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Life change and change of life:¹ asymmetrical attitudes towards the sexes in medical discourse in France (1770-1836)

Christine THÉRÉ

The concept of a “critical” age was a significant one for the earliest calculations of the human lifespan in the eighteenth century. It contributed to observation both of the longevity gap between the two sexes, and of women’s greater longevity. The ages that were seen as “critical” were those that corresponded to physiological “revolutions”: puberty, which concerned both sexes, and the “cessation of the menses” specific to women. In medical usage, the term “critical” expresses the idea of a crisis in the progression of a disease. Over time, the expressions “critical age” and “critical time”, which had a generic meaning, would take on a secondary sense, to refer to the end of women’s reproductive capacity. From that point on, menopause was seen as a “physiological symptom” of aging, a source of asymmetry between the sexes, reinforced by an increasing pathologization of the “cessation of the menses” at the turn of the eighteenth-to-nineteenth century.

The medical construction of menopause in modern and contemporary France has been a historiographical subject for over 30 years now, as can be seen from the research of Jocelyn Livi (1984), Henri Rozembaum and Jean-Jacques Peumery (1990), Annick Tillier

¹ *Translator’s note:* The French title of this article is “Âge de retour et retour d’âge”. We have translated *âge de retour* (literally “age of return”) as “life change”, in order to maintain the parallel with *le retour d’âge* (literally, “return of age”). The latter term is the equivalent of “the change of life” in English – a term often applied to women and menopause – but as the reader will see, usage in the period referred to here was less specific.

(2005), Daniel Delanoë (2006), Frédérique Liotard-Schneider (2010) and Cathy McClive (2010). Their work brings out France's specificity on this topic, and the genesis of that history – covering the period from the 1760s to the 1830s – deserves to be examined further at this point. Borrowing from the social history of knowledge enables us to put into context the first specialized medical texts that historians have studied. To begin with, this involves looking over the range of terms used to refer to the “cessation of the menses,” as well as their origins. The evolution in terminology must be examined in terms of the new scales for measuring the human life span that were developed during that period. Does a gendering of the stages of life, which had been absent until that point, now appear? Did the expression “life change” (*âge de retour*) actually refer to an age that was specific to women, as some authors would lead us to believe?

Thus the pathologization of menopause can be seen as part of an unprecedented interest in a transitory stage of life that delays the entry into truly old age. This article proposes to study the key moments and main landmarks in that construction during the period under consideration, with a particular focus on looking for the reaction within the medical profession to this specialized research. In closing, a final section will investigate the existence of a discourse about male “life change” and will analyze the creation of gendered asymmetries in medical measures aimed at men and women in their 40s and 50s.

A feminine (physiological) revolution in search of a name

In 1812, Charles-Pierre-Louis Gardanne, the doctor who coined the term “menopause” – or “ménospausie” in the original version – offered, as justification for inventing a new word, the confusion that reigned in the vocabulary of his future fellow doctors – and their women patients :

What convinced me to give it a name that came from the Greek, and to use it throughout this book, is the desire to replace with a single denomination more in line with the spirit of Science, the great number of terms, most of which are without meaning. What, indeed, do the words critical time, critical stage, critical age, life change, change of life, middle-

age decline, vigorous old age, women's inferno, women's winter, the death of sex, etc. mean? Aren't we getting lost in a forest of names?²

His list of menopause-related terms deliberately combines generic, *i.e.* non-sex-specific appellations with locutions that have a more specific meaning, attested elsewhere at the time. It also gathers expressions from a wide range of registers in order to advocate the necessity of adopting a scholarly term. The last three, “women's inferno, women's winter, the death of sex,” although they do appear in medical texts, are essentially a form of rhetoric, dramatizing the cessation of the menstrual flow and amplifying the loss of feminine attributes. Those figures of speech were never meant to replace the other appellations in scholarly discourse. “Life change, change of life, middle-age decline, vigorous old age,” on the other hand, were standard terms used at that time to name successive stages of human life. They applied to both sexes, and not to a time of life affecting women only. Gardanne must have been aware of that. The profusion of expressions he refers to was relatively recent. It reflected the growing interest in transitional stages, and the sophistication of divisions in the human lifespan that had been in effect since the latter part of the eighteenth century.

Neo-Hippocratic medicine in the Age of Enlightenment acknowledged two main division systems inherited from Antiquity:³ the four stages of life (childhood, youth, virility, old age) and the seven stages, or “hebdomadal” system, based on a series of seven cycles of seven years each. Those seven-year cycles sometimes retained traces of another, earlier tradition, one that was both scholarly and popular: that of climacteric years or ages, by then seen as a superstition.⁴ To each age its own maladies and specific treatments. In Diderot and D'Alembert's *Encyclopédie*, Vandenesse

2 Gardanne 1816: VI. He changes the term to “menopause” in the second edition (Gardanne 1821). D. Delanoë had emphasized the importance of analyzing the history of vocabulary (2006: 19-22).

