WORDSON PLAYS
INSIGHT INTO THE PLAY, THE PLAYWRIGHT, AND THE PRODUCTION

The Imaginary Invalid

by molière
adapted by constance congdon
directed by ron lagomarsino
american conservatory theater
june 7–july 8, 2007

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Words on Plays is made possible in part by the Andrew W. Mellon Foundation.

a.c.t. is supported in part by grants from the Grants for the Arts/San Francisco Hotel Tax Fund and the National Endowment for the Arts, which believes that a great nation deserves great art.
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characters, cast, and synopsis of

THE IMAGINARY INVALID

The Imaginary Invalid was first acted at the Théâtre du Palais-Royal, February 10, 1673. This adaptation, commissioned by A.C.T., received its premiere June 13, 2007.

characters and cast

argan, an imaginary invalid
bélïne, second wife to Argan
angélïque, daughter to Argan, in love with Cléante
cléante, lover to Angélïque
claude de aria, nephew to Purgeon, suitor to Angélïque
doctor purgeon, physician to Argan
monsieur fleurant, an apothecary
monsieur de bonnefoi, a notary
toinette, maid-servant to Argan

ENSEMBLE

John A. Picella
René Augesen
Allison Jean W. Hite
Jud W. Illiford
Gregory Wallace
Steven Anthony Jones
Anthony Fusco
Anthony Fusco
Nancy D. Ussault
Margarett Head, Maureen McVerry, Brian Stevens

the setting

The home of Argan and his family, 17th-century Paris.

synopsis

Prologue. The ensemble delivers a warning against the medical profession and its members’ often bizarre attempts to cure.

Act i. Argan, a fervent hypochondriac, is adding up his many doctor bills. He rings for Toinette and accuses her of being less than devoted lately. She replies that she does not believe he is sick at all, though he claims to be in a perpetual state of near death. Their argument escalates, bringing on Argan’s indigestion. As he exits for the bathroom, Angélïque enters and asks Toinette for advice about Cléante, a young man with whom she has recently fallen in love and who has promised to ask for her hand in marriage.

OPPOSITE Sketch of Argan by costume designer Beaver Bauer (all costume sketches © 2007 D. B. Bauer)
When Argan returns, Angélique is delighted to hear that he has arranged a marriage for her, until she discovers that she is betrothed not to Cléante but to Claude de Aria, the nephew of Argan’s physician, who is about to become a doctor himself. Toinette argues with Argan on Angélique’s behalf, insisting that he is at heart a kind man who will not impose his dictates on his unwilling daughter. Their argument continues until Argan becomes so enraged with Toinette that he claims to be dying.

Béline rushes in to console him. Argan seeks sympathy and affection from Béline, who claims to be too distracted by the thought of losing him to illness to satisfy his desires. She tells Argan that she will surely be better able to concentrate once she knows their finances are settled. Argan tells her that he has arranged a marriage for Angélique, but Béline objects to paying Angélique’s dowry and instead suggests sending her to a convent. Argan promises to make sure Béline will be independent in the household even after Angélique’s marriage and calls for a notary to discuss changes to his will. Monsieur de Bonnefoi, a notary and friend of Béline, happens to be just outside, conveniently ready to make those changes. Toinette warns Angélique that Béline is manipulating Argan into drafting a new will, but Angélique’s only concern is that she be allowed to marry the man she loves.

Toinette runs into Cléante but chases him away, warning him that he must not be caught in the house or he will never be allowed to see Angélique again.

Act ii. Cléante enters disguised as a friend of Angélique’s music master, ready to give her a lesson in the master’s stead. Toinette suggests to Argan that she take Cléante to Angélique’s room for the lesson. Argan refuses, and Angélique is summoned. Doctor Purgeon and his nephew, Claude de Aria, Angélique’s betrothed, are announced. The doctors are shown in and Claude with his elaborate introduction demonstrates what a pompous, lecherous fool he is.

Argan calls for music. Cléante, clearly inspired by his own predicament, describes the story of a shepherd pained

Toinette, by Beaver Bauer
by the arrangement of a marriage between his beloved and another man; he and Angélique improvise a pastoral love song in which they are able to covertly profess their love to each other. Argan interrupts and sends Cléante away. Béline arrives to meet her future son-in-law. Angélique manages to avoid promising her hand to Claude, claiming that she would like to get to know him first. Béline again suggests sending Angélique to a convent, which Argan threatens to do if she will not agree to the marriage. Claude and Purgeon leave, but only after giving Argan ridiculous medical advice.

Toinette reminds Angélique that the only reason Argan wants her to marry Claude is so he will have a doctor in the family. They decide to invent a new doctor, played by Toinette in disguise, to fool Argan and drive him away from Purgeon's influence.

Monsieur Fleurant arrives with Argan's third enema of the day, which Argan refuses, claiming to feel better. Fleurant leaves in a huff, causing Argan to worry that he has offended his doctors and will therefore never again receive treatment for his imaginary illnesses—a fear confirmed by Purgeon and Fleurant, who return with a dire prognosis.

Argan panics, begins to feel ill again, and calls for a doctor. Toinette, seizing this opportunity, says that a new doctor has just this very moment arrived to treat Angélique for a headache, and that she will bring him to Argan directly. Angélique comes in to tell her father that the new doctor has cured her. Toinette, now dressed as the doctor, returns and proceeds to contradict all of Purgeon's diagnoses and to offer new ailments and bizarre remedies. Argan is at first relieved and then dismayed by the new doctor's prognosis, which causes him to doubt the entire medical profession.

Argan laments that he remains ill and alone except for his faithful wife, reminding Angélique that if she truly were a devoted daughter, she would marry whomever he picked. Toinette proposes a test to find out whether Béline or Angélique is the more true to Argan. He feigns death and watches Béline react with relief and joy as she begins plotting ways to get all of Argan's money. When Argan shocks her by sitting up, obviously alive, she quickly tries to backpedal. Having already witnessed her true intentions, however, Argan throws her out. He feigns death again; when Angélique and Cléante come in and are told by Toinette that Argan has died, Angélique is so despondent that she tells Cléante she will renounce the world and live in a convent. Argan once again rises, this time overjoyed that Angélique has proved to be a dutiful daughter. He promises her that she may marry whomever she chooses, although he would still like to have a doctor in the family. Toinette suggests that Argan become a doctor himself, so he will always be able to cure whatever ills he may suffer.

Epilogue. In an elaborate and pompous ceremony carried out in mock Latin, Argan is made a doctor.
Director Ron Lagomarsino: I'm really excited to be here and to be back at a.c.t. Last time, during The Gamester, I had such a wonderful time with all of you. This is one of the great theaters in America, and I've worked in a lot of them. It's truly a joy to feel the support I always feel when I'm here and to be creative and free and guided and all those good things. So, thrilled to be here.

We wanted very much to do this play, and we were searching around looking at the various versions of The Imaginary Invalid, and weren't really satisfied with what we saw. So [a.c.t. Artistic Director] Carey Perloff suggested that [playwright/adaptor] Connie Congdon create a new version. I thought that was a grand idea and we started working on the play. It soon became not a translation, or a new version, but an adaptation of the original play. There will be anachronisms in this production, there will be the odd word or phrase or bit of business that may shock or dismay or otherwise surprise people who think this is going to be a straight-on classical production. It's not that—although I would say that we're definitely true to what Molière wrote.

By that I mean it's not so far afield, but it's interesting, it being the last play that Molière wrote, it felt—this is going to be sacrreligious to say, but—dramatically a little as if there were only threads of what would be a plot, and there were these stock characters that you would find in many of his plays, who sometimes feel like there was an actor in his company who needed to be given a role, and so he wrote it in. In The Imaginary Invalid, the stock character of the raison-neur [Béralde, Argan's brother], the one who comes in and tries to talk sense into the central character, in this case Argan, we've cut completely. In the original, he comes in in the third act, this being a Claude de Aria, by Beaver Bauer
three-act structure originally—we will just have one intermission between two acts—and begins to have this dialectic about doctors and how you shouldn’t listen to them, and what they’re good for and what they’re not good for. But it falls in the original Act iii, where the audience already sees the barn coming at the end of the day; also, tonally, that’s not the kind of play that this sets out to be. It’s much more farcical and more physical. So, Béralde is gone. And of course once that’s done you have to run around and make sure, well, Who’s Toinette going to connive with now? and that sort of thing; we’ve sorted those things out. We’ve also lost the strange part of the very, very young daughter [Louison]. And we sort of beefed up the character of Béline [Argan’s second wife], partly knowing that René [Augesen] is going to play it, and having worked with her on The Gamester, I feel there’s a lot of fun we can have there.

I’m trying to give just a little more plot, even though Molière’s work really lives in its characters and in its situations. But ultimately, it’s about making people laugh. People looking for this to be particularly relevant to the practice of medicine today are probably going to be disappointed, although I think people will always find something in it. I do think the idea of the existence of a hypochondriac is very real and still with us today, and I think we’re going to have a lot of fun with that idea.

