



HAL
open science

Ancient medicine, modern quackery: Bernard Mandeville and the rhetoric of healing

Sylvie Kleiman-Lafon

► **To cite this version:**

Sylvie Kleiman-Lafon. Ancient medicine, modern quackery: Bernard Mandeville and the rhetoric of healing. Ancients and moderns in Europe. Comparative perspectives, 2016, Oxford University Studies in the Eighteenth-century. hal-01596396

HAL Id: hal-01596396

<https://hal-univ-paris8.archives-ouvertes.fr/hal-01596396>

Submitted on 12 Oct 2017

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.

10. Ancient medicine, modern quackery: Bernard Mandeville and the rhetoric of healing

SYLVIE KLEIMAN-LAFON

SOCRATES. Hence the medical art also, it seems, is concerned with speech.

GORGIAS. Yes.

SOCRATES. That is, speech about diseases?

GORGIAS. Certainly.

Plato, *Gorgias* (449b)¹

No doubt the most delicate task for a physician is to convince his patients either of the necessity to undergo a long or painful cure, or more simply that his prescriptions are appropriate and effective. His talent for persuasion is even more critical when it comes to talking hypochondriac patients into undergoing yet another treatment, or that no treatment is actually needed because their ailment is an imaginary one. In *Gorgias*, Plato distinguishes between the physician, who uses his knowledge to heal, and the quack (compared to a cook) who replaces truth by flattery and pleasure, and knowledge by an imitation based upon guesswork and experience alone. For Plato, the quack is above all a rhetorician, and therefore does not intend to tell the truth, but to please his audience. In the early modern period, the proliferation of books on medical subjects, and especially on practical medicine aimed at physicians or patients, turned persuasion into an indispensable tool in the quest for readership. An author had to convince his prospective readers of the depth of his knowledge, but also of the necessity to buy (and read) his book above so many others. And once the reader had purchased the book and read it, he had to be convinced by what he had read, by the author's reputation, and, in the case of medical treatises, by his success as a practitioner, depending upon the reader's opinion. Ultimately, the reader's wellbeing (the theoretical purpose of those books) also rested as much on the writer's skill as on his medical knowledge. As far as hypochondriac readers were concerned, the author's success was double-edged: the noted proclivity of melancholy or hypochondria sufferers for book

1. Plato, *Gorgias*, vol.3, translated by W. R. M. Lamb (Cambridge, MA, 1925), p.269.

consumption and medical erudition could also turn these treatises into treacherous medicines.

The aim of the present article is to explore the relation between medical discourses on hypochondria and rhetoric as an instance of the Quarrel of the Ancients and the Moderns. The vital necessity to convince the reader reveals underlying tensions between theory and experience, between the expressions of erudition and the use of aphorisms, between the use of Latin and that of the vernacular, and between conflicting conceptions of knowledge and authority.

Claims to novelty

Presenting one's work as the description of a new remedy, or as the expression of a new opinion on so ancient a disease as hypochondria, was probably the surest way to attract the reader's attention – especially that of a reader engaged by nature in the vicious circle of a perpetual quest for new remedies, new doctors and new theories. Some, like John Hill, would not even bother. His short tract on hypochondria begins instead with a sombre depiction of this sad affection: 'To call the Hypochondriasis a fanciful malady, is ignorant and cruel. It is a real, and a sad disease: an obstruction of the spleen by thickened and distempered blood; extending itself often to the liver, and other parts; and unhappily is in England very frequent: physick scarce knows one more fertile in ill; or more difficult of cure.'²

John Hill, who aimed at the reader's emotions instead of his reason, was not a physician but a botanist, and he was not so much concerned by the fate of hypochondriac sufferers as by his own. His intentions were not to provide the readers with a ground-breaking opinion on the disease but more probably to benefit from the popularity of a condition which had been dubbed 'the English malady' by George Cheyne some thirty years before and, as Jeremy Schmidt has shown, had become the favourite disease of polite society.³ Not unlike John Hill, Cheyne appealed to the emotions of his potential readers and underlined the propinquity between author and reader in his preface to *The English malady*. Since they suffered from the same ailment and shared the same pain, Cheyne intended to convince his readers that they could find some comfort and hope in his own experience: 'This Work has lain finish'd by me, as it now appears (at least in the main) these several Years past, and