3 Stewart 2010: 33-68; Beaugrand 1865.

4 Among the “climacteric ages”, 49 and 63 are reputed to be the riskiest, see Le Bras 2000. The word climacteric (or in French, the related noun “climactère”) does not come into use to mean menopause until quite late in French, Delanoë 2006: 20.

also distinguished seven stages, without necessarily specifying their chronological limits. Only the latter ones interest us here. Between 45 and 50, people left the age of virility to head into old age, which was subdivided into: “old age strictly speaking, infirmity (*caducité*) & decrepitude.”⁵ So the encyclopedist introduced old age relatively early, although he did break it down into three successive stages. Over the next few years, a consensus emerged pushing “old age” back somewhat. Daignan, for example, sets the “commencemens” (*sic*) of the cycle from age 57 to 63, and calls the preceding seven-year cycle (i.e. age 50 to 56) middle-age decline – one of the expressions mentioned by Gardanne.⁶

Naturalist doctors then played a key role in establishing the divisions that would be accepted as authoritative until late into the next century. The idea was to more clearly distinguish degrees within childhood and old age, and to improve their concordance with the three stages in a human being’s natural history, defined in reference both to individuals (growth, “steady state”, decay) and to the species (the three stages of reproductive life). Louis-Jean-Marie Daubenton (1716-1799), a collaborator of Buffon’s, coined the term “life change” (*âge de retour*) and was one of the first to focus on a period that had been poorly identified until then, in connection with the concept of a “change of life” (*retour d’âge*). These developments about the stages of life were written for the introduction to the *Histoire naturelle des animaux* (*Natural History of Animals*) entry in the *Encyclopédie méthodique* (*Methodical Encyclopaedia*), published in 1782. In this exposition, the initial stages constitute steps towards perfection, which women reach earlier than men, since their puberty comes sooner. So the markers are seen as relatively mobile. The age of virility runs from 30-35 to 40-45: the human body maintains its perfection, even if the appearance of fat has already started to alter its shape. “Life change” follows it, and Daubenton introduces the term, although not without acknowledging the issues the appellation raises:

⁵ Vandenesse 1751: 170.

⁶ Daignan 1786; on the threshold of old age, Troyansky 1989, Bourdelais 1993, Stewart 2010.

Physiologists give the name of “old age” to the time of life that starts after the age of virility & that only ends with death: it is true that they distinguish vigorous old age, *senium crudum*, from decrepit old age. But the term “old age” cannot have such a broad interpretation in our language. A man of forty or forty-five is not an old man; although at that age, the body is showing some signs of decay already, it is not yet old age: I think that it would be better named “life change” (or “the age of return”), because it is when nature starts going backwards; corpulence diminishes and certain bodily functions begin to weaken. Life change ranges from age forty or forty-five to sixty or sixty-five.⁷

While puberty established a time lag between the development of girls and boys, life change was not, in this text, related to the cessation of menstruation, something that affected women only. The “change of life” phenomenon was common to both sexes, and one that was made manifest, according to Daubenton, by the appearance of wrinkles and an alteration of one’s eyesight. The most striking sign, in terms of health, was the weakening of the stomach, and indeed a short time later, Daubenton wrote a *Memoir on indigestion, which starts to become more frequent, for most men, at age forty or forty-five*, that was widely read and discussed, contributing to making people more familiar with the notion of life change, and its characteristics.⁸

Daubenton’s division was later refined by another naturalist doctor, Jean-Noël Hallé (1754-1822), again in the *Encyclopédie méthodique*, but in the *Medicine* section, which was more likely to maintain traditional terminology. His classification features an extension of the age of virility, having it start at around 25 and wind down between 60 and 63. He subdivides it into beginning, confirmed and fading virility, which, he notes, corresponds to his colleague Daubenton’s “life change”, specifying:

It is at this *age* also that women, losing the ability to be mothers, still preserve their strength and vigor, once they have passed the storms that menace their sex. Men still possess the ability to sire children, it is true, yet their needs lessen, and their ardor is noticeably diminished.⁹

⁷ Daubenton 1782: LXXIV; On French’s paucity compared to Latin, Ariès 1973: 42-43.

⁸ Excerpts from the thesis, printed in 1785, were published in several newspapers (Daubenton an VI).

⁹ Hallé 1787: 360.

In this way, Hallé initiates a gendering of the life change that Jean-Claude de La Métherie (1743-1817) would pursue 15 years later, by proposing a scale of 10 (unnamed) periods of 7 years each, integrating comments about mortality. The most significant ones are reproduced below:

[From 43 to 49:] Critical age for women: many perish. Men's bodies become more and more burdened with fat: many perish.

[From 50 to 56:] Old age begins among women. Final stage of virility among men.

[From 57 to 63:] Old age begins among men: many perish; it is generally believed that by age 63 men can no longer sire children, which is inaccurate; but by then, men, like animals, are reaching old age, and will only sire weak individuals.¹⁰

La Métherie thus synthetically expresses a kind of inequality between the two sexes in relationship to old age that would be more and more strongly asserted and acknowledged from then on, as though it had the force of natural law. Treatises devoted exclusively to the natural history of women, true to the legacy of Roussel, generally agreed on the precocity of their crossing over into the last stage of life. Historiography has already highlighted the importance of the naturalist school of thought in the construction of these asymmetries.¹¹ On the other hand, the contribution of a medical specialty that was evolving rapidly at that time, forensic medicine, has been less explored, despite the fact that this constitutes a substantial source for the elaboration of a gendered dimension to the stages of life, as is shown by the writings of François-Emmanuel Fodéré (1764-1835). A Savoyard doctor who came to Paris during the Revolution, he was an active participant in the transformation of forensic medicine into a truly modern "science".¹² Age was an essential issue

¹⁰ La Métherie 1804: vol. II, 477-478. Like Daubenton and Hallé, La Métherie is both a doctor and a naturalist.

