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Melancholy vaporised: self-narration and counter-diagnosis in Rousseau's work

Rudy Le Menthéour

Before the clinical revolution which, according to Michel Foucault, occurred at the end of the eighteenth century,¹ the narration of singular cases was at least as important as the strict classification of symptoms: nosology had not yet fixed the manifold stories of pain. Of course, modern-day physicians still rely heavily on the narratives told by their patients, but they are usually much less prone to take idiosyncrasies into account, and much quicker to make symptoms fit pre-established patterns. In the eighteenth century, the attention paid to a patient's specific ailments also ensured that there was a delicate balance between lay voices and professional expertise. At a time when the Republic of Letters was more active than ever, the practice of consulting by letter largely shaped medical narration, as Philip Rieder and David Shuttleton show in their articles in this volume.² Epistolary consultations let the lay voices of – admittedly literate – patients engage local, national and international networks of physicians, who shared advice on how to diagnose their specific pathologies and how to cure their ailments.³ Jean-Jacques Rousseau, one of the most vigorous critics of both medicine and physicians, was nonetheless part of this entangled network of lay and professional communications. As a patient, he was no exception to the common practice of consulting physicians through both visits and letters. He even took advantage of his prominent position as a man of letters to consult the most famous physicians of the time, such as Théodore Tronchin and Samuel-Auguste Tissot. Rousseau consulted physicians in accordance with his overall persona: he seemed to set himself aside from commoners by displaying an unusual taste for controversy and by engaging in constant denials.

In fact, Rousseau did not reject medicine as much as he claimed. Far from rejecting all practitioners, he constantly favoured – both in theory and in practice – neo-Hippocratic physicians who relied mostly on hygiene, and surgeons, whom he deemed less prone than doctors to conjuring up meaningless systems. His choices as a patient were consistent with his polemical strategy. He launched attacks on physicians as an established body and criticised medicine as a vain discipline. He strove to deprive the field of medicine of any legitimacy both internally – by separating hygiene from its mother discipline⁴ – and externally – by celebrating the physicians' main rivals in the struggle for social recognition, namely surgeons.⁵ This discrepancy between Rousseau's confrontational posture and his actual reliance on medical discourse is worth exploring. Apart from his general statements against

medicine, Rousseau elaborated an original self-narration aimed at preserving his public image – an image he perceived to be threatened by defamatory diagnoses.⁶

All roads lead to Montpellier

According to his correspondence and the Confessions,⁷ in 1737 Rousseau made a trip to Montpellier in order to consult Dr Antoine Fizes. In his autobiography, Rousseau claims that he chose this physician because he suspected his constant palpitations were caused by a polyp of the heart, a very fashionable affliction since Marcello Malpighi's anatomical observations (De polypo cordis, 1666), and, more decisively, a pathology Dr Fizes had treated successfully, according to Claude Anet's account. But Dr Fizes was also a recognised specialist of vapours, and he probably diagnosed Rousseau with a 'vaporous affection', if we may infer his diagnosis by considering the treatment he ordered for his patient. In a letter he sent to Mme de Warens during his stay in Montpellier, Rousseau mentions 'eaux, bouillons de poulet, purgatifs, bains', and announces his plan to enjoy some 'air excellent' and to drink 'le lait d'ânesse en Provence'.⁸ If one compares this treatment with a prescription letter sent by Dr Fizes to Mr de La Roquette – a patient diagnosed with a 'melancholic affection' – it becomes obvious that the famous physician established the same kind of diagnosis when Rousseau consulted him:

Le battement que le malade sent en différentes parties de la tête & du bas-ventre [...] établissent une affection mélancolique, dont la cause est un sang épais, sec & acrimonieux, avec trop de tension des filets nerveux. [...] [O]n fera les remedes suivants. On commencera par une saignée au bras de la valeur de huit onces; on purgera le lendemain [...].

On passera ensuite à l'usage des bouillons [...].

Ayant pris ce petit lait [de vache] dix matins, on purgera le malade comme auparavant, pour passer tout de suite à l'usage du lait d'ânesse, qu'il prendra le matin à jeûn, à la dose de douze à seize onces, pendant deux mois. [...]

Au surplus, le malade observera exactement un bon régime de vivre. Il se nourrira de soupes, de bouilli, de rôti. [...] Il boira le vin bien choisi, vieux, & rouge, mais toujours mêlé avec trois fois autant d'eau. Il fera de l'exercice, mais modéré, & se dissipera par quelques amusements honnêtes.⁹

Even Dr. Fizes' cheerful advice to drink wine from time to time, which Rousseau reported to Bernardin de Saint-Pierre and which R. A. Leigh considers as contradicting the Confessions¹⁰ – is consistent with

the doctor's specific treatment of vapours.¹¹ 'Drink wine and have fun' was not only the way common sense responded to melancholy, it was also the medical oracle of the best hygienists of the day. Lastly, this consultation letter also shows that, in the context of eighteenth-century medical discourse, Rousseau was not entirely wrong in suspecting a polyp of the heart. Dr Fizes probably considered that his patient was merely exaggerating the real cause of both vapours and palpitations (i.e. blood thickened by an inappropriate lifestyle).

