

Narrative of Feminine Illness in Émile Zola's *Rougon-Macquart*

Between 1871 and 1893, Émile Zola wrote and published a cycle of twenty volumes entitled *Les Rougon-Macquart*. In this paper we investigate Zola's fictional accounts of female illnesses in this series. We argue that Zola weaves his narrative by skillfully intermingling his medical knowledge (thus complying with Naturalism), gendered notions of his time, and literary objectives. We apply feminist narratologist Robyn Warhol's concept of the "cultural construction of gender" and show how Zola, while deeply immersed in his own time, reproduces gendered construction of feminine diseases.

1. Introduction

In this paper we investigate Émile Zola's fictional accounts of female illnesses in *Les Rougon-Macquart*, a cycle of twenty volumes written and published between 1871 and 1893. From our analysis a clear narrative pattern emerges: in a very consistent manner, Zola departs from Naturalism, and then moves on, using those feminine pathologies for different purposes, such as plot twists, requirements of intrigue, suspense, or in order to introduce a range of various ideas such as symbolism, heredity notions, ideological concepts, moral judgments, and so forth. Moreover, and most interestingly, many of those diseases are gendered, reproducing what Robyn Warhol (1989) has termed a "cultural construction of gender". Following Warhol, Alison Case (2008, 312) argues that

as soon as we begin talking about "cultural constructions of gender," we are in the realm of history: 'which culture?' we must ask, 'when?' Unless its practitioners want to slip into gender essentialism, feminist narratology requires that we ground our generalizations in some degree of historical and cultural specificity.

Accordingly, our first chapter will show how deeply Zola was immersed in his own time, late nineteenth-century France, and its culture, including its medical knowledge. The article will then show how Zola's narrative weaves together medical knowledge, gendered notions, and literary objectives into novelistic fiction. In order to achieve this goal, the most prominent female diseases in *Les Rougon-Macquart* will be presented systematically: medical heredity, respiratory and pulmonary diseases, infectious diseases, hysteria, mysterious female illnesses, disabilities, and finally, alcoholism.

2. Medicine and Naturalism

Émile Zola expressed a genuine interest in medicine, which he shared with other French writers (cf. Cryle 2006, 107f.). Hence, Zola often attended the “leçons du mardi” given by Dr. Charcot at the *La Salpêtrière* hospital; during these lessons, Dr. Charcot presented patients in a state of lethargy, catalepsy, somnambulism or hysteria, in a scenography resembling theatrical staging (cf. Marshall 2003). Zola also consulted an ample medical literature written by well-known doctors, such as the *Manuel de pathologie et de clinique médicales* (1848), by Dr. Ambroise Tardieu (cf. Cabanès 1997, 166), Dr. Prosper Lucas’s two-volume *Traité philosophique et physiologique de l’hérédité naturelle dans les états de santé et de maladie du système nerveux* (1842 and 1850) (cf. Furst 1992, 195), *De l’alcoolisme, des diverses formes du délire alcoolique et de leur traitement* (1874) by Dr. Valentin Magnan (cf. Baguley 1992, 18), the textbook *Guide pratique de l’acconcheur et de la sage-femme* (1874) by Dr. Lucien Pénard (cf. Cabanès 1997, 167), Dr. Charles Richet’s article “La douleur : étude de psychologie physiologique” (1877) (cf. Roldan 2012, 13). Zola’s approach was all the easier because at that time a cultivated man could understand medicine without practicing it. As a result, Zola introduces in *Les Rougon-Macquart* the medical knowledge of his own time, errors included. For instance, pathologies such as contagious illnesses that were just beginning to be explored are reproduced in the novels, while feminine diseases, such as hysteria that is no longer considered valid – are present in his work.

Zola is the founder of the literary movement called Naturalism, which aspires to describe reality in the most precise way possible, including harsh or vulgar aspects of life. It also adds a social context showing that the protagonists’ environment is one of the reasons for their behavior. Moreover, Zola considers Naturalism itself as an experimental exercise analogous to those used for medical purposes. He even recruited Claude Bernard’s *Introduction à l’étude de la médecine expérimentale* (1865), a treatise on medical experimental science, in order to write his own essay *Le Roman expérimental* (1880). This work is considered the manifesto of the Naturalist doctrine. In this volume, Zola advocates the application of Bernard’s ideas on experimentation to novel writing. He argues that just as scientists, and physicians in particular, aim to explain the laws of the physical world, so the Naturalist novelist should work on the laws governing human behavior.

