

INTRODUCTION

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Samuel Johnson, in *Lives of the Poets*, unites medicine, poetry and politics in his description of the early career of Mark Akenside:

He published, soon after his return from Leyden (1745), his first collection of odes; and was impelled by his rage of patriotism to write a very acrimonious epistle to Pulteney, whom he stigmatises, under the name of Curio, as the betrayer of his country.

Being now to live by his profession, he first commenced physician at Northampton, where Dr. Stonhouse then practised, with such reputation and success, that a stranger was not likely to gain ground upon him. Akenside tried the contest a while; and, having deafened the place with clamours for liberty, removed to Hampstead, where he resided more than two years, and then fixed himself in London, the proper place for a man of accomplishments like his.

At London he was known as a poet, but was still to make his way as a physician.¹

Publication of poetry and qualification as a physician occur in tandem; we see Akenside striving to be recognized as a professional in the parallel worlds of literature and medicine. However, there is also tension, even opposition, between these worlds. He succeeds as a poet but lags behind as a doctor. Writing ‘acrimonious epistle[s]’ and setting up deafening ‘clamours for liberty’ seem to go hand in hand with medical interests, but not so much with career advancement.² Johnson goes on to detail Akenside’s efforts to put himself forward in London: he became a member of the Royal Society and the College of Physicians; ‘in conversation, he very eagerly forced himself into notice by an ambitious ostentation of elegance and literature’, and in his medical writing also; ‘his Discourse on the Dysentery (1764)’ of all things ‘was considered as a very conspicuous specimen of Latinity, which entitled him to the same height of place among the scholars as he possessed before among the wits’. Here a ticket to metropolitan professional success as a writer and physician, eloquence on dysentery certainly seems an odd conjunction, and provides a striking illustration of the rhetorical flamboyance of eighteenth-century medical exposition. Johnson depicts Akenside as at once

having ‘an unnecessary and outrageous zeal for what he called and thought liberty’, and being ‘no friend to any thing established’, yet also not ‘wanting’ in any efforts which might lead to ‘his own success’. Literature and medicine in the eighteenth century are both pathways to public activity and prominence for those of alternative religious and political opinions, those self-made individuals as willing to get their hands dirty as to exercise their wit (Johnson notes Akenside’s father was a Presbyterian butcher). Akenside studied at Leyden, like many others who pursued medicine in European or Scottish universities open to dissenters and providing more advanced education (such as access to dissection) than the Anglican-associated and comparatively backward Oxford and Cambridge; yet Akenside also ‘obtained a degree at Cambridge’. The routes of literature, medicine and liberty cross and diverge, and weave between centre and periphery.

Older critical assumptions of the automatic hostility between science and literature have long been discredited. A more recent consensus has evolved on treating them as parallel and mutually illuminating spheres. This tends to operate on a model of broad cultural analogy, and from such a perspective, placing literature and medicine together has the potential to disrupt familiar periodization. The ‘long eighteenth century’ makes sense in medical history, if William Harvey’s discoveries, such as the circulation of the blood, are seen to usher in a new era which could be said to proceed until the scene is dramatically changed again by germ theory, antiseptics and anaesthetic in the mid-nineteenth century. Romantic medical writers themselves see Harvey as an era-making figure, and frequently cite him as an authority. According to John Bell in 1797, for instance, ‘the old physicians ... foresaw, that should the Harveian doctrine prevail ... then all their reasonings would be confounded ... all that they had ever been proud of, was to be wiped out from the thoughts of that and of all succeeding ages!’ Harvey is a beleaguered genius, a light of ‘well-proved doctrines’ which ‘did at last prevail’ against the darkness of ‘idle dreams about humours and temperaments, and spirits, and blood!’³ In the case of literature, William St Clair has recently changed the picture of Romantic literature in its original context of reception by emphasizing how early eighteenth-century writers enjoyed an afterlife throughout the period, their work being often more accessible to purchase than that of living writers.⁴ Considering the frequent biographical overlap between doctors and writers may be an additional way to trace a coherent tradition that reaches from Smollett, Akenside and Armstrong through to Erasmus Darwin and John Keats. These writers are united as dissenting intellectuals, a position which is itself a strong motivation for choosing the twin professions of author and physician, as is their status as more or less having to seek their own fortune without inherited family wealth or high status to support them. Smollett may have satirized Akenside as the republican doctor (using the two epithets practically interchangeably), but Smollett was also one himself, and satirized in turn

