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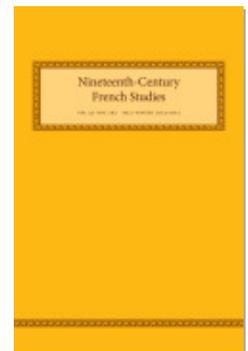
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Sharon Larson

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# “J’ai menti à la science”: Female Sexual Pleasure and the Limits of Medicine in Dubut de Laforest

SHARON LARSON

Jean-Louis Dubut de Laforest’s novel *Mademoiselle Tantale* (1884) is the story of a young woman’s sexual impotence and the medical community’s failure to find a remedy for her inability to experience orgasm. Reprinted in 1897 as part of a larger, heavily footnoted compilation of the author’s works entitled *Pathologie sociale*, Dubut’s study of female pleasure draws on various scientific texts and case studies on female sexual pathology that he frequently references in the paratext of novel. This unique compilation offers the nineteenth-century scholar a glimpse into the complicated, often contradictory intersection of medicine and literature that frames much of Dubut’s fiction. While collaboration between fiction writers and scientists was not uncommon at the fin de siècle, Dubut’s novel about female pleasure is exceptional in that it brings its heroine directly into contact with science and its shortcomings, revealing the author’s anxiety about male discursive authority—in both fiction and medicine—and the impenetrability of female sexual experience.

A self-proclaimed “chirurgien de mœurs,” fin-de-siècle author Jean-Louis Dubut de Laforest (1853–1902) described his authorial project through a dual rhetoric of medicine and morality: “j’entends découvrir [les plaies sociales] grâce au scalpel—la plume—et les brûler au fer rouge du châtement.”<sup>1</sup> The author of numerous *romans de mœurs* addressing alleged social afflictions ranging from prostitution to nymphomania to homosexuality, Dubut aimed to facilitate the collaboration between literature and science with the common goal of studying, understanding, and finally containing sexual pathology. Many of his works earned him the sensationalist reputation—and fame—of pornographer in the late nineteenth century (his 1885 novel *Le Gaga* landed him in jail for *outrage aux bonnes mœurs*), yet it is only relatively recently that Dubut has elicited renewed interest after years of

scholarly disregard.<sup>2</sup> Perhaps this is due to his unique aesthetic and scientific methodology, both of which have allowed him to slip freely between the titles of “petit naturaliste” and “décadent méconnu,” defying simple classification.<sup>3</sup> Undeniably, his works offer a rich terrain for the nineteenth-century scholar interested in the intersection of science and literature. While collaboration between scientists and writers in the second part of the nineteenth century was commonplace, Dubut’s work in both scientific and fictional genres reveals increasing anxiety regarding the limits of medical and literary knowledge and authority at the turn of the century. This is especially apparent in his study of female impotence in the heavily footnoted medical novel *Mademoiselle Tantale* from 1884.<sup>4</sup>

As Dubut notes, the title of his novel was inspired by the mythological figure of Tantalus. Condemned by the gods to perpetually suffer from hunger and thirst, Tantalus’ punishment is exacerbated by the food and drink that lingers just out of his reach. *Mademoiselle Tantale* is the adaptation of this myth in the context of fin-de-siècle medical preoccupations with the complexities (read: dangers) of female sexuality. Dedicated to the nineteenth-century neurologist Jean-Martin Charcot, the novel tells the story of a young Englishwoman and sculptor, Mary Folkestone, and the emotional and physical suffering she endures due to an inability to experience orgasm. Intended to be read as a scientific case study, the novel documents Mary’s preliminary symptoms of what Dubut calls “impuissance” during her first sexual encounter with fellow artist Hector Verneuil and the many erotic adventures that she consequently pursues. In a hopeless attempt to fulfill her sexual needs and ease her headaches, hallucinations, and anxiety, all symptoms of her sexual incapacities, Mary explores a wide-range of non-normative erotic stimuli, including promiscuity, masturbation, and lesbianism. When these experiences leave her unsatisfied, Mary, an avid reader, consults works of fiction and medical texts—not unlike those that inform Dubut’s narrative—in an attempt to educate herself on female sexual pleasure. Mary’s physical, emotional, and cognitive states eventually deteriorate as she rebuffs the medical community, and the novel concludes with the desperate act of its heroine overdosing on an aphrodisiac. Though dedicated to the legendary specialist of female hysteria, *Mademoiselle Tantale* in fact complicates, often through satire, contemporary clinical notions of hysteria and treatment of feminine pathology. Furthermore, the scientific framework that informs this fictional examination of female orgasm betrays an attempt to reconcile the limits and shortcomings of male-authored constructions of femininity and sexual difference. The portrayal of female desire, in all of its enigmas, menaces, and dangers, allows Dubut

to interrogate the discursive relationship between science and fiction. At the same time, the author's representation of this literary and scientific collaboration reveals his own anxiety about the ability to truly know and master the very subject that occupies his text.