Whatever the real cause of Rousseau's ailments might have been, it is remarkable that the patient later denied the Montpellier physician's diagnosis. In his autobiographical account, Rousseau formulated a retrospective alternate self-diagnosis based on a keen description of symptoms: 'Mes battemens d'artères étoient terribles, mes palpitations plus fréquentes, j'étois continuellement oppressé, et ma foiblesse enfin devint telle que j'avois peine à me mouvoir; je ne pouvois soulever le plus leger fardeau; j'étois réduit à l'inaction la plus tourmentante pour un homme aussi remuant que moi. Il est certain qu'il se mêloit à tout cela beaucoup de vapeurs.'¹² At first glance, one may interpret the last statement as euphemistic ('these ailments I perceived as physical were actually mere vapours'). One could also consider, however, that Rousseau was using the discourse of nosology that was common in his day, as most physicians painstakingly distinguished simple from complicated vapours.¹³ They implied that physico-moral conditions like vapours could combine with different physical pathologies, thus further confusing the symptoms of both realms, multiplying the emergence of apparently new diseases, and making the diagnosis much more difficult than for any simple ailment. This interpretation is consistent with Rousseau's further statement that his vapours vanished on the road to Montpellier thanks to the entertainment he found there, and that he had been left with suffering simple physical pains:

J'avois oublié durant ma route que j'étois malade; je m'en souvins en arrivant à Montpellier. Mes vapeurs étoient bien guéries, mais tous mes autres maux me restoient [...]. J'allai consulter les praticiens les plus illustres, surtout M. Fizes [...]. Il étoit clair que mes medecins, qui n'avoient compris à mon mal, me regardoient comme un malade imaginaire et me traitoient sur ce pied avec leur squine, leurs eaux et leur petit lait.¹⁴

Although the young Jean-Jacques complied with M. Fizes' diagnosis and prescriptions, Rousseau the narrator retrospectively established an alternate self-diagnosis. Thanks to the powers of narration, he was able to diagnose himself prior to the consultation, thus undermining its authority by anticipation. Generally speaking, Rousseau denied the physicians any kind of expertise or ability to draw a clear line

between the moral and the physical. Because they lacked the true art of semiotics, and confused the two sides of man, physicians deserved to be castigated as bad interpreters of human nature – along with cabinet philosophers who imagined a natural sociability, and bad parents who misread their children’s longing for power as signs of dependency.¹⁵

Ethos and counter-diagnosis

Rousseau’s attitude towards the physicians he was willing to consult was characterised by constant denial and growing distrust, with the remarkable exception of his relationship with Samuel-Auguste Tissot. A letter he sent to Dr François Thierry in 1758 very well captures this ambivalence when asking professional advice from a man of that art. After having written to his doctor and ‘former friend’¹⁶ about how ineffective his prescription had been and harshly countered his diagnosis,¹⁷ Rousseau persisted in detailing his symptoms, while claiming the absolute singularity of his pathology:

Je vous dis cela, persuadé que mon mal n’a jamais été connu de personne, et qu’on pourroit peut-être tirer quelques observations utiles à la médecine. Je ne vous consulte point d’ailleurs; je n’attends ni ne veux plus aucune espèce de soulagement de la part des hommes, mais seulement de celui qui sait consoler des maux de cette vie par l’attente d’une meilleure.¹⁸

On other occasions, Rousseau’s reasons for rejecting a diagnosis were more obvious. Théodore Tronchin’s friendship with Voltaire, his proximity to the Genevan patricians, and his betrayal of Rousseau’s most excruciating secret, constituted an impressive list of possible grievances.¹⁹ Still, this enumeration offers but a partial explanation of Rousseau’s deep-seated hostility towards a physician (and a former friend) he had once consulted with deference. In fact, Rousseau probably resented Tronchin’s straightforward diagnoses.

The first diagnosis can be inferred from biographic speculation. While staying in Venice (1743-1744), Rousseau first suffered urinary retention – a condition he would endure for the rest of his life – and feared it might have been caused by a venereal disease contracted by paying a visit to a famous Venetian prostitute, la Padoana. Despite the diagnosis made by a surgeon who convinced him he was formed in such a way as not to be infected,²⁰ a relapse forced him to consult numerous other physicians and surgeons. Tronchin was an obvious choice. In spite of the distance, however – the physician living in Geneva and the philosopher in Paris – Rousseau rejected an intermediary’s offer to consult him by letter, and claimed he preferred seeing him in person.²¹ One of his reasons for doing so may have been

a reluctance to reveal to Tronchin – and thus potentially to his extended professional network – a list of symptoms that could have established the reality of a venereal infection. Rousseau never went to Geneva to be examined by Tronchin, but Tronchin came to Paris in 1756, leading his crusade for inoculation and successfully treating Rousseau's hostess at Montmorency, Mme d'Épinay. Rousseau may have taken advantage of this proximity to be examined at that time. Whatever happened in Paris, some years later, James Boswell would quote Tronchin's defamatory rumours about Rousseau by naming him 'a man ruined by venereal diseases'.²² In his will, Rousseau requested that his body would be autopsied in order to prove how exceptional his pathology had been, and thus strike a fatal blow to the infamous diagnosis that was threatening his public image:

L'étrange maladie qui me consume depuis trente ans [...] est si différente de toutes les autres maladies du même genre et avec lesquelles les medecins et les chirurgiens l'ont toujours confondue que je crois qu'il importe à l'utilité publique qu'elle soit examinée après ma mort dans son siège même. [...] Je déclare au surplus n'avoir jamais eu aucune des maladies qui souvent donnent lieu à celles de cette espèce, en quoi j'avoue n'avoir à me vanter que de mon bonheur; ce que je dis là est certain et j'insiste sur cette affirmation parce que des médecins et chirurgiens ont sur ce point refusé de me croire et ils ont eu tort.²³

There is much more evidence about the second diagnosis, which Rousseau refused many times. He was deemed melancholic by followers and adversaries alike. Such a diagnosis was brought to his attention by profane and medical correspondents, and each time Rousseau replied with defiance. Rousseau resented Tronchin's comments all the more because it seemed as if the physician wanted to establish with Rousseau the moral advisory role he was already playing with Mme d'Épinay, in addition to being her physician. He admonished the Citizen of Geneva in these terms:

Mais dites-moi, comment se fait-il, ou plustot comment se peut-il faire, que l'ami de l'humanité ne le soit presque plus des hommes? [...] Je soupçonne, mon cher Monsieur, que votre indifférence, je me sers du nom le plus doux, tient à deux causes, au point du globe où vous vous trouvez, & à votre mauvaise santé; car j'estime que nos principes sont les mêmes, mais je me porte bien, & je suis ici. L'humeur aqueuse de mon œil & son cristallin transmettent à l'organe immediat de ma vue les rayons tels qu'ils sont. Ils ne reçoivent dans ce trajet aucune teinte qui les altère.²⁴

This extract presents us with a compendium of the typical reproaches Rousseau received from his contemporaries. Tronchin, as one may expect, associated misanthropy – euphemised as 'indifference' – with melancholy, and ironically referred to the obsolete theory of vision altered by black bile. He thus

implied that his correspondent had been made delusional and asocial by a melancholic condition that he ascribed to voluntary isolation and pre-existing poor health.