¹¹ Roussel 1775, six reprints through 1845; about his legacy, Hoffmann 1995 [1977]. Among La Métherie's contemporaries was Julien-Joseph Virey (1775-1846), whose importance has been demonstrated by Y. Knibiehler and C. Marand-Fouquet (1983); see also Tillier 2005: 3-4.

¹² On forensic medicine at the time, Porret 2010: 10-15.

for this forensic doctor, and he highlighted the “striking difference” between the two sexes, which is perceptible from childhood.

After 25, individuals’ ages become more difficult to determine, according to Fodéré, especially for women, who, “due to their specific fate, have generally acquired their full degree of consistency as soon as they are of an age to become mothers, and [...] are not susceptible, until age fifty, to the gradations that can be observed in males.”¹³ These gradations indicate that a “revolution” takes place in men between the ages of 35 and 40, marking the end of youth. Fodéré went on to consider old age, which began at age 70, according to the Penal Code. But for women, “the period of legal old age is much advanced [*i.e.* precocious]; they are considered old by age forty-five or fifty,” and indeed, at the time, forty-five was the cut-off age for divorce by mutual consent, which was not allowed if the wife had reached that age.¹⁴ In his opinion, this legal definition of old age, relating it to fertility, distorted the perception of older women: in reality, they were no more affected by age than men, “in absolute terms,” and in fact often seemed “to stay in good health longer”.¹⁵ Thus this forensic scientist put the effects of menopause into perspective, and even reversed sexual inequality in terms of the first signs of aging.

To refer to problems related to menopause, Fodéré mentions “incommodities that arise at the “critical age””. Gardanne, it’s worth remembering, also listed similar locutions, “critical time” and “critical stage”. The three expressions overlap, and, unlike the appellation “life change”, their origins are vague. Each of them was still used in a generic sense to describe stages in a human being’s existence that were considered dangerous, both morally and physically – puberty and youth being first among them. The use of “critical time” in this more restrictive meaning can be found for the first time in the *Dictionnaire de l’Académie française* in the 1798 edition, in the entry for the word “critical” [Critique, adj.]. The *Encyclopédie méthodique* confirms this

¹³ Fodéré 1813: vol. 1, 23-24.

¹⁴ *Recueil des lois ... an XI*: 523 (A Compendium of laws... Year XI: 523) Law of 30 ventose, Year XI).

¹⁵ Fodéré 1813: vol. 1, 28-29.

expression's precedence over the others, yet its success was fleeting.¹⁶ It should be borne in mind that at the time, "critical time" was also used to refer to both the menstrual period and the return of the menstrual flow. In the following edition of the *Dictionnaire de l'Académie française* (1835), the entry for "Critique" gives both "critical time" and "critical age" as expressions that mean "when a woman's periods stop." "Critical age" [*l'âge critique*] had become the more common term, and had acquired a sub-entry, under "Age", which did not exist in earlier editions. This is the appellation that Gardanne used when his thesis was published, despite the new term he himself had coined.

Until the 1760s, doctors had generally stuck to formulations that described the biological phenomenon – natural cessation of menses – although they did sometimes describe the time needed for the process as a "critical" one. That is the case in the standard treatise on women's maladies, the compendious publication by Jean Astruc (1684-1766).¹⁷ Contemporary works on unequal human life spans probably influenced the change that soon took place, as La Métherie's scale (referred to above) indicates. Although their appearance is still limited in the corpus analyzed, occurrences of locutions containing the word "critical" do start to become more frequent in the 1770s.¹⁸ The account provided by Samuel-Auguste Tissot (1728-1797) attests to this. As early as 1779, the famous Swiss physician pointed out that the term "critical age" was being used – improperly – to identify the physiological change that was specific to women.¹⁹ So the appellation was in use in common parlance, but it was not really accepted as a scientific term, as it was still uncommon in printed medical texts. The absence, it is true, also reflects doctors' limited interest in this stage in women's lives. The growth in specialized texts would contribute to a multiplication of synonymous locutions. The 1799 revised edition of the French version of John

¹⁶ "Critique" article (*Médecine*, vol. V, 1792: 232).

¹⁷ Astruc 1761: vol. 2, 299-338.

¹⁸ The available corpus is not sufficient for reliable quantitative analysis. This is based on researching occurrences in Google books [<https://books.google.fr/>] and above all, Gallica (the BNF, National Library of France) [<http://gallica.bnf.fr/>], which is more reliable and includes a significant number of digitalized medical texts.

¹⁹ Tissot 1779: 103.