Not surprisingly, *Mademoiselle Tantale* has been out of print for some time, but the difficulty of obtaining a copy has had its own rewards. While the original edition of the 1884 novel has limited circulation in university libraries, a subsequent publication of perhaps greater interest has been digitized by the Bibliothèque Nationale de France. This version, entitled *Pathologie sociale*, appeared in 1897 as part of a larger compilation of Dubut's works. *Mademoiselle Tantale*'s inclusion in this collection offers additional insight into what Dubut refers to as his "méthode anatomo-clinique" (*Pathologie* xiii) and the literary-scientific alliance upon which he relies.<sup>5</sup> The richness of *Mademoiselle Tantale* lies in its unique structure and multi-layered framework. As Dubut explains in his introduction, *Pathologie sociale* is a chronological regrouping of the author's various novels, short stories, and essays representative of his interest in social pathology and medicine. In addition to novels such as *Mademoiselle Tantale* and *Le Gaga*, Dubut includes his own essays on popular fin-de-siècle medical topics ranging from syphilis to artificial insemination to nymphomania in women. However, *Pathologie sociale* is not simply an anthology featuring reprints of previously published works in their original format. Its structure and framework invite the critic to read it as a complete work: each novel, short story and essay complement each other and contribute to the cohesiveness of the collection.<sup>6</sup> In addition, unlike in the original editions, Dubut supplements the works in this collection with footnotes documenting scientific sources, case studies and his own occasional musings. Hoping to "donner à ces travaux leur véritable caractère" (vii), Dubut annotates his previously-published texts in this collection in an effort both to explain their initial genesis and to justify a methodology that relies heavily on the sciences. Comparing his work to that of an architect or lawyer, the Naturalist in Dubut insists on study, observation, and scientific collaboration as indispensable to writing fiction: "[d]ans mes livres, les actes des personnages sont des faits méthodiquement étudiés, constitués en groupes homogènes, et les notes des docteurs, en accordance absolue avec l'anatomie et la micrographie, ont justifié les symptômes et les lésions de la clientèle littéraire" (xiii). He therefore turns to his contemporaries in the sciences, studying the texts of Italian criminologist Cesare Lombroso, observing Charcot's sessions at the Salpêtrière, and claiming to base his fiction on the work of many prominent medical figures. Through the inclusion of *Mademoiselle Tantale* in this multi-genre compilation, female impotence—and by extension, desire (or

lack thereof)—provides a medium through which to explore the limits of fictional and scientific knowledge about female subjectivity.

In this context, Dubut also constructs a framework representative of larger masculine scientific discourses aiming to define and police female pleasure. Such a framework, however, is far from seamless. Many of the sources that Dubut references in this version of *Mademoiselle Tantale* have publication dates subsequent to that of the original novel. In other words, Dubut claims support from a scientific corpus that had yet to exist when he was actually writing this medically-inspired novel.<sup>7</sup> In addition, many of Dubut's annotations are confusing citations of scientific texts that he interrupts mid-sentence with his own comments and parentheticals. Dubut even goes so far as to cite his own fiction as evidence for the scientific theories that he references. Nevertheless, the unique multi-faceted framework of *Pathologie sociale* offers scholars a complex narrative that exposes the common discursive fragility of science and fiction and also bears witness to the evolution of Dubut's writing. Critic Jean de Palacio points to the aesthetic consequences of such a blurring of science and fiction: “[m]enacé de l'extérieur par la digression et la clinique, le roman chez Dubut court un double risque: celui de n'être plus que le *prétexte* d'une thèse médicale; et celui—menace cette fois de l'intérieur—de perdre sa cohésion et de se fragmenter” (“Dubut” 113). However, I would argue that the interest of Dubut's compilation lies in these very digressions and fragments and the aesthetically jarring blending of science and literature. It is the unashamed, often maladroit, interplay of medicine and fiction that brings into relief Dubut's determined attempt to reconcile the impenetrability of female experience. This distinctive collection allows for a reading of the author's own (re)reading—and rewriting—of his original work and makes visible his continued anxiety surrounding women's sexual agency, which neither fiction nor scientific writing are able to fully address.

“ÉTRANGER À LA SCIENCE”:

FRENCH MEDICINE AND FEMALE PLEASURE

*Mademoiselle Tantale*'s portrayal of female pleasure is worth considering in the context of nineteenth-century medicine and its drive to uncover—and contain—the mysteries of femininity. Of course, perception of female sexuality was at a crossroads in the nineteenth century. As Thomas Laqueur has demonstrated, post-Enlightenment conceptions of procreation in Western society were no longer inextricably linked to female orgasm. This epistemological shift had tremendous implications for notions about women's sexuality, which, throughout the nineteenth century, was now considered as independent of reproduction. In the context of French medicine, general

physicians, gynecologists, and social hygienists grappled to come to terms with these changes in scientific thinking. In divorcing female pleasure from reproduction, doctors were forced to acknowledge the possibility of sexual autonomy and individuality while confronting subsequent implications about female subjectivity and conjugal relations.<sup>8</sup> However, as various medical texts throughout the century illustrate, these new conceptions of sexuality did little to resolve the troubling enigmas of femininity. On the contrary and as well shall see, the unfamiliar, inaccessible mechanisms of female desire, no longer considered analogous to those of men, continued to preoccupy doctors well into the early twentieth century.

