

Introduction

Literature and Medicine in the Long Eighteenth Century

Clark Lawlor

Literature and medicine is a very broad church indeed, even within the narrower confines of the long eighteenth century, that imperialistic concept covering the period 1660–1832, or thereabouts. Even imperialistic concepts have their uses, however, and this span of time allows us to think outside traditional literary history and incorporate the interaction of matters medical with literary genres and texts. Our volume begins with the slow demise of humoural theory and the foundation of the Royal Society, and takes us to the end of a period in which the profession of medicine was not compartmentalised and hived off into one of the ‘two cultures’ posited by C. P. Snow.¹

Michelle Faubert – following that pioneer of literature and medicine, George Rousseau – calls this a ‘predisciplinary moment’, when it was a positive advantage for a doctor to call upon a classical education and to draw upon an imaginative world of literature that could benefit his (for it could only be *his* for a doctor – other health workers, including women, we will also examine) ability to practice medicine.² Tita Chico has recently objected to this way of expressing the period’s fertile interchange of the literary and scientific, and indeed its tendency to assume the triumph of the scientific over the literary as a unique form of knowledge, but here we can use it as a way of viewing the possibilities available before the reformation and hardening of disciplinary boundaries as the nineteenth century progressed. Doctors themselves embraced what we call creative literature, too, and had a great influence on it throughout this era.³ After the Romantic period, the specialisation of disciplines would reconfigure literary–medical creativity, as our second volume will show.

At the start of a volume incorporating two disciplines in the title, we must pay attention to the thorny issue of definitions. What do we mean by ‘literature’ in this period? What do we mean by ‘medicine’ and its history? It is by now a commonplace in the field of literature and medicine to acknowledge that ‘literature’ in the long eighteenth century meant that

which is written, or ‘Learning; skill in letters’, according to Dr Johnson’s *Dictionary*.⁴ Our intention here is not to close down such a variety of writing but to recognise that medical writings can themselves be literary in a creative sense, and can partake of, and be structured by, major and minor works that we would recognise in the literary canon.

There is a spectrum of ‘literariness’, or variation in the intensity of literariness, which includes letters, memoirs, even recipe books and marginalia, medical works targeted at a public market as well as the more obvious example of the medical case history, where the overt reason for writing is not for publication or entertainment but for practical purposes across a variety of domains.⁵ We know, however, that literariness, creativity, and more practical writings are not mutually exclusive, and we see many examples of such ‘literature’ in this volume. We also know that the literary imagination, experimental and critical as it often is, informed medical knowledge, and that medical writings had a huge effect on literary works.

Medicine, too, is an ever-evolving series of objects throughout this long century. For many years the focus in literature and medicine was on literary or ‘writing’ doctors, those medically qualified (male and white) authors who either moved into the literary profession and abandoned medicine, or who worked on both fronts. Given that a classical education was expected for any competent doctor, it should be unsurprising that many were moved to write creative poetry and prose, and that their often deep knowledge of literature should structure their medical works in both form and content. Scholars are now delving into the self-fashioning of doctors, the enhancement (or otherwise) of their public image via literature after medical writing’s liberating if partial move away from Latin into the vernacular at the start of our period.⁶

We are beginning to recognise that a focus purely on the so-called mainstream medical profession is too narrow, and that a range of other health practitioners wrote in a variety of literary forms and from different gender and class positions. These other actors in the business of healthcare included quacks, apothecaries, midwives, ‘cunning women’ (or folk healers), ‘Lady Bountifuls’ (ladies of the Manor dispensing medical advice to the people in their purview), and other women with more or less access to a classical education or one involving different forms of medical knowledge – including Lady Mary Wortley Montagu, Jane Barker, and Anna Barbauld – who intervened in the theory and practice of medicine despite their differences in rank and wealth, and deployed that knowledge in their literary works, often to subvert the patriarchal stereotypes fostered in both

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medical and creative literature. Now we pay attention to popular and folkloric forms of medicine as well as the still-evolving medical profession. Our definition of ‘medicine’, therefore, embraces a larger sphere than hitherto, in keeping to some extent with the expansion of the literary canon and with developments in the history of medicine.⁷ In this period, too, medicine began to build its own histories, becoming aware of its own contingencies and development in an era of enlightenment.⁸

