5. The Old World Meets the New in Montaigne's Essais: Syphilis, Cannibalism, and Empirical Medicine

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The Old World Meets the New in Montaigne’s *Essais*

Syphilis, Cannibalism, and Empirical Medicine

The last decade of the fifteenth century brought an unusual conjunction of discovery, warfare, and medical science to spotlight the arrival of what since the eighteenth century has been called syphilis. The disease was known by the Italians as the *mal francese* or by physicians as the *morbus gallicus* for the connection made between the invasion of Naples in 1494 and the eventual conquest by the French under Charles VIII. The French attributed the disease’s origins to an epidemic emanating from Naples: poisoned water, “vengeful Spaniards mixing leper’s blood with wine” (Eamon, 5). Each nation preferred to blame the other for introducing a new infection.

The chronicles coming back from the New World soon placed the blame outside Europe and tied the new pandemic to inhabitants of the New World: Gonzalo Fernández de Oviedo y Valdes, Bartolomé de las Casas, and Ruy Diaz de Isla. Eamon points out that “blaming the other is one possible response to new diseases. Another is to blame oneself” (Eamon, 2). The focus of this chapter is Michel de Montaigne’s interest in the chronicles of the explorers of the New World to shed light on conflict and bloodshed in Europe. Montaigne will use the vocabulary of sickness and disease to reflect upon contrasts between the Old and the New World. To do so, he appropriates some of the rhetoric of one of
Italy’s most controversial medical spokespersons—Leonardo Fioravanti (1517–1588)—and yet sets himself in sharp opposition to the charlatan’s practices. That Montaigne was aware of Fioravanti’s medical pronouncements and practices is known from “De la ressemblance des enfans aux peres” [Of the Resemblance of Children to Fathers]. Here, Montaigne mentions the innovations introduced—often at the peril of the patient—by “Paraclese, Fioravanti et Argenterius” (II: 37, 772A/586).

Montaigne and Fioravanti were both proponents of the empiricists when it came to medicine. The experience gained by the patient in suffering the disease outstrips scientific knowledge. For Montaigne, “L’expérience est proprement sur son fumier au subject de la medecine, où la raison luy quite toute la place” (III: 13, 1079B/826) [Experience is really on its own dunghill in the subject of medicine, where reason yields it the whole field]. He agrees with Plato that to be a true physician and accurate diagnostician, one needs to have experienced all the sicknesses that one seeks to remedy, and he adds syphilis to the list: “C’est raison qu’ils prennent la verole s’ils la veulent scavoir penser” (III: 13, 1079B/827) [It is reasonable that he should catch the pox if he wants to know how to treat it]. In the sixteenth century, syphilis was never far from any discussion of disease (lues) or epidemic, just as in the late twentieth century, AIDS dominated both lay and scientific medical discussions. Accurate diagnosis and treatment demands risk taking, and the physician willing to experience illness in order to treat it more effectively is the only doctor Montaigne would trust: “Vrayment je m’en fierois à celuy là.” The others are like artists, safely inside illustrating the treacherous seas and shoals outside or building a model ship without encountering any risk: “Car les autres nous guident comme celuy qui peint les mers, les esceuils et les ports, estant assis sur sa table et y faict promener le modèle d’un navire en toute seureté” (III: 13, 1079/827). In another essay, while not claiming profound medical knowledge beyond his observation of his own bouts of illness, he acknowledges that his youthful amorous inclinations, which he calls “erreurs de sa jeunesse,” led him to ignore the dangers he might encounter and to experience the first symptoms of venereal disease without lasting effect: “deux atteintes legeres toutesfois et preambulaires” (“De trois commerces,” III: 3, 826C/627). It is indeed noteworthy that the discussion of his sexually contracted disease was added in the Bordeaux copy, as the essayist expands the detailed medical descriptions of the final essays, to be discussed further on in the present chapter. Antonia Szabari notes that Montaigne proposes, in “De l’art de conférer,” to present his
“erreurs” to his readers as cautionary tales, just as the wheels of justice condemn transgressors as a way to warn others: “Publiant et accusant mes imperfections, quelqu’un apprendra à les craindre” (III: 8, 822B/703) [By my publishing and accusing my imperfections, someone will learn to fear them]. Ronsard had made a similar “public confession” (“Or je veux que ma vie en escrit apparoisse”; Oeuvres complètes, II: 606, v. 22) in his “Response aux injures et calomnies” when he spoke about his pleasure in the company of women, amid other tasks such as study, writing, prayer, and walks in nature (Oeuvres complètes, II: 607, n. 18). As they offer up their lives and their daily routine for scrutiny, two self-avowed Catholic authors give a nod toward the public admission of their deeds. Montaigne, like Ronsard before him, knows the value of observing a person’s habits in taking the measure of an individual.

Montaigne makes it clear that three generations of his family—all suffering from kidney stones—shared a scorn for medical practices. “Que les medecins excusent un peu ma liberté, car, par cette mesme infusion et insinuation fatale, j’ay receu la haine et le mespris de leur doctrine” (II: 37, 764A/579) [Let the doctors excuse my liberty a bit, for by this same fatal infusion and insinuation I have received my hatred and contempt for their teaching]. He reinforces the superiority of experience to science: “La medecine se forme par exemples et experience; aussi faict mon opinion” (764A/579) [Medicine is based on examples and experience; so is my opinion]. The movement and undulation that typify medical practice in the specific context of the individual echo the fluctuation and change that characterize Montaigne’s own writing. Medicine and writing share the characteristic that they are both a snapshot in time—framed by the circumstances surrounding the moment of application. It is here that Montaigne and Fioravanti diverge, but also here that they converge on a topic that will intrigue both of them: cannibalism.

