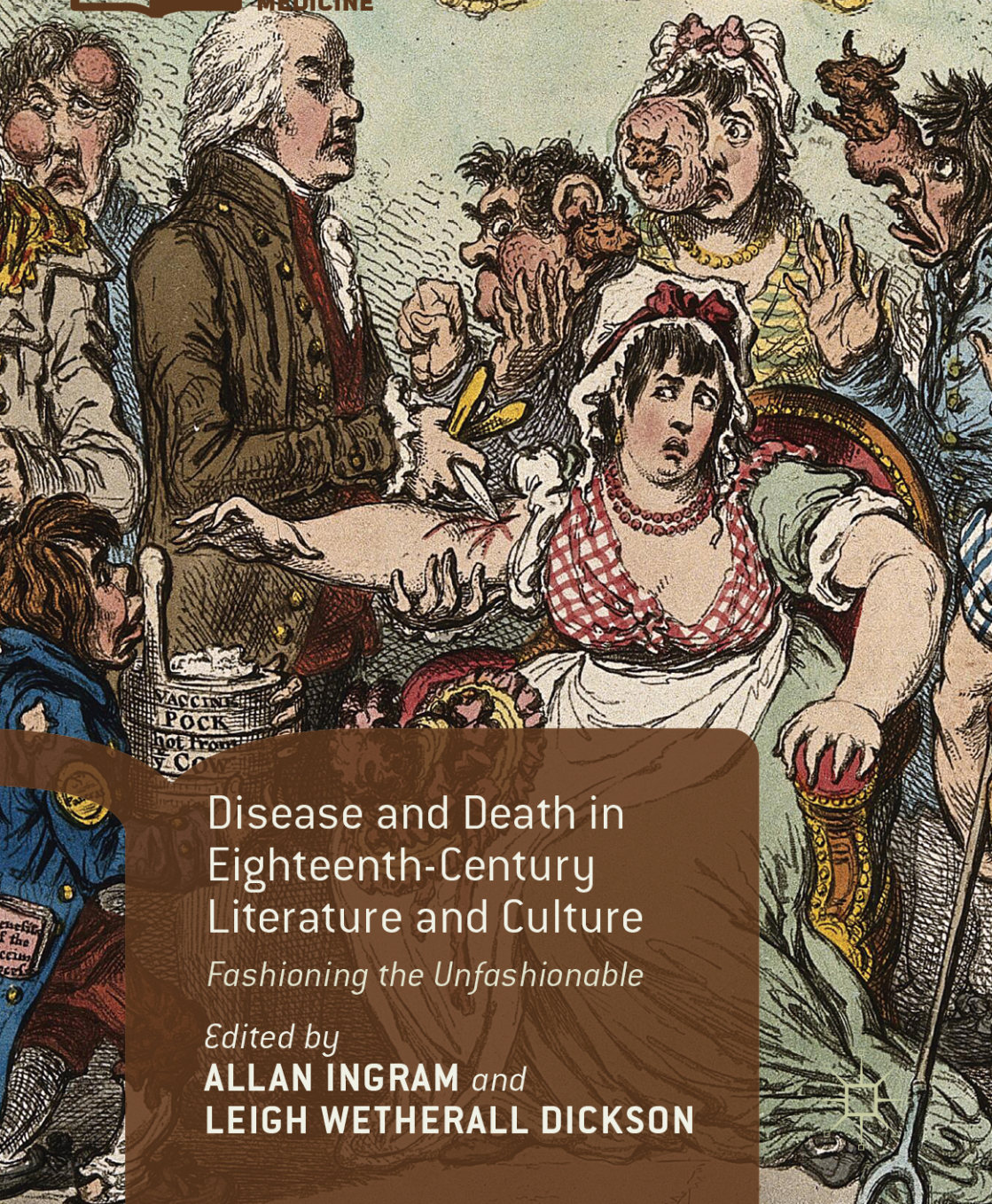




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Disease and Death in Eighteenth-Century Literature and Culture

Fashioning the Unfashionable

Edited by

ALLAN INGRAM and
LEIGH WETHERALL DICKSON

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Editors

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Introduction: Fashioning the Unfashionable

Allan Ingram and Leigh Wetherall Dickson

This volume is one of the publications arising out of the Leverhulme Trust research project ‘Fashionable Diseases: Medicine, Literature and Culture, 1660–1832’, which was conducted between 2013 and 2016 by members of the English division at the University of Northumbria and of the History Department at the University of Newcastle. The purpose of the project was to investigate how certain diseases, some of them extremely unpleasant, or even destructive to life, became fashionable during certain periods, as ideas about culture and the valuation of specific modes of living, suffering and dying change. In the period of the project, for example, mental conditions such as melancholy continued, at least in certain circles, to enjoy a high degree of fashionability, as they had since the early seventeenth century, partly because of their association with intelligence and creativity, and subsequently with nerves and sensibility. More physically painful conditions, such as gout, or even some kinds of stomach ailment, such as biliousness and indigestion, could also acquire a fashionable profile, not least because they tended to arise from high living and the means to indulge continually in the finer things in life. Even consumption, a disease that was

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generally a death sentence, had a high level of social valuation: it was believed not only to bestow a measure of ethereality, and therefore of beauty, on the sufferer, but also to heighten the perceptions and to allow time to approach death with equanimity. Moreover, susceptibility to the disease was associated, as with melancholy, with individuals of heightened sensitivities.

Part of the work of the project has therefore been to explore the different shades of meaning of the word 'fashionable' during the period, particularly when applied to disease, and to look at how different fashions within the culture of the time, and how change, both scientific and theoretical, in medicine and its application, fed into those meanings. This work has involved a close reading of, primarily, literature (with the exception of the final chapter in this collection in which it is Jonathan Swift's skull that is read), supplemented and informed by contemporaneous medical texts, patient narratives and experiences, and literary and visual representations of diseases and patients. Many factors, of course, contribute to the making of cultural meanings. These, in general, include wider political and religious issues, the state of national satisfaction and prosperity, the different preoccupations that succeed each other as the focus of public attention, and the ways such matters are reflected in various organs of public dissemination. We turn to literature as not only one of those organs but also as a product of, and as producing cultural discourse around, disease and death that intersects neatly with fashion and fashionability. Those personalities, too, who come to the fore of public attention, either positively or negatively, can influence cultural meaning, as can more perennial factors, such as diet, popular entertainment, and even climate and weather patterns. Indeed, such factors might themselves be said, in certain circumstances, not merely to feed into the meanings of fashion but actively to fashion them.

This volume has two major themes. It is concerned with the borderline between fashionable and the unfashionable, and therefore with those diseases and medical conditions that tended to waver on the edges of fashion, and with those that remained firmly on the unfashionable side, in spite of being endowed with sometimes fashionable features. But also, to the extent that so much in the project, and in the volume, depends on how different currents within society made sometimes imperceptible changes in cultural and moral attitudes, we are interested in those aspects of a disease that made it capable of being fashioned, of being rendered meaningful, for better or worse, within the social frame and within literary and artistic representation. However unfashionable a disease might be, however gruesome in its symptoms and

outcome, there will be an accompanying process of fashioning which, at different times, constructs nuanced social, cultural, satirical, religious, symbolic and, of course, medical significance from the bare facts of its pathology. Sometimes this is not a straightforward process: Jonathan Swift's use of syphilis, for example, is embedded within a network of points of view regarding gender, class, social conditions and religious duty, so much so that his work remains, as it has always been, controversial and liable to produce very different readings, depending on the preoccupations of the reader. With other diseases, fashioning is more a matter of trying to come to terms with what on the face of it looks like an inexplicable and godless disaster, as with bubonic plague. This is 'Fashioning the Unfashionable': how we make some sense of, and indeed live with, some of the most troubling conditions of human existence.

The volume is divided into four sections, each dealing with a discrete group of diseases, organized to proceed from, on the face of it, the most to the least fashionable. Part I, which acts by way of preface, is 'Ennui', which, as a form of melancholy, and as having strong associations with a leisured and privileged class, as well as with particular types of sufferer and their lifestyles, is the closest to fashionable in the sense of being a condition to which certain kinds of people might well aspire. This, in a sense, is our control group – that which can be readily perceived as fashionable, as capable of being faked for social purposes, and as the most clearly lucrative for those medical professionals specializing in its treatment. Ennui, too, is readily capable of being fashioned into forms of cultural significance, from a comment on society to the state of one's soul.

Ennui, like Anne Finch's melancholy, which she described in 'The Spleen' (1709) as '*Proteus* to abus'd mankind', is read by both Heather Meek (Chap. 2) and Jane Taylor (Chap. 3) as not a single entity but a multiplicity of experiences.¹ The 'problem' of Meek's title is that the actual experience of ennui cannot be properly understood from the perspective of physicians who, while not doubting the reality of the condition, can note only the externally generated bodily symptoms. The reduction of a complex emotional and psychological state to a limited set of observable physical responses renders ennui something that can also be performed with a few gestures, thereby allowing for charges of affectation being levelled at the sufferer. On both counts, however, the bodily performance is merely the mimesis of a state of mind that has a complicated relationship with the experience of time and problems of meaning. Therefore, argues Meek, an informed understanding of the genuine severity of an affliction can only be gained by examining attempts to describe the destabilizing

effects of ennui by those who have undergone it themselves, and for this purpose Anne Finch, Lady Wortley Montagu and Hester Thrale are all called forward as experts in ennui by virtue of experience. Taylor also examines the struggle to determine and define the exact nature of a condition that is viewed as being both subjective and objective, and how the very word ‘ennui’ contributes towards the difficulty of definition. With reference to Maria Edgeworth’s *Ennui* (1809), Taylor examines the paradox of a condition that is only definable by the emotive pronouncement of a French word (notably by a member of the Protestant Ascendancy at a time when feelings about Anglo-Irish relations and towards the French were running high) that has no fixed meaning and no English equivalent. Taylor argues for a multiplicity of interpretive strategies when approaching a term that simultaneously invites and eludes definition, one that is situated at the intersection of the fashionable, the political and the medical.

Part II is ‘Diseases of Sexuality’, which are more clearly on the cusp between fashionable and unfashionable, not least because those forms of behaviour that risk bringing about sexual diseases are associated with men, particularly, of a certain kind of fashion. At the same time, actually suffering from a sexual disease involved long and often recurring periods of pain, considerable expense and a degree of social ostracism. Nor was cure ever a certainty. Diseases of sexuality, too, were highly susceptible to being fashioned in terms of social and cultural significance, particularly insofar as they could be regarded as their own punishment for sinful behaviour, or even divine punishment for a sinful civilization. Emily Cock (Chap. 4) considers the relationship between the infection and long-term effects of the disease, and, as in Taylor’s discussion of ennui, examines the implications of how the naming of the disease contributes to the framing of the experience. The styling of syphilis as the disease *à la mode*, argues Cock, aligns the infection with the importation of the new and the novel, and signifies the illness as being of the moment in such a manner as to belie its long-term effects. *À la mode* places emphasis only on the present moment and is indicative of a reckless disregard for custom, tradition and heritage. The cure, however, signalled a commitment to the future by submitting the afflicted body of the present to an extended course of treatment, the effects of which were as debilitating as the disease, and the subsequent disfiguring of the body by both disease and treatment served as a constant and present reminder of the sufferer’s past. Cock’s analysis of the complex and competing temporal framing of syphilis turns towards the significance of the watch as an apt illustration of the intersection between time, fashion and illness in relation

to the depiction of the poxed female figure in Hogarth's *The Harlot's Progress* and *Marriage à la Mode*.

Hermann J. Real (Chap. 5), like Cock, examines the detrimental effects of both disease and cure but in the context of how Swift has been fashioned as both impious and impervious to the temporal suffering of syphilitic women. Real examines Swift's satires *The Lady's Dressing Room* and *On a Beautiful Young Nymph Going to Bed* as a form of preventive medicine, written at a time when Britain was perceived to be at the mercy of 'The Plagues of Venus'. Real challenges critical attempts to explain away Swift's scatological themes and motifs in relation to a misanthropic disregard for the social necessity for discretion. He argues that Swift's graphic descriptions of the diseased female body are the antithesis of the masculine stance of having been fashionably poxed, and are, therefore, an attempt to draw public awareness towards the plight of those infected not only by the disease but also by the appalling after-effects of the treatment. Swift, by addressing the disgusting directly, suggests Real, directs the disgusted reaction back towards the reader in order to advance his literary call for compassion for the victims of insatiable appetites, and also highlights the ineffectualness of purported cures that trade on fears of public exposure and the moral stigma associated with syphilis that ultimately only conspire towards the spread of the contagion and the creation of even more suffering.

Kirsten Juhas' chapter (Chap. 6) on male impotence as a fashionable subject for discussion also opens with Swift, here the riposte from Lady Mary Wortley Montagu to his *On a Lady's Dressing Room*. Montagu's anonymously published *The Dean's Provocation for Writing the Lady's Dressing Room* suggests that Swift's voyeuristic gaze is the result of his impotence in terms of sexual and literary performance, and thus begins Juhas' interrogation of the seventeenth- and eighteenth-century fascination with male impotence, a condition deemed so prevalent that fears for the survival of the nation race were repeatedly expressed. Juhas argues that the widespread discussion surrounding male impotence arose from concerns about the health of the nation as marked by an increase in medical research into sexually transmitted diseases and also from the visible rise in interest regarding divorce proceedings that cited impotency, and thereby the non-consummation of marriage and subsequent lack of legitimate issue, as the primary cause for separation. As well as being the victim of Montagu's satire, Swift appears to engage in the prevalent literary practice of scopophilia as evidenced, suggests Juhas, in 'The Progress of Marriage' and

A Tale of a Tub, the former poking fun at a marital mismatch that results in a lack of progeny, and the latter drawing on images of mutilation, such as castration, as an extreme form of male impotence, as a satire on Charles II's persecution of religious non-conformity, thereby drawing the discussion of impotence into the political arena.

In Part III, 'Infectious Diseases', we move into territory that is usually distinctly unfashionable in the sense of the capacity to carry social cachet. Infectious diseases, such as smallpox and the plague, ran well-known courses with largely predictable outcomes. Treatment was often ineffective and suffering was guaranteed, as well as the strong likelihood of passing the disease on to members of one's family or household. At the same time, such conditions, like diseases of sexuality, allowed considerable potential for being fashioned. Within forms of social discourse and within individual narratives, infectious diseases were capable of interpretation in terms of divine punishment, personal sinfulness or the inexplicable workings of destiny. One exception was consumption, which, while widely recognized as a death sentence, nevertheless managed to develop powerful social and religious resonance because of the nature of its course and of the death it promised. With consumption we find the most conspicuous example of the conundrum of fashionable diseases: something which was virtually guaranteed to kill its victims but which nevertheless had high social value.

Hélène Dachez ([Chap. 7](#)), like earlier contributors, examines the correlation between the spread of disease and the health of the nation. The mysterious nature of plague, as represented in Daniel Defoe's *Journal of the Plague Year* (1722), makes it largely resistant to understanding and to some extent to fashioning. The function of Defoe's narrator, H. F., is that of an eyewitness who wanders about the sick body of the English capital while attempting to fashion the mysterious epidemic into a coherent narrative in medical, religious, social and human terms. The elusive nature of plague is further emphasized through rumour (as opposed to objective facts): both act through spreading and contagion, and both resist the narrator's fashioning power. If H. F. tries to fashion plague within his narrative, the plague—through its symptoms and characteristics—fashions the way Defoe represents it. Indeed, although to some extent resistant to fashioning, plague is endowed, in Defoe's attempt at representation, with the power to fashion in its own particular way the City of London, the Londoners' imagination, their social relationships and the readers' approach to it. Defoe's text, argues Dachez, bears the acknowledged

symptoms and characteristics of the disease in its very texture, as a result of which it relies on what she terms the ‘poetics of plague’.

The plague, she suggests, turns the body into a text inscribed with a mysterious and illegible language of symptoms that needs to be decoded in order to impose meaning and order on an otherwise indiscriminate, invisible and apparently unstoppable foe. Allan Ingram’s study of smallpox (Chap. 8) also offers up the diseased body as a text to be deciphered. For many commentators the encoded message hidden within the hideous disfiguration caused by the disease is clear: punishment, either for usurpation or for sinfulness. However, Ingram tackles the ambiguities as to the meaning of smallpox in the eighteenth century as contrasted with its near namesake, the great pox, as discussed by Real, Cock and Juhas. Ingram argues that the moralizing of the disease as a form of divine intervention was in place by the beginning of the eighteenth century. The disease as evidence of divine displeasure with the House of Stuart was fodder for both satirists and moralists alike. However, the virulence of smallpox and the inclusion of ‘innocents’ such as children among the body count begged a wider understanding, and Ingram observes how the spread suggests that a wider net of punishment was being cast, reaching beyond the Stuarts and the sufferers of syphilis, both sets of sinners deserving their fate as a result of the specificity of their crimes. Ingram’s reading of the incidence of smallpox in Volume 2 of Samuel Richardson’s *Pamela* serves to illuminate this cultural reconsideration of smallpox as not only an infectious disease that destroyed and disfigured the undeserving but also perhaps doing so—or refraining from doing so—with the sanction of the Almighty.

While smallpox may be fashioned but not be considered fashionable because of the damage inflicted on the body (which has also been suggested in the analysis of syphilis and the plague), the same cannot be said for perhaps *the* fashionable disease of the eighteenth century, consumption. Dachez makes the case for the plague carrying no social cachet by contrasting the physical rottenness of the walking corpses described by Defoe with the apparently more socially select and less physically brutal consumption. Clark Lawlor’s chapter (Chap. 9) examines the correlation between the internal rottenness caused by the disease, indicated in his title, and the inherent sinfulness of the sufferer of consumption by offering a contrast to prevalent discourse on consumption—a discourse that stresses the potential benefits to the sufferer, such as the good and easy death that allows the condemned person time to make peace with their maker and drift away into

the arms of angels. Lawlor describes a strand of criticism, espoused by clerics such as Jeremy Taylor, aimed at this construction of consumption as some kind of gilded death. His chapter identifies publications, such as Taylor's, that express righteous indignation against the quasi-religious construction of the illness, and that judge those who wished for this soft death as nothing more than malingerers desiring an extended period of idleness, and who were actually going to suffer a great deal in the act of dying.

Part IV is 'Fashioning Death'. Death is both the final stage of many of the diseases under discussion and the subject most inviting of fashioning. Rather than being the great leveller that renders all that went before null and void, death and the manner in which it is approached are also subject to the same influences that bestow cultural meaning. Kelly McGuire (Chap. 10) takes up the discussion of smallpox in order to explore the debates surrounding the ethics and efficacy of inoculation, and offers comparisons with Ingram's chapter. Ingram opens with a quotation from Lady Mary Wortley Montagu that illustrates how the practice of inoculation was all the rage among the upper classes, and goes on to demonstrate how those clerics who viewed the wide spread of smallpox as divine retribution for the fallen state of mankind also condemned attempts at inoculation as nothing more than the presumptuous interfering with God's will. McGuire begins with a prominent member of the medical profession publicly announcing his scepticism as to the efficacy of the practice and professing it to be no more than a passing fad among the upper classes. Her chapter then explores how, in light of the perceived risks, and indeed potential fatality, of introducing a lethal strain of infection into the body, the medical profession sought simultaneously to promote a fashionable and presumably lucrative practice while at the same time undertaking a damage-limitation exercise. McGuire examines the rhetoric of the medical pamphlets that attempted to place a positive spin on the undesirable outcome from both sides of the Atlantic that sought to fashion death in their favour.

Leigh Wetherall Dickson (Chap. 11) similarly examines the fashioning of death in her analysis of *The Sylph* by Georgiana Cavendish, better known as the beautiful fifth Duchess of Devonshire. Written in 1779, five years after Cavendish's entry into the fashionable world, the novel illustrates the vacuity, pace and ultimate cost of living *à la mode*. Dickson's chapter touches on the relationship between fashion and temporality, as does Cock's, and also examines the significance of the

suicidal act when committed by the essentially selfish ‘man of fashion’ within the context of sociability. The pursuits of the fashionable world, notably gambling, leave no time or space for improving conversation and reflection, the antithesis of eighteenth-century sociability. This chapter interrogates whether or not the suicide of a ‘man of fashion’ is approached with a lack of reflection, having been deemed inevitable as a result of the fashionable pursuit of gambling (and the not so fashionable act of fraud), or whether suicide is the preserve of the socially oriented, if not entirely sociable, body as a result of an over-inflated sense of self and the fear of degradation in the eyes of fashionable society. Dickson also considers the significance of the shift from ‘man of fashion’ prior to the suicide to ‘man of honour’ afterwards: can this be seen as an attempt to arrest the development of a socially degraded self and to recast the act of suicide into one of integrity?

The final chapter, by Helen Deutsch ([Chap. 12](#)), puts Jonathan Swift back under the spotlight, or rather his skull, which was unearthed during repairs to St Patrick’s Cathedral in 1835. The skull is presented in this chapter as both *memento mori* and phrenological example, and Deutsch examines how it inspired a contentious contribution to the ongoing debate about the relation of the mind to the brain. Her discussion of the attempts to discover the secrets of Swift’s last years, as inscribed in his skull, takes up the theme of mythologizing Swift as misanthropic misogynist and his last years as a descent into madness, as also touched on by Real. The juxtaposition of phrenology and Swift’s skull reveals the unstable alliance between scientific enquiry and the production of knowledge, a subject that had already been placed under satirical scrutiny by Swift himself in *Tale of a Tub*. Deutsch argues that the enormous popularity, pseudoscientific basis and swiftly contested status of phrenology highlight the interplay between science and fashion, and the manner in which science is culturally constructed. The coming together of Swift’s skull and the science of phrenology produced a dialogue that Deutsch suggests is worthy of the satirist himself, but is also demonstrative of how the findings of the phrenologists were informed by a pre-existing cultural understanding of Swift as impious, lewd and insane.

‘Fashioning Death’ is, of course, a huge and well-covered field. It concludes our volume, though, as the topic that brings most powerfully into focus the coming together of fashion, the fashionable, the act of fashioning and the state of being unfashionable or resistant to fashioning. Behind disease there is death, and death, far more than disease, is seen as

having meaning, albeit meaning that remains perpetually elusive, hence always in the process of being fashioned but forever unfashionable.

NOTE

1. (1903) 'The Spleen', in M. Reynolds (ed.), *The Poems of Anne Countess of Winchelsea* (Chicago: University of Chicago Press), 1. 2; p. 248.

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PART I

Ennui

‘[F]ictitious [D]istress’ or Veritable Woe?: The Problem of Eighteenth-Century Ennui

Heather Meek

In the opening pages of Mary Wollstonecraft’s *Mary: A Fiction*, we encounter the fluctuating mental state of the eponymous heroine. Neglected by a tyrannical father who ‘always exclaimed against female acquirements’ and a sickly mother whose limited energies are devoted to her son, Mary’s ‘understanding is strong and clear’, but it is sometimes ‘clouded by her feelings’. ‘[H]er sensibility’, we are told,

prompted her to search for an object to love; on earth it was not to be found: her mother had often disappointed her, and the apparent partiality she shewed to her brother gave her exquisite pain—produced a kind of habitual melancholy, led her into a fondness for reading tales of woe, and made her almost realize the fictitious distress.¹

Mary’s sense of hardship and anguish seems at least partially genuine. Her mother continually ‘disappoint[s]’ her and causes her pain by exhibiting a preference for Mary’s brother. The pain is tinged with pleasure, though, and her ‘melancholy’ is apparently less debilitating than ‘habitual’. Mary basks in ‘tales of woe’, and her hardships are partially alleviated by an idealistic

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longing for love. Her faintly pleasurable experience of despair—its ‘exquisite’ quality—is described within the context of her ‘sensibility’, and in this sense she embodies the mid- to late eighteenth-century tendency to elevate the mental and physical fragility of females. While there may be an element of affectation in Mary’s distress, the above passage also makes clear that the affectation itself can lead to genuine suffering. Her ‘fondness’ for tales of woe leads her to ‘almost realize the fictitious distress’ elaborated in the tales she reads. Her ‘exquisite pain’ and ‘habitual melancholy’ thus threaten to take a pathological turn and place her among the sufferers of veritable illness.

The suggestion of a potential slide from the performance of suffering to genuine distress in this description of Mary’s mental state reflects an ambiguous tension in eighteenth-century Britain between ‘fictiti[ous]’, affected, or fashionable illness, and real affliction. In highlighting the porous boundary between affected sensibility and real suffering, Wollstonecraft underscores some of the many faces of *ennui*, a condition that can be understood alongside an assortment of nervous conditions that surfaced in eighteenth-century medical discourse, including hysteria, hypochondria, melancholy, spleen, vapours, bile, fits and nerves. These conditions were in many respects both indistinguishable and indefinable, and they shared an array of both ‘real’ and performed manifestations, ranging from fainting, mild unease, wandering thoughts and peevishness, to digestive problems, choking and epileptic-like fits, to extreme paranoia, suicidal tendencies and outright madness. The French word *ennui*, Patricia Meyer Spacks notes, ‘came into English usage in the late seventeenth century’ and was not widely employed, as a medical term, in English treatises of the eighteenth century.² Nonetheless, the French sense of the term, as outlined in the *philosophes’* eighteenth-century *Encyclopédie*, applies to conditions that surface in English literature and medicine of the period. The *Encyclopédie*, Elizabeth Goodstein notes, describes *ennui* as “‘a privation of all pleasure” in which a “malaise or aversion [*dégoût*] fills the soul”’, but it ‘denies that it can be defined’ and suggests that ‘the experience is elevated and generalized even as it is disenchanted and materialized’.³ Certainly, in these respects, there is an English equivalent to *ennui*. Conditions that were suggestive of despair but nonetheless impossible to pin down or outline precisely were common to English medical and literary culture in the eighteenth century, as were those that pointed to states at once ‘elevated’ (in the sense that they were to some extent desirable, fashionable and therefore perhaps affected) and ‘disenchanted and materialized’ (and by implication serious, grave and bodily). In *The English Malady* (1733), George Cheyne connects the epidemic proportions of the

cluster of conditions mentioned above to a growth of commerce and luxury in England; and, according to him, the fashionable, the rich and the perpetually inactive, especially if they were women, were prone to suffer (or, I would add, to pretending to suffer) from mental or physical malaise that could degenerate into something more serious.⁴ In the latter part of the century, 'ennui' began to be used to describe what we might call *boredom*, as Spacks notes in reference to a 1776 letter in which Frances Burney aligns the 'dread of *ennui*' with a 'fear of idleness or listlessness' (p. 86).⁵ However, the earlier, philosophical category of ennui—something that was both fashionable and medically inflected, and that contained the notion of 'boredom'—endured. Ennui in the second half of the century had much in common with earlier understandings of the condition, but it became connected with the culture of sensibility's elevation of a languid delicacy or sickliness that always threatened to evolve into something 'real'.⁶ The pervasive legacy of Cheyne's avowal of the 'Englishness' of hysteria, melancholy and its sister conditions is undeniable, and yet his 'English Malady' shares much in common with the French notion of ennui. Ennui, as understood through English literary and medical works, was a fashionable condition that was sometimes affected, but it could also be authentic and misinterpreted as false, and, occasionally, affected ennui could morph into a genuine, debilitating affliction. Ennui in eighteenth-century Britain, especially as it applied to women, was a state in which the fashionable and feigned, and the genuine and severe, were inextricably—and often confusedly—intertwined.

ALEXANDER POPE AND ANNE FINCH

Alexander Pope's *The Rape of the Lock* (1717) provides an early eighteenth-century example of fashionable—and mostly performed—upper-class female ennui. At the end of Canto III, the scheming Baron, with 'glitt'ring forfex', cuts off the lock of the beautiful, virginal, highborn Belinda. The 'sacred hair' is 'dissever[ed] / From the fair head, forever and forever', provoking Belinda's tears, despair and anger, and sending her into a state of hysteria.⁷ Pope here offers a mock-epic version of the tendency among 'modern ladies' to 'always' make a trivial action 'appear of utmost importance' ('To Mrs. Arabella Fermor', p. 217). The loss of a strand of hair is, of course, inconsequential, but Belinda's reaction (the immediate one, at least) takes on epic proportions: 'Then flashed the living lightning from her eyes / And screams of horror rend th' affrighted skies' (III.155–56; p. 231). In Popeian fashion,

at the opening of Canto IV, the comparisons employed to capture the ‘sad virgin[’s]’ ‘rage, resentment, and despair’ blend the high and the low, and draw on both the serious (‘youthful kings in battle seized’ by torment or ‘tyrants fierce that unrepenting die’) and the trivial (the ill-temper provoked when ‘ancient ladies [are] refused a kiss’ or when ‘Cynthia[’s] manteau’s pinned awry’) (IV.9–10, 3, 7, 6, 8; p. 232). The gendering of mental affliction here is explicit: issues of life and death cause the despair of men, while women react with undue theatricality to being snubbed or to feeling unfashionably dressed. Implicit, of course, is the message that male distress is a profound, melancholic response to a genuinely difficult situation, while female distress is trifling, insignificant, contrived and rooted in the banal social practices of upper-class British life.

The affected nature of Belinda’s torment, and that of upper-class ladies generally, is further highlighted in the gnome Umbriel’s descent (in Canto IV) into the ‘Cave of Spleen’—a mock-epic rendition of the hero’s descent into the underworld. Umbriel hails the ‘wayward Queen [of Spleen]’ so that he may ‘touch Belinda with chagrin’ (IV.77; p. 234). The Cave of Spleen reflects, in an acutely fantastical way, explicitly female contexts of mental affliction, specifically Belinda’s (pending) experience of such affliction. Still, the condition, especially as it is experienced by women, is trivialized by Pope as he describes the Queen’s handmaid ‘*Affectation*’, who,

with a sickly Mien
Shows in her Cheek the Roses of Eighteen,
Practis’d to Lisp, and hang the Head aside,
Faints into Airs, and languishes with Pride;
On the rich Quilt sinks with becoming Woe,
Wrapt in a Gown, for Sickness, and for Show.
The Fair-ones feel such Maladies as these,
When each new Night-Dress gives a new Disease. (IV.31–38; p. 233)

Affectation’s ‘Lisp’ and her drooping ‘head’ are ‘Practis’d’, and her ‘Woe’ is ‘becoming’; she assumes ‘Airs’ when she faints, and her languishing is put on with ‘Pride’. She is a woman of fashion who, sinking on her ‘rich Quilt’, feigns illness ‘for Show’ because that is what is dictated by the vogue of the day, when ‘each new Night-Dress’ corresponds with ‘a new Disease’. In short, the experience of spleen, for ‘*Affectation*’ and the English women she represents, is reduced to a performance and a fad. This is further reinforced

when the Goddess provides Umbriel with a 'wondrous bag' filled with 'the force of female lungs: / Sighs, sobs, and passions, and the war of tongues', and with a 'vial' of 'fainting fears, / Soft sorrows, melting griefs, and flowing tears' (IV.81–86; p. 234). Umbriel then 'mounts to the day' and 'rent[s]' the bag 'Full o'er' the heads of Belinda and her friend Thalestris, at which point 'all the Furies issued at the vent', and Belinda 'burns with more than mortal ire' (IV.88, 91–93; pp. 234–35). When Umbriel 'breaks the vial', 'the nymph in beauteous grief appears, / Her eyes half languishing, half drowned in tears; / On her heaved bosom hung her drooping head' (IV.143–145; p. 236). Belinda, previously described as a woman with 'lively Looks', a 'sprightly Mind', easy 'Smiles', and 'Bright' eyes (II.9–13; p. 223), is immediately transformed into a raging hysteric. The sudden and precipitous nature of her transformation calls into question its authenticity, and, as Belinda assumes the symptoms contained in Umbriel's vessels, many of which are fashionable, even attractive, feminine poses, she mirrors the handmaid *'Affectation'* described earlier. The affected nature of her symptoms is further underlined by the fact they are not rooted in Belinda's own body but, rather, they emerge, quite literally, out of the beau monde that the Cave of Spleen represents.

However, the poem raises the possibility that Belinda's 'performance' is at least partially genuine. Surprisingly perhaps, Pope seems to entertain the possibility that female spleen can be serious, or even terrifying, in its manifestations. The Cave is infused with 'vapour', rising 'mists', 'Strange phantoms', 'glaring fiends, [. . .] snakes on rolling spires, / Pale spectres, gaping tombs, and purple fires' (IV.39–44; p. 233), images that exemplify the distressing visions and mental landscapes of splenetic sufferers. The possible hallucinations provoked by spleen are presented as equally severe, even as they are lightened by Pope's playful imagery: 'living teapots', sighing jars, talking goose pyes, pregnant men and 'maids turned bottles call[ing] aloud for corks' permeate the Queen's palace (IV.49–54; pp. 233–34). John Sena emphasizes the seriousness of Belinda's 'hysteria' by suggesting that Pope provides a 'realistic depiction' of this eighteenth-century malady.⁸ According to commonplace medical ideas, Belinda's class and idleness would have made her prone to the affliction. And in light of 'the [lingering but officially discarded medical] belief that hysteria was caused by a disfunction of the [inactive] uterus', Belinda's celibacy would also have made her vulnerable to mental disorder (pp. 133–35, 130). Umbriel's 'bag' and 'vial', Sena observes, contain a number of emotional and physical symptoms that are listed in

contemporary medical texts, and, like many physician-writers of his day, Pope's poem espouses the 'timeworn notion that women were erratic and fickle creatures barely capable of holding on to the small measure of reason they possessed' (pp. 133–35, 142).

Beyond its medical accuracies, the poem offers nuanced contexts for Belinda's hysteria. Because the loss of her lock serves, quite obviously, as a metaphor for her loss of chastity, through ravishment, Pope provides a subtle hint of the potentially momentous and even tragic nature of Belinda's ruin. Retreating briefly from her mock-epic elevation of the raped lock, Belinda's friend Thalestris acknowledges the catastrophic loss of reputation that Belinda will face as a fallen woman. She imagines the 'horrid things' people will say, and pictures her as a 'degraded toast, [...] all [her] honour in a whisper lost!' (IV.108–10; p. 235). In these moments, however fleeting, Pope seems to offer a legitimate reason for Belinda's despair, which invites us to interpret her condition as a genuine affliction. But this reading is by no means without its problems because there are other instances in the poem when Belinda is cast less as a victim than as the instrument of her own demise. Towards the end of Canto III, for instance, just before the 'rape', the sprite Ariel watches 'th' ideas rising in [Belinda's] mind' and sees an 'earthly lover lurking at her heart' (III.144; p. 231). Pope here suggests that Belinda has not been ravished but seduced, and that she is therefore complicit in her so-called 'ruin'. The shifting perspectives on the question of the authenticity of Belinda's reaction to the rape of her lock are further complicated by yet another possible reading of Umbriel's bag and vial of spleen. The symptoms that Belinda exhibits are literally forced upon her: they are poured on her, without her assent. So, while the symptoms may be 'fashionable', they are also real—at least as Belinda experiences them. They are forced upon her, with her knowledge, perhaps, but not in any way that she can control, much as the accumulated influence of society imposes itself on individuals without their being able to resist. Thus Pope subtly, and perhaps inadvertently, raises the possibility that a fashionable affliction, even if affected, can also be genuine.

However we choose to read Belinda's affliction, Pope does little in his poem to establish it as an authentic or serious disease, and this places him at odds with many physicians and literary men and women of his day who, in their written work, do their utmost to establish melancholy, spleen, hysteria, hypochondria and their various derivatives as genuine and even life-threatening illnesses. The medical man Richard Blackmore, for instance, in his 1725 treatise refers to women 'who pretend to [the] reputable

Distemper of the Spirits, with the same Vanity that others affect the Beauty of an unsanguine and sickly Countenance', but he is also careful to point out that the sufferings of numerous people afflicted by such illnesses are 'without doubt real and unfeigned'.⁹ Similarly, in 1729, Nicholas Robinson endeavours to remove 'those vulgar Prejudices and Mistakes concerning the Nature of those Affections', warns against the 'Danger' and possible fatal consequences 'of treating real Diseases as if imaginary', and concludes his treatise by insisting that 'the Spleen and Vapours [. . .] are no imaginary Whims or Fancies, but real Affections of the Mind, arising from the real, mechanical Affections of Matter and Motion, whenever the Constitution of the Brain warps from its natural Standard'.¹⁰ Cheyne similarly highlights the physical origins of such illnesses in an attempt to establish their authenticity, and he defends the reality of women's complaints in particular. '[T]he Vulgar and Unlearned', he argues, often dismiss 'the Sex' as feigning 'nervous Distempers' due to 'Daintiness, Fantasticalness or Coquetry', but one must recognize these complaints are often real, and that 'the Disease is as much a bodily Distemper [. . .] as the Small-Pox or a Fever' (p. 180). Cheyne, much like Blackmore and Robinson, writes not about a quintessentially 'English' malady but about what could be labelled an English equivalent of ennui affliction that appears as whimsical, fantastical, or affected but that is grounded in genuine mental and bodily suffering.

