

SOMATICIZING THE THINKER:

Biography, Pathography, and the Medicalization of *gens de lettres*
in Eighteenth-Century France

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Introduction: questions of method

Essay volumes, as Daniel Roche observes, have come to assume a particular scholarly mission: whereas they once functioned mostly as vehicles for authors eager to make a name for themselves in print, they now serve as as «le lieu d'un dialogue plus ample» within the academic world, allowing scholars to take stock both of their colleagues' research and of their own (Roche 1988, 7). In that spirit, I will begin this essay by continuing the conversation that was prompted by my presentation at the Université de Genève's workshop on «Littérature et Médecine» in October 2004. When I arrived at the workshop, I expected to discuss the research that I have been conducting over the past six years into the role of the body in the identity of thinkers in eighteenth- and early nineteenth-century France. My paper was designed to examine the ways in which physicians seeking to define hypochondria and melancholy drew on personal illness narratives written by or about famous *gens de lettres* like Jean-Jacques Rousseau, and then to explore how Rousseau himself somaticized the intellectual activities he undertook at les Charmettes, the «hypochondriacal» episode described in Book 6 of the *Confessions*. As it turns out, the discussion that followed my presentation had less to do with my hypotheses on those topics than with the sorts of questions one can legitimately ask regarding literature and medicine: much was said about the need to de-essentialize disciplines, about the dangers of viewing medicine as a stable field located outside that of the literary, about the importance of considering what medical texts do (versus what they supposedly say), and so on. Given that I had just spent thirty minutes speaking about the mutual permeability of the medical and literary discourses on nervous ailments, I was perplexed to find myself the target of such comments, and to discover such a significant gap between my conception of interdisciplinary research and that espoused by certain

workshop participants. It therefore seems appropriate for me to offer some post-workshop clarification of my methods before I proceed further.

I have long believed that there is a great deal of common ground shared by literature and medicine, and I have written extensively about the deep affinity that existed between the literary and medical expressions of sensibility in eighteenth-century France (Vila 1998)¹. An affinity is not, however, tantamount to a collapse of all distinctions between the two fields; and being interdisciplinary, as I understand it, entails respecting their differences as well as their similarities. Having been steeped in literary theory from a tender age, I recognize the basic rhetorical moves in which my interlocutors were engaging when they objected to aspects of my methodology: their interest in studying medical discourse is, evidently, to colonize it for literary analysis. Interdisciplinarity, as they use the term, always comes back to the literary; whereas for me, it is more generally a vehicle for uncovering the ways in which the body was conceived and represented at a given moment in European culture. What inspired me some twenty years ago to venture into the history of medicine was, first and foremost, an abiding fascination for the strangeness of early modern ideas about the human body, a desire to grasp both the imaginative processes and the language by which people visualized its invisible interior and assigned it larger meanings. I rely on historians of science for a good deal of what I know about the early modern body. I am also acutely aware that (in North America and the UK, at least), the research practices and interpretive activities of professional historians versus literary critics are different, albeit often complementary. Speaking as a member of the latter group, Elena Russo describes the difference in these terms: «Historians show us a larger perspective whereas we see only separate objects; they show us the shape of the forest, whereas we see the intricacy of foliage. They make us aware of the political, the religious, the social, and the scientific contexts that the literary text refracts like a prism, projecting their light in its own peculiar way» (Russo 2000, 99). Although I might modify that statement to underscore that the refractive process works in multiple directions, I agree with Russo's emphasis on the heterogeneity of history and literary criticism, and on the existence of larger conceptual contexts that are not necessarily generated by the texts one is examining². I certainly don't

¹ For a useful overview of the close, complex relationship between medicine and literature in the eighteenth century, see Roberts and Porter 1993. For a broader, equally incisive reflection on the dynamics involved in the medicine-literature relation, see Micale 1995, 221-84.

² Cf. Christian Jouhaud's assertion that «Il n'y a pas de contextes, mais des opérations, des procédures, des expériences de contextualisation qui touchent de manière partielle,

object to the position taken by some workshop participants that one must pay close attention to the rhetorical and literary-historical dimensions of individual medical works. However, I want to get at more in my investigations than pure textuality: I want to get at patterns of thought and feeling, at the raw experiences that fuel the production of a particular set of bodily representations³.

To venture a loose analogy, my attitude toward methods that would reduce medical discourse to a set of literary maneuvers could be compared to the resistance voiced by Fernando Vidal toward the «neurological reduction of self» which some scholars assume to be the undisputed legacy of the eighteenth century: «In its own way, the Christian romance of the resurrection, with its assertion of the ontologically crucial place of body for identity and of community for human existence, may still be an inspiring story for those of us who, against the neurological reduction of self, would rather live with body, desire, history, and the other than inhabit the solitude of isolated brains» (Vidal 2002, 974). Although my current project has (at least so far) little to do with theories of resurrection, I, like Vidal, am intent on exploring the role of the biological body in the history of the self; and I would rather «live with body» and well constructed historical narratives than confine myself to the solitude of isolated texts.

There is, of course, an important place for textuality in the cultural-historical analysis of medicine. It is, in fact, a topic of keen interest for some leading historians of science, particularly those who seek to integrate the history of science and the history of print culture by emphasizing the textual processes through which scientific knowledge is transmitted and received (Dear 1991; Frasca-Spada and Jardine 2000). One cannot, however, undertake to interpret the formal mechanisms of an early modern medical text without first developing a well-grounded understanding of the knowledge claims it makes. For me, that process requires several steps: discerning the basic model of the body or body-mind relation that is expressed by the text; reconstructing the general conventions of writing, practice, and speculative thinking that were followed within the

spécifique et relative une part du réel historique» (Jouhaud 1994, 274). However useful this position may be for those who work on the historicity of literature, it is not universally applicable to all types of cultural-historical investigation.