2. John Hill, *Hypochondriasis* (London, printed for the author, 1766), p.3.

3. See Jeremy Schmidt, *Melancholy and the care of the soul* (Aldershot, 2007) p.156-62; George Cheyne, *The English malady, or A Treatise of nervous diseases of all kinds* (London, George Strahan, 1733). Cheyne gave a new popularity to an appellation previously coined in Latin by Gideon Harvey: *Morbus anglicus, or A Theoretick and practical discourse of consumptions, and hypochondriack melancholy* (London, William Thackeray, 1672).

was intended as a *Legacy* and *Dying-Speech*, only to my Fellow-Sufferers under these Complaints.⁴

Hill's *Hypochondriasis* was merely a short digest of the work of other, uncredited authors and a homage to the physicians of ancient Greece who 'understood it better than those perhaps of later times, in any other country'.⁵ Others admitted to making new material out of older works. When Burton wrote the preface to *The Anatomy of melancholy* in 1620, he railed against those who 'lard their books with the fat of others' works' or 'pilfer out the old writers to stuff up their new comments'. But he also equated his own enterprise with the recycling of previous writings: 'As apothecaries we make new mixtures every day, pour out one vessel into another; and as those old Romans robbed all the cities of the world to set out their own back-sited Rome, we skim off the cream of other men's wits, pick the choice flowers of their tilled gardens to set out our own sterile plot.'⁶ But this straightforward confession did not stop him from offering his own weighty compendium to the valetudinarians. Indeed, many of those who wrote on the subject of hypochondria took Francis Bacon's call for 'more good books' as an encouragement and clearly advertised the novelty of their endeavours as the reliable sign of their excellence.⁷ John Purcell's *Treatise of vapours* is presented as containing 'An Analytical Proof of its Causes, Mechanical Explanations of all its Symptoms and Accidents, according to the newest and most Rational Principles: Together with its Cure at large'.⁸ Richard Blackmore's *Treatise of the spleen and vapours* offered a collection of essays 'never printed before', and Nicholas Robinson, governor of Bedlam and a proponent of Newtonianism, presented his readers with *A New system of the spleen, vapours and hypochondriack melancholy*.⁹ Robinson also characterised his 'new system' as the expression of the superiority of the modern physicians over the ancient ones who 'grounded their Theories of Physick upon the Maxims of Philosophy then most generally receiv'd'. The lack of

4. Cheyne, *The English malady*, p.ii.

5. Hill, *Hypochondriasis*, p.4. On John Hill, see George S. Rousseau, *The Notorious Sir John Hill: the man destroyed by ambition in the era of celebrity* (Bethlehem, PA, 2012), *passim*.

6. Robert Burton, *The Anatomy of melancholy*, ed. Thomas C. Faulkner, Nicolas K. Kiessling and Rhonda L. Blair, 3 vols (Oxford, 1989), vol.1, p.9.

7. Writing about the increasing number of books available to early modern readers, Francis Bacon called for quality instead of quantity: 'the great quantitie of Bookes maketh a shewe rather of superfluitie than lacke, which surcharge, neuerthelesse, is not to be remedied by making no more bookes, but by making more good books'; Francis Bacon, *The Advancement of learning*, in *The Oxford Francis Bacon*, ed. Michael Kiernan (Oxford, 2000), vol.4, p.60-61.

8. John Purcell, *A Treatise of vapours* (London, H. Newman and N. Cox, 1702).

9. Nicholas Robinson, *A New system of the spleen, vapours and hypochondriack melancholy: wherein all the decays of the nerves, and lownesses of the spirits, are mechanically accounted for* (London, A. Bettersworth *et al.*, 1729).

rational foundation and the resulting uncertainty of their medical knowledge meant that their practice was based upon ‘precarious principles’ and, according to Robinson, apart from Hippocrates and Galen, ‘all the rest were little better than Copiers, and some of ‘em but indifferent Transcribers, from the Copies of these illustrious Originals’.¹⁰ By contrast, the Moderns offered their patients and readers all the commodities of the new science:

The Moderns, therefore, since the Improvements of Natural Philosophy, and Discovery of the Circulation of the Blood, must have more certain Grounds to go upon; and it can be imputed to nothing but the most stupid Negligence, if, assisted with these superior Lights, we do not over-top the Ancients, in all the Branches of the Arts and Sciences, and arrive at greater Perfection in their Practice, than could possibly be expected from them, under that Night of Darkness, in which they were involv’d.¹¹