Anne Finch, like these doctors, depicts a condition that we might call English ennui. In her poem 'The Spleen', certainly, she satirizes the fashionable elements of nervous distemper—the tendency among women in particular to affect its symptoms. As Barbara McGovern observes, Finch, in this poem, 'assails those who falsely represent the malady as desirable or [who] cultivate a melancholic pose for their own self-serving ends'.¹¹ She censures and dismisses as 'the weaker Sort' 'The *Fool*', who, 'to imitate the Wits, / Complains of thy pretended Fits'; the 'sullen *Husband*' who uses spleen as a 'feign'd Excuse, / When the ill Humour with his Wife he spends'; and the intemperate drinker who 'pleads thy Pow'r, / As to the Glass he still repairs'.¹² Finch's description of women who affect spleen can be aligned with Pope's depictions of both Belinda and the handmaids portrayed in the Cave of Spleen, as is evident when she depicts a fashionable lady:

When the *Coquette*, whom ev'ry Fool admires,
Wou'd in Variety be Fair,
And, changing hastily the Scene
From Light, Impertinent, and Vain,

Assumes a soft, a melancholy Air,
 And of her Eyes rebates the wand'ring Fires,
 The careless Posture, and the Head reclin'd, [. . .]
 Allows the Fop more liberty to gaze. (ll.99–108; p. 251)

Finch's coquette is described explicitly as a seductress in her attempt to appear 'Fair' and impress 'the Fop'. Pope's *Affectation*, who wears a dressing gown, flirtatiously hangs her head to the side and conveniently 'faints' onto her bed, is also depicted in somewhat sexually suggestive terms, as is Belinda. The 'wand'ring Fires' of Finch's coquette recall the 'Lightning' emitted from Belinda's eyes (III.155, V.76; pp. 231, 239); both the coquette and Belinda exhibit suspiciously 'hast[y]' changes in mood; and the coquette's 'soft, melancholy Air' is assumed at various points by both *Affectation* and Belinda.

Finch's portrayal of such female figures diverges considerably from Pope's, however. In 'The Spleen', she treats the female affectation of spleen sympathetically, notably in a passage that describes an 'Imperious', vapourish wife (l.53; p. 249). Undeniably, in her deceptive and manipulative behaviour, this wife is described critically: in the midst of an argument with her husband, she 'soften[s]' his 'Heart' with her 'o'er-cast, and show'ring eyes', and he 'the disputed Point must yield, / Something resign of the contested Field' (ll.57–60; pp. 249–50). Crucially, though, she is only able to exert her power momentarily, until 'Lordly *Man*, born to Imperial Sway, / compounds for Peace, to make that Right away, / And, arm'd with *Spleen*, do's servilely Obey' (ll.61–63; p. 250). Thus we can read the woman's strategy of posing as a 'vapourish' wife as an attempt to gain ground in the unbalanced battle of the sexes, and to counteract the oppressive nature of a domestic existence that celebrates man as a 'Lord' and encourages female obedience and servility. Affectation in this context is presented as a potentially legitimate—if ineffective—means for a woman to assert herself within the patriarchal arrangement of marriage. Much like the model of ennui described in the *Encyclopédie*, Finch's version of spleen is somewhat confused: it is affected and generalized, and, as such, it carries serious political weight.

Finch provides satirical portraits of fashionable affectation, but she also goes to great lengths in her poetry to demonstrate the potential seriousness of nervous disorders. Her engagement with discourses of illness is similar to Pope's but lacks his sardonic tone and is arguably more medically sophisticated. Her poem 'The Spleen', when it appeared in 1713,

'achieved prompt professional recognition';¹³ Dr William Stukeley was so convinced of its medical relevance that he included it in his medical text *Of the Spleen, Its Description and History, Uses and Diseases, Particularly the Vapors, with their Remedy* (1723). In the opening of 'The Spleen', Finch emphasizes the mysterious, shape-shifting nature of the condition and describes it as '*Proteus* to abus'd Mankind' (l.2; p. 248), in much the same way that hysteria guru Thomas Sydenham, in his 1689 treatise, aligns the condition with '*Proteus*' and the 'Chameleon' in its 'Shapes' and its 'Colours' (p. 307). The emphasis these writers place on the protean nature of spleen (and its sister conditions) further justifies aligning it with the similarly difficult-to-define condition of ennui. Like Pope, Finch echoes physician Richard Blackmore's assertion that 'sad, dark and frightful' images beset the splenetic sufferer, but her presentation of such images, unlike Pope's, is more attentive to the dark elements of the condition. In her description of spleen she lists 'gloomy Terrours', 'boading Dreams', 'antick Spectres', 'Unusual Fires' and 'airy Phantoms' (ll.12, 13, 17, 18, 19; p. 248), in contrast to Pope's more light and playful inventory of the sufferer's visions. Finch's grasp of the most advanced thinking on medical issues surpasses Pope's, as well as that of many contemporaneous physicians (including Stukeley), and she dismisses causative models that indirectly draw on outdated humoral theories—those that posit the spleen or the womb as causes for the condition. Her speaker notes, 'Falsly, the Mortal Part we blame / Of our deprest, and pond'rous Frame' (ll.26–27; p. 249), and then goes on to focus largely on psychological causes and symptoms.

Finch's autobiographical depictions of solemn, genuine suffering further convey the seriousness of spleen and legitimize it as an affliction that affects women in particular. Much of her poetry reflects her own, lifelong struggle with what we would probably call 'isolation and intermittent bouts of depression'.¹⁴ In 'An Hymn of Thanksgiving after a Dangerous fit of sickness in the year 1715', the autobiographical speaker emphasizes the horrors of her illness by suggesting that death is, in a sense, a favourable alternative, for in the afterlife she will no more 'fear the spleen'.¹⁵ In 'The Spleen', the condition incites 'Dark' and 'Terrible' visions, leading the speaker to think it is incurable: 'O'er me, alas! Though dost too much prevail: / I feel thy Force, whilst I against thee rail' (ll.78, 74–75; p. 250). The seeming insurmountability of her illness is also taken up in 'Ardelia to Melancholy', where another autobiographical speaker addresses melancholy as an 'old inveterate foe' whose 'Tyrant pow'r' often holds her captive. She has tried all the

common remedies—‘sweet mirth’, ‘musick’, ‘friendship’, the writing of ‘Poetry’ and a ‘thousand other arts beside’—but ‘Alas!’ she exclaims, ‘In vain, for all agree / To yeild me Captive up to thee, / And heav’n, alone, can sett me free’.¹⁶ Similarly, at the end of ‘The Spleen’, the speaker emphasizes the severity of her condition by suggesting that it baffles even the ‘studious Pains’ of physicians, including the ‘skilful’ Richard Lower (1631–1691), a leading figure in the new science known for his groundbreaking work on blood transfusions. Despite his mastery of the ‘well-dissected Body’, Finch’s speaker laments, the physician is unable to trace the ‘secret’ and ‘mysterious ways’ of the affliction (ll.141–44; p. 252).

Finch’s repeated insistence on the seriousness of spleen can be read as a corrective to certain depictions offered by Pope in *The Rape of the Lock*. And in one instance, at least, she replies directly to Pope, in a poetic exchange between the two writers that begins with her answer—in verse form—to the four lines of *The Rape of the Lock* in which the Queen of Spleen is addressed as ‘Parent of vapours and of female wit, / Who give th’ hysteric, or poetic fit, / On various tempers act by various ways, / Make some take physic, others scribble plays’ (IV.59–62; p. 234). Finch’s initial response to these lines does not survive, but Pope’s answer to it does, as does Finch’s subsequent reply, titled ‘To Mr. Pope, in answer to a Copy of Verses, occasion’d by a little Dispute upon four Lines in the Rape of the Lock’. The central object of their disagreement in the surviving poems is Pope’s dismissive attitude towards women’s writing—his alignment of ‘hysteric’ and ‘poetic’ fits. Finch may have taken Pope’s critique personally, as David Fairer and Christine Gerrard suggest when they note that Finch, given her own ‘susceptibility to “the Vapours”, [...] must have thought [Pope’s lines were] aimed in her direction’.¹⁷ Finch would have been justifiably offended by the suggestion that her poetic métier—which Pope belittlingly labels as ‘scribbling’—should be aligned with ‘vapours’, a term that suggests a degree of mental incapacity. And even though her original response has vanished, ‘The Spleen’ offers an indirect critique of Pope’s satirical alignment of women’s writing with a constellation of conditions that were associated with specifically female mental and emotional stress, including, most obviously, spleen, but also vapours and hysteria and, we could add, ennui. The autobiographical speaker of Finch’s poem is inspired creatively by her affliction in the obvious sense that spleen is her muse; and in this limited sense she echoes the formula aligning ‘vapours’ and ‘female wit’ that Pope puts forth. For Finch’s speaker, however, spleen does not incite banal ‘scribbling’, as Pope suggests, but rather a unique poetic vision that allows her to ‘trace unusual Things’ and deviate ‘from the known, and common way’

(ll.83–84; p. 250). Finch further contests Pope's condescending depictions (at least as she understands them) by emphasizing the seriousness of the affliction, which ultimately has the capacity to stunt creative powers; at one point in the poem she describes how her verse 'decay [s]' and her 'cramp'd Numbers fail' (l.76; p. 250). Spleen, read through Finch, is paralysing and debilitating—in much the same way that French ennui is 'disenchanted and materialized'. But, also like ennui, Finch's spleen is 'elevated' in the sense that it is inspiring and intellectually enriching. Understanding her spleen as ennui helps to highlight the nuanced, original and productively inconsistent nature of her poetic voice. Viewing her condition in this way also gives more weight to her critique of Pope's assumption that hysteria, vapours and related ailments could serve as constructs to disparage not only women but also their artistic inclinations. Finch may, however, misread Pope, to some degree; her focus on a mere four lines means that she ignores his more subtle suggestion in the Cave of Spleen passage that female complaints could be genuine, even if fashionable. Though Pope certainly neglects the creative elements of female spleen, like Finch he seems to recognize the permeable boundary between the performance of suffering and genuine distress. In any case, the various disagreements, possible misunderstandings and diverging perspectives on nervous disorders and their affectations, found not only in this exchange but in other work by Pope and Finch, serve to confirm the multifaceted, contradictory nature of an English affliction that can be aligned with the oscillations of ennui as described in the *Encyclopédie*.

ENNUI AND SENSIBILITY

The complexities of female nervous ailments, among which we might include ennui, were further complicated in the second half of the century by the emergence of the culture of sensibility, with its espousal of refined (though fragile) nerves, heightened (if potentially disabling) emotion, and delicacy of mind and body, particularly in women. Through this movement, and its roots in nerve theory and the new science, female nervous ailments became institutionalized. George S. Rousseau detects during this period a 'nervous self-fashioning' that manifested itself in 'bodily motion, gait, affectation, gesture, even in the simple blush or tear'. 'Nervous tension', he argues, '[was] domesticized for the first time in modern history' and was eventually 'adopted as a universal *sine qua non* for those aspiring to succeed in the beau monde'.¹⁸ Extreme sensibility marked

‘superiority in status, [...] a mysterious *je ne sais quoi*’, notes Roy Porter,¹⁹ and in this way became a defining trait of ‘ladyhood’. The dominance of sensibility was in some respects positive for women, most obviously because, as G. J. Barker-Benfield suggests, their distinctive physiology ‘was seen to give them special qualities, including the exquisite registering of feelings’. But the cult of sensibility also encouraged a ‘weakness and a sickness [that women] were expected to display publicly in a variety of ways’—often through ‘the vapours, fainting fits, “hystericks”, pallor of complexion, and languor’.²⁰ Illness, as well as weakness, was therefore popularized, and afflictions such as hysteria and vapours came to represent, according to Porter, ‘the faddish enculturation of sickly sensibility’ (p. 401). Despite its connotations of luxury, refinement and fashion, however, sensibility was also suggestive of threat, darkness and disease. ‘[I]llness’, Ildiko Csengei notes in his recent study of sensibility, ‘was indeed a dangerous margin of sensibility’.²¹ John Mullan, likewise, sees sensibility and the ‘susceptibility to feeling’ as either a ‘privilege or a weakness’ that could provide ‘an access to the musings of sentiment’ or become the ‘omen of distraction, delirium, and defeat’.²² Locating ennui in this context—and viewing it as a characteristic of sensibility—is easily done. Like French ennui, sensibility brings with it a profound, soulful capacity for feeling that can be elevated, and that can manifest itself in public displays of sickness. But, even as it is elevated, such feeling can deteriorate into a state of acute disenchantment that is dangerous to mental and physical health.

The problems and contradictions associated with the movement of sensibility and the elevation of female illness and fragility did not go unnoticed by eighteenth-century doctors, and men and women of letters. In his essay ‘On Fashionable Diseases’, included in his 1787 treatise *Medical Cautions*, James Makittrick Adair broaches the issue through satire. ‘*Fashion* has long influenced the great and opulent in the choice of their physicians, surgeons, apothecaries, and midwives,’ he writes, ‘but it is not so obvious how it has influenced them also in the *choice* of their diseases.’²³ The typical ‘lady, having spent many hours at a rout,’ he explains, awakes the next morning ‘perhaps not in a very good humour, from a bad run at cards the preceding night’ (pp. 25–26). ‘Upon consulting her glass,’ Adair continues, and finding ‘her complexion not so clear as the preceding day’, she is ‘unwilling to attribute it to the real cause’ and ‘finds in *the bile* a more convenient subject of blame’ (p. 26).²⁴ Following the earlier efforts of doctors such as Richard Blackmore and Nicholas

Robinson to establish the potential severity of spleen, melancholy, madness, hysteria and their sister conditions—among which we can include ennui—Adair and his contemporaries were not inclined to dismiss these afflictions merely because they were fashionable, which may explain why he is so scathing in his critique of those who affect illness. In taking this position, though, he fails to address the dire consequences of the 'fashion' he describes. That is, in satirizing the element of affectation, he mistakenly distinguishes what is 'fashionable' from what is 'genuine' in a way that does not recognize the complex ways that these two realms are connected. By contrast, Lady Mary Wortley Montagu offers a critique of affected illness that extends to the medical profession—to doctors such as Adair—and that, by implication, illuminates how the fashion *is* in a sense the affliction. In her letters she refers to physicians who, in their quackery, capitalize on the popularity of illnesses such as ennui and thus encourage its affectation. 'The English are easier than any other Nation infatuated by the prospect of universal medicines,' writes Montagu in a 1748 letter, 'nor is there any Country in the World where the Doctors raise such immense Fortunes.'²⁵ (Here she echoes Finch's description in 'The Spleen' of the physician whose 'growing wealth he sees / Daily increased by ladies' fees' [ll.139–40; p. 252]). Doctors such as Adair, who satirized the ennui of fashionable ladies, also profited from it, Montagu suggests, and therefore perpetuated the problem. And in doing so, they played an important role in turning an 'affected' condition into a genuine illness, simply by giving it the validation of the medical establishment.

Montagu highlights a devastating consequence of the popularization of spleen for men and women alike in a 1759 letter. During a sojourn in Venice, she identifies a 'fashion that has sprung up entirely new in this part of the world; I mean suicide.' She concludes that 'it is not in Britain alone that the spleen spreads his dominion' (III.208). Montagu's use of 'fashion' here is jarring in that it tints the very serious notion of 'self-murder' with a sense of frivolity, but her choice of words may in fact signal a serious attempt to illustrate the process by which a societal dismissal of something as 'fashionable' can have disastrous, even fatal, consequences. Just because people of fashion claim, seemingly affectedly, to suffer from spleen does not mean that they do not genuinely suffer from the affliction.

The potentially fatal element of the condition that Montagu raises is taken up in more detail by Mary Wollstonecraft at the end of the century. Wollstonecraft discusses the complexities of nervous ailments and focuses on the question of gender, as earlier writers do, but she adds a

political dimension to this discussion in a way not seen with Pope, Finch, Montagu, or the medical texts that touch on the subject. This politicized approach is, not surprisingly, apparent in her *A Vindication of the Rights of Woman* (1792). In this treatise she embraces women's more developed passion, emotion and morality; she grants (though probably in part as a rhetorical device) that women are more fragile in body, and more prone to illness than their male counterparts. Wollstonecraft reiterates many commonplace ideologies of sensibility, acknowledging that '[n]ature has given woman a weaker frame than man', and appealing to women to 'purify their heart[s]', to 'let the honest heart shew itself'.²⁶ She maintains that women have a potential for heightened sensibility, but she insists that this sensibility be complemented by the cultivation of reason. Exaggerated (often fashionable) sensibility is destructive to women, and she describes with disdain 'wom[en] of fashion' who are 'more than commonly proud of [their] delicacy, [their] sensibility', and their 'puny appetite[s]'. She also points to the absurdity of the 'heterogeneous associations [such] as fair defects [or] amiable weaknesses', and of feigning a 'sickly delicacy in order to secure [a] husband's affection' (pp. 67, 55). Wollstonecraft's treatment of this process is distinct because she describes the fashionable affectation of illness as something that can destroy a woman's health and inhibit the realization of her full potential as a wife, a mother and, most importantly, an autonomous, serious and respectable member of society.

Wollstonecraft's novel *Mary*, like the *Vindication*, and unlike the medical and literary texts that precede it, offers a decidedly protofeminist view of nervous disease. More than the *Vindication*, *Mary* explores the political nuances and contradictions of such disease. Wollstonecraft refuses the celebration of sickly female sensibility so common to the sentimental novels of her time and focuses instead on the dangers of affectation for nearly all women, even the most rational ones. Her novel is replete with female characters whose fashionable habits provoke physical and mental decline. Mary's mother, Eliza, for instance, is the epitome of the malleable, fashion-conscious woman who affects a condition that fits the description of ennui. She is introduced as a 'gentle, fashionable girl' with a 'kind of indolence in her temper', a 'sickly, die-away languor' and a voice that 'was but the shadow of a sound' (p. 5), and in these ways might be aligned with Pope's Belinda or with Finch's 'Coquette'. The fate of Eliza also highlights the circuitous and ambiguous transition from affected

delicacy to veritable illness. Her condition grows 'imperceptibly' worse and worse, and her decline is so unclear that Eliza's husband assumes that his wife has 'only grown still more whimsical' (p. 9). Wollstonecraft's presentation of Eliza is not dismissive, however. She is presented as a victim of her societal circumstances and of her education, which is rooted in the sentimental novels (what the narrator refers to as 'those most delightful substitutes for bodily dissipation' [p. 6]) that she reads without discrimination. For this reason, like the vapourish wife of Finch's poem, she has nothing but her affected sickliness at her disposal in her power struggles with a brutish husband. Eliza, for Wollstonecraft, is emblematic of a larger societal problem, and her narrator laments the existence of the '[m]any such noughts [...] in the female world!' (p. 5). Eliza eventually does become unambiguously ill. The element of her condition that could be called affectation is ultimately overshadowed by genuine illness: her 'want of exercise' and her 'sickly [...] languor' '[bring] on a consumption' (p. 7) and lead eventually to her death.²⁷

Wollstonecraft's novel, like the poems of Pope and Finch, identifies a degree of fluidness between affected, fashionable illnesses and chronic physical and mental debilities. But Wollstonecraft's text, like Finch's and contrary to Pope's, also puts forth the possibility of a co-existence in women of intellectual flair and illness. Wollstonecraft's Mary, similar to Finch's autobiographical speaker, undergoes hardship, suffers from her heightened sensibility and has an 'unsettled mind' (p. 11), but she also cultivates her understanding, resists sentimentality and exercises 'her various virtues' (p. 29). Mary's depressed spirits and lofty reasoning skills, taken together, might be aligned with the state of ennui. Much as she politicizes Eliza's mental and physical decline, Wollstonecraft provides a decidedly feminist reading of the seemingly contradictory nature of Mary's condition. She does so by emphasizing Mary's female 'genius'; as she puts it in the 'Advertisement' of the novel, 'the Author attempts to develop a character different from those generally portrayed' [by contemporaries such as Samuel Richardson and Jean-Jacques Rousseau]. In her 'artless tale', the 'mind of a woman, who has thinking powers is displayed'. Mary has numerous 'griefs' that are complemented and sometimes quelled by her 'artless flights of genius' and her 'capacious mind'. '[H]er reason', we learn, '[is] as profound as her imagination was lively', and '[s]he glance[s] from earth to heaven, and [catches] the light of truth' (p. 50). Mary does not escape the destructive powers of sensibility, however, and declines into

a state that epitomizes the dialectical tension of ennui as an encompassment of both intellectual elevation and disenchantment. Wollstonecraft's innovative celebration of female genius is undercut by the novel's conclusion, which leaves Mary in a state of weak health. She is ultimately unable to strengthen her mind and body as Wollstonecraft thought women should; in her heart, there is 'a void, that even benevolence and religion could not fill', and '[h]er delicate state of health did not promise long life' (p. 62). The tension in Mary's character between sensibility and female reason, which can, in all its complexities and contradictions, be read as an English variation of ennui, is relieved as extreme sensibility consumes (or at least threatens to consume) Mary, the strongest of women. The 'elevated' nature of her genius lurks in the shadows, but the fatal aspect of her sensibility illuminates a devastating extreme to the 'disenchanted and materialized' experience of ennui.

NOTES

1. (2009) *Mary and the Wrongs of Woman*, G. Kelly (ed.) (Oxford: Oxford University Press, rev. edn), pp. 9–10.
2. P. M. Spacks (1995) *Boredom: The Literary History of a State of Mind* (Chicago: Chicago University Press, 1995), p. 14.
3. (2005) *Experience Without Qualities: Boredom and Modernity* (Stanford: Stanford University Press), pp. 109–10.
4. Cheyne ties the epidemic proportions of such conditions to England's 'Wealth and Abundance' (i–ii). The 'Rich, the Lazy, the Luxurious, and the Unactive', he writes, 'those who fare daintily and live voluptuously, those who are furnished with the rarest Delicacies, the richest Foods, and the most generous Wines' are most susceptible (p. 20). Though Cheyne emphasizes the susceptibility of women indirectly, he does not do so as forcefully as many of his contemporaries, such as Thomas Sydenham, who suggests that 'very few Women, which Sex is the half of grown People, are quite free from every Assault of this Disease, excepting those who being accustomed to labour, live hardly' (303). See G. Cheyne (1733) *The English Malady: Or, a Treatise of Nervous Diseases of all Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, &c. In Three Parts* (Dublin: Powell); and T. Sydenham (1712) 'An Epistolatory Discourse to the Learned Doctor William Cole, Concerning Some Observations of the Constituent Small Pox, and of Hysterick Diseases [1682]', in J. Pechey (trans.), *The Whole Works of That Excellent Practical Physician, Dr. Thomas Sydenham. Wherein Only the History and Cures of Acute Diseases are Treated of*,

After a New and Accurate Method; But Also the Shortest and Safest Way of Curing Most Chronical Diseases (London: R. Wellington), pp. 266–339.

5. The verb 'to bore', Spacks points out, at least as a 'psychological description', did not come into use until after 1750, and it does not appear in Johnson's 1755 *Dictionary* (p. 13). She goes on to explore meanings and usages of the term under the premise that '[n]o single definition can compass the meanings of so culture-bound a term, a word that in less than two and a half centuries has accrued multifarious ideological associations and complicated emotional import' (14).
6. Ennui also had less definitive class markers in the latter part of the eighteenth century than it did in the earlier period, therefore reflecting Goodstein's claim that the term had been undergoing 'a process of democratization' since the early part of the century (*Experience Without Qualities*, p. 110).
7. (1963) 'The Rape of the Lock', in J. Butt (ed.), *The Poems of Alexander Pope: A One-Volume Edition of the Twickenham Pope* (London: Routledge), III.147, 153–54; p. 231.
8. (1987) 'Belinda's Hysteria: The Medical Context of *The Rape of the Lock*', in C. Fox (ed.), *Psychology and Literature in the Eighteenth Century* (New York: AMS), pp. 129–46 (p. 129).
9. (1725) *A Treatise of the Spleen and Vapours: Or, Hypochondriacal and Hysterical Affections. With Three Discourses on the Nature and Cure of the Cholick, Melancholy, and Palsies* (London: Pemberton), pp. 259, 99.
10. (1729) *A New System of the Spleen, Vapours, and Hypochondriack Melancholy* (London: Bettesworth), pp. 175, 185, 407–8.
11. (1992) *Anne Finch and Her Poetry: A Critical Biography* (Athens: University of Georgia Press), p. 169.
12. (1903) 'The Spleen', in M. Reynolds (ed.), *The Poems of Anne Countess of Winchilsea* (Chicago: University of Chicago Press), ll. 114, 64–65, 91–92, 94–95; pp. 250–51.
13. M. Reynolds (1903) 'Introduction', in M. Reynolds (ed.), *The Poems of Anne Countess of Winchilsea* (Chicago: University of Chicago Press), pp. xvii–cxxiv (p. xliii).
14. B. McGovern and C. H. Hinnant (1998) 'Introduction', in B. McGovern and C. H. Hinnant (eds), *The Anne Finch Wellesley Manuscript Poems* (Athens: University of Georgia Press), pp. xv–xl (p. xvii).
15. (1998) 'An Hymn of Thanksgiving After a Dangerous Fit of Sickness in the Year 1715', B. McGovern and C. H. Hinnant (eds), *The Anne Finch Wellesley Manuscript Poems* (Athens: University of Georgia Press), l. 53; p. 38.
16. (1903) 'Ardelia to Melancholy', in M. Reynolds (ed.), *The Poems of Anne Countess of Winchilsea* (Chicago: University of Chicago Press), ll. 1, 31, 7, 15, 30, 8, 34–36; pp. 15–16.

17. (2015) *Eighteenth-Century Poetry: An Annotated Anthology* (Malden, MA: Wiley Blackwell, 3rd edn), p. 40.
18. (1993) "'A Strange Pathology': Hysteria in the Early Modern World, 1500–1800", in S. L. Gilman, H. King, G. S. Rousseau and E. Showalter (eds), *Hysteria Beyond Freud* (Berkeley: University of California Press), pp. 91–221 (pp. 158, 163–64).
19. (2005) *Flesh in the Age of Reason* (New York: Norton), pp. 401–2.
20. (1985) 'Mary Wollstonecraft's Depression and Diagnosis: The Relation Between Sensibility and Women's Susceptibility to Nervous Disorders', *Psychohistory Review*, 13:4, 15–31 (pp. 21–22).
21. (2012) *Sympathy, Sensibility and the Literature of Feeling in the Eighteenth Century* (New York: Palgrave MacMillan), p. 3.
22. (1988) *Sentiment and Sociability: The Language of Feeling in the Eighteenth Century* (Oxford: Oxford University Press), p. 201.
23. (1787) *Medical Cautions: Chiefly for the Consideration of Invalids* (Bath: Crutwell), p. 12.
24. Adair explains earlier in his essay his use of the term 'bile'. He suggests that 'bile' is, along with 'nerves', the fashionable term that has replaced 'spleen, vapours, [etc.]', which were the 'fashionable disease[s]' earlier in the period (pp. 13–14). But, he adds, in the second half of the eighteenth century these terms were replaced by 'nervous' and then 'bilious' (p. 14). He sarcastically observes that before the publication of Robert Whytt's medical treatise, which uses the term 'nervous', 'people of fashion had not the least idea that they had nerves' (p. 14).
25. (1966) *The Complete Letters of Lady Mary Wortley Montagu*, R. Halsband (ed.) 3 vols. (Oxford: Clarendon Press), II, p. 397.
26. (1792) *A Vindication of the Rights of Woman: With Strictures on Political and Moral Subjects* (London: Johnson), pp. 55, 54, 60.
27. Wollstonecraft reinforces the fatal consequences of sickly sensibility through another character, Mary's friend Ann, who is far more virtuous than Eliza but equally damaged by her excessive sensibility, which is also tied to her consumption and eventual death.

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‘What is fashionably termed *ennui*’: Maria Edgeworth Represents the Clinically Bored

Jane Taylor

In 1809 Maria Edgeworth published her first three volumes of *Tales of Fashionable Life*, the first volume of which contained the novel *Ennui*. Edgeworth’s compilation of tales, which was extended by a further three volumes in 1812, exposed the vices of the fashionable world, from gambling to adultery. Edgeworth was capitalizing on the recent ‘commercial success’ of fashionable scandal novels such as Thomas Skinner Surr’s 1806 bestseller *A Winter in London; or, Sketches of Fashion*.¹ As Anthony Mandal has observed, the ‘scandal fictions’ of novelists such as Surr, the pseudonymous Charles Sedley and ‘the enigmatic “Mr Lyttleton”’, alongside the ‘polite Evangelical tale’, dominated the literary market towards the end of the first decade of the nineteenth century and ‘sought voyeuristically to paint a lurid portrait of upper-class fashionable life, while paradoxically (and not quite convincingly) taking the moral high-ground’.² Edgeworth’s tales were equally precariously positioned; if there were any doubts as to the author’s intentions in exploiting this particular literary trend, Edgeworth’s father, Richard Lovell Edgeworth, was quick to affirm the didactic aims of these ‘moral fictions’ in his

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preface to the first volume.³ ‘The first of these stories’, he wrote, ‘is called *Ennui*—The causes, curses, and cure of this disease are exemplified, I hope, in such a manner, as not to make the remedy worse than the disease’. (pp. iv–v) The narrative, which for a long period ‘received scant critical attention’ from literary scholars, was extraordinarily successful at the time of its publication and had reached its fourth edition by 1813.⁴

The dialogic tale straddles the genres of fictional autobiography, travelogue, fashionable novel and medical diary. It tells the story of the Anglo-Irish aristocrat Lord Glenthorn, a chronic sufferer of ennui, who feels compelled to visit his Irish estates, only to eventually discover that he was switched at birth with his nurse’s son, who is in fact the real heir. The fashionable narrator and protagonist of *Ennui* presents himself as a patient, self-reflectively deriving medical authority from his suffering. He records his ennui with scientific interest, diligently and retrospectively noting its vicissitudes. On his journey to his estate in Ireland he writes,

I was out of patience twenty times a day, but I certainly felt no ennui; and I am convinced that the benefit some patients receive from a journey is in an inverse proportion to the ease and luxury of their mode of travelling. When they are compelled to exert their faculties, and to use their limbs, they forget their nerves as I did. Upon this principle I should recommend to wealthy hypochondriacs a journey to Ireland, preferably to any country in the civilized world. I can promise them, that they will not only be moved to anger often enough to make their blood circulate briskly, but, they will even in the acme of their impatience, be thrown into salutary convulsions of laughter, by the comic concomitants of their disasters [. . .]. (pp. 70–71)

Expert of his own condition, Lord Glenthorn even goes as far as to propose his own remedy for similar ‘wealthy hypochondriacs’. But his hypothesis is not entirely his own: the assertion that activity and distraction might alleviate ennui mirrors those observations made by contemporary medical and moral writers. Indeed, Edgeworth’s engagement with current medical and scientific writing is pervasive. Mitzi Myers asserts that Edgeworth’s representation of ennui derives from *Zoonomia; or, The Laws of Organic Life* (1794–96), the two-volume medical text written by Erasmus Darwin, family friend to the Edgeworths.⁵ Also notable is that in the years preceding Edgeworth’s composition of *Ennui*, Erasmus Darwin’s protégé Thomas Beddoes, husband to Edgeworth’s sister Anna, published *Hygëia*, a series of medical and moral essays which, like Edgeworth’s *Ennui*, exposed the dangers that fashionable practices posed to the health of the individual. Equally, Lord Glenthorn

directly quotes from Scottish physician William Cullen's seminal four-volume *First Lines of the Practice of Physic* (1777–84), which endorses many of the occupations taken up by the protagonist, including travel.⁶ Such allusions confirm that Edgeworth had 'done her medical homework'.⁷

However, the term 'ennui' also belonged to the fashionable world; as *Ennui*'s protagonist Lord Glenthorn affirms at the start of his narrative, ennui is unique to those of 'the higher classes, whether in the wealthy, or the fashionable world' (p. 3). Hence Edgeworth was industrious not merely in her medical research; a manuscript containing her surviving 'Notes for *Ennui*', in which she records the 'hypochondriac disease' of which she had read in 'Cullen's first lines', also supplies evidence that she was just as active in compiling anecdotes of fashionable life.⁸ Edgeworth did not see her medical research as inseparable from, or secondary to, her examination of the fashionable world, and this, I suggest, illustrates the distinctive status of ennui. By placing widely-read contemporary texts, including contributions to fashion periodicals and Hannah More's ethical musings on 'fashionable life', alongside more recent cultural and psycho-analytic theory, this essay seeks to illuminate both the intersections and the tensions that exist between fashion and boredom in *Ennui*.