And then I thought, well, there used to be musical interludes in this play, which didn’t necessarily have anything to do with the play itself. Louis xiv liked there to be singing and dancing in his theatrical entertainment, and it gave everybody a chance to visit one another in the theater. I guess when a.c.t. did this play [in 1990], all those weird interludes were done. [Laughter] We decided to do something different. There will be a prologue, but it’s basically going to be a warning by a trio of doctors in—I don’t know if you would call it commedia, but it’s our version of— commedia costumes. The costumes will actually be a sort of La Ronde meets doo-wop classical thing.

Doctor Purgeon, by Beaver Bauer
Sketches of costume padding (to alter the actors' body shape), by Beaver Bauer
We've taken an extraction of what 17th-century doctors wore, which was generally in black—ours are going to be in red—and they're wearing the traditional commedia mask, but each mask is going to have a snout that is a little different shape.

I wanted it to be a trio of doctors doing a number that's sort of "Everybody Ought to Have a Maid" meets "Cruella DeVille"—you know, "You better beware!" It's a warning by doctors who say they're not doctors, they're just playing doctors, like that ad on tv. Connie sent me the first go at a lyric which is very funny, but I said, "I think it needs a chorus," like "Everybody Ought to Have a Maid." Basically I want it to set the tone for an evening of fun, and having music is a good way to start it. It's going to be fleshed out of course by voices, but we already have the baseline instrumentation of that.

And then I thought, since we're doing this in two acts and not in the original three acts, we needed to come up with a good cliffhanger to bring the audience back for Act ii, so we had to sort of shift things back to the point just before the doctors Purgeon and de Aria arrive; everybody's life is pretty much a mess, although Argan is so excited that he will soon have a 24-hour doctor on call in the family by marrying his daughter off to one, such as he is. And I thought, Why don't we have one of those musical moments that happens at the end of the first act of an opera or a musical, where everybody sings what they have to look forward to and what's on their minds and what they're nervous about? I think we've come up with something rather fun. It's sort of a Mozart meets Gilbert & Sullivan kind of a number. And then at the end we are doing the epilogue as written by Molière, where Argan does become a doctor. I see it in my head as sort of a Marx Brothers sort of finale. I don't know with a company of eight if I'll be able to achieve that, but I do want to build to a good-sized number if I can muster that, and then segue into a curtain call.

**scenic & costume design**

I've been wanting to do a raked stage like a.c.t. used to do when I was watching plays here back in the '60s and '70s, but you know that would use up our entire budget. [Laughter] So in lieu of that, I've been going back and forth with [scenic designer] Erik Flatmo, and I said let's start with period detail and design and see where we go. I didn't want it to be realistic, but, although it's not a modern production, it's going to have some anachronisms, it's not going to be a dead-on version of the play. So every time Erik's design went towards realism, I kept saying, "No, I like this, but it needs to..." After a flurry of sketches and emails and models going back and forth through the Internet, Erik one day sent me a room that was a period room but it was slightly slanted—even the chandelier is slightly askew. It has a circular floor and a circular-shaped wall around it, but the walls are like a cake that's sliding off of its center, or the leaning tower of Pisa. It's a real room, but it feels almost
like it’s being sucked out into a tornadic force up above. It feels anchored, but it also feels like the inside of Argan’s brain—it makes me think of what it’s like to feel not quite well. The thing is, Argan is well; he just thinks he’s not well. Whenever we made the set too comedic, it seemed to announce, This is going to be funny! You better laugh! instead of it being a little more sly, which I always prefer to do.

[Costume designer] Beaver [Bauer] and I have also been going back and forth wanting to do period costumes, but also have some fun. The idea for Argan is that it helps him to stay focused on his illnesses if he goes about wearing things that have sickly hues. Something we haven’t completely settled on is whether he will be appropriately robed and indoctrinated in the finale. Everyone will be wigged. And when Toinette disguises herself as a doctor, she will have some version of the red doctor’s robe that we will rig so she can get in and out of it quickly.

For Cléante, who is supposed to come in in disguise as a music teacher, we tried to figure out, What is a “music teacher disguise?” Because he’s going to have to wear it during the whole show, we thought that he should instead come in wearing what he considers a general disguise, which will be this huge cloak and a mask, thinking that he can sneak
into the household undetected (he's actually going to come in through the window). But Toinette tells him, No you should pretend to be a teacher, and he tries to figure out what kind of teacher, and she suggests music, and he thinks, Oops, that's unfortunate. [Laughter] Anyway, it happens in the moment rather than as a plan.

Béline means business. She goes shopping at all of the finest Parisian boutiques; there's a little bit of a hint of animal in her costume—one might say predator. Monsieur de Bonnefoi sometimes accompanies Béline on her shopping excursions; they have great plans for one another once they can do away with Argan and get all his money. Doctor Purgeon is Steven Anthony Jones as you've never seen him before; he will find out whether blondes do indeed have more fun. He is joined by his nephew, Claude de Aria—all doctors love red, as it turns out. Who knew? And then there's the apothecary, Monsieur Fleurant, who administers the enemas—for him, we're creating a bit of a hunchback and a potbelly.

And the ensemble, when they come in, will be in gold and white with touches of red, being from the Faculty of Medicine, in different variations of spooky doctoral garb. Cléante and Angélique will be the reverse of those, in white with a little bit of gold.

Fabian, is there anything you'd like to say?

**music**

**composer fabian obispo:** As Ron said, we wanted to stay in the period, and we'll let the effects speak for themselves. There will be anachronistic touches. And in the epilogue we will end with a Latin number, which is very close to a conga line.

**lagomarsino:** One thing Fabian isn't saying is that the epilogue begins in a more primitive style that echoes Carmina Burana and then sort of . . .

**obispo:** Disintegrates.

**lagomarsino:** And then goes into more of, would you say . . . Handel?

**obispo:** Yes, it's kind of rococo, between baroque and classical.

**lagomarsino:** And then ends South of the Border. Inexplicable. [Laughter]

Béline, by Beaver Bauer
Looking for the comic intention
An Interview with Playwright and The Imaginary Invalid Adaptor Constance Congdon

Constance Congdon has written many plays, including Tales of the Lost Formicans, which has had more than 100 productions worldwide; Losing Father’s Body, which premiered at Portland (Maine) Stage Company; Casanova and Dog Opera (both produced by the New York Shakespeare Festival at The Public Theater); Lips (Primary Stages); and The Automata Pietà and Moontel Six, both commissioned by the A.C.T. Young Conservatory New Plays Program. Her verse adaptation of Molière’s The Misanthrope was produced at a.c.t. in the fall of 2000, and A Mother, her a.c.t.-commissioned adaptation of Maxim Gorky’s Vassa Zelezhnova, premiered in 2004. Congdon’s libretto for Peter Gordon’s opera The Strange Life of Ivan Osokin was performed at New York’s La MaMa Annex in 1994. She also works with composers Ronald Perera, Mel Marvin, and Pulitzer Prize winner Lew Spratlan (Earthrise, commissioned by the San Francisco Opera). Other works include the plays Native American, So Far, No Mercy, and its companion piece, One Day Earlier; an adaptation of John Updike’s novel S. into an opera libretto for Perera; and eight plays for the Children’s Theatre Company of Minneapolis. She has received an nnea playwriting fellowship, two Rockefeller Playwriting Awards (one for the Bellagio Center in Italy), a Guggenheim Award, and Newsday’s Oppenheimer Award for the New York production of Tales of the Lost Formicans. She is an alumna of New Dramatists, a member of pen and the Dramatists Guild, and teaches playwriting at Amherst College.

In a recent interview with a.c.t. Publications & Literary Assistant Margot Melcon, Congdon shared her thoughts on the process of playwriting, the difficulties of adaptation, and staying true to Molière’s intentions.

How long have you been a playwright, and how long have you been writing adaptations and translations?
I wrote my first play in 1976, and although it started out to be an adaptation of the Gilgamesh story, it turned out to be quite original. I remember looking at it with a cold eye, thinking, Well, this is a play. I had been a poet before (I still write poetry), and in high school I had a column in the local newspaper. I got early encouragement, so I knew I could write. I just didn’t know what genre I would be writing in. Someone told me a long time ago, you should write what you read, and at that point I had read a lot of plays. I guess it was all there, I just couldn’t see it at the time, that this was a path that was starting to emerge.
A lot of my work has been adaptations, even though I swore off them for a while, because it felt like they were taking so much of my artistic energy.

**Do you think there is greater demand for adaptations of classical work in contemporary theater today?**

I think they are a staple of regional theater. I’m not opposed to that at all. Most regional theaters will do one new play in their season, frequently from Britain, and the rest are classics, reinterpretations of classics, and recent Broadway fare. But adaptations are easier to sell because they’re known titles. People will say, “I think I read that in school or I saw another production of that, or I’ve heard of it.” They’ll think, “Oh, let’s give that a try.”