Bernard Mandeville (whose work, with that of others, was probably plundered by John Hill), was no doubt in a more awkward position when he first published his *Treatise on the hypochondriack and hysterick passions* in 1711. At the time he was known merely (if known at all) for his translations of La Fontaine and Scarron, and had been practising as an unlicensed physician in London for more than ten years, much to the annoyance of the Royal College of Physicians. He therefore had to convince not only his publisher – Dryden Leach for the first edition of 1711 and the reprint of 1715, and Jacob Tonson for the second edition of 1730 – but also his readers and potential patients of the relevance of his approach. He also needed to win over a medical community with which he entertained ambiguous relations, even though he claimed in his preface that his treatise was not meant to be read by his competitors, or at least that it had never been intended for them:

I conceived it would be less presumption, if I wrote by way of information to patients that might labour under them [hypochondria and hysteria], than if I pretended to teach practitioners that profess to cure them as myself. It is natural to think that this made me more solicitous to satisfy the first, than concerned, how it should be relished by the latter.¹²

Although Mandeville was indeed writing for the ailing valetudinarians, he felt obliged to disclaim all intentions of increasing his practice – not that he resented the incidental publicity. Conscious that his rhetorical skills and seducing words could expose him to criticisms and suspicion of quackery, Mandeville openly claimed that in his case private vices

10. Robinson, *New system of the spleen*, p.ix-x.

11. Robinson, *New system of the spleen*, p.x.

12. Bernard Mandeville, *A Treatise of the hypochondriack and hysterick passions* (London, D. Leach & W. Taylor, 1711), p.vii.

equalled public benefits and that his will to increase his reputation by offering a new system of cure was not incompatible with the common good: 'If a Regular Physician writing of a Distemper, the Cure of which he particularly professes, after a manner never attempted yet, be a *Quack*, because besides his Design of being instructive and doing Good to others, he has likewise an aim of making himself more known by it than he was before, then I am one.'¹³ The title page of the treatise, altered for the second edition of 1730, also vaunted its novelty and usefulness, like so many other books on the subject. The diseases are exposed 'after a Method entirely New' in 'Instructive Discourses' and 'entertaining Remarks on the Modern Practice', and the whole book is meant as a useful guide against the perfidy of the modern physicians and apothecaries. If Mandeville was openly against modern theories, he was not a blind proponent of the Ancients, like John Hill. The 'tedious enumeration' as Mandeville calls it, not only of 'signs and causes', but of the various authors laboriously studied by Misomedon, the hypochondriac patient of the treatise, offers a good bibliographic survey of the debate: no less than seventy authors are actually cited by Mandeville, from Hippocrates to Sydenham, Purcell or Willis, including some that remain unnamed and are merely alluded to, both ancient and modern. Philopirio, Mandeville's fictional double in the treatise, has read them all and is ready to discuss their merits with his reluctant patient, but he also dismisses most of these authors as useless and the majority of their hypotheses as harmful. In Mandeville's case, novelty does not come with the promise of a new theory or of a new cure but offers the hypochondriac readers the rather vague prospect of an 'unusual' and 'entirely new' method.

A new method

As Walter Ong has pointed out, the term 'method' was often used in the Renaissance to mean 'efficient teaching' or even 'a short and useful way of attaining something quickly'. This conception of method therefore gave rise to books that itemised their contents for the benefit of their readers, sometimes including tables and diagrams for a more efficient perusal. The discussions over 'method' were originally concerned with rhetoric and pedagogy rather than with the conduct of scientific enquiries.¹⁴ In the introduction to his *Art of physick* Galen describes the 'order and method' of medicine as a set of rules for the transmission of knowledge:

We have drawn it into a very short Compendium, so that we may benefit your Judgment, and not burden your Memory; we have devided it into an hundred Chapters, whereof this is the first, each of the rest contain easie

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

14. Walter J. Ong, *Ramus, method and the decay of dialogue* (1958; Chicago, IL, 2004), p.225-30.

Rules of Definition, yea so easie that a Child of seven years old may understand them, and so short that they will not be burdensome to the weakest memory, and although some of the Chapters be very short, yet they contain very necessary Rules distinct from the rest, and he knows nothing that knows not this, *That Order and Method help the Memory much*.¹⁵

But method, or the lack of, was also what distinguished physicians from quacks. For the learned physicians, method (or therapeutics) rested primarily on the solid foundations of theory, which prevailed over the individual expression of the disease, while the ‘quacks’ grounded their cures on *hic et nunc* experiment only, and had therefore no method.¹⁶ Thomas Sydenham also gave a brief description of what he terms the ‘usual method’ based on observation and experience: ‘I shall avoid prolixity, and proceed according to my usual method; which consists in giving a short history of the disease, according to its genuine natural phenomena; and subjoining the method of cure which hath succeeded best with me.’¹⁷ His ‘method’ was a blend of theory and practice, reason and experience, theory resulting from the accumulation of observations transmitted through case studies and descriptions.