Fothergill's brochure, *On the management proper at the cessation of the menses* (originally published in 1776) illustrates this clearly. That "stage of (women's) life," which had done without a descriptive denomination in the original edition, was presented as the "Critical stage proper to all women".²⁰ So these expressions seem to have really taken root in the 1800s, and the term "critical age", won out over the others.

In this context, how was Gardanne's innovation greeted? To answer that question, we can count on medical dictionaries as informers of scientific terminology. "Ménopause" was introduced to a dictionary being compiled in the 1810s, and the term appeared as early as 1818 in a thesis defended in Paris.²¹ Ten years later, the *Dictionnaire de médecine* (*Dictionary of medicine*), included it, but also pointed out the existence of the alternate form: "menopause". However, the entry had disappeared by the second edition. The terms are not even present in *Menstruation*, a long article that nevertheless denounces the use of unscientific appellations.²² So the scientific term met with some long-running resistance, which the *Dictionnaire de médecine et de thérapeutique médicale et chirurgicale* [*Dictionary of medicine and of medical and surgical therapeutics*] (1877) portrays perfectly. The entry for "Menopause or critical age" is some twenty lines long. It closes with a cross-reference to "Critical age", which is some sixty lines long, to describe the "maladies of menopause"...²³ These complex developments in terminology shed light on the tensions within the medical profession that invite us to reconsider from this angle the production and reception of the earliest specialized texts.

²⁰ Fothergill an VIII (1799-1800): 11. [This refers to the second edition of the French translation, (by D. Petit-Radel) of Fothergill's text, first published in 1788 under the new title: *Conseils aux femmes de quarante-cinq ans à cinquante ans* (*Advice to women aged 45 to 50*) which was not the original one. Tr.]

²¹ *Dictionnaire des sciences médicales*: vol. Méd-Més (1819), 362; G. Maladière-Montécot, *Considérations générales sur la ménopause*, quoted by Rozenbaum & Peumery 1990: 70-71.

²² Adelon 1821-1828: vol. 14 (1826), 150-151; Adelon 1832-1844: vol. 19 (1839), 440-480.

²³ Bouchut & Després 1877: 33 and 909.

The birth of specialized medical literature

In his *Traité des nerfs et de leurs maladies* [*Treatise on Nerves and their Diseases*] (1779), Tissot highlights the influence that their periods have on women's nerves, particularly at the time of their natural cessation. He deplors the deficiencies in medical knowledge, which is incapable of easing those problems. Until the thesis by the English doctor Fothergill (1776), he writes, "we had nothing of value on this subject," and the thesis was not widely known.²⁴ This knowledge vacuum began to attract attention. The *Journal des sçavans* (*The Scholars' Journal*) for example, picked up – in Latin – on a question discussed at the Paris School of Medicine on 9 February 1786, written by Pierre-Joseph Morisot-Deslandes (1716-1792), president of the jury for one of the exams passed by Claude-Bartholomé-Jean Leclerc:

Is the treatment of the maladies that occur in women at the time of cessation of their menses, however inherently difficult it may be, not more successful when it is guided by rational medicine?²⁵

The Abbé Tessier – the reviewer – believed that the reason that these illnesses had received so little attention until then – unlike those related to puberty or childbirth – was the greater difficulty in formulating knowledge about them, rather than indifference. He points out that Morisot-Deslandes designates two main causes for these ills: the beginning of old age – which the other sex is also subjected to – and the "plethora" (over-abundance of blood), the most powerful source of the "ravages" to which the female sex is subject. But the combination of these two causes, an essential element in Morisot-Deslandes's eyes, would gradually fade into the apprehension of a phenomenon that would from now on be more and more interpreted as a specific form of aging.

So the French publication entitled *Conseils aux femmes de quarante ans* [*Advice to women of forty*] (1787) came out at a favorable time. It was written by a professor at the Paris Faculty of Medicine, Jean-Baptiste-Claude Jeannet des Longrois, one of whose theses was about uterine

²⁴ Tissot 1779: 99.

²⁵ *Journal des sçavans*, Nov. 1786: 738-744; Leclerc 1786.

hemorrhages.²⁶ Writing his *Advice* fulfilled a dual ambition – both scientific and social – for the young doctor, who saw woman as a being governed by sensitivity, which nature is powerless to cure, insofar as “complications of the soul” overlie the causes of the slightest malady that affects. The age marked by the cessation of menstruation is when “oppressed Nature needs more than ever to call for help from Science.”²⁷ While the *Gazette de santé* was fairly indulgent in reviewing the book,²⁸ Jeannet de Longrois received far more virulent criticism in the *Nouvelles ou Annales de médecine, chirurgie et pharmacie*. The form taken by the hostile review deserves attention. Noël Retz (17..-1810), the King’s doctor, attacked both the style and the substance of a book whose title was discordant with its contents:

there is no more focus on [...] maladies of forty-year-old women than on those of other ages and both sexes; the maladies are described in a very superficial way, not nearly as well as in the slimmest of dictionaries; the remedies provided for fighting them are most often very poorly chosen [...]²⁹

Indeed, the fourth chapter of Jeannet’s book – by far the longest – lists the illnesses “caused by inhibition of the menses” without really specifying which ones are due to their natural cessation. Retz mocks the fact that the list includes pallor, found in young women, and hypochondria, an exclusively male ill, according to him... He is in total disagreement with his fellow doctor: Retz is a fervent believer in the idea that except in extreme cases, letting Nature run its course is the only advice that doctors should give their female patients.