³ I am mindful of the methodological difficulties that arise when one proposes the existence of patterns among phenomena that occur in disparate cultural spheres. On the other hand, I believe, like historian Dror Wahrman, that it is worth facing those difficulties in order to uncover «habits and structures of thought and feeling that are rarely observable directly, but are nevertheless an essential underpinning of the way people experience their world»; Wahrman 2004, 45.

author's intellectual community; and then examining the text's rhetorical apparatus (if it merits close analysis). Given the consensus-based nature of the knowledge claims made in the works on hypochondria and melancholy which I've been studying – and the fact that many of their authors do little more than parrot the attitudes and vocabulary of a more famous author – it seems reasonable to make some judicious generalizations about them as well as fine-grained, text-specific assertions. I would even go so far as to say that, collectively speaking, this medical corpus forms a stable context that, contrary to the claims of some workshop participants, is indeed external to the literary works I examine (which, true to my literary training, I invariably treat in privileged isolation). Rousseau himself suggests as much in his evocation of medical discourse in the Charmettes episode, where he speaks of being made gravely ill by reading some medical works, none of which he singles out by name (Rousseau 1959, 247-48).

That is not to say that I emulate Rousseau regarding the numerous medical texts I have read on the temperament and illnesses of *gens de lettres*. Like my literary corpus, my medical corpus is highly heterogeneous: it includes major clinical treatises, physiology textbooks, works of armchair medical philosophy, dictionary entries, self-help health manuals, and obscure medical theses. One important aspect of my project is to view these works from a literary angle by considering their individual aims and audience, their appropriations from other discursive fields, and the ways in which their authors identified themselves as *gens de lettres* through narrative means (including somatic self-portraits). This essay does not, however, highlight that part of my research; rather, it illustrates the two earlier steps in the approach I typically take to topics that straddle literature and medicine. More precisely, it focuses on the semantic and conceptual nexus that formed around intellectual activity in descriptions of hypochondria and melancholy, with particular emphasis on Rousseau's autobiographical account of those conditions.

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Medicine and the Enlightenment Cult of the Thinker

Gens de lettres were subject to an unprecedented glorification during the French Enlightenment: from academic *éloges* to sentimental dramas, a seemingly endless stream of works flowed forth to praise illustrious writers and scientists as heroes of the nation (Paul 1980; Bonnet 1998; Bell 2001, 107-39; and Ribard 2003). Yet they also aroused keen medical concern in this era: just as the Republic of Letters was enjoying its

greatest cultural authority, physicians were issuing grave warnings about the fragility of the scholarly constitution and the dire health effects of sustained study and reading⁴. Those warnings intensified over the second half of the eighteenth century, as biomedical experts increasingly singled out *gens de lettres* as an at-risk medical group and focused ever more intently on disorders like hypochondria, melancholy, sexual dysfunction, ailments of the sensory organs, and various forms of gastritis – all of which they viewed as rampant among those who embraced the life of learning⁵. At first glance, the shadow of disease that loomed over intellectuals might seem difficult to reconcile with the period's exuberant reverence for knowledge and those who pursued it. Pathology was, however, an important and interesting complicating factor in the so-called «cult» of *gens de lettres*: no single group embodied more fully both the privileges and the perils of the «refined» sensibility that was championed in contemporary literature and moral philosophy. Bodily affliction, in other words, went hand in hand with intensity of intellect and feeling to define the identity of individuals who excelled in the arts and sciences, both in their own eyes and in those of their eulogists and physicians.

The eighteenth century's anxious interest in the private sufferings of renowned thinkers could be said to emanate from two distinct expansions: the expansion of life-writing in the form of individual or collective biographies of illustrious authors and scientists; and the expansion of the «medicable» into areas like hygiene, a branch of medicine that underwent a marked rise in France after 1700 (Brockliss and Jones 1997, 441-73). Those two phenomena converged to produce a particular type of «great mind» pathography that proliferated from the 1750s well into the nineteenth century, finding expression both in scholar-targeted works of popularization and in more specialist-oriented treatises that aimed to define a specific disorder. Biographical vignettes of suffering scholars abound, for example, in Samuel-Auguste-André-David Tissot's *De la santé de gens de lettres* (1768), Etienne Brunaud's *De l'hygiène des gens de lettres* (1819), and Joseph-Henri Réveillé-Parise's *Physiologie et hygiène des hommes livrés aux travaux de l'esprit* (1834). They also pervade alienist works like Jean-Baptiste Louyer-Villermay's *Recherches historiques et médicales sur l'hypocondrie* (1802), C.A.T. Charpentier's *Essai sur la mélancolie* (1803), Maurice Roubaud-Luce's *Recherches*

⁴ On the pathogenic qualities attributed to serious, prolonged reading, see Wenger 2005, 157-81.

⁵ On the role of the stomach in defining the intellectual as a medical type, see Vila 2005.

médico-philosophiques sur la mélancolie (1817), Frédéric Dubois d'Amiens's *Histoire philosophique de l'hypochondrie et de l'hystérie* (1833), and Jean-Guillaume Fourcade-Prunet's *Maladies nerveuses des auteurs* (1826). After surveying the various motivations and strategies involved in this sort of medical biography, I will consider the treatment to which its practitioners subjected Jean-Jacques Rousseau, who was by far the most ubiquitous example cited by physicians intent on explaining why certain diseases seemed to occur most frequently among the «poetically organized» (Reveill -Parise 1843, vol. 1, 104).