With regard to hypochondria, what would then be the so-called ‘new method’ put forward by Mandeville and others? While Mandeville promises ‘to deviate from the usual method, and make what [he] had to say as palatable as [he] could’, the reader is left to ponder the nature of what is promised. Is Mandeville’s unusual method the exact opposite of Sydenham’s ‘usual method’? Is it a new therapeutics, a new conception of the relation between the doctor and his patient, or a new method for the promotion of medical knowledge? A few decades before he wrote the *Treatise*, Van Helmont had also claimed to present his readers with a *doctrina inaudita* (an unheard of doctrine), but his aim had been to present a new conception of disease in general, and not the stages of a new cure.¹⁸ Mandeville’s *Treatise* was not meant to reorganise or revolutionise medical knowledge, but its author certainly considered it his duty to offer, just like Sydenham, ‘a stable and perfected practice or method’ for treating patients.¹⁹ This unusual method, as we shall see, revolves very

15. Galen, *The Art of physick*, translated by Nicholas Culpeper (London, Peter Cole, 1652).

16. On the evolution of the meaning of the word ‘method’ and more particularly on what Thomas Sydenham meant by it, see Donald G. Bates ‘Sydenham and the medical meaning of “method”’, *Bulletin of the history of medicine* 51 (1977), p.324-38.

17. Thomas Sydenham, ‘An epistle from Dr Sydenham to Dr Wm Cole, treating of the small pox and hysteric diseases’ [20 January 1681-1682], in *The Entire works of Dr Thomas Sydenham, newly made English from the originals [...] by John Swan, MD* (London, Edward Cave, 1742), p.367.

18. Jan Baptista Van Helmont, *Februm doctrina inaudita* (Antwerp, Joan. Cnobbari, 1642).

19. Sydenham, *The Whole work of that excellent practical physician Dr Thomas Sydenham*, translated by John Pechy (London, R. Wellington, 1696), ‘The Preface’, n.p.

much around the use of rhetoric in the transmission of medical knowledge, and in the healing process as well. Unlike most of the authors who wrote on hypochondria, or indeed on other diseases, Mandeville chose the dialogue form – the most rhetorical of all – to persuade his prospective patients of the originality of his views. He made no mystery of the power he assigned to language: ‘I am of opinion that the first Design of Speech was to persuade others, either to give Credit to what the Speaking Person would have them believe; or else to act and suffer such Things, as he would compel them to act or suffer, if they were entirely in his Power.’²⁰ But hypochondriac readers are not easily won over by words. Being paradoxically both gullible and distrustful, they require specific rhetorical strategies, and have to be seduced before being convinced.

Mandeville’s *Treatise* is presented as a dialogue in three parts between a doctor, Philopirio, and his patient, Misomedon. The third dialogue deviates from its course with the narrative of Polytheca, the hysteric wife of the patient. Philopirio is clearly presented by Mandeville as his fictional double in the preface to the first edition: ‘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.’²¹ Mandeville echoes here Robert Burton’s preface to *The Anatomy of melancholy*, in which Burton warns: ‘Be it therefore as it is, well or ill, I have assayed, put myself upon the stage’.²² By identifying so readily with one of his main characters, Mandeville reduces the distance that would normally exist between a knowledgeable doctor and his patients, or between a scholarly author and his readers, and obliterates the sense of hierarchy that would compromise the transmission of knowledge and the cure itself. By hiding behind a fictional character, he maintained a degree of neutrality necessary to convince his readers.

The two hypochondriacs are ‘feign’d patients’ of Mandeville’s ‘contrivance’ designed to illustrate all the major symptoms of the disease, and to allow the readers to recognise themselves in these two portraits. In order to convince his readership, Mandeville also has to show that Philopirio can convince the most difficult of patients, a fictional learned hypochondriac. The patient is also the embodiment of the method used by the majority of the learned doctors of the age, a method he has digested to the point of making it his own. He considers himself a man of

20. Bernard Mandeville, *The Fable of the bees*, ed. F. B. Kaye, 2 vols (1729; Oxford, Clarendon Press, 1924) vol.2, p.289. A large portion of the sixth dialogue is devoted to the power of language and the art of persuasion; see, for example, p.286-310.