Erasmus Darwin deploys the term 'ennui' at several points throughout *Zoonomia*, yet the word, which appeared to describe a medical condition, was in fact ubiquitous in tales of the *ton*, including Surr's popular novel, *A Winter in London*, in which members of the fashionable world continually seek to '[exorcize] the daemons of ennui'.⁹ Equally, the term and discussion of the condition's symptoms were widespread in the nascent fashion magazine. As with the scandal novels of the early 1800s, the emerging fashion magazine sought arduously, yet spuriously, to contain fashionable culture and consumption within its astringent moral framework, a phenomenon which Jennie Batchelor has discussed cogently in her study of the *Lady's Magazine*.¹⁰ The three foremost fashion-centred magazines of the period—the *Lady's Magazine*, the *Lady's Monthly Museum* and *La Belle Assemblée*—praised the 'indefatigable and almost inimitable' writing of Maria Edgeworth, printing abstracts, extracts and reviews of her many works, including *Tales of Fashionable Life*.¹¹ Equally, the *Lady's Magazine*, which reached an estimated 16,000 readers at its peak, and its periodical competitors routinely printed narratives and verse inspired by what one contributor referred to as 'what is fashionably termed *ennui*'.¹²

The very word 'ennui' was thus another symptom of fashionable dialect which was, as Jane Austen, a shrewd observer of fashionable life,

noted in May 1801, expressed through ‘scraps of Italian & French’.¹³ French in particular provided a means to express the ostensibly ineffable nature of fashion itself, which bewildered and vexed many contemporaries. Indeed, fashion arbiter Lord Chesterfield, in his pseudonymous *The World by Fitz-Adam* (1755–57), dramatized a debate about the attributes of fashionability, which were summarized (with the clichéd phrase) as the possession of ‘a certain *je ne sçay quoy* [*sic*]’; fashion was both inexpressible and intimately tied to forms of expression.¹⁴

The term ‘ennui’ typifies this paradox of fashionable expression; as Lord Glenthorn famously observes, his ‘mental malady, which baffles the skill of medicine’ has ‘no precise English name—but, alas! the foreign term is now naturalized in England’ (p. 3). As Camille La Bossière argues, Lord Glenthorn’s ‘dating of *ennui*’s Englishing squares nicely with a lexical history that registers something of the impact made by the matter of revolutionary France on the world of his immediate *conci-toyens*’, noting that the ‘English naturalization’ of the word does not seem to occur before 1789.¹⁵ Indeed *Ennui*, which covers the immediate aftermath of the Irish Rebellion of 1798, explicitly draws links not only between the term ‘ennui’ and the body politic, but also between the disease itself and the act of rebellion, Lord Glenthorn musing that ‘ennui may have had a share in creating revolutions’ (p. 234). The use of the French term is therefore particularly charged at the setting of the text, depicting as it does a ruling elite which has ‘absorbed so much French culture that the infection appears at the level of language, which has “naturalized” foreign words and concepts’.¹⁶ Brundan’s assertions point to a linguistic doubling of disease: the word itself is pathologized and, implicitly, fashionability—so closely aligned with French culture at the time—is concurrently medicalized. For Brundan, the novel’s ‘concern over ennui [. . .] reflects contemporary fears of the general corrupting influence of France, in particular the “French disease” of revolution’.¹⁷ While such readings prove that for Edgeworth the medical was indeed the political, intimating that Lord Glenthorn’s ennui points to ‘ills in social body and private somatic being alike’, this does not mean that the ennui represented by Edgeworth need be read only as an allegory of Anglo-Irish political tensions.¹⁸ Edgeworth’s complex representation of ennui is itself worthy of focus, as critics such as Beesemyer have shown. Arguably, these allegorical readings malign the ‘boring’ status of boredom itself. The tendency to aggrandize boredom’s significance, thereby aligning it with political concerns that are ostensibly more significant and

thus more worthy of critical interest, somewhat mirrors the complaints that psychologist Adam Phillips holds against Freudian psychoanalysis which, as Moran summarizes, must 'transform boredom into something interesting or important'.¹⁹

Here I have deployed the terms 'ennui' and 'boredom' as interchangeable, yet it is a simplistic and certainly reductive translation. Certainly, such an equation is fraught with problems and assumptions that must be acknowledged; the term 'boredom', for instance, did not even exist at the time of Edgeworth's writing and would not be coined for another 40 years.²⁰ Patricia Meyer Spacks has sought to distinguish between 'boredom' and 'ennui', asserting that 'ennui implies a judgment of the universe', belonging 'to those with a sense of sublime potential, those who feel themselves superior to their environment', while 'boredom' remains 'a response to the immediate'.²¹ Unlike ennui, boredom should, as Phillips might concur, be perceived as a 'trivial emotion which trivialises the world'.²² However, like her contemporaries, Edgeworth understood that the precise meaning of ennui was elusive and inconsistent. Ennui remained, as John Wiltshire asserts is characteristic of illness (in opposition to the more stable category of disease), 'nebulous, indeterminate, its labels approximate and shifting'.²³

Texts of the period, both medical and (sometimes obliquely) moral, similarly recognized that this 'mental malady' took on a variety of forms, from the sublime to the trivial. In Hannah More's chapter 'On dissipation and the modern habits of fashionable life', published in her *Strictures on the Modern System of Female Education* (1799), she asks readers to

look abroad and see who are the people that complain of weariness, listlessness, and dejection? You will not find them among such as are overdone with work, but with pleasure. The natural and healthy fatigues of business are recruited with natural and cheap gratification; but a spirit worn down with the toils of amusement, requires pleasures of poignancy; varied, multiplied, stimulating!²⁴

Aside from noting the demographic exclusivity of 'weariness, listlessness, and dejection' (as does Lord Glenthorn), More's language, which eschews the fashionable term 'ennui', points to a plurality of psychic states resembling boredom. More recent discussions of boredom reaffirm this plurality; as Phillips writes, echoing the work of Heidegger and psychoanalyst Otto Fenichel among others, 'we should not speak of boredom, but of boredoms, because the notion itself includes a multiplicity of moods and feelings that resist analysis'.²⁵ Phillips' manifesto succinctly captures the multifarious

and inscrutable nature of ennui as suggested by the various names attributed to the obscure feeling during the eighteenth century—La Bossière points to a cluster of overlapping terms such as ‘spleen’, ‘melancholy’ and ‘hypochondria’—while highlighting boredom as a complaint which simultaneously invites and withstands interpretation.²⁶ Indeed, the *Lady’s Magazine* points to the excessive application of the term ‘ennui’ to depict diverging states: the fashionable ‘Mrs. Maynard’ of the serialized ‘Derwent Priory; A Novel’ declares ‘herself overpowered with ennui, because she had no beaux to talk her into spirits’; meanwhile, in *Ennui*, the term is used to describe not only mild tedium but also suicidal depression.²⁷

Although Edgeworth adopts the particularly fashionable term ‘ennui’ as the title for her narrative, Lord Glenthorn’s preference for the term ‘indolence’, a word which was ‘still very much in vogue in literary circles during the 1800s’, only reinforces the plurality and obscurity of his psychic state.²⁸ Lord Glenthorn opens his narrative with the confession that ‘[b]red up in luxurious indolence, I was surrounded by friends, who seemed to have no business in this world but to save me the trouble of thinking or acting for myself’ (p. 1). Like More, Edgeworth stresses lack of occupation as a primary cause of boredom. Lord Glenthorn, an assiduous student of ennui, quotes Dr William Cullen, who notes that

Whatever aversion to application of any kind may appear in hypochondriacs, there is nothing more pernicious to them than absolute idleness, or a vacancy from all earnest pursuit. It is owing to wealth admitting of indolence, and leading to the pursuit of transitory and unsatisfying amusements, or exhausting pleasures only, that the present times exhibit to us many instances of hypochondriacism. (p. 235)

Cullen refers to the neurosis as a form of ‘hypochondriacism’, which attests to the inexpressible nature of ennui and equally points to the condition’s association with melancholia (frequently understood in relation to hypochondria); ennui truly encompasses a ‘multiplicity of moods and feelings’.²⁹ Aligning hypochondria with transitory pursuits and wealth, Cullen’s observations also echo the writings of eighteenth-century Swiss medic Samuel Tissot, whose 1766 essay ‘On the Disorders of People of Fashion’ highlights, as Clark Lawlor observes in his study of depression, the fashionable world’s susceptibility to melancholy.³⁰

Among these diverging attempts to represent the afflictions of the fashionable there emerges one united corroboration: that the idleness

engendered by a life of wealth and fashion led to mental disorder. The fashionable figure whose lack of permanent stimulation led to ennui became a stock figure in literature and journalism. In December 1800 the *Lady's Monthly Museum* published the short story 'The Morning Ramble of Fashion and Sober'. As with Lord Glenthorn who discovers himself wandering 'into shops merely to pass an idle hour' (p. 11), the flâneur-like Mr Fashion of the *Lady's Monthly Museum* rambles around the fashionable shopping district of Bond Street, wandering into shops, gazing at women and pinching kittens' tails. It is a narrative of boredom: akin to Lord Glenthorn, who finds himself 'fidgeting, yawning, and stretching, with a constant restlessness of mind and body, an aversion to the place I was in, or the thing I was doing' (p. 3), Mr Fashion 'yawned repeatedly, and complained of *ennui*' before wandering off to the exclusive Brookes' club.³¹ Of course, what complicates this comic representation of ennui is that his performance of ennui, whether real or affected, is in itself fashionable. Already by 1796, Fanny Burney was reflecting on the widespread performance of ennui in her novel *Camilla*: Sir Sidney Clarendel, required to clarify his remarkably lively attitude, explains he has begun to "'tire of ennui. 'Tis grown so common. I saw my footman beginning it but last week.'" ³² As Silvan S. Tomkins notes in his study of affect, 'the sight of another yawning' (the embodiment of boredom) invites imitation: it is 'a contagious stimulus to one's own yawn'.³³ Burney, however, satirizes affective contagion in the spread of ennui as analogous to fashionable emulation. Moreover, in what seems like pure tautology, Sir Clarendel becomes bored of being bored: the symptoms of ennui emerge as simply another disposable vogue.

While this image of idle restlessness was pervasive, not all contemporary representations of boredom followed this cultural and literary trend. Indeed, while More, Cullen and ostensibly Edgeworth's narrator contend that boredom must result from lack of occupation, Jane Austen, in *Mansfield Park* (1814), suggests it is linked to the internal pathology and fashionability of the individual. For Austen's fashionable Mary Crawford, the prospect of a winter in the countryside far from the seasonal diversions of Tunbridge and Cheltenham presents the horror of 'nothing to do and no variety to hope for'.³⁴ Nevertheless, Fanny Price, Austen's heroine, is similarly subject to the sameness of rural life. Yet their responses are disparate: 'What was tranquillity and comfort to Fanny was tediousness and vexation to Mary.' (p. 224) For Fanny, lack of occupation results in tranquillity, not boredom: it is a psychic state which closely resembles

Kant's concept of *apathia* and which, as Sianne Ngai notes, 'involves [...] a calmness and neutrality that ultimately distinguishes it from the dissatisfied (and often restless) mood of boredom'.³⁵

Mary's restless and dissatisfied mood, mirrored by her dandyish brother Henry Crawford, suggests that ennui is, as Otto Fenichel contends of boredom, 'characterized by a craving for stimulus and dissatisfaction with the proffered stimuli'.³⁶ This narrative pattern dominates *Mansfield Park* and *Ennui*, both of which, we might conjecture, were influenced not only by the narratives of fashionable scandal novels and serialized representations of fashionable high life, but also by Samuel Johnson's widely read journalism and fiction, much of which 'portrays boredom as deeply painful'.³⁷ The plot of Johnson's 1759 allegorical tale *Rasselas* centres on the search for happiness: the bored hero, Prince Rasselas, finds himself perpetually dissatisfied with the diversions he seeks.³⁸ As his wise friend, the poet Imlac, notes, the pyramids themselves are evidence that even the richest cannot 'feed the appetite of novelty with perpetual gratifications', while Princess Nekayah, Rasselas's sister, affirms that 'none are happy but by the anticipation of change: the change itself is nothing; when we have made it, the next wish is to change again'.³⁹ Such is Lord Glenthorn's state of mind, as he moves from one dissipation to the next in search of satisfaction; the need for change drives on narrative.

Dr Cullen's assertions, quoted by Lord Glenthorn, similarly envisage external dissipations that are 'transient' and 'unsatisfying', while More, who points to a 'spirit' sated with amusement, notes the continual desire for novelty: such a spirit 'requires pleasures of poignancy; varied, multiplied, stimulating!', she declares. Cullen—who notes such symptoms as typical of the 'present times'—and More expand Johnson's influential representation of idleness to situate boredom within the burgeoning fashion system. Indeed, the narratives they evince, and which Edgeworth puts into practice, emphatically align restless dissatisfaction not with the pursuit of happiness, as in Johnson's tale, but with the pursuit of fashion and novelty. Walter Benjamin, whose writings reveal a persistent fascination with the interlocking phenomena of fashion and boredom, suggests that the 'compulsive desire for fashion' is in fact 'a substitute for a (forgotten) desire for happiness'.⁴⁰ The pursuit of fashion, quite naturally it would seem, supplants the search for happiness in the narrative of boredom.

Certainly, cultural historians note the consumer 'evolution'—a term now generally more accepted than 'revolution'—that occurred during the late eighteenth century, which spurred on what Neil

McKendrick dubs the 'fashion frenzy'.⁴¹ The fashion system required novelties that were transient precisely because they were unsatisfying: fashion was dependent on, and reflective of, boredom. As fashion theorist Fred Davis notes, some consider boredom the 'well-spring of fashion change',⁴² while historian Joe Moran, engaging with Benjamin's writings, contends that '[t]he boredom of the recently vogueish reveals the dependence of capitalism on built-in obsolescence and the stimulation of faddish tastes'.⁴³ The ultimately ephemeral and unsatisfying 'stimulative pleasure' that is 'achieved through novelty', and which comprises, as Colin Campbell concludes, the pattern of fashion that emerged during the latter part of the eighteenth century, was observed by numerous critics from diverse disciplines.⁴⁴ As Edmund Burke had outlined in his discussion of novelty in *A Philosophical Enquiry into the Origin of our Ideas of the Sublime and Beautiful* (1757), 'those things which engage us merely by their novelty, cannot attach us for any length of time'; in nature, he notes, 'the same things make frequent returns with less and less of any agreeable effect'.⁴⁵ Similar observations began to be made of literature: by 1794 the *Analytical Review* observed that

The mind, as well as the body, loses it's [*sic*] sensibility, or to borrow a fashionable term, it's *excitability*, by the too frequent reiteration of similar impressions; it becomes, in both cases, necessary, in order to preserve the same degree of irritation, to be continually increasing the stimulating force.⁴⁶

The reviewer, deploying 'fashionable' words such as the newly coined 'excitability', equate the embodied affective dimensions of boredom with addiction: the writer employs the analogy of 'the use of strong liquors' through which 'the same tone of hilarity can only be kept up by perpetually increasing the quantity of vinous spirit', to argue that readers who are

no longer capable of deriving pleasure from the gentle and tender sympathies of the heart, require to have their curiosity excited by artificial concealments, their astonishment kept awake by a perpetual succession of wonderful incidents, and their very blood congealed with chilling horrors [*sic*].⁴⁷

From observations of nature to the analysis of literature, recognition of the interplay between novelty and boredom *avant la lettre*, exemplified and

reinforced by the rise of the fashion system, was pervasive, indeed inescapable, in late eighteenth- and early nineteenth-century writing.

Edgeworth's narrative follows suit, seeking to dramatize the co-dependence of boredom and novelty that characterized fashionable life. The protagonist recalls his suicidal state of ennui:

I was seized with a nervous complaint, attended with extreme melancholy. Frequently thoughts of putting an end to my existence occurred, and I had many times determined upon the means, but very small and apparently inadequate and ridiculous motives, prevented the execution of my design. Once, I was kept alive by a *piggery*, which I wanted to see finished. Another time, I delayed destroying myself, till a statue, which I had just purchased at vast expense, should be put up in my Egyptian salon. By the awkwardness of the unpacker, the statue's thumb was broken. This broken thumb saved my life; it converted ennui into anger. Like Montaigne and his sausage, I had now something to complain of, and I was happy. (p. 24)

Edgeworth juxtaposes Lord Glenthorn's 'extreme melancholy' with the satirical novelties of his piggery, the voguish Egyptian salon and the comic reference to Michel de Montaigne (a notorious sufferer from melancholy) railing against a sausage: Lord Glenthorn aggrandizes such trivialities to matters of life and death, while showing (as in his earlier description of his journey to Ireland) that even anger, by its novelty, can be converted into pleasure. Glenthorn's affective experience demonstrates the way in which affects, as Tomkins states, 'may also be invested in other affects, combine with other affects, intensify or modulate them, and suppress or reduce them'.⁴⁸ Yet, what this passage highlights is that novelty can only provide, as Glenthorn reflects, 'temporary alleviation' (p. 3) from ennui, while also being its cause; echoing Dr Cullen and Hannah More, Lord Glenthorn posits fashionable dissipation as concurrently the cause of, and (hopeless) remedy for, ennui.

Benjamin declares aphoristically that '[f]ashion is the eternal recurrence of the new', thus pointing to the repetition inherent in fashion that is, somewhat paradoxically, achieved via novelty.⁴⁹ As McNally explains, for Benjamin,

Fashion involves the endless production of novelty—the latest and greatest—which turns out to be nothing but the same thing (exchange value/the

commodity) over and over again. Fashion is thus a sort of capitalist repetition compulsion. Just like the neurotic who keeps having the same bad relationship one time after another, (each time disguised as something new), the consumer of fashion does the same thing repeatedly (buy the latest products) only to discover that the latest novelty is no different and no better than the last. In the name of an insatiable thirst for the new, fashion addicts us to the eternal return of the same.⁵⁰

Benjamin's theory elucidates eighteenth-century analyses of the interplay between boredom and fashion; as we have seen, contemporary commentators similarly saw 'the fashionable whirl as an addictive drug', and perceived that exposure to novelty fostered increasing dissatisfaction.⁵¹ Benjamin's writings, while still, like those of his eighteenth-century forebears, unable to fix on a shared lexicon or coherent definition of boredom (which he deploys as a synonym of 'ennui'), offer a framework in which to read Edgeworth's narrative.

Following Benjamin's outline, we can see that Glenthorn's memoir dramatizes a personal narrative of repetition compulsion destined to failure; he is doomed to a cycle of fashionable consumption and melancholy because, within the fashion system, the 'gap between wanting and getting never actually closes'.⁵² Thomas Beddoes in 1802 identifies a comparable 'dilemma' resulting from 'the infection of fashion': 'Before one set of desires is well gratified,' he declares, 'new ones are kindled by the infinity of bright temptations.'⁵³ As Beddoes suggests, fashion, like novelty (its cognate aesthetic), is harmful owing to its reliance on the perpetual promise and subsequent denial of satisfaction, a pattern which governs Edgeworth's representation of ennui.

Predictably, in Edgeworth's narrative, Lord Glenthorn records how his anger, perceived as welcome respite from the insensibility of his indolence, soon 'subsided, the thumb would serve me no longer as a subject of conversation, and I relapsed into silence and black melancholy' (p. 25). A similar episode is presented when he recalls his vast estate in Sherwood, all done up with 'the gloss of novelty' (p. 6). Lord Glenthorn writes that '[t]he bustle of my situation kept me awake for some weeks; the pleasure of property was new, and, as long as the novelty lasted, delightful' (p. 4). The protagonist describes the novelty of occupation as being 'awake', in contrast to the implicitly sleep-like state of boredom. Indeed, early on, Lord Glenthorn delineates his 'utter abhorrence' and 'incapacity of voluntary exertion', observing

that '[u]nless roused by external stimulus, I sunk into that kind of apathy, and vacancy of ideas, vulgarly known by the name of a *brown study*' (p. 3). The protagonist falls easily into inertia, sinking into the gloomy dream-like state of so-called 'brown study'.⁵⁴ Fenichel similarly observes that 'monotonous and rhythmic external stimuli' can often have a 'sleep-inducing effect' akin to boredom.⁵⁵ Yet, in accordance with Benjamin's theory of fashion in which 'capitalism's endless search for novelty and innovation [...] is in fact merely an endless repetition', Lord Glenthorn's alternating pattern of ennui and novelty is itself rhythmic in its monotony.⁵⁶ As such, the structure of Edgeworth's tale becomes predictable: we foresee that the 'beauties' of his estate will lose their appeal; adhering to Burke's assertions regarding the inferior aesthetic category of novelty, the estate's novelties 'too soon became familiar to [Lord Glenthorn's] eye' (p. 6). Perhaps then, when Marilyn Butler denigrates *Ennui* for its 'tiresomely repetitive' structure,⁵⁷ we should instead consider how Edgeworth's narrative in fact 'enacts', as Weiss has argued in relation to Edgeworth's epigraph (a conjugation of the French verb *ennuyer*), 'the very condition of ennui it is employed to depict'.⁵⁸ Edgeworth's narrative style itself reflects 'the tedium of eternal sameness' embodied by the fashion system.⁵⁹

Glenthorn's fall into lethargy, however, is completely contradictory with other assertions he makes of his ennui, notably that he is restless and professes 'an insatiable longing for something new, and a childish love of locomotion' (p. 3). His ennui concurrently inhibits activity and drives on motion.⁶⁰ Kierkegaard articulates this apparent contradiction of boredom, writing that '[s]trange that boredom, in itself so staid and stolid, should have such power to set in motion'.⁶¹ In *Hygæia*, Beddoes tacitly gestures towards this tension when he describes the constitution of the 'luxurious and the indolent': continuing to delineate the link between fashionable life and illness, he describes how, physiologically, the pursuit of 'artificial modes' destroys 'the balance of action in the system', thus reducing 'one part [of one's "system"] to death-like torpor' while simultaneously '[exciting] a mischievous activity, or [kindling] a spurious sort of inflammation'.⁶² Both sleep-like yet restless, Glenthorn's fashionable disease is thus characterized by its contradictory ambiguities and its resistance to single truths.

The uncanny echoes between Lord Glenthorn and Kierkegaard persist: while Kierkegaard declares that '[b]oredom is the root of all evil',⁶³ Lord Glenthorn insists that he 'really had no vice, nor any of those propensities

which lead to vice; but ennui produced most of the effects, that are usually attributed to strong passions or a vicious disposition' (p. 1). Lord Glenthorn grows weary of one particular fashionable vice, gambling, which temporarily provides him with 'a new kind of stimulus' (p. 12). Indeed, for Benjamin, as Carlo Salzani argues, the 'temporality of gaming is in itself splenetic': it is 'futile' and cannot 'lead to any completion', thus exemplifying the deceptive nature of novelty's claim to satisfy.⁶⁴ While Lord Glenthorn believes that '[g]aming relieved me from that insuperable listlessness by which I was oppressed', once barred from gambling he searches for similar 'sensations' (p. 12) in another fashionable vice: '[m]ost of the young men of any *ton*, either were, or pretended to be, *connoisseurs* in the science of good eating' (p. 19). The image of Glenthorn as a gourmand, attempting to eat as much as he is able 'for it could be supported without any intellectual exertion, and it was fashionable' (p. 21), aligns with modern psychoanalytical interpretations of the interrelated affects of desire and boredom. Phillips recalls how a boy was referred to him for being both 'excessively greedy and always bored'; he records how the boy remarked in his first session: "If I eat everything I won't have to eat anymore."⁶⁵ The boy

meant then that if he could eat everything he would no longer need to be hungry. One magical solution, of course, to the problem of having been tantalized is to have no desire. For this boy greed was, among other things, an attack on the desiring part of the self, a wish to get to the end of his appetite and finish with it once and for all.⁶⁶

The clinically bored Lord Glenthorn has a similarly confounding understanding of his own desires. He acknowledges that his appetite for the new is insatiable, yet also avows that, possessing everything, he has 'nothing to desire' (p. 11). He exemplifies the paradoxical nature of objectless ennui frequently depicted in the coeval fashion magazine. As Phillips notes, boredom is the simultaneous recognition that 'there is something I desire, and there is nothing I desire'.⁶⁷ The fashion system similarly promotes an objectless desire, so much so that consumers experience an 'endless wanting', as we see is true of Edgeworth's protagonist.⁶⁸ Caught between this state of avowal and disavowal—he desires nothing but, dissatisfied, longs for something—Lord Glenthorn's attempt to eat up his own appetite could be understood as an endeavour to 'get to the end of his appetite and finish with it once and for all', as Phillips conjectures of his patient.⁶⁹

It is, potentially, an attempt to break the endless repetition of the fashion system and to do away with the emptiness of boredom for, as Beesemyer notes, boredom is always '[s]tructured in terms of emptiness—hollows, sloughs, caves'.⁷⁰ Quite literally, Lord Glenthorn's (unsuccessful) antidote to ennui involves filling the emptiness of his own body to the point of saturation.

While Lord Glenthorn retrospectively hypothesizes that '[i]f I might judge from my own experience, I should attribute fashionable epicurism in a great measure to ennui' (p. 25), More's *Strictures* similarly consider the link between listlessness and excessive consumption. She writes,

It has been observed by medical writers, that that sober excess in which many indulge, by constantly eating and drinking a little too much at every day's dinner and every night's supper, more effectually undermines the health, than those accidental excesses with which others now and then break in upon a life of general sobriety. (II, p. 156)

Following on from her comparison between those fashionables who persistently consume to excess and hard workers who intermittently require light indulgence, More observes that '[t]he sick sometimes recover from a fever, seldom from a palsy' (II, p. 158). Reaffirming the assertion that boredom defies both analysis and expression, More resorts to the analogy of a palsy. While the metaphorical fever experienced by the occupied worker is described as a 'safe or healthy state', the palsy, suffered by the ennui-ridden idle, is dangerous and, quite possibly, fatal (II, p. 158). The baffling disease metamorphoses into other forms of physical illness, which, unlike ennui, can be identified, described and diagnosed with precision.

While the analogy of a palsy (also known as paralysis) might seem congruent with aspects of Lord Glenthorn's ennui—the way in which it inhibits exertion, for instance—in many ways this comparison is at odds with our understanding of ennui, and not only because ennui is equally shown to set Lord Glenthorn into action. Indeed, the term 'palsy' was used to describe the condition of 'powerlessness' that was 'brought about by terror or other extreme emotion'.⁷¹ As Ngai has argued in her revisionist study of the sublime, the extreme emotions experienced when faced with sublimity, such as terror and shock, are generally perceived as abrupt and sudden, quite unlike the feeling of boredom, which is 'slow or gradual in onset and long in duration'.⁷² However, she suggests that, far from being oppositional, the two feelings are often experienced simultaneously.

The sublime, she argues, frequently has the 'concomitantly solicited effect of boredom', leading to an effect she has dubbed 'stuplimity' (a merging of the words 'stupor' and 'sublimity').⁷³ This hybrid word reflects the enduring search for a lexicon that can accurately encompass the affective dimensions of boredom.

With both More's and Ngai's expressions in mind, we should consider Lord Glenthorn's encounter with the sublime in *Ennui*. Bored of his English home, Glenthorn searches for a cure in the new scenes of his estate in Ireland. After the 'continual agitation' (p. 231) excited by the Irish rebellion, which temporarily cures him of his ennui, Lord Glenthorn 'relapse[s]' into his 'former inactivity' (p. 233), coming to reflect that 'change of air and change of place would do [him] good' (p. 235). He determines on 'various parties of pleasure', including a tour of the Giant's Causeway and the Lake of Killarney (p. 235). Glenthorn details the scene of the sublime landscape of the Giant's Causeway, quoting directly from Dr William Hamilton's *Letters Concerning the Northern Coast of the County of Antrim* (1786) in which he records the Causeway's 'mass of near four hundred feet in height, which, in the beauty and variety of its colouring, in elegance and novelty of arrangement, and in the extraordinary magnificence of its objects, cannot be rivalled' (p. 236). Lord Glenthorn cannot find his own words to describe the spectacle; indeed, he confesses that '[t]he sublime and the beautiful had no charms for me: novelty was the only power that could wake me from my lethargy' (p. 240). Indeed, More suggests that, not simply analogous to palsy, fashionable melancholia also manifests itself as a form of blindness: 'It is the novelty of a thing which astonishes us, and not its absurdity', she writes, 'objects may be so long kept before the eye that it begins no longer to observe them' (II, p. 163). Presented with this scene of sublimity, Glenthorn's response somewhat reflects Ngai's concept of 'stuplimity' in which a state of lethargy and astonishment are held concomitantly:

Yet I was seized with a fit of yawning, as I sat in my pleasure-boat, to admire this sublime spectacle. I looked at my watch, observed that we should be late for dinner, and grew impatient to be rowed back to the place where we were to dine: not that I was hungry, but I wanted to be again set in motion. (p. 236)

Glenthorn is 'seized with a fit' which is sudden and abrupt yet, somewhat paradoxically, it is one of yawning, an affective embodiment of the

‘gradual’ onset of boredom. Sitting to ‘admire’ the scene, he feels the onset of restless boredom.

The palsy of ennui emerges in Edgeworth’s text not as powerless but as a loss of feeling; it is a blind insensibility to the sublime, rather than physical numbness, a psychic rather than merely a physical feeling. Such a state is also suggested in Lord Glenthorn’s preference for the word ‘indolence’, which denotes not only ‘laziness, slothfulness’ but also ‘want of feeling’.⁷⁴ Lord Glenthorn’s affective response to the Causeway ostensibly aligns with Spacks’ assertion that in ennui, as distinct from boredom, the subject feels superiority, not powerlessness, over their environment: they are not moved by the sublime. However, his response is also a more trivial and immediate reaction to his surroundings. Restless, he wants again to be in motion (following Kierkegaard’s analysis to the letter) as he is seized by another desire: to eat without being hungry, to again desire and have nothing to desire. Edgeworth returns to the jarring images of the sublime and the potentially trivial that emerge earlier in her narrative; in this instance their subversion underscores the aesthetic and affective tensions encompassed by ennui.

There is something of an irony in Glenthorn’s narrative of boredom. As Spacks has argued, narrative ‘resists boredom. Voluntarily picking up a book, we expect—indeed *demand*—to have our interest engaged.’⁷⁵ Lord Glenthorn is himself a victim of the Barthesian prattling text that bores—he recalls ‘falling asleep [. . .] whilst a poet was reading to me an ode on the beauties of Sherwood park’ (p. 5). While Edgeworth’s narrative enacts the monotony of ennui, it also, in Kierkegaard fashion, sets the narrative into motion, thus paradoxically appearing to create ‘boredom’s antithesis’: interest.⁷⁶ This motion, and indeed the movement of the narrative as a whole, terminates when boredom is ‘cured’ by the revelation of Lord Glenthorn’s true identity and his subsequent turn to legal study. Towards the final pages of *Ennui*, Lord Glenthorn advises any ‘novel-readers’ to

throw the book aside at the commencement of this chapter, for I have no more wonderful incidents to relate, no more changes at nurse, no more sudden turns of fortune. I am now become a prodding man of business, poring over law-books from morning till night, and leading a most monotonous life [. . .] (p. 360)

Edgeworth, as she famously insisted in her ‘Advertisement’ to *Belinda* in 1801, did not write novels.⁷⁷ Lord Glenthorn’s language directly echoes that of the *Analytical Review*, which scornfully derided the way

in which novels were designed to keep their (implicitly listless) readers 'awake by a perpetual succession of wonderful incidents'. The selling point of novels was, sometimes dubiously (particularly in the case of the formulaic Minerva Press novel), their novelty: they were presented to (usually female) readers as a remedy for boredom, as time-killing entertainment. As Kelly notes of the circulating-library novel: 'their value as cultural capital depended upon their novelty, they were consumed in quantity, and they were considered ephemeral'.⁷⁸ Yet, Edgeworth's writing similarly became caught up in the recursive system of novelty and boredom: as one contemporary writer and reader, Anne Grant, observed from her secluded home in the Scottish Highlands in July 1809, 'I am impatient to see [Edgeworth's] *Tales of Fashionable Life*; but one never meets anything of that kind here till all the world are tired of it.'⁷⁹ Despite both Edgeworth's and her father's protestations that *Tales of Fashionable Life* lay apart from the world of fashion that it voyeuristically dissected and examined, its volumes were assimilated into the discourse of fashionable boredom, a narrative which was, as *Ennui* demonstrates, equally characterized by a plurality of contradictions and irreconcilable tensions.⁸⁰

NOTES

1. See G. Kelly (1989) *English Fiction of the Romantic Period* (London and New York: Longman), p. 8.
2. (2007) *Jane Austen and the Popular Novel* (Basingstoke: Palgrave Macmillan), pp. 18–19.
3. (1809) 'The Preface' to M. Edgeworth, *Tales of Fashionable Life*, 3 vols (London: J. Johnson), I, p. iv. Subsequent references to *Tales of Fashionable Life* are to this edition and volume and are given in parentheses following quotation.
4. E. Kowaleski-Wallace (1991) *Their Fathers' Daughters: Hannah More, Maria Edgeworth, and Patriarchal Complicity* (Oxford and New York: Oxford University Press), p. 159. W. J. McCormack notes that the *Tales of Fashionable Life* were enormously successful, making Edgeworth £1050 in total. See (January 2008) 'Edgeworth, Maria (178–1849)', *Oxford Dictionary of National Biography*, online at: <http://www.oxforddnb.com/view/article/8476?doc> (accessed 17 September 2015).
5. (1995) "'Completing the Union": Critical *Ennui*, the Politics of Narrative, and the Reformation of Irish Cultural Identity', *Prose Studies: History, Theory, Criticism*, 18:3, 41–77 (p. 49).

6. Butler emphasises Cullen's endorsement of travel in her introduction. See M. Butler (1992) 'Introduction', in Maria Edgeworth (ed.), *Castle Rackrent* and *Ennui* (London: Penguin), pp. 1–56 (p. 32).
7. I. Beesmyer (1999) 'Romantic Masculinity in Edgeworth's *Ennui* and Scott's *Marmion*: In Itself a Border Story', *Papers on Language & Literature*, 35:1, 74–96 (p. 78).
8. (1805–07) MS Eng. misc. e. 1463 (Bodleian Library, Oxford), pp. 69–71 (p. 71).
9. See T. S. Surr (1806) *A Winter in London; or, Sketches of Fashion*, 3 vols (London: Richard Phillips), I, 250.
10. See (2005) 'Reclothing the Female Reader: Dress and the *Lady's Magazine*', *Women's History Magazine* 49, 11–20.
11. (July 1812) 'A Brief Abstract of Miss Edgeworth's New Work "Tales of Fashionable Life"', *La Belle Assemblée*, 5, 12–18 (p. 12). See also (June 1813) 'A Fashionable Character', *Lady's Magazine*, 44, 263 and (July 1810) 'Maria Edgeworth', *Lady's Monthly Museum*, 9, 2–4.
12. (March 1812) 'Benedict; A True History', *Lady's Magazine*, 43, 99–103 (p. 102). For estimated figures of readers, see J. Hunter (1977) 'The *Lady's Magazine* and the Study of Englishwomen in the Eighteenth-Century', in D. Bond and W. R. McLeod (eds), *Newsletters to Newspapers: Eighteenth-Century Journalism* (Morgantown: West Virginia University), pp. 103–17. Copeland asserts that "everybody" read the *Lady's Magazine*.[...] That is, everybody prosperous enough to afford a ticket to the local circulating library where current issues and copies of back years in bound volumes could both be obtained.' See E. Copeland (1995) *Women Writing About Money: Women's Fiction in England, 1790–1820* (Cambridge: Cambridge University Press), p. 119.
13. (1996) *Jane Austen's Letters*, D. Le Faye (ed.) (Oxford and New York: Oxford University Press, 3rd edn), p. 90.
14. Lord Chesterfield (1755–57) *The World by Adam Fitz-Adam*, 6 vols (London: R. and J. Dodsley), VI, p. 90. Also quoted in H. Greig (2006) 'Leading the Fashion: The Material Culture of London's *Beau Monde*', in A. Vickery and J. Styles (eds), *Gender, Taste, and Material Culture in Britain and North America 1700–1830* (New Haven and London: Yale University Press), pp. 293–313 (p. 297).
15. C. La Bossière (1999) 'Finessing Indolence: The Case of Edgeworth's *Ennui*', *The Canadian Journal of Irish Studies*, 25:1–2, 414–26 (p. 416).
16. K. Brundan (2005) 'Cosmopolitan Complexities in Maria Edgeworth's "Ennui"', *Studies in the Novel*, 37:2, 123–40 (p. 125).
17. Brundan, 'Cosmopolitan Complexities', p. 125.

18. Myers, "Completing the Union", p. 49. On allegory, see in particular La Bossière, 'Finessing Indolence', p. 415; D. Weiss (2013) 'The Formation of Social Class and the Reformation of Ireland: Maria Edgeworth's *Ennuï*', *Studies in the Novel*, 45:1, 1–19 (p. 3). See also B. Hollingworth (1997) *Maria Edgeworth's Irish Writing: Language, History, Politics* (Basingstoke: Macmillan), pp. 127–28.
19. J. Moran (2003) 'Benjamin and Boredom', *Critical Quarterly*, 45:1–2, 168–81 (p. 173). See A. Phillips (1993) *On Kissing, Tickling and Being Bored: Psychoanalytic Essays on the Unexamined Life* (London: Faber and Faber), p. 71.
20. See 'boredom, n', sense 2 in *Oxford English Dictionary*, online at: www.oed.com (accessed 28 August 2015).
21. (1995) *Boredom: The Literary History of a State of Mind* (Chicago and London: University of Chicago Press), p. 12.
22. B. D. Pezze and C. Salzani (2009) 'The Delicate Monster: Modernity and Boredom', in B. D. Pezze and C. Salzani (eds) *Essays on Boredom and Modernity* (Amsterdam and New York: Rodopi), pp. 5–33 (p. 10).
23. (1992) *Jane Austen and the Body: 'The Picture of Health'* (Cambridge: Cambridge University Press), p. 11.
24. H. More (1799) *Strictures on the Modern System of Female Education*, 2 vols (London: Cadell and Davies), II, p. 156. Subsequent references are to this edition and are given in parentheses following quotation.
25. Phillips, *On Kissing, Tickling and Being Bored*, p. 82.
26. La Bossière, 'Finessing Indolence', p. 416.
27. (February 1797) 'Derwent Priory; A Novel', *Lady's Magazine*, 28, 60–5 (p. 64).
28. La Bossière, 'Finessing Indolence', p. 416.
29. J. Mullan explores the distinct meanings ascribed to the 'hypochondriac' in eighteenth-century medical texts in his chapter 'Hypochondria and Hysteria: Sensibility and the Physicians'. See (1988) *Sentiment and Sociability: The Language of Feeling in the Eighteenth-Century* (Oxford: Clarendon), pp. 201–40.
30. (2012) *From Melancholia to Prozac: A History of Depression* (Oxford: Oxford University Press), p. 90.
31. (December 1800) 'The Old Woman' *Lady's Monthly Museum*, 5, 425–31 (p. 436).
32. (2009) *Camilla*, Edward A. Bloom and Lillian D. Bloom (eds) (Oxford: Oxford University Press), p. 465.
33. (2008) *Affect, Imagery, Consciousness*, 2 vols (New York: Springer Pub.), I, p. 419.
34. (2008) *Mansfield Park*, J. Kinsley (ed.) (Oxford: Oxford University Press), p. 224.

