

Montaigne, Medicine and the Common Lot

In a recent book that questions the separation of mind and body and investigates the therapeutic powers of the former, the author begins by affirming her loyalty to science, declaring, “If we abandon science for wishful thinking we might as well be back in the dark ages: drowning witches, bloodletting and praying that God will save us from the plague.”¹ In historical fact, the execution of witches, bloodletting and the plague (with the prayers it evoked) continued well past the Dark Ages and had separate deaths as they led separate lives; a certain French doctor of some influence in the 19th century was known to bleed patients “up to three litres.”² Being a man of science doesn’t necessarily oppose you to bloodletting, nor does *not* being a man of science condemn you to magical thinking. In the last three of his *Essays* Montaigne doubts the malignity of witches (in defiance of those who “forbid me to have any doubts about witches on pain of fearsome punishment”),³ recounts his flight from the plague (without recommending prayer as a preservative) and bitterly derides medical practices that harm under the guise of healing. Even today we have much to learn from this unique thinker who espoused tolerance before it acquired its good name and whose insights into medicine seem all the more prescient because he never envisioned the mind in independence of the body.

While Montaigne deplores all practices that attack the body in the interest of its own wellbeing, the anti-medical lore that seems to have circulated in early-modern Europe⁴ gains a new tenor and subtlety in his hands. He recognizes, for example, that as fallacious as it generally is, the practice of attributing healing power to doctors, drugs and charms isn't about to go away. To judge from the *Essays*, in particular Montaigne's comment about the popularity of spells and amulets, it seems people in his world took their remedies wherever they could find them.⁵ The use of placebos is habitual to human life, foolish to be sure, but impossible to manage, let alone eradicate. Says Lady Folly in *The Praise of Folly*, "The truly prudent man reflects that since he is mortal himself, he shouldn't want to be wiser than befits a mortal, but should cast his lot in with the rest of the human race and blunder along in good company."⁶ Reflecting on his mortality and critical of those, including doctors, who pretend to knowledge higher than that given to a human being, Montaigne is just such a man of sense. Along with his qualified acceptance of placebos (if only because everybody uses them) goes a firm refusal to condemn the amulet-maker as a sorceress.

Characteristically, though Montaigne attaches no medical value to amulets and the like and mocks the faith vested in them, he's not averse to exploiting the placebo effect for himself, as if in conformity with the ideal of self-rule to which he was attracted. In the middle of the *Essays* he fondly discusses spas whose medicinal virtues he isn't convinced of, deciding that they might do some good anyway; in a chapter of the final volume he indulges in fantasy "so as to divert by ruse the chagrin of old age" (p. 949); and in the concluding essay "On Experience" he reports at length certain

consolatory, placebo-like arguments he uses to reconcile himself to his illness—arguments that are intended to allay his imagination (a faculty whose tyrannical potential is established early in the *Essays*), and that he seems to believe to some degree, but not fully. In effect, by experimenting with the placebo effect instead of receiving it at the hands of a doctor, Montaigne extended the common practice of self-medication, one deplored by certain medical reformers even as he began writing the *Essays*.⁷ Evidently he had nothing against the placebo, provided it wasn't imposed on him and he wasn't blinded to its workings like the nobleman he himself fooled into believing in a spurious charm (an episode recounted with many ironic touches early in the *Essays*).

Over the course of the *Essays* Montaigne's thinking, including his thinking about the placebo effect, seems to grow more personal. The essay "On the Power of the Imagination" in Vol. 1 goes into strange yet evasive detail on the sexual history of "a man whom I can vouch for as though he were myself"—a third party who evidently *is* Montaigne. In the last of the essays Montaigne drops the mask and speaks with astonishing candor of his efforts to console and beguile himself in his illness. In between comes the also remarkable meditation "On the Resemblance of Children to Their Fathers," which actually concerns his own resemblance to his own father, in particular their common ailment and aversion to medicine. If I had to identify the point in the *Essays* where the distinctive voice of the mature Montaigne emerges—a voice all at once satiric and tolerant, bold and humble, stoic and humane—I would nominate his discussion in this essay of the merits of spas, following a review of nonsensically

conflicting medical theories and dictates. The chapter in question concludes Book II of the *Essays*, which was published two years after the onset of kidney stones, a condition that could easily have thrown his life into chaos.