Eamon notes that Fioravanti’s “work also carried a theoretical and ideological message: it was about the failure of ‘scientific’ medicine and the value of experience over theory, the veracity of people’s wisdom, the worth of ‘natural’ ways of healing, and above all the importance to physicians of sagacity and good judgment which can be gained only by long experience in the ways of nature” (Eamon, 10). For Fioravanti, disease is the result of a “corruption of the body caused by unnatural conduct” (Eamon, 10). The cure for the disease is a remedy that ultimately causes the expulsion of the “bodily corruption” (Eamon, 10). Montaigne abhorred such violent therapies applied by physicians to the patient—
remedies that “rendent la santé malade” (II: 37, 766A/581) [make health sick]. Without the help of doctors, he found his illnesses “douces à supporter” (766A/581) [easy to endure].

Fioravanti made a name for himself in the treatment of syphilis based on a series of “drugs that purged the body of ‘pollutions’” (Eamon, 16). He prescribed “sarsaparilla to induce vomiting” and had “an armory of emetics and purgatives” (Eamon, 16). These were precisely the type of violent cures decried by Montaigne: remedies that broke the daily diet and habits of the patient. Calling upon his own experience and that of his father and grandfather, he states that “ma forme de vie est pareille en maladie comme en santé: mesme lict, mesmes heures, mesmes viandes me servent, et mesme breuvage” (III: 13, 1080B/827) [My way of life is the same in sickness as in health; the same bed, the same hours, the same food serve me, and the same drink].

Given their different approaches to treating disease, why would Montaigne have noticed Fioravanti’s medical writings? Taking his notion that disease is the result of bodily corruption, Fioravanti links syphilis to cannibalism, but his theory runs counter to the views of Oviedo and Las Casas, who saw syphilis as a new disease originating in the New World. For Fioravanti it is an old disease and results—as do all diseases, in his view—from bodily corruption. In this instance, syphilis resulted from the cooking practices of the camp cooks of the soldiers in Naples during the French invasion. Short of food, cooks of both armies “secretly took the flesh of the dead” for use in a variety of dishes served to the soldiers (Eamon, 10). This led Fioravanti to experiment in feeding animals chopped-up parts of their own species to see whether the symptoms of syphilis would appear. He claimed that the pustules and fever characteristic of the disease showed up on those animals who had eaten pieces of their own kind. For the surgeon, this was proof that syphilis was the result of corrupt practice—the unnatural act of eating one’s own species (Eamon, 17).

The chronicles of Oviedo, Las Casas, André Thevet (Les Singularités de la France Antarctique), and Jean de Léry (Histoires d’un voyage fait en la terre du Brésil) had captured the imagination of the Europeans. The proponents of the Counter-Reformation used the reports of cannibalism among the indigenous peoples of the New World as evidence that they were less than human and so could be enslaved and maltreated. Eamon cites Anthony Pagdon’s view that consuming human flesh was considered a violation of natural law prohibiting the eating of one’s own kind.6 Mon-
Montaigne follows most closely the account of cannibalistic practice reported by the Protestant chronicler Jean de Léry, and as I have pointed out elsewhere, Léry’s power of observation was much like that of the modern anthropologist. He wanted to detail and comprehend the customs within the cultural context. Montaigne understood that cannibalism in the context of Tupinamba society was a cultural practice, not a flesh-eating orgy or something done to appease hunger. Dudley D. Marchi comments, “The practice of Tupinamba anthropophagy . . . interpreted by Montaigne, following Léry, is a sign which unifies their community: a practice of collective ritual, an economy of tribal presence, preservation, and self-identification.” As noted in the previous chapter, Montaigne observes: “Ce n’est pas, comme on pense, pour s’en nourrir, ainsi que faisoient anciennement les Scythes: c’est pour représenter une extreme vengeance” (I: 31, 209A/155) [This is not, as people think, for nourishment, as of old the Scythians used to do; it is to betoken an extreme revenge]. He sets the courage and valor of the Tupinamba in sharp moral contrast to the pusillanimity of the Portuguese in the New World, who buried the Indians waist-deep and then pulled on their appendages before hanging them. The essayist is troubled by the Europeans’ failure to see value in the customs of the Indians: “Je ne suis pas marry que nous remarquons l’horreur barbaresque qu’il y a en une telle action, mais oui bien dequoy, jugeans bien de leurs fautes, nous soyons si aveuglez aux nostres” (209A/155) [I am not sorry that we notice the barbarous horror of such acts, but I am heartily sorry that, judging their faults rightly, we should be so blind to our own]. Here Montaigne gets to the heart of why he has seized on cannibalism to make a moral point:

Je pense qu’il y a plus de barbarie à manger un homme vivant qu’à le manger mort, à desherir, par tourmens et par geénes, un corps encore plein de sentiment, le faire rostir par le menu, le faire mordre et meurtir aux chiens et aux pourceaux (comme nous l’avons, non seulement leu mais veu de fresche memoire, non entre des ennemis anciens, mais entre des voisins et concitoyens, et, qui pis est, sous pretexte de piété et de religion), que de le rostir et manger apres qu’il est trespassé. (209A/155).

I think there is more barbarity in eating a man alive than in eating him dead; and in tearing by tortures and the rack a body still full of feeling, in roasting a man bit by bit, in having him bitten and mangled by dogs and swine (as we have not only read but seen within fresh memory, not
among ancient enemies, but among neighbors and fellow citizens, and what is worse, on the pretext of piety and religion), than in roasting and eating him after he is dead.

Cannibalism became a way to focus on religion and cultural practice—but in diverting attention away from Europe to the New World, the subject was less controversial. Description of the ritualistic practice, consuming a piece of the flesh not for sustenance but to punish the enemy, combined with the details on housing, drink, marriage, warfare, and prophets, distracted the reader from the political and religious controversies in the Old World. But soon the mirror reflected back on the Old World and its savage treatment of neighbors and countrymen persecuted for their religious views. Cannibalism became a signifier for things gone awry in the Old World. In fact, Frank Lestringant shows how the valiant death song of the prisoner of the indigenous Brazilians parallels the controversy over transubstantiation in the Europe, a major dispute in the violent wars of religion.