In order to achieve his Naturalist goal, Zola developed a particular working method: before writing each of his novels, he meticulously established a preparatory file composed of documents, interviews, notes and sketches, as well as his own impressions on the ground, his person-cards, and his remarks (cf. Becker et al. 1993, 255f.). His interest in medicine was also reflected in this working method: the draft of all his novels was preceded by the perusal of medical and scientific treatises (still available for consultation among the *Documents et plans préparatoires* at the *Bibliothèque nationale de France* in Paris) (cf. Con-

ti / Conti 2003). Moreover, *Les Rougon-Macquart* cycle was intended to rival with Balzac's *La Comédie humaine* (cf. Nelson 2007, 2; Bonnin 1999, 13). Before undertaking the writing of his series, Zola even wrote a short essay entitled *Différences entre Balzac et moi* (1869), in order to clarify to himself in advance the main distinctions between his own work and that of his predecessor. On the first page, Zola writes "mon œuvre sera moins sociale que scientifique". Indeed, in contrast to Balzac, Zola relies heavily on science, including medical knowledge. Thus, according to French researcher Jean-Louis Cabanès (1997), Zola adheres to a practice that had already been adopted by Flaubert and the Goncourts, referring frequently to textbooks or pathological treatises in order to describe the diseases that afflict his fictional characters. These medical works provide Zola with both a set of descriptive traits and a narrative model. By describing, classifying, and enunciating the symptoms, the physician describes, tells and instructs. In their threefold descriptive, narrative and didactic aspects, treatises and medical textbooks indeed realize some of the objectives that the Naturalist novelist sets himself (cf. *ibid.*, 166). Peter Cryle (2006) agrees with this position, and goes even further by arguing that pathology in the novel often signifies some form of predictability. Thus, exploiting that predictability, pathology becomes a narrative program in the novel (cf. *ibid.*, 114).

3. The Origin of It All: The Mental Disease of the Rougon-Macquarts' Matriarch

Émile Zola was obsessed by the medical notion of heredity, and indeed the question of heredity stands at the heart of the *Rougon-Macquart* cycle. "During 1868 and 1869", Brian Nelson (2007, 2) argues, "Zola outlined the twenty novels he intended to write on the theme of heredity: a family, the Rougon-Macquarts, tainted with alcoholism and mental instability, were to intermarry, to proliferate, and to pass on their inherited weaknesses to subsequent generations".

The whole family originates from its founder, Adélaïde Fouque. In the cycle's first novel, *La Fortune des Rougon* (1871), her whole being indicates that she is partly insane:

At the base of this contaminated family tree, Zola posited a woman, Adelaide, "Tante Dide," who passes on the originary *tare* [defect] of her illness to her offspring, who then manifest it in various ways. Certainly it takes two – or, in Dide's case, three – to make children, but it is also clear that Dide, rather than her partners, is the focus of the origin (all the children are hers; the men seem secondary). Hers is the first real story of the *tare*, the degeneracy of the family to come. Thus, as in Flaubert, a warped, mechanical heredity is associated with a woman who, through reproductive processes, produces deformed, tainted children. Indeed, Zola, following the science of his time, did think that mothers were responsible for passing on certain problematic traits to their offspring [...] Dide as origin furthermore represents Zola's women more generally, who are cited as the origin of hereditary problems. (Kelly 2010, 106-107; emphasis in the original)

Adélaïde descends into total madness after witnessing the murder of her grandson, Silvère. She is subsequently incarcerated in a psychiatric hospital for more than twenty years.

On the plot level, Adélaïde's mental illness clarifies both her conduct and the origin of her descendants' chaotic destiny. Concerning her conduct, the disease explains how a rich heiress could first marry a man of a low social class – a simple gardener named Rougon – and, after his death, develop a quasi-marital relationship with a smuggler, Macquart. At a time when misalliance was virtually a social crime, only a mental disorder could explain such behavior. Moreover, by positing an unhealthy character at the base of the family tree, Zola provides further material in order to narrate heredity's consequences. In this matter, Zola was deeply influenced by the medical theories of his own time. Indeed, according to Goetz et al. (1995), most of Dr. Charcot's followers adopted the *La Salpêtrière* orthodoxy of hereditary etiology, which was merely a specialized application of a dominant theory in *fin-de-siècle* French medicine and culture. These concepts were accepted well beyond medical circles, including the Naturalist movement and its leader Zola, who elevated the notion of degeneration or hereditary taint to the status of the primordial driving force in human affairs (cf. *ibid.*, 262).

Yet, although Zola's original schema seems pessimistic, this is not the case. Firstly, Adélaïde Fouque is not the sole origin of the Rougon-Macquart family; the particular properties of her two successive spouses also intervene. Moreover, the impact of *milieux* influences the characters' formation as well. Some Zolian characters even become true heroes, like, for example, Octave Mouret in the novel *Au Bonheur des dames* (1883), Etienne Lantier in *Germinal* (1885), Jean Macquart in *La Débâcle* (1892), and Dr. Pascal Rougon in *Le Docteur Pascal* (1893).

4. Respiratory and Pulmonary Diseases

Many female characters suffer from various respiratory and/or pulmonary diseases. First and foremost, beyond their Naturalism, Zola introduces the particular idea that these diseases are mainly feminine. They are also used as narrative devices.