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

22. Burton, *Anatomy of melancholy*, vol.1, p.13.

science and is sure that he is fit to be his own doctor. After all, he can repeat and regurgitate a large number of ill-digested theories that he thinks true, because he has found them in books he has read ‘immethodically’ – that is, in an accumulative and disorderly fashion. His practical knowledge is limited to his own case but, even though he masters the symptoms, his lack of experience is bound to ruin all his experiments in self-medication. When he decides to consult Philopirio (yet another new physician for yet another new treatment), his equal fear of new chemical remedies and of purgation and bloodletting – representing modern and ancient remedies respectively – has left him with no other option than to try and mix old prescriptions. These at least had proven as harmless as they were ineffectual. Over the years, the hypochondriac Misomedon has come to mirror the various practitioners who have tried their own methods on him: the old Galenist, who resorts to laxatives and emetics whatever the nature of the disease, and the modern doctor whom Mandeville wittily calls ‘the hypothetical doctor’ in his preface, and who finally abandons the patient because his illness does not conform to his theoretical prognosis.

Philopirio clearly belongs to a third type of physicians, those capable of making the most of both empiricism and rationalism, of both ancient and modern practices. He praises the wisdom of the Ancients but dismisses some of their most unpleasant remedies, such as purges or bleeding. He rejects hypotheses and doctrines as useless when they do not stem from the first-hand knowledge of the disease and sound reasoning, and he advocates bedside observations and direct experience in the definition of a cure.

This, however, is hardly new. Mandeville’s ideal practitioner is modelled after that of Giorgio Baglivi. This Italian physician and professor had become a fellow of the Royal Society in July 1698 (proposed by Hans Sloane), and may have met Mandeville when he travelled to Holland or to London. Taking up Bacon’s metaphor of the ant, the spider and the bee as applied to medical science, Giorgio Baglivi, who is quoted extensively throughout Mandeville’s treatise, wished for physicians who would follow the example of the Baconian bee:

for some of them treat Nature only by way of abstraction, till they come to the potential and shapeless Matter; others again insisting too much upon Particulars subject to their Senses, but not examin’d by Reason, are sometimes so perplex’d with the confusion of things, that they condemn some things as being beneath their regard; and others they dread, as being too difficult, and beyond their reach.²³

23. Giorgio Baglivi, *The Practice of physick* (London, printed for Andrew Bell and Jeff Wale, 1704), p.145-46.

When Mandeville wrote the first version of the *Treatise*, he was certainly well aware that Bacon's new science was the founding principle of the Royal Society, whose motto – '*Nullius in verba*', adapted from Horace's *Nullius addictus iurare in verba magistri* – summed up his own opinion about the value of personal experience and reasoning over the blind allegiance to scientific discourse.²⁴ This is a rule of conduct that Philopirio will try to inculcate in his patient.

A new rhetoric of healing

If there is nothing new in being a methodical physician, what Mandeville has to offer must therefore be a new method for convincing highly distrustful, hypochondriac patients, and ultimately, of course, for curing them. He proposes a new rhetoric applied to healing. In the preliminary aphorisms he wrote to introduce his projected series of natural histories, Francis Bacon warned that scientific writers 'should not aim to please the reader', and that they should do away with 'antiquities, citations, and differing opinions of authorities, or of squabbles and controversies [...] and everything to do with oratical embellishment, similitudes, the treasure-house of words, and suchlike emptinesses, get rid of it entirely'.²⁵ Mandeville was certainly not ready to do away with some of the medical controversies of his time, but his attitude towards eloquence and the various ornaments of speech amounts neither to unequivocal rejection nor to zealous adoption.

Nicholas Robinson, who addressed the very cautious preface of his *New system of the spleen* to Hans Sloane, was more eager to please than to expose new ideas on the subject. He relied heavily on metaphors to dodge criticism, and to present his own project as one surrounded by the obscuring vapours of doubt:

In Treating of these several Subjects, I readily perceiv'd, that the very Entrance was surrounded with thick Darkness, the Path all along beset with many Thorns, and the subject Matter itself obscur'd with the most intricate and perplexing Difficulties: Neither could I discover any Glimmerings of Light, from the Footsteps of former Authors upon these Subjects, that I could safely rely upon, to direct me in the Way of These Enquiries.²⁶

In Mandeville's *Treatise*, Philopirio derides the use of metaphors by various theoreticians, and especially by Thomas Willis, whose theory of

24. Horace, *Epistles*, book 1, Epistle 1, line 14: 'I'm not bound over to swear as any master dictates', translated by H. R. Fairclough (Cambridge, MA, 1929), p.251-52.