Ces muscles, dit-il, cette cher et ces veines, ce sont les vostres, pauvres fols que vous estes; vous ne recognoissez pas la substance des membres de vos ancestres. (Les Essais, I: 31, 212A/158)

“These muscles,” he says, “this flesh and these veins are your own, poor fools that you are. You do not recognize that the substance of your ancestors’ limbs is still contained in them.”

Lestringant mentions Montaigne’s audacity in creating a parallel between the Tupi prisoner and Christ. Their bodies, consumed in ritual celebration, will be a reminder of the valiance and sacrifice with which they lived (Lestringant, Une Sainte horreur, 296–98). It is as if in constructing such a daring parallel, the essayist laments the absence of valor of the populace at home and the reliance on “soldats empruntez,” or mercenary soldiers (III: 12, 1042B/796).

Montaigne, taking a cue from Léry, looks to the New World—the Tupinamba—for a remedy for what has failed in Europe: “Les loix naturelles leur commandent encores, fort peu abastardies par les nostres” (I: 31, 206A/153) [The laws of nature still rule them, very little corrupted by ours]. Europe has not yet spread its contagion—its unnatural laws—to the New World. In fact, the Tupinamba live in a temperate climate that preserves their health: there is no talk of syphilis, no mention of doctors,
no need for physicians since they are rarely sick. Montaigne points out that the discovery of the New World has introduced new remedies—these very natural remedies known to the indigenous people. Europeans went all the way across the ocean—pulled by the appeal of what is exotic and rare—in pursuit of these remedies: “le gayac, la salseperille et le bois desquine” (II: 37, 772A/585) [guaiacum, sarsaparilla, and chinaroot].

The mention of natural remedies and sarsaparilla brings me back to Fioravanti—a man who blurred the distinction between surgeon (limited to external treatments) and physician (credentialed to treat patients internally). Fioravanti rose to medical visibility by using a natural remedy, sarsaparilla—a remedy known by the indigenous people of the New World—to treat syphilis. His treatment of syphilis relied on drugs that purged the body of “pollutions.” He prescribed sarsaparilla to induce vomiting and followed up with “a decoction of legno santo” (Eamon, 16). Eamon speaks of a kind of “physiological exorcism”: “His treatments, acts of purification, mimicked the exorcist’s rite of chasing away the demons from tormented bodies” (Eamon, 20).

In performing experiments to show that syphilis could indeed have spread from cutting up human bodies to feed to invading and resident armies in Naples, Fioravanti attributed the outbreak of a pandemic to a moral lapse in the body politic. “Fioravanti believed that the cause of Italy’s moral and political decline was an internal pollution that began with the courts and spread outward to contaminate the entire commonwealth” (Eamon, 20). His Capricci medicinali indicates that he urged princes to ignore flatterers: “just as the ‘bad quality of the stomach’ spreads its contagion to all the body’s organs, so corrupt rulers and their fawning courtiers ruined the whole body politic.”

Fioravanti adhered to the perspective of the Catholics, who decried the rise of evangelical Christianity and the rise of Protestantism. Yet what is striking here is that he found positive things to say about the medical practices of the indigenous peoples of the New World: “He credited the Indian shamans with numerous discoveries, including not only a host of medicaments unknown to the Europeans but also a certain herb that enabled them to see into the future” (Eamon, 22). Like Montaigne, he challenged the established view that the cannibals were without science. “Moreover, he turned the conventional blame system inside-out, attributing the onset of syphilis in Europe not to the Indians, but to the barbarous behavior of the Europeans themselves.”

Both empiricists, Montaigne and Fioravanti blamed current conventional medical practices, advanced by scientific experimentation rather
than by sound consultation with the patient. Spurred on by a more “natural” approach, they commented on the herbal remedies that even academic physicians were acquiring at great expense and danger: “au hasard d’une si longue peregrination et si perilleuse” (Les Essais, II: 37, 772A/586).

It is important to note that their approaches were drastically different. Fioravanti favored violent natural remedies that purged the body of impurities, while Montaigne resisted medical treatment that might interrupt the “douce” unfolding of daily habit. Yet, they both saw virtue in the established practices of the inhabitants of the New World and attributed barbarous actions to the corrupt leaders of Europe. The common signifier is cannibalism at home. The common link is syphilis, or at least the common remedy, sarsaparilla—seen as one remedy in the toolbox of “natural” medicines used by the indigenous shamans in the New World with greater efficacy than was shown by the learned physicians of the Old World. The coincidence of the outbreak of syphilis, the French invasion of Naples, and the return of Columbus’s crew from the New World led the Europeans to pin the blame for the pandemic on a remote source: the native peoples of the New World. “Placing blame for such catastrophic occurrences defines the normal, establishes the boundaries of appropriate behavior, and isolates the cause of fear” (Eamon, 21).

As I have noted earlier, Fioravanti and Montaigne both looked to experience in seeking knowledge about sickness. Three generations of the essayist’s family spurned medical care: “Mes ancestres avoient la medecine à contrecoeur par quelque inclination occulte et naturelle: car la veuë mesme des drogues faisoit horreur à mon pere” (II: 37, 764A/579) [My ancestors had an aversion to medicine by some occult natural inclination: for the very sight of drugs filled my father with horror]. Fioravanti’s antipathy for scientific medicine as opposed to empirical medicine came from practical experience in seeing the “physicians” scorn observation and remedies handed down through the “non-scientific” or folk practitioners. “Rejecting the abstruseness of modern medicine, Fioravanti urged a return to the pristine and simple methods of the ‘first physicians,’ who had no medical system or scientific method, but just used good judgment” (Eamon, 15). As Eamon points out, the “first cause” of all ailment originates in the stomach—hence the need to purge the stomach violently and frequently from whatever was causing impurities (Eamon, 15). One of the drawbacks of the empiricists is that they look for symptoms instead of for the overall picture of the disease. The empiricist doctor studies symptoms of individual patients (Eamon, 17). While Montaigne
would decry the violent purges promoted by such drastic medical practitioners as Fioravanti, the attention Fioravanti paid to an individual’s response to the disease and to medication would resonate with the essayist. His observation in later life of his own youthful experience with venereal disease—“deux atteintes, legeres, toutesfois et preambulaires”—is a case in point (III: 3, 826C/627).