One of the best-described female respiratory diseases is the one Pauline Quenu suffers from in the novel *La Joie de vivre* (1884). In the fourth chapter, Pauline becomes sick following her exposure to cold and rain. The description of the evolution of the disease is described in a manner reminiscent of case reports in medical discourse. At first, Zola describes the disease symptoms and the diagnostic's indecisions: is it “une simple angine” (a simple angina), “une forte migraine” (a strong migraine) or “une angine couenneuse” (a coughing angina) (I, 296-297)¹? Only when Dr. Cazenove arrives is the final diagnosis given: Pauline is suffering from an angina whose severity prevents her from

breathing. However, Pauline's situation deteriorates when an abscess develops in her larynx ("un abcès rétropharyngien," I, 299), suffocating her and bringing her close to death. According to Jean-Louis Cabanès (1997), Zola bases the whole description of Pauline's disease on the medical treatise entitled *Manuel de pathologie et de clinique médicales* written by Dr. Ambroise Tardieu and published in 1848. However, although Zola relies heavily on Tardieu's treatise, he makes Pauline's medical situation even worse. Thus, Cabanès argues,

[i]l ne suffit pas que Pauline Quenu souffre d'une angine gutturale, il faut encore que se développe un abcès rétropharyngien. Certes, Tardieu avait envisagé, dans son manuel médical, cette évolution de la maladie : « plus rarement, écrivait-il, une tumeur se forme en arrière du larynx ». Significativement, Zola substitue dans le Dossier préparatoire, à ce « plus rarement », l'adverbe « quelquefois ». Le pire sa banalise ainsi comme une conséquence prévisible. (Ibid., 166f.)

Then, although Pauline recovers from her terrible disease, she loses most of her ambition, love, and appreciation as the novel unfolds. Researcher Sébastien Roldan (2012, 36f.) argues that the harsh disease itself, combined with Zola's own rigor and the novel's unfolding, show that this spiral of physical and moral suffering forms part of the pessimistic, Schopenhauerian scope of the novel (2012, 36-37). Thus, Pauline's disease is Naturalism – an accurate description of the evolution of a medical event – woven into the narrative fabric of a pessimistic story.

Many other female characters suffer and often die from various pulmonary illnesses, referred to in the cycle as "phtisie" (phthisis or consumption), "fluxion de poitrine" (chest inflammation) or "congestion pulmonaire" (pulmonary congestion). As much as Zola introduces in his novels the medical knowledge of his time, he also uses those diseases for narrative purposes. Angèle Saccard's case is particularly revealing in this respect.

Angèle Saccard, née Sicardot, appears in the novel *La Curée* (1871). From the moment she is introduced in the novel, she is described as a troublesome and unnecessary person to her husband: "Il arriva dans les premiers jours de 1852. Il amenait avec lui sa femme Angèle, une personne blonde et fade, qu'il installa dans un étroit logement de la rue Saint-Jacques, comme un meuble gênant dont il avait hâte de se débarrasser." (I, 254) When Angèle falls sick, the doctor's diagnosis as well as prognosis are critical: "Quand le médecin arriva, il parut très inquiet ; il dit au mari, sur le palier, que sa femme avait une fluxion de poitrine et qu'il ne répondait pas d'elle." (I, 261) A few days later, Angèle dies. From a dramaturgical perspective Angèle's death comes just in time, allowing her husband Aristide Saccard to marry a rich heiress. While Angèle lies dying in the next room, Aristide is already making arrangements to marry the pregnant but unmarried Renée Béraud du Châtel, whose family wishes to avoid scandal by offering money to the man who will marry her and claim the baby as his own. Aristide Saccard accepts the deal.

Thus, although Angèle's sickness and her subsequent death are plausible, these narrative developments allow Zola to achieve several goals: first, the sum that Saccard obtains enables him to start speculating; without his wife's death and his subsequent marriage, he could not have done so (this impossibility is

indicated *verbatim*, cf. I, 263). Secondly, the marriage with Renée introduces Saccard to influential Parisians, while his first wife would have prevented him from doing so. And, lastly, the entire situation shows Aristide Saccard's cynicism, the same that will allow him, in the future, to ignore his second wife's infidelity and other misdemeanors.

Many other women die from pulmonary diseases in *Les Rougon-Macquart*. Joséphine Macquart (Fine) dies of chest inflammation in the first novel *La Fortune des Rougon* (1871) (cf. I, 146); both Marthe Mouret, Adélaïde's granddaughter, and Ursule Mouret die of phthisis in *La Conquête de Plassans* (1874) (cf. I, 680 and 138, respectively); Ursule's granddaughter Jeanne Grandjean dies of an even worse situation, a "phtisie aiguë" in *Une Page d'amour* (1878) (cf. III, 155); and there are many other similar cases. In *L'Œuvre* (1886), for instance, three minor female characters repeat the hereditary sickly pattern so dear to Zola: Régine Dubuche has shown the symptoms of phthisis, her mother Madame Margailan died of the disease, and it is also already evident in her fragile daughter Alice (cf. V, ch. 4). These series of female patients, all of the same family – of the Rougon-Macquart family or other – are very important for Zola: they become an additional argument in the elaboration of his doctrine of heredity.