The wider field of medical writings is of a piece with new directions in eighteenth-century studies, such as the now-established field of the transatlantic and indeed global nature of literature and medicine. Of course, we have always known that medical theory has been at least a European phenomenon, with Latin as the lingua franca for scientific conversation well into our period, but gradually being displaced by, as well as sitting alongside, the use of the vernacular.⁹ Colonial disease and colonial health have joined European travel for health as key themes in literary–medical studies.¹⁰ The role of commerce, not least the slave trade, looms large here, while the burgeoning medical market back in Britain has been an increasing focus of interest, an interest finding its way into literary and medical–historical studies.¹¹ Literature has been a key vehicle for advertising and critiquing medical products, including treatments, so capitalism’s relationship to literature in general overlaps with the peculiar case of medicine’s need to make money.¹² Likewise, the movement away from the metropolitan centre in colonial terms is also evident in the importance of Scottish medicine within Britain, and recent studies have shown the impact of Enlightenment Scotland’s medical schools on medical theory, literary writing, and the export of writers such as Tobias Smollett and George Cheyne to the major English centres of London and Bath.¹³

In setting out some workable definitions for this volume, it is worth mentioning the important issue of retrospective diagnosis while we are about it. Most scholars of this period tend to eschew presentism, or the idea that we can easily map diseases or other social practices from the eighteenth century onto those of the present day. While we might recognise shared issues or even symptoms, the time has long since passed where we can equate melancholia with depression, or consumption with pulmonary tuberculosis, or even eighteenth-century cholera with that of the twentieth and twenty-first centuries. Part of this reason lies in the fact that medical theories can be vastly different, so that the terms used do not even refer to the same disease, if indeed it existed at all in anything like the same form. There might be no word for a condition, or the word might be entirely different. Perhaps even more profoundly, the social worlds

people inhabit in various times and places can be so radically at odds that the meanings and definitions ascribed to certain physical experiences are not comparable. This difficulty with retrospective diagnosis does not mean that such comparisons cannot be attempted at all, but it does mean that when we do try to deal with (for example) depression in the twenty-first century in relation to the melancholy or spleen of the eighteenth, we need to be extremely careful about how this is done.¹⁴

The goal of this volume is to present a collection of essays offering original, cutting-edge research across a range of areas that reflect the state of contemporary work on literature and the history of medicine. We hope that, as well as advancing the field, it will help newcomers to this specific subject and demonstrate the fundamental importance of medicine to the period. Our fellow volume on the nineteenth century seeks the same goal but within shifting historical conditions. The present volume is structured according to three interrelated topics: ‘Literary modes’, ‘Psyche and Soma’, and ‘Professional Identity and Culture’. Although the essays can be read individually, the recurrence of key issues and themes rewards reading across the volume, while the introduction and critical apparatus highlight, analyse, and advance them.

‘Literary Modes’ (Part I) consists of chapters on poetry, the novel, and drama. Some forms of historical writing use literary media for ‘evidence’ of ‘real’ medical phenomena, sometimes without respecting the distinctive modes of literature. The now not-so-new New Formalism (one of various names for a return to literariness) attempts to be a sophisticated combination of historical research and discursive forms that include the particular types of literary writing and the expectations and rigours they bring with them. This section, amongst other benefits, aims to demonstrate how the form of literature interacts with medicine in complex ways that are not unidirectional: literature and medicine have a dialogical relationship at this time.

Some of the most recent critical interventions in literature and medicine in the period even claim that literature is in itself a form of experimentation, an alternative form of arriving at a different and more capacious form of truth. Such interventions problematise the way we have traditionally defined the terms ‘literature’ and ‘medicine’ (or ‘science’ more broadly). From this perspective, literature is a form of knowledge, and one that helps to shape the development of early modern science itself, for science cannot proceed without metaphor, metonymy, and figuration. Literature was also a form of intervention in the progress of science, and helped both expand and limit the possibilities of scientific endeavour because it could imagine

new modes of experiment and reality, and imagine – even warn against – the consequences of scientific developments. Without entirely flattening the distinctions, one can say that in this period science is profoundly literary, and literature experimental and scientific. It is not a coincidence that the word ‘Imagination’ features in the titles of so many monographs on literature and medicine recently.¹⁵