**Why is it important to “reinterpret” the classics? For example, the plays of Molière have been around for such a long time, and so many adaptations and translations have already been done, why is it important to continue to revisit them and look at them with fresh eyes?**

First of all, a translation is a reinterpretation. A production of a translation is a further re-interpretation. But unlike the “telephone game,” the translations get closer to the original rather than farther away, because they must fit into the context of the play. Take *The Misanthrope*, which I did here [as part of a.c.t.’s 2000–01 season]. Richard Wilbur had done a verse version; I think it was the first of the Molière plays he did. I love Richard Wilbur. He is a great American poet, but he did his translation in the mid fifties. It’s amazing—even when you’re trying to write without using any slang, which I do try to do, there are things that come through. For instance, he had characters say, “By Jove.” I don’t think anyone says that anymore, even in England.

Also there is the interpretation of characters. In the case of *The Misanthrope* again, Célimène is described as a brittle coquette, so many translators assume that is an apt description and translate what Célimène says to fit the description. However, if you read her without that assumption, you discover that she’s not a brittle coquette at all. So that new verse version of mine, people think is feminized somehow, but they’re wrong—it’s just Molière. And then each production is another interpretation. So there is always a revisiting of the classics, even without new translations.

In the case of *The Imaginary Invalid*, it’s a play that is frequently adapted because it’s not as well constructed as Molière’s other plays. He was very, very ill when he wrote it. Molière wrote it for himself so he could continue to perform while sitting in a chair. He was coughing a lot at the time, so he created this character of the imaginary invalid. He made
it through the fourth performance, but the next morning he had a coughing fit and died. There have been productions of *The Imaginary Invalid* that have him die onstage, but no, Molière wrote it as a comedy. He also put in these musical and dance interludes, because the king [Louis XIV] loved them. The plot is a very similar plot that he uses a lot; a version of it is in several of his plays. He was banking on things that could be done easily.

As far as revisiting the classics, if you go back to any of the Greek plays and you look at the original Greek, it still needs to be translated. The choices you make reflect who you are and where you are. There is no such thing as a neutral translation, and there is no such thing as a strictly literal translation. There are several steps that you go through. In the case of *The Imaginary Invalid*, I think it did need to be adapted, because it had elements in it that were written specifically for the king and the times. Other Molière plays are much more pure and completely brilliant.

I worked with [Molière scholar] Virginia Scott on *Tartuffe* and *The Misanthrope*. In both cases, she gave me a prose translation (we call it “literal,” but really, it’s not) of each line, including alternative translations, with lots of footnotes, dramaturgical information, and
information about what the other major translations have done. I made my choices on The Misanthrope and Tartuffe based on that.

If we could go to the Comédie-Française and see The Imaginary Invalid in the original costumes, done in French, even that would not be Molière's production. Even if they did the blocking exactly right, including the hand gestures, which they sometimes try to do at the Comédie, they would still be museum pieces that are just dead. Even if we did that, it would still not be what people saw with the first Molière. In fact, one of the things you learn as a playwright very quickly is that your script is translated, whether the language is changed or not, every time it is produced.

You've mentioned that in adapting The Imaginary Invalid, you were trying to capture Molière's original intention, rather than going for specific word-by-word or line-by-line translation.

When I say intention, I mean comic idea. Every beat has a comic idea behind it. There is hardly a wasted breath in Molière's text. Every "mademoiselle" and "monsieur," those kinds of things that people say to each other, is filled with something, and that is what I tried to go back to. And so did [director] Ron Lagomarsino.

Your essential loyalty is to your audience, and I can't believe any playwright would want their work done slavishly if it's not going to appeal to an audience. I don't believe in pandering to the audience, but I try to think about what I enjoy and what I need. We went through this process, starting as close as we could to the original and then cutting and reshaping, cutting and reshaping until we ended up really reformattting the play. We cut two characters. We changed the name of a character. We put two characters together.

The original had music in it, and Ron always wanted to do something with music, so we brought music back. But it's the kind of music that we like. The original music was written by [Marc-Antoine] Charpentier, and it's interlude music of the time. I don't see the value of that. But I also don't believe in selling a piece of work out to Hollywood-ize it. If you lose sight of the original completely, then you don't have anything. You don't have something truly original, and you don't have the genuine article to bounce off of. We've seen that happen in movies a lot. In the theater, we work with material that was written up to 4,000 years ago. We, in a sense, have to bring the playwright into the room.

I felt very connected to Gorky during and after A Mother, and I really feel as though I got that play pretty close to what he intended. I know a little bit more about him simply because there was a lot more written about him at the time. I remember having this moment in Baltimore when we did a reading, and I was standing in the dressing room by myself, and I said, "Well, Aleksei, I think this is pretty close." I really felt that. With The
Imaginary Invalid, yes, we went out, and we have turned the big ship back and are heading back into the heart of the play.

**When you're commissioned to adapt a piece, as you were commissioned to adapt *The Imaginary Invalid* for A.C.T., how much influence do you feel coming from the producing organization and from the director?**

I started with as close a version of the original as I could with a new translation from Dan W hite, one of Virginia Scott's students at Northwestern, who is getting his ph.d. They all leave me alone to do the first pass, just to find out what's there, and then we read it and have questions about what we start to see. We really mine it, not with some kind of sacred duty to the text, but to find out where the gold is, and not just assume that there isn't gold in every place just because we don't see it right away. We're really looking for the comic intent and the context for the comedy in the case of Molière.

Then there is this period when we both take notes, talk about the notes, and I go back in and do another draft. We will then have another reading or workshop. The most recent workshop we had, I remember Ron called me and we met at this coffee shop and he totally restructured the play. I basically took notes because I knew that, at any one time, one of us is going to have one of those moments where we see it clearly. You just have to trust that person at the time. And we put it together for the public reading that night, which was amazing, and he was right. All of his choices worked. And that's how we continue to work. It's not like we defer to each other; everything is on the table to be discussed.

**When did you take the first pass at this?**

About three years ago. There have been several drafts—at times totally new drafts, from page one on. One of the things that happened when we did the workshop was that we cut some stuff after the first performance, which worked really well for that evening, but then getting back into rehearsal, we realized there was something missing, and we restored a lot of that. It was the opening that we had cut in the workshop. In the workshop it was Mark [Linn-Baker, playing Argan], who had already had the benefit of reading and working with the earlier draft, so he had internalized it. Even though the opening was gone, what had been there still colored his performance. In the case of John [Apicella, Argan in the production], he had never seen the old beginning. So he stepped into the world at a different place and it affected what he did. It wasn't bad, but there was something missing. So I said to Ron, if I've learned one thing having this life in the theater, it's that you don't fuck with the beginning. You've just got to trust it.
A work of art is like a piece of weaving: the warp and the weft. If you change a beginning, it's like taking out the frame that the weaving is on. It's happened in my own work, again and again and again. I've rewritten and put something before where the play started and it's been there for a long time and—this just recently happened—one night I look at it and just cut it and go back to the original. And it just feels so much better. I look back at old drafts and realize that was the way it used to begin.

can you talk about the characters you decided to cut and combine? for people who are familiar with the story, how will it be different? for example, argan's brother, béralde is gone.

He was with us for a while, but we cut him and then gave some of the function he had to Toinette and a little bit to Angélique. The brother was a really good character, but he was also attached to this diatribe against doctors, which was based on French doctors of the time.

They were more scholars than anything else, right?

Yes, but their scholarship was limited to what the Greeks said. They didn't even believe in the circulation of the blood. Béralde had this long diatribe about the medical profession, and, though it's well written, when I did that first pass on the text, I told Carey [Perloff], whose father is a doctor, "I am actually offended by some of the things this character says." We have issues today, but modern medicine is one of the best things about the modern world. Amen. It wasn't just that I thought people in the audience might be offended. I couldn't stand it. And that is what that character's purpose was, to allow Argan to go off on the doctors. That must have been a lot of fun. But since that was the only real function of the brother, we cut him.

There is also a little ingénue role that Molière wrote in many of his plays, and we just gave that ingénue a little bit more substance, made her much more interesting.

We remade Thomas Diafoirus and his father, who were a very famous and funny bit. Because of some plot changes we made, and because his father appears only in that scene, with the economy of the theater, why not give that role to an actor who also plays someone else? So we combined Thomas's father into Doctor Purgeon. And then we changed Thomas's name because, even though it's a French name, it's the only one that doesn't sound French, so now we're calling him Claude with a new last name, de Aria, to make the diarrhea joke (as in the French) work. For purists, I think they should just come and relax.
One of the big losses for me was Angélique's younger sister, Louison. There is a very classic scene between them, but it was taking a lot of energy away from the main characters. She was a lot of fun; she was one of our later cuts. A gain, we redistributed some of her comedy to Toinette. Cléante is pretty close to the original, although there are some small details, things that Jud [Williford] has found that make him so very funny.