Fascinatingly, far fewer men than women contract these diseases or die from them in the *Rougon-Macquart* cycle. Moreover, when they do show similar symptoms, their suffering is not labeled as the respiratory and/or pulmonary illnesses mentioned earlier. Théophile Vabre, for instance, a minor character in the novel *Pot-Bouille* (1882) is presented as a sick person all along the novel, always coughing and sweating – but no more. The same is true of M. Verlaque, a sick and coughing character in *Le Ventre de Paris* (1873). He even dies of it, but none of the aforementioned diseases are indicated. It thus may be deduced that, in *Les Rougon-Macquart* women suffer and die from respiratory and/or pulmonary diseases, whereas men, just as sick, mainly get away with a cough, without further diagnostics. Finally, only a few minor cases of male phthisis appear, and these are never developed as fully as the feminine ones.

The link between respiratory diseases and women indicates that for Zola these kinds of diseases are associated with femininity: they are "des maladies de femme", to quote Dr. Juillerat in *Pot-Bouille* (1882) (III, 427). Surprising as it may seem, Zola's position was consistent with that of his time. According to historian David Barnes (1995), more women than men indeed suffered from those diseases (cf. 9), and being a consumptive woman in nineteenth century France "signified in certain circles heightened sensibility and emotion as well as the redemptive power of suffering" (13). Moreover, as women suffering from those diseases are often family members, Zola applies his idea of bad heredity through these illnesses. Additionally, the medical knowledge situation should be considered: only in 1882 did Dr. Robert Koch discover the bacillus causing tuberculosis and this new medical knowledge spread quite slowly. Thus, the causes of respiratory and pulmonary diseases remained unclear for a long

time, a fact that explains why Zola could interpret those illnesses as genetic as well as feminine.

5. Feminine Infectious Diseases

When Zola wrote *Les Rougon-Macquart*, Louis Pasteur had conclusively proved the existence of the contamination process, after millennia of incomprehension (Paillard 1998). In certain cases, Zola adopts this new medical knowledge. The novel *Nana* (1880) tells the story of Nana Coupeau's evolution from street-walker to high-class prostitute. At the end of the novel, she dies of infectious smallpox. Zola scrupulously explains that she contracted the disease through her son Louis, according to the medical diagnosis, and thus adheres to the principles of Naturalism. However, the disease is mainly used to show the moral collapse of the Second Empire: the terrible end of the heroine, whose body and face become in a few hours "une bouillie informe" (III, 391) under the effect of smallpox, symbolizes the degradation caused by moral corruption. Her death coincides with, and symbolizes, the end of the corrupt imperial regime. Moreover, Nana's life, malady, and death are an allegory: "C'est délibérément que Zola fait de Nana l'allégorie du Second Empire, en décrivant parallèlement la décomposition finale du corps de son héroïne et la dégradation de la société par la contagion du vice et de la débauche" (Hayashida 2012, 5; see also Roy-Reverzy 2007, 72). The whole temporal succession of events narrating Nana's rise, success, and death mirror the growth of corruption in France throughout the Second Empire era.

Another instance of an infectious disease can be found in the novel *La Curée* (1871). Its final sentence discloses that Renée Saccard, née Béraud du Châtel, dies of meningitis: "L'hiver suivant, lorsque Renée mourut d'une méningite aiguë, ce fut son père qui paya ses dettes" (I, 375). At first sight, Renée's death seems artificial, in the sense that the disease is not related to any of the events that preceded in the novel. However, the connection lies on the moral plane: through the unexpected infectious disease, Renée, a new literary Phaedra, is punished for having had a quasi-incestuous relationship with her son-in-law, Maxime Saccard. Moreover, Renée's conduct and resulting death is also linked to the Second Empire, albeit not as an allegory, as in the previous case; according to Brian Nelson, the morbid sexual curiosity of Renée Saccard is seen in terms of the licentious *milieu* of Imperial society and the perverting effect of that bourgeois institution, a convent education, where she grew up (1983, 51).

6. Female Hysteria

During the nineteenth century, hysteria was commonly regarded as a mental disorder caused by uterine problems (the word “hysteria” is derived from the Greek *hustéra*–womb), i.e. a condition that affected only women. Hysteria often expresses itself through violent, unexpected and spectacular crisis, due to emotional excess. These crises were seen as part of an irrational and incontrollable femininity. In his study *Invention de l'hystérie : Charcot et l'iconographie photographique de la Salpêtrière*, Georges Didi-Huberman (1982) shows the new importance of the visibility of hysteria on the general public and on the personalities of the time. Indeed, Émile Zola who, as noted, often attended Dr. Charcot's lessons at the *La Salpêtrière* hospital, was deeply impressed by these vivid scenes and introduced the concept of female hysteria in *Les Rougon-Macquart*.