by Sterne as ‘the learned SMELFUNGUS’ who projects disease and discontent on all he sees, making private ailments public (just what medical writers do): ‘I’ll tell it, cried Smelfungus, to the world. You had better tell it, said I, to your physician.’⁵ Through to Keats these writers all share either a certain irritability, or a certain sensuality, both marks of the rough and ready ‘Republican’, and also symptoms of heightened sensibility. It might be said that the long eighteenth century, in both medicine and in literature, gains its continuity from empiricism and its offspring in eighteenth-century sentimentalism and nineteenth-century sensationalism; Locke too was a writer medically trained.

More specific linkages and reciprocal transformations may be discerned between literature and medicine in the eighteenth century. Both can be defined in terms of discourse: as collections of authoritative texts which serve as a canon of knowledge, value and legitimacy; and as praxis, modes of intervention, in the first case, from bodies into the social world, and in the second, from the realm of culture onto somatic responses. There is regular recourse to analogies between health in body and society, evident on both sides of the Burke–Wollstonecraft debate, though the more common association is of doctors with freethinking, materialism and republicanism. Medical diagnosis may serve as a model for literary interpretation (and vice versa) in its dependence on inferences from bodily symptoms and other corporeal semiotics. The modes of exposition of medical texts are often highly rhetoricized, as can be seen throughout the period from George Cheyne’s ornate paratactic accumulations (‘to combat, struggle with, and nobly to bear and even brave the Misfortunes, Pains, and Miseries of this mortal Life’) to Martha Mears’s appeals to poetry for practical medical advice (‘so respectable an authority as that of Dr. Armstrong, – a writer not less admired in the medical than in the literary world’).⁶ Both literary and medical writing offer representations that make human pain intelligible if nonetheless ineradicable (Burney’s mastectomy), possessing the capacity to translate first-person testimony into third-person narration (medical case-studies as experimental narratives). They share a common therapeutic function, from Thomas Gray’s sympathizing in the grief of his friend Mason through completing his verses for his wife’s memorial, to John Stuart Mill reading Wordsworth to recover from a nervous breakdown.⁷ Though they may aspire to cure, they might perhaps be better regarded as a form of alleviation of inevitable suffering (as Johnson puts it in *Rasselas*, ‘Human life is every where a state in which much is to be endured, and little to be enjoyed’).⁸

Empiricist philosophy, with its emphasis on both mental and biological origins, permeates both aesthetics and medicine. Newtonian physics was apt to transfer as an experimental model for speculation in other systems of knowledge, such as theology (in the Boyle lectures), as well as literature and medicine. Marjorie Hope Nicholson’s classic study has shown how readily poets adopted

