

## PHYSICIAN CULTURE AND IDENTITY: THE PORTRAIT OF MEDICINE IN MOLIÈRE

By Nicole Mak

**Abstract:** A rich source of social commentary, medicine was a recurrent theme in the works of the French playwright Molière. Theatre is an appealing medium for the exploration of physician identity given that the defining customs and ceremonies of medicine are represented on stage in their natural element: that is, within the context of the physician-patient encounter. This paper deconstructs medical culture as portrayed in the theatre of Molière, relating it to the practice of medicine today. Analysis focuses on the interplay between the culture of health science, medical discourse and costume. It is argued that the physician's distinct professional identity is at once a facilitator and barrier to communication with the patient.

**Keywords:** 17<sup>th</sup> century medicine, medical culture, Molière, physician identity, physician-patient relationship

In mid-17<sup>th</sup> century France, medicine was undergoing a revolution. While the practice of medicine in the 16<sup>th</sup> century remained deeply rooted in Galenic theory, itself influenced by the Hippocratic theory of the four humours, new anatomical discoveries challenged what had long been considered the fundamentals of medical science. Though the Age of Enlightenment was not to come until closer to the end of the 17<sup>th</sup> century, a British physician by the name of Harvey had begun laying the foundations for a new approach to clinical science. Physiological principles were to be based on evidence from experimental research rather than from the simple bedside observations that had been practised according to traditional Latin and Greek methodology. It was at this time that the French playwright Molière wrote several plays exploring the topic of medicine. A rich source of social commentary, medicine was amongst his recurrent themes and illness, both imaginary and real, one of his favourite plot devices.

Theatre is in many respects an appealing medium for the exploration of physician identity. The defining customs and ceremonies of medicine are represented on stage in their natural element: that is, they appear within the context of the physician-patient encounter. This paper aims to go beyond an exploration of the topic of 17<sup>th</sup> century medicine. It will highlight some of the criticisms and challenges of medicine in Molière's time as they relate to the practice of medicine today. Cultural aspects of medicine which will be addressed include therapeutics, language, and costume. In addition, the importance of the dialogue between physician and patient in the development of the culture and practice of medicine is addressed. It is argued that, together, the aforementioned medical traditions form the basis of physician-patient identity and hence, of their respective societal roles.

## *Molière the playwright and medical practice in 17<sup>th</sup> century France*

A talented actor and writer, Molière began his theatrical career as a travelling player. It was with *Le Docteur amoureux* that he made a successful debut in the audience of King Louis XIV. With this, his theatre was taken from the streets to the French courts. Regarded for his satirical comedies, Molière delivered his unique brand of ironic skepticism through farcical storylines. The audience watched as caricatural characters navigated themselves through increasingly entangling and absurd circumstances. Written at a time where actors performed from both written and improvised text, Molière's style has been thought to draw influence from Italian *commedia dell'arte*, though the extent of this has come into dispute (Andrews, R. n.p.). The author wrote to entertain both peasants and noblemen; his theatre was at times subtle and sophisticated and, at others, light-hearted and unrestrained.

Amongst the surviving works of Molière, the doctor figures prominently; the theme of medicine is found in his earliest as well as his latest works. In *Le Médecin Volant* (circa 1645), a servant disguises himself as a doctor to help a young woman to meet her lover against her father's wishes. In *Le Médecin malgré lui* (1666), an ordinary peasant is forced to impersonate a physician. He is subsequently called upon to cure a woman who is pretending to have become mute in order to avoid an arranged marriage. In *Monsieur de Pourceaugnac* (1669), two physicians are made to believe that an unsuspecting man is mad and in need of a cure for his insanity. In *Le Malade imaginaire* (1673), Molière's last work, a hypochondriac is treated by a succession of physicians, apothecaries, and charlatans who only succeed in worsening his anxiety.