The first and most important character to show signs of hysteria is, of course, the founder of the Rougon-Macquart dynasty, Adélaïde Fouque. Adélaïde's hysterical troubles throw her into terrible convulsions, which completely disorient her in a few years (*La Fortune des Rougon*, 1871). She is also portrayed as possessing an active sexual disposition, a fact known to many:

Quelques mois avant le coup d'État, les Rougon reçurent une lettre anonyme, trois pages d'ignobles injures, au milieu desquelles on les menaçait, si jamais leur parti triomphait, de publier dans un journal l'histoire scandaleuse des anciennes amours d'Adélaïde [...], rendue idiote par la débauche. (I, 145)

Adélaïde's granddaughter, Marthe Mouret, *née* Rougon, who marries her cousin François Mouret, suffers from a similar condition. After years of a quiet and peaceful life, Marthe undergoes a religious crisis that leads her to suffer from hysteria (*La Conquête de Plassans*, 1871). But contrary to her grandmother, Marthe seems sexually frustrated.

Other female characters who are not members of the Rougon-Macquart family also suffer from hysteria. Such is the case with the Comtesse de Boves in the novel *Au Bonheur des Dames* (1883). She cannot resist the temptation to steal clothing accessories, especially lace, for no apparent reason, thereby exemplifying nineteenth-century female kleptomania due to hysteria (cf. Marzel 2008). According to historian Philippe Perrot (1994, 65),

along with commonplace thefts, there were others [crimes] that were singularly specific to department stores, committed without apparent motive by affluent women. [...] This kind of behavior, which defied explanations based on utility or economic rationality, became the subject of a psychiatric literature that accounted for such crimes by invoking 'hysterical' and 'menstrual' causality.

It is important for Zola to link the Comtesse's hysterical kleptomania to a sexual situation: the text subtly shows that the Comtesse's husband cheats on her regularly, thus causing her a sexual dissatisfaction that drives her to steal goods from the store. Valérie Vabre, another character suffering from hysteria, appears in the novel *Pot-Bouille* (1882). She already suffered from her first attacks of this ailment at the age of fourteen. After her marriage, she becomes whimsical, changes her mood twenty times a day, and the crises multiply. From then on, she also cheats regularly on her husband. These literary cases show that for

Zola hysteria is (in part) a form of psychosexual pathology, associated either with sexual frustration or with uncontrolled sexuality. According to Carles and Desgranges (1995, 17), “[t]oujours suspect de basculer dans l’hystérie, le sexe des femmes est pour les hommes un véritable « continent noir », la boîte de Pandore de l’hérédité... Faire parler le sexe des femmes, le rendre transparent à l’analyse, tel pourrait bien être le projet secret d’Émile Zola”.

It is important to note that the number of women diagnosed with hysteria is relatively low in the *Rougon-Macquart* series: among the total number of female diseases, cases of hysteria represent a tiny minority. Needless to say, no male character is described as hysterical despite the fact that some suffer from similar mental disorders. Claude Lantier, in the novel *L’Œuvre* (1886), is a case in point:

Les crises se multipliaient, il recommençait à vivre des semaines abominables, se dévorant, éternellement secoué de l’incertitude à l’espérance ; et l’unique soutien, pendant ces heures mauvaises, passées à s’acharner sur l’œuvre rebelle, c’était le rêve consolateur de l’œuvre future, celle où il se satisferait enfin, où ses mains se délieraient pour la création. Par un phénomène constant, son besoin de créer allait ainsi plus vite que ses doigts, il ne travaillait jamais à une toile, sans concevoir la toile suivante. Une seule hâte lui restait, se débarrasser du travail en train, dont il agonisait. (V, 129)

At the end of the novel, Claude, a talented artist, hangs himself in front of one of his paintings. The label “névrose” appears on the family tree: “Mélange fusion. Prédominance morale et ressemblance physique de la mère. Hérité d’une névrose se tournant en génie.” (VI, 497)

In a similar manner, Lazare Chanteau’s severe psychotic crises are well described but never named either as neurosis or hysteria (*La Joie de vivre*, 1884). He suffers from repeated crises: “Mais la crise revenait quand même chaque soir, pareille à une passion mauvaise, qui l’aurait épuisé, malgré sa raison“ (IV, 282); many other expressions are used as well: “une lésion nerveuse” (IV, 365), “une crise d’épouvante” (IV, 345), “l’excitation nerveuse” (IV, 339), and so forth. Again, as in the case of infectious diseases, men get away with the symptoms, while women get the medical diagnosis.