When you cut a character, you lose their energy, which means that energy gets more concentrated in other characters. Every time we cut one, I would say goodbye and let them go. I liked the uncle character, but he had to go. The little sister was the last to go; she was very funny, but she changed the tone of the play, and it became a little comic cameo.

As we work, we feel the play getting tighter and tighter and, I think, more itself, the thing it wants to be. I feel like I'm in Molière's world, and that I know enough about his world. I've done The Misanthrope and Tartuffe; I also did The Miser at Hartford Stage, and of course, I've worked with Virginia Scott, a major Molière scholar. My big test is whether I can look at a picture of Molière when the play opens and not say, “Oh, I’m so sorry,” but instead say, “You know, I wish you could see it.” And I do feel that way. I’ve felt that way about The Misanthrope, The Miser, and certainly about Tartuffe.

I know this sounds very mystical, but a work of art is a living entity. If you keep it alive, it keeps giving back to you. If you listen to the play, it will tell you what it needs. We frequently say in the theater, “I think this play needs to be...” or “I think this moment needs to be...” It’s not always logical. Sometimes it’s instinctive, but it’s based on experience. Ron has been in the theater for a long time; he will explain what he thinks a moment should be, sometimes physically: “I think it should go ba-dum-ba-dum-ba-dum...” and I’ll know what he’s talking about. I love collaborating. And we speak a common language.

do you think it's easier to adapt a comedy or a tragedy?
To me, easier means more fun, so comedy.

how do you translate comedy when the words don't have the same sound or the same meaning in another language? how do you translate a joke?
You try to find jokes that are similar, as in Diafoirus to de Aria, remembering of course that Molière expected things to be funny, and if it’s not funny then it goes out. I don’t care how scholarly perfect it is. Any playwright who has gone to see a supposedly absolutely-true-to-the-text, reverent production of one of their plays knows what I’m talking about. You end up saying, “Oh god, couldn't you have just cut that passage?” If it’s not funny, if it’s not touching, it’s an artifact. Theater has to be alive. It’s a living thing.
**Molière’s Last Act**

by Jean-Marie Apostolidès

The Imaginary Invalid is Molière’s last play and, as such, should be considered his final testament. It came after Élomire Hypochondre, a play published in 1670 by a certain Le Boulanger de Chalussay, in which Molière is lampooned. We believe that Molière had recently written an autobiographical comedy in which he staged himself under his own name and took the opportunity to answer the calumnies he had been subjected to since becoming the most famous author of his time. In Élomire Hypochondre, Molière is depicted as not only arrogant and authoritarian, but also as obsessed with his health and yet refusing to submit to the best-known medical authorities of his time (which was of course understandable, considering the laughable state of medical knowledge in 17th-century France). More importantly, the anonymous author accuses him of having committed incest, upon marrying Armande Béjart. It was well known that Molière had been the lover of Madeleine Béjart, Armande’s mother, at the time she gave birth to Armande, and Molière certainly took an important part in the child’s upbringing.† The accusation of incest, often leveled at Molière during that period, was extremely serious, since his own safety and life would have been at stake if any tribunal or the king had taken it seriously.

For reasons unknown to us, Molière’s autobiographical play was never produced, and in fact we have no solid evidence it ever existed. But Le Boulanger de Chalussay (the pen name for the anonymous author of Élomire) is well informed about Molière’s personal life and projects. This sycophant was probably an actor or an author from a rival troupe, likely the Hôtel de Bourgogne. In such a context, I believe we are
entitled to read *The Imaginary Invalid* as Molière's ultimate words and final vision of the world.

**Argan Meets His Match**

Scholars usually compare *The Imaginary Invalid*, first performed February 10, 1673 (Molière was to die one week later), to *The Would-Be Gentleman*, produced in 1670. The two texts indeed possess many similarities. The plot is basically the same: an abusive and stubborn father wants to give his daughter to a man whose abilities and social peculiarities correspond to his own fantasies, an aristocrat in the earlier play, a medical doctor in the later. The father's stubbornness makes the daughter miserable, all the more because she herself has someone else in mind. The saner members of the family (servants as well as relatives) conspire to force the father to make a wiser choice. They achieve their goal not in confronting him directly, but rather in imprisoning him in his own foolishness. Therefore, in *The Would-Be Gentleman* Monsieur Jourdain becomes a "M amamuchi" (a pseudo-Turkish title of nobility), whereas at the end of *The Imaginary Invalid*, after a grotesque initiation ceremony, Argan is made a medical doctor. Such a solution saves the father's pride and official status at a time when Louis XIV had legally reinforced the authority of fathers over their children. By the same strategy, this outcome permits the daughter to marry her young and attractive fiancé, instead of the very odd, potentially insane suitor selected by her father.

When reading *The Imaginary Invalid*, one is also struck by the many similarities between this work and *Tartuffe*, one of Molière's most famous plays. Both texts deal again with psychological peculiarities of wealthy Parisian bourgeois—Orgon in *Tartuffe*, Argan in *The Imaginary Invalid*. The two names are so phonetically connected to each other that I think we can consider these two characters as twin brothers. They are both confronted by their imminent deaths, or so they imagine. The first, Orgon, is obsessed with his salvation and frightened of going to hell. He has previously committed a mortal sin that is never explained in the play; he needs to cleanse his soul before confronting his Almighty God and Judge. In order to do so, he constantly looks to confess this unnamable sin to a priest who will give him absolution, the most important Catholic sacrament after baptism. Instead of a "real" priest, Orgon finds Tartuffe, a priest-in-disguise and an experienced confidence man, whose purpose is to steal not only Orgon's money, but also Elmire, Orgon's young wife. Argan's problem is similar. He thinks he is about to die. He claims to suffer many physical symptoms that we can read as a profound psychosomatic disorder; after all, he is a hypochondriac, like so many of Molière's characters. One important theme in this comedy is that Argan needs to cleanse his interior, to evacuate his bowels, in order
to be “clean inside” in the same way Orgon must have his soul spotless before God’s last judgment—hence, the numerous doctors and apothecaries around him duping him out of his money. They provide Argan with numerous prescriptions—quack remedies needless to say, particularly enemas—whose goal is to liberate his intestines as well as his pockets. In other words, what to Orgon is a problem of the soul, to Argan is a problem of the body. Could these men be obsessed by “cleanliness” because they have committed the same mortal sin? Could this sin be related to a suspiciously strong attachment to their daughters, a sin whose echo may be found in Molière’s personal life?

The parallel between Orgon and Argan produces other similar situations. Orgon is trapped by a flock of priests in the same way as Argan is held by a hierarchy of doctors. Fleurant stands at the lowest level, being only an apothecary; then comes the soon-to-be-doctor, Thomas Diafoirus (renamed Claude de Aria by Constance Congdon [chosen for its comic sound in an effort to render the name “de Aria” as close to “diarrhea”]), then comes his father, changed here into an uncle. Last, but not least, Mr. Purgeon, the only person capable of assuring Argan’s physical salvation, makes a great entry onstage, condemning Argan to the hell of physical decline. If Molière, for reasons one can immediately guess, could not criticize the Catholic Church of 17th-century France, he did have the freedom to make fun of the medical profession, which had been the butt of satire and farce since antiquity. Might we not then associate priests with doctors? In other words, is it possible Molière was using Argan’s quacks to (indirectly) criticize the Catholic hierarchy of his own times? I tend to believe so and to analyze The Imaginary Invalid through this lens. Were it the case, we would interpret the solution adopted by the twin brothers Orgon and Argan in a new light. Each of them opts at the end of the play to dispense with intermediaries and take charge of his own salvation. Orgon will directly confess his sins to God, without a confessor; Argan will become a doctor and take care of his own health. I read such a solution as a step toward Christian Reformation.

faithful to molière’s spirit

Constance Congdon had to make some practical decisions in order to render this play accessible to a contemporary audience. To remain faithful to Molière’s spirit, she had to be unfaithful to the letter of the text. In other words, she chose to adapt the play instead of translating it literally. By doing so, she gives us an equivalent of what the first spectators probably experienced. She does it with dedication, intelligence, wit, and enormous talent.
Troisième Journée.
Le Malade imaginaire, comédie représentée
dans le Jardin de Versailles devant la reine.
Dies tertius.
Dekampanum, su fæt imaginarius, comedia acta
in Hortis Vetulicorum ad fores Cryptæ.
Eliminating from the original play some secondary characters, such as Argan's brother Béralde and Louison, his youngest daughter, she focuses the plot on the main problem: Angélique's marriage to Cléante.

Molière's original text starts with an almost obligatory celebration of Louis XIV's grandeur. A group of shepherds sing onstage:

Let us sing, with one accord
Until the welkin rings,
With praise of Louis, mightiest of kings!
Happy all who can contrive
In his service so to live

Congdon is right to spare us this indigestible political propaganda and to give us a fresh flavor of Molière's talent. Grounded in many puns, innuendos, and double-entendres, her adaptation sheds new light on some important aspects of Molière's dark zones. Reading her text, I for one have been struck by the secret ties between Argan and Harpagon, another famous Molière character, from *The Miser*. Both men want to be clean, i.e., to respect Catholic prescriptions on the one hand, and on the other hand they want to retain the source of their terrestrial hell and damnation: money for the miser, excrement for the imaginary invalid. Could excrement be for Argan what money is for Harpagon? But that's another story . . .