In light of these shifting scientific mentalities, the French medical community continued to demonstrate an interest in the containment and regulation of female sexuality within the realms of heterosexual procreative relationships. Thus, as early nineteenth-century scientists began to consider the distinction between female orgasm and procreation, French physicians such as Michel-Étienne Descourtilz proposed a revised model of female pleasure that remained conveniently linked to reproduction. “On est à peu près d’accord que les femmes les plus voluptueuses ne sont pas les plus fécondes,” he wrote in 1831. “On a observé que la multiplication de l’espèce est d’autant moindre que les jouissances sont plus faciles et plus répétées” (215). For Descourtilz, if pleasure threatened a woman’s reproductive capacities it also ran the risk of interfering with her social responsibilities: “[l]’objet le plus important pour la femme est la reproduction de l’espèce, c’est le seul devoir qu’elle ait à remplir dans la société humaine” (36). By mid-century, such concepts of female sexual autonomy continued to evolve within the medical community. In his 1852 discussion of sexual unresponsiveness—“frigidity”—in women, doctor Félix Roubaud thus conceded, “la frigidité n’empêche ni la copulation ni la fécondation. [. . .] [N]ous avons rencontré autant, sinon plus, de femmes froides fécondes que de femmes froides stériles” (*Livre des époux* 257). Though Roubaud demonstrated a continued interest in the relationship between female pleasure and reproduction, he also denied their presumed mutual dependence. Furthermore, he argued that sexual pleasure and desire in women was not only natural but provided the female sexual partner a healthy incentive for engaging in sexual intercourse. “Il faut donc à la femme un appât,” he reasoned, “un mobile pour ne pas repousser l’accouplement” (*Traité* 449). For the ostensibly progressive Roubaud, healthy sexual pleasure was nonetheless posited within the confines of the heterosexual couple, where the possibilities for true female autonomy remained theoretically limited.

Along these lines, many doctors throughout the second half of the nineteenth century encouraged female sexual fulfillment as a key to marital happiness: the success of the heterosexual union depended on female sexual

health (Mesch, “Housewife”). While Roubaud recognized that “[l]e plaisir est donc une condition du coït normal chez la femme,” he warned that its absence was more detrimental to the “liens conjugaux qu’à la santé générale de la femme et qu’à l’acte de la génération” (*Traité* 511). Near the end of the century, gynecologist Auguste Lutaud wrote that sexual unfulfillment in married women “peut, dans certains cas, avoir une importance considérable en séparant les époux” (*Consultations* 11). Such a privileging of the security and welfare of the married couple reflected deeper anxieties concerning women’s sexual autonomy. Indeed, while marital happiness was dependent on female sexual satisfaction, marriage in turn was responsible for ensuring sexual moderation in women. As Auguste Debay proposed in his widely-published guide *Hygiène et physiologie du mariage* (1848), “[l]e mariage est le seul moyen de coordonner l’instinct génital et de l’assujettir à un but moral; lui seul peut régler et modérer les appétits vénériens” (18). For Debay and many of his colleagues, too much sexual pleasure in women could lead to adultery or prostitution, not to mention physical ailments: “[q]uoique la femme puisse, sans inconvénient, répéter l’acte amoureux plus fréquemment que l’homme, elle aura néanmoins raison d’en être sobre, puisqu’il est avéré que celles qui en abusent sont sujettes aux tristes affections des ovaires, de la matrice, et à ce mal terrible qu’on nomme le cancer” (73). With the threat of indefatigable, unbridled female pleasure looming over society, Debay’s warnings also reflected contemporary anxieties about women’s sexual distinctiveness. Female sexual health thus found itself in a delicate dance balancing the dangers associated with too little or too much pleasure.

These regulatory scientific discourses on women’s sexuality were equally present in studies of female impotence.<sup>9</sup> Such studies, however, were few and far between: while many doctors claimed that women were more likely than men to be stricken with the condition, most of the medical literature of the nineteenth century was dedicated to male impotence, seen as a greater obstacle to heterosexual intercourse. Accounts of female impotence were therefore varying and often contradictory. In its most general terms, impotence or “impuissance” in both sexes referred to the physical impossibility for heterosexual intercourse. For women, this might consist of the “absence ou l’occlusion du canal vulvo-utérin,” a malformation noted to be far less common than general erectile problems in men (Debay 247). In writing *Mademoiselle Tantale* in 1884, Dubut claimed to be the first to truly examine female impotence as the “impuissance à éprouver le spasme d’amour,” otherwise only studied in men (*Pathologie sociale* 65n1). What he failed to note, however, was that as early as 1852 Félix Roubaud was referencing case studies of women who were unable to orgasm. By 1855, he had dedicated an entire chapter of his book on impotence to its occurrence

in women. One might ask if this is a mere oversight on Dubut's part. But what cannot be overlooked is the analogy Roubaud uses in his description of one woman's difficulty. In *Le Livre des époux*, the doctor describes a case of clitoral "paralysis," noting "la malheureuse femme nous implorait pour faire cesser un supplice qu'elle disait plus grand que celui de Tantale" (261). While the use of Tantalus as a metaphor for impotence can be traced as far back as Ovid's *Amores*, the parallels here between Roubaud and Dubut are noteworthy, particularly given Dubut's emphasis on collaboration with the sciences. Though Dubut focused specifically on the inability to experience orgasm, Roubaud's definition of female impotence was more inclusive. The doctor qualified a woman as impotent if she was unable to fulfill three conditions deemed necessary for healthy heterosexual intercourse: sexual desire, reception of the penis in the vagina, and sexual pleasure (*Traité* 154). Roubaud thus identified two distinct categories of female impotence. The first, like that of Debay, was characterized by the physical incapacity to engage in intercourse. The second, also referred to as "frigidity" and mentioned earlier, signaled a lack of sexual desire but was also used in reference to women who were unable to orgasm, regardless of their efforts or engagement. Such is the case for *Mademoiselle Tantale's* Mary Folkestone.