the *Opticks*. Physicians developed an iatromechanical view of the body as a Newtonian machine.⁹ In such parallels there remain also elements of older models of micro- and macrocosm, evident for example in Newtonian ether as a kind of cosmic sensorium. Sterne's traveller declares, in his address to 'Dear sensibility!' in *A Sentimental Journey*, 'all comes from thee, great – great, SENSORIUM of the world! which vibrates, if a hair of our heads but falls upon the ground, in the remotest desert of thy creation.'¹⁰ Sentimentalism may be regarded as both a pervasive literary movement and an experimental framework for explaining corporeal sensation. Similarly, organicism serves as a model for aesthetics from the mid-eighteenth century onwards, but there is also a reciprocal movement of modelling the development of the foetus according to literary paradigms (evident in the crossovers between Akenside's doctorate in embryology and his evocation of the 'child of fancy').¹¹ Intensity of sensation becomes not only a primary and irrefutable bodily reality, but also data for literary response (Keats's 'pleasure thermometer' and 'axioms ... proved upon our pulses').¹² Both the sublime and, more popularly, the gothic insist on extreme and destabilized perceptions as a distinctive mode of knowledge. During the period, madness becomes defined as a clinical condition, with an accompanying institutional matrix, but the counter-tradition of the unstable creativity of the original genius, traceable back to Plato's *Phaedrus* and beyond to Sappho and Pindar, persists and manifests in Dryden: 'Great wits are sure to Madness near ally'd; / And thin Partitions do their Bounds divide.'¹³ Comparable mythologies may be seen as developing around conditions such as consumption. Though the madness and illness of the genius may be considered a Romantic concept, there is room for it in the neo-classical aesthetic, as Dryden shows; similarly, the sublime in its classical form is resurrected in an Enlightenment context with Boileau's translation of Longinus. For the histories of both literature and medicine, there is a temptation towards teleological narrative, though with opposing outcomes: Enlightenment science replaces superstition and ignorance; romanticism, however, replaces, therefore is superior to, neoclassical reason. But if, rather than self-contained successive periods in a relationship of reaction, one considers them as complementary tendencies which frequently coexist, it can be seen that Enlightenment medicine includes elements later seen as characteristic of Romanticism (such as vitalism), while Romantic literature continues to utilize various empiricist models of materialism, associationism and physiological sensation.

Medicine has generally been treated as a subsection of broader movements in Enlightenment science and philosophy, such as sensibility, sexuality and body studies; psychology, identity and consciousness; biology and other branches of 'natural philosophy'. But it was during the eighteenth century that medicine began to be differentiated in a recognizably modern form, to become an autonomous discipline and practice in its own right. In turn, sub-disciplines asserted

their validity by demanding recognition within the field as a whole. Surgeons justified themselves as skilled practitioners and set themselves apart from the unspecialized, hack ‘barber-surgeons’ of early modernity; this separation was marked by the foundation of the Company of Surgeons in 1745, which became the Royal College of Surgeons of England as it still exists today. Man-midwives established themselves as respectable and preferable experts, amid decades of charged debate. Medical artists proved themselves not merely mechanical reproducers but skilled masters of an identifiable and valuable genre. The period also sees the birth and early steps of modern psychology. Occurring alongside these medical developments is the professionalization of the role of the writer, and the accompanying explosion in print culture and popular readership. These changes and their repercussions are not contained within the borders of the traditional dating of the Enlightenment or of the eighteenth century, so this collection takes on the extended timeframe which the Enlightenment World series is dedicated to explore, particularly by following the impact of Enlightenment medicine beyond 1800. In scope, the collection ranges from 1720 (with Wild on Defoe and Mead) to 1835 and beyond (with Lawlor and Budge both extending the influence of Romantic-era medicine forward to Harriet Beecher Stowe). Though this collection centres on Britain, it sends out feelers across the Atlantic in these essays, and toward Europe (Sha bringing Spallanzani into Blake’s world, and Desjardins tracing parallels and divergences between British and French psychology). The predominance of Scots (Hogg, Armstrong, the Hunters) not to mention the presence of Ignatius Sancho are a reminder of the internationalism of Britain itself. The Enlightenment was, of course, a Europe-wide phenomenon highly conscious of itself as such. This is apparent in the rapid circulation of both literary and medical texts; for instance, there is an Italian translation of Armstrong’s *Oeconomy of Love* within a decade of its initial publication, and Thomas Gray’s medical journal quotes from cutting-edge sources in several languages. Roy Porter, in one of his last works, *Enlightenment: Britain and the Creation of the Modern World*, energetically defends the place of Britain as a participant, even a catalyst, in this movement, against its traditional image as a conservative, utilitarian bystander to French and German theoretical innovation.¹⁴ This collection participates in such geographical reconsideration, alongside the redefinition of temporal borders, and the rethinking (once again) of Enlightenment values. Porter, hugely influential for his groundbreaking work on literature and medicine (such as the many essay collections he edited in the 1980s and 90s, notably *Sexual Underworlds of the Enlightenment* with G. S. Rousseau, *Literature and Medicine During the Eighteenth Century* with Marie Mulvey Roberts; and the posthumously published *Flesh in the Age of Reason* which gives devoted attention to literary writers from Sterne to Byron)¹⁵ remained committed to the ideal of Enlightenment, asserting that it did exist and was positive (and perhaps