Ultimately, the main quality of this new adaptation is the hilarious, almost farcical, atmosphere it creates from beginning to end. In so doing, Constance Congdon reminds us that *The Imaginary Invalid* belongs to the still-popular genre of farce, illustrated by Molière two years previously in *Scapin* and *The Countess Escarbagnas*.


1 After extensive research, Molière biographer Virginia Scott (*Molière: A Theatrical Life*, Cambridge University Press, 2000) concluded that Armande's father was in fact Esprit de Rémonde, comte de Modène.
widely considered the greatest writer of French comedy and possibly the greatest comic writer of all time, Molière was baptized Jean-Baptiste Poquelin on January 15, 1622, in Paris. His mother, Marie Cressé, died ten years later, having borne six children in six and a half years. His father, Jean the elder, was a successful upholsterer who had purchased the post of tapisser ordinaire du roi, or royal furnisher. Young Poquelin was educated at the rigorous Jesuit Collège de Clermont, which, as the Lycée Louis-le-Grand (so renamed by Louis XIV), trained many other brilliant Frenchmen, including Voltaire, Pierre Gassendi, and Cyrano de Bergerac.

An important part of Poquelin’s upbringing were the regular visits he made with his maternal grandfather to the farces and tragedies performed at the Hôtel de Bourgogne, one of the two indoor theaters in Paris, and the fair at Saint-Germain. A trio of famous clowns would close any play at the hôtel, and many biographers credit this exposure to farce as the beginning of his interest in comedy. Also influential was Poquelin’s long, close friendship with the Italian actor-mime, Tiberio Fiorelli, who came to Paris in 1640.

Poquelin studied law after finishing his secondary education and was admitted to the bar in 1641. He renounced this life in 1643 and, determined to seek a living on the stage, joined with nine others to establish the Illustre-Téâtre. He took his stage name, Molière, in 1644, presumably to shield his family from the embarrassment of association with the disreputable acting profession. Three of the founders of the new troupe were members of the established theatrical Béjart family, which included the successful tragedienne
Madeleine. She and Molière began a long and fruitful association that ranged from romantic eventually to purely professional; in 1662 Molière married Madeleine’s daughter, Armande Béjart, an event that generated scandalized uproar throughout Parisian society (for it was widely rumored that Molière was in fact Armande’s father).

The Illustre-Théâtre fought a losing battle for financial success in Paris, in large part because they were considered unsuccessful at playing tragedy, the dominant dramatic form of the time. When the company eventually collapsed, Molière and his associates fled the city to tour the French provinces with another troupe. During their 13 years in provincial exile, comedy as a dramatic form grew in popularity; Molière wrote, directed, and performed several during this period, including his first two known plays: L’Étourdi ou les contretemps (The Blunderer, 1655) and Le Dépit amoureux (The Amorous Quarrel, 1656).

Molière’s troupe eventually returned to the capital and, on October 24, 1658, presented a program at the Louvre that included his comedy Le Docteur amoureux (The Amorous Doctor). King Louis XIV favored it over everything else on the program, and its success secured for Molière’s company the patronage of both the king and his brother, Philippe, the duc d’Orléans. The company became known as le troupe du roi and was installed in the Théâtre du Petit-Bourbon, which they shared with an Italian commedia dell’arte troupe that included Fiorelli. (Molière’s company would later form the foundation of the Comédie-Française, honored to this day as the national theater of France.) From then on Molière focused increasingly on his own work as a writer of comedy and on his responsibilities as actor/manager/producer of a company.

Once established in Paris, Molière went on to write and act in a series of plays that satirized the manners and morals of Parisian society and the royal court while winning the enduring admiration of the king: Les Précieuses ridicules (The Affected Young Ladies, 1659), Sganarelle (1660), L’École des maris (The School for Husbands,
L’École des femmes (The School for Wives, 1662), Tartuffe (1664); Dom Juan (1665), Le Misanthrope (1666), Le Misanthrope malgré lui (The Doctor in Spite of Himself, 1666), L’Avare (The Miser, 1668), George Dandin (1668), Le Bourgeois gentilhomme (The Bourgeois Gentleman, 1670), Les Fourberies de Scapin (The Cheats of Scapin, 1671), and Les Femmes savantes (The Learned Ladies, 1672), among many others.

The king’s favor earned Molière the jealousy of his theatrical and social rivals, and his unyielding and unerring mockery of the hypocrisy of Parisian social and religious life engendered the ire of the Catholic Church. These two groups would dog Molière for the rest of his life, causing him to struggle constantly to hold his company together. Yet the public quarrels Molière fought to defend his work and his theater served a greater purpose, putting comedy on an equal footing with tragedy as a legitimate dramatic form.

A life spent traversing the extremes of success and adversity exhausted Molière. He developed the persistent, powerful cough of tuberculosis, which he cleverly integrated into his performances. On February 17, 1673, at age 51, Molière finally collapsed backstage while playing the title role of The Imaginary Invalid. He was conveyed to his house in the rue de Richelieu, where he soon died. After two priests refused to hear Molière’s deathbed renunciation of his profession—a common practice of dying actors, who were forbidden by church law to be buried in consecrated ground—Armande requested special permission of the king and the archbishop so her husband could be buried with appropriate sanctity. The king agreed, but the archbishop stipulated that the burial be held without ceremony, at night. Molière was buried after sunset on February 21 in the cemetery of Saint-Joseph.
The medical profession in Molière’s time

by Martin Sorrell

Medicine in 17th-century France was controlled by the Faculty of Medicine, and was rigidly hierarchical. There were three divisions in the profession: médecin (doctor), apothicaire (apothecary), and chirurgien-barbier (surgeon-barber). The first two are well represented in The Imaginary Invalid, but the third, the lowest of the three, does not feature at all.

The doctor
The education (training hardly seems the word) of the médecin lasted for years. As in all education, Latin was the language used. Emphasis was placed on theory, and the doctor had to learn how to argue and pronounce in fine language and high style. But none of this was underpinned by any practical knowledge, any first-hand observation. The “first grade” would be attained when the student had reached the minimum age of 25. Then, the candidate would become bachelier (bachelor, as in B.A.) and go on to prepare a thesis, a short Latin dissertation on a subject chosen by the candidate. Some titles, at random: “From which part of Christ’s body did water originate when, after His death, a spear was plunged into His side?” “Should the moon’s phases be taken into account when cutting hair?” “Is woman more lascivious than man?” “Is it the pressure of blood which causes the heart to beat?”

The candidate had to undergo an oral exam of his thesis, which could last six or seven hours. If successful, he would proceed to the next phase of his studies, which in turn would be followed by more exams. On condition that he passed, the candidate would obtain his license to practice medicine. He would now be a doctor, and his success would be crowned with elaborate ceremonial. In the 1670s, the English philosopher John Locke witnessed one such occasion in Montpellier. In his Journal for 18 March 1676, Locke writes about the recipe for making a doctor: the grand procession of doctors dressed in red, with black bonnets on their heads, the orchestra playing Lully, the president who takes his seat and indicates that the music should stop so that he may speak, his eulogy of his colleagues and diatribe against newfangled ideas and theories such as the circulation of the blood, the speech the doctor-elect makes in reply, complimenting those at the top of the medical Establishment, the professors, the academy, then more music, and the crowning moment when the president puts the bonnet on the new doctor’s head.
In the closing interlude [of The Imaginary Invalid], Argan becomes both bachelier and licencié, that is, he becomes a fully fledged doctor in a single operation. Dr. Purgeon is clearly a doctor of long standing. His nephew [Claude de Aria] is a new bachelier. This
is indicated by the fact that he has brought his thesis, the object of Toinette’s derision. . . . [Claude] also wants Angélique to witness the dissection of a woman, as a special treat. In 1667, just such a dissection had caused a widespread scandal—and Molière would have known of this event when he came to write The Imaginary Invalid.

the apothecary

The apothecaire was equal to the médecin neither professionally, intellectually, nor socially. He was considered to belong to the artisan class, related to the grocer or the salesman. To become an apothecary, it was necessary to proceed via the stages of apprentice, then compagnon (companion), and, finally, at the age of 25, after an exam taken in the Faculty of Medicine, to maître (master). This exam was mainly on matters of chemistry and botany, the latter, at least, studied in a practical way in the Jardin des Plantes (Botanical Gardens), which all universities possessed.