After dismissing arbitrary and capricious medical judgments as an abuse of reason, Montaigne declares himself one of those who “allow themselves to be gently led by . . . the counsels of Nature, entrusting themselves to common fate” (p. 877). Here then is stoic acceptance, but with stoicism now shorn of its harshness and tempered with humanity. For Montaigne, reconciling himself to his condition implies not just learning to bear what must be endured but recognizing that a human being can’t have more than human knowledge—conclusions duly reached in later essays. So much, then, for the physician who fancies himself “indebted for [his] powers to a divine spirit,”⁸ like Girolamo Cardano. (Montaigne finds Socrates’s *daimon* the most unappealing thing about him; Cardano claimed an invisible companion who guarded, guided and enlightened him.) But although Montaigne puts no stock in miraculous cures or medical knowledge sent from the heavens, his stoicism isn’t so doctrinaire and unbending that he opposes remedial measures altogether. Thus, while he despises the sort of medicine in love with its own theories, he shows some esteem for surgery, a more manual and less academic art. Surgery seems to Montaigne more down-to-earth than medicine. It wasn’t because he set out to test a new theory but because he ran out of oil that Paré discovered that he was harming gunshot victims by cauterizing their wounds.⁹

Montaigne's stones, too, were no theoretical entities, which meant, in practice, that he had to live with them. Entrusting himself to common fate, Montaigne, a proud aristocrat, puts himself in the same boat with the commoners who may appear in the *Essays* as figures of foolishness but also have the sense to be ill only when they really are, and who don't sacrifice their bodies and minds to academic theories of illness. Throughout the *Essays* Montaigne speaks of himself as "clumsy, inept, slow-witted, and indeed rather dull,"¹⁰ qualities that might almost denote a stereotypical peasant, and like a peasant as he describes them, he too will not allow medicine to define his health or illness. Similarly, for Montaigne it's one thing to live with illness and another to live life around it. When he visits the spas, he travels in a way that would make no sense if his sole object were to get treatment, and even at a spa he sets more value on its pleasures, human and natural, than its water. (Investigators of the medical merits of spas now recognize that the journey to a spa and the rest enjoyed there, as well as the medical attention given and received, contribute to the treatment effect.)¹¹ Yet even if the water should do no good, Montaigne decides that it's "at the very least, not dangerous" (p. 877) and therefore worth assaying. Thus, even as he forges a unique ethos of gentleness and toughness, action and acceptance—the ethos that informs and enriches all his late reflections—his thoughts turn to the placebo effect. And if he allows himself to assay the placebo effect, it follows that it's not reserved for conventionally credulous sorts like the common people.

In an early essay Montaigne holds up the cauterizing of battle wounds—the same procedure Paré foreswore once he discovered that it was completely

unnecessary—as an example of the sort of noble hardship that separates a man of valor from a commoner.¹² As the *Essays* unfurl he is less quick to dismiss the common people as an inferior species.¹³ In fact, if the common people are wise enough not to borrow their ailments from Learning (possibly because they can't afford to make illness their way of life), then others just might learn something from them. Boarded with commoners as an infant in order to bond him with those whose master he would be, Montaigne himself, when he writes autobiographically, begins to resemble a commoner, immune to certain fantasies but still possessed of an active imagination. In the same essay where he speaks superciliously of imagination's power "acting on the more impressionable souls of the common people" he admits that he himself is "one of those by whom the powerful blows of the imagination are felt most strongly" (pp. 111-12; 109). In discussing the imagination's empire over male sexual capacity, he cites the unhappy example of one he can speak for "as though he were myself," a man who seems to be none other than Michel de Montaigne. Even the skeptical Montaigne, it seems, is subject to the assaults and fallacies of suggestion. (In one case, he was also credulous enough to urge a friend, a bishop, to submit to surgery for the stone merely because "most of the doctors" thought it a good idea [p. 874]. The friend had the sense to refuse, and eventually, when he was autopsied, no calculi were found.) In the *Apology for Raymond Sebond* Montaigne likens the ideal Rome that haunts his imagination to the hare that haunts a dozing greyhound, and in the late essay "On the Lame" admits that he once persuaded himself that he took great pleasure from union with a deformed woman for no other reason than that the notion of such pleasure was

proverbial. This strange ability to persuade oneself, mind and body, plays into the placebo effect, which is indeed powered by medical and popular lore much as the special powers of deformed women were supported by legend.

For Montaigne, then, acceptance of the human lot means recognizing both that he doesn't belong to a higher species than background figures like the apothecaries, midwives, herbalists, witches and surgeons who make their appearance from time to time in the *Essays*, and that he can't pretend to knowledge that comes from a source outside humanity, like a medical savant. When he was suffering from a grievous toothache at La Villa, it was an apothecary, not a doctor, who showed him very simply how to deaden the pain with brandy. Montaigne would have relished the story of Edward Jenner—a surgeon—testing the folk knowledge that milkmaids who caught cowpox seemed to be protected against smallpox.¹⁴

Early and late in the *Essays* Montaigne espouses a sort of moral version of a principle emphasized by placebo investigators because it tends to pass unnoticed and will confuse judgment if it does: regression to the mean. As a statistical rather than specifically medical matter, elevated values (such as high scores on a rating scale) tend to recede toward the norm upon repeated measurement, a phenomenon that can easily be misread as a response to treatment. The Montaignean version of regression to the mean is an embrace of moderation and a preference for ordinary ways over remarkable or spectacular ones. Caesar and Alexander regress to the mean—as well they should—when in the midst of their exploits they allow themselves to taste ordinary pleasures, their historic deeds yielding for the moment to “the usages of everyday life” (p. 1258).