35. (2005) *Ugly Feelings* (Cambridge, MA.: Harvard University Press), p. 269.
36. (1954) *The Collected Papers of Otto Fenichel*, H. Fenichel and D. Rapaport (eds), First series (London: Routledge and Kegan Paul), pp. 292–302 (p. 292).
37. S. Jordan (2003) *The Anxieties of Idleness: Idleness in Eighteenth-Century British Literature and Culture* (London: Associated University Presses), p. 155.
38. H. Berry situates *Rasselas* alongside George Cheyne's *The English Malady* (1733) to suggest that it offers an allegorical representation of 'jaded eighteenth-century consumers'. See (2014) 'The Pleasures of Austerity', *Journal for Eighteenth-Century Studies*, 37:2, 261–77 (p. 274).
39. S. Johnson (2009) *The History of Rasselas Prince of Abissinia*, Thomas Keymer (ed.) (Oxford: Oxford University Press), pp. 72, 102.
40. D. McNally (2000) *Bodies of Meaning: Studies on Language, Labour, and Liberation* (Albany: SUNY Press), p. 202.
41. (1983) 'Commercialization and the Economy' in N. McKendrick, J. Brewer and J. H. Plumb (eds) *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England* (London: Hutchinson), pp. 9–194 (p. 54). Copeland discusses the terms 'consumer revolution' and 'evolution' as they are used by historians in *Women Writing About Money*, p. 7.
42. (1992) *Fashion, Culture, and Identity* (Chicago and London: University of Chicago Press), p. 109. Davis also asks if fashion cannot be seen as a 'device for relieving boredom' (p. 16).
43. Moran, 'Benjamin and Boredom', p. 175.
44. (1987) *The Romantic Ethic and the Spirit of Modern Consumerism* (Oxford: Blackwell), p. 158.
45. (1990) *A Philosophical Enquiry into the Origin of Our Ideas of the Sublime and Beautiful*, A. Phillips (intro.) (Oxford and New York: Oxford University Press), p. 29.
46. (December 1794) 'Art XIV: *Count Roderic's Castle; or, Gothic Times, a Tale*', *Analytical Review: Or, History of Literature*, 20:4, 488–89 (p. 488).
47. *Analytical Review*, 488–9.
48. *Affect, Imagery, Consciousness*, I, p. 76.
49. (1996–2003) *Selected Writings*, M. Bullock and M. W. Jennings (eds), 4 vols (Cambridge, MA: Belknap Press of Harvard University Press), IV, p. 179.
50. McNally, *Bodies of Meaning*, p. 202.
51. Jordan, *The Anxieties of Idleness*, p. 105.
52. Campbell, *Romantic Ethic*, p. 38.
53. T. Beddoes (1802) *Hygeia*, 3 vols (Bristol: J. Mills), I, p. 72.
54. The *Oxford English Dictionary* records that 'brown study' is defined variously by Johnson as 'gloomy meditations' and by Webster as 'serious reverie, thoughtful absent-mindedness'. See 'brown study, n' in *Oxford English Dictionary*, online at: www.oed.com (accessed 13 April 2015).

55. Fenichel, *The Collected Papers of Otto Fenichel*, p. 295. Fenichel also considers repetition in terms of sexual pleasure; Beesemyer's essay explores the sexually charged language of Glenthorn's boredom (74–96).
56. Moran, 'Benjamin and Boredom', p. 179.
57. (1972) *Maria Edgeworth: A Literary Biography* (Oxford: Clarendon Press), p. 365.
58. Weiss, 'The Formation of Social Class', p. 4.
59. Moran, 'Benjamin and Boredom', p. 179.
60. Fenichel, however, maintains that boredom is stupefying, arguing that in boredom there is 'a need for intense mental activity' yet simultaneously 'an inhibition of that activity' (p. 292).
61. S. Kierkegaard (1944) *Either/Or*, David F. Swenson and L. M. Swenson (trans.), 2 vols (London: Oxford University Press), I, p. 234.
62. Beddoes, *Hygeia*, III, p. 165.
63. Kierkegaard, *Either/Or*, I, p. 234.
64. C. Salzani (2009) 'The Atrophy of Experience: Walter Benjamin and Boredom' in B. D. Pezze and C. Salzani (eds), *Essays on Boredom and Modernity* (Amsterdam and New York: Rodopi), pp.127–54 (p. 136).
65. Phillips, *On Kissing, Tickling and Being Bored*, p. 74.
66. Phillips, *On Kissing, Tickling and Being Bored*, p. 74.
67. Phillips, *On Kissing, Tickling and Being Bored*, p. 80.
68. Campbell, *Romantic Ethic*, p. 37.
69. Phillips, *On Kissing, Tickling and Being Bored*, p. 74.
70. Beesemyer, 'Romantic Masculinity in Edgeworth's *Ennui*', p. 78.
71. See 'palsy, n.1 and adj.1', sense 1b in *Oxford English Dictionary*, online at: www.oed.com (accessed 28 August 2015).
72. Ngai, *Ugly Feelings*, p. 261.
73. Ngai, *Ugly Feelings*, p. 268.
74. See 'indolence, n', senses 1 and 3 in *Oxford English Dictionary*, online at: www.oed.com (accessed 28 August 2015).
75. Spacks, *Boredom*, p. 1.
76. Spacks, *Boredom*, p. 1.
77. Edgeworth declares that her work 'is offered to the public as a Moral Tale—the author not wishing to acknowledge a Novel'. See (2008) *Belinda*, K. J. Kirkpatrick (ed.) (Oxford: Oxford University Press), 'Advertisement'.
78. G. Kelly (1996) 'Jane Austen's Real Business: The Novel, Literature, and Cultural Capital', in J. McMaster and B. Stovel (eds), *Jane Austen's Business: Her World and Her Profession* (Basingstoke: Macmillan), pp. 154–67 (p. 157).
79. (1845) *Memoir and Correspondence of Mrs. Grant of Laggan*, J. P. Grant (ed.), 3 vols (London: Longman, Brown, Green, and Longmans, 2nd edn), I, p. 214.

80. I thank Helen Deutsch (UCLA) for recommending the comparison with Johnson's *Rasselas*, and for the helpful observations of delegates at the Fashionable Diseases Conference.

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PART II

Diseases of Sexuality

The *à la Mode* Disease: Syphilis and Temporality

Emily Cock

TIME AND THE MEDICAL BODY

In fashion and disease, time is of the essence. Both states are determined against historical precedent: fashion is legible in its difference from what has preceded it, while diagnosis also marks a shift into abnormality, as ‘a cultural expression of what society is prepared to accept as normal and what it feels should be treated’.¹ This chapter will use a study of the ‘*à la mode* disease’ (syphilis/the pox) to explore the intersections of disease, fashion and temporality in the early eighteenth century. It will focus on the work of a prominent syphilis surgeon and physician, Daniel Turner (1667–1741), whose textbook *Syphilis. A Practical Dissertation on the Venereal Disease* (1717) was reprinted several times in the first half of the century.² In this text, Turner displays a keen awareness of the pox’s competing temporalities—its history, causes, pathology, progression, treatment, cure and afterlife. *Syphilis* therefore provides a fruitful source through which to begin to investigate the temporal framing of this particular disease within the medical field. Yet disease in general, as Sarah Lochlann Jain notes of cancer, ‘materializes as much in cultural interchanges as in its biological form’, and pathology is just

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one temporal framework through which it is experienced and understood.³ I will therefore be complementing Turner's text with two representations of the pox and time from William Hogarth: *A Harlot's Progress* (1732) and *Marriage A-la-Mode* (1743). Syphilis features as a prominent narrative device in each of these series, and contributes substantially to their moral stories of wasted time.

The pox enjoys a particularly interesting temporal narrative through its denomination as the *à la mode* disease. The phrase '*à la mode*' passed into English usage in the early seventeenth century, and though its attachment to syphilis is not mentioned in the *Oxford English Dictionary*, Gordon Williams provides numerous examples in his dictionary of early modern sexual language.⁴ It was a common enough reference at the end of the century to function even allusively: Gideon Harvey jokes about an ignorant patient surprised to have contracted the pox after being 'pick'd up by a Gentlewoman, dressed much A la-mode'—her fashionability, he suggests, should have provided sufficient warning.⁵ In French its literal meaning is 'in the fashion', and part of its appeal for this ailment, which was of course also known as the French disease, was almost certainly its Gallicism.⁶ Turner does not neglect to include that the '*French Disease* [...] whether theirs or not, has one of its Epithets, *Alamode*, thence borrow'd'.⁷ He reminds his male readers that it is not only such *à la mode* ladies who are at risk but also their 'modish and gallant' men (sig. D1^{r-v}). Hogarth builds on the association of French newness in the title *Marriage A-la-Mode* through the scene titles 'The Tête à Tête' and 'The Toilette', both of which were also relatively new additions to the English lexicon.⁸ English use of *à la mode* foregrounds its attachment to the present in a manner that instead privileges the long term. Prostitutes, for example, are 'Miss Alamodes', selling 'love alamode' to their foppish customers; the 'A la modes' of a fashionable woman, as Richard Whitlock would have it, 'are suitable Shapings of her Mind to all changes of Occurrence or condition', entirely lacking in respectable constancy.⁹ Designating the pox an *à la mode* disease cast it as a momentary, cutting-edge illness in the worst sense. Jennifer Craik explains that in critical readings of fashion's temporal nature, it represents a wasteful disregard for the future—fashion is based on 'planned obsolescence', contributing nothing to a development of meaning but instead enabling an 'eternal perpetuation of the system of newness that depends on the desire to acquire each new mode'.¹⁰ Such a disregard for the future for the sake of temporary (and temporal) pleasure is also a staple of critiques of behaviours associated with the poxed.

Far from being an of-the-moment illness, however, the pox was widely acknowledged to subject its victims to prolonged symptoms. Turner spends significant amounts of time distinguishing between ‘acute’ and ‘Chronical’ (sig. G5^r), or ‘*Recent* and *Confirm’d*’ cases (sig. C1^r; original emphasis). The pox was also thought to leave tell-tale marks on the body that were anything but in vogue, and Turner describes patients whose bone damage, facial marks and sunken noses testify to their past infections. In Ned Ward’s *The Secret History of Clubs* (1709), he includes an assembly of individuals whose unfortunate encounters with syphilis and its mercurial treatments have left them noseless: the ‘No-Nose Club’.¹¹ Quickly this mark of shame is reconfigured by the abjected community as not only a prevailing fashion but a sign of identity and belonging. But the banishment of the ‘Noseless Fashion’ to a mocked subculture, shared even by the pigs on offer for dinner, serves to neatly segregate the disease from mainstream respectability and reinstate shame (sig. D8^r; original emphasis). As Ward added in *The Legacy for the Ladies* (1705), a patient’s pox would ‘lead ’em by the Nose into publick Shame and Derision’.¹² Turner records patients who seek his help anonymously on account of this shame, with one woman allowing her examination only when masked (sig. O7^v), and suggests that the delay produced by doctors who tip-toe around a diagnosis ‘for fear of loosing [*sic*] their Patients’ compromises both their own professional standing and the patients’ treatment (sig. G2^v).

What was the effect of the seventeenth-century chronological revolution on chronobiology? In 1656, Christiaan Huygens (1629–95) invented the pendulum clock that hugely increased the ability of clocks to keep time accurately, and allowed even small clocks to track seconds. Paul Glennie, Nigel Thrift and Stuart Sherman argue that such improvements in chronometry dramatically changed how people experienced time, especially through the increased saturation of daily life with measured, mechanical time.¹³ Not only were clocks of different kinds far more prevalent across the country and social classes, but their divisions became more specific. Where once the hours or quarter hours might have pealed from the parish church, the ticking of seconds and moving hands rendered time a more particular and passing experience.¹⁴ This also marked a shift away from ‘public time’ to a greater sense of ‘private time’, as individuals became less reliant on public timepieces to guide their day.¹⁵ Sherman argues that Samuel Pepys’ diary displays a fullness that directly reflects a sense of Huygensian continuous time; rather than marking merely significant events, Pepys records every day, replacing previous diarists’ tendency to ‘figure the fullness of time by narratives on signal occasions’ with one

marked by a narrative of ‘serial measure’ (p. 35), including acute attention to fluctuations in his health. The senses provided the gateway for mechanical time to enter the body and, as Glennie and Thrift note, the horological revolution marked a shift from time as a predominantly aural experience of church bells and the like to one dominated by vision, with the sound of chimes and ticking a subsidiary element to the new definition of a ‘clock’ (pp. 38, 41). Within the body, a sense of chronobiology based on observable rotations and patterns found health in regularity. For example, despite ambivalence around menstruation, which Turner sometimes calls the ‘monthly times’ (sig. C6^{r-v}), the regularity of a woman’s menstrual cycle was often invoked as a sign of good health and a useful diagnostic tool. That the body could behave differently according to the hour of the day or night was unremarkable: Turner includes several cases in which the patient’s ‘Pain was chiefly troublesome a[t] Nights’ (sig. P6^v; see also sigs. H8^v, O3^r, Q4^r). The pulse also rose to prominence following William Harvey’s discovery of blood circulation, exemplified in Sir John Floyer’s comprehensive guide to pulse regularity, *The Physician’s Pulse-Watch* (1707), which posited the key to health in the speed of this beat. The precise descriptions of symptom progression within medical texts, such as Turner’s and Floyer’s, gesture at attempts to capture an understanding of chronobiology for diagnosis and treatment.

The practice and development of medicine explicitly bore relation to time in ongoing debates around empiricism and hypothesis. Fashioning himself as a medical authority, Turner devotes much of his book to deriding the opinions of his contemporaries (though he rarely names them), while a number of his case studies feature patients whom he saves from their previous exposure to so-called quacks, or who meet their demise after forsaking Turner’s treatments for those of other practitioners. Though the pox is now a popular topic, he says, recent publications have been full of ‘Lewdness [...] Fraud and Self-Interest’, with Richard Wiseman’s *Severall Chirurgicall Treatises* (1676) providing the last creditable engagement with the subject (sig. A7^r). Turner grounds his claim to medical authority in a ‘rational Empiricism’ that draws on past experiences and observations, rather than the future-based ‘belov’d Hypothes[e]s’ of ‘the Herd of base unlearned Quacks’, and those who draw on unrelated fields such as mathematics (sig. A2^v). Many offer novelty cures for their own sake, which are often ‘no better than direct Frauds, and vain Amusements’ (sig. F1^r). He offers a mock apology for having ‘already taken up too much of our Readers time’ with the opinions of a modish ‘Philoacidus’ on the subject (sig. B8^v), while

admonishing any readers who find his own detailed explanations prolonged and ‘tedious’, since they ‘pretend to a much shorter, more compendious, and less fatiguing Method of healing this Distemper’ (sig. E8^v). The surgeon or physician must draw on his historical, empirical experience and combine it with close scrutiny of the patient’s specific disease timeframe, ‘sedulously observing [. . .] the whole Series of Events’ in order to both effectively treat the patient and develop an advanced understanding that will help his and others’ future patients (sig. B8^v).

THE HISTORY OF POX

Epidemiologically, the history of the pox was almost as hot a topic as any possible cures, and Turner does not neglect to provide an account of the ‘*Chronology* or Time, the *Topology* or Place, and the *Histriography* or Account of the Disease in general’ (sig. B5^v, original emphasis). The dominant theory attributed its introduction to Europe from the ‘New World’ via Columbus, after which it was spread by competing armies following the siege of Naples in 1495. Other narratives ranged from divine or astrological origins, to the mingling of men’s ejaculations within a (sometimes leprous or menstruating) woman.¹⁶ Turner provides an overview of the conflicting origin theories, and notes their diverse timeframes: while some men insist that it is ‘a new Disease, or of little more than two Centuries standing’ (sig. B1^r), others that it was caused by ‘the Air and Clime of some particular Country, where it is reported to be Endemial [*sic*]’ and later introduced to Europe, and still others that it is ‘near as old as the Race of Mankind, and began at the same time with the Sin of Fornication; that it was also known by the Ancients, altho’ by other Names; having probably at these times somewhat different symptoms’ (sig. B1^v). This discussion also enables Turner to place himself in a privileged position of modernity when constructing his historiography of previous medical writers, condescendingly assuring the reader that ‘This truly was the current Opinion of those early Writers.’ (sig. B3^r) Case histories fill early modern medical treatises, and provided an important methodological tool for demonstrating the symptoms and signs of conditions, and the effectiveness (or not) of treatments. Often these cases carried an additional sense of history as they were recycled by medical writers, accruing further weight according to the eminence of their cited source—they became part of the timeline of medical practice, in addition to relating the progression of an individual’s distemper.

Historians and paleopathologists have continued this search for the origins and timeline of syphilis.¹⁷ One consolation in the early modern narrative history of syphilis was a general consensus that the distemper had weakened and become less infectious since its first arrival in Europe. Having ‘abated very much of its former cruel Fierceness’, Turner assures his reader, ‘our Pox is but a Flea-bite to that of theirs whom it first visited’ (sig. B3^v). And ‘in our time (whatever may have happened formerly)’, means of contagion had decreased (sig. B6^r). Not only this, but wiser modern physicians had grown more adept at treating the disease, replacing previous ‘injudicious Practices with Quicksilver’ (to which Turner attributes some of the injurious ‘Fierceness’ of the cure) with more restrained employment of the substance (sig. B4^r). The conflicting histories provided for the pox not only gave it a complex temporal framework but also built on its sexual frisson to cement it as a controversial hot topic in early modern and eighteenth-century medicine.

TIME IN THE POX

In ‘The Second Satire of Dr John Donne’, Alexander Pope writes of ‘Time, that at last matures a clap to pox’ (line 47). He refers to the widespread belief—shared by Turner—that gonorrhoea (the clap) and syphilis (the pox) were stages of the same, or at least interdependent, distempers. The complete phrase runs thus: ‘Time, that at last matures a clap to pox, / Whose gentle progress makes a calf an ox, / And brings all natural events to pass’.¹⁸ Pathology is here only idiomatic, serving Pope’s/Donne’s attack on an enemy who has progressed to ‘an Attorney [from] an Ass’ (line 50)—Pope’s point is about inevitability in a linear understanding of time. In a less pithy reflection on the potential for the clap to develop into the pox, Turner berates quacks whose treatments allow ‘the greater part of those they deal with, [to run] from a *first*, into the *second* Infection, or from a *Clap*, as it is call’d to a *Pox*’ (sig. A6^v). In contrast to Pope, there is no inevitability in Turner’s pathology. Instead, treated correctly, the progression from clap to pox does not occur.

Indeed, the pox *was* considered to be curable if adequately treated. If all symptoms abated, the patient was considered to have overcome the disease (‘a perfect and not a palliative Cure only’; sig. E6^r). The perceived curability of syphilis contrasted it with diseases such as cancer, whose progression was considered unstoppable and even accelerated by standard treatments.¹⁹ Where treatments aim at cure or even palliative care in the

sense that Turner uses it of ‘Relieving, [or] at least Palliating [the patient], till such time as they have recruited their Flesh’ and you can then embark on curing them (sig. L1^r), all actions necessarily lean towards the future. As Jackie Stacey and Mary Bryson explain, uncomfortable medications are ‘the technologies through which the patient’s body must submit to the present through the promise of the future’.²⁰ This submission was exacerbated in the case of the pox by the well-known discomfort and damage caused by the standard mercury treatment. While debate raged over appropriate regimes, Claude Quétel records that in practice mercury enjoyed a near monopoly.²¹ Mercury promoted the evacuation of poisonous bodily fluids, or humours, through sweating or salivation; it was first advocated in the late sixteenth century, and was commonly administered as ointments, frictions or through fumigations. This stimulation of the salivary glands could lead to gangrene around the mouth and sinuses, contributing to the destruction of the patient’s palate and nose.²² One of Turner’s patients, suffering from an ulcerated uvula on account of the pox, strongly resisted Turner’s mercurial prescription: ‘being acquainted with the Remedy, he fell into a Passion, and ask’d me if I intended to Flux him, which he told me he would sooner die, than undergo again’ (sig. N6^v). Turner expresses confidence in treatments administered in due time, expressing great surprise and concern at a patient who returns to him with exacerbated symptoms three months after treatment, when ‘he had been very regular in the taking of his Medicines’ (sig. M6^r). Patients who cannot be trusted to voluntarily submit to a regulated temporal frame of routine medications may be co-opted into it by a debilitating salivation regime: ‘for such Patients as will be kept otherwise to no regular or good Discipline, we immediately lay them down in a Salivation, when Necessity compels them to keep House’ (sig. H5^v). Several of Turner’s case histories are patients who, either feeling themselves sufficiently improved or growing tired of Turner’s restrictions, take themselves out of his hands; subsequently they relapse and either return to his regulation or die.

Their resistance to this subjection is shadowed in the period’s general rejection of preventatives. Turner announces the condom to be ‘the best, if not only Preservative our Libertines have found out at present’; ‘and yet’, he adds, ‘by reason of its blunting the Sensation, I have heard some of them acknowledge, that they had often chose to risque a *Clap*, rather than engage *cum Hastis sic clypeatis* [with spears thus sheathed]’ (sig. F5^r, original emphasis).²³ Thus present pleasure trumps future health. Conversely, the ‘poor Hypochondriac’ lives in anticipation of

diagnosis, convinced by quacks keen to peddle their cure-all remedies that a hyperbolically diverse set of ambiguous symptoms may signify a ‘*Chronick Distemper*’ (sig. F6^r, original emphasis). Turner shows a willingness to employ such threats of future illness in his warnings to patients who leave his treatments prematurely, telling one patient that ‘what I had now done, I could not warrant would more than palliate, and keep his Distemper under for the present; and that unless he would keep strictly to a Method, which should not confine him otherwise than to a regular Way of Living, it was a Chance but that he would relapse’ (sig. N8^r). Turner’s threat is specifically temporal, granting himself power over the patient’s lifespan.

TIME AND TREATMENT

Throughout *Syphilis*, Turner constantly reiterates the fragmentary and shifting temporal framework of the pox and its treatment. Stacey and Bryson argue that while the ‘desire for [...] survivorship makes it hard to resist the reassurance of narrative structures that flow from past to present to future’, the ‘visceral and psychic disturbances incurred through [...] diagnosis and treatment implode conventional temporalities’; the body is simultaneously familiar and strange, lurching forwards and backwards from health to illness and back again (p. 10). Turner’s prescriptions for action are peppered with vacillating phrases such as ‘there oftentimes appears’, ‘sometimes’, ‘according to the Degree’ (sig. C4^r), ‘according to their Strength’ (sig. D3^r). Of one set of symptoms he says,

I have recited these Appearances, some of them as befalling one, and some another; to some sooner also than to others [...] not as affecting every single Transgressor (although it is not impossible, but that at some times they may all fall to the share of the same Man), but some of them to one Person, others to some other. (sig. C4^v)

Such variability necessitated astute observation and adaptability in the attending doctor. Action may be required for a salivation that is either too ‘sluggish in coming forwards’ (sig. F2^v–3^r) or too quickly brought on (sig. I6^v). Patients who have been infected before are more difficult to cure, and react differently to the treatments offered. Other symptoms may ‘not appear sometimes till long after the Cure was supposed to have been completed, and the Patient (at least in his Imagination) sound and free

from any remains of his former Illness'—this leads him to confuse remission for cure, and any new symptoms as an unrelated disorder (sig. E6^v). Turner considers women likely to be asymptomatic for longer before they are discovered (sig. C6^r), and for men to be more easily infected, the disease to progress faster, but also for them to be 'sooner cured' (sig. D1^v). Each patient's 'Age and Habit of Body' is of great importance (sig. H2^r). In writing, he doubles back on himself, catching failures in treatments, alternative methods and side-effects that need assuaging before the physician can move on. A recurring feature is the closing of a digressive paragraph with a short sentence reminding himself not to waste time: 'But enough of this' (sig. B6^v); 'But to proceed' (sigs. C6^r and K7^r); 'But we proceed' (sig. H6^r). Towards the end of his text he announces that 'these I think are the principal Accidents attending a Salivation, in reciting of which, together with their proper Remedies, I had intended to have finished my Discourse', before adding that 'some particular Symptoms do occur in this Distemper, which require a peculiar Management and Variation, besides the general Method laid down', and therefore he must continue (sig. K3^v). Writing about the disease, as in treating it, requires a constant shift backwards and forwards between cause and effect.

Competing temporal frames such as the seasons, the patient's chronobiology and habits, and their and the doctor's employment or other outside commitments impacted on the administration of the treatment, and the cure's progress. Mercury could disrupt the body's natural rhythms, with Turner listing both diarrhoea and constipation as possible side-effects (sigs. I4^v–5^v, I8^v–K1^v). Opiates are to be avoided, he warns, because they slow the body down too much, 'retarding and slackening the Motion of all the Fluids in general' (sig. I5^v). Turner advises that 'if the Case admits Delay, the best Time for Salivating is the more temperate Season' of late spring to early autumn; if treatment cannot be delayed, artificial seasonal conditions must be created through heating or ventilation (sig. I5^r). Similarly, the 'slackening' effect of opiates should be offset by timing them to coincide with 'the Hour of Rest' (sig. I5^v). In women, the salivation is best commenced 'just after the menstrual Purgation is over', to ensure the maximum amount of time before the next cycle (sig. I5^r). Pregnant women must be treated carefully, and in accordance with the stage of their pregnancy (sig. K8^v). The doctor also needed to arrange his day and pursue treatments that were economically viable. Philip Wilson argues that surgeons were more likely to accept responsibility for 'long, labour-intensive treatments', such as salivation (p. 157). Turner advertises

his preferred salivation method as not only effective but time efficient, since 'they who know rightly how to time it, may perform more in a Week than by all the other Methods now used, in a Month' (sig. D5^r). The patient Turner says was his last before he entered the College of Physicians employed him to change his dressings daily for £50 per annum, and offered to reside at Turner's lodgings. Turner takes the position but finds it more convenient to travel to him instead (sig. Q7^r). This was perhaps in part because the 'Stench' of the man's sores caused 'great Offence', and seeped into Turner's clothes so 'that nobody car'd to come near me for an Hour after' (sig. Q7^v); and increased time in the man's presence would have reduced Turner's capacity to pursue other business. Another hypochondriac patient calls for Turner so often that he recruits Sir Charles Bernard to accompany him and offer back-up reassurance to the patient, 'to ease my self of these unnecessary Visits' (sig. M6^v). Turner treats a poor woman with advanced symptoms free of charge, and positions himself as the determinant of their timeframe: 'I came at the Hour I had appointed.' (sig. N2^v) His agency is qualified, however, by her preference for a slower, 'more gentle Method' than the vigorous but 'short work' he proposed (sig. N2^r). In his case histories, Turner mentions several patients who return to him after relapses, or bring him new patients, or whose health he is able to report years after treatment. This long-term association differentiates him from the quick-fix, no follow-up quacks he attacks so regularly, one of whom literally flees from his patient in the night (sig. P7^v).

The capacity of patients to remove themselves from business for a sufficient period of time for their cure to be effected, especially in salivation, is a constant concern. One patient, due to leave London for a month, requests only a temporary alleviation that will 'keep the Distemper for such a time out of his Face, where it began to show it self' until he can undergo a full cure on his return (sig. M6^r). Turner praises a patient for having 'strictly conform'd to the Rules prescrib'd, keeping his Chamber the whole time, which very much contributes to the Success of these Cures', but he acknowledges that 'tis seldom that these People can have such Opportunity, with the like Convenience' (sig. L2^r). He observes that stronger patients can be dosed twice a day 'which is well, and will save your patient and your self some Trouble', because it reduced the period of time required for treatment (sig. II^r). Turner offers reassurance that, although confinement is preferable, 'some (whose Business will not permit, unless perhaps an Hour after the Fume is over) have gone about their Affairs as usual, only wearing a Bit

of Flannel under their Chin, as a Muffler to keep their Throats warm' (sig. K7^r). Nevertheless, he repeatedly warns against the use of over-hasty regimes, advising that mercury must be given sufficient time in the body to provide adequate relief (sig. G6^r). Moreover, active waiting is as important as action when monitoring the progress of the cure: 'wait the Issue thereof again, making slow Haste rather than precipitate your Patient's Life in a rash manner, or run him into any Danger, by thinking to do the Business all at once; instead of which, you only risque your Credit, together with his Welfare' (sig. H7^r). This cannot be a negligent wait but is instead an acute alertness to the progress of symptoms, effects and side-effects, increasing doses that are insufficient and arresting the advance of any that are too vigorous. This may provoke reinterpretation of the patient's body history if symptoms do not progress as expected—this was a particular risk with venereal diseases, where patients might initially attempt to pass them off for another, less stigmatizing affliction (sig. L3^v). Turner privileges the use of forethought and the expense of time initially where it will save it in the long term. This is applicable to both the surgeon and patient, who share the responsibility for 'verify [ing] not an old Proverb, *More Haste, worse Speed*' (sig. H3^r; original emphasis). The fast treatment might prove medically inadequate but also fail to allow sufficient time for the patient to consider the actions that brought them to this impasse.

In the case of infectious diseases such as the pox, the moment of diagnosis invites speculation as to the moment and means of contagion, and Turner obliges in each of his case histories with an understanding of how the infection occurred. As with the disease's overarching history, its means of transmission was a topic of great interest and debate. Turner allowed for transmission *in utero*, through breastfeeding, bed-sharing or other close contact, but followed the majority opinion in concluding it 'A venomous or contagious Distemper, for the most part contracted by impure Coition, or at least some Contact of the Genitals of both Sexes, or some other lewd and filthy Dalliance between each other that way tending' (sig. B5^v). He even specified that men were most liable to receive the infection in the heated moments just prior to ejaculation, since 'tis then or about that time, that the *Glans* and *Corpora cavernosa Penis*, are most distended and turgid with Blood and Spirits, and the Parts more fit to catch hold of the poisonous *Effluvia*' (sig. C3^v; original emphasis). He perpetuates the association of the disease with prostitution in his cases histories, while emphasizing its *à la mode* nature in the speed with which it

could be passed on: one unlucky ‘Young Gentleman, out of the Country, in his first Visit to the Play-House’ accompanies a prostitute ‘to her Lodging; where he stay’d, tho’ but a short time yet, long enough to get a *Clap*’ (sig. L2^v; original emphasis). Another impotent man is poked by a prostitute even though he ‘was unable to proceed farther than the *Labia Pudend.* where for less than a Minute perhaps, as he acknowledg’d, the *Glans Penis* on a Momentary Erection, was imprest’ (sig. M3^v; original emphasis). Turner discusses an additional means by which an individual’s history could affect diagnosis in distinguishing between honest and immodest women’s recognition of symptoms and subsequent pursuit of medical assistance: while the ‘Women of the Town’ immediately recognize painful urination for a symptom of the pox, ‘take the Alarm presently, seek out for Help, and [. . .] so soon as possible get rid of it’, ‘modest’ women infected ‘by an unkind or brutish Husband’ mistake their symptoms for natural fluctuations in the body, or other lower-level disorders, and have ‘run into the last Degree of a *Pox*, before they knew what their Illness was, or look’d out for a proper Remedy’ (sig. C6^r; original emphasis). It is these women for whom reinterpretation of the body history is most prescient.

TIME, POX AND FASHION IN *A HARLOT’S PROGRESS* AND *MARRIAGE A-LA-MODE*

William Hogarth stages such moments of diagnosis and interpretation of the body in *A Harlot’s Progress* and *Marriage A-la-Mode*, which also comment on the ties of the *à la mode* disease to lives of fashionable dissolution. As both Samuel L. Macey and Peter Wagner have discussed, Hogarth engaged with the theme of time throughout his oeuvre, and timepieces are a repeating topos.²⁴ In particular, both series feature prominent watches, which I will discuss through their relation to the pox below.

Time, fashion and disease collide from the beginning of *Marriage A-la-Mode* in a scene that commemorates the typical endpoint of romantic fiction—‘The Marriage Settlement’. Many of Lord Squanderfield’s ornate possessions are stamped with his coronet, emphasizing his sense of importance rooted in family history.²⁵ This includes the crutches that flank him like guardsmen, which he is reliant on owing to his gout—another disease suggesting past indulgences. The Earl and his crutch also frame the conspicuous family tree rolled below him (which he points to), where William Duke of Normandy in armour contrasts starkly with the

crippled Earl and his foppish son. The Earl's accoutrements gesture solidly towards the past—the ancient family on which all of his power rests, in contrast to the *nouveau riche* merchant. For his son, however, present pleasure is the focus: he stares at his own reflection in the mirror, clad in *à la mode* clothing and French hairstyle. The arrangement of time according to generations reappears through the two series: the fathers arranging their children's marriage in *Marriage A-la-Mode*, and most particularly the children in both series who bear the marks of their parents' pox. In *A Harlot's Progress*, the bawd who greets Moll in Plate 1 (Elizabeth Needham) is responsible for passing on the ills of her profession to the next generation.²⁶

In both *A Harlot's Progress* and *Marriage A-la-Mode*, a watch features prominently within the moment of diagnosis for female characters, enabling it to function as a visual conjunction of fashion, time and disease. We learn of Moll's syphilis in Plate 3: N. F. Lowe has identified a number of clues, including the presence of her noseless bunter, and vials on the window-sill that indicate Moll's attempts at personal treatment.²⁷ The birch bundle on the wall also ties her to flagellation, which was a practice often associated with last resort, and especially poxed prostitutes.²⁸ As Jain notes, the instant of diagnosis 'affects every dimension of time, not just the future; the past becomes equally mysterious and unknowable', because the patient and viewer must reconsider their previous health as perhaps instead latent or asymptomatic illness (p. 83). The effect is unsettling, and exacerbated by the fact that at the same time as we are cast back into Moll's history through her diagnosis, we are also confronted by the presenting effect of the clearly delineated watch-face held prominently over her lap. Like Moll it faces the viewer directly, and it plainly shows 11:45. Unlike the famously ambiguous clock in Plate 2 of *Marriage A-la-Mode*, that may be 1:20 in the afternoon or at night, we know it is almost midday here by the sunlight streaming in from behind the men entering to arrest Moll and the maid. Moll is only just rising for breakfast, positioning her in a fashionably unproductive relation to time and the use of the day (as too were the young Earl and his wife). Moll's use of her time was a key factor in George Vertue's contemporary description of this plate, as he related that Hogarth had begun 'a small picture of a common harlot supposed to dwell in Drewry Lane just rising about noon out of bed and at breakfast with a bunter waiting on her'.²⁹ Early rising was widely understood as a wholesome and healthful practice, with Morris Palmer Tilley providing numerous proverbial

iterations throughout the early modern period; in 1523, Anthony Fitzherbert recorded that ‘Erly rysyng maketh a man hole in body, holer in soule, and rycher in goodes.’³⁰ This relationship between industry and health recurs across Hogarth’s oeuvre. To give just one totemic example, the Industrious Prentice who makes full use of his ‘Time’ and daylight hours is rewarded with riches and power, while the Idle Prentice who sleeps during work hours to instead occupy a nocturnal realm is surrounded by poked whores (see the saddle nose of his ‘Common Prostitute’ in Plate 7, and the patched face of the maid behind him in Plate 9) and a one-eyed accomplice, and is ultimately executed for theft. Moll’s forthcoming arrest will also force her into a new, intensely regulated temporal frame, including enforced productivity (beating hemp). The choice of time on Moll’s watch directs us towards the future: rather than *past* an hour, one is made to think of the hour about to come, including her imminent arrest, and the subsequent afternoon creeping towards darkness. However, as David Bindman observed, the justice who is entering the room to arrest Moll (with the watch) ‘appears to hesitate as if caught by lust at the sight of the Harlot’s seductive presence’; Moll’s narrative progress is again complicated by her body.³¹ The interplay of the watch and the viewer’s knowledge of Moll’s disease brings her past and future into conflict with her current appearance of health and desirability, providing a complex temporal frame for this originally stand-alone image.

The watch is also a fashionable and expensive accessory, which leads commentators such as Macey to assume that Moll has stolen it, and to draw comparisons with Moll Flanders’ similar activities (p. 44). The act was a frequent trope of earlier prostitution texts, and later features in the tavern scene of *A Rake’s Progress* (Plate 3) and in *Industry and Idleness* (Plate 7). It is perhaps unusual that Moll has a watch in her ‘fallen’ state, rather than as part of her fashionable ensemble as the pampered mistress of the Jew in the previous scene, and this, added to the fact that she holds it up rather than wearing it, may lend weight to the supposition that it is stolen. The only other clock in *A Harlot’s Progress* is Elizabeth Needham’s. It features as part of her ostentatious ensemble, complete with facial patches, that juxtaposes starkly against Moll’s simple country garb. Mrs Needham’s fashionable watch is mirrored on Moll by her scissors and thread, which are here signs of industry and good use of time.