This diagnosis by Tronchin was not exceptional. Other physicians increasingly referred to Rousseau as the epitome of the man of letters stricken by melancholy, hypochondria or vapours, pathologies that tended to overlap at that time. Even those who found inspiration in his work, like Dr Johann Georg Zimmermann, a German friend of Samuel-Auguste Tissot, characterised Rousseau's case as a self-evident example of meditation-induced diseases:

Celse dit que tous les gens de lettres ont l'estomac foible; & qu'ils sont, par cette raison, presque tous pâles, maigres ou tristes. [...] Quand Rousseau ne parle pas, il penche la tête jusqu'à la poitrine; attitude de la réflexion & de la tristesse.

Dans ces circonstances, il se joint à la faiblesse des nerfs une mobilité plus grande [...]. Voilà pourquoi les gens de lettres sont si faciles à irriter, si susceptibles, si prompts à prendre feu.²⁵

Zimmermann, Tissot and Rousseau certainly agreed on the hygienic principle that 'il vaudroit mieux, pour la santé, être bûcheron qu'homme de lettres.'²⁶ Rousseau, however, strongly refused to be held as a perfect illustration of a man of letters afflicted by a pathology specific to a professional category. On the contrary, he constantly emphasised that he had engaged in a literary career by accident, driven by a quest for truth far remote from the self-liking (amour-propre) that governed his peers. It was part of his polemical strategy to avoid being cast as a typical man of letters that he claimed his physical disease to be absolutely exceptional, and his moral ailments completely circumstantial. By making such claims, Rousseau tried to make his ethos consistent with the hygienic overtones of his 'theory of man'.

Was Rousseau successful in his attempt to reshape his public image by presenting his readers with a counter-narration? If we take into account the numerous depictions of Rousseau made by his contemporaries, we must conclude that his rhetorical strategy failed in that respect. His reputation as a melancholic man extended far beyond the circle of physicians, and many testimonies by lay observers considered the causes of his condition without further detail, and supported the melancholy diagnosis. David Hume thus considered that his famous – and difficult – guest had 'frequent and long fits of the spleen, from the state of his mind or body, call it which you please, and from his extreme sensibility of temper'.²⁷ Analysis of Rousseau's behaviour could even be dispensed with, as his physiognomy betrayed melancholy to his contemporaries. According to his admirer Bernardin de Saint-Pierre, '[o]n

remarquait dans son visage trois ou quatre caractères de la mélancolie par l'enfoncement des yeux et par l'affaissement des sourcils.²⁸ In this context, the circulation of engravings of Rousseau as a melancholic philosopher only exacerbated his frustration at not being able to reverse the powerful tide of public opinion. When Rousseau accused Hume of having deliberately distorted his appearance by asking the painter Ramsay to picture him as a 'Cyclope affreux',²⁹ he was fighting a diagnosis that threatened his public image.

'Je n'ai pas naturellement de la melancholie'³⁰

The fact that Rousseau resented his own celebrity and misinterpreted emerging public opinion as a conspiracy should not prevent us from taking his rhetorical endeavours seriously.³¹ When he thought that his attempts at winning the hearts of his contemporaries were doomed to failure, he strove for public redemption beyond his death. His Confessions were supposed to present posthumously to the readers the key to his past behaviour by revealing the secret chain of 'affections' that explained all of his actions. Such disclosure of his inner workings, going deep under the skin – intus et in cute (to quote the epigraph he borrowed from Persus) – was the moral equivalent of the justificatory autopsy he called for in his will.³² This moral autopsy was partly grounded in a self-diagnosis directed against the diagnosis of ingrained melancholy formulated by his contemporaries. Rousseau did not dismiss the melancholic diagnosis altogether: he resorted to a subtler strategy by presenting himself as the victim of circumstantial vapours. In this respect, his self-diagnosis seemed much closer to Dr Fizes' hygienic approach than to the way most contemporaries portrayed him as predisposed to melancholy. When describing his symptoms, he was intent both on showing his mastery of semiotics and on avoiding being cast either as a melancholic by temperament or as another victim of the sedentary lifestyle shared by men of letters: '[J]'avois la courte haleine; je me sentois oppressé: je soupirois involontairement, j'avois des palpitations, je crachois du sang; la fièvre lente survint et je n'en ai jamais été bien quitte. Comment peut-on tomber dans cet état à la fleur de l'âge, sans avoir aucun viscère vicié, sans avoir rien fait pour détruire sa santé?'³³ The symptoms described by Rousseau coincide with the semiology of vapours that was common in his time. Sophie, a patient mentioned by Dr Pierre Hunauld in his treaty on vapours, used the very same expressions to characterise her ailments: 'Je sentois ma poitrine oppressée; & ce n'étoit qu'après de longs & profonds soupirs qu'elle se dégageoit un peu pour céder aussitôt à une oppression nouvelle.'³⁴ As for palpitations, they were frequently considered by physicians as a sign of vapours, although one had to be careful when considering a symptom that could

indicate other pathologies.³⁵ Lastly, the denial of a symptom could be as significant as its acknowledgement. As noted, ‘altered intestines’ (‘viscère vicié’) were typical of men of letters who frequently turned melancholic because of their unhealthy lifestyle. By negating this symptom and adding one that was not usually linked to vapours (‘fièvre lente’), Rousseau suggested his vapours were as exceptional as his urinary problems. Rousseau’s rhetoric of self-diagnosis depended on declaring that the aetiology of his pathologies was accidental, obscure and exceptional.