Like his colleagues, Roubaud advocated for the healthy containment of female pleasure and blamed excessive sexual activity and masturbation for impotence in women. Though he proposed treatments ranging from aphrodisiacs, hydrotherapy, and ointments, examples of which we see in *Mademoiselle Tantale*, the ultimate cure—orgasm—represented its own potential Pandora's box. With the threat of sexual excess dangerously close, the doctor thus warned against overstimulating the female patient: "on pourra essayer les excitations érotiques, soit morales, soit physiques; mais on n'oubliera jamais [. . .] les devoirs que la société et la morale imposent à la pudeur de la femme. Aussi le médecin doit-il être très circonspect et ne manier qu'avec la plus grande prudence cette arme dangereuse, l'excitation cynique chez la femme" (*Traité* 516). For doctors like Roubaud, the treatment of female impotence provided the possibility of regulating female pleasure within the respectable boundaries of the medical community. Yet by the turn of the century and just years after the publication of *Mademoiselle Tantale*, the workings of female pleasure and desire remained a mystery for gynecologists such as Auguste Lutaud. "Chez un grand nombre de femmes," he noted, "les désirs sexuels ne s'éveillent que fort tard et ont besoin d'un stimulus d'un ordre purement moral et absolument étranger à la science. Il y a là une question d'éducation, d'habitudes, de relations, etc., sur laquelle nous ne devons pas insister" (*Manuel* 501–02). Such unresolved and troubling mysteries of female desire and the subjectivity that it embodies are central to *Mademoiselle Tantale*.

Dubut's collaboration with the sciences in his fiction is twofold: while medical texts serve to validate his portrayal of female sexuality, the novel's intertextual references in turn authenticate the scientific discourses that frame the narrative. This is made possible through the caricatured figure of the uninformed female reader. Certainly, Mary Folkestone's quest for sexual pleasure takes many forms. When her physical encounters fail to offer her sexual fulfillment, she adopts a cerebral approach to understanding her own sexual subjectivity: she reads. However, her characterization as a reader is complicated by the kinds of books she pursues and her engagement with them. Throughout much of the nineteenth century, many doctors believed that literature had the power to both corrupt and contaminate impressionable female readers, as numerous scholars have shown.<sup>10</sup> In 1847, nearly one decade before the initial publication of Flaubert's *Madame Bovary*, Jean-Louis Brachet warned of the perils of the naïve female imagination: "[m]alheur à la jeune fille qui dévore les romans avant de connaître le monde! Son imagination exaltée la trompe et l'égaré, et elle s'en fait un qui lui causera bien des désappointements."<sup>11</sup> As women were consistently depicted as susceptible, undiscerning readers throughout much of the century, later doctors adopted the rhetoric of contagion and degeneration that characterized the fin de siècle. Julien Chevalier, frequently cited by Dubut, claimed that "le roman contemporain [. . .] est le plus actif parmi les agents de contamination et de propagation du mal" and warned of "saphisme *par littérature*" (251).

A dangerously receptive reader, Mary Folkestone exemplifies such one-dimensional portrayals. "Elle avait lu beaucoup de romans," writes Dubut. "Parmi ses lectures, celles qui traitaient des questions pathologiques l'intéressaient plus que les autres; quant aux simples histoires d'amour 'dans le bleu', comme elle disait, elle les dédaignait, affirmant que ces récits étaient toujours les mêmes, et que les inventeurs appelés à briser les vieux moules, se tournaient du côté de la science" (50). In this self-referential narrative moment, Mary's literary interests serve as explicit references to the theme of the novel itself: sexual pathology. As a reader, Mary best identifies with Dubut's project and distances it from the traditional romantic novel, a genre generally associated with female readership in the nineteenth century. She thus aligns herself with a literature that she praises as groundbreaking, modern, and in which she ironically occupies the central role. Mary also distinguishes herself from Zola's eponymous heroine who famously disparages Naturalist fiction and its claims to "show all" in its representative novel *Nana*.<sup>12</sup> In her reading of Zola's novel, Rachel Mesch (*Hysteric's Revenge*)

argues that Nana's criticism of the Naturalist project betrays a tension between male discursive authority and the possibility to truly define—or “show”—feminine sexual subjectivity. In Dubut's case, however, the stakes are much higher. While Zola's purely fictional *Nana* lacks a discernible scientific paratext, Dubut directly frames his novel around medical writing and therefore depends on Mary to substantiate his collaboration with the sciences. In other words, whereas *Nana* exposes the limits of Naturalist fiction, Mary confirms science's ability to “show all.”

At first glance, Mary's penchant for studying cases of pathology appears to distinguish her from the conventional female reader. However, in the context of *Mademoiselle Tantale*, the protagonist is no revolutionary *lectrice*. Instead, Dubut pathologizes her interest in a literary genre that is intended for the erudite male reader. Like Dubut himself, Mary also turns to medical literature in an attempt to educate herself on sexual pathologies and human anatomy:

Miss Folkestone se plongeait dans la lecture des livres d'anatomie. Ces livres, elle les avait jadis étudiés, mais seulement au point de vue plastique, en artiste. Les lignes de la structure humaine ne lui étaient apparues que sous les dehors d'une science nécessaire à son art, pleine d'austérité, toute d'idéal; et voilà que, brusquement, envahie par des curiosités malsaines, elle cherchait autre chose dans les formes de l'homme et de la femme; et voilà que les croquis, ceux-là surtout qui analysaient les sexes, éveillaient dans son esprit des appétences de luxure. (49)

At the height of her sexual pathology, then, Mary no longer approaches anatomical texts purely from the aesthetic perspective of an artist but rather succumbs to the masturbatory “curiosités malsaines” that they provoke. In suggesting that Mary lacks the sophistication and scientific discipline to critically engage with the types of medical texts that inform *Pathologie sociale*, Dubut further affirms the authority of his project and the male-authorized scientific literature that frames it. Moreover, through juxtaposition with these highly-revered analytical (i.e., rational) thinkers, Mary's inability to maintain a critical distance from scientific literature confirms the sexual difference that is central to Dubut's study.