Both for Moll and in *Marriage A-la-Mode*, the watch appears within the moment of diagnosis for the female protagonist. The black patch

on the Viscount's neck in Plate 1 of *Marriage A-la-Mode* suggests that he has brought disease to the marriage, and by Plate 3 ('The Inspection') he presents a young girl to a quack (the suitably *French* Monsieur de la Pillule), overseen by a rotund and very unimpressed woman—probably a young prostitute and her bawd. The girl dabs her lip, suggesting a syphilitic ulcer, a skull with the distinct crevices of syphilitic damage sits beside the doctor, and the positioning of the pillbox lid in front of the Viscount's genitals, and the placement of the skeleton's hand behind him, tie the issue to that area. The girl's watch, which also hangs directly in front of her genitals, is the only timepiece in the scene. So too is the Countess' watch in the following image, 'The Toilette', in which she is surrounded by the trappings of fashionability: cards, opera, ostentatious clothing and hair, black servants and so on. This scene lacks the overt signs of pox visible in the previous image, although a man in the background has a black pox spot over his lip. Her *à la mode* trappings, however, and the viewer's knowledge of her husband's infection, do present this as a possible diagnosis. Her watch, moreover, following the girl's in the previous scene, draws attention to the matter of time and her genitals.

As Wagner argues, Hogarth's series is composed of 'pregnant moments' that picture 'past and future in the present', and cast life 'as a journey that ends mostly in misery and disaster' (p. 113). When Moll meets her inevitable death in Plate 5, it is in the presence of two infamous physicians of the day, Dr Rock and Dr Misaubin, whose outfits of wigs, canes, lace and buckled shoes, Fiona Haslam notes, announce their identities as 'successful physicians (or of pretentious quacks)' (p. 96). As they argue over whether pills or liquid will offer the best remedy, Moll is positioned outside the control of medicine—past hope of cure. An equivalent obsolescence is occupied by the physician in Plate 6 of *Marriage A-la-Mode*. Barely visible as he exits the room, he is identifiable as a physician by his wig, cane and hat, though his darkness in the shadow of the door also lends him the air of Death himself. Again, the time of medical effectiveness has ended. The physician's position with his back to the viewer gives him a strange relation in the scene to the only other character with their back to our view—the man in the print behind the maid, urinating on the wall. The print feeds into the low-level tastes of the merchant, and may here literalize the idiom recorded by Tilley, 'He has pissed all he has against the wall.' (A181) Positioned directly between an almanac below and clock above, the man read in relation to time functions

as an indictment on the merchant's (and surrounding cast's) 'pissing away' past work and expense in the raising of the daughter and her husband, and the future of the family line in the diseased child. Here, and as in Turner's few terminal cases, the patient who is 'past hope' and therefore looks to the future only for death nevertheless invokes the past—the time in which there was hope, but there may also have been mistaken or delayed diagnosis, ill-treatment, shame and hiding, and the moment of infection itself.

CONCLUSION

The pox was endowed with a complex temporal narrative. It was the work of a moment in infection, tied to the cutting edge of fashion and waste in its position as the *à la mode* disease. It had a controversial history that was constantly invoked and revised in medical treatises and hack works alike. It carried a threat of future disfiguring injuries that would betray the individual's history with the disease. And in treatment—as Daniel Turner discussed in detail—the surgeon had to be constantly alert to the pauses and fluctuations in its progression and remission. The patients who subjected themselves to debilitating mercurial treatments, often with prolonged absence from their productive everyday business time, did so for the sake of future health in which they could have a certain amount of confidence (given the perceived curability of the pox), but in which, as Turner reminds them constantly, there was no guarantee without strict regulation and adherence to medical time.

Turner demonstrates an acute awareness of the competing temporal frames that need to be navigated in order to successfully treat diseases such as the pox. He includes patient histories not only for the influence that each individual's history and chronobiology have on their case but also for the benefit of young surgeons and their future patients. For him, the moment of diagnosis usually occurs within his first encounter with a patient; however, in the case of a stigmatized condition such as the pox, this moment is one that may be delayed and revisited as the patient attempts to conceal their true affliction. For Hogarth, too, moments of diagnosis provoke a revisiting of previous frames in which the character appeared healthy, as well as propelling the viewer forward to their inevitable fate. Foregrounding the diseased body in *Marriage A-la-Mode* and *A Harlot's Progress* enables Hogarth to utilize the temporal shifts inherent within it, and through the choice of the *à la mode* disease as the primary affliction he ties this diseased body to the wastefulness and temporariness of fashionable society.

NOTES

1. A. Jutel (2009) 'Sociology of Diagnosis: A Preliminary Review', *Sociology of Health and Illness*, 31:2, 279.
2. For a detailed discussion of Turner's career, see P. K. Wilson (1999) *Surgery, Skin and Syphilis: Daniel Turner's London (1667–1741)* (Amsterdam: Rodopi).
3. S. Lochlann Jain (2007) 'Living in Prognosis: Toward an Elegiac Politics', *Representations*, 98:1, 78.
4. 'à la mode, adv., adj., n., and prep.'. *Oxford English Dictionary* Online. September 2015. Oxford University Press, <http://www.oed.com/view/Entry/4521?redirectedFrom=a+la+mode> (accessed 4 March 2014); Gordon Williams (1994) *A Dictionary of Sexual Language and Imagery in Shakespearean and Stuart Literature*, 3 vols (Atlantic Highlands: Athlone), 1, pp. 13–14.
5. G. Harvey (1689) *The Art of Curing Diseases by Expectation* (London: James Partridge), sig. E8^v.
6. On English Francophilia and the pox, see R. Hentschell (2005) 'Luxury and Lechery: Hunting the French Pox in Early Modern England', in K. Siena (ed.), *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Toronto: Centre for Reformation and Renaissance Studies), pp. 133–58.
7. D. Turner (1717) *Syphilis. A Practical Dissertation on the Venereal Disease* (London: R. Bonwicke et al.), sig. D2^r; original emphasis.
8. 1697 and 1684, respectively: 'toilet, n.'. *Oxford English Dictionary* Online. September 2015. Oxford University Press, <http://www.oed.com/view/Entry/202921?rskey=6iJ6QV&result=2&isAdvanced=false> (accessed 19 November 2015); 'tête-à-tête, adv., n., and adj.'. *Oxford English Dictionary* Online. September 2015. Oxford University Press, <http://www.oed.com/view/Entry/199795?rskey=Kd7KQe&result=1&isAdvanced=false> (accessed 19 November 2015).
9. In Williams vol. 1, p. 13; 'à la mode, adv., adj., n., and prep.' *Oxford English Dictionary* Online.
10. J. Craik (1994) *The Face of Fashion: Cultural Studies in Fashion* (London and New York: Routledge), p. 6.
11. N. Ward (1709) *The Secret History of Clubs* (London: np), sig. D2^v.
12. N. Ward and T. Brown (1705) *The Legacy for the Ladies* (London: H. Meere), sig. M4^v.
13. P. Glennie and N. Thrift (2009) *Shaping the Day: A History of Timekeeping in England and Wales 1300–1800* (Oxford: Oxford University Press); S. Sherman (1996) *Telling Time: Clocks, Diaries and English Diurnal Form 1660–1785* (Chicago and London: University of Chicago Press).
14. Glennie and Thrift, *Shaping the Day*, p. 198; Sherman, *Telling Time*, p. 4.

15. Glennie and Thrift, *Shaping the Day*, p. 24.
16. A. Cunningham and O. P. Grell (2000) *The Four Horsemen of the Apocalypse: Religion, War, Famine, and Death in Reformation Europe* (Cambridge and New York: Cambridge University Press).
17. A recent overview of this research, and argument for pre-Columbian English cases, is provided in Don Walker, Natasha Powers, Brian Connell and Rebecca Redfern (2015) 'Evidence of skeletal treponematoses from the medieval burial ground of St. Mary Spital, London, and implications for the origins of the disease in Europe', *American Journal of Physical Anthropology*, 156:1, 90–101.
18. A. Pope (1735) 'The Second Satire of Dr John Donne', in H. Davis (ed.) (1966) *Pope: Poetical Works* (London: Oxford University Press), lines 47–49.
19. A. Skuse (2014) 'Wombs, Worms and Wolves: Constructing Cancer in Early Modern England', *Social History of Medicine*, 27:4, 645–46.
20. J. Stacey and M. Bryson (2012) 'Queering the Temporality of Cancer Survivorship', *Aporia*, 4:1, 12.
21. C. Quétel (1990) *History of Syphilis*, trans. J. Braddock and B. Pike (London: Polity Press and Basil Blackwell), p. 84.
22. J. Emsley (2005), *The Elements of Murder: A History of Poison* (Oxford: Oxford University Press), pp. 35, 39.
23. Turner dismisses the claimed effectiveness of medicinal defences against the pox and suggests a lack of propriety in promoting any future effective preventative—a view he shared with men such as Joseph Cam in *A Practical Treatise: Or, Second Thoughts on the Consequences of Venereal Disease* (London: 1729, 3rd edn), sigs. E2^v–E3^r, and Daniel Sennert in *Two Treatises* (London: 1660), sig. F2^{r-v} (Siena, pp. 18–19).
24. S. L. Macey, (1976) 'Hogarth and the Iconography of Time', in R. C. Rosbottom (ed.), *Studies in Eighteenth-Century Culture*, 5, 41–54; P. Wagner (2001) 'Representations of Time in Hogarth's Paintings and Engravings', in D. Bindman, F. Ogée and P. Wagner (eds), *Hogarth: Representing Nature's Machines* (Manchester and New York: Manchester University Press), pp. 102–22.
25. F. Haslam (1996) *From Hogarth to Rowlandson: Medicine in Art in Eighteenth-Century Britain* (Liverpool: Liverpool University Press), p. 102.
26. On the increased emphasis on the eighteenth-century bawd as perpetrator of prostitution, see S. Carter (2004) *Purchasing Power: Representing Prostitution in Eighteenth-Century English Popular Print Culture* (Aldershot: Ashgate).
27. N. F. Lowe (1996) 'The Meaning of Venereal Disease in Hogarth's Graphic Art', in L. E. Merians (ed.), *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington: The University Press of Kentucky), p. 169.

28. E. Cock (2016) 'Affecting glory from vices: Negotiating Shame in Prostitution Texts, 1660–1750', in P. Maddern and J. McEwan (eds), *Performing Emotions in the Medieval and Early Modern World* (Turnhout: Brepols, forthcoming).
29. In E. Soulier-Détis (2010) *Guess at the Rest: Cracking the Hogarth Code* (Cambridge: The Lutterworth Press, 2010), p. 28; emphasis added.
30. M. Palmer Tilley (1950) *A Dictionary of the Proverbs in England in the Sixteenth and Seventeenth Centuries: A Collection of the Proverbs Found in English Literature and the Dictionaries of the Period* (Ann Arbor: University of Michigan Press), B184. See also 'Go to bed with the lamb and rise with the lark' (B186), 'He that lies long in bed his estate feels it' (B188), and 'He that has the Name (fame) to be an early riser may sleep till noon' (N26).
31. D. Bindman (1981) *Hogarth* (New York: Oxford University Press), p. 58.

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Dean Swift on the Great Pox: Or, The Satirist as Physician

Hermann J. Real

*Et vultu poteram tuo carere
et collo manibusque cruribusque
et mammis natibusque clunibusque,
et, ne singula persequi laborem,
tota te poteram, Chloe, carere.
(I could dispense with your face,
and neck, and hands, and legs,
and bosom, and back, and hips.
And—not to labour details—
I could dispense with the whole of you, Chloe.)
Martial, Epigrams, III, liii*

I

In a note on *The Lady's Dressing Room* (1730/2),¹ Swift's eighteenth-century biographer and editor, John Hawkesworth (c.1715–73), tried to defend his author against the ever-present charge of 'coarse indelicacy' with the argument

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that whenever the Dean offended against delicacy, he was actually teaching it: 'He stimulates the mind to sensibility, to correct the faults of habitual negligence; *as physicians, to cure a lethargy, have recourse to a blister.*' In a subsequent gloss on the poem's companion piece, *A Beautiful Young Nymph Going to Bed* (1734), Hawkesworth continued in the same vein: 'This poem, for which some have thought no apology could be offered, deserves on the contrary great commendation, as it much more forcibly restrains the thoughtless and the young *from the risk of health and life by picking up a prostitute*, than the finest declamation on the sordidness of the appetite.'² Given the fact that, throughout the seventeenth century, satirists, whenever they endeavoured to justify their ungrateful art, almost compulsively enacted themselves as physician-anatomists, who customarily blistered, burned, cut, flayed and purged the disease,³ it is perhaps no surprise that, in 'selling' Swift's 'unprintables' to his 'delicate' readers, Hawkesworth should have resorted to medical metaphors. But then a mere figure of speech is hardly sufficient to do justice to the Dean of St Patrick's.

For once, John Boyle, the insidious and self-serving 5th Earl of Cork and Orrery, was not trying to pass off fiction for fact when in the manuscript notes of one of his annotated copies of *Remarks on the Life and Writings of Dr Jonathan Swift* (1751), now in Cambridge University Library (Williams, p. 473), he commented on the Dean's ostensibly eccentric charitable habits:⁴

D^r Swift had five beggars whom he kept in constant pay. He called them his mistresses, and carried his friends frequently to visit, and relieve them in the Streets. He named them Stumpanthe, Fritterilla, Ulcerissa, Cancerina and Fourleganda.

Since His Lordship seems to have felt that these sobriquets were not self-explanatory, he added some information of his own:

Stumpanthe had lost one of her hands.
Fritterilla, was lame and made Apple Fritters for Shoeboys.
Ulcerissa, was full of Sores.
Cancerina, had a sore breast.
Fourleganda, went upon her arms and knees.⁵

We do not know whether Orrery counted among the friends whom the Dean took 'to visit and relieve' his 'mistresses', but the chances are that

his explanations, or rather what he took to be explanations, are not based on eyesight but on hearsay. In fact, they are incomplete and euphemistic, seasoned with a *soupeçon* of Swiftian ‘singularity’, and as a result thoroughly misleading.

II

Swift’s scatological poems are studded with loaded language, with seemingly innocent diction that tends to send readers in the wrong directions and that does not at all signify what it appears to signify. In *The Lady’s Dressing Room*, ‘puppy water’, for one, ‘is not puppy’s urine’ but some cosmetic water, however disgusting its method of production may have been⁶—‘Beauty’s Help / Distill’d from *Tripsy’s* darling Welp’ (ll. 31–32)⁷—and in *A Beautiful Young Nymph*, for another, the ‘*Bolus*’ Corinna, the Covent Garden ‘shepherdess’, takes in her amorous fatigue before going to bed (l. 37) is not any pill (*Oxford English Dictionary*, s.v.) but one of the countless Italian boli widely advertised in contemporary newspapers against venereal disease. *The Weekly Journal or Saturday’s Post* of 16 June 1722, for example, carried this advertisement, touting the bolus’s medical effectiveness and simultaneously trying to capitalize on the fear of public exposure and moral stigma associated with The Plague of Venus:

Against the Venereal Disease. The famous Italian BOLUS has so great Success in the cure of the Venereal Disease [...] that not one of the great Numbers that daily take it miss of a perfect cure, and tho’ so very cheap as 2s. 6d. each, yet four Bolusses never fail to root out and carry off the most malignant, virulent, and obstinate kind of the Venereal Disease, without confinement, or making your case known to any; which if it fails to do the Money is returned.⁸

By contrast, the Cambridge physician Thomas Fuller more dryly noted on boluses in his *Pharmacopeia*, the fourth edition of which sat on Swift’s library shelves, ‘Præscribitur . . . contra Gonorrhæam’⁹ (widely thought to be the first stage of syphilis if untreated). Even more pertinently, the smudges of ‘Gums’ which not only fill Celia’s washbasin in *The Lady’s Dressing Room*, ‘The Bason takes whatever comes/The Scrapings of her Teeth and Gums, / A nasty Compound of all Hues, / For here she spits, and here she spues’ (ll. 39–42), but also stain her sickening towel, ‘But oh! it turn’d poor *Strephon’s* Bowels, / When he beheld and smelt the Towels, / Begumm’d, bematter’d, and beslim’d’ (ll. 43–45), [these smudges of

‘Gums’] are not ‘the two areas of firm pink flesh at the top and bottom of your mouth’ but the vestiges of *gummata* (also *gummas*).

These *gummata* could mean either of two things: first, as Nahum Tate’s English translation of the didactic poem on *Syphilis: Or, A Poetical History of the French Disease* (1686) by the Veronese physician Girolamo Fracastoro (c.1476–1563), the most eminent sixteenth-century authority on the origin, symptomatics and treatments of venereal disease, makes clear, various kinds of ‘gum’ (usually mercurial) ointments or unguents, which were rubbed onto the skin of those suffering from syphilis:

With these Ingredients mix’d, you must not fear
Your suffering Limbs and Body to besmear,
Nor let the foulness of the Course displease,
Obscene indeed, but less than your Disease.¹⁰

Thus, as the poem suggests, the slimy substance coating Celia’s ‘begumm’d’ towel may refer to the ‘Ointments’ used for the treatment of a ‘pocky Quean’—like Celia (ll. 138, 134).¹¹

More harrowingly still, *gummata*, anglicized ‘gums’, was, and is, medical jargon (*not* recorded by the *Oxford English Dictionary*) for ‘venereal ulcers or sores’,¹² gently explored by Corinna before going to bed (ll. 29–30). Contemporary doctors would frequently describe these when focusing on the tertiary stage of the disease, which is known as gummous syphilis (*syphilis gummosa*). The influential French physician Nicolas de Blégné (1652–1722), whose *L’Art de guerir les maladies veneriennes* was translated into English by Walter Harris in 1676, stated categorically that in this state it was ‘impossible to regenerate those parts that have been consumed’. Among them, de Blégné specified, ‘the bones [. . .] and *those of the Palate & Nose*, which are *often consumed* in this degree, and leave after their entire corruption very considerable deformities, that can never be repaired’.¹³ Familiarity with these symptoms of *morbus gallicus* was by no means limited to the medical profession but was widely disseminated.¹⁴ In the 1720s, for example, an anonymous poetaster, in a rhetorical paradox in praise of the Pox, contributed to *The Second Part of Whipping-Tom*, marvelled in doggerel:

That Man shou’d thus intoxicated be!
To spend his Vigour, and his purest Blood,
On Sports intailing such a foul Disease,

Which slily ushers in a gleeting —,
 Buboos, most painful Shankres, aching Heads,
 A falling Palate, Soreness, rotten Shins,
 And useless Bridge; all Tokens which (in Spite
 Of Flux or Salivation) do foreshew
 A loathsome End will cut the Thread of Life;
 And make the driv'ling Sinner, e'er he dies,
 In wild Confusion, curse the fatal Time
 His Codpiece Passion — did inspire,
 To set both Body and the Soul on Fire.¹⁵

At the same time, owing to the advent of the printing press, readers were 'brought face to face' with *lues venerea*, even though the pictorial representations, stylized as they were at the beginning,¹⁶ did not fully convey the truly horrendous consequences of man's carnal appetites.

Besides, medical history has in store plenty of evidence that Celia may additionally have been suffering from the side- or after-effects of treatment with mercury, decried by a 'Practitioner in Physick' like John Sintelaer as 'more Dangerous than the *Pox* it self',¹⁷ more particularly, 'the Torture and Hazard of a Salivation', which presented to all who had seen it 'a Sight very horrid and shocking to behold'. Among the symptoms Sintelaer enumerated were a

Head swell'd to more than twice its natural Size, the Eyes ready to burst and fly out of it, the Teeth all loose, and just dropping out of their Sockets, besides a want of due Rest and Nourishment for Weeks together, and all that Time to do nothing but drivel out a fetid filthy Matter, that renders a Person nauseous to himself, and to all that come near him.¹⁸

But then, the treatment with mercury was the only therapy known to seventeenth- and eighteenth-century doctors,¹⁹ although it needed to be applied in the correct doses. As the Geneva pathologist Théophile Bonet (1615–1689), in his *Guide to the Practical Physician*, assured patients, 'this method of Cure [was] safe, *if administred by the skilled in the Art*'. Among the symptoms Bonet was at pains to cure with mercury were 'swelling of the Tongue and Lips, *loosness of the Teeth*' and '*erosion of the Gums*'.²⁰ And all this material still ignores the 'loaded' significance of other equally unexplored textual markers in, say, *The Lady's Dressing Room*, such as 'Mutton Cutlets' (ll. 99–114) and '*Pandora's Box*' (ll. 83–98), both of which have

a role to play in the ongoing tug-of-war between the protagonist's desire for self-delusion and his instinct for self-preservation. While 'Mutton Cutlets' resonates with the coarse cant phrase '(over-done) mutton', originally 'food' for lust, hence loose woman, (run-down) harlot, all well known from the assorted brothels and whores of Elizabethan drama, 'Pandora's Box' not only links foolish Strephon to a most notorious moron from classical mythology, Epimetheus (l. 84), but also conjures up the ravages of the Great Pox, rival of the Great Leveller, the 'sudden universal Crew / Of humane Evils' (ll. 85–86) which dares 'the greatest Prince attack', as the Dean warned in his mock-panegyric 'Pethox the Great', first published in 1727 (l. 53).²¹

III

With our categories of perception readjusted, we may return to Swift's streetwalkers, 'odious common Whores [...] of which this Town [Dublin] is full,²² presumably, in the cant of the trade, 'bulkers', the lowest and least-well paid rank in the hierarchy of contemporary *filles de joie*, and, since frequently associated with venereal disease,²³ *femmes fatales*, on whom town rakes such as the brothers in *A Tale of a Tub* would lay and 'got Claps'.²⁴ Of the 'mistresses' the charitable Dean would 'visit, and relieve in the Streets', two, if not three, were syphilitic ladies: most certainly Ulcerissa and Cancerina, and possibly Stumpanthe, all word formations on the analogy of female first names in combination with medical morphemes describing 'choice' symptoms of the Great Pox. While Ulcerissa may have been modelled on venereal *ulcer* and Sachar-*issa* or Clar-*issa*, Cancerina appears to be formed of venereal *cancer*, or, better still, *shanker*, and Kathar-*ina*. Stumpanthe is more difficult to account for, consisting, perhaps, of *stump*, the remaining part of someone's leg or arm (with a bawdy quibble on 'penis'),²⁵ and Sam-*antha*, the English feminine of Hebrew Samuel. Anybody who doubts that whole members could have been destroyed by venereal disease leaving nothing but stumps is invited to study this fuller description from Fracastoro's *De contagione et contagiosis morbis et eorum curatione libri III*:

In cases where the malady was firmly established [...] the patients suffered from pernicious catarrh which eroded the palate or the uvula, or the pharynx and tonsils. In some cases the lips or nose or eyes were eaten away. [...] Moreover, many patients suffered from the great deformity of gummata

which developed on the members; these were often as large as an egg or a roll of bread, and when opened contained a white, sticky mucus. [...] Besides all [these] symptoms [...] violent pains attacked the muscles. [...] These pains were persistent, tormented the sufferer chiefly at night. [...] Also, to the general amazement, the hair falls out from the head and the other hairy parts. [...] Some go about in public without a beard, some without eyebrows, others with heads totally bald. [...] Moreover [...] it is observed that the teeth in many cases now become loose, or in some cases even fall out.²⁶

More than 150 years later, the physician-extraordinary to the monarch, Charles Peter (1695–1746), in his *Observations on the Venereal Disease*, reiterated Fracastoro's register in all its grim and grimy details. Peter, who is also known as the editor of a London edition of Fracastoro's *Syphilis: sive, Morbus Gallicus*, the first separate printing of the Latin original in England,²⁷ epitomized contemporary knowledge of *morbus gallicus*, yet all his 'knowledge' notwithstanding, he had little to offer but prophylactic shock therapy, which is another word for the customary medical *entente* between ignorance and helplessness when confronted with *lues venerea*:

Some have the Penis so stopped with carbuncles, that they cannot make Water, some have the uvula and the Palat of the Mouth eaten away by *Ulcers*, and many you see who loose their Noses by this violent Disease, some have the tip of the Nose and Nostril eaten away, some loose their Eyes, and many their hearing, and some their Mouths drawn away. [...] Oh! how intollerable are the Pains that many poor Wretches endure by this Distemper, especially in the Night, at which time it most boldly walks its rounds to afflict poor Mortals, for indeed all Pains are worse in the Night, than the Day. [...] Many Years have some undergone the Tyranny of this Distemper, till at last it having enervated all the parts of the Body, and consumed the Flesh to the Bones, it surrenders them to the Grave.²⁸

Like Fracastoro, and many of his fellow physicians after him, Peter advocated mercury as a remedy, so that patients suffering from the French disease were usually confronted with an impossible alternative: either to die from tertiary syphilis or to die from the potentially lethal after-effects of the poisonous quicksilver cure.²⁹ At the turn of the century, Dr Martin Lister (1639–1712), who was to become physician-in-ordinary to Queen Anne,³⁰ followed suit in his *Sex exercitationes medicinales de quibusdam morbis chronicis* (1694).

Lister, together with Fracastoro and Peter, and in unison with Blégnny and Bonet, assembles a horrifying catalogue of syphilitic symptoms, all reflected in what was to become the most merciless poetic deflation of the cosmetic armament scene in English literary history, Jonathan Swift's *Beautiful Young Nymph Going to Bed* (with Lister's symptomatics and Swift's 'translations' arranged in tandem):

Tumores duri; nodi

she next explores/

Her Shankers (l. 30)

Vesiculæ cancrasæ in pene & alibi corporis; in tota cute **pustulæ**

Issues, running Sores (l. 30)

Dolores acerbissimi qui noctu fere ingravescunt

With Pains of Love tormented lies (l. 39)

Ossium caries, in primis **in cranio**, & naso, & **palato**

From her **Gums**

A Set of Teeth completely comes (ll. 19–20)

picking out a Crystal Eye (l. 11)

Pilorum defluvium

Takes off her **artificial Hair** ...

Her **Eye-Brows** from a Mouse's Hyde (ll. 10, 13).

At the same time, the Lancashire physician and poet Edward Baynard (1641–1717) went as far as to describe the Great Pox as 'the greatest Curse that can befall a Man in this Life'.³¹ Some 20 years later, Bernard Mandeville echoed this sentiment when, in 'The First Dialogue between Philopirio, a Physician, and Misomedon, his Patient' (1730), he made the *malade imaginaire*, Misomedon, imagine himself 'Pox'd', which led to this emotional panic:

For a considerable time I was all Day long examining my Shins, and Forehead, and feeling for *Nodes* and *Tophi* (*Swellings on the Shins occasioned by the Pox*): The losing of my Nose, my Palate, my Eyes, and all the frightful and shameful Consequences of that Disease possess'd my Fancy for hours together, till the Horror of them entring deeper into my Soul, sometimes

struck me with such unspeakable Pangs of Grief, as no Torture, or Death could ever be able to give the like.³²

Paradoxically, the French disease may have been *à la mode* but it was not popular.

IV

Unlike Matthew Prior, one of Swift's best and most trusted friends, who with cruel, sardonic amusement used to poke fun at syphilitic mistresses lamenting the loss of their eyes, noses and brows in a series of aphorisms and epigrams in 1718, which have been described, famously, as a 'comedy of sexual prosthesis',³³ the Dean's tone is serious, admonitory and, in driving a point home, didactic, if ever so subtly and implicitly, readers being requested to *infer* his norms.³⁴ His various *ecphrases* of Celia and Corinna not only picture disgusting congeries of stench and dirt, disease and decay, as in the standard reading of the obscene 'unprintables',³⁵ but also 'young nymphs' whose once svelte physiques are on the verge of physical destruction, who are little more than wrecks, little more than collections of spare parts, and, if one notes the connotations, at times more animals than human beings: 'Pulls out the Rags contriv'd to prop / Her flabby *Dugs* and down they drop' (ll. 21–22).³⁶

At the beginning of the 1720s, certainly by the middle of the decade, Swift became preoccupied, not to say obsessed, with the French disease and the threats it posed for public health and social welfare more particularly, the problems of youthful prostitution and the concomitant dissemination of venereal disease.³⁷ Not to mention *Gulliver's Travels*, in which he made his disgruntled traveller lambaste the 'prostitute Female *Yahoos*' of his country, who 'acquired a certain Malady, which bred Rottenness in the Bones of those, who fell into their Embraces',³⁸ the Dean first addressed the subject in a spate of 'progress' poems, among them, 'Phillis: or, The Progress of Love' and 'The Progress of Beauty', both written in 1719/20, as well as 'Pethox the Great', probably composed in 1723, but all three first published in *Miscellanies: The Last Volume* of 1727 (I, 221–29, 323–26), at a time when the problems he was addressing were getting out of control. Although written with different orientations and intents, these poems anticipate many of the images and themes, modes and motifs of the later 'unprintables', such as dirt and disease, dismemberment and deformity, replacement and rearmament, distaste and disgust, beauty and ugliness. Elaborating the introductory analogy between

(chaste) Diana, Luna or the Moon and (unchaste) Celia (I, 226, ll. 1–32) in ‘The Progress of Beauty’, Swift delineates the wages of sin, the ‘pay-offs’ of the streetwalking trade in which Celia has engaged, with indifferent detachment:

Yet as she wasts, she grows discreet,
Till Midnight never shows her Head;
So rotting Celia strols the Street
When sober Folks are all a-bed.

For sure if this be Luna’s Fate,
Poor Celia, but of mortall Race
In vain expects a longer Date
To the Materialls of Her Face.

When Mercury her Tresses mows
To think of Oyl and Soot, is vain,
No Painting can restore a Nose,
Nor will her Teeth return again.

Two Balls of Glass may serve for Eyes,
White Lead can plaister up a Cleft,
But these alas, are poor Supplyes
If neither Cheeks, nor Lips be left. (I, 229, ll. 101–16)

As the Dean’s foremost biographer and critic has noted, ‘[Swift] builds all his satire on physical equivalents of moral evil’. Therefore, he continues, ‘whoever is unchaste must appear deformed and infectious in Swift’s poetry’.³⁹ This view is at least partly open to question. After all, *syphilis gummosa* is no fun, and Celia’s appearance not the result of poetic *artistry* through which physical and moral evil is somehow *made* correlative; Celia’s appearance *is* the result of her suffering from *morbus gallicus*. The disease, *syphilis gummosa*, is what it is. It is, as the poet describes it, ugly, and so is the vice that *inheres* in it. As a physical being, Celia mirrors the ugly identity of disease and vice. This identity is not *made*: the disease *is* the vice, and the vice is the disease.

V

By the time of Swift’s anti-aphrodisiac poetic onslaughts, the French malady—alternatively named *mal francese*, *morbus hispanicus*, *morbus italicus* and *morbus neapolitanus*⁴⁰—had ravaged not only Britain but the

whole of Europe for almost two-and-a-half centuries. 'The Plague of Venus' had first erupted in 1495 when Charles VIII, King of France, was forced to raise the occupation of 'virgin' Parthenope, ironically the ancient name of Naples (Moréri, s.v.), where his debauched mercenaries had caught the germ of the disease, presumably from the returned sailors to the New World, with devastating consequences.⁴¹ In the mock-epic genealogy of 'Pethox the Great', Swift refers to the 'Neapolitan' hypothesis,⁴² pretending to oscillate between the hero's various distinguished progenitors: 'Or whether, as the Learn'd contend, / You from the Neighb'ring *Gaul* descend; / Or from *Parthenope*, the proud, / Where numberless thy Vot'ries crowd: / Whether thy Great Forefathers came / From Realms that bear *Vesputio's* Name' (I, 324, ll. 19–24). Paradoxically, the English needed not to have cared which of these alternatives—Italy, France or the New World—was correct; in a sense, they were all 'correct', even if Catholic countries such as France and Italy were welcome scapegoats for anti-Catholic English sentiments.⁴³

Helped on its way by 'the period's notions about the disease's origin and contagion' as well as the débâcle of contemporary quackery, *lues venerea* spread like wildfire from continental countries to England, making its appearance there as early as the late 1490s.⁴⁴ Shortly after, in the dialogue between a reformed young man, Sophronius, and Lucretia, a whore, from his *Colloquia familiaria*, first published at Basle in 1518, Erasmus warned against 'the contagion called the Spanish pox [leprae contagium, quam vocant scabiem hispanicam]'.⁴⁵ By the turn of the seventeenth century, and subsequently throughout its course,⁴⁶ it had reached epidemic proportions. In 1642, for example, the church historian Thomas Fuller (1608–61) construed the 'loathsome disease', which, he said, took its 'name from Naples', as Heaven's punishment for Hell's invention of 'new degrees in sinnes', prophesying that 'this new disease [had] now grown so common and ordinary' that Divine Justice might feel provoked into meting out still newer punishments.⁴⁷ And in 'the seven editions of *Little Venus Unmask'd* published from 1670 to 1702', the physician Gideon Harvey (1636/37–1702) went as far as to claim that 'the Pox at this present is more propagated in one day, than a hundred years ago it was in a month'.⁴⁸ It is of course possible to (mis)take this lament for medical and moral fuss about the age's libertinism, but one would perhaps hesitate to do so when confronted with numerical evidence of, say, Joyce, a girl of fourteen—one girl—who infected some 400 soldiers.⁴⁹

It is safe to attribute this dramatic increase to the sheer number of metropolitan bawds.⁵⁰ Most conducive to the dissemination of the French disease were the huddles of young harlots, more often than not unhappy hookers from the country,⁵¹ who had fallen prey to seducers or to the pimps of the city and who would walk the London streets at night, significantly no longer congregated in red-light districts (like Southwark) as in previous years⁵² but parading ‘all the Town over’, as the French traveller Henri Misson noted in his *Memoires et observations* of 1698.⁵³ Another factor is the growth of brothels, which were intended to stop prostitution from being an open-air business, but which from the 1690s onwards increasingly masqueraded behind coffee or chocolate houses.⁵⁴ In October 1726, the young Swiss traveller César de Saussure, for example, while on a visit to England, told his family about the ‘great number’ of Covent Garden chocolate and coffee houses, where, he warned, customers were waited on ‘by beautiful, neat, well-dressed, and amiable, but *very dangerous nymphs*’.⁵⁵ Many coffee and chocolate houses worked hard ‘to avoid any association with prostitution’, but many in fact were ‘fronts for bawdy houses’, so much so that the words themselves came to be synonyms for brothel.⁵⁶

Human responses tending to be swept along by events, a new moral police, the Society for the Reformation of Manners, was constituted in the 1690s.⁵⁷ Having set out its objectives in one of its first annual accounts, the society boasted to have rooted out and suppressed ‘*Hundreds of Disorderly Houses*, which were little better than Stews’, to have imprisoned, fined and whipped ‘some *Thousands of Lewd Persons*’, and to have purged many of the London streets ‘of that pestilent Generation of *Night-Walkers* [. . .] *Forty or Fifty* of them having been sent in a Week to *Bridewell*—the dreaded house of correction, notorious for its lack of hygiene, inedible food, hard labour and public whippings⁵⁸—where, the account continues with calculated ferocity, ‘they have of late received such Discipline, that a considerable Number of them have chose rather to be transported to our Plantations, to work there for an honest Subsistence, than to expose themselves, by their lewd way of living, to Shame and Punishment, to Poverty and Disease, to all sorts of wicked Practices, and the danger of the Gallows’.⁵⁹

Whether the repressive punitive measures of the societies led to anything, or whether they backfired and were counterproductive, is difficult to state with any amount of precision.⁶⁰ There is evidence, however, that by the 1730s, when the Dean came to compose his ‘unhealthy’ poems, the social and medical situation as it had developed in Britain over the past 100 years or so had not changed significantly, let alone improved. In fact,

the twin evils of the Great Pox and youthful prostitution were about to build up to a new climax. In his *Augusta Triumphans* of 1728, for example, when considering how ‘to Make London the Most Flourishing City in the Universe’, a sarcastic Daniel Defoe urged the City Fathers ‘to begin the Work, by clearing the publick Streets of Night-Walkers, who are grown to such a Pitch of Impudence, that Peace and common Decency are manifestly broken in our publick Streets’.⁶¹ And a few years later, William Maitland followed suit by reporting a dramatic increase in the number of female vagrants committed to the Bridewells between 1730 and 1733: 331 for 1730, 572 for 1731, 673 for 1732 and 612 for 1733.⁶²

Almost simultaneously, an intellectual maverick from beyond the English Channel, a Dutch physician who had set up practice in London, Bernard Mandeville (1670–1733), thought out what public health and social welfare required for a ‘solution’ of these most urgent problems. Mandeville’s armoury was paradox, the argument *contra opinionem*, kicking against the pricks of some ‘orthodoxy’ and challenging prevailing assumptions, conventions and norms. If, he argued with breathtaking logic in his *Modest Defence of Publick Stews: Or, An Essay upon Whoring*, first published anonymously in 1724 and reissued several times in the following years, ‘the Practice of *Whoring* [had], of late Years, become so universal [...] [and] the Propagation of that infectious Disease, called the *French-Pox* [...] [had] made such incredible Havock all over *Europe*’, surely the only means ‘now left for redressing this Grievance’ was the establishment of a series of parliament-licensed and government-operated public brothels.⁶³ It was futile, Mandeville continued, provocatively addressing the Societies for the Reformation of Manners,⁶⁴ to discourage prostitutes from plying their trade by rigorously repressive punishment if whoring was their only means of staying alive, if whoring was their only means of eking out a living. If prostitution was inevitable, then, perhaps its attendant evils, ‘the Plague of *Claps* and *Poxes*’, might be brought under control: ‘For tho’ the Laws can’t prevent Whoring, they may yet regulate it; the *Quid* is not in their power, but the *Quomodo* is’.⁶⁵

Mandeville did not set anything in motion except shock and indignation, and for a long time nothing came of what, in hindsight, appears to be reason and logic. Its provocation and nuisance value notwithstanding, the *Modest Defence* was little more than a stick marking a scandalous position. What it expressed, and with courage, too, was the conviction that the twin problems of prostitution and the Pox were simply too massive and recalcitrant to be handled through moral rigour. Also, while two of the London hospitals,

St Bartholomew's and St Thomas's, did admit 'foul patients', the care they were able to provide was as expensive as it was inferior, accompanied by harsh medical treatment in segregated, quarantined wards, and carried out by incompetent, ruthless quacks who did not even shy away from flogging patients regarded as 'lewde livers'.⁶⁶ At the same time, treatises on *lues venerea* published in the 1730s, such as those by Daniel Turner, Joshua Ward and John Douglas, as well as contemporary Dutch and French authorities on the disease, such as the renowned Herman Boerhaave's *Treatise on the Venereal Disease and its Cure in All its Stages and Circumstances* (1729) and Jean Astruc's *De morbis veneris libri sex* (1736), continued to have a market. If anything, these proved that there was still a demand for what the medical profession—physicians, surgeons and quacks—was able to provide in venereal treatment, not only in diagnosis and symptomatology but also in numerous kinds of mercurial 'cures', such as salivation, fumigation and purging, not to forget, the inconceivable cruelties of surgery.⁶⁷ Historians of medicine have pointed out that 'The Short Title Catalogue contains more than three hundred titles on venereal care printed in London between 1650 and 1800', and out of a count of 512 medical advertisements between c.1660 and c.1715 within three collections held by the British Library, '284, or 55 percent, advertised treatment for venereal disease'.⁶⁸

VI

I would like to suggest that by the time the Dean of St Patrick's volcanic temper burst out in his 'unprintables' in the 1720s and 1730s, he could no longer stand the sight of 'the lesions of love', of mutilation and misery as well as disease and decay, around him. By that time, the political revolution of 1688 had long been succeeded, and replaced by a moral one, or, more precisely, an immoral one.⁶⁹ At the beginning of the eighteenth century, many moralists thought of England as 'thoroughly debauched' by a plethora of fashionable maladies, including, last but not least, the ravages of a fashionable disease, *lues venerea*, 'The Plague of Venus' or *lustsenche*. 'Whores', John Dunton said in *The Night-Walker: Or, Evening Rambles in Search after Lewd Women*, 'plied the streets of London as thickly as boats on the Thames, and just as openly',⁷⁰ and architectural historians have pointed out that along 'the great sexual highway', running from the Royal Exchange via St Paul's to Charing Cross and St James', 'which was also the great thoroughfare of trade and commerce, harlots would patrol, pick up clients and have sex in the alleys and courts off Fleet Street, the Strand and in St James's Park'.⁷¹ As a

consequence, the terms ‘French pox’ and ‘Neapolitan disease’ were given up in favour of ‘English pox’, ‘London disease’ and ‘Covent Garden gout’.⁷²

We have recently learnt that, in the Market Hill poems (1728–32), Swift reconfigured the traditional and widely disseminated iconographical motif of death and the maiden.⁷³ In the almost simultaneous scatological poems, particularly *The Progress of Beauty*, *The Lady’s Dressing Room* and *A Beautiful Young Nymph*, the flirt of this seemingly inseparable pair comes to an end: the Maiden, no matter whether under the name of Celia or Chloe, Corinna or Phyllis, metamorphoses into Death, indeed, *becomes* Death, transforming the experience of ‘love’ into an absurd encounter with the Grim Reaper.