Other critics have, of course, already examined aspects of this chapter in the history of medicine's long, «distasteful» fascination for Rousseau's pathologies (Starobinski 1981; Wacjman 1992 and 1996). Rather than retracing those scholars' steps and dwelling on the reductive aspects of turn-of-the-century pathographies of Rousseau, I wish to emphasize their potentially productive qualities: first, their usefulness in illustrating the cultural beliefs that drove medical thinking about the ailments imputed to intellectual labor; and second, their tendency to lead us back to specific episodes in Rousseau's own account of his life and moral/physical nature. The second part of my analysis will thus be devoted to sketching an interpretation of Book 6 of the *Confessions*, which shows that, despite his repudiation of book-learning in polemical works like the *Discours sur les sciences et les arts*, Rousseau was himself an ardent reader whose youthful studies combined with illness in ways that both confirm and complicate contemporary constructs of the thinker as a medical type.

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Pathography: Rousseau as Medical Prototype

Rousseau's open disdain for doctors did not keep them from joining the ranks of those who were fascinated by him, both during and after his lifetime. From Tissot to the vapors specialists who flooded the market with treatises from the 1750's on, some of Rousseau's medical contemporaries seemed eager to verify his famous condemnation of the learned life by incorporating it into their disease theories and therapeutic programs⁶. The legacy of Rousseauism in eighteenth- and nineteenth-century French medicine is, however, more ambiguous than might first

⁶ The influence of Rousseau was particularly pronounced among physicians writing on the vapors in the 1750s to 80s; for example, Beauch ne 1781. On the use of Rousseauistic themes among these authors and by Montpellier vitalists, see Williams 2003, 147, 154, 223, 224, 242, & 246.

appear, not least because of the ambiguous role that Rousseau himself played as an exemplar of the pathologies tied to the creative imagination and certain sorts of mental work.

The earliest citation of Rousseau as a medical subject may be that made by Johann Georges Zimmermann, who devoted a long chapter to excessive mental application in his influential treatise on experience in medicine (*Von der Erfahrung in der Arzneikunst*, 1763; translated into French in 1774 as *Traité de l'expérience en médecine*). Zimmermann's reference to Rousseau was, in fact, made in the context of a series of biographical vignettes: he evoked Pierre Bayle and Tissot to illustrate the exhausting, sometimes mortal effects of over-study, and he interpreted Voltaire's «triangular» face as an outward sign of the weak stomach, thin constitution and overly mobile nerves found in many *gens de lettres* (Zimmermann 1855, 480-81). Rousseau, with his head perpetually bowed in reflection and sadness, typified what Zimmermann perceived as the great writer's constitutional tendency toward debilitating melancholy – a condition that, as Zimmermann described it, always hovered on the edge of the pleasure savored by those who pursued a studious, contemplative existence (480 and 478)⁷.

The practice of citing Rousseau to illustrate a specific ailment was employed by a few other pre-Revolutionary physicians. In 1787, for example, Pierre Fabre added a special chapter to the second edition of his *Essai sur les facultés de l'ame considérées dans leur rapports avec l'irritabilité et la sensibilité de nos organes* in order to examine the «hypochondriacal frenzy» that overtook Rousseau as he was walking along the route to Vincennes back in 1749; this medical crisis, Fabre contended, was the decisive factor in the elaboration of Rousseau's «misanthropic» vision of civilization (Fabre 1787, 203)⁸. It was, however, the emergence of psychiatry during the Revolutionary era that opened the floodgates for Rousseau pathographies: Philippe Pinel and the other early French alienists focused insistently on the manifestations of hypochondria and melancholy which they discerned in the life and life-writing of the famous Jean-Jacques.

Among the factors that led Pinel and his associates to dwell on Rousseau was, in fact, their own Rousseauism: as historian Jan Goldstein

⁷ Germaine de Staël opened Lettre V of her *Lettres sur les ouvrages et le caractère de Jean-Jacques Rousseau* with a similar physiognomic analysis, interpreting Rousseau's perpetually bowed head as a product of both his temperament and the years he had spent in pensive reverie; Staël 1997, 83.

⁸ Fabre presented his pathographic portrait of Rousseau as part of a broader defense of advanced civilization (see Vila 1993-94).

has maintained, these physicians were so «mentally saturated with Rousseau» that he «became a distantly presiding deity over the birth of French psychiatry» (Goldstein 1987, 96-97). It was, Goldstein argues, Rousseau's theory of the passions that most interested the physicians of the Pinel circle: she points out the close parallels between Pinel's famous moral treatment and the principles of Rousseauian schooling, and underscores that the «grand theory» of insanity put forth by Pinel, Pierre-Jean-Georges Cabanis and Jean-Etienne-Dominique Esquirol recalls Rousseau's idea that socially-created *passions factices* have pathogenic tendencies (Goldstein 1987, 98-101). There is, however, another way of explaining why these authors cited Rousseau so regularly: they viewed him, like the many other famous thinkers on whose lives they drew, as a prototype of the diseases they were trying to define and classify⁹. In other words, what grounded these doctors' fascination for Rousseau's «autobiographical display of psychological suffering» was, in good part, methodological: they found it useful for their larger nosological enterprise¹⁰.

These physicians were undoubtedly prompted by political and ideological reasons to perceive a plague of mental/ nervous disorders running through contemporary society. Yet they were also preoccupied with reforming the medical profession to bring it more in line with *Idéologie*, the so-called «science of ideas» that dominated Revolutionary-era philosophy and pedagogical theory¹¹. To achieve the goals of linguistic precision and sound therapeutic practice, they undertook to establish clear-cut distinctions among the species of disorder they deemed most prevalent among their patients: mania, melancholy, hypochondria, hys-

⁹ Claude Wacjman underscores that turn-of-century French physicians like Richerand and Pinel considered «observations littéraires médiates» to be more useful than immediate clinical observations for establishing nosological classifications of mental illness (Wacjman 1992, 37). Speaking more generally, he divides physicians who have focused on Rousseau into two groups: those who cite him to support their thesis on a pedagogical or political theme; and those who use «le cas Rousseau» to place it in a nosological grouping or correct some other physician's classification (18-19).