Moreover, as Sari Altschuler has put it, ‘Genre was the grammar of this experimentation. Literary genres were excellent forms for exploring theories of the body.’¹⁶ This observation holds true for the major literary modes of poetry, novel, and drama, but also for the particular genres of satire, georgic poetry, the novel of sentiment and sensibility, and so on. Generic expectations were not merely constraints on what could be thought about health and illness, and how to treat them, but also enabled literature to explore, experiment, and expand the possibilities offered by science. On a practical level, literature was an intervention, a means of shaping social understanding of, and behaviour towards, medicine via its generic templates. Clark Lawlor has also argued that literature itself was crucial in shaping the popular perception and experience of even terminal diseases such as consumption/pulmonary tuberculosis.¹⁷

Clark Lawlor’s essay on poetry, ‘“Mere Flesh and Blood”: Poetry, Genre, and Medicine’ (Chapter 1), analyses major poetry of the period (including Pope’s *The Rape of the Lock*) to show how medical concepts and language permeate poetry, even as the logic of the poem’s genre dictates the way in which that language can be expressed. By ‘medical concepts’ we do not mean only contemporary medical ideas, which are certainly present, but also long-standing folkloric and classical concepts, like the supposedly out-dated humours. Having said that, one of Lawlor’s main points is that shifts in medical notions of the body and mind, such as the one at the start of our period from the Renaissance humours to the Enlightenment mechanical–hydraulic, result in profound changes in popular conceptions of what it means to be human, as Lawlor shows in his reading of Dr John Arbuthnot’s ‘Know Thyself’ (1734). Lawlor goes on to argue that the move towards sensibility and the theory of the nerves and fibres later in the eighteenth century results in another reinvention of the idea of the human, one that is expressed, reinforced, and developed in poetry and its different forms. The broad move from satire to sentiment is underpinned by revolutions in medical theory, as many of the essays in this volume observe.

Amongst the major authors covered by Lawlor sit the minor medical poets writing ‘Regimen’ poetry, a genre designed to convey medical

concepts to a general (literate) reader in the form of the most respected literary medium, as poetry was at this time. Some authors might have fretted about the vulgar body and its dysfunctions being too indelicate or lowly in status for poetry, but this issue depended on what genre of poetry was in question. Georgic, for example, was an instructive classic form, and very much suited to direct messages about how to live one's embodied existence as well as the spiritual – of course, as the wrangling of the soul and body manifested in the poetry of the seventeenth century suggested, the physical was implicated with the spiritual. Medical theory old and new confirmed creative literature's habitual assumption of the interconnectedness of mind and body.

While poetry sat at the top of the generic tree, the novel, argues Heather Meek in 'Jane Barker, Medical Discourse, and the Origins of the Novel' (Chapter 2), was also capable of having its very form shaped by medical ideas. Not merely a vehicle for the transmission of medical thinking, the novel takes that thought and embodies it (the pun is deliberate) in its style and structure. Medical theories contemporary and ancient, folkloric and popular, were deployed by novelists both in the service of prevailing ideologies of male superiority and in order to subvert them, as in the case of Jane Barker. The heroine of her trilogy, Galesia, is at once poet and hysteric, and yet avoids the seemingly inevitable destinies of marriage (as cure) or death (also as a form of cure!). Barker, who appears in more than one essay in this volume, had medical knowledge that allowed her to contribute to contemporary medico-literary discourse, a fact that reminds us that we are not dealing with only dead white males when we discuss medical writings.

Barker's interpolation of medically themed (anatomical) poetry into her novel emphasises the polyphonic flexibility of genres within the novel, and the possibilities this highly experimental genre afforded to female writers as well as male ones.¹⁸ Meek also offers the important argument that Barker's work anticipates, or lays the ground for, the emergent psychological realism of the novel, a realism that draws nearer via the decline of humoural theory and the rise of nerve-based sensibility later in the eighteenth century. The end point of this development might well be in the collision between form and psychology found in Jane Austen's 'nervous' sentences in *Persuasion*, a point made by Alan Richardson in his *British Romanticism and the Science of the Mind*.¹⁹

Drama has been very little studied as a key genre in the relationship between literature and medicine in the long eighteenth century, so Roberta Barker's contribution to this volume provides a much-needed

intervention. ‘Imaginary Invalids: The Symptom and the Stage from the Restoration to the Romantics’ (Chapter 3) demonstrates the transition from largely medical satire on the stage, itself based primarily on humoural types, to a sophisticated depiction of characters underpinned by nervous sensibility in the later part of the century. Here again contemporary medical theory drives the literary possibilities of human life and personality, albeit within the constraints of a specific medium and genre.