The apothecary’s job was to prepare and administer medicines according to the doctor’s prescription. He gave the famous dystone (an early form of enema syringe) and sent out patients’ bills, as in the play’s opening scene. As these bills tended to be high, the apothecary would couch and disguise them in fine, convoluted language. Bargaining often occurred, with the patient trying to get the prices down.

the surgeon-barber

The rank of chirurgien-barbier was the lowest in the medical hierarchy. He was the doctor’s valet, who did only the tasks considered menial. So, he would bleed a patient, set fractured bones, perform dissections, etc. No surgeon-barber appears in The Imaginary Invalid, perhaps because his precise and limited work would have had no dramatic function. When [Claude] says that he must be present at a dissection, it is to discuss and explain the phenomena revealed by the dissection—but as a doctor, he would not have touched the corpse, not even with a scalpel. The “surgeon” dissects in silence; the doctor watches and pontificates in Latin.

the state of medical knowledge in Molière’s time

It is a truism to say that medical knowledge and beliefs in Molière’s France were light years away from their present state. But the thermometer, for example, had not been invented at the time of The Imaginary Invalid, and the microscope was hardly in use. Dissection was comparatively rare: the law allowed that only executed criminals be dissected.

Doctors knew nothing of inner organs of the living body. Surgery in the modern sense was a marginal activity. Incisions would be made on visible tumors, for example, and limbs
would be amputated, wounds closed, broken bones set. On the other hand, it was not the practice to open up the rib cage or the abdomen. Thus, theories were propounded on the basis of superficial observation only, and by examining what the body expelled. Sputum, urine, excrement, all were closely scrutinized in the hope that they would indicate what was happening to the lungs, kidneys, and intestines.

Medicine at all times is vulnerable to the abuse of charlatans, and in Molière’s time there were considerable numbers of itinerant quacks who managed to escape the control of the Faculty and of the police. This is one of the reasons Toinette is able to get away with her outrageous impersonation in the final act. Established doctors’ “played the system” in a legitimate way.

In several plays, Molière makes the medical profession the main target of his comedy. There were large numbers of gullible people around who were too readily taken in by quackery. Even the normally lucid Mme de Sévigné made great claims for the virtues of a viper broth, and she recommended it with enthusiasm to her daughter in 1685.

[Seventeenth-century French moralist Jean de] La Bruyère had a couple of aphorisms which seem exactly relevant: “Those who are in good health become ill; they need people whose job it is to reassure them that they are not going to die,” and, “So long as human beings go on dying, and want to go on living, the doctor will be mocked and well paid.”

Excerpted from the introduction to Molière’s *The Hypochondriac*, translated by Martin Sorrell (© 1994 Nick Hern Books Ltd.).
the clyster craze

A Brooklyn specialist, Dr. William Lieberman, is one of the foremost U.S. authorities on the history of the enema. Last week, in the Review of Gastroenterology, he wrote with scholarly authority on his cathartic theme.

ancient art. The origin of the enema is veiled in the mist of antiquity. The Hindu Vedas hint of its use in 2000 B.C.E. In the fifth century Herodotus noted that “the Egyptians clear themselves on three consecutive days every month.” The Egyptians learned the art, said the Roman naturalist Pliny, from the long-beaked ibis, who “washes the inside of his body by introducing water with his beak into the channel by which . . . the residue of our food should leave.”

Hippocrates preferred enemas to purges, but the Greeks rejected the strange concoctions of bile, vinegar, etc. used by other peoples in favor of water or simple salt solutions, perhaps with a little oil or honey added. Centuries later, physicians in medieval Spain described the nutrient enema and the first bulb syringes.

French fashion. The 17th century was the Golden Age of the enema, or clyster, as it was then called. The crude instruments of yesteryear—tubes of bone or wood attached to animal bladders or silk bags—were replaced by a formidable piston-&-cylinder device. An apothecary or doctor’s assistant, marching through the streets with a clyster tube on his shoulder, became a common sight, as a mania for enemas swept France.

Fashionable Parisians, convinced that inner lavements purified the complexion and produced good health, took as many as three or four enemas a day. The craze was often burlesqued on the stage, notably by Molière, and it was a lively topic of elegant discourse in the salons.

Louis XIV had over 2,000 enemas during his reign, sometimes holding court while the ceremony progressed. Aristocratic enemas were delicately tinted and scented. They were also so widely used as a means of poisoning that Louis XIV set up a special detective agency to combat the wave of enema-murders among his nobility.

Scientific sobriety. About 1800 the carnival spirit dwindled sharply, and the age of scientific sobriety began. An extension of the enema principle came in 1895 with the invention of colonic irrigation by Professor Ismar of Berlin—a controversial treatment which historian Lieberman dismisses as very rarely necessary and “on the wane at the present time.”

Simplicity is the enema keynote in the Atomic Age. Best ingredients: “plain lukewarm water, or perhaps just a trace of bicarbonate of soda or ordinary salt.” Warns Dr.
Lieberman: “Soap is a very popular ingredient now, unjustly so, because in most cases it is unnecessary and irritating.”

This article originally appeared in Time magazine, July 1, 1946, http://www.time.com/time/magazine/article/0,9171,803783,00.html.
Clyster syringes, used to administer enemas, appear with considerable frequency in 17th- and 18th-century painting and caricature, where they support an unmistakable scatological context. Artists at this time were especially responsive to the satirical possibilities inherent in Louis xiv’s passion for enemas, as a particularly explicit political cartoon by Romeyn de H ooghe shows. The scene depicts the French roi de soleil, identified by a sunburst on his head, sitting atop a terrestrial globe, impaled upon a large clyster syringe. Lacking the necessary commode, the contents of the royal bowel, successfully loosened by the procedure, spill over the world. Holland seems to get the worst of it, with various German cities (H eidelberg, O ffenburg, etc.) also receiving the exalted anal effluvia. The background of the scene alludes to the chaotic events of the year 1674 (the date inscribed on the clyster syringe), as rampaging Protestants burn and pillage the landscape. A representative of Spain, allied with France, appears at the left, seated upon a unicorn with ass’s ears. In the eyes of a Dutch satirist, the military, religious, and territorial policies of Louis xiv, embodied in the enema syringe and the incontinence resulting from its use, have befouled the earth.

Most modern viewers would perceive the sovereign’s calamitous ordeal as nothing more than an uncomfortable reminder of a childhood ritual applied by solicitous mothers as a hygienic means of loosening impacted bowels, relieving flatulence, and instigating the proper flow of excrement. Enemas are not as popular as they once were, for pharmacies readily supply peppermint-flavored remedies in pill form which accomplish the same thing. However, enemas enjoyed a much larger frame of reference in the 17th and 18th centuries, when they were perceived not only as a hygienic measure, but also as a medical cure and even a necessity of fashion. Early physicians employed clysters to cure the now-extinct disease of “hypochondriacal melancholy.” The uncomfortable physical symptoms of the disorder were instigated by an overabundance of “black bile” that accumulated and became impacted in the lower abdominal organs, called the “hypochondries.” Beginning with Aristotle, generations of physicians and philosophers perceived this type of melancholia as a venerable disease that bestowed upon sufferers an aura of privilege and intellect. The distinguished history of the disorder encouraged appropriation of the symptoms of hypochondriacal melancholy by the nobility, who proceeded to champion the enema
zealously as a cure for the intestinal gas and constipation caused by overindulgence in the “good life.”

By satirizing Louis XIV's extravagant championship of the enema cure, de Hooghe's print alludes to the elevated connotations implied by the procedure. Like the ancient philosopher-kings, Louis made frequent use of clysters to alleviate the excesses of the royal table, sometimes receiving four enemas daily. It was during this time that Molière produced his plays Monsieur de Pourcelognac and Le M alade imaginaire, which lampooned society's craze for the celebrated “remedy,” as the clyster was euphemistically called. The enema was satirized in many other writings of the time, among them Cervantes' The Adventures of Don Quixote de la Mancha and Claude Villiers's L'Apticaire de qualité (1670). In deference to the exalted example of the French king, the mania for enemas among members of the nobility and the aspiring upper middle class became so widespread that the 17th century is distinguished in the history of medicine as the “century of Clysters.”

Early medical treatises describe and picture clyster syringes designed to fit every bodily orifice, but the most common was the rectal enema, which had a wide variety of applications. "Nutrient" enemas were administered anally in cases where sustenance could not be taken orally, and curative medicines were similarly administered. "Vapor" clysters, which dispensed tobacco smoke, were used until the mid-19th century to revive those who had fainted or succumbed to asphyxiation. There are also documented references to poison administered in enemas, a practice which Louis XIV of France especially feared. The church even took up clysters, using syringes filled with holy water to perform intrauterine baptisms in cases of the threatened or imminent death of unborn infants. Priests also performed exorcisms with holy-water clysters designed to drive the devil from the body. Clysters were employed in the cleansing of both body and soul, and the term lavement (washing) became a popular euphemism for the practice.