If this medicosocial reading of the Dean’s scatological poems is correct, two myths of long standing in the history of Swift criticism, which has always been marred by rampant emotionalism of one sort or another, have to be jettisoned.

First is the myth of Swift as a man whose mind was sick, preoccupied as he was ‘with filth and deformity’.⁷⁴ While it is true that some of the Dean’s works are ‘obscene’, in the Latin sense of the word meaning ‘repulsive, offensive, disgusting, filthy, excremental’, it is also true that, in Swift, scatology never is an *end*; in Swift, scatology always is a *means* to an end, pointing as it does to a world beyond the reality immediately apparent.⁷⁵

Second is the myth of Swift the misogynist who, hostile without a cause, fulminated against female follies and foibles, breaking as he went along all social decorum and sexual taboos.⁷⁶ The very fact that the Dean not only went to visit his mistresses and ‘relieve’ them in the streets but also wrote about them, no doubt in a desperate attempt to raise their plight into greater public awareness, proves that his purpose was benign, that he cared, unlike all others who in their blithe indifference did not raise a squeak. This very fact testifies to his compassion as well as to his commitment to religious ideals and moral norms. To denigrate such a stance as misogyny is fabulation running riot, and is as ignorant as it is unfair.⁷⁷

NOTES

1. For the publication history of the poem, see S. Karian (2013) ‘Swift as a Manuscript Poet’, in P. Bullard and J. McLaverty (eds), *Jonathan Swift and the Eighteenth-Century Book* (Cambridge: Cambridge University Press), pp. 31–50 (pp. 37–39).

2. K. Williams (ed.) (1970) *Swift: The Critical Heritage* (London: Routledge and Kegan Paul), pp. 154–55; my emphases.
3. M. C. Randolph (1941) 'The Medical Concept in English Renaissance Satiric Theory', *Studies in Philology*, 38, 125–57.
4. The Dean was famous for his charity: see G. Faulkner's 'Further Account', first printed in John Nichols's supplement to the London edition of Swift's *Works* (B. Slepian [1964] 'Some Forgotten Anecdotes About Swift', *Bulletin of the New York Public Library*, 68:1, 33–44 [p. 37]). See also L. A. Landa (1945) 'Jonathan Swift and Charity', *The Journal of English and Germanic Philology*, 44, 337–50.
5. J. Fróes (ed.) (2000) *Remarks on the Life and Writings of Dr Jonathan Swift* (Newark: University of Delaware Press and London: Associated University Presses), p. 425.
6. H. J. Real (1975) 'A Recipe for Puppy Water', *The Scriblerian*, 7, 121–22.
7. H. Williams (ed.) (1958) *The Poems of Jonathan Swift*, 3 vols (Oxford: Clarendon Press, 2nd edn), II, 526. All references are to this edition and are given in parentheses in the text. See also Jonathan Swift (1983) *The Complete Poems*, P. Rogers (ed.) (Harmondsworth, Middlesex: Penguin Books), p. 828.
8. No 185, p. 1109. For another example of the mercurial bolus, see J. Thorpe (ed.) (1963) *The Poems of Sir George Etherege* (Princeton, NJ: Princeton University Press), p. 43, ll. 1–8; and for the moral and social issues involved, see R. A. Anselment (1995) *The Realms of Apollo: Literature and Healing in Seventeenth-Century England* (Newark: University of Delaware Press and London: Associated University Presses), pp. 131–71 (pp. 135, 139); and K. P. Siena (2004) *Venereal Disease, Hospitals and the Urban Poor* (Rochester, NY: University of Rochester Press), pp. 30–37.
9. (1708) *Pharmacopœia extemporanea sive præceptorum sylloge* (London: Benj. Walford, 4th edn), p. 7; see D. F. Passmann and H. J. Vienken (2003) *The Library and Reading of Jonathan Swift: A Bio-Bibliographical Handbook*, 4 vols (Frankfurt on Main: Peter Lang), I, pp. 655–56. See also (1721) Chapter VI, 'Of a particular Specifick Bolus for the Venereal Disease', *Of the Symptoms and Cure of a Gonorrhœa in Either Sex* (London).
10. (1686) *Syphilis: Or, A Poetical History of the French Disease* (London: Jacob Tonson), pp. 53–54. See also L. Baumgartner and J. F. Fulton (1935) *A Bibliography of the Poem Syphilis sive Morbus Gallicus by Girolamo Fracastoro of Verona* (New Haven, London and Oxford: Yale University Press), particularly pp. 91–93.
11. H. J. Real and H. J. Vienken (1982) 'The Syphilitic Lady', *The Scriblerian*, 15:1, 52–54.
12. C. Peter (1686) *Observations on the Venereal Disease, with the True Way of Curing the Same* (London: D. Mallet), p. 14.

13. (1676) *New and Curious Observations on the Art of Curing the Venereal Disease* (London: Thomas Dring and Thomas Burrell), p. 31 (my emphasis). To be sure, in 'degrees of the Pox, that no internal Medicine [could] reach', practitioners such as Charles Peter proceeded to 'manual Operation', which would include 'in the Arms and Shins [laying] open all foul Bones', for example, it being 'wonderful to observe, how Nature will help to discharge the malignant matter' (*Observations on the Venereal Disease*, pp. 39–40). This attempt at a therapy may also be behind the beautiful young nymph's endeavours to increase the discharge of 'malignant matter' by the use of issue peas (II, 583, l. 63).
14. J. Fabricius (1994) *Syphilis in Shakespeare's England* (London and Bristol, PA: Jessica Kingsley), pp. 27–29.
15. (1722) *The Second Part of Whipping-Tom*, Quoted from the 3rd ed. (London: Sam Briscoe), pp. 5–6.
16. For this and some of what follows, see W. B. Ober (1989) 'To Cast a Pox: The Iconography of Syphilis', *The American Journal of Dermatopathology*, 11:1, 74–86 (pp. 77, 78). See also Andrea Alciati's emblem of 'Nupta contagiosa,' R. S. Morton (1990) 'Syphilis in Art: An Entertainment in Four Parts. Part 2', *Genitourinary Medicine*, 66, 112–23 (p. 122, Figure 26), and K. Brown (2006) *The Pox: The Life and Near Death of a Very Social Disease* (Stroud, Gloucestershire: Sutton), facing p. 118.
17. J. Sintelaer (1709) *The Scourge of Venus and Mercury: Represented in a Treatise of the Venereal Disease* (London: G. Harris et al.), title page.
18. R. Brown (1730) *A Letter from a Physician in London to His Friend in the Country, Giving an Account of the Montpellier Practice in Curing the Venereal Disease* (London: J. Roberts), pp. 4, 22. It was the aggressive character of 'salivation' in particular that made Brown opt for the seemingly more gentle 'Montpellier' application of 'Mercurial Ointment', which consisted 'in nothing more than rubbing the Patient' with it (pp. 8, 12). See also Siena, *Venereal Disease, Hospitals and the Urban Poor*, pp. 40–41, and *passim*.
19. J. Marten (1985), *A Treatise of All the Degrees and Symptoms of the Venereal Disease, in Both Sexes* (New York and London: Garland), pp. 287–351. For valuable information about Marten, see R. Porter (1996) "'Laying Aside Any Private Advantage": John Marten and Venereal Disease', L. E. Merians (ed.), *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington, KY: The University Press of Kentucky), pp. 51–67, and B. K. Mudge (2000) *The Whore's Story: Women, Pornography, and the British Novel, 1684–1830* (Oxford: Oxford University Press), pp. 151–57. See also Fabricius, *Syphilis in Shakespeare's England*, pp. 33–38; Anselment, *The Realms of Apollo*, pp. 141–42.
20. (1684) *Guide to the Practical Physician* (London: Thomas Flesher), p. 361a (my emphasis). See also Blégný, *New and Curious Observations on the Art of Curing the Venereal Disease*, pp. 121, 124–49, and *passim*;

- Marten, *A Treatise of All the Degrees and Symptoms of the Venereal Disease*, p. 59.
21. H. J. Real (2007) 'Facta Sunt Servanda: Or, A Plea for a (Swiftian) Return to Scholarly Sanity', *Poetica*, 68, 17–38 (pp. 31–32); see also G. Williams (1994) *A Dictionary of Sexual Language and Imagery in Shakespearean and Stuart Literature*, 3 vols (London and Atlantic Highlands, NJ: The Athlone Press), II, pp. 926, 990–91.
 22. H. Davis et al. (eds) (1939–68) *The Prose Works of Jonathan Swift*, 16 vols (Oxford: Basil Blackwell, 1939–68), IX, p. 39. Further quotations are from this edition.
 23. In addition to R. Thompson (1979) *Unfit for Modest Ears: A Study of Pornographic, Obscene and Bawdy Works Written or Published in England in the Second Half of the Seventeenth Century* (London and Basingstoke: Macmillan), p. 88, see G. Williams, I, pp. 166–67. See also H. Rubenhold (2005) *The Covent Garden Ladies: Pimp General Jack and the Extraordinary Story of Harris's List* (Stroud, Gloucestershire: Tempus), pp. 118–27 (pp. 121–22).
 24. *Prose Works*, I, 45; see also *Prose Works*, X, 146. Imprecise terminology is a notorious issue in the history of sexuality, and it is therefore wise to note that 'it was widely believed throughout the eighteenth century' as a medical historian writes, 'that gonorrhea represents an early stage of syphilis' and that 'an untreated clap led to a pox' (M. E. McAllister [2000] 'Stories of the Origin of Syphilis in Eighteenth-Century England: Science, Myth, and Prejudice', *Eighteenth-Century Life*, 24:1, 22–44 [p. 25]).
 25. G. Williams, III, p. 1337.
 26. W. C. Wright (ed.) (1930) *Translation and Notes* (New York and London), pp. 137–41. See also the similar catalogues of venereal symptoms in N. Culpeper (1659) *Culpepper's School of Physick: Or, the English Apothecary* (London: John Gadbury), pp. 357–58; and Marten, *A Treatise of all the Degrees and Symptoms of the Venereal Disease*, pp. 44–46, 71–72, and *passim*.
 27. This London edition of *Syphilis: Sive, Morbus Gallicus* was printed by Jonah Bowyer and dedicated to Swift's friend Dr Richard Mead (Baumgartner and Fulton, *A Bibliography of the Poem Syphilis*, pp. 49–50).
 28. Peter, *Observations on the Venereal Disease*, pp. 15–16 (reprinted in Anselment, *The Realms of Apollo*, p. 133).
 29. Scepticism about the medical profession's ability to treat the disease satisfactorily was widespread: see J. Arrizabalaga, J. Henderson, and R. French (1997) *The Great Pox: The French Disease in Renaissance Europe* (New Haven and London: Yale University Press), pp. 28–32.
 30. D. Woolley (ed.) (1999–2014) *The Correspondence of Jonathan Swift, D.D.*, 5 vols (Frankfurt: Peter Lang), I, p. 209n6. Regrettably, I was alerted to Anna Marie Roos's (2011) brilliant recent monograph, *Web of Nature: Martin Lister*

- (1639–1712), *the First Arachnologist* (Leiden and Boston: Brill), only after the final version of this chapter had been prepared for the press. For her illuminating remarks about Lister's unorthodox views on the pathogenesis of syphilis, its origins, transmission and therapeutical methods, see pp. 335–60.
31. Quoted from Marten, *A Treatise of All the Degrees and Symptoms of the Venereal Disease*, p. 47.
 32. B. Fabian and I. Primer (eds) (1981) *A Treatise of the Hypochondriack and Hysterick Diseases, Collected Works of Bernard Mandeville*, II (Hildesheim and New York: Georg Olms), pp. 48–49.
 33. I. Ehrenpreis (1983) *Swift: The Man, His Works, and the Age, III: Dean Swift* (London: Methuen and Cambridge, MA: Harvard University Press), p. 103; see H. Bunker Wright and M. K. Spears (1971) *The Literary Works of Matthew Prior*, 2 vols (Oxford: Clarendon Press, 2nd ed.), I, pp. 456–58. One should perhaps not hold this sarcasm too much against Prior, given the fact that jokes about the effects of venereal disease seem to have been commonplace (see e.g. R. Thompson (ed.) [1976] 'The Plain-Dealing Pedlar Well Furnished with Sundry Sorts of Choice Wares,' in *Samuel Pepys' 'Penny Merriments'* [London: Constable], pp. 130–31).
 34. On this aspect, see H. J. Real and H. J. Vienken (1988) 'Disciplining on the Sly: Swift's *The Lady's Dressing Room*', *Arbeiten aus Anglistik und Amerikanistik*, 13, 39–50.
 35. An aspect that has figured prominently in recent criticism. See, among others, W. I. Miller (1997) *The Anatomy of Disgust* (Cambridge, MA and London: Harvard University Press), pp. 66–70; T. Chico (2005) *Designing Women: The Dressing Room in Eighteenth-Century English Literature and Culture* (Lewisburg, PA: Bucknell University Press), pp. 132–42, and *passim*; L. Barnett (2007) *Jonathan Swift in the Company of Women* (Oxford: Oxford University Press), pp. 146–48; P. J. Smith (2012) *Between Two Stools: Scatology and its Representations in English Literature, Chaucer to Swift* (Manchester and New York: Manchester University Press), pp. 205–11; A. Marshall (2013) *The Practice of Satire in England, 1658–1770* (Baltimore: The Johns Hopkins University Press), pp. 208, 212–13; but it is incidentally not central inasmuch as stench, dirt and decay are epiphenomena of the disease. For *The Lady's Dressing Room* as filled up 'with literal waste', see S. Gee (2010) *Making Waste: Leftovers and the Eighteenth-Century Imagination* (Princeton, NJ and Oxford: Princeton University Press), pp. 108–11.
 36. I have made some of these points in an earlier essay, co-authored with H. J. Vienken (1981) '“Those Odious Common Whores of which this Town is Full”: Swift's *A Beautiful Young Nymph Going to Bed*', *Arbeiten aus Anglistik und Amerikanistik*, 6, 241–59 (p. 245). See also B. S. Hammond (1995) 'Corinna's Dream', *The Eighteenth Century*, 36:2, 99–118, and, more recently, S. Carter (2004) *Purchasing Power: Representing Prostitution in*

- Eighteenth-Century English Popular Print Culture* (Aldershot, Hants: Ashgate), pp.149–50, 168.
37. See Real and Vienken, ““Those Odious Common Whores of which this Town is Full””, p. 243.
 38. *Prose Works*, XI, p. 253 (IV, vi, 4).
 39. Ehrenpreis, *Dean Swift*, p. 105.
 40. Peter, *Observations on the Venereal Disease*, p. 1.
 41. C. Quétel (1990) *History of Syphilis*, J. Braddock and B. Pike (trans.) (Cambridge: Polity Press), pp. 9–27, 33–49. For this and some of what follows, see also R. Davenport-Hines (1990) *Sex, Death and Punishment: Attitudes to Sex and Sexuality in Britain since the Renaissance* (London: Collins), pp. 16–54; Brown, *The Pox: The Life and Near Death of a Very Social Disease*, pp. 1–28, 29–55, and *passim*; B. Mandeville (1973) ‘A Modest Defence of Publick Stews’, in R. I. Cook (ed.), *The Augustan Reprint Society*, no 162 (Los Angeles: William Andrews Clark Memorial Library), p. 77.
 42. Also called the Columbian theory (see Ober, ‘To Cast a Pox: The Iconography of Syphilis’, pp. 75–76; McAllister, ‘Stories of the Origin of Syphilis in Eighteenth-Century England’, pp. 22–44; Arrizabalaga, Henderson, and French, *The Great Pox*, pp. 16–27; and M. B. Campbell (1992) ‘Carnal Knowledge: Fracastoro’s *De Syphilis* and the Discovery of the New World’, in D. Segal (ed.), *Crossing Cultures: Essays in the Displacement of Western Civilization* [Tucson and London: The University of Arizona Press], pp. 3–32). For the variety of names in use for the Great Pox throughout Europe, at times not differentiated from smallpox at first, as well as its dissemination during the early years, see E. Wickersheimer (1937) ‘Sur la Syphilis aux XV^e et XVI^e siècles’, *Humanisme et Renaissance*, 4, 157–207.
 43. McAllister, ‘Stories of the Origin of Syphilis in Eighteenth-Century England’, p. 28.
 44. For this and what follows, see Fabricius, *Syphilis in Shakespeare’s England*, pp. 57–83 (p. 57), and *passim*; Anselment, *The Realms of Apollo*, pp. 132–71 (p. 137); and Arrizabalaga, Henderson, and French, *The Great Pox*, pp. 88–112, and *passim*. See also D. Wolfthal (2010) *In and Out of the Marital Bed: Seeing Sex in Renaissance Europe* (New Haven and London: Yale University Press), pp. 82–95, and *passim*.
 45. D. Erasmus von Rotterdam (1967–1980) *Ausgewählte Schriften*, W. Welzig (ed.) 8 vols (Darmstadt: Wissenschaftliche Buchgesellschaft), VI, pp. 198–211 (pp. 202–3). In other dialogues, Erasmus instead refers to the ‘Neapolitan pox [neapolitana scabies]’ and also to the ‘French disease [gallica scabies]’ (*Ausgewählte Schriften*, ed. Welzig, VI, 573, 481).
 46. In addition to Fabricius, *Syphilis in Shakespeare’s England*, *passim*, see D. Salkeld (2012) *Shakespeare Among the Courtesans: Prostitution, Literature, and Drama, 1500–1650* (Farnham, Surrey: Ashgate), pp. 27–45, and *passim*.

47. T. Fuller (1642) 'The Harlot', in *The Profane State, The Holy State* (Cambridge: by Roger Daniel for John Williams), pp. 357–60 (p. 360).
48. Quoted from Anselment, *The Realms of Apollo*, p. 134. For a survey of London low life, especially its 'sin city', Covent Garden and its manifold erotic pastimes, see E. J. Burford (1986) *Wits, Wenchers, and Wantons: London's Low Life. Covent Garden in the Eighteenth Century* (London: Robert Hale), *passim*.
49. J. D. Rolleston (1943) 'Venereal Disease in Pepys's Diary', *British Journal of Venereal Diseases*, 19:4, 169–73 (p. 172). For the problem of child prostitution more generally, see also D. Cruickshank (2009) *The Secret History of Georgian London: How the Wages of Sin Shaped the Capital* (London: Random House), pp. 52–55.
50. See [R. Ames] (1691) *The Female Fire-Ships: A Satyr Against Whoring* (London: E. Richardson), pp. 3–4.
51. R. S. Morton (1990) 'Syphilis in Art: An Entertainment in Four Parts. Part 3', *Genitourinary Medicine*, 66, 208–21 (pp. 212–13, Figure 33). See also J. B. Radner (1976) 'The Youthful Harlot's Curse: The Prostitute as Symbol of the City in 18th-Century English Literature', *Eighteenth-Century Life*, 2:3, 59–64. The fact that many of the young streetwalkers were indeed girls from the country, 'led astray' and 'then forsaken', was also emphasized by the Swiss visitor, César de Saussure (1995) *A Foreign View of England in 1725–1729*, Madame van Muyden (trans. and ed.) (London: Caliban Books), p. 126.
52. R. O. Bucholz and J. P. Ward (2012) *London: A Social and Cultural History, 1550–1750* (Cambridge: Cambridge University Press), pp. 205–6.
53. The quotation is from the English translation, *Memoirs and Observations in his Travels over England* ([London, 1719], p. 60). For the 'visibility of prostitutes' in eighteenth-century London, see also Cruickshank, *The Secret History of Georgian London*, pp. 25–55, and *passim*; and C. Grant (2012) 'Visible Prostitutes: Mandeville, Hogarth and "A Harlot's Progress"', in A. Lewis and M. Ellis (eds), *Prostitution and Eighteenth-Century Culture: Sex, Commerce and Morality* (London: Pickering and Chatto), pp. 99–113.
54. I have presented some of the evidence in H. J. Real (2010) 'Confessions of a Coffee Drinker: Or, How Coffee Became Sex(y)', *The Eighteenth-Century Intelligencer*, 24:3, 6–13 (pp. 9–10). See also [Ames], *The Female Fire-Ships*, p. 14.
55. De Saussure, *A Foreign View of England in 1725–1729*, pp. 102–3 (my emphasis).
56. B. Cowan (2005) *The Social Life of Coffee: The Emergence of the British Coffeehouse* (New Haven: Yale University Press), pp. 118–19; Carter, *Purchasing Power*, pp. 11–12.
57. W. A. Speck (1980) 'The Harlot's Progress in Eighteenth-Century England', *British Journal for Eighteenth-Century Studies*, 3:2, 127–39 (pp. 127–29).

58. E. and J. Chamberlayne (1707) *Anglie Notitia: Or, the Present State of England* (London: S. Smith et al., 22nd edn), pp. 426–27; G. Miège (1708) *L'Etat present de la Grande-Bretagne après son heureuse union en 1707* (Amsterdam: chez les Wetsteins), pp. 270–71; de Saussure, *A Foreign View of England in 1725–1729*, pp. 187–89. See also P. Griffiths (2007) 'Building Bridewell: London's Self-Images, 1550–1640' in N. L. Jones and D. Woolf (eds), *Local Identities in Late Medieval and Early Modern England* (Houndmills, Basingstoke: Palgrave Macmillan), pp. 228–48.
59. (1700) *An Account of the Societies for Reformation of Manners, in England and Ireland* (London: B. Aylmer and A. Bell, 3rd edn), pp. 17–18. See also J. Strype (ed.) (1720) *A Survey of the Cities of London and Westminster*, 2 vols (London: A. Churchill et al.), II, p. 30.
60. See, however, D. Defoe (1707) 'Reformation of Manners', in F.H. Ellis (ed.), *Poems on Affairs of State: Augustan Satirical Verse, 1660–1714*, VI: 1697–1704 (New Haven and London: Yale University Press), 398–400, 401, and *passim*.
61. D. Defoe (1728) *Augusta Triumphans: Or, the Way to Make London the Most Flourishing City in the Universe* (London: J. Roberts et al.), p. 27. *Augusta Triumphans* has not been 'de-canonized' by the two most eminent authorities on the subject; see P. N. Furbank and W. R. Owens (1988) *The Canonisation of Daniel Defoe* (New Haven and London: Yale University Press), p. 80.
62. W. Maitland (1739) *The History of London from its Foundation by the Romans to the Present Time* (London: Samuel Richardson), p. 661.
63. *A Modest Defence of Publick Stews*, ed. Cook, pp. 1–2, 12–15, 19–20, and *passim*.
64. Grant, 'Visible Prostitutes: Mandeville, Hogarth and "A Harlot's Progress"', pp. 106–07.
65. *A Modest Defence of Publick Stews*, ed. Cook, pp. 59–61. See also Real and Vienken, '"Those Odious Common Whores of which this Town is Full": Swift's *A Beautiful Young Nymph Going to Bed*', p. 247.
66. For this and some of the details, I am indebted to the rich study by Siena, *Veneral Disease, Hospitals and the Urban Poor*, pp. 62–95, and *passim*.
67. In addition to Arrizabalaga, Henderson, and French, *The Great Pox*, pp. 131–42, see P. K. Wilson, 'Exposing the Secret Disease: Recognizing and Treating Syphilis in Daniel Turner's London', in Merians (ed.), *The Secret Malady*, pp. 68–84.
68. Siena, *Veneral Disease, Hospitals and the Urban Poor*, pp. 41–42.
69. For this, and what follows, I am indebted to D. W. R. Bahlman (1968 [1957]) *The Moral Revolution of 1688* (Hamden, CT: Archon Books), pp. 1–30 (pp. 3–4, 8, and *passim*).
70. Quoted from Bahlman, *The Moral Revolution of 1688*, p. 3. For more on Dunton's *Night-Walker*, see P. Wagner (1990) *Eros Revived: Erotica of the*

Enlightenment in England and America (London: Paladin Grafton Books), pp. 133–43 (p. 134).

71. Cruickshank, *The Secret History of Georgian London*, pp. xvi–xvii.
72. Bahlman, *The Moral Revolution of 1688*, pp. 3–4.
73. K. Juhas (2013) ‘Death Frightened to Death: Swift’s Transformation of the Death-and-the-Maiden Motif’, K. Juhas, H. J. Real, and S. Simon (eds), *Reading Swift: Papers from The Sixth Münster Symposium on Jonathan Swift* (Munich: Wilhelm Fink), pp. 433–58; R. Ferguson (2014) ‘Metamorphosis and Mortality: Swift’s *Death and Daphne*,’ *Swift Studies*, 29, 52–75.
74. In addition to L. Feinberg (1967) *Introduction to Satire* (Ames, IA: The Iowa State University Press), p. 71, see most of the titles listed in n. 35.
75. H. J. Real and H. J. Vienken (1986) ‘Psychoanalytic Criticism and Swift: The History of a Failure’, *Eighteenth-Century Ireland*, 1, 127–41 (p. 141).
76. K. Haynes (2003) *English Literature and Ancient Languages* (Oxford: Oxford University Press), p. 58.
77. I am again indebted, for inspiration, encouragement and bibliographical support, to ‘my people’ at the Ehrenpreis Centre, Dr Kirsten Juhas and Ulrich Elkmann; and to Dr Marga Munkelt, Münster, and Erika, my wife, for just being there when I needed them.

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Of Fribblers and Fumblers: Fashioning Male Impotence in the Long Eighteenth Century

Kirsten Juhas

‘aheim, waz wirret dier?’

Wolfram von Eschenbach, *Parzival*

I

Lady Mary Wortley Montagu’s savage response to Jonathan Swift’s voyeuristic gaze into *The Lady’s Dressing Room* (1732), entitled *The Dean’s Provocation for Writing the Lady’s Dressing Room* and published anonymously in 1734, envisages the satirist himself as the customer of a business-minded prostitute:

The Reverend Lover with surprize
Peeps in her Bubbys, and her Eyes,
And kisses both, and trys—and trys.
The Evening in this Hellish Play,
Beside his Guineas thrown away,
Provok’d the Preist to that degree
He swore, the Fault is not [in] me.

K. Juhas (✉)

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Your damn'd Close stool so near my Nose,
 Your Dirty Smock, and Stinking Toes
 Would make a Hercules as tame
 As any Beau that you can name.

The nymph grown Furious roar'd by God
 The blame lyes all in Sixty odd
 And scornfull pointing to the door
 Cry'd, Fumbler see my Face no more.¹

In letting the 'nymph' deride the ageing Dean as a 'Fumbler', the 'most common appellation for the sexually incapable male',² Lady Mary not only attacks Swift's poetic potency, but also insinuates that the person 'Swift' is weak, passive and effeminate—in short, unmanly. She becomes even more explicit in the last lines of the poem, which are only to be found in the printed text, not in any of the manuscript versions of the poem: 'Perhaps you have no better Luck in / The Knack of Rhyming than of —.'³ It is important to note that the notion of sexual incapacity as it occurs in Lady Mary's poem is only one example of countless allusions to the topic. Fribblers and fumlbers, often also portrayed as horned, elderly husbands, populate the landscape of (bawdy) literature and art. According to Roger Thompson, impotence in its broadest sense, as it could signify erectile dysfunction, sterility and/or premature ejaculation, 'was an obsession' in the seventeenth and eighteenth centuries. In fact, representations of the impotent male in England at the time were 'so frequent, that, were it true, the population must have declined sharply'.⁴ There are several possible answers to the question of why this unfashionable topic was in fashion, especially in the reign of Charles II, whose legendary sexual appetites and abilities had famously been lampooned by Rochester in 'A Satyr on Charles II'.⁵ While Thompson posits that the general interest in male sexual failure reflects the 'emancipation of urban middle-class women and the new ideas about marriage as a more than an arranged property deal', others claim that there was 'an uneasy and indeterminate renegotiation of gender roles, during which the male body [became] a common site for anxious deliberation' in the eighteenth century.⁶ Moreover, there are those who view it as a strategy to 'police the sexuality of other men', usually of those in power.⁷

However, the emergence of a multifaceted phenomenon of impotence is hardly a monocausal affair, and its popularity, especially among the literati, was probably due to a number of reasons. For one thing, infectious

venereal diseases and their consequences made medical research on the (mal)functionings of the sexual organs necessary. For another, spectacular divorce court trials on the grounds of impotence fascinated the public, while the many cases of (endangered) dynastic succession scared the people of England, what with Charles II dying with illegitimate offspring only, the controversial birth of James II's only son, and William III and Anne dying without issue. Finally, a certain kind of bawdy humour fostered by the Restoration court and influenced by French models came into fashion, and some of the titillating imagery lasted throughout the eighteenth century.

II

According to the *Oxford English Dictionary*, the term 'impotence' to signify a pathological 'absence of sexual power [...] usually said of the male' entered common usage in the seventeenth century.⁸ Alternately described as an 'infirmity', an 'imbecility' or a 'weakness', it became the subject of an increasing number of medical tracts, midwives' manuals and quacksters' advertisements proposing various kinds of prophylactic, surgical and/or pharmaceutical remedy.⁹ Taking Johnson's etymology of disease as a compound of '*dis* and *ease*' as a starting point, I should like to argue that impotence in the sense of both sexual and reproductive inability had the status of a potentially curable physical disorder in the long eighteenth century and may therefore be considered to have been a fashionable disease.¹⁰ A huge variety of terms and phrases to describe the sexually insufficient male circulated in early modern England and beyond, including bob-tail (eunuch or impotent fellow), bungler (an unperforming husband), capon (gelded cock, often used for eunuchs), drone (impotent sexual parasite), gelding (a neutered male horse), fumbler (an insufficient husband/lover, incapable of begetting children), fribble/fribbler (sexually feeble man, who dreads nothing as much as the consent of the woman he is wooing), frigid (a weak, disabled, impotent husband), lobcock (dull, sexually inadequate fellow), nincompoop (impotent ass), weak-doing man and wittol (complaisant, often impotent cuckold).¹¹ This is not to forget the telling names borne by the accused men of *Fumblers-Hall* ([London]: for J. Clare, W. Thackeray, and T. Passinger, [1675]), such as Sir Nicholas Frible, Daniel Doe-little and Peter Bad-cock. As the full title of one of the chapbooks of Samuel Pepys', *Penny Merriments*, already indicates, *Fumblers-Hall, kept and holden in Feeble-Court, at the sign of the Labour-in-vain, in Doe-little-Lane, wherein divers complaints & agrievances, out of the*

feminines in Cornucopia, are presented to the grave wisdoms of the masters of that company: concerning non-performance, want of due benevolence, deficiency and corporal disabilities in man-kind, whereby poor distressed females languish under a pressing weight of misery, not only to the great decay of their trade and occupations, but to the destruction of generation it self, it deals with mock trials in which desperate women complain about their non-performing husbands on the grounds of sexual frustration and childlessness. One of them declares:

I receive many taunts and jeers of my Neighbours, who call me Barren-Doe, & a thousand such names: when 'tis known, Gentlemen, the fault is not mine in the least. [...] [H]e is no more to me, Gentlemen, than a straw in the Nostrils of a cow, a very slug, a meer frible.¹²

Their serious topic notwithstanding, all trials show the same bawdy humour, similar to the scathing insinuation of Lady Mary's poem. It seems that at the time of the Enlightenment, when people no longer believed in witchcraft as the cause of a physical problem such as erectile dysfunction, laughter was a way of breaking away from taboo.¹³

The mock trials also mirror and parody real cases. When Daniel Doe-little disrobes himself in front of the congregation, exclaiming, 'Will ye please to see, and if here be not enough to content any Woman in England ile', he is referring to a common practice in divorce court proceedings.¹⁴ All over Europe, a woman could file her husband for divorce on the grounds of impotence; there are seven recorded cases in England from 1701–20 in which an annulment actually took place.¹⁵ Public interest in these trials was fired by the publication of French examples, such as *The Case of Impotency Debated in the Late Famous Tryal at Paris*, published by Edmund Curll in 1714. Publishing divorce court reports and related material became a line of business for the notorious entrepreneur Curll. Bestsellers such as *Cases of Divorce for Several Cases* (1715) and George Abbot's *The Case of Impotency, as Debated in England*, in two volumes (1719), went through several editions, including new 'fodder' for the public in every subsequent edition.¹⁶ One of the most spectacular cases that occupied the English courts and public alike in the 1740s was the unhappy marriage of the sickly Henry Somerset, 3rd Duke of Beaufort, and his wife Frances. On the discovery of her affair with the dashing Lord Talbot, she sued her husband for impotence in order to achieve an annulment of their marriage. However, as Horace Walpole records, Beaufort

was able to demonstrate his virility in front of witnesses, a practice developed by the ecclesiastical courts after the Council of Trent:¹⁷

T'other night was appointed for the action; the lists were at Dr Meade's house: he, another physician, three surgeons and the Dean of Arches, all very matron-like personages, were inspectors. I should never have been potent again!—well, but he was [. . .] He was some time behind the scenes: at last he knocked, and the good old folks saw what amazed them—what they had not seen many a day!¹⁸

Potency means power, and, as a result, the Duke not only successfully divorced his wife on the grounds of adultery but also sued her lover for several thousand pounds of damage compensation. Given the fact that the most private becomes the most public, it is small wonder that the literati were infected by the general scopophilia.