25. Francis Bacon, 'A preservative to a natural and experimental history', *The Instauratio Magna Part II: Novum Organum and associated texts*, in Graham Rees and Maria Wakely (eds.), *The Oxford Francis Bacon*, vol.11 (Oxford, 2004), p.457.

26. Robinson, *New system of the spleen*, p.xiv-xv.

nerves and fibres (and liberal use of metaphors) had greatly inspired Robinson. Two passages are quoted at length in the *Treatise*: one from *A Medical-philosophical discourse of fermentation*, in which Willis compares the body to an alembic, and another from a chapter on ‘Opiate Medicines or Causing Sleep’,²⁷ in which he compares the animal spirits and the particles of opium to two armies on a battlefield. For Mandeville as for Bacon metaphors and comparisons are unable to convey medical knowledge. They mislead the reader and turn him away from scientific truth by flattering his imagination and clouding his reason. Applied to the healing process, tropes and figures, however delightful, are also inefficient, and the only time Philopirio resorts to metaphors he does so humorously, making his own discourse sound like a parody of Willis’s:

The means I order (allow me to speak in the style of Willis) will draw upon you, toward evening, an agreeable weariness, the moving orator of a sweet repose, that breathing health and peace to every part, persuades the soul to rest, and having bribed the watchful spirits from their posts, locks up the unguarded senses in charming bonds of slumber.²⁸

These flights of poetic imagination are not the only targets of Mandeville’s witty criticism. In the first dialogue, the various unmethodical physicians who only aggravated the sufferings of their patient are also guilty of resorting to other dubious rhetorical strategies to convince him. The first ‘eminent physician’ sent for by Misomedon mixes the classic similes of medical literature (the blood is compared to a ‘fountain of heat’, the spleen to ‘a furnace’ and the stomach to a ‘copper’), with pompous Latin words reminiscent of Purgon’s peremptory diagnoses in Molière’s *The Imaginary invalid*. In this respect, he is no better than the apothecaries who hide the most ordinary remedies behind fabricated names, calling white wine ‘Leucænus’ and spring water ‘hydropege’. The second doctor, ‘the most noted physician about town’, convinces Misomedon by ridiculing the method of his predecessor and by offering his own ‘agreeable and easie’ hypotheses or, as Misomedon later puts it, ‘inventing new reasons to soothe my fancy’. Their discourse – either authoritative or flattering – is rhetoric at its most expedient: what matters most is to convince the patient as quickly as possible, and pocket the fees, not to enlighten him or cure him of his hypochondria.

Mandeville’s ‘unusual method’ springs from the rejection of such

27. Thomas Willis, *Pharmaceutice rationalis, or An Exercitation of the operations of medicines in human bodies* (London, T. Dring, 1679), section 7, ch.1, ‘Of opiate medicines, or causing sleep’, p.137-38. Mandeville quotes from the English edition and not from the Latin, published in Oxford in 1674.

28. Bernard Mandeville, *A Treatise of the hypochondriack and hysterick diseases, the 2nd edition, corrected and enlarged by the author* (London, J. Tonson, 1730), p.342.

empty words. The solutions offered by Philopirio sound at first like a compilation of the prescriptions of the old Galenist and the theories of the modern physician. With the notable exception of the purges and bloodlettings of the former and of the chemical remedies of the latter, Mandeville takes up the healthy diet of the empiricist and the theories of digestion expounded by the rationalist. His rhetoric is also a careful blend of ancient authors and modern theories, meant to appeal to a patient who, ‘when he speaks of himself, [...] is apt to break out in rhetorical flights’, if only because he needs to convince new physicians to take care of his own hopeless case.

In her book *Patients, power and the poor*, Mary Fissell notes that at the end of the eighteenth century ‘the shift from English to Latin diagnosis happened quickly’, with words such as ‘cough’ or ‘wound’ being replaced by ‘*tussis*’ or ‘*vulnus*’. Her conclusion is that ‘the use of Latin underscored the social distance between practitioner and patients’.²⁹ In the seventeenth and part of the eighteenth century, Latin was still widely used, before English replaced it as the preferred language of medical books. The same chronology could certainly be applied to the relation between patient and physician at that time. The Latin terminology used by the first physician consulted by Misomedon is meant to widen the gap between the pseudo-scientific superiority of the medical doctor and the gullible ignorance of his patient.