¹⁰ Mark Micale uses the term «autobiographical display of psychological suffering» to characterize the proliferation of images of «hysterical» male artists in mid-to-late nineteenth-century French culture—a phenomenon that he connects to the rise of pathographies similar to those that I have discovered in the works of alienists writing several decades earlier: «following the medical legitimation of the concept [of male hysteria], a genre of literary criticism flourished in France, freely engaged in by medical and literary authors alike, that diagnosed retrospectively the nervous and mental diseases of past writers, artists, and philosophers» (Micale 1995, 245).

¹¹ On *Idéologie* as adapted by Revolutionary-era physicians, see Staum 1980, esp. 4-5 and 39-41; Williams 1994, 76-85; and Moravia 1982.

teria, dementia, and idiotism¹². They drew their information on those diseases from three primary sources: the extensive bank of clinical observations they were amassing at newly formed asylums like Bicêtre and Salpêtrière; patient histories gleaned from earlier works on nervous maladies; and famous literary or historical cases of mental alienation¹³. Chief among those cases was Rousseau, whose status as a leading psychiatric prototype was enhanced by the fact that he had recently been singled out in *Les Nouveaux éléments de physiologie* (1801), an influential physiological textbook in which Anthelme-Balthasar Richerand described Rousseau as a «perfect» example of the melancholic temperament¹⁴. In addition to exemplifying melancholy, Rousseau also «proved» the reciprocal influence of the mental on the physical and the physical on the mental—an interdependence whose mysteries could be solved, as Richerand confidently declared, if physicians paid closer attention to ancient and modern biographies of illustrious men (Richerand 1804; ii. 453-57).

The image or persona of Rousseau available to turn-of-the-century French readers had diverse, sometimes conflicting facets: it included the «friend of humanity» face which he put forth in his political writings, the more mixed moral portraits of him written by Germaine de Staël and other near contemporaries, the highly patriotic eulogies of Rousseau written for the 1791 Académie Française competition, and the post-Thermidor construction of Rousseau as «sentimental champion of the disinherited and reformer of female morals.»¹⁵ Medical authors of the Pinel circle exploited some of those extra-medical sources while sketching their posthumous observations of Rousseau, particularly Staël's *Lettres sur les ouvrages et le caractère de Jean-Jacques Rousseau*¹⁶. However,

¹² Pinel accorded varying degrees of importance to the five latter disorders in his synthetic discussion of mania (Pinel 1800).

¹³ See, for example, Pinel 1800, 44-5. On the early alienists' predilection for tapping literary texts for nosographic purposes—and, more broadly, the rich interaction between nineteenth-century French literature and psychiatric discourse – see Rigoli 2001.

¹⁴ As Williams notes, Richerand's textbook «went through ten editions by 1833» (Williams 1994, 134).

¹⁵ Blum 1986, 278. Blum's summary (approximated here) is largely a paraphrase of Starobinski 1971, 379. On the intense public interest in Rousseau's character and temperament during the 1790s, see also Barny 1986.

¹⁶ Staël's *Lettres sur les ouvrages et le caractère de J.J. Rousseau* was first published in 1788 but more widely diffused in a second edition that appeared in 1798, the same year as Pinel's influential *Nosographie philosophique*. The 1798 edition of Staël's letter is cited in Louyer-Villermay 1802, 64.

they focused more insistently on two particular moments in Rousseau's autobiographical self-construction. The first was the youthful experience of «vapors» recounted in Book 6 of the *Confessions*, an episode that included a remark on the dangerous effects of reading medical books which confirmed a commonplace in contemporary medical discourse¹⁷. The second were the references Rousseau made to melancholy in *Les Rêveries du promeneur solitaire*, into which Pinel and his disciples read such symptoms as overwhelming sadness; an easily offended, mistrusting moral disposition; continuous fears of persecution; and susceptibility to anything that entailed a great «nervous exaltation» (Charpentier 1803, 73)¹⁸.

Unlike Rousseau in his polemical moments, these physicians did not condemn the pursuit of learning: quite the contrary, they tended to contest his celebrated diatribe against the arts and sciences, either refuting it outright as a «misanthropic *boutade*» or adapting it to place the blame not on study itself but on its excess or misdirection¹⁹. As Pinel put it, citing the registers of Bicêtre as proof, «La cultivation des sciences et des arts, lorsqu'on s'y livre sans mesure, les méditations profondes, les veilles opiniâtres, sont sans doute très-propres à développer les mêmes affections nerveuses; ou même si l'étude est dirigée sans méthode, et qu'elle exerce moins le jugement que l'imagination et la mémoire, ces affections peuvent dégénérer en manie» (Pinel 1798, vol 1, 102). Taking their cue from Pinel, other physicians commonly designated literary writers, musicians, and painters as those most at risk for mental illness, arguing that such individuals exercised their imagination more intensely than those who worked in fields like mathematics or science²⁰. Imagination was thus a major culprit in the emerging identity of the thinker as a psychiatric type: it underpinned the new medical tendency to sub-divide *gens de lettres* into those who were prone to madness versus those who were not; and it was heavily featured as a pathogenic cause of melancholy, an ancient affliction that, although somewhat eclipsed by hypochon-

¹⁷ See, for example, Falret 1822, 390-91 and Dubois 1833, 124.

¹⁸ Although Charpentier's work was merely a medical thesis, Pinel borrowed liberally from its many biographical anecdotes (and those provided by Villermy) in the 1813 edition of his *Nosographie philosophique*; Pinel 1813, 92-96.

