223.

A healing comedy

Towards the end of the third dialogue, Philopirio and Misomedon momentarily forget about the main subject of their ongoing conversation to exchange views about classical literature in general and the work of Horace in particular, going back to the ‘exquisite authors’ that had saved him:

Phil. I always thought that there was as much good sense, polite knowledge, and fine raillery to be met with in his epistles, his satyrs and his *Art of Poetry*, as in any other part of his works.

Misom. But the versification is slovenly, and often harsh: half the language is prose, and the numbers are altogether neglected; whereas in his Odes, the expressions are every where turgid with a rich vein; the verses are harmonious, and there is musick in every line.⁶³

Most of the Latin quotations sprinkled throughout the *Treatise* for the benefit of the learned valetudinarian come from identifiable literary sources and form an erudite guessing-game for the reader. In this truncated form, literature pervades the *Treatise*. But if the reader is considered as a potential hypochondriac and consumer of books, Mandeville has devised a treatment in words for him too: the *Treatise* itself.

If the aim is above all to ‘entertain’ patients (Mandeville also speaks of a ‘performance’ in his preface) in order to convince them that a measure of relief is near at hand, then the *Treatise* is quite efficiently constructed as an entertaining literary work. The three dialogues are indeed characterised by a pervading theatricality, which definitely makes the *Treatise* work like a play, a ‘performance’ in its own right.

The three dialogues appear as the three acts of a comedy, whose structure follows the principles of the classical unities of space, time and action. The only action – the conversation – takes place in Misomedon’s house, and more precisely in his study, not in his ‘chamber’; Misomedon thus appears from the start more as a man of learning than as a diminished patient. This particular setting is also chosen by Misomedon to avoid any unwanted intrusion and unnecessary interruption. The reader is also introduced into other parts of the house – the parlour, in which Philopirio admires a portrait by Van Dyck, and the dining room – but only because they are casually mentioned by the characters. The action is not limited to a single day but stretched over three apparently consecutive days, each new day opening a new dialogue. Precise indi-

63. Mandeville, *Treatise* (1730), p.364. It is interesting to note that Misomedon resorts to the vocabulary of anatomy to enrich his literary commentary. On the relation between disease and metaphor, see Sylvie Kleinman-Lafon, “Métaphore et maladie de Robert Burton à George Cheyne” in C. Bertonèche (ed.), *Bacilles, phobies et contagion: les métaphores de la pathologie* (Paris, 2012).

cations of time appear throughout the *Treatise*, so that the reader is never presented with an exchange of views or a scientific exposé artificially offered as a conversation, but with a real conversation, taking place at a definite pace – that of the transformation and speedy recovery of Misomedon – and framed by the daily activities of the family. Towards the end of the first dialogue, Misomedon tries to retain Philopirio in his study, giving the fact that dinner is not yet ready as an excuse to prolong the conversation ('But don't go yet, if you are not in haste: When they are ready below, I shall have my man come up to me: if you can stay a quarter of an hour longer, your company will oblige me'),⁶⁴ and the first dialogue ends with the interruption of the servant announcing dinner.⁶⁵ The second dialogue, as said earlier, ends with an invitation to a dinner of venison and claret on the next day, at one o'clock, and the third dialogue starts after the said meal, as Misomedon informs the reader.⁶⁶ Sometimes, the allusions to the passing of time relate more clearly to the digressive nature of the conversation and are also an occasion for Mandeville to turn the *Treatise* into a proper comedy: 'you ask'd me either yesterday or the day before, whether I had read Baglivi: Pray don't you love stock-fish yourself?'⁶⁷

The use of props gives the reader the impression of reading a play, while it also endows the conversation with an immediacy which belongs more to drama than to a medical treatise. These props are always books – not books that are simply referred to or quoted by Philopirio or Misomedon, but books that are held and perused under the very eyes of the reader, as if the characters in a play were commenting on their actions. In the second dialogue, for instance, Misomedon, discussing a theoretical point in Willis' work, says: 'But I must read a passage or two of the fifth chapter to you: I have lent out the Latin and shall make use of the translation.'⁶⁸ Mandeville resorts to these props whenever he feels the need to interrupt a lengthy debate that would make his treatise sound like a pompous lecture, especially in the 1730 edition, which Mandeville considerably enlarged with rather dry passages on the animal

64. Mandeville, *Treatise* (1711), p.59.

65. Mandeville, *Treatise* (1711), p.71: 'But I hear somebody coming up stairs, my supper I suppose is ready... So it is...'

66. Mandeville, *Treatise* (1711), p.183: 'She told me, that as soon as she could dispatch the two ladies you saw at dinner, she would come up to us.'