When Camille Hartinges, a disreputable lesbian character and former *pensionnat* friend of Mary's, encourages the protagonist to read Balzac's *La Fille aux yeux d'or*, Mary promptly embarks on an exploration of lesbian sexuality.<sup>13</sup> Upon completing Balzac's novella, Mary obtains a copy of *L'Histoire de Sapho* and devours its pages. Whether a reference to a generic historical work or to Madeleine de Scudéry's 1653 story of the same name, this unspecified “nouveau livre” (79) has a profound impact on Mary's sexual

pursuits: “[a]lors, elle se représenta l’antiquité avec ses passions exaspérées. Elle vit les scènes voluptueuses où, dans les jardins de Lesbos ornés de statues et de guirlandes, des jeunes filles et des jeunes femmes s’enlaçaient” (79). Tempted by the “surexcitation des sens” (79) provoked by these pages, Mary eagerly surrenders to the aggressive advances of her friend Camille. On the one hand, the protagonist’s sexual corruption confirms medical discourses on the dangers of female readership and once again underscores the female reader’s intellectual deficiencies. However, echoing Chevalier’s warnings of “saphisme *par littérature*,” the threat of the female reader nonetheless remains pervasive. While Mary’s sexualized reading of scientific texts is farcical at best, her engagement with lesbian literature undermines masculine authority as it leads to the ultimate unknowable phenomenon for the male author: intimacy between two women.

Like her friend, Camille is also unable to maintain an analytical distance from the literature that she reads, yet her enthusiastic response to male-authorized lesbian fiction counterbalances the discursive order that Mary disrupts. Camille strongly identifies with the heroine of Balzac’s *La Fille aux yeux d’or* and validates such literary constructions of lesbian subjectivity: “[l]’histoire de l’héroïne, c’est la mienne! . . . Les romanciers n’inventent rien . . . Une page de roman physiologique est un morceau de vie . . . ‘La Fille aux yeux d’or’, c’est moi!” (77).<sup>14</sup> Gesturing towards the content of *Mademoiselle Tantale* itself, Camille reaffirms the authority of both Balzac and contemporary authors such as Dubut. As a male writer of lesbian fiction, Dubut depends on Camille’s testimony to authenticate the portrayal of information that is out of his reach. In this sense, the sometimes confusing, contradictory convergence of science and fiction that characterizes Dubut’s unique project emerges as necessary for the study of female pleasure and subjectivity. The figure of the uninformed female reader—of both science (Mary) and fiction (Camille)—thus serves to validate male-authorized literary and scientific texts while providing them with the impossible: access to female sexual subjectivity, albeit fictitious.

#### MEDICAL “IMPUISSANCE” OR WHEN SCIENCE FAILS

In spite of Dubut’s apparent efforts to characterize the scientific community as omniscient and well versed in the mysteries of the female self, his protagonist’s reluctant encounters with medical figures betray his own anxieties surrounding the limits of science. For example, when Mary’s sexual impotence produces troubling secondary symptoms including headaches, dizziness, and hallucinations, her lover Hector urges her to consult a doctor. Not without irony, Mary downplays her symptoms and attributes them

to an ordinary case of hysteria: “elle refusait, affirmant, avec un étrange sourire, qu’elle était simplement un peu nerveuse, [. . .] comme la plupart des jeunes femmes” (58). Mary’s dry humor allows her to personalize her unique condition through opposition with the inexact, ill-defined pathology of hysteria. Following these derisive remarks, she promptly articulates her disdain for doctors and initially refuses their consultation. “Ne me parle pas des médecins,” she ripostes, “[j]e les ai en horreur!” (58), later adding “[l]es médecins? . . . Des imbéciles! . . . des imbéciles!” (95). However, this rejection of contemporary medicine is immediately downplayed by Dubut who intervenes in the paratext of the novel. Quoting Montaigne in a footnote, he playfully attributes Mary’s contempt for medical treatment to her femininity: “[l]es femmes donnent leurs appats [*sic*] à médiciner difficilement, mais à garçonner tant qu’on veut (*Montaigne-Essais*)” (95n1). This lighthearted annotation aims to dismiss Mary’s disparaging comments as trivial and inconsequential: due to her unbridled sexuality, Mary’s contempt for the medical community cannot be taken seriously. Dubut also reminds readers that the doctors in question are part of a scientific institution steeped in generations of masculine discursive authority. As one doctor proudly claims to Mary, “le médecin est comme un grand’papa” (68): informed, knowledgeable, and accomplished in the study of female sexuality.