One of the virtues of Eamon’s work on Fioravanti is that he makes the link between Fioravanti’s medical views of the individual body, or microcosm, and extends them to his view of the body politic. To do so, he cites the anthropologist Mary Douglas: “There is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other.” Eamon goes on to state that “Fioravanti’s conception of the body as a physiological system that was vulnerable to various contaminations mirrored his conception of society as a moral order narrowly teetering on the balance between purity and corruption” (Eamon, 21).

Two historic events coincided: the exploration of the New World, with the subsequent awareness of cannibalism and syphilis, and the outbreak of the Wars of Religion, followed by acts of extreme violence and extreme vengeance. Douglas shows how the language of pandemic was applied to the body politic, as the physical body and the body politic became conflated (discussed by Eamon, 21). With increasing fervor as the three books unfold and as his additions to the Essais lead the readers to focus on the impact of intolerance, corruption, and violence on the society, Montaigne transfers the metaphor of illness to the body politic. Contemporary to the growing violence of the Wars of Religion is his individual struggle with kidney stones. The language of his individual physical struggle spills over to describe the ills of France. One might ask if Montaigne latched on to the medical language and the image of cannibalism in order to tone down a more incendiary political language or whether he drew a parallel between his own declining health and the health of the state. By the final chapters of Book III of the Essais, he has made the commitment to address the political corruption openly, and yet the medical metaphors, used to address his own observation of his medical condition as well as the state of the body politic, have become part of the fiber of his discourse. Ronsard had already depicted France as a deathly ill woman with frightful hair and deep, recessed eyes: “une pauvre femme attainte de la mort”; “son poil estoit hideux, son oeil have et profund” (“Continuation du discours des miser des ce temps”; Oeuvres complètes, II: 557, vv. 15, 18). So Montaigne is not alone in expanding the medical metaphor to include
the body politic. A comparison of “Des cannibales” (Book I) with “Des coches,” “De la phisionomie,” and “De l’expérience” (Book III) demonstrates the increasing intensity of the application of the medical metaphor to the body politic.

Mention of medicine is rare in “Des cannibales.” It begins with an analogy between the feverish movements of the sick body and those of the geographical landscape that changed the shape of Montaigne’s Dordogne River: “Il semble qu’il y aye des mouvemens, naturels les uns, les autres fievreux, en ces grands corps comme aux nostres” (I: 31, 204B and C/151) [It seems that there are movements, some natural, other feverish, in these great bodies, just as in our own]. The next allusion to sickness is to the fact that the Tupinamba are rarely ill: “Il est rare d’y voir un homme malade; et m’ont assuré n’en y avoir eu aucun palissy, chassieux, edenté, ou cour bé de vieillesse” (207A/153) [It is rare to see a sick man there; and they have assured me that they never saw one palsied, bleary-eyed, toothless, or bent with age]. Montaigne here subscribes to the idea that the natural remedies and the healthy lifestyle contribute to keeping the inhabitants of the New World healthier than their European counterparts. The final reference to medicine in this essay is to the audacity of physicians to try all sorts of remedies on their patients—remedies as extreme as the efforts of Montaigne’s ancestors to survive Caesar’s siege of the town of Alésia by feeding the more resilient townspeople the remains of the feeble: “Et les medecins ne craignent pas de s’en servir à toute sorte d’usage pour nostre santé, soit pour l’appliquer au dedans ou au dehors; mais il ne se trouva jamais aucune opinion si desreglée qui excusat la trahison, la desloyauté, la tyrannie, la cruauté, qui sont nos fautes ordinaires” (210A/156) [And physicians do not fear to use human flesh in all sorts of ways for our health, applying it either inwardly or outwardly. But there never was any opinion so disordered as to excuse treachery, disloyalty, tyranny, and cruelty, which are our ordinary vices]. Cannibalism is not unknown in Europe; it is not confined to the “other,” the “barbaric” inhabitants of the New World.

The final chapter in Book II of the Essais, “De la ressemblance des enfans aux peres,” is devoted to medicine. As I have stated above, Montaigne evokes the antipathy in which his father, grandfather, and other members of his family have held the medical arts. He also notes that while he is not subject to the suffering that touches our soul, he is vulnerable to physical pain: “Mais les souffrances vrayment essentielles et corporelles, je les gouste bien vivement” (II: 37, 760A/575) [But the really essential and bodily sufferings I feel very keenly]. This chapter takes medical science to
task: “En premier lieu, l’expérience me le fait craindre: car, de ce que j’ay de connoissance, je ny voy nulle race de gens si tost malade et si tard guérie que celle qui est sous la jurisidiction de la medicine” (766/A/581) [In the first place, experience makes me fear it; for as far as my knowledge goes, I see no group of people so soon sick and so late cured as those who are under the jurisdiction of medicine]. He speaks of gentle experience when he does not have to suffer the bitter remedies of the medical establishment, “l’amertume de leurs ordonnances” (766/581). Intrusive medical practice disrupts the normal flow of life.