In this overall rhetorical strategy, Rousseau encountered one difficulty: no matter how exceptional and obscure his pathology might be, he still had to fulfil his promise to reveal the chain of affections that would explain his whole life to the reader. Although he denied two common causes of vapours (a melancholic constitution and the writer’s lifestyle) and suggested his ailments were of an extraordinary nature, he still used the term ‘vapours’ and developed a moral aetiology akin to a hygienic approach. Passions classically constituted the sixth part of hygienic treatises, and Rousseau was not particularly original when he listed different passions as the causes of his sickness. These included his frustrated love for women, the enthusiastic study of music, ‘furious’ readings of novels, an excessive taste for chess, along with the unhealthy side effects of these passions such as the lack of sleep and his sedentary lifestyle.³⁶ All of these causes had been extensively examined by hygienists, but Rousseau framed this aetiology according to his rhetorical goals: far from being a natural-born melancholic, he was the temporary victim of passions. To put it differently, whenever his passions stopped, his vapours would vanish too. Actually, he claimed that when his vapours entered a critical stage, his passions did indeed suddenly disappear: ‘cet accident qui devoit tuer mon corps ne tua que mes passions.’³⁷ Granted that Rousseau’s way of interpreting such a medical misfortune once again reflects his tendency to believe in what Jean Starobinski called ‘telephism’, that is the intuition that the treatment ought to be found in the very malady one wishes to cure.³⁸ Rousseau’s minute description of symptoms equals or even surpasses the level of detail to be found in the case literature of his time:

[J]e sentis dans mon corps une révolution subite et presque inconcevable. Je ne saurois mieux la comparer qu’à une espèce de tempête qui s’éleva dans mon sang et gagna dans l’instant tous mes membres. Mes artères se mirent à battre d’une si grande force que non seulement je sentois leur battement, mais que je l’entendois même et surtout celui des carotides. Un grand bruit d’oreilles se joignit à cela, et ce bruit étoit triple ou plustot quadruple, savoir: un bourdonnement grave et sourd, un murmure plus clair comme d’une eau courante, un sifflement

très aigu, et le battement que je viens de dire [...]. Ce bruit interne étoit si grand qu'il m'ôta la finesse d'ouïe que j'avois auparavant.³⁹

Rousseau's extremely detailed depiction of his symptoms might seem excessive, but it was probably nothing out of the ordinary for the eighteenth-century reader. In tune with his musical background, he went into even more detail than was expected when characterising sounds, but otherwise his semiology of a vaporous crisis was not particularly original. Sophie relied on the same kind of vocabulary to describe her vapours when consulting Dr Pierre Hunauld: '[C]ela étoit joint à un étonnement de tête, qui par d'importunes révolutions me sembloit se bouleverser continuellement. J'y sentois alternativement une tension, une plénitude, & puis un vide douloureux, qui, bizarrement suivi, ou même accompagné, d'un tintement dans les oreilles, d'une sorte de bruit sifflant, me renversoit absolument la cervelle. Mes tempes battoient, & augmentoient considérablement mes douleurs.'⁴⁰ The fact that Rousseau's way of perceiving and narrating vaporous symptoms was very similar to the medical narrative style of his time should not deter us from recognising the originality of his rhetorical use of this semiology. Within the narrative economy of the Confessions, this unexpected physical 'revolution' which 'killed [his] passions' prefigures a deliberate moral reform ('ma réforme personnelle') aimed at definitively restoring self-love (amour de soi) in its pristine purity, unspoilt by comparative self-liking (amour-propre): 'j'appliquai toutes les forces de mon ame à briser les fers de l'opinion, et à faire avec courage tout ce qui me paroissoit bien, sans m'embarrasser aucunement du jugement des hommes.'⁴¹

In between Rousseau's physical revolution and his moral reformation, the illumination of Vincennes – that is, the physical and moral crisis he experienced when he discovered the prize question proposed by the Academy of Dijon, 'Si le rétablissement des sciences et des arts a contribué à corrompre ou à épurer les mœurs?'⁴² – plays a crucial role. It shaped his rhetorical strategy, which was based on the narration of crises, and on the staging of random causality. This rhetoric of rupture meets its ultimate threat when confronted with the kind of deterministic materialism professed by Diderot, because its pattern of explanation favours natural causes over external or 'non-natural' ones⁴³ (i.e. physiology over hygiene), permanent constitution over sudden crises, continuity over rupture. In his Réfutation d'Helvétius, Diderot directly attacked Helvétius's celebration of a nearly all-powerful education, but also undermined Rousseau's ethos by depicting him as a sophist, whose first paradox merely revealed his underlying twisted temperament:

Et vous [Helvétius] croyez que j'aurais passé trois ou quatre mois à étayer de sophismes un mauvais paradoxe; que j'aurais donné à ces sophismes-là toute la couleur qu'il [Rousseau] leur donna; et ensuite que je me serais fait un système philosophique de ce qui n'avait été d'abord qu'un jeu d'esprit. [...]

Rousseau fit ce qu'il devait faire parce qu'il était lui. Je n'aurais rien fait, ou j'aurais fait tout autre chose parce que j'aurais été moi.

Et lorsque Helvetius finit le paragraphe de Rousseau par ces mots, 'Rousseau, ainsi qu'une infinité d'hommes illustres peut donc être regardé comme un des chefs-d'œuvres du hasard,' je demande si cela peut avoir d'autres sens que le suivant; c'était un baril de poudre à canon ou d'or fulminant, qui serait peut-être resté sans explosion, sans l'étincelle qui partit de Dijon et qui l'enflamma.⁴⁴

As he recalls that 'les accidents ne produisent rien',⁴⁵ Diderot denies circumstances – and therefore education – the power to alter passions and shape character. In tune with his advocacy of deterministic materialism, he assimilates character to the Hippocratic notion of temperament. The assumption that one's passions derive from one's temperament, and one's temperament from one's physical constitution ('organisation'),⁴⁶ allows Diderot to call Rousseau a natural-born sophist⁴⁷ who had to become morally and intellectually entangled in a specious system once he entered the career of letters. Although Diderot does not specifically mention melancholy in this extract, the way he establishes a strong continuity or a quasi identity between (physical) constitution, (physical) temperament and (moral) character tends to make his rhetorical strategy – aimed at countering Rousseau's ethos⁴⁸ – very close to a diagnosis.⁴⁹