Philopirio, on the contrary, hardly ever uses Latin words to name either a disease or a body part. The *Treatise* is nonetheless crammed with Latin sentences inserted into the conversation by both physician and patient. Misomedon does it out of pride, as an artificial demonstration of his thorough knowledge of the Ancients, and Mandeville explains in his preface that his hypochondriac character ‘often turns his discourse palpably, and says things on purpose to make room for a proverb’.³⁰ In the second edition of the *Treatise*, Mandeville crammed even more Latin phrases into Misomedon’s mouth, sometimes even limiting his interventions to a single proverb. It is interesting to note that in his essay on *Humane nature*, which Mandeville had very probably read while studying philosophy at Leyden, Thomas Hobbes counts as an example of the ‘learned madness’ of some melancholy men (he was a friend of Burton’s) ‘for a man continually to speak his mind in a cento of other mens Greeke and Latine sentences’.³¹ He adds in *Leviathan* that the excessive use of such quotations is more often than not the sign of the authors’ deceitfulness, and the surest way to put off readers: ‘It is many

29. Mary Fissell, *Patients, power and the poor in eighteenth-century Bristol* (Cambridge, 2002) p.156.

30. Mandeville, *Treatise* (1730), p.xv.

31. Thomas Hobbes, *Humane nature, or Fundamental elements of policie* (London, Newcomb, 1650), p.129-30.

times with a fraudulent Designe that men stick their corrupt Doctrine with the Cloves of other Mens Wit [...] It is an argument of Indigestion, when Greek and Latine Sentences unchewed come up again, as they used to doe, unchanged.’³² Notwithstanding Hobbes’ warning, Mandeville also embellishes Philopirio’s discourse with Latin quotations (either from medical treatises such as Baglivi’s, Etmüller’s or Van Helmont’s, or from Latin authors such as Horace or Seneca). He does so, says Mandeville, ‘only out of complaisance, and to fall in with the humour of his patient’. This is indeed what Philopirio himself confesses to Misomedon at the end of the last dialogue, soon after the patient – who is on the path to recovery – exclaimed that ‘I want no rhetoric to encourage me’:³³

I am not only careful of the Idiosyncrasis, but likewise strive to fall in with the very Humours and Inclinations of my patients: As for example, as soon as I have heard you was a man of learning, and lov’d Quotations from Classick Authors, I answer’d you in your own Dialect, and often strain’d myself to imitate, what in you is natural.³⁴

Mandeville is far from apologising, like Burton, for this excessive use of classical references. While he strove to make Burton’s apian metaphor his own – ‘[as] a bee gathers wax and honey out of many flowers, and makes a new bundle of all, *Florilegis ut apes in saltibus Omnia libant* [as bees in flowery glades sip from each cup], I have laboriously collected this cento out of divers writers’³⁵ – his compilation is nothing less than a rhetorical strategy, designed to appeal to Misomedon’s Burtonian taste for compulsive compendiums. Mandeville does not use learned references and Latin quotations to underline the ascendancy of the doctor over his patient or to impose on him, but rather to create the congeniality necessary for the curing process. Philopirio uses the classics as the *loci communes* of the rhetoricians. They are intended as shared references, commonplaces whose function is to put the patient (or reader) in a receptive frame of mind. Mandeville is here devising his own *cento* by drawing largely on another one: Erasmus’s *Adages*. His *alter ego* Philopirio thus creates favourable circumstances for a cure otherwise primarily based on conversation rather than pure rhetoric. Apart from these enticing commonplaces, Mandeville does not take up in the *Treatise* the rhetorical tools he used in some of his other, more polemical, works. Irony, paradox, provocation and raillery are seldom to be found here.

32. Thomas Hobbes, *Leviathan*, ed. Noel Malcolm, in *The Clarendon edition of the works of Thomas Hobbes*, ed. Noel Malcolm, Quentin Skinner and Keith Thomas, vol.5 (Oxford, 2012), p.1140.

33. Mandeville, *Treatise* (1730), p.342.

34. Mandeville, *Treatise* (1730), p.377.

35. Burton, *Anatomy*, vol.1, p.11.

The aim is not to disturb the reader but to catch his attention while assuaging his fears and his sufferings.

Unlike other medical treatises on hypochondria, Mandeville's is not elaborated in the manner of a scholastic lecture. The various discussions of scientific subjects, such as digestion, the role of the animal spirits, or the consumption of wine, are not meant to ensure the personal legitimacy and the intellectual supremacy of the practitioner. Philopirio is not disputing his doctoral thesis (even though Mandeville includes large portions of his own doctoral work in the *Treatise*). He intends both to distract Misomedon from his obsessive symptoms and to instil method into his confused and disorderly sense of medical knowledge. Mandeville conforms here to the rules of dialogue that prevailed in the early eighteenth century with the aim of expressing his scientific opinions in a 'plain, easy and familiar' style.³⁶ The three dialogues of the *Treatise* do not form an artificial succession of questions and answers, but follow instead the serpentine line of a discussion constructed as a piece of closet drama.