The publication of a French translation of the work by Fothergill, a scholar whose reputation was established throughout Europe, seems clearly to have been meant as a riposte to Jeannet des Longrois’s poor advice.³⁰ In fact, it was published in 1788 with the title *Conseil pour les femmes de quarante-cinq ans* [*Advice to women of forty-five*

²⁶ Jeannet des Longrois 1778.

²⁷ Jeannet des Longrois 1787: 1-2 and 8.

²⁸ *Gazette de santé*, 1787, n°45: 177-178.

²⁹ Retz 1789: 356-357; Retz also criticizes him for considering women who have been through menopause as “dethroned queens”.

³⁰ Retz 1789: 363, and see note 20 above.

to fifty - not part of the original title, and an obvious echo of Jeannet's] *ou Conduite à tenir lors de la cessation des règles* [*Behavior to follow upon the cessation of the menses*]. The desire to challenge Jeannet des Longrois on the same terrain – while also pushing the age of entry into the critical period back by five years – led to offering an educated French public the observations that the President of the Medical Society of London, John Fothergill (1712-1780), had gathered for the purpose of educating his peers, particularly younger doctors who were unaware of where to find useful knowledge on the subject.³¹ Printed in 1776 in the Society's anthology, this dissertation was never as widely distributed in Britain as it was in France. Its main purpose was to counter the many mistaken notions, whether learned or popular, on the subject of menopause:

The more or less erroneous ideas [...] about the cessation of the menstrual flow and its consequences that have been propagated from era to era, have greatly embittered the moments of reflection of many women of feeling. They have not been the only ones who [...] have let themselves be drawn into error; for several of those very men who, by their condition, should have been less impressionable, have let themselves, like the women, be overcome by prejudices [...]. My purpose here is to calm spirits down once again, to chase away the unfounded apprehensions that the [female] sex could have, and to replace them with the sense of security that reasoned confidence can grant, in such a way that with very little means, nature can suffice in this circumstance.³²

Fothergill insisted first and foremost on the need to instruct women (and men) about the absence of malignity in the blood evacuated during menstruation. The menstrual flow ceases naturally once it has become unnecessary, he wrote, according to female physiology; many women do not feel any noticeable effects on their health. Nevertheless, he does not deny that other women do suffer ills that require help from Science. He essentially distinguishes two basic categories of those ills: those related to plethora and hemorrhagic flow.³³

³¹ Fothergill 1776, 1788: 7. For his biography: Vicq d'Azyr 1785.

³² Fothergill 1788: 6 [here translated from the French, Tr.]

³³ Fothergill 1788: 10, 12.

That reassuring discourse resulted in favorable reviews of the 1788 translation, particularly in the *Gazette de santé* (*Health Gazette*),³⁴ which specifies the name of the translator, Philippe Petit-Radel (1749-1815), a former military surgeon who had been teaching at the Paris Faculty of Medicine since 1782.³⁵ Having been assigned to write the *Surgery* chapter of the *Encyclopédie méthodique*, he had come across Fothergill's text during his research. After several years of exile during the French Revolution, Petit-Radel decided in Year VIII (1799) to re-issue the brochure, which had been out of print for quite some time, and to add an introduction and some notes. Without actually taking liberties with the English doctor's discourse, however, Petit-Radel inflected its impact: his interventions, particularly the preface, have an alarming, moralizing tone. He emphasizes women's own responsibility for the ills that affect them, identifying them as sanctions of past misconduct that some women persist in, even as they age. This moralism is rooted in a bitter appraisal of the Revolution: the "recent regeneration of the current order of things is far from having led to change for the better to public mores."³⁶ Petit-Radel evokes the danger of degeneration of the population. Thus he promises extremely fecund women an improved chance of risk-free menopause, whereas Fothergill had made no connection between motherhood and the possible dangers of the cessation of menstruation. While the notes generally have a more scientific bent, and are meant essentially as an update of the contents, some of them wildly over-dramatize the risks women were exposed to. Petit-Radel allows himself to describe the dissection of a corpse in order to exhume an atrophied vagina, without the slightest consideration for his female readers. He also diagnoses a worrisome new problem: unseasonable sexual desires that certain women feel so strongly as to solicit "their husband's embrace".³⁷ In this way, behind the façade of Fothergill's authority, a very ambivalent discourse now circulated in

³⁴ *Gazette de santé*, 1788, n°34: 133-134.

³⁵ For his biography see Huguet 1991: 362-363.

³⁶ Fothergill an VIII (1799-1800): 8.

³⁷ Fothergill an VIII: 29 and 20. This "rebound of sexuality" appeared in Chambon de Montaux's general treatise on women's maladies (1784): Tillier 2005: 5.