Vapours and sensibility

Sometimes confronted by this kind of 'essentialising', though not always materialistic, diagnosis, Rousseau strove for subtlety and complexity when analysing himself. In the Dialogues (composed in 1772-1776), he divides himself into 'Rousseau' the observer and 'Jean-Jacques' the object of enquiry, an enquiry led in front of 'Le François', who represents French public opinion. Although his self-characterisation does not precisely constitute a self-diagnosis – after all, Rousseau comments on his own idiosyncrasies, not on his illnesses – he relies on medical concepts. But he uses these notions within a dualistic frame, thus avoiding the kind of physiological reduction his philosophical opponents frequently resorted to in order to dismiss his theories. In other words, even when venturing into

physiology, he still relies on a physico-moral approach, closer in spirit to hygiene than to ‘enlightened’ physiology:

S’animer modérément n’est pas une chose en sa puissance. Il faut qu’il soit de flamme ou de glace; quand il est tiède, il est nul.

Enfin j’ai remarqué que l’activité de son ame duroit peu, qu’elle étoit courte à proportion qu’elle étoit vive, que l’ardeur de ses passions les consumoit, les dévorait elles-mêmes [...].

Voilà le précis des observations d’où j’ai tiré la connoissance de sa constitution physique, et par des conséquences nécessaires, confirmées par sa conduite en toute chose, celle de son vrai caractère. Ces observations et les autres qui s’y rapportent offrent pour résultat un temperament mixte formé d’éléments qui paroissent contraires: un cœur sensible, ardent ou très inflammable; un cerveau compact et lourd, dont les parties solides et massives ne peuvent être ébranlées que par une agitation du sang vive et prolongée. Je ne cherche point à lever en physicien ces apparentes contradictions, et que m’importe? Ce qui m’importoit, étoit de m’assurer de leur réalité.⁵⁰

In this extract, Rousseau’s dualism cannot be considered orthodox. Although he takes for granted the interaction between body and soul, he seems to equate the ‘soul’s activity’ to strong passions. Such an assimilation would be a heresy for a Cartesian, as passions logically designate the passive state of the soul. Nevertheless, this implication is consistent with Rousseau’s moral anthropology, which regards self-love (amour de soi) as both the source of all passions and a truly dynamic force: to become animated (s’animer) means to have an active soul, or to be driven by an ebullient self-love. By saying that Rousseau takes some liberty with the Cartesian approach, I am not suggesting at all that he advocates a limited or a repressed materialism, a view recently held by some scholars.⁵¹ Throughout the eighteenth century, materialistic physicians and philosophers gradually replaced the body/soul duality by interactions between the heart and the brain – or the body and the mind, the body and the brain, and so on. Obviously, Rousseau also distances himself from Cartesian dualism in this passage, but he clearly subordinates the heart/brain binary to the analysis of his own temperament – an analysis which is itself instrumental in publicly establishing his true character. When asserting that his character derives by necessity (‘par des conséquences nécessaires’) from his mixed temperament, he steals from his philosophical opponents the persuasive strength of their deterministic statements, but he does so in a very circumscribed way. He rejects any full enquiry into the physiological causes of his temperament,

as he undertakes self-characterisation not as a physicist – or a physiologist – but with a rhetorical purpose in mind.⁵²

The fact that this theoretical development is initially grounded on paranoid overinterpretation⁵³ is of little interest for our purpose. It is more fruitful to focus on the integration of theory and rhetoric in general,⁵⁴ and on the link between counter-diagnosis and self-characterisation in particular. In the Confessions, Rousseau defended himself by unravelling the inner chain of affections that explained and justified the apparent inconsistencies of his behaviour. He attacks the rhetoric of deterministic continuity – used for instance by Diderot – by proposing a more elaborate explanatory model, though itself based on continuity. On the contrary, the Dialogues mark a shift in Rousseau’s polemical strategy, as he emphasises real contradictions, between the moral and the physical, and within the physical realm itself (‘temperament mixte’), in order to counter the continuity model. In this rhetorical context, self-characterisation prevails over introspection, and it becomes more important to show how sophisticated the lock is than to provide the reader with the key. Important theoretical distinctions that appear for the first time in the Dialogues should be read in the light of this rhetorical context. For instance, Rousseau establishes the difference between physical and moral sensibility in order to dissolve a unified and materialistic concept of sensibility developed by an unidentified English surgeon-philosopher (‘philosophe chirurgien’).⁵⁵ Indeed, the notion of sensibility had long been associated with melancholy and vapours at the time of the Dialogues. David Hume’s allusion to Rousseau’s ‘extreme sensibility of temper’⁵⁶ and Lamoignon de Malesherbes’s epistolary comment on his ‘extreme sensibility’ and ‘deep-seated inclination to melancholy’ (‘grand fond de melancholie’)⁵⁷ make obvious the (partial) epistemological shift from the humoral paradigm to the nervous one. It also demonstrates the extent to which the aforementioned association had become mainstream among the lay audience. Whereas, in the Confessions, Rousseau diagnoses himself with circumstantial vapours in order to counter the accusation of having a natural predisposition to melancholy, in the Dialogues, he dismisses the diagnoses of melancholy and vapours altogether. He now regards the so-called ‘nervous diseases’ (i.e. vapours)⁵⁸ as fashionable symptoms caused by a misconception of moral sensibility in mundane circles:

[Q]uoiqu’il s’anime assez fréquemment et souvent très vivement, je ne lui ai jamais vu de ces demonstrations affectées et convulsives, de ces singeries à la mode dont on nous a fait des maladies de nerfs. Ses émotions s’aperçoivent quoi qu’il ne s’agite pas: elles sont naturelles et simples comme son caractère; il est parmi tous ces énergumènes de sensibilité, comme une

belle femme sans rouge qui n'ayant que les couleurs de la nature paroît pâle au milieu des visages fardés.⁵⁹