7. Mysterious Feminine Diseases

Many female characters suffer, and sometimes even die, from unspecified diseases. As these illnesses lack a Naturalist motivation, their main *raison d’être* is a dramaturgical one. No male character dies from such mysterious disease in *Les Rougon-Macquart*.

An example of this is Mme Campardon, a minor character in the novel *Pot-Bouille* (1882). She suffers from a mysterious sexual disease which condemns her to absolute inactivity, forces her to lie down in bed most of the time, and in particular prevents her from having sex. This predicament pushes her husband into the arms of another woman, his cousin Gasparine. In this manner, M. Campardon, his wife, and his mistress incarnate the infamous *ménage-à-trois*

of the novel. Since the whole novel targets bourgeois moral corruption, Campardon's case adds another element to the general picture.

Geneviève Baudu, a minor character in the next novel of the cycle, *Au Bonheur des dames* (1883), gets sick and agonizes. Although her disease and her following death can be explained by the sorrow of having lost the man she loves, Geneviève embodies the fate of small business in the face of the brilliant prosperity of the department store. Indeed, M. Bourras, one of the mourners at Geneviève's funeral, declares: "Cette petite, c'est le quartier qu'on enterre... Oh! je me comprends, l'ancien commerce peut aller rejoindre ces roses blanches qu'on jette avec elle." (IV, 195) The death of Geneviève is therefore tinged with strong symbolism: her death serves an allegorical purpose made explicit by M. Bourras, and this purpose matters more than the causal motivation put forward by the program of Naturalism.

Angélique Hubert (*née* Rougon), the heroin of the novel *Le Rêve* (1888), presents a most peculiar case. She falls seriously ill after learning that she will not marry Félicien de Hauteœur, the man she loves, because his father objects to the match. She is then miraculously saved during the Extreme Unction ceremony, and following this event Angélique and Félicien are allowed to marry. However, just after their marriage ceremony, she dies inexplicably as she kisses her husband for the first time, on the steps of the cathedral. In this case, neither her illness nor her death are motivated by medical conditions. Many readings have been offered to come to terms with the inexplicable: From an ethno-critical perspective, Marie Scarpa (2009b) argues that Angélique is left in limbo as the eternal virgin, her female destiny blocked and her death inevitable. Isabelle Percebois (2015, 285-300) maintains that *Le Rêve* is a fantastic novel, and thus follows other generic conventions than Naturalist fiction. Other scholars consider this novel as a type of fairytale (cf. Pagès / Morgan 2002, 288). From our point of view, it is important to note that Zola is willing to suspend the logic of Naturalism and to overlook any medical explanation of the disease and the death of an important female character.

The many female characters that get sick and even sometimes die from unclear diseases are all obvious instances of cultural constructions of gender: not only does no male character suffer or die in this way in *Les Rougon-Macquart*, but these female diseases and deaths refer to the mysterious and incomprehensible aspect of the feminine. They contribute to the construction of a stark division between genders that was very common in nineteenth-century France: male diseases are never shrouded in mystery, whereas women frequently suffer from unspecified conditions or gendered diseases.

8. Unhealthy Conditions

In addition to these illnesses, other female characters are not explicitly sick, but face various medical and physical challenges. We will expand here on women with disabilities and addictions (alcoholism).

8.1. Women with Disabilities

There are many disabled characters in *Les Rougon-Macquart*. Gervaise Coupeau née Macquart, the central character of the novel *L'Assommoir* (1877), is a prime example of female disability in Zola. The circumstances and consequences of her birth are narrated in *La Fortune des Rougon* (1871):

La seconde fille, Gervaise, née l'année suivante, était bancal de naissance. Conçue dans l'ivresse, sans doute pendant une de ces nuits honteuses où les époux s'assommaient, elle avait la cuisse droite déviée et amaigrie, étrange reproduction héréditaire des brutalités que sa mère avait eu à endurer dans une heure de lutte et de soûlerie furieuse. (I, 134)

Gervaise is thus conceived during an evening of drunkenness and violence, and her limp is the result of both brutality and alcoholism. Her physical handicap is first and foremost an expression of Zola's Naturalism, as alcoholism and parental violence during conception can indeed cause handicaps (cf. Furst 1992, 196). In this way, Gervaise's limp is the visible sign of the unhealthy hereditary lineage of the Rougon-Macquart family.

This handicap does not exclude her from society and does not prevent her from advancing in life. In *L'Assommoir* (1877) she gets married, has children, and at the height of her success she even owns a successful launderette. When Gervaise opens her own business, she is so happy that neighbors notice that she is not limping anymore: "Dès le lendemain, les Coupeau louèrent la boutique. Gervaise courut toute la journée, de la rue Neuve à la rue de la Goutte-d'Or. Dans le quartier, à la voir passer ainsi, légère, ravie au point de ne plus boiter, on racontait qu'elle avait dû se laisser faire une opération." (II, 433) But this euphoria does not last for long: as soon as she becomes settled, she puts on weight and her limping becomes even more visible. Gervaise's ultimate descent into heavy alcoholism only exacerbates her disability.