67. Mandeville, *Treatise* (1730), p.320.

68. Mandeville, *Treatise* (1711), p.83. There are other examples throughout the *Treatise*, for instance when Misomedon is looking for Baglivi's book on the shelves of his library: 'I have read it almost as soon as it came out; here he stands' (p.38). On p.80, in the middle of a discussion of Van Helmont's work, Misomedon points to a specific passage in the book: 'Here it is, page 52'; and again on p.102, this time about a volume by Purcell: 'But then again, page 31, he says...' Finally, on p.278, he reads from the work of 'a late ingenious author' (Francis Fuller's *Medicina gymnastica*, 1705).

spirits, digestion, the relation between body and soul, and the questionable value of mathematics in the practice of medicine.

The rhythm of comedy enables the *Treatise* to 'entertain' its readers. Mandeville alternates between protracted scientific discussions and lively verbal jousts, and the stichomythic structure of some passages (especially the short Latin conversations at the end of each dialogue), together with exclamations of surprise, pain or anger, reinforces the comedic aspect of the text. In the 1711 edition, Polytheca, shocked by the simplicity of the cure suggested by Philopirio, exclaims: 'A course of exercise! and no medicine at all!' Likewise, in the 1730 edition, Misomedon ironically reacts to the plainness of Philopirio's prescriptions: 'What, no *catholicon*, no grand *elixir*, no universal *menstruum*!'⁶⁹ The detailed description of the various symptoms of the hypochondriac disease – with its accumulation of winds, belches, borborygmi, urine, and excrement – together with the obscure jargon of the pharmaceutical preparations, also belongs to the traditional paraphernalia of both comedy and Augustan satire.⁷⁰ At the end of the *Treatise*, the hypochondriac reader is like Misomedon: entertained, more knowledgeable, happily diverted from his own sufferings, and convinced by the validity of Mandeville/Philopirio's arguments and method.

If Philopirio rails against modern hypotheses and deems them as witty and inefficient as a 'tolerable play' when it comes to curing a patient, Mandeville's own witty play, preferring practical medicine to empty hypotheses and false reasoning, demonstrates its ability to cure with words. Literary pleasure is the reward of both the diligent patient and the conscientious reader, as Philopirio humorously underlines in the third dialogue, paying Misomedon with words after he paid him in money and compliments:

To over pay a man first and thank him afterwards, I know is the height of civility; in return of which as I am, *vizio gentisque moeque*, an utter stranger to compliments; and yet willing to shew you how well I am pleas'd with my afternoons work; in regard as well of your entertaining company, as splendid reward, I shall only say in Ovid's words: *Eveniant medii sic nihi saepe dies!*⁷¹

The *Treatise* ends like a play, the curtain falling between the stage and the spectators, who find themselves suddenly estranged from the intimate

69. Mandeville, *Treatise* (1711), p.212, and (1730), p.345.

70. The comparison with Molière is tempting. *Le Malade imaginaire* apparently appeared in translation and on stage around 1710 as *The Hypochondriack, a comedy from the French of Monsieur de Molière* (London, D. Midwinter, c.1710), another edition appearing two years after the 1730 edition of Mandeville's *Treatise*: in *Select comedies of Monsieur de Molière*, vol. 8 (London, John Watts, 1732).

71. Mandeville, *Treatise* (1711), p.279. In the 1730 edition, Mandeville gives the following translation of Ovid's verse: 'May I often have such afternoons!'

colloquy they had hitherto been allowed to witness. Unlike the first two dialogues, which ended with Philopirio's promise to return the next day, the third dialogue ends with the eviction of the reader. The characters' jocular exchange in Latin, with its allusions to wine and obscenity, is obviously meant to excite the reader/spectator's curiosity. This was the case with the Latin conversations at the end of the first two dialogues, but this time the reader – however learned or suffering he may be – is not invited to join in this moment of learned complicity. The conversation ends with a riddle whose answer is whispered in Philopirio's ear only ('Dicam in aurem' – I'll say it in your ear – says Misomedon): the reader can only guess the answer, the play is played out and the doctor and his patient must be left to their fruitful commerce.⁷²

Mandeville provides his readers and patients with a literary treatise to cure a literary disease. His treatment opposes the measured, compassionate and concrete language of experience to the excessive, dry and abstract language of medical theory; the reasonable mixture of diet and exercise Philopirio prescribes to the physical and intellectual extravagance of Misomedon's way of life. As a writer, Mandeville changes pain and sickness into a didactic comedy which, like all comedies, ends with a final reconciliation: that of the patient with the practitioner, and that of the patient with himself. Mandeville's *Treatise* also offers a reevaluation of scientific prose in the wider context of the quarrel between ancient and modern medicine, preferring to use the clear aphorisms of the ancient authors instead of the misleading similes and abstruse theory of the modern writers. The dialogic form of the *Treatise* is meant to convince and convert the patient, not to impose or inflict knowledge upon him as one would a purge. If the *Treatise* aims at offering an original approach to hypochondria and hysteria, it is also a successful attempt at popularising medical knowledge.

72. Mandeville, *Treatise* (1711), p.279.