The only remedy that he continues to experience is the beneficial effects of the natural mineral baths: “Voilà comment cette partie de medecine à laquelle seule je me suis laissé aller, quoy qu’elle soit la moins artificielle, si a elle sa bonne part de la confusion et incertitude qui se voit par tout ailleurs en cet art” (777/A/590–91) [Thus you see how this part of medicine, to which alone I have abandoned myself, although it is the least artificial, still has its good share of the confusion and uncertainty that is seen everywhere else in this art]. Montaigne makes it clear that he has known some worthy doctors and that his antipathy is for the medical arts: “Ce n’est pas à eux que j’en veux, c’est à leur art” (780A/593) [My quarrel is not with them but with their art]. Along with the hot baths, Montaigne gives some credence to folk remedies: “Il n’est pas une simple femmelette de qui n’employons les barbotages et les brevets; et, selon mon humeur, si j’avoy à en accepter quelqu’une, j’accepterois plus volontiers cette medecine qu’aucune autre, d’autant qu’aumoins il n’y a nul dommage à craindre” (781A/593) [There is not the simplest little woman whose mumblings and magic formulas we do not employ; and for my taste, if I had to take any, I would accept this medicine more willingly than any other, inasmuch as at least there is no harm to be feared from it]. Montaigne is not far from the teachings of Paracelsus, who “exempted from his blanket condemnation [of physicians and apothecaries] . . . those who relied on ‘experience and personal practice.’”

Jean Starobinski has brilliantly demonstrated that in criticizing the medical profession, Montaigne frequently echoes the form and content of medical discourse. In following the manner in which Montaigne describes his body and his illness in the essay “De l’expérience,” Starobinski remarks: “The reader will notice (were he only to glance at the medical books of the time) that Montaigne cannot narrate his own being (se raconter) except by appropriating the language of the doctors, by making use of their categories, by diverting them, according to the rule he applies to all of his borrowings, for his own benefit” (Starobinski, 279–80).
Abrupt change in habit that is a part of the scientific medical art is the target of Montaigne’s critique. Effective remedies were best harvested in the climates in which the patients lived in order to avoid disrupting the natural routine. In 1533, Symphorien Champier urged “the French to find remedies for all their illnesses in France, not to bring over medicines from foreign sources.” In his essay “De la ressemblance des enfans aux peres” (II: 37), Montaigne interweaves the medical history of his family—his grandfather, his father, and himself—with the history of medicine. Here again, his discourse reflects the discourse of medical humanists of his time. One particular reference, to guaiac wood, links the topic of cannibalism, the story of the indigenous populations of the New World, to syphilis and medicine. Montaigne echoes the views of his contemporary medical writers, such as Paracelsus and Champier, in railing against the importation of exotic remedies from the New World: “Si les nations desquelles nous retirons le gayac, la salseperille et le bois desquine, ont des medecins, combien pensons nous, par cette mesme recommandation de l’estrangeté, la rareté et la cherté, qu’ils facent feste de nos choux et de nostre persil: car qui oseroit mespriser les choses recherchées de si loing . . . ?” (II: 37, 772A/585–86) [If the countries from which we get guaiacum, sarsaparilla, and chinaroot have doctors, how much, we may imagine, through this same recommendation of strangeness, rarity, and costliness, must they prize our cabbages and our parsley! For who would dare despise things sought out at such a distance, at the risk of such a long and perilous voyage?]. The explorers had brought back these much-touted remedies. “One of the earliest of these, guaiac wood from the Andes, was reputed to cure the new ‘French pox’ and thus easily attracted swarms of buyers and sellers, wheelers and dealers” (Cooper, 34). In the very same instance that he is echoing a view of Paracelsus in preferring homegrown remedies to those sought from afar, Montaigne attacks the medical practice of the likes of “Paracelse, Fioravanti and Argenterius” for changing established practice too often without providing time for the patient to adapt to new prescriptions: “car ils ne changent pas seulement une recephte, mais, à ce qu’on me dict, toute la contexture et police du corps de la medecine, accusant d’ignorance et de piperie ceux qui n ont faict profesion jusques à eux” (II: 37, 772A/586) [for they change not merely one prescription, but, so they tell me, the whole contexture and order of the body of medicine, accusing of ignorance or deception all who have professed it before them]. The patient is left to adapt and suffer. Better to try out the more inexact science of folk remedies or thermal cures
that do no harm than to submit to the perilous innovations of medical science.\textsuperscript{15}

Montaigne’s family rejected the notion that they should yield their experience with their illness, their familiarity with their individual situation, to the “savoir” of the university-trained physicians. It was a case of “connoissance” over “savoir,” familiarity over innovation (Starobinski, 278). In preferring long-established home remedies and therapeutic baths found in proximity over drugs that hailed from exotic places, Montaigne, and some of his contemporary physicians and medical writers, was conflating the body with the body politic. National provenance mattered, if only because the body was better served from remedies that were found close at hand. Borrowing from Brunfels, who called for seeking German herbs and remedies, Champier “enjoined his readers to recognize their true identity—‘We’re in Celtic France, amidst Christians’—and advised his readers that since they were ‘Christians, not Muslims’ ‘French, not Arabs, or Egyptians, or those born in India or Palestine,’ what they really needed to preserve their health were locally-grown medicinals.”\textsuperscript{16} Emerging national identity took the form of religion, crops, cooking, and climate.

With the third book of essays, Montaigne’s bitterness against the violence to humankind grows as the French Wars of Religion come even closer to home and set neighbor against neighbor, brother against brother. While medicine plays only a minor role in “Des coches,” the vehemence of Montaigne’s attack on European inhumanity shown to the indigenous people of Mexico and Peru escalates. The title of the essay, “Des coches,” reveals Montaigne’s physical weakness in getting sick while traveling in coaches, litters, or boats, and serves to conceal the true topic of the essay, the inhumane treatment of the indigenous people of Mexico and Peru as well as the intellectual, moral, and physical superiority of these people.