Molière's plays have inspired many studies on mid-17<sup>th</sup> century medical practice in both the domains of literature and history. However, Molière was not a historian, but a dramatist. One must therefore question the historical accuracy of his works. His personal bias and penchant for satire resulted in a coloured representation of medicine not completely reflective of the reality of medicine at the time. In a 1977 paper, Hall addressed the difficulties that arise from the existence of both "literary as well as medical continuities" in Molière's texts. In his assessment of fact and fiction in Molière, Hall raised the issue of the inability to be certain of the tone in which these works were presented. Thus, before embarking on a discussion of Molière's portrayal of the physician, the historical context of the plays to be discussed warrants some comment.

Medical practitioners of 17<sup>th</sup> century France were well-studied men who, despite misplaced convictions, were of honorable intention. Soll compared the prudence and measured judgment of 17<sup>th</sup> century royal physicians to that of Statesmen (1261-1263). In *The Medical World of Early Modern France*, Brockliss suggests that professional principles formed the foundation of medicine: "In the eyes of learned practitioners, medicine was not a hit-and-miss empirical art but a true science, dependent on the knowledge of causes." (Brockliss and Jones 337) Physicians applied specialised skills and knowledge acquired through training and refined by experience. One only has to refer to the oft-cited letters of Dr. Gui Patin, Dean of the Faculté de Paris from 1650-1652, to appreciate the measured conviction with which medical men carried out their art (Nivelet, n.p.).

While acknowledging the potential discrepancy between historical fact and the works of Molière, there remains a role for the examination of the playwright's deconstruction of medicine. His plays may be considered as exercises in anthropology that raise important ethical questions regarding the physician as professional. Molière would have witnessed a certain resistance against progress within the French medical community. While contemporary principles of anatomy were gradually being adopted across Europe, the Faculté de Paris was obstinate. The Faculté remained distinctly Galenic while being temporally situated in the era of "modern medicine". Conservative leaders of the influential Faculté de Paris, such as Dean Gui Patin, entered an intellectual war with those advocating for new medical theories and practices.

### *Molière's doctors*

Molière parodied the disputes between the so-called "circulateurs" and "anti-circulateurs" in *Le Malade imaginaire*. He mocks medicine's orthodox tendencies through the words of Monsieur Diafoirus, who praises his son, a recent medical graduate:

*Monsieur Diafoirus*— [Mon fils] est ferme dans la dispute...et poursuit un raisonnement jusque dans les derniers recoins de la logique. Mais, sur toute chose, ce qui me plaît en lui, et en quoi il suit mon exemple, c'est qu'il s'attache aveuglément aux opinions de nos anciens, et que jamais il n'a voulu comprendre ni écouter les raisons et les expériences des prétendues découvertes de notre siècle, touchant la circulation du sang, et autres opinions de même farine.

*Mr. Diafoirus*— He is firm in dispute...and pursues an argument to the last recesses of logic. But, above all things, what pleases me in him, and what I am glad to see him follow my example in, is that he is blindly attached to the opinions of the ancients, and that he would never understand nor listen to the reasons and the experiences of the pretended discoveries of our century concerning the circulation of the blood and other opinions of the same stamp. (II: 5)

The physician's strict adherence to the principles of traditional medicine is a quality that both sustains and undermines his credibility. Initially revered for his knowledge of medical science, the physician is subsequently ridiculed for his inability to perform in accordance with the brilliance of his thought. Therapeutics, central to the physician's *raison-d'être*, are portrayed as useless and even harmful to the patient. Béralde, brother of Argan, the titular '*malade imaginaire*', suggests that inaction is better than any therapeutic intervention offered by medicine. In response to Argan's steadfast trust in physicians, Béralde proposes that the physician's intervention will only bring harm to the patient.

*Béralde*— Dans les discours et dans les choses, ce sont deux sortes de personnes que vos grands médecins. Entendez-les parler : les plus habiles gens du monde; voyez-les faire : les plus ignorants de tous les hommes.