French, and was reprinted without significant variation in 1812, a sign that it remained a respected reference.³⁸

In the meantime, several theses had been defended at the Faculty of Medicine in Paris. The inventor of the word “menopause” was the only one who followed his up with a treatise expanding his work. Son of the surgeon Gardanne-Duport (1746-1815), Charles-Pierre-Louis de Gardanne (1789-1827) belonged to a medical dynasty that was already prominent during the ancien régime.³⁹ Having received his medical degree from the Faculty of Medicine of Paris in July 1812, he opened a consultancy on Rue Notre-Dame des Victoires a short time later.⁴⁰ While he stayed on the margins of the university-hospital world, within 15 or so years, Gardanne managed to join the Parisian medical elite. As well as the two editions (1816 and 1821) of his *Avis aux femmes qui entrent dans l'âge critique* [*Advice to women entering the critical age*], he continued to do research that was published in the *Journal général de médecine, de chirurgie et de pharmacie* and later in the *Annales* of the Medical Circle of Paris, a society of which, in 1821, he was both a member and secretary of the consultations committee.⁴¹ Early on, Gardanne became involved in social action by performing charitable medical work in his arrondissement. He was also admitted into Paris's philanthropic high society, as his father-in-law, the sculptor and engraver Nicolas Gatteaux (1751-1832), had a salon in a good neighborhood. By 1818, he felt experienced enough to publish his *Réflexions philosophiques sur la médecine et le médecin* [*Philosophical musings on medicine and doctors*]. A dramatic family situation brought his social rise to a sudden halt in 1824. Gardanne died three years later, in unknown circumstances. His death was not commented upon.⁴²

³⁸ See also Giraudy an XIII, another translation of Fothergill, very few copies of which have been preserved, which I was unable to consult.

³⁹ The *Gazette de santé* points out that he is related to the Gazette's founder, Jacques-Joseph Gardanne (1726-1786).

⁴⁰ Gardanne 1812; I utilized a range of sources in order to compose his biography, which is very concise in the existing entries, including AN, AJ 16/6755.

⁴¹ *Annales du Cercle médical*, 1820-1823 (3 vols).

⁴² His wife Virginie died in 1824. About his marriage and descendants: Perrot & Ribeill 1985: 229-232; about his death, Naef 1978: 492.

Yet his *Advice to women entering the critical age* was a much-discussed book, both in France and abroad. That is what matters to us here, rather than the contents themselves. Suffice to say that the author has two clearly stated objectives: developing a hitherto neglected branch of medical science, and frightening a “sex [*i.e.* women] which is indifferent to taking worthwhile precautions,” the main readership he hopes to reach.⁴³ The book is divided into three parts – preserved in the 1821 edition – physiology of the uterus at the critical age, rules of hygiene and preventive measures, and a list of illnesses and ways of curing them, by far the longest section. The reviews his book received are highly informative. They reveal differing points of view within the medical profession about the readership one should be aiming for.⁴⁴ The *London Medical and Physical Journal* and the *Journal universel des sciences médicales* both believed that menopause and its consequences called, above all else, for a scientific treatment that would be useful to practitioners. According to the English journal, Gardanne’s sentimental language spoils the excellence of what he has to say; while the French journal, which was more critical of the substance, found the medical vocabulary sometimes old-fashioned or unscientific, the French *Gazette de santé*, on the contrary, criticized him for using too much jargon, which would be off-putting for his female readers, an opinion shared by the *Journal de médecine, chirurgie, pharmacie*. The latter publication criticized him further, pointing out that most doctors had only discussed “women’s critical time” in general treatises, and for good reason: there was nothing there to justify a scholarly book. Gardanne, they said, should have stuck much more to hygiene, than to the therapeutic side of things. The young doctor had indeed undertaken a risky enterprise: offering advice to female patients, while at the same time advancing scientific knowledge.

⁴³ Gardanne 1816: III-IV.

⁴⁴ Of which the main ones are: *The London medical and physical journal*, 1817: 320-321. *Journal de médecine, chirurgie, pharmacie*, Dec. 1816: 373-377 Sep.-Dec. 182: 339-340. *Gazette de santé (Health Gazette)*, 21 Sep. 1816: 214; 15 Feb. 1822: 37-39. *Journal complémentaire du Dictionnaire des sciences médicales*, Dec. 1821: 154-157; *Journal universel des sciences médicales*, Feb. 1822: 170-186.

A notable share of the criticism does indeed refer to the book's scientific contents. The hypothesis of a "seminal motor" to explain the cause of menstrual flow was unanimously rejected. As for hygiene, Gardanne tends to get lost in fastidious or accessory details – "boudoir erudition" in the words of the *Gazette de santé* – and for his harshest critics, he was simply spouting clichés. In terms of pathology, however, the precision of his descriptions of illnesses and of recognized treatments for them was recognized as one of the book's strongest points. The exhaustive nomenclature of ills associated with menopause was hardly contested. Only the *Journal universel des sciences médicales* pointed out that the chart includes some illnesses that are prevalent at all ages. This aspect was no longer considered controversial, and the reception accorded Gardanne's *Advice to women entering the critical age* bears clear witness to the rise of a pathological view of menopause over that time period.