¹⁹ Esquirol coined the term «misanthropic *boutade*» to describe Rousseau's denunciation of reflection; Esquirol 1838, 10. Other medical authors who refuted Rousseau on this score included Zimmermann 1855, 478; Georget 1821, 250; and Roubaud-Luce 1817, 53.

²⁰ Pinel identified several «versificateurs extasiés de leurs productions» among the patients at the Bicêtre asylum, but not a single naturalist, physicist, chemist, or geometer; Pinel 1800, 11; cited in Rigoli 2001, 434.

dria during the Enlightenment, reemerged as the neurosis of choice among nineteenth-century French male intellectuals²¹.

One could interpret the early alienists' emphasis on the pathogenic powers of the creative imagination as signaling a shift away from the somatic models of nervous or mental illness which had previously held sway, toward a more Romantic world view that celebrated the supremacy of the mind even in its diseased state²². However, for all of their emphasis on managing the mind, these physicians did not abandon somatic explanations of the maladies tied to excessive or misdirected mental labor. Quite the contrary, they commonly declared that bodily temperament, most particularly the kind dominated by the abdominal viscera, underpinned the overly «ardent» imagination that ostensibly triggered melancholy²³. By the same token, they frequently blamed the exalted imagination of certain *gens de lettres* for wreaking havoc on their lower organs, thus making them not just perpetually gloomy but chronically constipated, too. Thus, like the generic condition of «vapors» which physicians of the 1750s and 60s commonly evoked to describe nervous ailments, the turn-of-the-century malady known variously as hypochondria or melancholy involved a great degree of fluidity between the somatic and the mental.

That fluidity did not, apparently, sit well with certain members of the Pinel school. Jean-Baptiste Louyer-Villermay, for one, undertook a prolonged campaign to define the exact natures of hypochondria versus melancholy versus hysteria, thus launching a polemic that began with his

²¹ The idea that intellectually superior persons are naturally prone to melancholy dates back to Aristotle's famous Problem XXX; see Aristotle (or a follower of Aristotle) in Radden 2000, 55-60. On the revival of that idea among sixteenth-century humanists like Marsilio Ficino, see Klibansky, Panofsky and Saxl 1964, 241-74. See also Radden's historical overview of melancholy's cultural meanings, including its «alleged link with some kind of compensatory quality of brilliance, intellectual refinement, genius, or creative energy»; Radden 2000, 12. The importance of melancholy to the Renaissance and Romanticism has been widely studied; however, its role in the eighteenth-century discourse on the illnesses of *gens de lettres* has not received much attention. One exception to that rule is Henri Ellenberger, who offers a short but amusing overview of France's «three major historical neuroses»; see Ellenberger 1993, 240-41.

²² Roy Porter connects the late eighteenth-century emergence of the idea of mental disorder to a new sense of the mind, one that included a greater willingness to «risk the equivocations of a free-floating mental and imaginative state»; Porter 1990, 73.

²³ C.A.T. Charpentier, for example, drew on Cabanis' recent visceral explanation of the melancholic temperament to argue that a particular disposition of the *hypochondres* can have such a strong effect on the body's general sensibility that it puts the mind in a state conducive to melancholy (Charpentier 1802, 62-63; Cabanis 1980, 226).

1802 treatise *Recherches historiques et médicales sur l'hypocondrie* and lasted into the 1830s, when Villermay was vociferously attacked by Dubois d'Amiens in his *Histoire philosophique de l'hypocondrie et de l'hystérie* (1833)²⁴. Throughout this debate, the posthumous persona of Rousseau was appropriated for a range of purposes, starting with the lengthy sketch of Rousseau's life which Villermay employed to establish a clear distinction between hypochondria and melancholy (he had already, in his own mind, proven the fundamental differences between hypochondria and hysteria). Villermay's four-page biography gleaned its details both from Rousseau's own writings and from those of unnamed authors who had «judged him with fitting severity»; its purpose was to prove that «Jean-Jacques» was suffering from a pronounced case of moral melancholy with none of the digestive or nervous symptoms which Villermay deemed typical of hypochondria (Villermay 1802, 60-61)²⁵. Rousseau's entire existence, as Villermay portrayed it, was shaped by melancholy: he singled as diagnostically significant out the sad circumstances of Rousseau's birth, when he lost his mother; the extraordinary development of Rousseau's mental faculties as a young man, combined with the emergence of his hot-headed, touchy character, somber imagination and «philosophical» vanity; the chain of «vexations» experienced by Rousseau after he became famous, which aggravated his prideful, anti-social disdain for his fellow *philosophes*; his excessive reaction to the putative stoning at Motiers; his haughty behavior in London—a place where, Villermay pointed out, the splenetic Rousseau should have fit right in; the pathological terrors and suspicions which he exhibited in his later years; and finally, the suicidal projects that may have caused Rousseau's death (Villermay 1802, 62-64). Then, in an intriguing move, Villermay shifted away from the details of Rousseau's case to discuss another consequence of the moral tendency toward melancholy: namely,

²⁴ Dora Weiner places Louyer-Villermay among the first generation of Pinel's students and collaborators; Weiner 1999, 330. E. Williams identifies Dubois as an «early, vociferous opponent to medical statistics» who used his writings on mental medicine and medical philosophy to «argue against materialism from a blended vitalist-spiritualist perspective»; Williams 1994, 196.