Yet, Gervaise's limp is not only a sign of Naturalist characteristics. Firstly, in French, a limp is linguistically associated with being poorly balanced or poorly structured. Thus, from the onset, the fact that Gervaise is born with a limp suggests that she will not live a 'straight' life: her destiny is already sealed, and this limp is thus a literary manifestation of Fatalism. Indeed, ensuing financial strain, Gervaise loses her laundry-shop and is sucked into a spiral of debt and despair. Eventually, she slides into alcoholism and dies miserably. Her handicap also associates her with famous literary and mythological characters who had a limp: the lame gods, such as Dionysus, Hephaestus, and Harpocrates. Jason in his quest for the Golden Fleece becomes lame by losing his left sandal

after helping Hera to cross a river. Oedipus also limps, as did his grandfather Labdacos before him. Achilles, too, had a limp. The Biblical Jacob becomes lame following his fight with the angel. Thus, according to David Baguley (1985, 104), “[b]y virtue of her affliction, [...] and her degraded tragic status, Gervaise is a lowly reincarnation of the ‘limping hero,’ the figure of myth and tragedy whose history Peter Hays has traced from its mythical and ritual origins to the host of maimed characters in modern literature”.

Another limping female character is La Teuse, the devoted servant of l’abbé Mouret in *La Faute de l’abbé Mouret* (1875). According to Martine Gantrel (2000, 304), it is paradoxically the one who limps who is the most balanced character in the novel, as if Zola had wished to pay homage through La Teuse to the old principle of ancillary immunity, which makes servants the traditional defenders of common sense against the accepted truths. A third example of a female character with a disability is Alzire Maheu, who appears in *Germinal* (1885). She is the fourth child of the Maheu family, a hunchback aged just eight years who dies of cold and hunger during the strike. The cultural construction of gender is again emphasized here: Alzire’s own brother, the young Jeanlin Maheu remains permanently disabled after an accident in the mine, and limps from then on (*Germinal*, 1885). Hence, while she is born with a disability, her brother becomes so as a result of an accident.

Louise de Mareuil, a minor character in *La Curée* (1871), is another disabled figure. Unlike those mentioned above, she comes from the *Haute Bourgeoisie*, being a very rich heiress; she is a hunchback and also suffers from a serious illness, though she has a pleasant character and is good company. She marries Saccard’s son Maxime, but dies in Italy during the first year of their marriage. In this case, according to Yannick Lemarié (2005), Louise’s disability expresses Zola’s will to show the Bourgeoisie in its entirety, including its flaws and defects, and not only the pleasing images it seeks to convey (cf. also Scarpa 2009a).

Through these female characters, Zola shows in a Naturalist way that disability is part of all social strata and of all ages. It also shows that sometimes they are the result of harmful parental behavior (think of Gervaise). Fascinatingly, while women characters *are born* handicapped, men *become so* by accidents, wars or violent events in the *Rougon-Macquart* series. Besides the above mentioned Jeanlin Maheu, such is the case, for instance, regarding a minor character named Lhomme, in the novel *Au Bonheur des dames* (1883), who loses his right arm as a result of an omnibus accident; the same is true of the priest Archangias, in the novel *La Faute de l’abbé Mouret* (1875), who loses an ear when it is violently cut off by the old Jeanbernat. There are many other examples. Hence, males’ disability is associated with violence whereas women’s disability is the result of their birth, another instance of Zola’s construction of gender.

8.2. Female Alcoholism

In the novel *L'Assommoir* (1877), the main character Gervaise is progressively drawn towards alcoholism. In preparing his novel, Zola took notes from a contemporary study on alcoholism by Valentin Magnan, entitled *De L'Alcoolisme, des diverses formes du délire alcoolique et de leur traitement* (1874) (cf. Baguley 1992, 18; Furst 1992, 195).