Impartiality – or at least a façade of impartiality – was the most desirable characteristic of dialogue as a genre, and Dryden, in his defence of the *Essay of dramatic poesie*, praises a 'way of reasoning which was used by Socrates, Plato, and all the Academics of old, which Tully and the best of the Ancients followed, and which is imitated by the modest inquisitions of the Royal Society'.³⁷ In the preface to the *Treatise*, Mandeville takes great pains to demonstrate his will to conform to the impartial method of the dialogue, attributing some opinions to the characters alone and hiding behind the necessities of dramatic realism:

The next, that I'm afraid will quarrel with the performance, will be such apothecaries as are weak enough to be offended at what is said by a man that has the *hypo*. I confess, they may meet with some things, that cannot claim their general approbation, and are some of them very disobliging to the whole fraternity; but if they'll consider, how professed an enemy to physick, and over-fond of university learning Misomedon (who is the man that exclaims against them) is represented to be throughout the book; they'll find, that without spoiling his character I could not have made him speak otherwise than he does.³⁸

36. On the dialogue form in the early modern period, see Eugene Purpus, 'The "plain, easy, and familiar way": the dialogue in English literature, 1660-1725', *ELH* 17 (1950), p.47-58; Michael Prince, *Philosophical dialogue in the British Enlightenment: theology, aesthetics and the novel* (Cambridge, 1996) p.203-12; see also Irma Taavitsainen and Päivi Pahta, *Medical writing in early modern English* (Cambridge, 2011).

37. John Dryden, 'A defence of an essay of dramatic poesie', *The Works of John Dryden, with notes and a life of the author by Sir W. Scott*, vol.2 (London, Miller, 1808), p.280.

38. Mandeville, *Treatise* (1711), p.5. Mandeville's practice of dialogue writing, although he wishes to convince, is very close to James Tyrrell's precepts: 'I have carefully avoided all

But for Mandeville the necessary impartiality of the dialogue-writer mirrors the compulsory neutrality of the efficient practitioner. The plain and easy method of the dialogue makes up much of his plain and easy cure. Halfway through the first dialogue, the hypochondriac exclaims:

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.³⁹

The *Treatise* ends with the success of Philopirio's 'unusual method'. The patient has not only been convinced to change his eating habits and alter his way of life but he has also changed his relation to knowledge and to those who profess medical theories or impose obnoxious remedies. By inviting the hypochondriac actively to discuss his own case, Philopirio has made him more receptive to impartial scientific discourse thus allowing him to abandon pride and self-love for the pursuit of self-knowledge.

Mandeville's complex use of rhetoric and dialogue in the healing process brings him closer to the Ancients than to the modern theoreticians of medicine. He appears as a modern synthesis of Herodicus, who prescribed treatment, and of his brother Gorgias, who convinced the patients to follow the prescription.⁴⁰ His method and his way of exposing it are also reminiscent of Antiphon, of whom Plutarch said in his *Lives of the ten orators* that:

while he was still busy with poetry he invented a method of curing distress, just as physicians have a treatment for those who are ill; and at Corinth, fitting up a room near the market place, he wrote a note on the door that he could cure by words those who were in distress, and by asking questions and finding out the causes of their condition he consoled those in trouble.⁴¹

bitter and reflecting Language on either side, having design'd these Discourses for *Common Places of Argument*, and not Forms of Railing. I have also declin'd shewing my self a Party, or giving my own Opinion in any Question, and therefore have not made either of my Disputants the other's Convert'. Quoted by Purpus, "The "plain, easy and familiar way", p.50.

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

40. 'Many and many a time have I gone with my brother or other doctors to visit one of their patients, and found him unwilling either to take medicine or submit to the surgeon's knife or cautery; and when the doctor failed to persuade him I succeeded, by no other art than that of rhetoric'; Plato, *Gorgias*, 456b, vol.3, p.291.

41. Plutarch, 'Lives of the ten orators' (Antiphon), translated by Harold North Fowler, *Moralia* (Cambridge, MA, 1936), vol.10, p.833.

This is a fitting description of what Mandeville professed to attempt and of his own 'method', and his *Treatise*, whether he intended it or not, was no doubt an attractive 'note on the door' intended for his hypochondriac readers.