Life-change hygiene for both sexes

To put productions focused on women's critical age into perspective, one needs to take another look at the increasing attention paid to a transitory stage before old age, on the life scales then in use. The genesis of the pathologization of menopause fits into the framework of the emergence of "life change" health care aimed at both sexes, particularly in the hygienic treatises that were very popular at the time. The level of gender-specific content in the advice offered to patients in their forties and fifties – and to the physicians who treated them – is a highly significant indicator for judging the incidence of menopause in the perception of a differentiated aging process. It provides a close-up view of how the asymmetry between the sexes was "fabricated." The first treatise devoted, at least in part, to declining maturity, was published in 1836 and was entitled, in full: *Le Médecin de l'âge de retour et de la vieillesse, ou Conseils aux personnes des deux sexes, qui ont passé l'âge de quarante-cinq ans (Medical care for life change and old age, or Advice to people of both sexes who have passed the age of forty-five)*. While old age received an undifferentiated treatment for women and men, two separate chapters were devoted to life change.

As in Gardanne's case, the book marked a turning point in the career of its author, Sébastien Guyétant (1777-1865).⁴⁵ Son of Jean-Frédéric, the first doctor at the hospital of Lons-le-Saulnier, he trained in Paris, where he received his medical degree in 1801. Upon his return to his home town, Guyétant treated epidemics in his arrondissement and pioneered the practice of vaccinating against smallpox – in 1836 he boasted some 18,000 vaccinations performed – which earned him numerous distinctions. As Secretary of the Jura Emulation Society, he also took an interest in botany and agriculture⁴⁶ and belonged to a major network of learned societies. Finally, towards the middle of his career came consecration: on 5 April 1825, he was elected to the Royal Academy of Medicine.

Ten years later, upon the publication of his *Médecin de l'âge de retour et de la vieillesse*, when he was in his late fifties, Guyétant moved to Paris, where he opened a consultancy on Rue Taranne. From that point on, he focused on transmitting basic medical knowledge to more or less specifically targeted audiences. *Médecin de l'âge de retour et de la vieillesse* was aimed essentially at high society, whose members would have been capable of reading it and of following its advice. It was extremely successful. A second edition came out in 1837; and a third, expanded one, was published by the Lagny brothers in 1844. It came out in both German (1837) and Italian (1839) translation as well.⁴⁷ A review appeared in the *Gazette médicale de Paris* of 13 February 1836, praising it highly and pointing out that the book filled a gap: while “trainers for health” had published quality work on the subject in London, nothing of the sort had previously existed hitherto in France.⁴⁸ Guyétant's book, it said, had two essential qualities: simplicity and elegance of expression on the one hand, and the scientific rigor of its contents, which were based on the latest research in chemistry and statistics on the other. The *Gazette médicale's*

⁴⁵ For his biography: Lachaise 1845: 353-354; Thiébaud 1992: 231; Blémont 1986: 398.

⁴⁶ Guyétant 1822.

⁴⁷ Guyétant received the Legion of Honor in 1837, and his book's success is mentioned in the records: AN, LH/1251/65.

⁴⁸ *Gazette médicale de Paris*, 13 February 1836, n^o: 112.

only quibble was with the title, which they thought was unlikely to appeal to women readers...

Following in Hallé's footsteps, Guyétant situated the life change between ages 45-50 and 60-63. The differentiation between the two sexes crystalized around five elements.⁴⁹ The first of them being the temporality of the aging process:

After having glowed with the light of youth and beauty, woman arrives – like man, but a little earlier than he – at the era of her decline. In our part of the world, it is ordinarily between the ages of forty-five and fifty that the first signs of the life change manifest themselves, in women, by the diminution and irregularity of the periodic hemorrhage, whose first appearance opened the path to fecundity, and whose definitive suppression deprives her of the faculty of reproduction, reducing her to her individual existence.⁵⁰

The “change of life” tips women more precociously into the life change, radically impacting the meaning of their life. However, once that critical threshold has been passed, time pauses its flight for many of them: “definitively relieved of their menstrual tribute,” their strength redoubles. This renewed vitality is physically apparent: their rosy complexion imitates youth, they become pleasantly plump, thus regaining some of their charms.⁵¹ Time catches up with them between 55 and 60: then their appearance undergoes the signs of aging that are shared by both sexes – canities (fading hair color) or hair loss – as well as some that are specific to aging women (wrinkles, change of complexion, loose skin). In men, on the other hand, the first signs of age appear between 45 and 50, and they become more marked as the years go by. They include stoutness, which is a negative here and one that is emblematic of aging in males. Time affects them gradually. While their bodies are not subjected to a “revolution” as noticeable as the one in women's bodies, life change does deprive them of “critical movements” and of the “healthy frequent evacuations of younger organisms”.⁵² Life change leads to a tendency

⁴⁹ Guyétant 1836: 36-67 (“On life change in men, and the precautions it calls for”) and 68-107 (“On life change in women, and the treatment it requires”).

⁵⁰ *Ibid.*: 68.

⁵¹ *Ibid.*: 74-75.

⁵² *Ibid.*: 53.

towards plethora, in both males and females. So the principal difference between the two sexes resides in the discontinuous nature of biological changes specific to woman, while a progressive, less noticeable, or less visible process affects men.