it is the literary-medical approach which especially enables such a perspective). Even Foucault, that major demythologizer of le Siècle des Lumières, comes around in his later writings in a different way: he dismantles timelines by defining it not as a period or a doctrine, but as a specific attitude of self-awareness, and considering this the inauguration of the unfinished project of modernity. Because its questions are still unresolved, it is open-ended, and can furnish ‘a permanent critique’. At the close of his essay, ‘What Is Enlightenment’, he continues to refuse ‘the “blackmail” of the Enlightenment’ which demands that one has to be for or against it, yet even in his ambivalence his remarks are very apposite to the motives of this collection: ‘I do not know whether it must be said today that the critical task still entails faith in Enlightenment; I continue to think that this task requires work on our limits, that is, a patient labour giving form to our impatience for liberty.’¹⁶

‘Liberating’ is the element which marks this volume’s particular contribution to widespread international debate. A look at the recent controversy over the new translation of Foucault’s *History of Madness* can illustrate some of the impulses involved in our understanding of ‘liberation’, and its implications for the field of the cultural study of medicine. For opponents of Foucault, notably Andrew Scull whose scathing review in the *Times Literary Supplement* set off weeks of debate, the full version of *History of Madness* confirmed the inadequacy of his work: sweeping, indeed fabricated, generalizations concocted from inaccurate historical research.¹⁷ Supporters of Foucault responded not so much by defending his facts as by asserting the value of his influence; for instance, Bill Luckin credited him with freeing the study of history from unproblematic ‘Whiggish’ narratives intent on progress.¹⁸ What seems desirable is at once a liberation by and a liberation from Foucault, or what he stands for. Scholars in the humanities and social sciences can now adopt social constructivist perspectives, and practise interdisciplinary cultural studies, such as those focusing on the intersections of literature and medicine, without having first to mount a strenuous defence. Yet, in new historicist criticism and in Foucault’s own work, the potential freedom of seeing power not as static and absolute, but circulating in society, distributed and exercised in different forms, often settles down into determinist, even dystopian, power-knowledge models. Scepticism towards master-narratives should include suspicion of formulations such as the ship of fools, the great confinement, the birth of the clinic, the invention of homosexuality. As is evident in this collection, current scholarship is less interested in making dubious iconoclastic claims (or even facing off, iconoclastically in turn, against such claims) and more interested in specific context, close archival research and detailed textual interpretation, which open up multiple competing perspectives. Teleological models have become very difficult to maintain.

Just looking at one area, midwifery, a narrative of benevolent and natural women midwives being ousted by opportunistic, interventionist medical men becomes untenable when the literature is closely read, and the historical practice closely traced. Women used instruments and men polemicized against them. Women trained with men and studied anatomy while men learned from midwives' techniques. The gender disturbances that abound in the midwifery debates cut both ways. Paradoxically, women defend midwives' power by appealing to essentially subordinate female roles; and men challenge assumptions about biologically-determined aptitudes by crossing over into a sphere previously exclusive to women. There is a progression – childbirth did become medicalized, and did move from largely female to largely male control – but it is not a clear-cut development.