However, Dubut’s portrayal of such so-called scientific mastery seems to be contradicted, if not undermined, by the doctors’ ultimate failure to diagnose and “cure” Mary of her sexual pathology. In addition, Mary’s linguistic exchanges with these medical figures—what she chooses to share with them or keep to herself—suggest a preoccupation with the limits of male access to female experience and subjectivity. In fact, at these pivotal moments in the novel, Mary appears to express an agency and autonomy over her own sexual truth. In a symbolic gesture of resistance, Mary refuses to communicate the specificities of her ailments to Patrice Lefial, the doctor assigned to her case: “Mary attendait le docteur dans sa chambre. Qu’allait-elle lui dire? . . . La vérité? . . . Oh! non! Jamais elle n’oserait avouer son mal, non, pas même à un médecin que le secret professionnel moins encore que sa dignité oblige à la discrétion” (65). Maintaining a sense of ownership over her own experiences, Mary resists indulging the medical community with the intimate details of her sexuality. In referring to her sexual truth as a “secret,” Mary appears to seize an authority over her medical case that she asserts through language and her access to “la vérité.” In the context of Dubut’s mingling of science and fiction, Mary’s reticence is a reminder of the impenetrability of female subjectivity for both male doctors and writers. Moreover, her obfuscation leads the Doctor Lefial to reduce her condition to a common “cas pathologique touchant à l’hystérie,—à l’hystérie pour rire, bien

entendu” (67–68) and to prescribe ineffectual treatments. Dubut’s satirical depiction of Lefial’s ignorance and casual disregard for the particularities of Mary’s case points to a larger critique of the diagnosis and treatment of hysteria. Sardonicly described as a “Salpêtrière à l’eau de rose” (64), Lefial’s clinic fails to properly recognize Mary’s impotence, putting into relief the arbitrary, reductionist system of classifying female sexual pathologies such as hysteria, “ce Prothée [*sic*] contemporain” (64).<sup>15</sup> Though Mary eventually accepts various experimental therapies ranging from sedatives, electric shock, and sexualized hydrotherapy, all of these treatments fail, exposing the limits of such medical approaches to something as enigmatic as female sexuality.

Mary invokes a similar silence with Hector who, like doctors imposing their theories and treatments on Mary’s unique experiences, instructs the protagonist on the workings of female sexuality. Following their first night together and Mary’s first unsatisfactory experience with intercourse, Hector “pensait que les premières batailles avaient éveillé en elle des douleurs communes à toutes les femmes, et il se lança en des périphrases pour lui dire que ces douleurs n’étaient que passagères, et qu’à ces maux, dont les reines de la terre ne sont pas exemptes, succéderaient des ravissements sans fin” (27). Not unlike her rejection of the doctors assigned to her treatment, Mary rebuffs Hector’s guidance and instead engages in a performance intended to mimic sexual climax. Significantly in free indirect discourse, Mary is portrayed as a complicated sexual being unwilling to give up any sense of autonomy to her patronizing lover: “[i]l ne savait pas, lui; il ne pouvait savoir! Elle mentait si bien; elle prenait si bien les attitudes de la femme défaillante, qu’il souriait dans l’acalmie réparatrice des sens, pendant que ses désirs à elle craquaient au vent de la tempête, comme des arbres mortes; pendant que ses passions flambaient, toutes rouges dans l’incendie” (28–29). For Mary, simulating orgasm or “lying” through performance as she does with her doctors means denying Hector access to her lived experience as a woman. Hector’s limits thus mirror those of science. Indeed, as Dubut suggests through parallel structure, medical and sexual figures in Mary’s life are linked in their inability to uncover the mysteries of femininity: “[à] la médecine, elle se disait guérie; aux amants, elle disait qu’elle avait ‘aimé’” (81). Reserving her sexual subjectivity for herself alone, “[s]eule, elle portait le secret de son impuissance” (81).

Nonetheless, Mary soon reveals her secret to Hector in the form of a letter that Dubut reproduces at the conclusion of the novel. This section is told in the first person through Mary’s voice as she articulates her sexual experiences in her own terms. Through this letter, the protagonist asserts ownership of her sexual subjectivity while justifying her constant disdain for scientific authority: “J’ai menti à la science, refusant d’avouer la cause véritable de mes

douleurs, et quand j'aurais avoué mon mal, que pouvaient les médecins? . . . Sont-ils capables dans leurs hôpitaux et dans leurs laboratoires de refaire une anatomie incomplète? . . . Les docteurs eussent bavardé et formulé des 'observations'!" (102). Mary's ability to manipulate and conceal her truth from the medical community—"J'ai menti à la science"—exposes Dubut's own anxiety surrounding masculine knowledge, both scientific and literary, and the impossibility of accessing, understanding, and containing female pleasure. By extension, it also points to the limits of the author's very own literary project itself, a project that is increasingly undermined by Mary's resistance and the power she holds as an impenetrable female subject. Indeed, it is only through the form of a "confession" (99) constructed by Dubut at the conclusion of the novel that we—the readers, writers, and scientists alike—have access to Mary's ultimate subjective experience.