*Béralde*— When you weigh words and actions, your great doctors are two different kinds of people. Listen to their talk, they are the cleverest people in the world; see them at work, and they are the most ignorant. (III: 3)

Indeed, Molière's physicians prove Béralde's argument correct. When they are consulted for patients suffering from imaginary or feigned illnesses, they are incapable of conducting a proper assessment. These consultations end in typical fashion with the physician insisting that the patient undergo a proper bleed or purge, irrespective of the presence or absence of true disease. The physician remains oblivious to his lack of insight. On the other hand, the audience and the occasional 'sensible' character are aware of the physicians' misjudgement. This dramatic irony provides comic relief, but is also a device used by Molière to highlight the type of arrogance that led to many an exercise in futility.

In Molière's plays, there are two types of doctors: the bona fide doctors and the imposters. While possessing different qualifications, neither is easily distinguishable from the other. That is, both real and fake physicians are exaggerated caricatures of 16<sup>th</sup> and 17<sup>th</sup> century healers. They assume the identity of the professional by practising the customs of the medical consultation that bear the weight of the established medical authority. The physician's purpose is dictated by this same medical authority, and he maintains his professional status by adopting its culture. Pihlstrom has proposed that, by doing so, the physician effectively alienates himself from the laypeople for whom he has little regard (22-23). This alienation makes both patient and physician alike easy prey for deception. It may therefore be argued that, in affirming his identity, the physician holds not only a simple professional detachment from the layman, but also a cultural one.

### *Medical culture in the theatre of Molière*

Cultural differences, in combination with a narrow purpose, make the physician prone to appearing socially inept. In Molière's *Monsieur de Pourceaugnac*, the lover of Monsieur de Pourceaugnac's betrothed plays a joke on him by calling on the town physicians to cure the unsuspecting bridegroom of "madness". The bumbling physicians fail to recognize the 'quiproquo' and they continue to treat their perfectly healthy victim for insanity. It is in this manner that the ritual of the medical consultation begins:

*Premier médecin*—Allons, Monsieur, prenez votre place, Monsieur. (*Les deux médecins lui prennent chacun une main, pour lui tâter le pouls.*)

*Monsieur de Pourceaugnac*— Votre très humble valet. (*Voyant qu'ils lui tâtent le pouls.*) Que veut dire cela?

*P.m.*— Mangez-vous bien, Monsieur?

*M. de P.*— Oui, et bois encore mieux.

*P.m.*— Tant pis (...) Dormez-vous fort?

*M. de P.*— Oui, quand j'ai bien soupé.

*P.m.*— Faites-vous des songes ?

*M. de P.*— Quelquefois.

*P.m.*— De quelle nature sont-ils ?

*M. de P.*— De la nature des songes. Quel diable de conversation est-ce là ?

*P.m.*— Vos déjections, comment sont-elles ?

*M. de P.*— Ma foi, je ne comprends rien à toutes ces questions.

*M. de P.*— (...) que voulez-vous?

*P.m.*— Vous guérir, selon l'ordre qui nous a été donné (...)

*M. de P.*— Parbleu je ne suis pas malade.

*P.m.*— Mauvais signe, lorsqu'un malade ne sent pas son mal.

*M. de P.*— Je vous dis que je me porte bien.

*P.m.*— Nous savons mieux que vous comment vous vous portez, et nous sommes médecins, qui voyons clair dans votre constitution.

*1st Doctor*— *Come, Sir, take a seat, Sir. (The two Doctors each take one of his hands to feel his pulse)*

*Mr. de Pourceaugnac*— *Your very humble servant. (Seeing them feeling his pulse.) What does this mean?*