Medical doctors have counseled the essayist to wrap a towel around his stomach to ward off seasickness or the upset stomach that comes with riding in a carriage or litter. He would rather overcome such physical weakness through his own moral courage—a sort of natural response to personal defect: “Les medecins m’ont ordonné de me presser et sangler d’une serviette le bas du ventre pour remedier à cet accident; ce que je n’ay point essayé, ayant accoutumé de luicter les deffauts qui sont en moy et les dompter par moy-mesme” (III: 6, 901Β/687) [The doctors have ordered me to bind and swathe my abdomen with a towel to remedy this trouble; which I have not tried, being accustomed to wrestle with the weaknesses that are in me and overcome them by myself].
He proceeds to illustrate the cowardly, dishonest treatment of the indigenous people by the Spanish and Portuguese in the name of the king and in the name of religion. The presumption of the Europeans has already proven deceptive in that while they claimed to have invented gunpowder and moveable type, it was a false claim because the Chinese had discovered both innovations a thousand years before, in “un autre bout du monde” (III: 6, 908B/693) [in another corner of the world]. Europe refuses to acknowledge that the inhabitants of either “bout du monde”—the representative “other”—could have acquired scientific knowledge. It was by ruse and deception that the Europeans managed to overcome the people of Mexico and Peru. Absent the surprise effect of the arrival of horses and gunpowder used to overwhelm the Mexicans and Tupinamba, “vous leur oustezt toute l’occasion de tant de victoires” (910B/694) [eliminate this disparity . . . and you take from the conquerors the whole basis of so many victories]. What is quite remarkable, if one removes the context in which Montaigne sets his description of the courage and valor of the native peoples of the New World, is that the essayist could be referring to Jews and Protestants alike—all those who resisted the excesses of the Counter-Reformation:

Quand je regarde cete ardeur indomptable dequoy tant de milliers d’hommes, femmes et enfans, se presentent et rejettent à tant de fois aux dangers inevitables, pour la defeence de leurs dieux et de leur liberté; cete genereuse obstination de souffrir toutes extremitz et difficultez, et la mort, plus volontiers que de se soubmettre à la domination de ceux de qui ils ont esté si honteusement abusez. (910B/694)

When I consider that indomitable ardor with which so many thousands of men, women, and children came forth and hurled themselves so many times into inevitable dangers for the defense of their gods and of their liberty, and that noble, stubborn readiness to suffer all extremities and hardships, even death, rather than submit to the domination of those by whom they have been so shamefully deceived.

Moral conviction inspired the Aztecs and Incas, as it did the most faithful Jews and Protestants, to follow their beliefs. The moral courage described above could be applied to those Protestants who remained inside their churches to be burned to death rather than emerging to face forced conversion. Montaigne’s description of his own moral efforts to battle the onset of seasickness rather than surrender his physical body to the care of
physicians brings me back to the analogy between the physical body and the body politic or spiritual congregation.

Géralde Nakam has identified the essay “De la phisionomie” as the essay to represent the final years of Henri III and the years when Montaigne was the most personally threatened by the Wars of Religion. It is no coincidence that it is in this essay that one sees the most frequent analogies between the health of the individual and the health of the body politic. For six months in 1587, the essayist and his family went from town to town when the nearby town of Castillon-la-Bataille was besieged by the Ligue and pestilence overtook the population: “J’escriois cecy environ le temps qu’une forte charge de nos trouble se croupit plusieurs mois, de tout son pois, droit sur moy” (III: 12, 1041B/796) [I was writing this about the time when a mighty load of our disturbances settled down for several months with all its weight right on me]. Although Catholics and Protestants lived side by side in the area around Castillon-la-Bataille, Montcaret, and Ste-Foy-la-Grande, Montaigne uses a political label rather than a religious label to speak of the manner in which his neighbors viewed his allegiance:

J’encorus les inconveniens que la moderation aporte en telles maladies. Je fus pelaudé à toutes mains: au Gibelin j’estois Guelphe, au Guelphe Gibe- lin. . . . La situation de ma maison et l’acointance des hommes de mon voisinage me presentoient d’un visage, ma vie et mes actions d’un autre. (III: 12, 1044B/798)

I incurred the disadvantages that moderation brings in such maladies. I was belabored from every quarter; to the Ghibelline I was a Guelph, to the Guelph a Ghibelline. . . . The situation of my house and my acquaintance with men in my neighborhood presented me in one aspect, my life and my actions in another.

The allusion to the political parties in Florence’s civil strife in lieu of the religious factions in France reveals that Montaigne is grounded in the civil threat—the loss of the body politic through the struggle between religious factions. It is here that he summons all his venom for the ills of civil strife: “En ces maladies populaires, on peut distinguer sur le commenceant les sains des malades; mais quand elles viennent à durer, comme la nostre, tout le corps s’en sent, et la teste et les talons; aucune partye n’est exempte de corruption” (1042B/796) [In these epidemics one can distinguish at the beginning the well from the sick; but when they come
to last, like ours, the whole body is affected, head and heels alike; no part is free from corruption. Montaigne’s description of the later stages of the disease reminds one of the various stages in the progression of syphilis, where first the pustules appear on the private parts, but later there is hair loss and excruciating pain in the joints resulting from the disease attacking the membranes covering the bones (Quétal, 57).

I spoke above of Fioravanti’s tendency to dwell on the symptoms instead of on the root cause of the illness. Here, the empirical Montaigne describes the symptoms of civil war—corrupting all parts of the body politic. I am reminded of Starobinski’s statement that when Montaigne describes himself, he does so in medical discourse—so too for his description of the political ills that threaten the monarchy and unity of the kingdom of France. As syphilis or the plague ravages the body parts one by one, so, too, civil war and, indeed, the Wars of Religion, destroyed laws, family ties, and political allegiances. Reformation can in fact lead to deformity: “renversant la police, le magistrat et les loix en la tutelle desquelles Dieu l’a colloqué, desmembrant sa mere et en donnant à ronger les pieces à ses anciens ennemis, remplissant des haines parricides les courageux fraternels” (1043C/798) [by overthrowing the government, the authorities, and the laws under whose tutelage God has placed him, by dismembering his mother and giving pieces to her ancient enemy to gnaw on, by filling the hearts of brothers with parricidal hatreds]. By the time of this essay, Montaigne sees violence and inhumanity on both sides of the struggle.