Gervaise manifests all the problems and features of alcoholism, as seen by Zola. First and foremost, she is the daughter of two drunkards and the granddaughter of another. Moreover, she is introduced to alcohol by her own mother, as a child (*La Fortune des Rougon*, 1871): “Gervaise resta chétive, et Fine, la voyant toute pâle et toute faible, la mit au régime de l’anisette, sous prétexte qu’elle avait besoin de prendre des forces” (I, 134). Thus, the dice is cast against Gervaise by her family history of alcoholism and an implied genetic predisposition. Indeed, although she does not touch any alcohol for a long time, in the novel *L'Assommoir* (1877) she is gradually introduced to wine, and then to spirits, by her husband Coupeau. Unable to stop drinking, she finally dies, neglected and starving. Lilian Furst (1992) argues that Zola draws a remarkably accurate picture of Gervaise’s syndromes long before they were medically codified: Gervaise suffers not from full-blown fetal alcohol syndrome, but from its attenuated form, fetal alcohol effect. This expresses itself in an impaired ability to learn (and particularly to learn from mistakes); impulsiveness and naivety; the tendency to live from moment to moment; the incapacity to logically evaluate consequences; and self-destructiveness (cf. *ibid.*, 196). Moreover, Gervaise’s complaisance takes the form of goodness and kindness as well as compliance with the wishes of others; this dominant quality of hers can be read as a compound of the fetal alcohol effect, which results in people who are unusually sweet in temperament and helpful and considerate in interpersonal interactions (cf. *ibid.*, 203).

While the alcoholism of her husband Coupeau is a detailed medical account of *Delirium Tremens* (cf. Salasa 1977), Gervaise’s alcoholism is less well-described and her decline much more rapid. According to M. H. Salasa (1977, 21f.),

Gervaise’s descent into alcoholism appears to have taken less time than did Coupeau’s. She seems to think more frequently of death when ruminating on her decline, and seems most of the time to be depressed. The contrast between the merry, garrulous Coupeau, still able to tell a good story, unaware of his mental and physical decline, drinking himself steadily to his grave, and the tormented, depressed and miserable Gervaise, is indeed striking.

Not only does Gervaise suffer for a shorter duration than Coupeau and becomes depressed as well, but there are also far more male alcoholics in the whole *Rougon-Macquart* cycle. Thus, although Zola’s description of alcoholism and its devastating consequences may be rather accurate, it is clearly grounded in contemporary notions of gendered diseases.

Gervaise’s fate also personifies the way alcoholism is caused by *milieux*: firstly her parental home, and then a poor Parisian district, an environment that

inevitably causes the disintegration of the working-class couple, Gervaise and Coupeau who descend together into alcoholism by drinking spirits (cf. Taylor 2013, 32). In fact, in *L'Assommoir* (1877) Zola adopts an axiomatic association very common in the nineteenth century, according to which alcoholism is part of the working-class world. According to Carole Thiry-Bour (1997, 73),

[t]andis que la France connaît un taux de mortalité important, la politique mise en œuvre par l'hygiénisme agit en faveur de la préservation de la santé et considère l'abus d'alcool comme « un vice particulier des classes laborieuses », tout en qualifiant ce comportement d'infamie. Cette représentation (im)populaire du buveur s'explique, d'une part par l'état embryonnaire des connaissances médicales, d'autre part par le contexte socio-économique de l'époque mettant l'accent sur les notions d'ordre et de productivité.

Thus, according to Zola, alcoholism is a class-related disease. Moreover, on this first grid of interpretation, Zola adds that of gender. Gervaise then concentrates on herself both the class-related disease and a cultural construction of gender.

9. Conclusion

While the focus of this article is on literary representations of women's diseases, we have also addressed men's diseases. Only by comparing the two can one understand the full relevance of the gender issue (concerning diseases) in the *Rougon-Macquart* cycle. We have also focused our attention on the most widespread female's diseases of the series, omitting less representative illnesses.

Émile Zola is both an innovator and a conformist: his working methods as well as his Naturalist principles lead him to narrate female diseases in an almost clinical fashion. At the time, this position was innovative and bold (cf. Cabanès 1991). Nevertheless, Zola is also the product of his own time, and his series is firmly grounded in French history and culture, specifically France during the second half of the nineteenth century. Accordingly, in *Les Rougon-Macquart*, disease also appears to be a gendered cultural construct: respiratory and pulmonary diseases are regarded as predominantly feminine; women suffer from hysteria while men are neurotics; women can suffer or even die from mysterious conditions; women are born with disabilities whereas men's disabilities are caused by violence; alcoholism afflicts men more often than women.

To sum up, this article has explored three key aspects of female illness narratives in the *Rougon-Macquart* cycle: Zola's Naturalism, involving the fictionalization of medical knowledge, his reference – and contribution – to cultural construction of gender, and more specifically literary or narrative purposes. It is in such terms then, that the sickly heredity of the ancestor serves as a link connecting the novels in the cycle; that Pauline Quenu's illness exposes Schopenhauerian conceptions about life; that the death of Angèle Saccard allows her husband to rise economically and socially; that Nana's life, disease and death are an allegory of the corrupted Second Empire regime while the death

of Renée Saccard, *née* Béraud du Châtel, is cast as a moral punishment; likewise, the mysterious illness and death of a female character can be part of the elaboration of a fairy tale; and Gervaise's literary destiny points to the plight of the working-class as a whole.

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¹ All references to the different volumes of Zola's *Rougon-Macquart* cycle refer to the collected edition published by Seuil in the series "Collection: L'Intégrale."