The work of Roy Porter suggests some possibilities for representing the history of medicine without giving in to a triumphalist vision of inexorable progress, defeatist schemata of power / knowledge, sudden moments of vast change, or reductive generalizations. His narrative (as articulated at length in *The Greatest Benefit to Mankind* and concisely in *Blood and Guts*) frankly states that before anaesthetics and antiseptics, sulfa drugs and antibiotics, medicine could do little for the sick except perhaps reduce pain with narcotics.¹⁹ Yet these revolutionary advances in medicine have produced what he calls the 'doing better but feeling worse' syndrome: medical progress is not simply improvement.²⁰ Plus, defeat of disease is not a victory for medical science alone, but is creditable to social factors too, such as sanitation and nutrition, and the public acceptance and implementation of procedures like inoculation. In contrast to Foucault, Porter offers a counterpoint of attentive historical detail and careful textual study coupled with a humanist insistence on the perspective of the patient, the experience of suffering, and the limitations of its alleviation. Even this opposition is not absolute. Foucault's own work shifts, as the final volumes of *History of Sexuality* move on to a patient-centred ethics of the body rather than medicine as a paradigm of mechanisms of control.

Critical study of medicine is now poised to build upon and go beyond the structuralist-speculative and empiricist-humanist traditions represented by Foucault and Porter. Accordingly, our contributors interpret 'liberating medicine' in a range of ways. For instance, Allard supersedes the institution- versus patient-centred opposition by analyzing how Frances Burney's private correspondence describing her experience as a patient is shot through with professional medical discourse, and avails itself of her public persona as novelist. Coyer and Connolly, in different ways, see writers as mediators between practitioner and patient: for Coyer, Hogg even-handedly treats secular scientific and spiritual Romantic views of madness, and for Connolly, Barbauld at once sympathizes with 'female' maternal experience and voices 'male' medical perspectives on childbirth. Other

contributors rearrange the power dynamic between literature, medicine and society. Sha sees medical concepts as working against repression in Blake, and Ogawa similarly finds Brunonian medicine providing an alternative body-politic model (not dominated by head or monarch) to serve Wollstonecraft's revolutionary purposes. And in contrast to the emphasis on discourse as formative, as in more traditionally Foucauldian approaches, many of our contributors give attention to specific contexts of medical practice, from public health measures against the plague, to 'moral treatment' as a cure for insanity, to management of the body of the slave.

Even if one accepts Porter's point about medicine's limited efficacy, this need not predetermine how it might function in a specific context, and how it may have broader personal or political functions of emancipation. Although they may not come through in every case, or at all, medical discourses make promises to alleviate pain and danger, and medical practice does find cures. Beyond demonstrating that medicine's power to save is not comprehensive, it is worthwhile to examine what motivates the promises and what is at stake in the cures. Late eighteenth-century midwifery books envision almost pain-free childbirth, naturalizing both motherhood and its new medicalization. Burney's mastectomy succeeds in freeing her of her cancer, at the price of unimaginable pain and the risk of almost certain death. The essays in this volume are as interested in how Enlightenment medicine might underpin, as much as undermine, Enlightenment ideals of liberty. Both medicine and liberty are tied to rationality and improvement, and to sensibility's delicate balance of health, virtue and physical-emotional response, as is clear in medical endorsements of domesticity, where certain methods for birth, nursing and childrearing are claimed to empower or impede women's liberation and the production of freer, happier citizens. Even after Foucault, this need not be read ironically.

The concept of 'liberation' allies literature and medicine with equally pressing concerns in eighteenth-century studies today: postcolonialism, imperialism, the idea of nation. 'Liberation' and its concomitant concepts are all the more timely given the anniversary of abolition commemorated in 2007 in academic and cultural events, along with anniversaries of Blake's birth, and the publication of Burke's *Enquiry*, and Gray's *Odes* – all of these are taken up in this volume. While on one hand, centring on 'liberation' increases the timeliness of the volume, on the other hand it also calls attention to the political awareness that has long characterized much work on eighteenth-century literature and medicine, such as John Barrell's *The Infection of Thomas De Quincey*, Alan Bewell's *Romanticism and Colonial Disease*, Felicity Nussbaum's *Torrid Zones: Maternity, Sexuality and Empire*, and Toni Bowers' *The Politics of Motherhood*.²¹ Furthermore, 'liberation' suggests the expansive interdisciplinarity which has also long marked this area of study, and highlighted other forms of freedom: for instance,