III

The satirical victim of Lady Mary Wortley Montague's invective, the Dean of St Patrick's himself, was no exception to this rule.¹⁹ One example occurs in 'The Progress of Marriage' (1721/22), in which he satirized the marriage of the 52-year-old Dean Pratt to Lady Philippa Hamilton, 'a handsome young imperious *GirP*', as he puts it in the poem.²⁰ Benjamin Pratt, Dean of Down and former Provost of Trinity College, was one of Swift's 'oldest Acquaintance' and, although he felt sorry when Pratt died within 12 months of his marriage, Swift seems to have been annoyed with him for marrying someone so much his junior.²¹ It does not come as a surprise, then, that Swift draws on the topos of the 'ill-matched couple' in his poem, one that is frequent in early modern literature and art. The unequal couple, also called 'Age and Youth', or 'Mercenary Love', as it is envisaged by Albrecht Dürer, Lucas Cranach, Hans Baldung Grien and others, unites a rich old lecher with a pretty young woman who marries for money and is about to make her husband a cuckold.²² In addition to the more obvious symptoms of old age, such as baldness, wrinkles and toothlessness, the 'old dotard', as Erasmus calls him, is associated with impotence.²³ This is also the case in Swift's 'Progress of Marriage', in which he repeatedly alludes to Pratt's sexual inability:

In Mirth the wedding-day was spent.
The *Wedding-day*, you take me right,

I promise nothing for the Night:
 The Bridegroom dresst, to make a Figure,
 Assumes an artificiall Vigor;
 A flourisht Night-cap on, to grace
 His ruddy, wrinckled, smirking Face,
 Like the faint red upon a Pippin
 Half wither'd by a Winters keeping. . .

...

He enters in, and walks up Stairs,
 And calls the Family to Prayrs,
 Then goes alone to take his Rest
 In bed, where he can spare her best. (lines 18–26, 87–90)

Swift then goes a step further and makes the known facts that the Dean's marriage remained childless and that he died a year later appear as the logical consequence and just punishment of Pratt's marrying a 'Coquette' (line 30):

The Dean with all his best Endeavour
 Gets not an Heir, but gets a Feaver;
 A Victim to the last Essays
 Of Vigor in declining Days. (lines 151–54)²⁴

The only thing that the unperforming husband begets is an early death—this is Swift the lover of paradoxes at his best, a motif he would later resort to in 'Death and Daphne', where the figure of Death sets out to find a spouse to beget an heir. However, Death proves to be impotent as well, fleeing the amorous embraces of his skeleton-like female counterpart.²⁵

A further, less obvious example comes from his early satirical masterpiece *A Tale of a Tub*, published together with *The Battle of the Books* and *A Discourse on the Mechanical Operation of the Spirit* in 1704. Both the *Tale* and the *Discourse* are studded with sexually loaded puns about the dubious activities of enthusiastic Dissenters. In Section XI of the *Tale*, for example, in which he describes the various symptoms of Jack's madness, the tale-teller refers to the Interregnum (1649–60) and the Puritans' habit of cutting their hair short and not wearing wigs, thereby exposing their ears:

'Tis true, indeed, that while this *Island* of ours, was under the *Dominion of Grace*, many Endeavours were made to improve the Growth of *Ears* once more among us. The Proportion of Largeness was not only lookt upon as an

Ornament of the *Outward* Man, but as a Type of Grace in the *Inward*. Besides, it is held by Naturalists, that if there be a Protuberancy of Parts in the *Superior* Region of the Body, as in the *Ears* and *Nose*, there must be a Parity also in the *Inferior*: And therefore in that truly pious Age, the *Males* in every Assembly, according as they were gifted, appeared very forward in exposing their *Ears* to view, and the Regions about them; because **Hippocrates* tells us, that *when the Vein behind the Ear happens to be cut, a Man becomes a Eunuch*.²⁶

Earlier on in the same section, Jack is described as ‘having large Ears, perpetually exposed and arrect’ (pp. 126–27). Of course, Swift knew that the ears and nose were commonplace penis analogues, and he poked fun at the Puritans’ sexual ‘impurity’ as the natural consequence of their religious fervour as well as the polygamous excesses of other dissenting groups, such as the Münster Anabaptists.²⁷ The reference to Hippocrates of Cos (c.460–c.370 BC), whose works he owned and studied with care, undermines the Puritans’ self-asserted (religious and physical) potency, for the eunuch, or artificially castrated man, represents the severest case of impotence, one that is irrevocable.²⁸ Castration had been practised since antiquity, either as a punishment or for political reasons, to create obedient slaves.²⁹ In seventeenth- and eighteenth-century Europe, prepubertal castrates often became celebrated singers who were frequently sought as sex partners by well-to-do women.³⁰

In the *Tale*, Swift draws on the same imagery of mutilation in order to satirize Charles II’s series of acts against non-conformity: ‘a cruel King [...] arose, who raised a bloody Persecution against all *Ears*, above a certain Standard [...] some were slit, others cropt, and a great Number sliced off to the Stumps’ (p. 131). Although this passage may be understood as a literal reference to the cutting of ears in the pillory as a form of punishment,³¹ it also evokes the threat of castration in the sense of political disempowerment. This is corroborated by a footnote referring to ‘*King Charles the Second, who at his Restauration, turned out all the Dissenting Teachers that would not conform.*’ One of the acts passed almost immediately after Charles’s Restoration was the Act of Uniformity (1662), which prescribed the use of the Book of Common Prayer in religious service. More than 2000 members of the clergy refused to comply and therefore had to resign their livings.

The belief that cutting a vein behind the ear can affect a man’s sexual ability is to be found not only in the works of Hippocrates but also in

a conspicuous eighteenth-century medical treatise by the surgeon John Marten (*fl.* 1692–1737):

A Man's being wounded behind the Ears [. . .] whereby certain branches of the Jugular Veins and Arteries that are there have been cut; so that after those Vessels have been cicatriz'd, there follows an interception of the Seminal Matter downwards, and also of the community, which ought of necessity to be between the Brain and the *Testicles*; so that when the Conduits or Passages are stopp'd, the Stones or *Testicles* cannot any more receive either Matter or lively Spirits from the Brain in so great quantity, as it was wont, whereof it must of necessity follow, that the *Seed* must be lesser in quantity, and weaker in quality. (p. 41)

When *Gonosologium Novum; Or, A New System of All the Secret Infirmities and Diseases, Natural, Accidental, and Venereal in Men and Women* was published as an appendix to the sixth edition of Marten's *Treatise of All the Degrees and Symptoms of the Venereal Disease, in both Sexes* in 1709, it caused a great scandal and the author was indicted in the Queen's Bench for pornography.³² In the Preface and elsewhere, Marten presents himself as a good man, who intends to enlighten and 'Cure' those who 'live unhappy Lives' because their own impotence or that of their partner not only hinders experiencing 'that pleasing Sensation' (in the eighteenth century, the orgasm of both partners was thought necessary for conception), but also deprives them of having children and thus of 'perpetuat[ing] the Species', as has been 'ordain'd' by God (sigs A2v, A3r, pp. 1–2). The religious argument that impotence is the result of Man's first disobedience and fall had been important since the time of Augustine.³³ In the seventeenth and eighteenth centuries, when philosophers such as Hobbes and others were in fashion, sexual inability also became a political issue:

If there be no Erection [a] Man may certainly be said to be Impotent, and by being Impotent, will always, till that be removed, be Unfruitful, and not able to Generate, and in that respect is a useless Member to the Common-wealth in which he lives. (p. 59)

Needless to say, that 'Member' is a well-chosen pun in this context, in which the human body is metaphorically equated with the body politic. The play on words also shows what is at stake if the dynastic succession is in danger, as had been the case with the physically and mentally disabled

Charles II of Spain, whose early death and failure to produce an heir to the throne triggered the War of the Spanish Succession. Therefore Marten, the self-styled 'guardian of the public good', advises women to 'avoid' impotent men and fathers to look out for 'able' men as their sons-in-law.³⁴ It is no wonder, then, that impotence fosters a climate of anxiety and self-accusation, especially on the part of (seemingly barren) women: '*Women that can have no Children thinking it their Faults, when the defect is on the Man's side*' (sig. A3r). This remark is quite unusual in an eighteenth-century medical treatise since, more often than not, the focus was on the woman's reproductive failure.³⁵ In some passages of Marten's work, the '*defect*' is treated like a 'disease' or the result of a disease; in others, Marten refers to it as 'the vexation and plague of humane Life', thereby again implicitly evoking Man's fallen state (pp. 40–41).

In the first part of *Gonosologium Novum*, Marten gives a detailed and comprehensive account of the causes and cures of 'Impotency in Men' (including sterility and premature ejaculation) that provides interesting insights into the way medically and culturally constructed moral aspects intersected in the long eighteenth century. The first group of imbeciles Marten deals with are the eunuchs, whom he describes in the *Treatise* as 'not [to be] of such penetrating Judgments, but more effeminate than those not Castrated or Gelt, and not so Robust, Hardy, Masculine, or Couragious'.³⁶ Since they are beyond the possibility of cure, it is perhaps no coincidence that one of the most libidinous rake figures of Restoration drama, Horner in William Wycherley's *Country Wife*, pretends to be 'as bad as an *Eunuch*' in order to go to bed with all of the married females.³⁷ Next, Marten lists concrete physical deformities and infirmities, such as the crookedness and shortness of the member, swellings on the stone, withering of the testicles, ruptures in the cod or groin, and inflammations of and tumours on the genital parts, many of which were either caused by gonorrhoea or syphilis or by the mercury treatment for venereal disease. In addition to various physical causes, Marten mentions possible psychological reasons hindering 'Copulation and Generation': 'Trouble, Grief, Fear, Passions of the Mind, Hypochondriack Melancholy, over-Thoughtfulness, Study' (p. 42). On the more humorous side, Marten considers 'Fatness of the Body and greatness of the belly', tobacco and lying on 'soft Beds' as causes of impotence and sterility (pp. 23, 60, 34). The cures he proposes are a mixture of well-known aphrodisiacs, such as yolks of eggs, oysters, lobsters, chocolate, dates and castor, in combination with herbs such as ginger, pepper, mustard, watercresses, rocket seed,

cantharides and so on (pp. 24, 27, 39), and various recipes (pp. 35–37, 44–49, 57). The surgeon's rhetoric for promoting his '*Grand Aphrodisiack, or Generative Drops*' for inward use, and his '*Liniment Virilitatu*' for outward use, resembles that of the very unscrupulous quacks he warns his readers against in the Preface (pp. 49–50, sig. A5v).

Marten was not alone in attributing sexual dysfunction to excessive venery, no matter whether in the wider sense of frequenting with whores or in the narrow sense of having too much sex in marriage. Especially in its treatment of masturbation, *Gonosologium Novum* presents itself as a product of its time. It is difficult to determine with certainty whether Marten was the author of the anonymous bestseller *Onania, Or, The Heinous Sin of Self Pollution, and all its Frightful Consequences, in both SEXES Considered, with Spiritual and Physical Advice to those who have already injured themselves by this abominable practice* (1710), which reached its 19th edition before mid-century and caused a veritable craze in the whole of Europe,³⁸ but there are traces of the same mode of thinking in Marten's medicosexual work: if a 'Person has us'd over much *Masturbation* or *Friction* in his Youth', the result is 'not only Effeminacy and Unmanliness, but also an universal Faintness and Consumption of the whole Body' (p. 27).

Finally, procreation may also be rendered impossible by an 'over-flow' of seed, 'a mischief that attends many Men':

The too quick or over hasty ejaculation of the *Seminal Matter* in Men [...] oftentimes hinders Procreation, because, before the Womans *Womb* is prepar'd to receive it, all is slipt away, and the Work is over before it is well begun, and is caus'd by a sharpness of the *Seed* which excites it to expulsion, and is emitted without any great Sense or Pleasure. (p. 38)

Remarkably, it was the problem of premature ejaculation that fascinated a whole generation of poets most, as evidenced by a new subgenre of love poetry, the so-called 'Imperfect Enjoyment' poem. While Ovid's *Amores*, III, vii and chapters 128–40 of Petronius' *Satyricon* are the generic matrix of all of the examples, at least five of the English poems have specific French models.³⁹ The three best known today are Aphra Behn's 'The Disappointment' (published in 1680) and two poems entitled 'The Imperfect Enjoyment', one by Sir George Etherege (1672) and one by Rochester (published posthumously in 1680). All of them had been circulated in manuscript and abound in the obscene witticisms that were in

fashion at the court of Charles II. In his fairly conventional treatment of the topic of premature ejaculation, Etherege sticks rather closely to his French model, 'La Iovissance Imparfaite. Caprice' by Charles Beys (Paris, 1652). He makes his speaker put the blame for his sexual problems entirely on the woman and compensates the loss of control over his body with a masterly use of language: 'You'd been more happy had you been less fair' (a conventional argument even to be found in Marten).⁴⁰ Although they do not manage to unite physically, in the perception of the nameless male speaker the two lovers at least share the experience of orgasm: 'The action which we should have jointly done, / Each has unluckily performed alone' (lines 33–34). The little we get to know about the woman's version of the events is filtered through the lens of her lover: 'She blushed and frowned, perceiving we had done / The sport she thought we had not yet begun' (lines 39–40). By contrast, in Aphra Behn's 'The Disappointment', the only poem written by a woman in the pattern of a 'male aristocratic form', the text alternates between the stance of 'the Amorous *Lysander*' and that of 'fair *Cloris*'.⁴¹ The female character turns out far from being a male projection: 'She wants the pow'r to say' something and, with a mixture of 'Disdain and Shame', forsakes her 'o'er-Ravish'd Shepherd', who finds himself 'Damn'd to the *Hell* of Impotence'.⁴² The reason for their disappointing sexual encounter is explained by 'Excess of Love' (an argument again to be found in Marten).⁴³ In this surprising ending of the poem, Behn deviates from her French pretext, Cantenac's *L'occasion perdue reconverte* (first published in 1661), where the sexual frustration is followed by success.⁴⁴ Also new and unusual about Behn's version of the 'imperfect enjoyment' topos is the conclusion in which the poem's speaker 'authorizes herself to speak on women's behalf', thereby calling attention to the author as a writing woman endowed with sexual needs and desires herself.⁴⁵

The most explicit specimen of the 'Imperfect Enjoyment' poem comes from the notorious leader of the Restoration Court wits, John Wilmot, Earl of Rochester. In a letter to his friend Henry Savile of 22 June 1674, the Earl fashions himself as an 'Errant fumbler': 'I have seriously considered one thinge, that of the three buisnisses of this Age, Woemen, Politicks & drinking, the last is the only exercise att wch. you & I have nott prou'd our selves Errant fumblers';⁴⁶ a statement providing evidence of the degree to which the sexual and the political intersect.

In the same year, Rochester wrote one of his mature, if sinister, satires on the watering place 'Tunbridge Wells' (published in 1697), to which people from all social strata went in hope for a cure. Among these is a wife

with a 16-year-old daughter whose husband desires a male heir and hopes to achieve his aim by sending his wife to the ‘wells [that] will make a barren / Woman as fruitful as a cony warren’.⁴⁷ The speaker of the poem foresees that the therapy is more likely to be found in the person of a lover than in the fertilizing qualities of the wells, so that, in other words, ‘the Father [...] gains / That Title by anothers Pains’, as Swift sarcastically puts it in ‘The Progress of Marriage’ (referred to above).⁴⁸ While the horned husband had been a literary figure since ancient times, in Swift, Rochester, and elsewhere, he is depicted as being ‘poor’, ‘foolish’ and impotent, and, by implication, as deserving his fate:⁴⁹

Poor foolish fribble, who by subtlety
Of midwife, truest friend to lechery,
Persuaded are to be at pains and charge
To give thy wife occasion to enlarge
Thy silly head! For here walk Cuff and Kick,
With brawny back and legs and potent prick,
Who more substantially will cure thy wife,
And on her half-dead womb bestow new life.
From these the waters got the reputation
Of good assistants unto generation.⁵⁰ (p. 79, lines 139–48)

The synecdoche of the ‘potent prick’ not only intimidates the speaker of ‘Tunbridge Wells’, a somewhat sick man hoping for a cure himself, but also comes to haunt the failing lover in *The Imperfect Enjoyment*. In contrast to Etherege’s version, where *ejaculatio praecox* occurs in the very middle of the poem, Rochester’s male figure loses control over his member as early as line 15.⁵¹ However, it seems to be less the fact itself than the ensuing inability that torments the lover, as his subsequent lamentation demonstrates:

But I, the most forlorn, lost man alive,
To show my wished obedience vainly strive:
I sigh, alas! and kiss, but cannot swive:
Eager desires confound my first intent,
Succeeding shame does more success prevent,
And rage at last confirms me impotent. (p. 38, lines 25–30)

In the third part of the poem, the speaker’s frustrated desire turns into aggression and self-alienation. Instead of reproaching the woman for

being too fair, the speaker curses the offending organ itself as if it were 'another being, separate from himself'.⁵²

Worst part of me, and henceforth hated most,
Through all the town a common fucking post,

...

Mayst thou to ravenous chancres be a prey,
Or in consuming weepings waste away;
May strangury and stone thy days attend;
May'st thou ne'er piss, who didst refuse to spend
When all my joys did on false thee depend.
And may ten thousand abler pricks agree
To do the wronged Corinna right for thee. (pp. 39–40, lines 62–72)

In these lines, the speaker's longing for self-mutilation correlates with his sense of total disempowerment. The way he attacks a part of himself is bizarre and sad at the same time (if not void of comedy), constituting what has been described as 'psychic disintegration'.⁵³ The 'ravenous chancres', so characteristic of syphilis, are especially a contradiction in terms, since these are known to be the cause of impotence. It is as if the untimely experience of *petite mort* generates the wish for real death in the desperate lover. One scholar convincingly argues that 'Rochester's portrayal of impotence [...] [serves as] a comprehensive metaphor of man's failure to realize his desires in the mortal world'.⁵⁴ Surprisingly, at the very end of the poem, this failure does not call for revenge but for further humiliation in the hyperbolical form of 'ten thousand abler pricks' that are to compensate the 'wronged' and dissatisfied female partner for the sexual disaster. Thus, in a final paradoxical twist, Rochester's ardent lover becomes a prospective 'wittol' – a voluntary, impotent cuckold.⁵⁵

IV

'The reputation of impotency is as hardly recover'd again in the World, as that of cowardise, dear Madam', William Wycherley makes his best-known rake-figure Horner say in *The Country Wife* (1675), thereby reminding his audience of the efficacy of his deceit.⁵⁶ Horner pretends to have been made a eunuch by the mistake of a French surgeon in order to be more easily allowed into the company of all the married women in town. Since he manages to seduce one after the other, it is the horned

husbands who are revealed to be the ‘real’ fumlbers, unable to control their wives’ sexuality. However, at the end of the play, Horner has to pay a high price for his sexual adventures: solitude. The question of whether his eunuch trick fires back at him or not at the end of the play, and whether the abuser (at least partly) becomes the abused, has been widely debated.⁵⁷ Wycherley’s fantasy of a young man ‘cuckolding his social superiors’, those ‘older’ men controlling wealth and power, has repeatedly been taken as a key motivation behind the motif of the impotent cuckold and sexual incapability in Restoration comedy in particular and in seventeenth-century literature in general.⁵⁸

Wycherley’s dramatic oeuvre is interspersed with references to cuckoldry and impotence. In another of his four plays, *The Plain Dealer* (first staged a year after *The Country Wife*, in 1676), the spectators witness how a widow violently insults her elderly suitor. This insult is marked by a whole series of derogative epithets centred on the assumed interconnectedness of old age and sexual incapacity. ‘Thou senseless, impertinent, quibbling, driveling, feeble, paralytic, impotent, fumbling, frigid Nicompoop’, Widow Blackacre shouts at the stunned Major Oldfox and makes him the laughing stock of her younger suitor Freeman and her own adult son.⁵⁹

It is little known that some of Wycherley’s poetic works also reflect an interest in male sexual dysfunctions and biological curiosities, such as hermaphroditism.⁶⁰ The fact that only a few scholars have been interested in the poet Wycherley so far is the result of the critical history of his poetry having been a history of failure. When Wycherley finally published his *Miscellany Poems* in 1704, more than ten years after the publication had been due, the public response was for the most part devastating.⁶¹ To the present day, scholars describe his poetic works as ‘unpolished’ and as full of ‘awkward and rough-hewn rhimes’ as well as abounding in wrong syntax and grammar; in short: ‘these Poems for the most part show his genius in his decline’.⁶² However, Wycherley’s bulky folio edition of his poems did not escape the attention of the young Alexander Pope, who set out to revise many of them as well as further unpublished ones for his elderly friend.⁶³ This task turned out to be almost impossible because the unruly and increasingly senile Wycherley disagreed with many of Pope’s proposed alterations and shortenings. Finally, in 1710, Pope refused to continue with his revisions and suggested returning all of the manuscripts. Wycherley’s works appeared posthumously in 1728, edited by Pope’s antagonist Lewis Theobald, followed by another edition of the *Posthumous Works* by Pope in 1729.

All in all, Wycherley deals with impotence in the form of premature ejaculation in five poems, and there are a few others that also touch on it. Of course, it is difficult to date them, but on the grounds of their theme and humour one may assume most of them to have been written at the same time as his plays, most certainly before 1680.⁶⁴ The fact that they were published much later than they were written made them appear ridiculous and out of fashion; in the first three decades of the eighteenth century, the topos of 'imperfect enjoyment' in poetry had dwindled to a 'worn-out convention'.⁶⁵ Contemporaries felt offended by the 'fulsom Obscenity' of Wycherley's lines, hardly 'to be borne with in a Young Man but unpardonable in an Old one'.⁶⁶ Today it is important to link Wycherley's poems to his plays and to read them in the context of the poems by Rochester and Etherege, even if they cannot hold up to the comparison in terms of poetic quality.

As the sheer number of poems on the same topic as well as their copious and cumbersome titles show ('The Double Disappointment; Or, Love Retarded, by Meeting too Soon. A Song to Celia'; 'Too Much Love too Little. A Song to Celia, Afraid Her Lover shou'd Boast of Her Favour, Whom too Much Passion for Her, had Made but Less Kind to Her; the Cause of which, was not His too Little Love, or Her too Little Beauty'; 'To a Mistress, Disappointed by Her Lover's Meeting Her too Soon; Whom therefore She Accus'd, of Want of Love for Her'; 'The Disappointment, by Meeting too Soon; To Celia'), redundancy and repetition are central features of Wycherley's 'imperfect enjoyment' poems as well as of his poems in general. As the titles already reveal, the main arguments of 'meeting too soon' and 'too much passion' for an overwhelmingly beautiful woman are the very reasons for the male lover's sexual problems. In 'The Double Disappointment', both partners 'fail', similar to Etherege's version of 'imperfect enjoyment'. The male speaker, however, blames the woman for their mutual disappointment: 'My Love she did retard, prevent, / Giving too soon, her kind Consent'.⁶⁷ On the man's part, it is not 'Want of Love' for the woman, but an 'Excess' of 'Passion' that made him 'less fit to engage' (III, 37, lines 25–27, 36). The same figure of thought occurs in 'Too Much Love too Little'. Again, 'Twas but [his] Love's Excess / Which took away its Pow'r; / As when our Rage, does too much Passion vent, / Our Passion makes our Vengeance impotent' (III, 182, lines 3–6). The speaker then resorts to the conventional accusation that the woman was too beautiful for him ('My Weakness does your Beauty's Pow'r proclaim' [III, 183, line 12]). It is difficult to tell if the imperfect rhyme of the poem's concluding couplet was intended or not; yet, it corresponds to the topic of impotence: 'Then fear

not I, shou'd Freedoms with you boast, / Since by my Boast, my Fame, not thine, were lost' (III, 183, lines 17–18). Predictably, perhaps, also the third poem on 'imperfect enjoyment' ('To a Mistress, Disappointed by Her Lover's Meeting Her too Soon') makes mention of the man's 'excessive' love that prevents him from taking any controlled action: 'Since Love, like Rage, when it is in Excess, / But, as 'tis more, can prove itself the less' (III, 201, lines 5–6). And again, the woman—not the man—is at fault: 'The Fault, (my Charming Dear!) was none of mine, / Shou'd not displese thee, since 'twas rather thine; / Thou wert too Lovely, to be more belov'd, / Less Active I, as more by thy Love mov'd' (III, 202, lines 18–21). This poem abounds in repetition since the terms 'Excess' and 'Passion' also appear in the last lines (III, 202, lines 29, 31, 33). It does not come as a surprise, then, that the fourth example, entitled 'The Disappointment, by Meeting too Soon', begins with a reference to the woman's beauty, which causes 'both's Fatal Disappointment' (III, 259, line 3). Then the poem moves on to the argument that '[her] Consent begat [his] Backwardness' and finally culminates in the following lines: 'Impotence does our Strength of Passion prove; / So call not Want of Love, my Love's Excess, / I'd shown you more, had I had for you less' (III, 259, lines 16; 260, lines 51–53). Unlike these four poems all published in Wycherley's *Miscellany Poems*, 'The Unperforming Lover's Apology' was published in *The Posthumous Works*. Although it differs from the others in its title, the text itself reads like a compilation of the other four, as the first 15 lines illustrate:

As when our Rage does too much Passion vent,
 Our Passion makes our Vengeance impotent;
 So oft in Love, as Rage, Excess of Joy,
 And Raptures strain'd too high our Bliss destroy.
 'Twas not your Want of Charms, nor mine of Love,
 Which made our Wishes ineffectual prove;
 Our mutual Eagerness our Joys delay'd,
 And Love its Wish by its Desire betray'd.
 Your too much Beauty, my too much Desire,
 Your too much Warmth in Love, my too much Fire,
 Made both our Flames as more, more soon expire.
 The Fault was not, tho' the Misfortune, mine;
 I was too eager, and Thou too Divine!
 Thy Beauty which invited first my Love,
 Did first its fatal Disappointment prove. (IV, 249–50, lines 1–15)

'The Unperforming Lover's Apology' also contributes to the impression of Wycherley's 'riding a poetic image to the dust'.⁶⁸ However, the perfect symmetry of the lines 'Your too much Beauty, my too much Desire, / Your too much Warmth in Love, my too much Fire' and Wycherley's skilful handling of paradox in the greater part of the poem makes one sense the linguistic potency of the brilliant dramatist.

V

When Laurence Sterne began to write his digressive masterpiece, *The Life and Opinions of Tristram Shandy, Gentleman*, in 1759, the literary taste had changed considerably since the Restoration. Novels such as Samuel Richardson's *Pamela; Or Virtue Rewarded* (1740) presented new models of masculinity and (passive and passionless) femininity. The discovery of the two biological sexes in the eighteenth century as well as the new ideal of marriage for love purported to 'a rising threshold of shame surrounding all kinds of social (and sexual) behaviour'.⁶⁹

Despite these changes, or rather because of them, Sterne plays the ingenious *agent provocateur*, linking writing and living, creation and procreation, potency and impotence. Allusions to impotence, castration and premature ejaculation occur everywhere in the novel: on the level of the characters, on the plot level, on the level of imagery and, most characteristically, on the level of style:

Every line I write, I feel an abatement of the quickness of my pulse, and of that careless alacrity with it, which every day of my life prompts me to say and write a thousand things I should not. And this moment that I last dipp'd my pen into my ink, I could not help taking notice what a cautious air of sad composure and solemnity there appear'd in my manner of doing it. Lord! how different from the rash jerks, and hare-brain'd squirts thou art wont, *Tristram!* to transact it with in other humours, dropping thy pen, spurning thy ink about thy table and thy books, as if thy pen and thy ink, thy books and thy furniture cost thee nothing.⁷⁰

Sterne builds his multilayered pun on the proverbial phrase 'He has no ink in his pen', a familiar metaphor for the impotent male based on the analogy of pen or quill and the male member.⁷¹ It is only through the fluid ink that the pen becomes a powerful creative tool and the necessity of having to dip it into the inkhorn enhances the analogy. By 'spoiling' his metaphorical

sperm, Tristram Shandy transposes the *coitus interruptus* of his own conception to the level of discourse, producing one ‘bastardly digression’ after another.⁷² Like the speakers of the poems by Etherege and Rochester, Sterne’s fictional author-persona becomes the (satirical) victim of his own impotence, and like those two legendary court wits, Sterne effectively turns the topic of sexual inability into potent writing. The poetological, or even metapoetical, quality of the pen in combination with its being widely known as a penis analogue has fascinated writers from Shakespeare to Rushdie and beyond.⁷³ The literary figure of the ‘Fumbler’, however, is more closely associated with the long eighteenth century; as the epitome of promiscuity at Charles II’s court, as the bugbear of failure and foolishness at a time in which the Royal Society was founded, as well as an expression of a body politic again based on dynastic succession after it had been ‘interrupted’ by the Interregnum.⁷⁴

NOTES

1. The text comes from the manuscript version of the poem (Lady M. W. Montagu [1977] ‘The Reasons that Induced Dr S[wift] to write a Poem call’d the Lady’s Dressing Room’, in R. Halsband and I. Grundy [eds] *Essays and Poems and Simplicity, A Comedy* [Oxford: Clarendon Press], p. 275, lines 63–77).
2. Quoted from Angus McLaren’s seminal study (2007) *Impotence: A Cultural History* (Chicago and London: The University of Chicago Press), p. 60.
3. Montagu, *The Reasons that Induced Dr S[wift]*, p. 276.
4. R. Thompson (1979) *Unfit for Modest Ears: A Study of Pornographic, Obscene, and Bawdy Works Written or Published in England in the Second Half of the Seventeenth Century* (Beccles and London: William Clowes and Sons), pp. 105–6.
5. In the so-called ‘Scepter Lampoon’ (‘His scepter and his prick are of a length’), Rochester pretends to feel pity for Nell Gwyn’s painful attempts to satisfy the king: ‘had I but time to tell ye / The pains it costs to poor, laborious Nelly [...] Ere she can raise the member she enjoys’ ([1962] *The Complete Poems of John Wilmot, Earl of Rochester*, D. M. Vieth [ed.] [New Haven and London: Yale University Press, p. 60, line 11; p. 61, lines 28–31]. It is not surprising that the satire provoked Charles II’s displeasure when Rochester handed it to him by mistake (the incident is described in the Introduction by Vieth, p. xxvii).
6. Thompson, *Unfit for Modest Ears*, p. 114; J. C. Mueller (1999) ‘Fallen Men: Representations of Male Impotence in Britain’, *Studies in Eighteenth-Century Culture*, 28, 85–102 (pp. 85–86).

7. McLaren, *Impotence*, p. 75.
8. 'impotence, n.,' sense 2.b., *Oxford English Dictionary* Online, September 2015, <http://www.oed.com/view/Entry/92644> (accessed 22 June 2015); see also McLaren, *Impotence*, p. xi.
9. Compare the Preface and the chapter headings of J. Marten (1985) *Gonosologium Novum: Or, A New System of all the Secret Infirmities and Diseases, Natural, Accidental, and Venereal in Men and Women* (1709), published together with the sixth edition of *A Treatise of all the Degrees and Symptoms of the Venereal Disease, in Both Sexes* (New York and London: Garland Publishing). Further references are to this edition and will be given in parentheses in the text. For information about midwives' manuals and quacksters' advertisements, and their proposed treatments of sexual dysfunctions and infertility in men and women, see J. Evans (2014) *Aphrodisiacs, Fertility and Medicine in Early Modern England* (Woodbridge, Suffolk: The Boydell Press).
10. S. Johnson (1968) *A Dictionary of the English Language* (1755), 2 vols (Hildesheim: Georg Olms), I, s.v. 'disease'.
11. Compare the various entries in B. E. (2010) *A New Dictionary of the Terms Ancient and Modern of the Canting Crew, in its Several Tribes* (1699), reprinted under the title *The First English Dictionary of Slang* (1699), J. Simpson (intro.) (Oxford: Bodleian Library); and G. Williams (1994) *A Dictionary of Sexual Language and Imagery in Shakespearean and Stuart Literature*, 3 vols (London et al.: Athlone Press). For further examples, see McLaren, *Impotence*, p. 60.
12. (1976) *Samuel Pepys' Penny Merriments*, R. Thompson (ed.) (London: Constable), p. 260.
13. Compare McLaren, *Impotence*, p. 50 and *passim*.
14. *Penny Merriments*, p. 263.
15. See L. Stone (1992) *Road to Divorce: England, 1530–1987* (Oxford and New York: Oxford University Press), p. 428.
16. Curll was depicted as a monster for publishing *Cases of Impotency* in issue no. 147 of the *Grub-Street Journal* (26 October 1732) (reprinted in McLaren, *Impotence*, p. 71; see also P. Baines and P. Rogers [2007] *Edmund Curll, Bookseller* [Oxford: Clarendon Press], p. 221).
17. Evidence of virility had to be displayed before at least two men over the age of 60 and of sound doctrine and pure conscience (L. Stone [1995] *Uncertain Unions and Broken Lives: Marriage and Divorce in England, 1660–1857* [Oxford and New York: Oxford University Press], p. 400).
18. (1954) *Horace Walpole's Correspondence*, W. S. Lewis (ed.), 48 vols (New Haven: Yale University Press), XVIII, p. 185; quoted in Stone, *Uncertain Unions and Broken Lives*, p. 399.
19. On Swift's 'self-styled impotence' in his Market Hill poems, especially in his 'Epistle to a Lady,' see J. C. Mueller (1999) 'Imperfect Enjoyment at

- Market Hill: Impotence, Desire, and Reform in Swift's Poems to Lady Acheson', *ELH*, 66, 51–70 (p. 52).
20. (1958) *The Poems of Jonathan Swift*, H. Williams (ed.), 3 vols (Oxford: Clarendon Press, 2nd edn), I, p. 289, line 3. Further quotations are to this edition and will be given in parentheses in the text.
 21. (2001) *The Correspondence of Jonathan Swift, D.D.*, D. Woolley (ed.), 5 vols (Frankfurt am Main et al.: Peter Lang), II, pp. 404 and 405 n3. Louise Barnett argues that it is the young widow Swift blames most, fantasizing 'a severe punishment' for her, 'degradation and venereal disease' ([2007] *Jonathan Swift in the Company of Women* [Oxford: Oxford University Press], p. 143).
 22. For further information, see G. von der Osten (1983) *Hans Baldung Grien: Gemälde und Dokumente* (Berlin: Deutscher Verlag für Kunstwissenschaft), pp. 178–79.
 23. D. Erasmus (1989) *The Praise of Folly and Other Writings: A New Translation with Critical Commentary*, R. M. Adams (ed. and trans.) (New York and London: W. W. Norton), p. 31.
 24. Swift, *Poems*, I, p. 290, line 30; p. 295, lines 151–54.
 25. See K. Juhas (2013) 'Death Frightened to Death: Swift's Transformation of the Death-and-the-Maiden Motif', K. Juhas, H. J. Real, and S. Simon (eds), *Reading Swift: Papers from the Sixth Münster Symposium on Jonathan Swift* (Munich: Wilhelm Fink), pp. 433–58.
 26. J. Swift (2010) *A Tale of a Tub and Other Works*, M. Walsh (ed.) (Cambridge: Cambridge University Press), pp. 130. Further quotations are to this edition and will be given in parentheses in the text. In his marginal note on Hippocrates, Swift specifies his source as 'Lib. De aëre locis & aquis'.
 27. See C. M. Webster (1933) 'Swift and Some Earlier Satirists of Puritan Enthusiasm', *PMLA*, 48, 1141–53, (pp. 1143, 1145–48); H. Ertl (1977) *Die Scheinheiligen Heiligen: das Bild der Puritaner im Zerrspiegel satirischer und polemischer Literatur des 17. Jahrhunderts* (Bern: Peter und Herbert Lang), pp. 55–56, 72–80.
 28. For Swift's knowledge of Hippocrates, see D. F. Passmann and H. J. Vinken (2003) *The Library and Reading of Jonathan Swift: A Bio-Bibliographical Handbook*, 4 vols (Frankfurt on Main: Peter Lang), II, pp. 863–65.
 29. For a historical survey, see E. and S. Nieschlag (2014) 'Testosterone Deficiency: A Historical Perspective', *Asian Journal of Andrology*, 16, 161–68 (pp. 161–63).
 30. See P. Wagner (1990) *Eros Revived: Erotica of the Enlightenment in England and America* (London et al.: Paladin Grafton Books), p. 31.
 31. The polemicist William Prynne (1600–69) and the propagandist John Bastwick (1593–1654) are the most prominent Puritans who had their ears cut off in the pillory (see H. J. Real [2010] 'A Printer Brave Enough to Venture His Ears': Defoe, Swift, and the Pillory', *Swift Studies*, 25, 165–66).

