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Histoire, médecine et santé
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REFERENCES


1 Since the publication in 1989 of volume II of Julia and Revel’s *Histoire sociale des populations étudiantes*, we have had a good idea of the broad history of the pattern of attendance in France’s early-modern universities. In a work of heroic labour, based on the surviving matriculation records of France twenty or so universities, the two authors provided the first statistical overview of recruitment to the three higher faculties of theology, law and medicine. In the last twenty-five years, little of substance has been published which refines or challenges their conclusions. Sadly, too, the one detailed statistical analysis of an individual French university—Patrick Ferté’s work on Toulouse—which preceded Julia and Revel’s study by eleven years—still remains unpublished. The present study under review is therefore particularly welcome. The importance of Montpellier as a centre of medical instruction in the early modern period is obviously well-known thanks especially to the multi-volume history of the faculty written by Louis Dulieu (especially volume III, parts 1 and 2, 1983-6). But no one has hitherto subjected its matriculation and graduation
records to close scrutiny in the era when Montpellier was educating perhaps as many as half of the graduate physicians in France.

After a long historiographical introduction, the book is divided into six parts. The first two draw on the information supplied by the faculty matriculation register to examine the size and geographical background of the Montpellier student body across three centuries. The picture painted is of a faculty of medicine that became the largest in France by far after 1740 but one that also lost many of its foreign students. 17 per cent came from abroad in the sixteenth century, but only 8 per cent two centuries later, as first the Germans and then the British and Irish ceased to attend. It was also a faculty in the eighteenth century that had a national intake but was never totally dominant: even in the Midi, Toulouse continued to be the faculty of choice for students from the south-west.

Part III looks at the age of the matriculands and their previous educational history. Most French students arrived at Montpellier in their late teens and came straight to the faculty after finishing their arts course. However, 20 per cent initially studied elsewhere, most commonly at Orange which appears to have served as a feeder school, although many of the certificates of attendance it issued were probably bogus as its faculty of medicine was notoriously venal. The subject of Part IV is the bachelor’s thesis, the one substantial proof of ability a Montpellier medical student had to provide on his way to the doctorate. As the thesis had to be printed from 1770, these survive in large numbers, enabling the author to provide a detailed account of their subject matter. The majority were devoted to aspects of pathology but a significant minority covered physiology and confirmed Montpellier’s commitment to vitalism. The theses also offer a way into the social background of Montpellier’s students since their dedications provide information about the families they hailed from and the patrons who supported their studies. In Part V Berlan moves beyond the faculty to place it in the wider context of the city and the French medical world. While accepting that the students were not saints, she feels their much vaunted unruliness should not be exaggerated. Nor too should their periodic conflicts with the professoriate. Professors and students formed a single medical family. The professors took a corporate interest in the later lives of their graduates and sided with him when they faced hostility from physicians educated in other faculties. The book ends with a discussion of the doctors’ future lives. The large majority, 89 per cent, went back to the town or district from which they came. On the other hand, many of them became involved in forwarding the ‘enlightenment’ campaign to bring rational medicine to the countryside, promote inoculation against smallpox, and root out charlatans. Nearly 200 Montpellier doctors in the reign of Louis XVI contributed information and papers to the Société royale de médecine, formed in 1776 to wage war on epidemics and epizootics.

H. Berlan is to be congratulated for producing an exhaustive account of the Montpellier student-body. Not only has she squeezed as much information as possible out of the surviving matriculation and graduation records but she has used other sources imaginatively to fill in the gaps. Thus, the matriculation register does not provide details of the students’ age on entry, but H. Berlan has been able to calculate this by cross-referencing the date of matriculation against the date of birth of 371 Montpellier doctors given in the 1802 government sponsored Dictionnaire des médecins, chirurgiens et pharmaciens. Berlan has also sought out biographical data that other historians of student attendance have largely ignored. Hers is the first study I have encountered which explores statistically the phenomenon of students coming to a university in twos or threes to save money and offer mutual protection. By uncovering the cases where
students from the same town or region matriculated on the same day, she has been able to suggest that at least 8.6 per cent of the matriculands from France and abroad arrived in this way.

If the study has a weakness, it lies in its failure to explain sufficiently Montpellier’s success. We are led to believe that the faculty was highly thought of, but we also learn that the teaching was perfunctory and mainly theoretical, the professors frequently not respected, and the examinations scarcely arduous: if plagiarism was not rampant in the bachelors’ theses, there was little sign of originality and next to no attempt to go beyond professorial orthodoxy. But if this were so, why did 4,682 students pass through the faculty in the eighteenth century and most attend no other? Was it simply Montpellier’s antiquity as a medical centre? Part of the answer must lie in the fact that Montpellier for all its faults was a better equipped medical faculty in terms of the number of its professors and its facilities than any other faculty apart from Paris. Indeed, there were physicians such as Calvet of Avignon, who came to Montpellier after they had taken a degree in their home town just to taste its medical delights. The book would have been even better than it is had the author addressed the popularity of Montpellier at the beginning and given the reader a measured introduction to the provision of medical teaching in the city both official and extra-curricular.

It would have been instructive, too, to hear more about the later lives of Montpellier’s graduates. H. Berlan’s study raises several important questions relating to professionalization and the sociology of the professions. What was the relationship between a career in medicine and social mobility? How far did and do medics reproduce themselves? These and other important questions about elite formation cannot be answered by a study that concentrates primarily on medical students. We need to know about the students’ social background, whom they married, how much money they made, what happened to their children, and so on, if we are to understand fully the social role of medicine in the eighteenth or any century. Admittedly, these are not easy questions to answer for the pre-modern era when the statistical sources are limited. It becomes much easier in the nineteenth century when people of all kinds, not just professional people, become much more visible in the archival record. Nonetheless, it might have been productive to have taken a small sample of Montpellier matriculands, those who came from a single town or district perhaps, and to have attempted to piece together their life histories. After all, though a Montpellier degree, as H. Berlan shows, was a good investment for physicians hoping to join one of the medical colleges in the big cities, most Montpellier students went back to their native hearth to set up their plate. What benefit did they get from attending the faculty? Uncovering the pattern of attendance can only be half of the story. There must be a reason why medical students took a degree where they did. Between 1680 and 1789 nearly 1,000 medical students from the British Isles graduated at Reims, taking advantage of the fact that a degree there could be obtained cheaply and quickly. In their eyes a venal degree was no handicap to a successful practice on their return to their homeland. Was the situation so very different in France? Were graduates of Orange and Valence condemned to a life of hardship because their degrees were judged of little worth by a discerning public?
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