Secondly, life change corresponds to a period of moral improvement. That is one of the most striking points in Guyétant's message. In men, this improvement takes root in a new feeling, prudence, which is born of the growing need for conservation that nature makes them feel. They are led to dominate their passions and impulses in order to preserve their strength, particularly in sexual terms: the "need to reproduce ceases to be imperious in most men"⁵³ who are now content with the "sweet affections" of home and family. In women, nature acts the same way, but more in terms of compensation than conservation. It is the "loss of their charms" that contributes to their moral improvement and their "new zeal" that brings them closer to their husbands and children. Women can now conserve – or acquire – an eminent role within their "chosen" society. So a healthy retreat to the domestic sphere at life change is common to both sexes, but there is a marked differentiation in the moral imperatives that lead to it.

Third, like all hygienist doctors, Guyétant endeavors to determine the forms of conduct that expose individuals to the greatest deterioration in their health. In the revised editions, gendered representations wind up being emphasized even more. Life change is a critical time for men who have lived without restraint: their excesses – whether at the table or of the flesh – mean they run comparable risks to women of the same age. His tone becomes much sterner when referring to the other sex. Now the doctor speaks of "abuses and lapses in the diet," of "deregulated passions," and above all, of "serious violations of the laws of nature." Without stigmatizing these deviant behaviors, the author adheres to the idea of a relationship between the seriousness of the discomforts of menopause and the degree of accomplishment of women's biological destiny (marriage, motherhood, breastfeeding).⁵⁴ Thus Guyétant holds a conventional mirror up to

⁵³ Guyétant 1836: 87.

⁵⁴ *Ibid.*: 72-73. He also refers to long or difficult births.

each sex: men, victim of their own excesses, basically harm no one but themselves; transgressive women also disturb the social order based on the laws of nature.

Therefore the asymmetry between the sexes is significant in terms of recommendations as well: life change calls for “precautions” in men, while it requires “treatment” for women. Men’s first injunction is to observe themselves: now is the time to identify the illnesses to which their temperaments predispose them. Women, however, need the aid of the medical profession. In fact, over the course of the chapter, there is a clear evolution, as Guyétant addresses both his fellow doctors and women facing menopause. Nevertheless, this medicalization is devoid of any dramatization. On the contrary, with the support of mortality statistics, the author aims both to reassure everyone and to reduce to a few basic ones the range of common discomforts (digestive issues, hot flashes, palpitations, restless sleep, various kinds of neuralgia): “No,” he declares, “the critical age does not signal the terrifying invasion of malady that a great number of women’s troubled imagination dreams up.”⁵⁵ While he does not accuse his fellow-doctors of being responsible for this, it is worth noting that Guyétant avoids using the word “menopause” – which must be deliberate – even though he knows Gardanne’s work perfectly well.

Finally, life change should imply a change in lifestyle, regardless of gender. Plain food and appropriate physical exercise are the key principles to follow, although in this respect, women need to obey these injunctions sooner.⁵⁶ Above and beyond these expected reforms, Guyétant also suggests more radical modifications. He advises men to work less, and to give up dangerous trades in favor of healthier ones; farming is the best-adapted one, and he hopes as many as possible will heed him... His advice to women is addressed unabashedly to those of the upper classes: they should renounce the “noisy pleasures of society, large groups and late nights, especially if the excitement of gambling could aggravate the pernicious effects on their health.”⁵⁷ This giving up on social life goes hand in hand with proper clothing

⁵⁵ Guyétant 1836: 72.

⁵⁶ *Ibid.*: 77-78.

⁵⁷ *Ibid.*: 83.

standards for that age, which have no male equivalent (wearing looser clothing, no décolleté). Men, who are also advised to retire to the family circle, conserve in this way a margin of freedom on the outside. Women are deprived of it for the sake of their own health, while in the previous century, the “withering of the flowers” [i.e. the end of menstruation] was sometimes interpreted as a liberation and a source of greater well-being in society.⁵⁸

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* *

Guyétant’s 1822 treatise makes visible the evolution taking place in the first stages of the process of medicalization of the “cessation of the menses”. At the turn of a new century, the invention of menopause had its origins in the emergence of a new “stage of life” in medical science’s chronology of the human life-span, and the gendering of this chronology, making the ability to reproduce the principal marker of difference between the sexes. Subjected to the effects of “life change”, the human body undergoes alterations that are liable to affect its health and compromise its old age. This turning point, this critical moment, is a time for taking stock, and should be the occasion for a healthy change of lifestyle. In the eyes of the hygienist doctor, it requires a reform of individual behaviors that conform, as we have seen, to gendered norms in post-revolutionary France. One of them in particular concerns us here: the female body is seen as requiring stricter medical surveillance than the male, and the recommended medical accompaniment for coping with the “cessation of the menses” begins to broaden and reinforce the asymmetry between the sexes. It is worth noting that this medicalization of female change of life in the discourse did take place at that time, yet without necessarily giving it an established pathological character or over-dramatizing its dangers.

Translated by Regan KRAMER

⁵⁸ McClive 2010: 297.

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