Physicians throughout history improved upon the ancient method of administering enemas by altering the design of clyster apparatus. Historians argue about who invented the piston syringe, though the Italian physician M arco G atinaria (d. 1496) is usually credited with popularizing the instrument. Until the 16th century, clysters were considered too "common" for physicians' use, and were usually administered by lower-caste surgeons and apothecaries. Apparently, modesty was a problem, especially among female patients for, as the physician Ambrose Pard noted, "There are many who cannot by any reason be persuaded to show their buttocks to him that should administer the clyster, a foolish shamefastness hindering them." In response to this complaint, several physicians proposed designs for clysters that could be administered without the aid of a second person, the most successful of which was Regnier de Graaf's "self-service" syringe invented in
From this point onward, the clyster became the province of the general public, who embraced it so completely that the practice became a fashion mania.

The history of art is replete with works depicting the administering of enemas. However, the interpretation of these scenes in a medical context is dependent upon several factors, one of which is the sex of the recipient. Hypochondriacal melancholy was a male disease, associated with the exalted masculine preserves of genius, sensibility, and social status. Women were not allowed into the Aristotelian realm of the melancholic, though they did suffer similar symptoms. Instead, they were labeled “hysteric,” and their discomfort was blamed upon the uterus, not the abdominal organs. Like the word “hypochondria,” the word “hysteria” was not applied to a psychiatric condition until the late 19th century. . . . Female victims suffered physical and psychological symptoms very similar to those endured by male hypochondriacal melancholics.


4 The clyster had been favored by previous French kings, among them Louis XI, who was so convinced of its efficacy that he treated his pet dogs with a miniature copper syringe. Louis XIII also possessed a large and beautiful collection of clyster apparatus. See Friedenwald and Morrison, “The History of the Enema,” 96–99.

5 Jean-Baptiste Molière, Monsieur de Pourceaugnac (1668–69), in The Plays of Molière in French and English, edited and translated by Alfred Rayney Waller, 6 (Edinburgh: J. Grant, 1926), act 1, sc. 2, 289; act 2, sc. 4, 299; and idem, Le Malade imaginaire (1673), ibid., act 1, sc. 1, 183.


Would you trust a doctor who wanted to cut your arm open and let you bleed every time you had a headache? What about a book that prescribed drinking huge quantities of cod liver oil to cure arthritis? Or an ad that promised you’d lose ten pounds in 72 hours if you drank only cranberry juice? What if every medical question you had was answered with an enema? In *The Imaginary Invalid*, Argan, susceptible to the slightest suggestion of a symptom, appears to be suffering from every illness known to man. His doctors, in whom he puts an enormous amount of faith despite their obvious ineptitude, listen to his complaints, prescribe an enema to treat every ailment, and bill him accordingly.

The term “quack” comes from “quacksalvers,” the Renaissance version of the miracle cure peddler, who sold mercury- (quicksilver-) based salves as treatments for everything from syphilis to an upset stomach. These peddlers claimed their products would cure nearly anything that was wrong with you. Historically, cures from these pseudomedical practitioners have ranged from harmless (plain water packaged as a cure for scurvy; common stones applied to cure rattlesnake bites) to lethal (mercury treatments that often caused blindness and occasionally led to the patient’s rapid demise). Most quack medicines had few, if any, active ingredients. Others contained illicit and addictive substances, such as alcohol, morphine, and opium, designed to kill pain and/or induce euphoria.

As long as legitimate medicine has existed, there has been a market for the easier, cheaper, and faster way to find a cure. These treatments and therapies have been called nostrums (from the Latin *nostrum remedium* or “our remedy”), patent medicines (referring to “patents of royal favor” granted by kings to their medicine makers), and snake-oil cures (named for the exotic ingredients sometimes used in the concoctions), but they have been, and are still, a financial drain and a health threat to many who are drawn into believing the wild promises of charlatan doctors.

Traditionally quacks rely on persuasive propaganda, showmanship, and testimonials from satisfied customers to keep their business coming. In medieval times, theatrics and entertainment were as much a part of a doctor’s purpose as providing actual medicine and healing. The 17th century was a fertile period for quacks, and Molière’s Paris, according to historian W. H. Lewis, was infested with them. They tended to gather on and around the one of the bridges that crossed the Seine, the Pont Neuf. These quacks were entertainers as well as “medical men,” and crowds gathered to watch them in the same spirit that they saw the performers and clowns at the fairs of St. Germain in the spring and St. Laurent in...
the fall. Some of these charlatans didn't sell their remedies on Fridays, when instead they performed farces.

The traveling medicine shows in the United States of the late 1800s and early 1900s drew thousands from miles around hoping to get just a glimpse of the latest, greatest miracle potion, and of the spectacle of the sales pitch. These shows typically featured a pitchman, usually calling himself "doctor" something-or-other, supported by a group of out-of-work traveling theater, vaudeville, or circus performers who would play the parts of true believers offering testimonials to the effectiveness of the cure he was peddling. The pitch was half scientific jargon and half fire-and-brimstone sermon; the "doctor" often left town in a hurry before his promises proved empty.

Bogus cures often cashed in on some recent scientific discovery made public, but applied the scientific basis for the cure incorrectly, to no effect. In the mid 1700s, when electrical currents were proved to ease certain heart conditions, devices flooded the market promising to cure rheumatism and the plague with electricity. Elisha Perkins was reputed to be able to cure almost any ailment with two small pieces of "magnetized" metal; his "magnetic tractors"—later discovered to be two pieces of painted wood—allegedly drew diseases out of such celebrities as George Washington. In the late 19th century, when the link between microbes and infectious disease was first being documented, a gardener from Texas began selling "Microbe Killer," an innocuous combination of water, hydrochloric acid, and red wine. The Curies' early experiments with radium inspired Radol, a "radium-impregnated" liquid, which contained no more radium than dishwater, yet promised to cure cancer in all forms.

In 1906, the U.S. government passed the Pure Food and Drug Act, prohibiting the interstate commerce of mislabeled or adulterated food and drugs. The 1938 Food, Drugs, and Cosmetics Act went a step further, requiring adequate labeling and that all new products be approved before marketing. Today the Center for Drug Evaluation and Research, an offshoot of the Food and Drug Administration, is responsible for the review and recommendation for approval of all new drugs. With the average total time for a new drug's approval and sale averaging about eight and a half years, the number of legitimate drugs entering the market has slowed to a trickle. Yet advertisements for "miracle" treatments for everything from excessive cellulite and erectile dysfunction to obesity continue to flood our email in-boxes daily.

Medical quackery persists in light of government safeguards because the patient is often willing to believe in the cure passionately enough to disregard all other warnings. Whether from ignorance, distrust of doctors, the financial burden of costly treatments, or desperation, people continue to seek the singular pill that will make it all better.
It happens to every medical student sooner or later. You get a cough that persists for a while or feel a funny pain in the stomach or notice a tiny lump under the skin. Ordinarily, you would just ignore it—but now, armed with your rapidly growing store of medical knowledge, you can't help worrying. The cough could mean just a cold, but it could also be a sign of lung cancer. A twinge might be internal bleeding. The lump is probably a lymph node—but is it bigger than it should be? Could it be Hodgkin's disease?

For doctors in training, nurses, and medical journalists, hypochondria is an occupational hazard. The feeling usually passes after a while, leaving only a funny story to tell at a dinner party. But for the tens of thousands who suffer from true hypochondria, it's no joke. Hypochondriacs live in constant terror that they are dying of some awful disease, or even several awful diseases at once. Doctors can assure them that there's nothing wrong, but since the cough or the pain is real, the assurances fall on deaf ears. And because no physician or test can offer a 100% guarantee that one doesn't have cancer or multiple sclerosis or an ulcer, a hypochondriac always has fuel to feed his or her worst fears.

Hypochondriacs don't harm just themselves; they clog the whole health-care system. Although they account for only about 6% of the patients who visit doctors every year, they tend to burden their physicians with frequent visits that take up inordinate amounts of time. According to one estimate, hypochondria racks up some $20 billion in wasted medical resources in the U.S. alone. And the problem may be getting worse, thanks to the proliferation of medical information on the Internet. "They go on the Web," says Dr. Arthur Barsky, a psychiatrist at Harvard Medical School and Brigham and Women's Hospital in Boston, "and learn about new diseases and new presentations of old diseases that they never even knew about before." Doctors have taken to calling this phenomenon cyberchondria.

Most physicians tend to think of hypochondriacs as nuisances—patients they are just as happy to lose. But a few clinicians, like Barsky and Columbia University neuropsychiatrist Dr. Brian Fallon, have begun to take the condition more seriously. "It's not correct to say there's nothing wrong with a hypochondriac," Fallon asserts. "There is something wrong, but it's a disorder of thought, not of the body." And, as he points out, disorders of thought are neither imaginary nor untreatable.

That's something Fallon realized a little more than a decade ago. He was studying obsessive-compulsive disorder (OCD) when he noticed it had a lot in common with hypo-
Both disorders,” he says, “involve intrusive, worrisome thoughts, the need for reassurance and a low tolerance for uncertainty.” Psychiatrists had lately come to think that OCD could be treated with Prozac and similar drugs, and Fallon decided the medications might work for hypochondria as well. With only 57 subjects, the study was too small to be definitive, but it was certainly promising: about 75% of those who got the drug showed significant improvement.