He will take instruction, he adds in a later addition to the essay, from the present troubles as he has from the ancient histories: “Je m’aggrée aucunement de veoir de mes yeux ce notable spectacle de nostre mort publique, ses symptomes et sa forme. Et puis que je ne la puis retarder, suis content d’estre destiné à y assister et m’en instruire” (III: 12, 1046C/800; emphasis mine) [So my curiosity makes me feel some satisfaction at seeing with my own eyes this notable spectacle of our public death, its symptoms and its form. And since I cannot retard it, I am glad to be destined to watch it and learn from it.] He is at the bedside of his moribund country and reads the symptoms in order to learn from them. His text becomes a record of the devastation of civil war for future generations, just as Dante’s and Petrarch’s work were for Montaigne. Called to rescue his own family from siege and pestilence, he stops writing: “Moy qui suis si hospitalier, fus en tres penible queste de retraitie pour ma famille; une famille esgarée, faisant peur à ses amis et à soy-mesme, et horreur où qu’elle cerchast à se placer, ayant à changer de demeure soudain qu’un de la troupe
commençoit à se douloir au bout du doigt” (1048B/801–2) [I, who am so hospitable, had a great deal of trouble finding a retreat for my family: a family astray, a source of fear to their friends and themselves, and of horror wherever they sought to settle, having to shift their abode as soon as one of the group began to feel pain in the end of his long finger].

After the fact, once the double siege of outer threat and inner threat have passed, he takes up his written diagnostic of two illnesses: the collective one that continues to threaten the country and the individual sickness that threatens his own body—the congenital illness of kidney stones that felled his father and grandfather before him. He has grown used to the second illness, but it is the first that has moved him beyond his usual calm and focused approach: “Tout cela m’eust beaucoup moins touché si je n’eusse eu à me ressentir de la peine d’autrui, et servir six mois misérablement de guide—à cette caravane. Car je porte en moy mes preservaifs, qui sont resolution et souffrance” (III: 12, 1048B/802; emphasis mine) [All this would have affected me much less if I had not had to feel for the sufferings of others and serve for six months of misery as guide to this caravan. For I carry my own preservatives within me, which are resolution and patience].

By conflating the health of the individual and the health of the nation, the essayist suggests that in the presence of collective violence and breach of law—“la police, le magistrat et les loix”—the best recourse is resolute behavior and forbearance (III: 12, 1043B/798). His statement recalls Ronsard’s comment in response to his Calvinist critics that he remains a “Tres-humble observateur des loix et de mon Prince” (“Response aux injures et calomnies,” Oeuvres complètes, II: 606, v. 31). Montaigne’s (and Ronsard’s) instinct to respect the rule of law would be the internal moral rudder when the outside becomes unpredictable and at odds with established law. To show how these two “preventative remedies” work, the essayist offers the two examples from his personal life in “De la phisionomie”: the attack by local partisans of the Catholic Ligue on Montaigne’s own estate and Montaigne’s temporary capture during one of his missions to Paris. In both cases, it is his outer calm and forthright behavior that save the day.

The final essay, “De l’expérience,” takes the reader from the public context of historic events that are laid out in “De la phisionomie” to the individual situation of Montaigne—his health, his habits, his motive for writing. As Jean Starobinski has observed, the essayist’s remarks about his health take on the form of a medical questionnaire of the type one fills in when going in for a medical check-up (Starobinski, 296):
In summary, Montaigne, beginning from his personal experience, is filling in, so to speak, the questionnaire that professional medicine formulates in general terms, and whose headings he had himself enumerated in the last essay of Book II, when he had evoked the diverse considerations of which the medical profession should keep itself informed, at the risk, otherwise, of “se mesconter” if one of these considerations is poorly grounded: “la complexion de malade, sa temperature, ses humeurs, ses inclinations, ses actions, ses pensemens mesmes et ses imaginations” [his patient’s condition, his temperament, his humors, his inclinations, his actions, his very thoughts and fancies]. (II: 37, 773A/586)

Montaigne is in fact giving an experiential diagnostic not only for his own health but for the body politic. The kingdom of France relies on each person to exert his or her own moral compass in order to emerge from the sick times caused by the civil and religious strife. In “De l’expérience,” Montaigne comments on the sound advice of Tiberius, who might have learned the rule of self-monitoring one’s own health from Socrates:

Et le pouvoit avoir appris de Socrates, lequel, conseillant à ses disciples, soigneusement et comme un tres principal estude, l’estude de leur santé, adjoustoit qu’il estoit malaisé qu’un homme d’entendement, prenant garde à ses exercices, à son boire et à son manger, ne discernast mieux que tout medecin ce qui luy estoit bon ou mauvais. (III: 13, 1079C/826–27)

And he might have learned this from Socrates, who, advising his disciples, carefully and as a principal study, the study of their health, used to add that it was difficult for an intelligent man who was careful about his exercise, his drinking, and his eating, not to know better than any doctor what is good or bad for him.

When subjects fail to observe the rules that govern them, when the state fails to govern itself through the execution of established law, then the individual subject needs to look inward. This has been Montaigne’s response:

Car depuis quelques années aux courvées de la guerre, quand toute la nuit y court, comme il advient communément, après cinq ou six heures l’estomac me commence à troubler, avec vêhente douleur de teste, et n’arrive point au jour sans vomir. Comme les autres s’en vont desjeuner
je m’en vay dormir, et au partir de là aussi gay qu’au paravant. (III: 13, 1084B/831)

For in the last few years, being in the military service, when whole nights are spent on duty, as often happens, after five or six hours, I begin to be troubled by my stomach, as well as by a violent headache, and I do not last until daytime without vomiting. As the others are going off to breakfast I go off to sleep, and after that I am as gay as before.

Medical opinion, the essayist tells us, is as changeable as climate: “Elle change selon les climats et selon les Lunes, selon Farnel et selon l’Escale” (1087B/833) [It changes according to the climates and according to the moons, according to Fernel and according to L’Escale]. The state of health of the country cannot risk such changeability. It relies on the rule of law that will be the same for all subjects irrespective of religious belief.