While Rousseau depicted himself as a true victim of vapours in the Confessions, he now considers that vaporous symptoms simply mimic the signs of moral sensibility. Instead of conveying the natural energy of self-love, the vaporous crowd merely reflects the highly artificial agitation induced by social pride. He later elaborates on this idea by presenting the heart/brain pair in a striking chiasmus: those who are genuinely sensitive are characterised by a lively heart and a slow mind, and inversely, those who are only superficially so have a dead cold heart and an overactive brain: 'N'allons donc pas prendre, comme on fait dans le monde, pour des cœurs sensibles des cerveaux brûlés.'⁶⁰ Rousseau combines an old-fashioned medical terminology – 'adust melancholy' was originally supposed to be caused by overheated bile driven to the brain⁶¹ – with his own abstract moral dictionary. As a consequence he induces the reader to hesitate between literal and figurative interpretations. The climax of this deliberate confusion of the common medical discourse and his own moral anthropology is ultimately reached when, in the Rêveries, he retrospectively diagnoses himself with the 'vapeurs de l'amour-propre'.⁶² By using the medical language of his time within a physico-moral theory of man, Rousseau was taking some liberty with the overtly simple dualism advocated by the Savoyard Vicar.⁶³ In his abandoned project entitled La Morale sensitive, ou le Matérialisme du sage, he was planning to use materialistic concepts against materialism itself;⁶⁴ in his autobiographical works, he similarly perverted the medical discourse from the inside in order to reclaim the interpretation of his own life. These changes should encourage us to avoid a static vision of both Rousseau's philosophical system and polemical strategy.

Although Rousseau's counter-diagnosis evolved during his lifetime, it was firmly grounded on a few principles. It was generally based on denying consultation while asking for professional advice, refuting the physicians' diagnoses, and expressing one's absolute singularity.⁶⁵ Rousseau also resorted to classical – mostly Hippocratic – medical concepts like temperament, crisis or non-natural causes in order to counter what he perceived as defamatory diagnoses undermining his public image and consequently the success of his theories. In his self-narration, he was intent on presenting himself as a victim of circumstantial vapours, and on rejecting the accusation of being a natural-born melancholic. Rousseau was not concerned by the professional diagnosis in itself, but by its circulation, its influence on public opinion, during his lifetime and after his death, and the way it threatened a positive reception of his work by affecting the ethos pervading his writings. For this reason, counter-diagnosis – achieved

through a mastery of self-narration – played a central role in the polemical struggle Rousseau led against his enlightened opponents. Rousseau was probably right in identifying the way diagnoses could be used by his philosophical opponents trying to debase his moral anthropology, but he was certainly wrong on one point: although he became for a long time the epitome of the melancholic thinker, his theories remained highly influential. One may even argue quite the contrary: the way medical literature continued to elaborate on Rousseau’s ‘case’ much after his death⁶⁶ betrayed the physicians’ unflinching fascination with their nemesis and contributed to the Romantic revival of the Aristotelian figure of the melancholic genius among the general audience.⁶⁷ His haunting presence in the medical discourse long after his death was made possible by his intimate knowledge of the most crucial debates and tensions animating this discipline. Though one of the most belligerent critics of medicine, he was consciously situating himself within the medical field, while condemning physicians in general.⁶⁸ Rousseau not only proposed an ‘autocritique’ of Enlightenment, as Mark Hulliung convincingly suggested;⁶⁹ he also formulated an ‘autocritique’ of medicine.

¹ See M. Foucault, *The Birth of the clinic: an archaeology of medical perception* (New York, 1973).

² Philip Rieder, ‘Writing to fellow physicians: literary genres and medical questions in Louis Odier’s (1748-1817) correspondence’, and David Shuttleton, “‘Not the meanest part of my works and experience’”: Dr George Cheyne’s correspondence with Samuel Richardson’.

³ On the ‘polyphonic’ nature of these texts, see Philip Rieder and Vincent Barras, ‘Ecrire sa maladie au siècle des Lumières’, in *La Médecine des Lumières: tout autour de Tissot*, ed. Vincent Barras and Micheline Louis-Courvoisier (Geneva, 2001), p.201-22 (205).

⁴ See *Emile*, in *Œuvres complètes* (henceforward *OC*), ed. Marcel Raymond and Bernard Gagnebin, 5 vols (Paris, 1959-1995), vol.4, p.271: ‘La seule partie utile de la médecine est l’hygiène. Encore l’hygiène est-elle moins une science qu’une vertu.’ By characterising hygiene as a virtue, not as a science (nor an art), Rousseau implies it should not be considered as pertaining to medicine.

⁵ See Matthew Ramsey, *Professional and popular medicine in France, 1770-1830: the social world of medical practice* (Cambridge, 1988), p.45-49; Brockliss and Jones, *The Medical world*, p.590-605.

⁶ I develop these views in my new book, *La Manufacture de maladies: la dissidence hygiénique de Jean-Jacques Rousseau* (Paris, 2012).

⁷ See Rousseau to Mme de Warens, 23 October 1737, in *Correspondance complète de Rousseau* (henceforward *CC*), ed. R. A. Leigh, 52 vols (Geneva, 1965-1989), vol.1, no.18, p.53-58, and *Confessions*, *OC*, vol.1, p.248.

⁸ Rousseau to Mme de Warens, 23 October 1737, *CC*, vol.1, no.18, p.57.

⁹ Consultation letter dated 10 September 1750, and quoted in Pierre Pomme, *Traité des affections vaporeuses des deux sexes* (Lyon, Benoît Duplain, 1763), p.203-208.

¹⁰ See *CC*, vol.1, n.g, p.58: ‘Le célèbre médecin Antoine Fizes (1690-1765) qu’il alla consulter à Montpellier ne le prit pas au sérieux: “Il me regarda en riant, et, en frappant sur l’épaule, ‘Mon bon ami, me dit-il, buvés-moi de temps en temps un bon verre de vin.’” (B. de Saint-Pierre [1907] p.47). Ce n’est pas tout à fait ce que JJ dit dans les *Confessions*, où il parle des “ordonnances de M. Fizes,” des drogues qu’il prenait et des eaux qu’il buvait; souvenirs lointains confirmés par la présente lettre.’