In the end, Montaigne's heart isn't really with such history-altering figures. He dislikes actions that rend the human fabric and shuns the charisma of the extraordinary on principle, affirming that the best and most beautiful lives are "those which conform to the common measure, human and ordinate" (p. 1269). More to his taste than Caesar and Alexander is Socrates, who grounded his speech with references to carpenters and cobblers and wasn't above playing hobby-horse with children.¹⁵

Despite its popular image as a mysterious capacity, the placebo effect, too, has much to do with ordinary practices. Often it's not so much the treatment per se as the setting in which it occurs, or the "therapeutic alliance" it symbolizes, that potentiates a medical or psychiatric intervention. If we extend the point and count social support itself as a vehicle of the placebo effect as some do with good reason, then it appears that Montaigne himself enjoyed "placebo" benefits that have nothing to do with drugs, charms or other remedies. The entourage that accompanied him to the spas (including his secretary and a brother), the incidental style of references to "his" gardener and baker, the infant Montaigne's stay with commoners "to bring me closer to the common-folk" (p. 1249), the pedagogical conspiracy all members of his household entered into, whereby the young Montaigne would hear nothing but Latin—all such details point to a wealth of social support whose importance could easily go unnoticed simply because it recedes into the background of the *Essays*. Quite unlike medical interventions that call attention to themselves, sustaining human bonds are not held up to question and ridicule by Montaigne.

Affirming the ordinary as he does, Montaigne would probably have disliked the fascination with the bizarre shown by the medical literature of his time,¹⁶ and the celebration of wondrous cures performed by doctors would have rubbed his epistemological modesty the wrong way. Precisely as violations of the order of things, such “miracles” distract us from what we most need to learn: how to live within the scope of our nature. Today Montaigne’s skepticism and richly prosaic sense of the world argue against the romantic picture of the placebo effect as a miracle-generator that we each carry, with or without knowing it. By the same token, prosaic realism argues that someone who meets the official diagnostic criteria for depression after suffering the reverses of life itself has not run up against a medical problem with a medical solution but the abiding and at times intractable human question, how to live.

Less interested in the miraculous than in the realm of ordinary existence, Montaigne’s fidelity to the common measure entails a respect for limits, an attitude that is not so much a facet of his thought as a light suffusing it. In good part, it’s because such a feeling for limits has become a lost language that reading the *Essays* can be revelatory. Montaigne tells us to avoid excess, to prefer the Middle Way, the common to the exceptional, counsels so remote from 20th and 21st-century themes and preferences that they sound like formulas for mediocrity—or would, if we had a language to translate them into at all.¹⁷ The same philosophy of limits, which implies not purporting to know more than you do, suggests why it is that some findings appear to resist incorporation into medical thinking and practice: they challenge doctors’ estimation of their own powers. “The tendency of human beings to overestimate the

effects of their actions”¹⁸ can block the recognition that a prescribed drug is no better than a blank or that a patient’s improvement had little or nothing to do with diagnosis and treatment. A kindred prejudice in their own favor gives doctors in the pages of Montaigne’s *Essays* exaggerated ideas of their significance and powers.

Its knowledge base convulsed by the findings of clinical trials and the ensuing contest of interpretations, the institution of medicine now finds itself compelled to examine not only its data but its very thinking. An incisive analysis of meta-analyses in the *New England Journal of Medicine* concludes, “We never know as much as we think we know.”¹⁹ Montaigne lives on.

¹ Jo Marchant, *Cure: A Journey into the Science of Mind over Body* (New York: Crown, 2016), p. xiii.

² Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: Norton, 1997), p. 314. On the prevalence of bloodletting in the 19th century, see K. Codell Carter, *The Decline of Therapeutic Bloodletting and the Collapse of Traditional Medicine* (New Brunswick: Transaction, 2012).

³ Michel de Montaigne, *Complete Essays*, tr. and ed. M. A. Screech (London: Penguin, 2003), p. 1167.

⁴ Andrea Carlino, “Petrarch and the Early Modern Critics of Medicine,” *Journal of Medieval and Early Modern Studies* 35 (2005): 559-82.