Surprisingly perhaps, Dubut humbly acknowledges in his medical writing the occasional cases in which science has failed to treat sexual pathologies. In his introduction to *Pathologie sociale*, the author claims that conditions such as nymphomania and female impotence are rooted in both biological and social causes. In describing the responsibility of the doctor in studying and treating such so-called pathologies, Dubut recognizes the man of science's unavoidable subjection to the forces of nature. He thus proposes that "[n]ous devons arrêter les progrès du mal, en notre impuissance d'étouffer le germe" (ix). Dubut's use of the word "impuissance" is striking as readers may recall a similar use in *Mademoiselle Tantale* in reference to the on-lookers that eagerly gathered at Charcot's Salpêtrière: "les docteurs se déclarent impuissants à arrêter ces curiosités malsaines" (64). Though most likely an unintentional syntactical coincidence, Dubut nonetheless exposes a vulnerability in the scientific and narrative authority that frames the novel. Moreover, through the same turn of the phrase used to describe Mary's senseless arousal from reading scientific texts ("envahie par ces curiosités malsaines"), Dubut underscores the doctors' powerlessness over the female sexual subject. In the specific case of Mary Folkestone, while medical treatment fails to offer her relief for her *impuissance*, male discursive knowledge also appears to have reached its limits. Similarly, Dubut remarks on the exceptional nature of her case. "A quoi donc attribuer son *impedimentum d'amour*?" he ponders in a footnote. "Seule, la nature en gardait le mystère" (66n). Attributing a mysterious power to Mary as an explanation for the failures of science, Dubut suggests that she has a connection to the unconquerable capacities of nature—that which is "étranger à la science" (Lutaud, *Manuel* 502). However, we may begin to ask ourselves whose *impuissance* really occupies the text, that of Mary or that of her doctors?

Of course, as a writer of fiction and unlike his *confrères* in the sciences,

Dubut has a way out: Mary's death. His final authorial act—the elimination of Mary at the novel's conclusion—is not simply a gesture of moral authority but rather a desperate attempt to restore the discursive stability that Mary disrupts throughout the novel. Where Mary fails in gaining control over her sexuality, Dubut succeeds, orchestrating her death as the ultimate act of mastery and demonstrating command of her sexual fate. Because Mary's case is simply untreatable, her demise must not be understood as a symptom of her doctors' failure but rather the manifestation of an exceptional case of the dangers of indomitable female sexuality. Through such hyperbole, Mary's death reaffirms the male doctors' and writers' "puissance" that she puts into question. In this way, Dubut follows many of his literary peers, and like Zola, must expunge his troubling heroine from the narrative.<sup>16</sup> However, what distinguishes Dubut's novel from those of many of his contemporaries—particularly those writing on hysteria—is the protagonist's direct contact with science and the very medical discourses seeking to determine her unique experience. More precise than the mutable and elusive disorder of hysteria, female impotence thus allows Dubut to make overtly visible the threat posed to male discursive authority and the possibility of its own *impuissance*.

Department of Modern and Classical Languages and Literatures  
Christopher Newport University

#### NOTES

1. This quotation is found in the preface to volume four of *Les Derniers Scandales de Paris*, qtd. in Nathan 100.

2. Recent scholarship has demonstrated a particular interest in Dubut's clinical portrayal of social and sexual pathologies. Charles Grivel provides a general survey of the structure and content of *Pathologie sociale* and the "roman de mœurs psychopathologiques" genre, Michael Finn discusses artificial insemination and medicine in *Le Faiseur d'hommes* (1884), and Jean de Palacio ("Dubut") examines Dubut's mingling of science and fiction in the context of Decadent aesthetics.

3. See Grivel and Palacio, "Dubut," respectively.

4. Many scholars have examined the relationship between scientists and writers and corresponding representations of feminine pathology—most notably hysteria—in the nineteenth century. To cite just a few, Charles Bernheimer examines literary portrayals of the prostitute, contagion, and decay alongside scientific texts by Parent-Duchâtelet and Charcot. Janet Beizer argues that the intersection of fictional and clinical discourses of hysteria reflected a larger cultural symptom concerned with minimizing the threat of female sexual difference. Rachel Mesch (*Hysteric's Revenge*) contends that the pervasive fin-de-siècle anxiety about female sexuality obscured

a more dangerous threat of female intellect. Though my analysis of *Mademoiselle Tantale* is not concerned with hysteria per se but rather female impotence (though there are some discursive overlaps), these studies point to a larger nineteenth-century literary trend surrounding female sexual subjectivity and its perceived threat to male discursive authority.

5. All citations of *Mademoiselle Tantale* are taken from this edition.

6. Anticipating another novel in the compilation, for example, Dubut remarks in a footnote in *Mademoiselle Tantale*: “[i]ci, j’enumérerai, scientifiquement, et afin de ne pas y revenir dans le [sic] *Gaga*, les causes d’impuissance chez l’homme” (65n1).

7. Ernest Monin’s *L’Hygiène des sexes* and Julien Chevalier’s *L’Inversion sexuelle*, each featured in references on pages 66 and 80 respectively, are just two examples.

8. Many nineteenth-century *romans de mœurs* reflected such evolving preoccupations with female sexual autonomy in the context of marriage. For discussions linking nineteenth-century fiction to medical discourses about conjugal sexual pleasure, see Peter Cryle’s “A Terrible Ordeal” or Rachel Mesch’s “Housewife or Harlot,” both of which appear in the special volume of the *Journal of the History of Sexuality* entitled “Feminine Sexual Pathologies in Nineteenth- and Early-Twentieth-Century Europe.”

9. Definitions for impotence varied greatly throughout the century. In an attempt to remain faithful to Dubut’s terminology, I use the term “impotence” in this paper to refer to Mary’s inability to orgasm (known as “anorgasmia” in today’s medical parlance), regardless of her level of sexual arousal, interest, and physical capacity for intercourse.