¹¹ There was a controversy over wine-drinking among physicians. Some treatises on vapours completely banned wine, whereas others recommended its curative powers and its moderate use. See for instance Joseph Bressy, *Recherches sur les vapeurs* (London and Paris, Planche, 1789), p.58-59: ‘Quoiqu’on ait interdit à ces malades l’usage du vin, comme irritant, aucune boisson ne leur convient mieux, sur-tout choisie analogue à leur état.’

¹² *Confessions*, *OC*, vol.1, p.247.

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- ¹³ See for instance Joseph Raulin, Traité des affections vaporeuses du sexe (Paris, Jean-Thomas Hérisart, 1758), p.ix: ‘on s’aperçoit tous les jours que les vapeurs [...] sont très-souvent compliquées avec d’autres maladies, & qu’elles les rendent plus dangereuses & plus rebelles.’
- ¹⁴ Confessions, OC, vol.1, p.259.
- ¹⁵ See Emile (Favre manuscript), OC, vol.4, p.77.
- ¹⁶ Confessions, OC, vol.1, p.489.
- ¹⁷ ‘Ce n’est point une descente’ (Rousseau to Dr François Thierry, 10 May 1758, CC, vol.5, no.640, p.74). In the Confessions, Rousseau implicitly admitted that François Thierry was after all correct in diagnosing a prolapse (OC, vol.1, p.489).
- ¹⁸ CC, vol.5, p.74 (my emphasis).
- ¹⁹ See Confessions, OC, vol.1, p.1420-21, 1512. For an enjoyable and informed – though dated and necessarily biased – account of Théodore Tronchin’s relation with Rousseau, see Henry Tronchin, Théodore Tronchin (Paris and Geneva, 1906), p.239-98.
- ²⁰ Confessions, OC, vol.1, p.317, and n.2, p.1401. Rousseau himself does not relate his fear of being infected with his urinary problems. I do suggest there is a link because of the ‘coincidence’.
- ²¹ See Jacques-François Deluc to Rousseau, 20 October 1755, CC, vol.3, no.329, p.194.
- ²² Boswell on the Grand Tour: Germany and Switzerland, 1764, ed. Frederick A. Pottle (London, 1953), p.313.
- ²³ Testament, OC, vol.1, p.1223.
- ²⁴ Dr Théodore Tronchin to Rousseau, 4 April 1759, CC, vol.6, no.794, p.54.
- ²⁵ Johann Georg Zimmermann, Traité de l’expérience en général, et en particulier dans l’art de guérir, 3 vols (Paris, Vincent, 1774), vol.3, p.295-96.
- ²⁶ Zimmermann, Traité de l’expérience, vol.3, p.339. On Rousseau’s ideological proximity to Tissot, see Vila, Enlightenment and pathology.
- ²⁷ David Hume to Prof. Hugh Blair, 25 March 1766, CC, vol.29, no.5125, p.59.
- ²⁸ Raymond Trousson, Rousseau raconté par ceux qui l’ont vu (Brussels, 2004), p.207.
- ²⁹ Dialogues, OC, vol.1, p.780.
- ³⁰ Le Journal de Boswell, 5 December 1764, in CC, vol.22, p.358. James Boswell quotes Rousseau.
- ³¹ For a historical account of ‘celebrity’ as a new phenomenon faced by Rousseau, see Antoine Lilti, ‘The writing of paranoia: Jean-Jacques Rousseau and the paradoxes of celebrity’, Representations 103 (summer 2008), p.53-83.
- ³² The testamentary nature of the Confessions is obvious in the foreword of the Geneva manuscript (OC, vol.1, p.3). Although he read some extracts of his work to selected audiences, Rousseau claimed his Confessions should be published long after his death (see OC, vol.1, p.400).
- ³³ Confessions, OC, vol.1, p.218-19 (my emphasis).
- ³⁴ Pierre Hunauld, Dissertation sur les vapeurs et les pertes de sang (Paris, J.-N. Leloup, 1756), p.6, my emphasis. For a critical edition of this text, see La Philosophie des vapeurs, ed. Sabine Arnaud (Paris, 2009). Sabine Arnaud considers the way the narrator addresses his patient under the fictitious name of ‘Sophie’ as a ‘common literary procedure in the 18th century’ (see ‘Introduction’, p.11).
- ³⁵ See for instance Jean-Baptiste Pressavin, Nouveau traité des vapeurs, ou Traité des maladies de nerfs, dans lequel on développe les vrais principes des vapeurs (Lyon, Veuve Reguilliat, 1770), p.161-68.
- ³⁶ See Confessions, OC, vol.1, p.219-21.
- ³⁷ Confessions, OC, vol.1, p.228.
- ³⁸ See Jean Starobinski, ‘Le remède dans le mal: la pensée de Jean-Jacques Rousseau’, in Le Remède dans le mal: critique et légitimation de l’artifice à l’âge des Lumières (Paris, 1989), p.165-232. Jean Starobinski crafts ‘telephism’ after Telephus, the name of the hero cured by the very weapon that had injured him – i.e. the spear of Achilles (see Ovid, Metamorphoses, XII.112).
- ³⁹ Confessions, OC, vol.1, p.227.
- ⁴⁰ Hunauld, Dissertation sur les vapeurs, p.6-7 (my emphasis).
- ⁴¹ Confessions, OC, vol.1, p.362.
- ⁴² Confessions, OC, vol.1, p.351. Rousseau gave two other accounts of his illumination: see Quatre lettres à M. le Président de Malessherbes, OC, vol.1, p.1135-36, and Dialogues, OC, vol.1, p.828-29.
- ⁴³ Physicians considered causes of diseases to be ‘non-natural’ when they did not originate in the constitutional nature of the patient, but in what we would name environment, or lifestyle. Hygiene, defined as the art of preserving health, aimed at controlling non-natural causes so that diseases would be less likely to appear. Classical hygiene distinguished six non-natural elements: air, diet, exercise, sleep, excretions and passions.
- ⁴⁴ D. Diderot, Réfutation suivie de l’ouvrage d’Helvétius intitulé ‘L’Homme’ (1783-1786), in Œuvres complètes, eds. H. Dieckmann and J. Varloot, vol.24 (Paris, 2004), p.421-767 (498).
- ⁴⁵ Diderot, Réfutation, p.508.