Humoural types could reveal truths about a person, but they could also be faked; sensibility gave the opportunity for greater focus on emotional subjectivity, but the signs of sensibility too could be faked. Barker finds that the motif of the symptom brings together issues of quackery in medicine and on the stage: the possibility of the complicated classical edict to follow nature in a mimetic fashion could be undermined by a display of unreal ‘symptoms’. The theatre itself is a medium especially associated with mere shows of feeling because the very essence of acting is, or was, inauthenticity when viewed from this perspective, and all the more immediate because delivered in person, not print.

In the later eighteenth century, during the move towards the Romantic stage, vitalist theories associated with sensibility gave a model for actors to project the impression of authentic spontaneity and to challenge the more mechanistic modes of both medicine and acting dominant earlier in the century. Barker also makes the crucial point that audience reaction responded to this ‘logic of the symptom’, with the powerful feelings generated by the actors transmitting themselves to the audience like an epidemic. This ability of literature to enact and spread physical and psychological reactions in actual people was, naturally, a cause of concern to many social theorists.²⁰ The obverse of this was the idea that literature might also have healing powers when used in the correct manner, an idea still alive in medical and health humanities in our own time.²¹

Part II, ‘Psyche and Soma’, inevitably reiterates the profound connectedness of mind and body present in both the creative literature and the medical theory of the long eighteenth century. We begin with Allan Ingram’s Chapter 4 analysis of the vast topic of ‘Mental Illness: Locking and Unlocking the Stereotypes’, which elaborates on the relationship of the stage to medical theory by pointing out that the early eighteenth-century mechanistic and reductive depiction of Shakespearean madness was far from the sympathetic image of the wise fool in Shakespeare’s day, or the later valorisation of madness in the Romantic period. As in the asylums, madness was something to be recognised in stock types and ridiculed, especially in the lower orders. However, the rise of psychology

via John Locke's emphasis on learning through experience and Thomas Willis's contribution to the understanding of the nervous system gave an impetus to optimism about treating madness as the century went on. 'Moral management' meant that the patient could be treated (although much of this medical theory took a long time to filter through to the asylums), and the literary depictions of madness also reflected this model later in the century.

Literature could subvert medical and popular representations of madness as well as reinforce them, argues Ingram. Anne Finch's 'A Pindaric Ode on the Spleen' (1701), early in the century, depicts in a powerful and authentic way her suffering of what we might now term 'depression' (although we must make a caveat about the illusion of authenticity in a literary mode), whereas Thomas Gray's *Elegy Written in a Country Churchyard* is framed more rigidly in a classical genre, and thus its melancholy lacks the immediacy of Finch's. Ingram finds that Finch's early poem is actually more in tune with the Romantic sensibility that would later laud madness as a fashionable disease. Again we learn that genre is vital in the way medicine interacts with literature: Augustan satire, for example, was not usually a helpful mode for encouraging sympathy with the suffering of the mentally ill, whereas sensibility – whether in the novel, in the poem, or on the stage – lent itself far more to the depiction and understanding of mental states, and this fictional experiment enabled medics to see the possibilities in their theory and practice.

Although the medical theory of the eighteenth century bound psyche with soma inextricably, the emphasis shifts in the next essay from mind to matter, initially at least. Hisao Ishizuka's 'From Hypo to Bile: The Rise and Progress of Bilioussness in the Long Eighteenth Century' (Chapter 5) makes the surprising claim, at least to the non-specialist, that by the Regency period bilioussness had become not only fashionable but also 'a mania'.²² Ishizuka calls upon the more recent trend in the history of medicine and literature to consider the global eighteenth century a colonial century in which diseases crossed borders – propelled by trade, wars, and tourism – and in which the colonial periphery stimulated the need for new knowledge and treatments when fresh diseases came back to the metropolitan centres.²³ As diseases of the bile arrived from the British colonies, argues Ishizuka, they became chronic rather than acute, and needed new ways of coping at home. People managed their 'biliouss identities', for diseases have the power to label a person, by travelling to fashionable resorts and seeking the endorsement of fashionable doctors and treatments for their on-going conditions.