*1st D.*— *Do you eat well, Sir?*

*Mr. de P.*— *Yes; and drink better still.*

*1st D.*— *So much the worse (...) Do you sleep soundly?*

*Mr. de P.*— *Yes, when I have supped well.*

*1st D.*— *Have you any dreams ?*

*Mr. de P.* — *Sometimes.*

*1st D.*—*Of what nature are they?*

*Mr. de P.*— *Of the nature of dreams. What sort of conversation is this?*

*1st D.*— *Your dejections, how are they?*

*Mr. de P.*— *Upon my word, I understand nought of these questions*

*(...)*

*Mr. de P.* — *what do you want with me?*

*1st D.*— *To cure you, according to the order which has been given us (...)*

*Mr. de P.*— *Zounds! I am not ill.*

*1st D.*— *A bad sign, when a patient does not feel his complain.*

*Mr. de P.*— *I tell you that I am very well.*

*1st D.*— *We know better than you how you are; and we are physicians who see clearly into your constitution. (I: 8)*

Facilitating the performance of customary medical acts, such as the medical consultation, is language. As in any society, assimilation into the medical profession requires an appropriate mode of discourse. Medical speak is not only observed amongst professional colleagues, but also serves an essential role in communication with the patient. Dialogue is, in theatre as well as in life, a primary means by which power dynamics are established. Through it, the interlocutors determine the nature and boundaries of their interaction. In the medical consultation from *Monsieur de Pourceaugnac* presented above, the conversation is unidirectional, driven by the physician's interrogative style. The characters' respective discourse styles set the tone of the unfolding dialogue. Monsieur de Pourceaugnac remains passive in his bewilderment while the doctor leads the conversation with his singular fixation on completing the assessment of his patient's illness. This effectively illustrates the doctor and patient as they simultaneously construct diverging narratives of the same experience.

The divide between laypeople and the professional implies the existence of a societal order. Before the first words are exchanged, the medical context predetermines where the equilibrium lies between the persons. With the use of specialized medical jargon, the physician may modify his language to exploit the patient's vulnerability. In *Le Médecin malgré lui*, the

drunken woodcutter Sganarelle succeeds at impersonating the physician by citing Aristotle, albeit in the vaguest of terms, and using a humorous mix of improvised medical vocabulary and rudimentary Latin. After palpating Lucinde's pulse and uselessly concluding that she suffers from the ailment for which he had been originally consulted, G ronte, Lucinde's father, presses Sganarelle to explain his diagnosis:

*G ronte*— La cause, s'il vous pla t, qui fait qu'elle a perdu la parole?

*Sganarelle*— Tous nos meilleurs auteurs vous diront que c'est l'emp chement de l'action de sa langue.

*G ronte*— Mais encore, vos sentiments sur cet emp chement de l'action de sa langue?

*Sganarelle*— Aristote, l -dessus, dit... de fort belles choses. [...]

Je tiens que cet emp chement de l'action de sa langue est caus  par de certaines humeurs, qu'entre nous autres savants nous appelons humeurs peccantes; peccantes, c'est   dire.... Humeurs peccantes [...] Entendez-vous le latin?

*G ronte*— En aucune fa on.

*Sganarelle*— Vous n'entendez point le latin!

*G ronte*— Non.

*Sganarelle*— *Cabricias arci thuram, catalamus, singulariter, moniativo haec Musa, «la Muse», bonus, bona, bonum, Deus sanctus, estne oratio latinus? Etiam, «oui». Quare, «pourquoi»? Quia substantive et adjectivum concordat in generi, numerum et casus.*

*G ronte*— Ah! que n'ai-je  tudi !

*G ronte*— *The reason of her having lost her speech, pray?*

*Sganarelle*— *Our best authorities will tell you that it is because there is an impediment in the action of her tongue.*

*G ronte*— *But, once more, your opinion upon this impediment in the action of her tongue.*

*Sganarelle*— *Aristotle on this subject says... a great many clever things. (...) I am of opinion that this impediment in the action of her tongue is caused by certain humours, which among us learned men, we call peccant humours; peccant—that is to say...peccant humours (...) Do you understand Latin?*

*G ronte*— *Not in the least.*

*Sganarelle*— *You do not understand Latin?*

*G ronte*— *No.*

*Sganarelle*— *Cabricias arci thuram, catalamus, singulariter, moniativo haec Musa, «la Muse», bonus, bona, bonum, Deus sanctus, estne oratio latinus? Etiam, yes. Quare, why? Quia substantive et adjectivum concordat in generi, numerum et casus.*

*G ronte*— *Ah! Why did I not study? (II: 4)*

In the above excerpt, Sganarelle manipulates the divide between the cultures of the patient and the physician. The patients' na vet  and their trust in medicine make deception easy, enabling the imposter to mask his own illiteracy.