⁴⁶ See Diderot's confusion between character and temperament, although the two concepts are usually distinguished according to the soul/body divide: 'Et le caractère n'est-il pas un effet de l'organisation' (Diderot, Réfutation, p.491); 'les passions ne sont-elles pas des effets du tempérament, et le tempérament est-il autre chose qu'un résultat de l'organisation' (Réfutation, p.510).

⁴⁷ See Diderot, Réfutation, p.509: 'Jean Jacques est tellement né pour le sophisme, que la défense de la vérité s'évanouit entre ses mains.'

⁴⁸ A rhetorical device that has recently been coined as 'contre-éthos': see Dominique Maingueneau, Le Discours littéraire: paratopie et scène d'énonciation (Paris, 2004), p.218.

⁴⁹ See Alexandre Wenger's article in this volume, 'From medical case to narrative fiction: Diderot's La Religieuse', in which he examines Diderot's approach to mental illness and his knowledge of physiology.

⁵⁰ Dialogues, OC, vol.1, p.804.

⁵¹ See for instance Yves Vargas, Introduction à l'Emile de Rousseau (Paris, 1995). For an analysis of Rousseau's so-called 'matérialisme "réduit"', see Jean-Luc Guichet, 'Entre les choses et l'âme, matérialisme du sage ou sagesse du matérialisme?', La Pensée 351 (2007), p.55-66.

⁵² At first sight, this rhetorical purpose seems to be epideictic (in the Dialogues, Rousseau praises himself with the public as his witness in a desperate attempt to fight pervasive blame). Jean-François Perrin, however, has recently shown that his enterprise might also be considered as belonging to judicial rhetoric, as he is staging a public trial in which he stands as the defendant ('Sacer estod: une approche des enjeux politiques et théoriques dans Rousseau juge de Jean-Jacques', Annales Jean-Jacques Rousseau 46, 2005, p.79-113, 79).

⁵³ See this characteristic parenthesis: 'et l'on établit en principe que la sensibilité dans l'homme, et surtout dans J.J. (ce qu'il faut toujours sousentendre) est la seule cause de ses vices et de ses crimes' (Dialogues, OC, vol.1, p.805, my emphasis).

⁵⁴ For a refreshing approach to the complementarity of rhetoric and philosophy, see Chaïm Perelman, L'Empire rhétorique: rhétorique et argumentation (Paris, 1997). More specifically, for an inclusive approach to both Rousseau's political theory and his public image, see Christopher Kelly, Rousseau as author: consecrating one's life to the truth (Chicago, 2003).

⁵⁵ Dialogues, OC, vol.1, p.804-805.

⁵⁶ See above.

⁵⁷ Chrétien-Guillaume Lamoignon de Malesherbes to Rousseau, 25 December 1761, CC, vol.9, no.1610, p.355.

⁵⁸ In the second half of the eighteenth century, the nervous aetiology of vapours became so common that 'nervous affections' and 'vaporous affections' became synonymous phrases. See for instance Joseph Raulin, Traité des affections vaporeuses du sexe (Paris, Jean-Thomas Hérisart, 1758), p.57-58.

⁵⁹ Dialogues, OC, vol.1, p.810 (my emphasis).

⁶⁰ Dialogues, OC, vol.1, p.863.

⁶¹ On the classical aetiology of melancholy, see J. Starobinski, Histoire du traitement de la mélancolie des origines à 1900, Acta psychosomatica 3 (Basel, 1960).

⁶² Rêveries, OC, vol.1, p.1083.

⁶³ Some critics go so far as to claim that the Vicar's theories do not reflect Rousseau's ideas at all: see for instance Francine Markovits, 'La science du bon vicaire', in Rousseau et les sciences, ed. Bernadette Bensaude-Vincent and Bruno Bernardi (Paris, 2003), p.215-35.

⁶⁴ See Confessions, OC, vol.1, p.408-409. For an extensive study of this project, see Marco Di Palma, 'Rousseau's Enlightenment ethics: the synthesis of materialism and morals', SVEC 2000:05, p.73-127.

⁶⁵ Rousseau was thus amplifying the concern for singularity shared by the patients and physicians of his time: see Vincent Barras and Philip Rieder, 'Corps et subjectivité à l'époque des Lumières', Dix-huitième siècle 37 (2005), p.211-23.

⁶⁶ See Claude Wacjman, Fous de Rousseau: le cas Rousseau dans l'histoire de la psychopathologie (Paris, 1992). Wacjman focuses on nineteenth-century medicine, but there was no interruption in diagnosing Rousseau with melancholy. See for instance Charles-Louis-François Andry, Recherches sur la mélancolie (Paris, Imprimerie de Monsieur, 1785), p.19.

⁶⁷ On the Romantic cult of Rousseau as a melancholic figure, see for instance Frederick Cummings, 'Boothby, Rousseau, and the Romantic malady', Burlington magazine 110:789 (December 1968), p.659-67.

⁶⁸ A good portion of medical literature was dedicated to the paradoxical critic of medicine and physicians, with the purpose of either reforming medical theories and practices, or enlightening the audience with no intermediary. See for instance Jean-Emmanuel Gilibert, L'Anarchie médicale, ou la Médecine considérée comme nuisible à la société (Neuchâtel, [s.n.], 1772). Physicians proung the direct enlightening of the people were often neo-Hippocratic hygienists: see Samuel-Auguste Tissot, Avis au peuple sur sa santé (Lausanne, François Grasset, 1761).

⁶⁹ Mark Hulliung, The Autocritique of Enlightenment: Rousseau and the philosophes (Cambridge, MA, 1994).