The writing of doctors, it is important to note, played a significant role in this process: John Abernethy's tremendously popular 'My Book' (as he called it) placed bile front and centre in the cultural imagination in a much more positive manner (energy-giving rather than filthy waste). Where literary writing stops and medical writing begins is often a permeable boundary, but Abernethy's medical writing gave a great stimulus to creative literature to participate in bilious culture and identities. Ishizuka points to silver-fork novelists in particular, but also to Austen and De Quincey as creators of a new type of invalid, the bilious sufferer. For Austen, the bile is a disease of activity, as opposed to the older fashionable nervous disease of hypochondria, which produced the 'Hypo' character type. Literature, it is clear, provided a template through which patients could see their illnesses and understand their role in society, often in an emulative mode: hence fashionable diseases.

One of the most significant episodes in the evolving theory of medicine and literature is Susan Sontag's rejection of metaphor as a means of describing disease: for her, the metaphors of cancer meant shame and despair for sufferers, as opposed to the paradoxically glamorous tuberculosis or consumption of the nineteenth century and before. In Chapter 6, 'Metaphors of Infectious Disease in Eighteenth-Century Literature: Complex Comparatives in Daniel Defoe's *A Journal of the Plague Year* (1722)', Noelle Dückmann Gallagher develops the subsequent responses to Sontag, which, it is worth noting, are driven by the post-structuralist tenet that all language is always already metaphorical and figurative, and that diseases themselves cannot but be metaphorically manifested as soon as they enter human language and consciousness. She makes the bold claim that 'depictions of infectious diseases are *never* uniformly negative' in the eighteenth century because they inevitably become bound up with social interactions that are in themselves positive.

Taking Daniel Defoe's *Journal of the Plague Year* as her apparently difficult test-case, Dückmann Gallagher demonstrates that the plague is not merely represented as an invasion from foreign lands, or a punishment from God, but also as a condition transmitted through beneficial commerce, pleasurable social activities (coffee-houses, private or official visiting, assemblies, charitable events). As with Ishizuka's deployment of more recent scholarship on the global eighteenth century, Dückmann Gallagher argues that fears about global trade spreading the plague and other diseases-as-commodities have a flip-side: the trope of 'plague-as-visitor' in which the plague is more like a tourist, someone locally or even intimately known bringing a gift in a different form of exchange. Ultimately, states

Dückmann Gallagher, these representations of the plague are complex, unstable, and conflictual: the plague was at once global and local, a war and a bonding process, a religious punishment and an opportunity for charity and self-knowledge. Metaphors do not resolve the contradictions inherent in this or other diseases – and Dückmann Gallagher drives home the point that her argument applies not merely to the extreme example of the plague.

Medicine naturally focuses on disease and disorders of the body and mind as its immediate objects of concern, but Richard C. Sha's essay 'Only Connect: Romantic Nerves, Pleasure, Aesthetics, and Sexuality' (Chapter 7) reminds us that literature and medicine were intimately connected in other ways. Sha argues that 'the nervous system was the Romantic body writ large, the psyche writ small, not to mention a central means of thinking about intersubjectivity'. As in other essays here, the importance of nerve theory is hard to overstate, especially in its impact on the culture of sensibility, to use Barker-Benfield's modification of the term 'cult of sensibility' that dominated literary-critical history for so long.²⁴ In Sha's account, nervous sensibility and its later developments (like Brunonianism) embrace body, mind, and almost everything else in the purview of the human, including creative literature.²⁵

Sex and pleasure, when overdone and the nervous system over stimulated, might have led to disease, but Sha focuses on the manner in which the pleasures that the nerves brought to the body from external experiences were an incentive to draw people towards certain tastes, aesthetics, and even moral behaviours. He argues that we have lost sight of the Romantic-period connections between sex and aesthetics, with art as a 'stimulant' that was at once subjective and interior, and social and exterior. Our present view of sex and sexuality as privatised blinds us to the wider importance of sex in Romantic culture and literature. Sha shows that Michel Foucault's concept of 'biopower', with all its oppressive implications for the control of human bodies, does not grasp the subtle ways in which 'the history of medicine proffers a needed return to the social and collective, the visceral, pleasurable, emotive, and ethical impact of art'.

Using the particular case of Thomas Bateman's commonplace books (Bateman was a famous skin doctor), Sha analyses, amongst other things, how this physician's writing sheds light upon Charlotte Smith's poetry as he raises questions common to Romantic culture and medicine. Bateman copied out four of Smith's sonnets, a labour of love that Sha ascribes to her ability to render – via the formal and visceral qualities of the poetic medium, and the sonnet in particular – questions of pleasure's relation