10. See Matlock and Beizer (especially her chapter “Reading Women”). Matlock considers nineteenth-century constructions of the woman reader alongside eroticized discourses on prostitution and hysteria. With a similar interest in the narratives of hysteria, Beizer examines medical texts that link the etiology of hysteria to the act of reading. Also, see Lyons for an historical account of nineteenth-century French medical and religious texts addressing the perils of female literacy.

11. Braché 505, qtd. in Mesch, *Hysteric’s Revenge* 16.

12. Nana expresses her skepticism of the Naturalist project upon reading a popular contemporary novel, “témoinnant d’ailleurs une répugnance indignée contre cette littérature immonde, dont la prétention était de rendre la nature; comme si l’on pouvait tout montrer!” (Zola 344). It is noteworthy that this passage occurs in free indirect discourse.

13. For a discussion of Balzac’s multiple intertextual appearances in Dubut, see Palacio (“Dubut”).

14. Camille is obligated to hide Balzac’s Sapphic work in a secret compartment in her library. The (hidden) library as “l’espace de la corruption, de la transgression et de la désagrégation morale” in Palacio’s terms is a recurring motif in fin-de-siècle literature (*Figures* 266).

15. As Beizer describes it: “A disease whose essential defining characteristic was time and again given as indefinability, whose causes and symptoms were too numerous to be circumscribed, and whose methods of treatment were limited only by the imagination, hysteria in the nineteenth century was an accommodating vehicle for just about any idea or entity one wished to contain or displace” (35).

16. Mesch notes of *Nana*’s conclusion: “the only way for *Nana* to be discursively determined is through her death” (*Hysteric’s Revenge* 36).

#### WORKS CITED

- Beizer, Janet. *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France*. Ithaca: Cornell UP, 1994.
- Bernheimer, Charles. *Figures of Ill Repute: Representing Prostitution in Nineteenth-Century France*. Cambridge: Harvard UP, 1989.
- Braché, Jean-Louis. *Traité de l’hystérie*. Paris: J-B Baillière, 1847.
- Chevalier, Julien. *L’inversion sexuelle: une maladie de la personnalité*. Lyon: A. Stock, 1893.
- Cryle, Peter. “‘A Terrible Ordeal from Every Point of View’: (Not) Managing Female Sexuality on the Wedding Night.” *Journal of the History of Sexuality* 18.1 (2009): 44–64.
- Debay, Auguste. *Hygiène et physiologie du mariage*. 11th ed. Paris: E. Dentu, 1857.
- Descourtiz, Michel-Étienne. *De l’impuissance et de la stérilité, ou recherches sur l’anaphrodisie distinguée de l’agénésie*. Vol. 1. Paris: Masson et Yonet, 1831.
- Dubut de Laforest, Jean-Louis. *Pathologie sociale*. Paris: Paul Dupont, 1897.
- Finn, Michael. “Female Sterilization and Artificial Insemination at the French Fin de Siècle: Facts and Fictions.” *Journal of the History of Sexuality* 18.1 (2009): 26–43.
- Grivel, Charles. “Pathologie sociale et tératologie littéraire. Dubut de Laforest.” *Relecture des “petits naturalistes”: actes du colloque des 9, 10 & 11 décembre 1999*. Eds. Colette Becker and Anne-Simone Dufief. Nanterre: Université Paris X / Cahiers RITM, 2000. 303–24.
- Laqueur, Thomas. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge: Harvard UP, 1990.
- Lutaud, Auguste. *Consultations sur les maladies des femmes*. Paris: Rueff et Cie., 1895.
- . *Manuel complet de gynécologie médicale et chirurgicale*. Paris: A. Maloine, 1900.
- Lyons, Martyn. *Readers and Society in Nineteenth-Century France*. New York: Palgrave, 2001.
- Matlock, Jann. *Scenes of Seduction: Prostitution, Hysteria, and Reading Difference in Nineteenth-Century France*. New York: Columbia UP, 1994.

- Mesch, Rachel. "Housewife or Harlot? Sex and the Married Woman in Nineteenth-Century France." *Journal of the History of Sexuality* 18.1 (2009): 65–83.
- . *The Hysteric's Revenge: French Women Writers at the Fin de Siècle*. Nashville: Vanderbilt UP, 2006.
- Nathan, Michel. "Les Derniers Scandales de Paris par Dubut de Laforest: des maisons closes au phalanstère." *Romantisme* 53 (1986): 97–106.
- Palacio, Jean de. "Dubut de Laforest, 'docteur en médecine sociale' et historien de la décadence." *Décadents méconnus*. Ed. Guy Ducrey and Hélène Védrine. *Cahiers de littérature française* 7–8. Paris: L'Harmattan, 2009. 95–122.
- . *Figures et formes de la décadence. Deuxième série*. Paris: Nouvelles Éditions Séguier, 2000.
- Roubaud, Félix (Dr. Rauland). *Le Livre des époux: guide pour la guérison de l'impuissance, de la stérilité et de toutes les maladies des organes génitaux*. Paris: Private printing, 1852.
- . *Traité de l'impuissance et de la stérilité chez l'homme et chez la femme*. 2 vols. Paris: J.-B. Baillière, 1855.
- Zola, Émile. *Nana*. 1880. Paris: Presses Pocket, 1991.