²⁵ Louyer-Villermay, 1802, 60-61. Louyer-Villermay contended that hypochondria and hysteria arose from the same «general predispositions» but insisted that the diseases themselves were different: hypochondria, he argued, resulted from a sedentary life and «des travaux forcés du cabinet», whereas hysteria stemmed from «des dérangemens des fonctions exclusives au sexe, ou aux troubles des loix impérieuses de la reproduction» (47). At the same time, he contended that hypochondria had more organic roots than did hysteria, in that it produced changes in the tissue of certain organs rarely seen in hysteria (49). On Villermay's historic assignation of firm gender traits to hysteria, see E. Williams 2002, 252-53.

the hateful passions and taste for tyranny evident in men like Nero, Louis XI, Cromwell, and the «bloodthirsty scoundrel» Robespierre (65). Given that Villermay had himself suffered greatly during the Terror, it is perhaps not surprising that he juxtaposed a portrait of Rousseau as a paranoid melancholic with a denunciation of the radical Revolutionary Robespierre—who was, of course, an avid reader and admirer of Rousseau²⁶. Villermay's depiction of Rousseau took a final, more positive turn a page later, where he aligned him with such melancholic but virtuous thinkers as Socrates, Plato, Pascal, Tasso, and two eighteenth-century medical luminaries, Zimmermann and Théophile de Bordeu²⁷.

One could, of course, dismiss medical biographies of this sort as taking excessive liberties with Rousseau's autobiographical writings. That argument was, in fact, made by Dubois, who undertook to refute Villermay's diagnosis of Rousseau as a life-long melancholic by providing a long, accurate transcription of the Charmettes hypochondria episode (Dubois d'Amiens 1833, 126-35)²⁸. The most interesting aspect of Dubois's refutation, for our purposes, is that it illustrates a broader tendency among the alienists who referred to Rousseau's biography from a clinical perspective: generally speaking, they subjected their colleagues' anecdotes about Rousseau to more rigorous standards than those that circulated about more temporally distant celebrities like Pascal, often using direct citation of Rousseau himself as a measure against which to judge each other's rewritings of his life story. Faithful or not, the alienists' use of Rousseau as medical prototype would undoubtedly have galled him, because it made him the embodiment not of his own singular sensibility, but of a nervous temperament which they deemed typical of the vast majority of geniuses. Their approach to Rousseau as posthumous patient was, moreover, distinctly un-Rousseauistic in tone, inasmuch as Rousseauism in early psychiatry meant placing the blame for mental disorder at the door of society and the artificial passions it inspired (Goldstein

²⁶ Etienne Trillat recounts that Louyer-Villermay came from la Vendée and was imprisoned during the Terror for having allowed some wounded compatriots to escape from the hospital in Rennes where he was employed as a surgeon; Trillat 1986, 103. Villermay's gallery of famous melancholics was explicitly designed to expand on that which Pinel had provided a few years earlier in his *Traité de la manie* (a list cited with great precision in Villermay 1802, 65).

²⁷ The tale of Pascal's fear-induced melancholy was highly popular among the early alienists: it was set in wide circulation both by Condorcet's «Eloge de Pascal» (cited in Villermay 1816, 511) and by Charpentier (Charpentier 1803, 73). See the analysis of the circulation and rewriting of this anecdote in Ribard 2003, 139-40.

²⁸ See also the critique of physicians' tendency to cite Rousseau «tantôt comme hypochondriaque, tantôt comme mélancolique» in Chauvin 1824, 22.

1987, 100-1). Rather than taking that position and attributing Rousseau's psychic disease to self-induced degeneration, these physicians diagnosed it as a congenital or acquired threat that loomed over the health and happiness of intellectuals in general—not least the alienists themselves, many of whom included self-observations or the case histories of other physicians when describing the nervous disorders to which they believed thinkers were most prone²⁹.

It may be, therefore, that the founders of mental medicine in France enlisted Rousseau as a medical model out of their own peculiar identification with him. It might even be appropriate to place them in the class of readers who were drawn to Rousseau's writings by the «sort of magnetism» which Robert Darnton has ascribed to fans of *La Nouvelle Héloïse*³⁰. Whatever their personal motives, these physicians contributed to the jointly medical and literary practice of pathography that became widespread in nineteenth-century Europe, taking such forms as phrenology, the «cerebral biographies» which Maria Conforti explores in her essay, the novellas of Balzac's *Etudes philosophiques*, and the Sainte-Beuvian school of «physiological» literary criticism³¹. These early medical biographies of Rousseau also have the value of highlighting aspects of his self-construction that might otherwise go unnoticed: namely, the importance which he himself gave to ailments in the formation of his sense of self, and to the extraordinary «vigor» for suffering which he claimed to have acquired as a result³².

* * *

²⁹ A particularly poignant biographical vignette appears on the title page of the edition of Roubaud-Luce's work which is available at Harvard University's Countway Medical Library. It features the sad note hand-written comment «l'auteur de cette œuvre s'est pendu à Tours le 4 août 1817» along with a quote from Roubaud-Luce's suicide note: «le Spleen est à peu près la maladie qui m'a forcé à terminer mon existence.» See also Villermay's allusion to his own experience with nervous maladies in the preface to his 1816 treatise on the subject: «Ajoutons que notre propre expérience ne nous avait que trop appris à bien connaître les souffrances physiques et morales qui résultent de ce genre de maladies»; Villermay 1816, v.

³⁰ Darnton 1984, 242-43. See also Adrian Johns' discussion of reading-induced «conversion experiences» among readers in the seventeenth and nineteenth centuries (Johns 2000).

³¹ On «cerebral biographies», see also Hagner 2003. On the use of «physiology» by Sainte-Beuve and his disciple Emile Deschanel (author of *Physiologie des écrivains et des artistes ou essai de critique naturelle*, 1864), see Rigoli 2001, 578-81.

³² «Maintenant que j'écris ceci, infirme et presque sexagénaire, accablé de douleurs de toute espèce, je me sens pour souffrir plus de vigueur et de vie que je n'en eus pour jouir à la fleur de mon âge et dans le sein du plus vrai bonheur» (Rousseau 1959, 247).