The integration of knowledge or science within the individual understanding that comes through experience brings Montaigne to the position that the individual’s experience of illness and, by extension, of disruptions in the health of the body politic, benefit from order and custom. He echoes Ambroise Paré in advocating that the patient or the old man not change his habits just because he is experiencing less robust health. Giving up meat or amorous thoughts just because one has entered into a period of physical weakness may only hasten the coldness and dryness that come as one approaches death. Keeping to one’s habitual foods and activities may ensure that the individual retains the warmth and positive thinking that fights off approaching death. Starobinski quotes Paré in recommending warm and moist meat to ward off, however briefly, the cold dryness of death: “semble meilleur la [la vieillesse] des viandes contraires à son tempérament, sçavoir chaudes et humides, pour tousjours retarder les causes de la mort, frigité et siccité, qui la talonne de bien pres.” Avoiding abrupt changes in diet or activities, Paré continues, provides a certain stability to the patient or the aging citizen: “Ce n’est pas assez seulement d’avoir cogneu la quantité et qualité des viandes, mais aussi il faut entendre la coutume et maniere de les prendre” [It is not enough to have known the quantity and quality of meats but also one must understand the habit and manner of taking them]. To respect habit in sickness as in health is to follow nature “és sains, mais aussi és malades” (Paré, 29; Starobinski, 282–83). Montaigne maintains with Paré that he follows the same regimen in sickness and in health. He trusts his desires
and inclinations: “Et sain et malade, je me suis volontiers laissé aller aux apparets qui me pressoient. Je donne grande autorité à mes désirs et pro-prènsions” (III: 13, 1086B/832) [Both in health and in sickness I have readily let myself follow my urgent appetites. I give great authority to my desires and inclinations]. Restricting his diet or his activities would be akin to curing one ill by another: “Je n’ayme point à guair le mal par le mal” (1086B/832) [I do not like to cure trouble by trouble]. Experience—whether in the sickness of an individual or the body politic—is grounded in habit, the equilibrium that custom provides. “L’expérience m’a encores appris cecy, que nous nous perdons d’impatience. Les maux ont leur vie et leurs bornes, leurs maladies et leur santé” (III: 13, 1088B and C/834) [Experience has further taught me this, that we ruin ourselves by impatience. Troubles have their life and their limits, their illnesses and their health].

For the patient and for the French subject, introducing new experiments, innovations, and laws can only prolong the illness, the disturbance. Curing this “monstrueuse guerre” requires a return to the order that existed prior to the dissolution of public order. When Montaigne attributes to the Wars of Religion the capacity to self-destruct with their own venom, he calls to all French subjects to return to the rule of law: “Monstrueuse guerre: les autres agissent au dehors; cette-cy encore contre soy se ronge et se desfaict par son propre venin. Elle est de nature si maligne et ruineuse qu’elle se ruine quand et quand le reste, et se deschire et desmembre de rage” (III: 12, 1041B/796) [Monstrous war! Other wars act outward; this one acts also against itself, eats and destroys itself by its own venom. It is by nature so malignant and ruinous that it ruins itself together with all the rest and tears and dismembers itself with rage]. I might note Brenton Hobart’s insight when he states that in most narratives of pestilence, corruption in morals follows the outbreak of the epidemic. For Montaigne, moral decay precedes the epidemic (Hobart, 403).

The language used in the description of this “monstrous war” reminds me of the violence and virulence often used to describe syphilis—which brings me back to the nexus mentioned in the title of this study: syphilis, cannibalism, and empirical medicine. Alfred W. Crosby Jr. speaks of “widespread rashes and ulcers, often extending into the mouth and throat; severe fevers and bone pains; and often early death.” Ulrich von Hutten, writing in 1540, vividly describes the symptoms:

There were byles, sharpe and standing out, hauyng the similitude and quantite of Acornes, from which come so foule humours, and so great
stenche, that who so ever ones smelled it, thought hym selfe to be enfect. The colour of these pusshes [pustules] was darke grene, and the sight thereof was more grievous unto the Pacient then the peyne it selfe; and yet their peynes were as thoughe they had layn in fire.24

Von Hutten, one of the many correspondents of Erasmus, documents the approximate date of the appearance of the French disease in Europe: “In the yere of Chryst 1493 or there about . . . this most foule and most grevous dysease beganne to sprede.”25 Crosby notes that it was with the information that guaiac wood was effective in treating the patient suffering from syphilis that the connection was made between the discovery of the New World and the outbreak of this dreaded illness (Crosby, 220). It was a surgeon like Fioravanti, Ruis Díaz de Isla, who “claimed in a book first published in 1539 that he had treated some of Columbus’s men who had contracted syphilis in 1492 in America and that he had observed its rapid spread in Barcelona” (Crosby, 222).

The chronicles, the stories of cannibalism, and the spread of a virulent new disease captivated the intellectual and scientific imagination of the Old World. Reports of empirical medical cures that grew out of the culture in which the disease originated gave rise to an emerging interest in empirical medicine. Old World science failed where New World remedies proved efficacious. Montaigne took home from his “cannibales” a perspective on the power of observation and respect for integrity of the individual (mind and body). He drew from his personal experience of illness a parallel on the well-being of the greater social order. Just as it is important for the physician not to upset the rhythm and routine of the patient, so too, moral stability strengthens the social body through long and steady observance of social laws. Montaigne understood that cannibalism was a cultural practice integrated solidly into the everyday life of the social order and represented a ritual that brought strength and stability to society. His third book of essays is a reflection on how abrupt changes in social and medical regimens disrupt and weaken the health of the individual and the well-being of the collective subjects of the kingdom. As will be evident in chapter 6, Montaigne was not alone in concluding that France suffered from a self-inflicted illness. Agrippa d’Aubigné believed that the French state was infected with an internal illness, or “maladie implicite,” in which the will of one segment of society to harm the other had weakened the kingdom.26