An examination of the made-up medical speak of Moli re's quack doctors reveals that this language is a figurative mask behind which specialized discourse is delivered. The physician's tendency for specialized jargon is, for the layman, effectively no different than pure nonsense (Dirckx, 261). The physician does not expect to be understood or, in the case of

Sganarelle, does not wish to be understood. The use of macaronic Latin, of which the entirety of the closing interlude of *Le Malade imaginaire* is composed, epitomizes many of the aspects of medical culture discussed so far, including the exclusivity of medical jargon and academic elitism:

*Quintus doctor*— Mais si maladie  
Opiniatria  
Non vult se garire  
Quid illi facere?

*Bachelierus*— Clysterium donare,  
Postea seignare,  
Ensuitta purgare.

*Quintus doctor*— Juras...de non jamais te servire  
De remediis aucunis  
Quam de ceux seulement doctae Facultatis,  
Maladus dust-il creavre,  
Et mori de suo malo?

*Bachelierus*— Juro.

Language complements what is the most apparent sign of identity for the spectator: the costume. As an external expression of identity, it carries important symbolic meaning for the wearer. The spectators and the characters interpret this symbolic meaning within the context of culturally accepted norms. The traditional dress of the physician identifies him as a professional and is a symbol of the trust that society has placed in him. The costume indicates the physician's social status and professionalism, allowing him to exercise the accompanying rights and privileges associated with his profession. Haven taken the oath that marked his entrance into the profession, he wears the costume as a reminder of his professional commitment. On stage, the attire serves as the visual component of Molière's "medical illusion". An object transported from outside of the confines of the theatre, it is a bridge between fantasy and reality for players and spectators alike. Supported by the authority of the physician's robes, Molière's fake doctors need not embody all aspects of physician identity to deceive the victims of their ploy. In *Le Médecin malgré lui*, Lucinde's lover, Léandre also decides to disguise himself in order to see his beloved in secret. Dressed as an apothecary, he shares the following exchange with "Doctor" Sganarelle:

*Léandre*— Il me semble que je ne suis pas mal ainsi, pour un apothicaire : et comme le père ne m'a guère vu, ce changement d'habit, et de perruque, est assez capable, je crois, de me déguiser à ses yeux.

*Sganarelle*— Sans doute.

*Léandre*— Tout ce que je souhaiterais serait de savoir cinq ou six grands mots de médecine, pour parer mon discours et me donner l'air d'habile homme.

*Sganarelle*— Allez, allez, tout cela n'est pas nécessaire : il suffit de l'habit. (III: 1)

*Léandre*— *I think that I am not at all badly got up for an apothecary, and as her father has scarcely ever seen me, this change of dress and wig is likely enough, I think, to disguise me.*

*Sganarelle*— *There is no doubt of it.*

*Léandre— Only I should like to know five or six big medical words to leaven my conversation with, and to give me the air of a learned man.*

*Sganarelle— Go along, go along; it is not at all necessary. The dress is sufficient.*

Therefore, like language, the costume is a device that reaffirms the physician's identity and purpose. This in turn gives the wearer the power to deceive. He may exploit the protective powers of his professional affiliation to conceal his deficiencies. For example, in *Le Médecin Volant*, Sganarelle dons alternatively the habit of a servant and that of a physician to fool Gorgibus into believing that he has an estranged twin brother. By simply changing costume, Sganarelle succeeds in drawing out this ruse until the good-natured Gorgibus insists on witnessing the two brothers' reconciliation, after which Sganarelle must resort to even more ridiculous antics.