But so did many in the placebo group, which led Fallon to take an even closer look. His conclusion: hypochondriacs may actually represent three different groups whose problems look superficially similar. Those in the first really do have a variant of OCD. Those in the second have a problem more like depression, often triggered by something that makes them feel guilty—an affair, perhaps—or by a loss, like the death of a close relative. And the third group consists of people who somatize—which means they focus an inordinate amount of attention on their bodies. A pain that most people wouldn’t even notice feels like a punch in the nose to those in this group.

In all cases, though, the descent into hypochondria takes the form of a self-reinforcing spiral. You notice a symptom, decide it’s unusual and begin exploring for more. Since we all have minor twinges from time to time, when you go looking for more, you find them. “You build a case in your own mind that something’s wrong,” says Barsky. Even if a doctor assures you it isn’t true, you have the symptoms to prove to yourself that the doctor is mistaken.

The key to treatment is disrupting the cycle. That can be tough, however, since doctors rarely tell hypochondriacs the truth about their disorder. When Fallon tried to recruit study subjects through their doctors, he got nowhere; physicians evidently didn’t want to embarrass or anger their patients by suggesting they might be hypochondriacs.

To avoid stigmatizing their patients, Fallon and Barsky avoid the h word altogether. Fallon calls it “heightened illness concern,” and Barsky doesn’t use any label at all. . . .

Both men agree that their primary-care colleagues aren’t very well attuned to the problem. “Things are improving,” says Barsky, “but there’s not a heck of a lot of education about hypochondria in medical school. We teach doctors that their job is to find disease and weed out those who are physically well. They have no time for hypochondriacs.” It needn’t take as much time as they think, though. “It’s not hard to identify a hypochondriac,” says Fallon, “if you have the right antenna out.” And once a hypochondriac is identified and properly treated, no one is happier than his or her doctor.

This article originally appeared in Time magazine, October 6, 2003, http://www.time.com/time/magazine/article/0,9171,1995818,00.html.
When the following questions were asked around the hallowed halls of a.c.t., we discovered that *The Imaginary Invalid* is still not so far off the mark.

**In what ways are you a hypochondriac?**

I’m the opposite of a hypochondriac. I refuse to believe I am ever in ill health. Most of the time this serves me well; sometimes it doesn’t. By the time I ever get to a doctor, I’m in pretty bad shape. Thank heaven for antibiotics.

— Anonymous

I’m sure I’m going to die. Eventually.

— Sarah James, Assistant Tailor, Costume Shop

I’m an anti-hypochondriac. I suffer in silence every day.

— Edward Dean Budworth, Jr., Group Sales, Marketing

Cancer. Any mole, freckle, or spot I have is cancer. I just know it. And microbes—I’m pretty obsessive about food safety. I guess I’ve thrown out a few tons of perfectly good food “just in case.”

— Anthony Fusco, Associate Artist and Actor, *The Imaginary Invalid*

Hypochondria is the only illness I don’t have... yet.

— Demarest Campbell, Charge Scenic Artist, Scene Shop

*The Doctor*, an allegorical costume design, colored engraving after an image engraved by one of the Larmessin family, c. 1640-84, French school (© Musée de la Ville de Paris, Musée Carnavalet, Paris / Archives Charmet / The Bridgeman Art Library)
what is your most memorable experience with a doctor?

When I was about twelve, I accidentally peeled off the top layer of skin on my left index finger trying to pull open a stubborn can of apple juice concentrate. After being rushed to the emergency room, the doctor on call figured out the best thing for my injured finger would be for him to somehow (I have no idea how) re-graft the skin chunk to the finger, rather than allow the finger to heal over on its own. Luckily, a nurse talked him out of this procedure, but not before my dad was forced to go back home and get the frozen apple juice concentrate with my finger skin still cooling on top of it. About two years later, we found out the doctor who oversaw my care that night had since moved to another state and was put out of business by a malpractice suit.

— Jon Wolanske, Press Representative

The last words an anesthesiologist said to me before putting me under for an experimental procedure: “... hmmm, that’s a drug they use in Third World countries to torture people.”

— Anonymous

I had just lost 75 pounds (and was pretty proud) and had to get a physical for the insurance company. The doctor they sent me to weighed at least 300 pounds and was smoking (yes, this was a while ago). At the end of the degradation (it involved nudity and poking), he said, “You could afford to lose a couple of pounds (puff, puff).” Doctor, heal thyself!

— Edward Dean Budworth, Jr., Group Sales

Going to a new doctor for the first time. Nervous. Wearing a dress shirt, tie, and slacks. The nurse brings me into the examining room and asks me to “strip to the waist,” and tells me the doctor will be with me soon. Misunderstanding her, I strip “from the waist,” and when the nurse returns to leave my chart for the doctor, she does a quick take, seeing me sitting on the examining table wearing only a dress shirt and tie. With absolutely no humor whatsoever, she looks away and says, “I said TO the waist.” It takes all of my courage to reply, “Of course.”

— Craig Slaight, Associate Artist and Young Conservatory Director

My freshman year of college I became convinced that I had contracted syphilis due to my declining eyesight. Turns out I just needed glasses. (Honest.)

— Jason Martin, Manager of Foundation and Government Relations
I was a young drama student studying in New York, but home for the summer in California. I had a rash “somewhere the sun doesn’t shine.” My doctor was examining me, and to relax me was chatting about school. Then:

**doctor:** Any sexual activity back there?

**me:** Back East? (Pause) Oh! Oh . . . no.

He prescribed an ointment.

—Anthony Fusco, Associate Artist and Actor, The Imaginary Invalid

My brother and I grew up in New York City, where many playgrounds are all concrete and surrounded by iron gates. One Saturday when he was about nine, my brother was playing with some other boys and was very frustrated about missing a ball in the game. He went over to the iron gate and slammed it closed, but the gate bounced back and hit him on the forehead. I was home when he came running in with blood streaming down his face. My parents wrapped towels around his head and drove us to our neighborhood doctor. They left me in the car to wait with a book. About 15 minutes later, I heard my brother running out of the doctor’s office, screaming down the street, “I’m a chicken! I’m a chicken!” He was followed by the doctor and my parents, running down the street after him. They finally reached him and calmed him down. I found out later that when the doctor saw the cut he had told my brother that he would need several stitches. My brother didn’t want them; he was afraid of the pain. The doctor asked him “Are you a chicken?” I witnessed his response!

—Anonymous

When I was born, the obstetrician hoisted me up by the heels and slapped my behind, whereupon I cried, “Never touch a lady there!” and slapped him back.

—Demarest Campbell, Charge Scenic Artist, Scene Shop

So, ask yourself . . .

**in what ways are you a hypochondriac?**

**what is your most memorable experience with a doctor?**
questions to consider

1. What do you think of Argan? Why does he want to believe that he is ill? Does he gain by convincing himself that he is unwell? Does he learn anything by the end of the play? What do you think of hypochondria? Is it a legitimate disease?

2. How do you feel about the way the doctors in this play behave? Do you trust them? Do you trust their diagnoses and cures? What is different about the medical profession today? How is it the same?

3. Argan arranges Angélique's marriage to Claude de Aria so he can have a doctor in the family, and not because she loves him. What do you think of the practice of arranged marriages? What do you think of Argan's marriage to Béline? How is marriage represented in the play in general?

4. In The Imaginary Invalid, members of the upper classes are drawn from a satirical, mocking perspective, and members of the lower classes are portrayed as clever and savvy. What do you think Molière is trying to say about class in Parisian society?

5. What role does greed play in The Imaginary Invalid?

6. Describe a few of the funniest moments in the play. How do the actors portray the comedy, verbally and physically? What parts of their characters are exaggerated or highlighted to make them funnier? How do the design elements of costume, scenery, lighting, and sound help to communicate the comedy and the unique characteristics of each character?

7. This play is an adaptation from a literal translation of Molière's original French text. Consider the advantages and disadvantages of watching/reading an adaptation. Keep in mind that even a very literal, direct translation involves inevitable changes in the original text. Is that “bad”? Why or why not?

8. Do you think the ideas and characters in this play are relevant to us today? Are there characters you “recognize,” or do they all seem foreign to you? If they seem foreign, is it still interesting to consider them? Why or why not?

9. Who deceives whom in The Imaginary Invalid, and why? How is deception used to further the story? Is the deception malicious or justified?

10. Imagine the events in this play happening in a serious drama. How does the use of comedy change our attitude toward these events?
for further information...

on and by molière


on 17th-century france


on medicine


web sites of interest


Creating French Culture: Treasures from the Bibliothèque Nationale de France. lcweb.loc.gov/exhibits/bnf/.

The Internet Modern History Sourcebook. www.fordham.edu/halsall/mod/modsbook.html.


Neoclassical Nirvana. globegate.utm.edu/french/lit/neoclassical.html. Two hundred and sixty links to the major historic events and literary issues of 17th-century France.