⁵ Cf. Robert Burton, *The Anatomy of Melancholy*. Three vols. in one. (New York: New York Review Press, 2001); II.7: “’Tis a common practice of some men to go first to a witch, and then to a physician, if one cannot help the other shall.”

⁶ Desiderius Erasmus, *The Praise of Folly and Other Writings*, tr. Robert M. Adams (New York: Norton, 1989), p. 29.

⁷ On the attack by Laurent Joubert, Chancellor of the Faculty of Medicine at the University of Montpellier, on popular medical “errors” including the practice of self-

medication, see Natalie Zemon Davis, *Society and Culture in Early Modern France* (Berkeley: University of California Press, 1975), pp. 258-59.

⁸ Girolamo Cardano, *The Book of My Life*, tr. Jean Stoner (New York: New York Review Books, 2002), p. 255. On Cardano's guardian spirit, see Ch. 47. By his father's arrangement, Montaigne was introduced to Latin as his mother tongue. Cardano claimed that the knowledge of Latin came to him by miracle.

⁹ On Montaigne and Paré see Deborah Losse, *Montaigne and Brief Narrative Form* (New York: Palgrave Macmillan, 2013), Ch. 6. Montaigne does not mention Paré, however.

¹⁰ Donald Frame, "Specific Motivation for Montaigne's Self-Portrait," in *Columbia Montaigne Conference Papers*, ed. Donald Frame and Mary McKinley (Lexington, KY: French Forum, 1981), p. 60; runs pp. 60-69. On Montaigne and commoners see Patrick Henry, "Getting the Message in Montaigne's *Essays*," *Philosophy and Literature* 24 (2000): 179-80; runs 165-84. See also Natalie Zemon Davis, "A New Montaigne," *New York Review of Books*, Nov. 19, 1987: Montaigne's hatred of civil war "brought him closer to the peasants, who had their fill of Protestant and Catholic troops destroying their land."

¹¹ M. Nguyen, M. Revel and M. Dougados, "Prolonged Effects of 3 Week Therapy in a Spa Resort on Lumbar Spine, Knee and Hip Osteoarthritis: Follow-Up after 6 Months. A Randomized Controlled Trial," *British Journal of Rheumatology* 36 (1997): 78; runs 77-81.

¹² "That the Taste of Good and Evil Things Depends on Our Opinion," p. 59.

¹³ Only a few essays later Montaigne concedes that "village-folk and the lower orders" approach death more philosophically than their betters (p. 107).

¹⁴ Jenner's contemporary William Withering learned from "an old countrywoman" of the utility of foxglove (*digitalis*) as a treatment of edema. See Ulrich Tröhler, "Quantifying Experience and Beating Biases: A New Culture in Eighteenth-Century British Clinical Medicine," in *Body Counts: Medical Quantification in Historical and Sociological Perspective*, eds. Gérard Jorland, Annick Opinel, and George Weisz (Montreal: McGill-Queens University Press, 2005), p. 22. Withering's *Account of the Foxglove* (1785) is a medical classic.

¹⁵ On children's games see Edward Snow, *Inside Bruegel: The Play of Images in Children's Games* (New York: North Point Press, 1997). On Montaigne and Socrates see Michel Jeanneret, "The Vagaries of Exemplarity: Distortion or Dismissal?," *Journal of the History of Ideas* 59 (1998): 565-79.

¹⁶ Gianna Pomata, Pomata, Gianna, “*Praxis Historialis: The Uses of Historia in Early Modern Medicine*,” in *Historia: Empiricism and Erudition in Early Modern Europe* (Cambridge: MIT Press, 2005), pp. 105-46; e.g., p. 133.

¹⁷ A notable defense of “the quotidian, prosaic world” and its moral practices is Michael André Bernstein, *Bitter Carnival: Ressentiment and the Abject Hero* (Princeton: Princeton University Press, 1992). For the quoted phrase see p. 233.

¹⁸ David Casarett, “The Science of Choosing Wisely—Overcoming the Therapeutic Illusion,” *New England Journal of Medicine* 374 (2016): 1203; runs 1203-05. On unreliable diagnoses in medicine four decades before, see Robert Spitzer, “On Pseudoscience in Science, Logic in Remission, and Psychiatric Diagnosis: A Critique of Rosenhan’s ‘On Being Sane in Insane Places,’” *Journal of Abnormal Psychology* 84 (1975): 450; runs 442-52. On inflated belief in one’s own theories in the mental health professions, see Robyn Dawes, *A House of Cards: Psychology and Psychotherapy Built on Myth* (New York: Free Press, 1994), e.g. p. 49.

¹⁹ John Bailar, “The Promise and Problems of Meta-Analysis,” *New England Journal of Medicine* 337 (1997): 560; runs 559-60.