Rousseau's «Poetic» Vapors

What, then, did Rousseau himself have to say about the role of nervous ailments in his life? To provide a brief answer to that question, let us consider the conveniently self-contained «hypochondria» episode of the *Confessions*, where Rousseau describes a period when, despite his bodily sufferings, he felt more purely happy than at any other moment in his existence. If we accept the thesis that the mission of Rousseau's memoir is to explain and chronicle his emergence both as an author and a self-described «unique» being, then the Charmettes episode is singularly important in many regards: it is here that his self ends its youthful floating, in part by anchoring itself on books and study; it is here that his intense, ambiguous relationship with Madame de Warens reaches its physical and emotional climax; and it is here that Rousseau delivers some of his most lyrical reflections on the melancholic pleasure he derives from the act of writing about his past moments of bliss. On all of those levels, Rousseau's ailing body plays a crucial, albeit paradoxical role.

The tale recounted in Book 6 is, in fact, a continuation of an illness narrative begun in Book 5: young Rousseau abruptly falls into a state of fragile health after a failed scientific experiment involving sympathetic ink and begins to suffer from chronic ringing in the ears, palpitations, arterial throbbing, and shortness of breath – symptoms that coincide, rather curiously, with violent, consuming passions for women, travel, and reading (his reading prior to this episode, already «obsessive», is focused on novels and «obscure» books on music by Rameau; Rousseau 1959, 218-19). Forced into sedentariness by his poor health, he succumbs to melancholy, a term he uses interchangeably with «vapors» to describe his languor and sadness over what he takes to be his impending death (221)³³. This crisis is, however, temporarily cured by his increased intimacy with his beloved «Maman» (Madame de Warens), who undertakes to restore Jean-Jacques to full vigor by prescribing a milk regimen and taking him away to the country estate of les Charmettes (223). Once settled in this bucolic retreat, he finds himself drawn «irresistibly» to book-learning, a compulsion triggered both by his weakened physical state and by his growing acquaintance with Maman's Cartesian-minded physician M. Salomon, who encourages him to follow the orderly method of study recommended in Bernard Lamy's popular *Entretiens sur les sciences* (232). Although the young Jean-Jacques follows that advice, he is hardly

³³ Although the early French alienists tended to read this episode as a classic case history of hypochondria, Rousseau himself never employed the term.

methodical about it: rather, as Rousseau recounts, he promptly «devours» Lamy's book and many others, alternating his readings of philosophy, geometry, Latin and theology with *fonctions champêtres* like turning the garden and taming pigeons (234).

Rousseau notes at several points in his narrative that he was ill-suited for the kind of prolonged mental application he pursued at les Charmettes; at the same time, however, he clearly attaches a great, enduring personal value to this studious idyll: «Deux ou trois mois se passèrent ainsi à tâter la pente de mon esprit et à jouir dans la plus belle saison de l'année et dans un lieu qu'elle rendoit enchanté, du charme de la vie dont je sentois si bien le prix, de celui d'une société aussi libre que douce... et de celui des belles connaissances que je me proposois d'acquérir; ... Le plaisir d'apprendre entrainait pour beaucoup dans mon bonheur» (235-6). Far from repudiating the pursuit of knowledge as unhealthy or denaturing, Rousseau describes his youthful attempts to cultivate his mind as «des jouissances, mais trop simples pour pouvoir être expliquées» (236). Study, as much as the bucolic setting and the presence of M^{me} de Warens, is integral to the happiness which he feels at les Charmettes; and illness also underpins the experience.

Not only does illness insure the uniform quality of Rousseau's daily existence – including his systematic, ardent forays into reading – it also drives him to learn as much as possible with as much speed and diligence as he can muster:

Enfin je me sentis entraîné peu-à-peu malgré mon état, ou plutôt par mon état vers l'étude avec une force irrésistible, et tout en regardant chaque jour comme le dernier de mes jours j'étudiois avec autant d'ardeur que si j'avais dû toujours vivre. On disoit que cela me faisoit du mal; je crois, moi, que cela me fit du bien et non seulement à mon ame mais à mon corps; car cette application pour laquelle je me passionnois me devint si délicieuse, que, ne pensant plus à mes maux j'en étois beaucoup moins affecté (232).

What is extraordinary about this passage, beyond its subtle analysis of the psychology of «ardor», is that the very same Rousseau who elsewhere heaps condemnation on book-learning embraces here a conception of study that is more typically associated with pro-Enlightenment *philosophes* like Denis Diderot, Louis-Sébastien Mercier and Voltaire, who glorified intellectual endeavor as both exhausting work and as a unique, «delicious» passion known only to true initiates³⁴. It could be

³⁴ The idea of intellectual endeavor as labor is explored in Roche 1988, 233; and Masseau 194, 144-47. Mercier sketched a particularly feverish tableau of scholarly

argued, of course, that Rousseau intends this account of body-sapping pursuit of learning to serve a moral-hygienic warning against the dangerously absorbing charms of study, comparable, for example, to the declarations he makes in *La Préface de Narcisse*: «la culture des sciences retire en quelque sorte de la presse le cœur du philosophe... Le charme de l'étude rend bientôt insipide tout autre attachement» (967). Young Rousseau's affection for Maman and devotion to his household duties do not, however, wane as a result of his new-found love for book-learning; and the mature Rousseau speaks affectionately of his adolescent efforts to combine reading, agricultural labor, veneration for the wonders of God and nature, and devotion to M^{me} de Warens into a single, harmonious system (235).