G. S. Rousseau on sensibility, dismantling borders between body, mind and soul, and Thomas Laqueur on sexuality, tracing the transformations of gender definition.²²

Imperialism, slavery and revolution are addressed head-on by the essays that open the collection. Lawlor uses the archetypally Romantic disease, consumption, to examine religious conversion as a tool of empire, to explore the paradox of a spiritualizing disease, and to question the racial exclusivity lent to refined and beautiful suffering. Grinnell confronts the negation of sickness by the institution of slavery, and sees Ignatius Sancho deploy hypochondria at once as a badge of bourgeois success and a demand that the importance of the health of Africans be sympathetically recognized. Sentiment is treated as a symptom by Carlyle, according to Budge in his demonstration of the Romantic medical roots of Carlyle's and Stowe's contrasting treatments of slavery – particularly John Brown's continuing influence – in terms of sensationalist fiction as excess stimulation. Physical, emotional and even moral excesses are causes of the plague, as Wild finds in his comparison of Richard Mead's and Daniel Defoe's recommendations for containing contagion, and of their efforts to reconcile English liberty with quarantine laws, and empiricism with plague as divine judgment. Ogawa and Sha continue the discussion of excess, returning to Brunonian medicine in terms of sexual, moral and philosophical liberation. Ishizuka, like Sha, focuses on Blake, but extends the idea of liberation to textual interpretation, freeing Blake's central figure Urizen from a calcified identification with reason. Ishizuka's use of neurophysiology opens a series of papers on mental medicine, including Chandler's on popular responses to the madness of George III, connecting back to the opening political essays, especially Ogawa's concern with the head of state. Desjardins interrogates the concept of idiocy and its potential for producing poetry and curing illness through alternative modes of association – of ideas, and between people. The validity of dreams and visions is taken up by Coyer to rethink James Hogg's reputation as 'king o' the mountain an' fairy school'²³ and its implications for his neglected insight into the relationship between empiricism and superstition. This links with Ruston's attention to the delusions induced by the quasi-medical practice of animal magnetism, which she sees Godwin apply to the performance of authority in *Caleb Williams*, class power being comparable to the manipulations practiced by mesmerists. Her engagement with Burke on the sublime makes way for essays on aesthetics. Sarafanos focuses on the anatomical art of George Stubbs to question the equation between neoclassical and Enlightenment values, calling attention to a 'sublime empiricism' which confronts the limits of medical and artistic perception via vitalism and hypernaturalism. Allard also deals with medical authority but as a co-construction of patient and practitioner in an uneasy subjection of the unofficial record to the official discourse, and the patient's agency to medically-scripted role play. For

Matthews, the changing fortunes of John Armstrong's *Oeconomy of Love* provide an opportunity to trace cultural changes in the borders around writing about sex, and the repercussions for Armstrong's medical authority. The evocation of eroticized nature, which flows through to Armstrong from Lucretius, also suffuses Barbauld and Gray in the final essays on gender and maternity. Connolly and Clark question to what extent physical experience is necessary to claiming authority on pregnancy and childbirth, in light of medical and literary tradition: the transfer of power from midwives to medical men, and the formulae provided by elegies and poems for children. Both explore how poets gain medical knowledge, and offer contrary arguments on how that knowledge informs their portrayal of birth and its dangers.

The whole project of Enlightenment has undergone a succession of critiques in recent decades, as a mode of instrumental reason, technological rationality, and Eurocentric imperialism. The essays in this collection have been formulated in the wake of that debate, but hope to offer a more generous reassessment of its achievement and positive evaluation of its complex inheritance. If medicine is taken as test-case, then seeking to reduce and alleviate human suffering, increase and enhance the capacity for freedom and happiness and, when necessary, to accept death with dignity and courage, still seem ideals not wholly unworthy of respect. And, to take a deeply unfashionable view, perhaps that is what literature is ultimately for as well.