### ***Role-play: the patient's physician***

The physician may don the robe, but the identity of the healer is only complete when the patient enters the scene. The physician's persona is carefully constructed to serve the needs of the patient. Conceptually, the physician-patient relationship may be perceived as a theatrical 'role play' between two actors interacting within acceptable social confines. The physician-patient relationships in the imaginary world of Molière possess an intriguing layered complexity. Each character possesses a unique personality upon which a recognized social identity—such as a physician, servant, or patient—is superimposed. Added to this is the fact that in all of Molière's physician-patient pairings, at least one of the players is deceiving the other. In no case are both players truly sincere. Part of the comedy in Molière's plays arises from the fact that the victims perpetuate the ruse themselves. Those who seek medical expertise are depicted as dependent, at times desperate. Even against better judgment, the patient holds to his or her role as patient. In the case of Argan in *Le Malade imaginaire*, the patient attains a state of neurosis. The co-existence of authenticity and deception and the collaborative efforts to maintain the physician-patient construct demonstrates how, in the process of the role-play, the divide between the cultures of the physician and patient is simultaneously destroyed and reinforced. As they act out their parts, the physician and patient become extensions of their respective identities; neither is truly complete without the existence of the other.

From the study of Molière's theatre, the formation of physician identity may be summarized as follows. Firstly, there is the one who assumes the professional identity. The essence of the physician's persona is the person; no matter how rigid the professional expectations, the individual behind the ceremonial mask remains undoubtedly human. Secondly, medical culture shapes the individual in question. Thus, the professional persona is formed through the summation of the identity of the person as individual and the identity of the social role he adopts. Further, the complexity of professional identity formation is amplified by the concept of role-play in the physician-patient relationship and by continually evolving cultural norms.

### ***Conclusions***



Through character, dialogue, costume and role-play, the theatrical works of Molière highlight the humanity that ails patients and physicians alike. This humanity is inherently flawed. The works of Molière expose the orthodoxy and arrogance beneath the façade of the erudite healer. The physician is portrayed as untrustworthy and incompetent; the graduated physician is ultimately no more capable and no less laughable than the layman who successfully imitates his art. For the modern-day spectator, the antics of Molière’s doctors appear even more outlandish than when they were first staged. The physicians faithfully observe entertainingly inappropriate medical practices such as pulse analysis, bloodletting, and purging, making them appear hopelessly clueless and incompetent. Yet, certain general medical principles present in Molière’s time have been maintained and remain the crux of today’s professional identity. Ironic skepticism aside, certain cultural aspects of the profession, such as the costume and the medical consultation, play an important role in the creation of a therapeutic environment. Just as in theatre, they allow the physician and patient to identify with and adopt their respective social roles. Indeed, modern studies have shown that the result is a powerful placebo that may be incorporated into the physician’s daily practice in order to gain patient confidence (Chung et al, Gherardi et al, and Rehman et al.).

Evidently, medical culture and the physiology, pharmacology, and therapeutics upon which medical practice is based have undergone enormous transformation over the course of the past four centuries. Discourse on the role and duty of the physician with respect to the patient and society at large has long grown to embrace not only the “possession of knowledge [that] can secure...the confidence of the public, and sustain the true dignity of the profession”, but also the “alleviation and removal of individual suffering.” (Smith, n.p.) While Molière largely overlooked these noble principles of medicine—which have now been placed at the forefront of the field—and while many erroneous practices of his time are now obsolete, the enduring wit of Molière’s satire indicates that his plays continue to address current issues in medicine. That is, underlying the theatrics of mistaken identity, clever reversals, and a generous dose of potty humour, is a lingering social commentary that remains relevant to this day. Efforts have been made to shift medical doctrine towards whole-person, patient-centered care, calling upon today’s physician to consider his or her relationship with the patient as one of communication and partnership (Bechtel and Ness). The identity of today’s physician is no longer centered on the science of medicine, but rather on the science of the patient. Besides providing the correct treatment for the disease, physicians are also expected to deliver care that is appropriate for the patient. And with any luck, the physician will have more to offer than purges and bloodletting!

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