So intense, in fact, is young Rousseau's desire to unify his various sorts of pleasure that he tries to read even while working the fields, thereby ruining a good number of his precious books, until he reaches what he calls, retrospectively, the point of «mania»³⁵. Rousseau increasingly adopts the vocabulary of pathology as he describes the progressive decline in his physical condition: «J'étais pâle comme un mort et maigre comme un squelette. Mes battements d'artères étaient terribles, mes palpitations plus fréquentes, j'étais continuellement oppressé, et ma faiblesse enfin devint telle que j'avois peine à me mouvoir» (247). And then, very interestingly, he adds: «Il est certain qu'il se mêloit à tout cela beaucoup de vapeurs.» Given that the other symptoms described in this passage are unequivocally physical ailments, this evocation of the «vapors» comes as something of a surprise. Although dismissive in tone, Rousseau's use of the term is not as harsh as that found in some contemporary physicians, who defined the «vapors» as an exaggerated, self-indulgent anxiousness over one's health which sometimes led to hysterical convulsions in women and triggered various sorts of digestive dysfunction in men («Vapeurs», *Encycl.*). Rather, Rousseau applies the term «vapors» to an «ennui de bien être» that makes the sufferer cry without reason, take fright at the sound of a leaf or a bird, and exhibit other symptoms of an «extravagant» sensibility that only those who are fully happy can feel (247). Happiness, of course, is an ephemeral state for Rousseau; as he observes in the reflection that ends this paragraph: «Nous sommes

pleasure in *Le bonheur des gens de lettres* (1766); see on that Bénichou 1996, 28. Both ideas can be found – sometimes in intriguing combination – in the works of contemporary physicians: see, for example, Zimmermann 1855, 477.

³⁵ «Cette ardeur d'apprendre devint une manie qui me rendoit comme hébété, tout occupé que j'étais sans cesse à marmotter quelque chose entre mes dents» (Rousseau 1959, 242).

si peu faits pour être heureux ici bas qu'il faut nécessairement que l'ame ou le corps souffrent quand ils ne souffrent pas tous les deux, et que le bon état de l'un fait presque toujours tort à l'autre. Quand j'aurois pu jouir délicieusement de la vie ma machine en décadence m'en empêchoit, sans qu'on put dire où la cause du mal avait son vrai siège» (247). Although this passage might seem to say that Rousseau's physical frailty at les Charmettes impedes his happiness, the episode at large suggests the very opposite: bodily illness is the means by which he realizes there the «dream» of perfect, fleeting happiness with Maman which he had glimpsed seven or eight years earlier (245).

In other words, contrary to the interpretation advanced by later medical diagnosticians like Dubois, what triggered Rousseau's «vapors» was not reading medical books but unbearably full contentment («Les vapeurs sont les maladies des gens heureux»; Rousseau, 247). Rousseau does, of course, characterize the reading of medical books as a «fatale étude» in the paragraph following that where he muses on the vapors (247-48). However, the heart polyp that he promptly imagines to be the source of his ills is introduced too late in the episode to be viewed as the definitive consequence of study as Rousseau describes it; a more likely explanation is that Rousseau invents it as a pretext to leave les Charmettes to seek a cure in Montpellier, thereby extricating himself from a suffocating attachment to Maman³⁶. Moreover, well before the point when Rousseau introduces «un peu de physiologie» in his readings, his «ecstatic» attachment to book-learning has already transformed him, making «emulation» for *gens de lettres* a source of identity from which he would never extricate himself (218).

Ultimately, the meaning of the Charmettes episode is more poetic than medical: Rousseau's retrospective reflection on his bodily state at les Charmettes is designed to convey a sense of his inner life that is deeper and more idiosyncratic than anything attributed to him by his medical observers³⁷. At the same time, approaching this episode through the lens of medical discourse helps us to see that, for all of his ideological disapproval of study, Rousseau shared a larger style of pathology with other members of the group known as *gens de lettres*: the conviction that the

³⁶ A psychological interpretation of Rousseau's physical ailments is proposed both by the editors of the Pléiade edition (Rousseau 1959, 1356) and by Alain Grosrichard (Rousseau 2003, 416).

³⁷ See the emphasis on «poetic» concepts of the body's reality in Duden 1991, 7; and Ender 1999. On the sociogenesis of body perceptions, see Porter and Rousseau, 1998. On the ways in which particular eighteenth-century scholars integrated their ailments into their life stories, see Rieder 2003.

body is implicated (for good or for bad) in the act of thinking, and the belief that thinkers are set apart by their bodies and by their illnesses. More particularly, it uncovers the many levels on which Rousseau participated in the aestheticization of hypochondria and melancholy, a process that bears a striking resemblance to that which Clark Lawlor's essay describes for consumption in the eighteenth-century British context³⁸. Like Rousseau, the turn-of-the century alienists who drew on his body history should be read within the context of the Enlightenment cult of great thinkers: they, too, invested the physical ailments associated with scholarship with heroic qualities that included heightened sensitivity, cerebral intensity, and shortened life spans. In some ways, this perspective was a departure from the distinctly un-heroic view of «learned» maladies advanced by Rousseauistic physicians like Tissot³⁹. Yet it nonetheless depended for its existence on ideas that were just as widespread at the time, like the glorious exceptionalness of intellectuals both as individuals and as a group. In the end, the aestheticization of «literary» afflictions that became commonplace in early nineteenth-century France was probably indebted less to Rousseauism than to Rousseau himself – or, at least, to the fact that so many physicians counted themselves among his literary fans.

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³⁸ See also Lawlor and Suzuki 2000.

³⁹ Tissot takes a distinctly anti-aestheticizing view of scholarly hypochondria in *De la santé des gens de lettres*: see particularly his long footnote denouncing the fashionability of book-learning, in Tissot 1981, 182-186.

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