32. See the ODNB entry on 'Marten, John (fl. 1692–1737)' by H. J. Cook, <http://www.oxforddnb.com/view/article/56721> (accessed 1 December 2015).
33. See Mueller, 'Fallen Men: Representations of Male Impotence in Britain', p. 87, and McLaren, *Impotence*, pp. 50–51.
34. R. Porter (1996) '“Laying Aside Any Private Advantage”: John Marten and Venereal Disease', L. E. Merians (ed.) *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington, KY: The University Press of Kentucky), pp. 51–67 (p. 59); 'Fathers cannot be too careful in matching their Daughters to Men of untainted Reputation and Honesty, and also of promising *Ability*', Marten warned in his *Treatise (A Treatise of all the Degrees and Symptoms of the Venereal Disease*, p. 431).
35. See J. Evans (2014) '“They are called Imperfect Men”: Male Infertility and Sexual Health in Early Modern England', *Social History of Medicine*, published online 21 December (2014), 1–22 (pp. 5–6), <http://shm.oxfordjournals.org/content/early/2014/12/20/shm.hku073.full> (accessed 19 November 2015).
36. Marten, *Gonosologium Novum*, p. 5; and the same author's *A Treatise of all the Degrees and Symptoms of the Venereal Disease*, p. 355.
37. (1979) *The Plays of William Wycherley*, A. Friedman (ed.) (Oxford: Clarendon Press), p. 248 (I, i, line 6). The 'source' for Wycherley's play is of course Terence's *Eunuchus*.
38. See McLaren, *Impotence*, p. 81, and Baines and Rogers, *Edmund Curll, Bookseller*, p. 114.
39. For further information, see the ground-breaking essay by R. E. Quaintance (1963) 'French Sources of the Restoration “Imperfect Enjoyment” Poem', *Philological Quarterly*, 42, 190–99.
40. (1963) *The Poems of Sir George Etherege*, J. Thorpe (ed.) (Princeton, New Jersey: Princeton University Press), p. 8, line 50; 'the Man he is active, and his Love to the Woman, if agreeable in Person and Humour, and being overcome by her Beauty, is oftentimes inordinate' (*Gonosologium Novum*, p. 130).
41. (1992) *The Works of Aphra Behn*, J. M. Todd (ed.), 7 vols (London: W. Pickering), I, p. 65, lines 1, 3; see C. Barash (1990) 'The Political Possibilities of Desire: Teaching the Erotic Poems of Aphra Behn', C. Fox (ed.) *Teaching Eighteenth-Century Poetry* (New York: AMS), pp. 159–76 (p. 169).
42. *The Works of Aphra Behn*, I, p. 65, line 20; p. 68, line 118; p. 67, line 69; p. 69, line 140.
43. *The Works of Aphra Behn*, I, p. 67, line 88. According to Marten, both 'excess of *Venerie*' and 'Violent Passions of the Mind' could cause impotence and sterility (*Gonosologium Novum*, pp. 34, 26).
44. For further details, see Quaintance, 'French Sources of the Restoration “Imperfect Enjoyment” Poem', pp. 198–99.

45. Barash, 'The Political Possibilities of Desire: Teaching the Erotic Poems of Aphra Behn', p. 172.
46. (1941) *The Rochester-Savile Letters, 1671-1680*, J. H. Wilson (ed.) (Columbus: The Ohio State University Press), p. 33 (III).
47. *The Complete Poems of John Wilmot, Earl of Rochester*, p. 78, lines 125-26. Further references are to this edition and will appear in parentheses in the text.
48. Swift, *Poems*, I, 293, lines 121-22.
49. See Thompson, *Unfit for Modest Ears*, p. 96 and Wagner, *Eros Revived*, pp. 143-45.
50. *The Complete Poems of John Wilmot, Earl of Rochester*, p. 79, lines 139-48.
51. See C. Fabricant (1974) 'Rochester's World of Imperfect Enjoyment', *Journal of English and Germanic Philology*, 73, 338-50 (p. 347).
52. L. Braudy (1994) 'Remembering Masculinity: Premature Ejaculation Poetry of the Seventeenth Century', *Michigan Quarterly Review*, 33:1, 177-201 (p. 193).
53. Braudy, 'Remembering Masculinity: Premature Ejaculation Poetry of the Seventeenth Century', p. 197.
54. Fabricant, 'Rochester's World of Imperfect Enjoyment', p. 348.
55. 'There are two Orders of [Cuckolds]', Samuel Butler posited, 'the Wittol, that's a Volunteer, and the Cuckold, that's impest' ([1970] *Characters*, C. W. Daves [ed.] [Cleveland and London: The Press of Case Western Reserve University], p. 209).
56. *The Plays of William Wycherley*, p. 282 (II, i, lines 550-52).
57. See, for example, R. D. Hume (1976) *The Development of English Drama in the Late Seventeenth Century* (Oxford: Clarendon Press), pp. 102-4.
58. McLaren, *Impotence*, p. 68.
59. *The Plays of William Wycherley*, p. 425 (II, i, lines 851-52)
60. Compare Wycherley's poem entitled 'To the Mistress, and no Mistress, who was said to be an Hermaphrodite, and who accus'd her Lover of being weary of her Company before he knew her' ([1924] *The Complete Works of William Wycherley*, M. Summers [ed.], 4 vols [Soho: The Nonesuch Press], III, pp. 79-81).
61. See H. Feldmann (1980) *Die Gedichte William Wycherleys*, doctoral dissertation (Westfälische Wilhelms-Universität, Münster), pp. 2-4. For the complicated publication history of the *Miscellany Poems*, see H. P. Vincent (1937) 'Wycherley's *Miscellany Poems*', *Philological Quarterly*, 16, 145-48.
62. C. J. Garbett (1978) *William Wycherley as Poet: A Study of His Miscellany Poems*, doctoral dissertation (Ann Arbor, MI: University of Michigan), p. 35; Summers, 'Introduction', *The Complete Works of William Wycherley*, I, 3-64 (p. 58).
63. For this and what follows on Wycherley and Pope, I am indebted to Feldmann, *Die Gedichte William Wycherleys*, pp. 111-70.

64. See Feldmann, *Die Gedichte William Wycherleys*, pp. 12–13.
65. ‘What happens to a worn-out convention when epigrammatic point replaces narrative interest is illustrated in five poems on sexual impotence by William Wycherley’ (Quaintance, ‘French Sources of the Restoration “Imperfect Enjoyment” Poem’, p. 191n.1).
66. Richard Gwinnett to Elizabeth Thomas, Bath, 15 September 1709 (R. Gwinnett [1732] *The Honourable Lovers: Or, the Second and Last Volume of Pylades and Corinna* [London], p. 15; quoted in Feldmann, *Die Gedichte William Wycherleys*, p. 2).
67. *The Complete Works of William Wycherley*, III, p. 36, lines 23–24. All quotations are from this edition and will be given in parentheses in the text.
68. At the end of his dissertation, Coy Garbett makes a confessional statement: ‘I wince when I think of the number of times in this study I have scored Wycherley for being repetitious or for riding a poetic image to the dust’ (*William Wycherley as Poet*, p. 178).
69. On the ‘Discovery of the Sexes’, see T. Laqueur (1990) *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA and London: Harvard University Press), pp. 149–92. With the phrase ‘a rising threshold of shame’, David M. Turner sums up a basic thesis of *The Civilizing Process* (1939) by Norbert Elias ([2005] ‘Adulterous Kisses and the Meanings of Familiarity in Early Modern Britain’, in K. Harvey [ed.], *The Kiss in History* [Manchester and New York: Manchester University Press], pp. 80–97 [pp. 80–81]).
70. L. Sterne (1997) *The Life and Opinions of Tristram Shandy, Gentleman*, M. and J. New (eds) (London: Penguin), p. 175.
71. M. P. Tilley (1950) *A Dictionary of the Proverbs in England in the Sixteenth and Seventeenth Centuries: A Collection of the Proverbs Found in English Literature and the Dictionaries of the Period* (Ann Arbor: University of Michigan Press), p. 341 (175). See also Williams, *A Dictionary of Sexual Language and Imagery in Shakespearean and Stuart Literature*, II, pp. 1007–9. The phrase also occurs in one of Edmund Curll’s bestselling divorce court publications. Although, in 1613, Frances Howard, Countess of Essex, eventually lost her suit against her husband, there was ample room for speculation—for example, by the Lord Chamberlain, who believed ‘*That it was Truth, that the Earl had no Ink in his Pen*’ (G. Abbot [1737] *Cases of Impotency and Divorce, as Debated in England in that Remarkable Tryal 1613 Between Robert Earl of Essex, and the Lady Frances Howard, Who, After Eight Years of Marriage, Commenc’d a Suit Against Him for Impotency*, 3 vols [London: E. Curll], I, p. 3).
72. Sterne, *The Life and Opinions of Tristram Shandy*, p. 449. This thesis may also be found in my study (2008) *‘I’le to My Self, and to My Muse Be True’: Strategies of Self-Authorization in Eighteenth-Century Women’s Poetry* (Frankfurt on Main, et al.: Peter Lang), pp. 31–32.

73. Prominent examples occur in Shakespeare's sonnets nos 63 and 81; for Rushdie, see (1991) *Midnight's Children* (Harmondsworth, Middlesex and New York: Penguin Books), p. 39.
74. I should like to thank Kerstin Rüther and Professor Hermann J. Real, as well as my father, George Juhas, for their invaluable expertise and support. Last but not least, I owe my deepest gratitude to my husband, Dr Michael Bähr, to whom I do *not* dedicate this essay.

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PART III

Infectious Diseases

Fashioning Unfashionable Plague: Daniel Defoe's *Journal of the Plague Year* (1722)

Hélène Dachez

A comparison between plague and several other diseases common in the eighteenth century—among them melancholy, consumption, gout and ennui—reveals how unfashionable plague is.¹ Whereas those diseases are endowed with a high social value, associated with a leisured and privileged class and maybe, as in the case of melancholy, ennui or consumption, conducive to creative genius, plague may be called unfashionable in that it is not reserved for an elite or linked to refinement. It is a wide ranging disease which carries no social cachet and hits everyone, with no distinction of class, gender, age or occupation. If H. F., Defoe's persona in *A Journal of the Plague Year*, keeps repeating that poor people are more often its victims than wealthy ones, he nevertheless insists on the fact that 'no Difference [was] made, but Poor and Rich went together' into the pit.² No distinction of age prevails either, as plague is defined by Defoe in *Due Preparations* as 'a terrible spreading Distemper [...] sweeping away Old and Young'.³

In addition, the outcome of other diseases common in the eighteenth century—if they are fatal, which is not always the case—is regularly easy

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death, contrasting with the torments inflicted on plague victims, who rarely escape it. H. F. offers a crude representation of suffering, as he explains how buboes give rise to excruciating pain:

the swellings which were generally in the Neck, or Groin [...] grew so painful, that it was equal to the most exquisite Torture; and some not able to bear the Torment, threw themselves out at Windows, or shot themselves, or otherwise made themselves away, and I saw several dismal Objects of that Kind: Others unable to contain themselves, vented their Pain by incessant Roarings, and [...] loud and lamentable Cries (*Journal*, p. 76).

Plague is also wholly unfashionable because of the damage it does to the body. The symptoms of pestilence inscribe themselves on the body, which apothecaries, surgeons and physicians examine in order to establish the causes of the disease or of death of their patients (pp. 2, 119). The process relies on seeing, reading and interpreting the damage done to the body. It is redolent of the function of H. F., who wanders around the capital, and of that of the reader of H. F.'s *Journal*, all trying to make sense of signs visible on the bodies of sick people, of the sick capital or signs that make the text itself.⁴ The body can thus be compared to a text which needs to be deciphered, and it becomes the material, visible proof of the otherwise invisible plague. The consumptive body bears very discreet marks of the disease (e.g. pallor and weakness) and, 'by the end of the 18th century', consumption comes to represent, in Clark Lawlor's words, 'not only the symbolic disease of the lover or a desired condition for the dying Christian [as was the case in the Renaissance], but also the glamorous sign of female beauty' (*Consumption and Literature*, p. 43).⁵ Whereas consumption is 'a disease which beautifies one physically as well as spiritually' (p. 166), plague does particularly violent and spectacular damage to bodies, which are defaced by swellings (buboes and tokens), and degraded by their various uncontrolled discharges. Its extreme violence turns people into 'walking putrefied Carcasses' (*Journal*, p. 202) even before they are dead.⁶ H. F. underlines how particularly unsightly and repellent the plague body is: 'some of those Bodies were so much corrupted, and so rotten, that it was with Difficulty they were carry'd' (p. 174). The body becomes a mass of corrupted flesh that the survivors have to bury as quickly as possible in order to prevent the further spread of infection. The plague corpse is thus 'doubly abject as both lifeless *and* contaminated flesh'.⁷ Plague also brutally denies identity, turning individual bodies into heaps of flesh,

'all huddled together [...] into a Pit' (p. 99).⁸ In H. F.'s *Journal*, the victims are denied names and reduced to 'one infected Creature' (p. 162), or 'great Numbers of People' (p. 150). This representation of plague draws further attention to the difference between plague and modern diseases, such as cancer and tuberculosis, which in Susan Sontag's enlightening analysis are specifically linked to the emergence of the individual.⁹ Plague signifies the very opposite—that is, the erasure of the individual.

In his description of the London plague of 1664–65, H. F. highlights the gruesome and terrifying aspects of plague, combined with an obscene fascination with death. His macabre visit to the great pit in Aldgate relies on plain 'Curiosity' (p. 59). The scene at the pit is described in two parts, each reverberating against the other to highlight the horror of the epidemic. In the first part, H. F. describes the reaction of a man who has come to see his family buried: 'no sooner was the Cart turned round, and the Bodies shot into the Pit promiscuously [...] but he cry'd aloud unable to contain himself [...] and fell down in a Swoon' (p. 62). In the second part, H. F. no longer focuses on the man's reaction but on the crude horror of death:

the Cart had in it sixteen or seventeen Bodies, some were wrapt up in Linen Sheets, some in Rugs, some little other than naked, [...] but the Matter was not much to them, or the Indecency much to any one else, seeing they were all dead, and were to be huddled together in the common Grave of Mankind [...]. There was no other way of Burials, neither was it possible there should, for Coffins were not to be had for the prodigious Numbers that fell in such a Calamity as this. (pp. 62–63)

At its extreme stage of violence and destruction, plague comes to represent what Giulia Calvi rightly calls 'the infamy of the savage death—one not domesticated by the customs of rite, tears, and prayer'.¹⁰ The horror of the disease is to be seen not only in the huge number of victims but also in the fact that H. F. blurs the traditional boundary of life and death, as in the case of 'living Infants being found sucking the Breasts of their Mothers, or Nurses, after they had been dead of the Plague' (*Journal*, p. 118). H. F. repeatedly associates the 1664–65 plague with the Great Fire of London, which ravaged a large part of the city in 1666 (pp. 19, 35, 93, 165, 170, 224), the function of the explicit association being to highlight the horrifying, apocalyptic character of the epidemic, capable of creating 'universal Desolation' (p. 171) in the English capital, which became a hell on earth.

In that overall context of destruction and despair, the reader is nevertheless struck by the fact that Defoe plays down some aspects of the disease. For instance, unlike Richard Mead and Nathaniel Hodges, he rises up against the notion according to which the sick tried to voluntarily infect the healthy (p. 230).¹¹ He also chooses to relate several instances of sacrifice (e.g. the passage with the waterman [pp. 106–11]), charity towards the poor (p. 145) and compassion (p. 115). These narrative choices may be explained by the context in which the *Journal* was written: that of the epidemic that raged in Marseilles in 1720, and its possible propagation to England. Defoe's text, published in 1722, was meant to warn people against the possibly forthcoming epidemic and show them how to react to it, but he also wanted to avoid reactions of panic, which would perhaps have taken place if he had not integrated some hope into H. F.'s narrative.

If in the eighteenth century, plague was a wholly unfashionable disease, it was also endowed with an enigmatic, elusive, uncertain nature which made it largely resistant to fashioning and to understanding. There was very little progress in terms of medical knowledge of plague between 1664 and 1722, and although its fatal outcome was largely predictable, doctors did not know that there were three types: the bubonic, pneumonic or pulmonary, and septicaemic types.¹² The lack of knowledge accounts for the incomplete and sometimes contradictory explanations of the origin of plague that were upheld in the late seventeenth and early eighteenth centuries, a period when physicians were unable to establish the difference between its causes and its effects. Nathaniel Hodges significantly acknowledges that 'there never as yet hath been discovered in Nature, the full and absolute Essence of a Pestilence; [...] it still remains a Mystery to Mankind' (*Loimologia*, p. 151).

The elusive nature of plague derives from, and accounts for, the juxtaposition of several medical theories about its origin and propagation. According to the miasmatic view—inherited from Galen—microparticles are exhaled from the bowels of the earth and borne by air. This is the explanation also defended by Philip Rose, Richard Blackmore and William Boghurst, but ruled out by H. F. in unambiguous terms (*Journal*, p. 75).¹³ According to another explanation, plague is the result of minute insects and creatures penetrating and infecting the body. Its defenders are Athanasius Kircher in the seventeenth century and Richard Bradley in the eighteenth century, but it is also denied by H. F., who follows the arguments put forward by Nathaniel Hodges (*Loimologia*, pp. 64–65) and by Richard Mead (*Short Discourse*, p. 16).¹⁴

The third explanation is the contagionist view, according to which infection is carried from one person to another by breath or by touch. In his *Short Discourse*, Richard Mead explains that infected effluvia arise from infected persons or goods, so that 'it is evident, that *Infection* is not received [...] without the concurrence of something emitted from *Infected* Persons, because by strictly preventing all Intercourse of Infected Places with the neighbourhood, it may be effectually kept from spreading' (p. 14). H. F., who denounces the ravages done by 'the fatal Breath' (*Journal*, p. 74), shares this view. The juxtaposition of those major theories shows how elusive a disease plague is, the dire consequences of which Defoe deplores in *Due Preparations*: '[Physicians] differ with, contradict, and oppose one another, and leave their Readers as uncertain and dissatisfy'd, as far to seek, and at a loss for their Conduct, as they were before.' (pp. vi–viii)

The mysterious origin of plague is reinforced by the deceptive nature of some of its symptoms. Many symptoms of plague—headaches, vomiting, fever and exhaustion—are the same as those of other diseases, and H. F. notes that the elusive nature of the disease also comes from the fact that it

operated in a different Manner on differing Constitutions; some were immediately overwhelm'd with it, and it came to violent Fevers, Vomitings, unsufferable Headachs, Pains in the Back, and so up to Ravings and Ragings with those Pains: Others with Swellings and Tumours in the Neck or Groyn, or Arm-pits [...] while others [...] were silently infected, the Fever preying upon their Spirits insensibly [...] till they fell into swooning, and faintings, and Death without pain. (*Journal*, p. 200)

Resistant to fashioning, plague baffles physicians, surgeons and apothecaries because of its multiple facets. Nathaniel Hodges is honest enough to recognize his utter powerlessness in the face of such an elusive, mysterious disease:

such was the delusory Appearance of this Pestilence, that many Patients were lost when they were thought in a safe Recovery; and when we thought the Conquest quite obtained, Death ran away with the Victory; whereas others got over it, who were quite given over for lost, much to the Disreputation of our Art (*Loimologia*, p. 148).

Hence the devastating dramatic irony physicians were victims of, since they 'were seized with it, with their Preservatives in their Mouths; and

Men went about prescribing to others and telling them what to do, till the Tokens were upon them, and they dropt down dead, destroyed by that very Enemy, they directed others to oppose' (*Journal*, pp. 35–36). Similarly, physicians, surgeons and apothecaries are taken by surprise when the epidemic abates, which reveals their utter lack of control over it, all the more so as 'Nor was this [disappearance] by any new Medicine found out, or new Method of Cure discovered, or by any Experience in the Operation, which the Physicians or Surgeons had attain'd to.' (p. 246)

Plague is further resistant to understanding and to fashioning because it is invisible. H. F. deals with many cases of people who have contracted it without knowing or feeling it. These instances—due most probably to the septicaemic form of the disease—account for cases of sudden deaths, with people who are unaware of being ill, dying in the street, a death particularly shocking because of its suddenness and unpredictability: 'Sometimes a Man or Woman dropt Dead in the very Markets; for many People that had the Plague upon them, knew nothing of it; till the inward Gangreen had affected their Vitals and they dy'd [...] in the Streets suddainly, without any warning.' (pp. 78–79) The inability to establish the distinction between sick and sound people adds to the quasilimitless destructive power of the disease.

Resistance to fashioning is finally due to the impossibility of knowing the exact number of victims, a feature H. F. keeps emphasizing. Such impossibility is to be put down to the very characteristics of pestilence, sometimes so sudden that it kills parish officers before they have time to count the dead (p. 99), to the fact that the bills of mortality do not take into account the people who have died on the roads or in the country (pp. 99–100), and to the fact that many victims of plague are set down to other causes (p. 205).

The elusive, mysterious nature of plague draws attention to the importance and function of rumours in the outbreak and propagation of the epidemic. In that respect, it is particularly significant that the *Journal* should open with a rumour and that, right from the beginning of his text, H. F. should mention the absence of 'printed News Papers' (p. 1) in 1664, a time when people were wholly dependent on oral reports (which could be unfounded) and oral communication. In *Due Preparations*, Defoe defines a rumour as 'a mere noise and there is nothing at all in it, but what I tell you' (p. 172), in a dialogue between a brother and a sister on the advantages of having carried out a religious preparation in the event of plague. The brother defines it as a message that is both open and denied

(‘mere noise [...] nothing at all in it’) *and* determined by the original voice (‘what I tell you’). In other words, rumours say things which they deconstruct; they amount to saying and denying at the same time, and are rejected by H. F. in favour of empirical evidence.¹⁵

Significantly enough, rumour and plague are closely related in the *Journal*. Both are of doubtful origin, spread in an unpredictable manner and cannot be controlled. Both exist only insofar as they are transmitted, and stop as soon as they are not fuelled by new bodies/voices. Both act through spreading, contagion and contamination.¹⁶ In H. F.’s text, plague is a rumour before it becomes real, as a rumour about plague in Holland originates in September, and the first two victims die in London in early December 1664 (p. 1). Plague first appears in a volatile form which foreshadows the infected breath at the origin of the contagion between people. The rumour of plague is also a ‘fatal Breath’ (p. 74), as ‘the effluvia of infected bodies may, and must be indeed, conveyed from one to another by air; so words are conveyed from the mouth of the speaker to the ear of the hearer’ (Defoe, *Due Preparations*, p. 17). Uncontained orality leads to death, as the epidemic spreads through the ‘unwary conversing with those who were sick’ (*Journal*, p. 194), and Paula McDowell appositely sums up the parallel between plague and rumour when she explains that ‘oral rumors are themselves a kind of plague, for they make a bad situation worse. [...] They are not only plague-like but themselves transmitters of the plague, for, like most of his contemporaries, Defoe believed that plague effluvia was spread by breath.’ (‘Defoe’, p. 100) What should be added is that the links between rumour and plague give rise to an interplay between physical and psychological contamination, as rumours play an active role in the spreading of plague through unchecked passions and imagination. H. F. explains how rumours have a frightening, weakening effect on people, which makes them prone to the disease, a view also defended by Nathaniel Hodges.¹⁷

Even though H. F. keeps undermining the authority of rumours, there is no denying that they make the situation worse, especially when they are linked to superstition and find an echo among old women and common people, thereby showing that, in Defoe’s view, rumour and superstition are social (common people) and gendered (women). The damages of superstition are revealed by people’s reaction to the two comets that appeared in the London sky in March and December 1664. The various interpretations and prophesies increased people’s apprehensions, and the result was devastating, as they

heard Voices that never spake, and saw Sights that never appear'd; but the Imagination of the People was really turn'd wayward and possess'd: And no Wonder, if they, who were poring continually at the Clouds, saw Shapes and Figures, Representations and Appearances, which had nothing in them, but Air and Vapour [...] The imagination of the poor terrify'd People furnish'd them with Matter to work upon. (p. 22)

Rumours and prophecies refashion reality, and work through the contagion of minds. This contamination is illustrated by the case of the man who at first was the only one who saw a ghost, but who 'at length [...] persuaded the People into so firm a Belief of it, that one fancied he saw it, and another fancied he saw it' (p. 24). Through unchecked passions and imagination worked up by rumour, a new reality is fashioned, which H. F. keeps deconstructing—for instance, when he denies that the buriers strip of their clothes the men and women they throw into the pit (p. 63), or that nurses kill their patients:

These Stories had two Marks of Suspicion that always attended them [...] (I.) That whenever it was that we heard it, they always placed the Scene at the farther End of the Town, opposite, or most remote from where you were to hear it. [...]

In the next Place [...] the Particulars were always the same, [...] so that it was apparent, at least to my Judgment, that there was more of Tale than of Truth in those Things. (pp. 84–85)

H. F. turns rumours into written text, thereby enabling them to exist, at the same time as he negates them; in other words, he deconstructs 'Tale[s]' in order to fashion his own account of the plague, thereby questioning the processes of make-believe, narration and creation, and inviting the reader to examine how his narrative is fashioned.

Very little is known about H. F. What the reader is told about him—that he is a saddler, has a brother and a family of servants, and lives 'without *Aldgate*' (pp. 7–8)—is directly linked to the epidemic and its consequences, or to his function as the narrator of the *Journal*. This strategy of self-effacement is justified by his role as the chronicler of the London plague of 1664–65 for, a few pages after the incipit, he defines himself as a mere instrument whose function is to tell people how to

react should plague strike London again. He justifies the lengthy passage on the necessity to leave or to stay by this very aim:

I have set this particular down so fully, because I know not but it may be of Moment to those who come after me, if they come to be brought to the same Distress [...] I desire this Account may pass [...] rather for a Direction to themselves to act by, than a History of my actings, seeing it may not be of one Farthing value to them to note what became of me. (p. 8)

His self-effacement reaches a climax when his death is announced in the course of the text in words whose origin remains unknown: '*N.B.* The Author of this Journal, lyes buried in that very Ground.' (p. 233) Elana Gomel rightly notes that 'to narrate pestilence one must become as impersonal as pestilence itself'.¹⁸

If his name is reduced to two initials, he himself is reduced to a few synecdochical elements: his eyes, signifying his insatiable curiosity; his ears, through which he perceives the noises typical of the plague, or the absence of noise; his legs, which enable him to wander about the sick body of the capital and which contrast with the motionlessness of the people imprisoned in their houses; and his voice, enabling him to speak '*for* and *as* the dead' (Gomel, 'The Plague', p. 430).

Although the *Journal* is much less openly didactic than Defoe's *Due Preparations*, H. F. makes it quite clear that it is written to show people how they should conduct themselves if the epidemic raging in Marseilles propagates itself to England.¹⁹ He therefore insists on the importance of experience, sceptical approach and probable knowledge and information, as opposed to (erroneous) official figures, as those published in the bills of mortality.²⁰ If H. F. constructs plague in medical, religious, social and human terms, his aim is also to show what consequences political and medical measures have on the lives of individual people. The text relies on the constant interplay between the general and the particular, especially when he shows how counterproductive the shutting up of houses is.²¹ The example of the shutting up of houses—a recurrent motif in the *Journal*—is also interesting because it reveals how unstable H. F.'s discourse is. Although he keeps criticizing that measure, he also sees undeniable advantages in it because 'if [...] the sick had not been confin'd, multitudes who in the Height of their Fever were Delirious and Distracted, wou'd ha' been continually running up and down the Streets, and [...] offer'd all sorts of

Violence to those they met' (pp. 161–62). Plague writing makes H. F.'s position and narrative status unstable and even contradictory.

This instability is further to be seen in the discussion of the causes of the epidemic. On the one hand, H. F. considers that plague is 'a Distemper arising from natural Causes [and . . .] propagated by natural Means' (pp. 193–94), and he differentiates his narrative from 'an officious canting of religious things' (p. 247); yet, on the other hand, he interprets the end of the epidemic as a decision made by God: 'it pleased God to stay his Hand, and to slacken the Fury of the Contagion, in such a manner as was even surprizing like its beginning, and demonstrated it to be his own particular Hand' (p. 171).²² Similarly, to explain the origin of plague, he writes that 'tis evident, that in the Case of an Infection, there is no apparent extraordinary occasion for supernatural Operation' (p. 194), only to contradict himself a few pages later when he relates that 'Physicians [. . .] were oblig'd to acknowledge that it was all supernatural [. . .] and that no Account could be given of it' (p. 247). The two most obvious contradictions are probably found in his advice that '*the best Physick against the Plague is to run away from it*' (pp. 197–98), while he himself remains in London throughout the epidemic, and in the fact that he is both dead (p. 233) and '*alive!*' (p. 248). These contradictions may be interpreted as proof that H. F., as a narrator, is anything but stable or reliable—a view supported by the very nature of the *Journal*, supposedly an authentic account by a saddler who remained in London in 1664–65 but in reality a narrative hoax because it was written by Defoe, who would have been four or five years old at the time.²³ H. F.'s text, relying on a narrative strategy whereby ideas are put forward and questioned or contradicted, appears to be as contradictory and elusive as plague itself, whose destructive and (re)fashioning—that is poietic—power requires to be analysed in detail.

Plague means both individual and social disintegration. It relies on a process of defamiliarization as the capital, a familiar space, becomes unfamiliar to its inhabitants. London is described as a plague-stricken body, and the description is all the more striking because Defoe regularly dealt with the city in its flourishing state—for instance, in Letter V of *A Tour through the Whole Island of Great Britain*, where he described London as the nexus of trade, commerce, exchanges, wealth, abundance and success.²⁴ As Louis Landa notes, 'what appealed to him most of all was the spectacle of a teeming, bustling, dynamic city, infinitely complex, a pageant of movement and colour, splendid despite its tawdry aspects,

impressive and intricate by virtue of the intertwining of the lives and fates of its massive population'.²⁵ Yet the plague shows how fragile the great city is.

London is described as a place where former activity is now at a standstill, where movement has become stasis, owing to the quarantine and the shutting up of houses imposed by the authorities. Daniel Gordon remarks that 'the more the city was equated with the possibility of activity, the more spectacular and horrifying appeared the stoppage of activity'.²⁶ Through his persona, Defoe expresses the destructive and (re)fashioning power of the plague through striking images—for instance, of empty streets (*Journal*, p. 17) with grass growing in them (p. 101). Ocular defamiliarization combines with aural defamiliarization, as H. F. relates that the noises of London in times of plague oscillate between excess (shouts of pain) and lack (ominous silence), which, for Daniel Gordon, means 'the antithesis of commerce and conversation' ('The City', p. 84). Shouts of pain in particular reveal how plague both destroys and fashions reality anew, and Rodolphe Gasché draws an enlightening parallel between the destructive effect of plague in the body and the emergence of paralinguistic sounds characteristic of the disease:

like the plague, which has the effect of pulverizing the organs of the body and pounding them as in the alchemist's mortar in order to create a body without organs, the plague also pounds language in such a manner as to destroy all its articulations and refund it as a purely inarticulate sound.²⁷

This new poietic approach to language may explain why H. F. resorts to figurative language and synaesthesia to relate the new world created by the plague: '*London* might well be said to be all in Tears; [...] the Voice of Mourning was truly heard in the Streets; [...] Tears and Lamentations were seen almost in every House.' (*Journal*, p. 16)

Because of plague, London is no longer a place where the social contract described by Hobbes in *Leviathan* may be fulfilled, but on the contrary a place of death and destruction, where people return to the state of nature.²⁸ Contagion has replaced the usual networks of exchanges, the former relations which united people have disappeared, everyday actions are translated in terms of risk, contagion and their pathological effects, and all types of communication, conversation and exchange are described as lethal (*Journal*, p. 87). The effect of the epidemic is that human relationships are completely refashioned in that new space defined by death and violence,

as is illustrated by corruption (through robberies) and bribery (carried out by watchmen). Plague brings the worst out of many people, so that 'tho' it be something wonderful to tell, that any should have Hearts so hardned, in the midst of such a Calamity, as to rob and steal; yet all Sorts of Villainies [...] were then practis'd in the Town' (p. 15).

It then appears that 'a logic of contamination [is] at work between plague and the narratives that tell of it', so that plague shapes the narrative to its own form, writes itself into H. F.'s narrative, which is fashioned by its very subject.²⁹ The *Journal* bears the acknowledged characteristics and symptoms of plague; it is 'a diseased narrative, a suffering in words of what the body suffers in symptoms' (Cooke, *Legacies*, p. 24), a process highlighting the poietic power of the disease, and the emergence of a poetics of plague.

For one thing, the body of the text about plague bears the characteristics of the disease. The elusiveness and mystery of plague—and their links with rumours—have been underlined. They weave themselves into the narration, which becomes elusive too, in consonance with the very nature of the disease. About people who escape from shut up houses, H. F. writes, 'I cou'd give a great many such Stories as these [...] which [...] I met with, *that is* heard of, and which are very certain to be true, or very near the Truth; that is to say, True in the General, for no man could at such a Time, learn all the particulars.' (*Journal*, p. 52) Little by little, H. F. distances himself from well-defined concepts (being a witness, certain truth) and replaces them by uncertainty ('heard of [...] very near the Truth [...] True in the General'). He also insists on his lack of information (p. 160), or on his lack of memory (p. 56), to such effect that his narrative becomes as elusive as plague itself.

Similarly, contagion and dissemination become one of the characteristics of H. F.'s writing. The case of a single diseased man infecting many others illustrates the power of dissemination characteristic of the epidemic: 'One Man, who may have really receiv'd the Infection, and knows it not, but goes Abroad, and about as a sound Person, may give the Plague to a thousand People, and they to greater Numbers in Proportion.' (p. 195) This power of dissemination is inscribed in the text through the interplay of general and particular cases, as one general statement ramifies into several particular cases: H. F. often starts by focusing on general events ('there were a great many Robberies and wicked Practices committed' [p. 83]) and goes on to deal with individual cases: 'the Case of a Family in *Houndsditch*' (p. 83), 'They did tell me indeed of a Nurse in one Place' (p. 84), 'A Neighbour and Acquaintance of Mine' (p. 85).

Plague kills people in a repetitive manner. Elana Gomel remarks that 'the plague [...] is governed by a logic of repetition. The chain of death grows by addition of more and more identical links.' ('The Plague', p. 409)³⁰ This characteristic of the disease is rendered textually by the repetition of many motifs—for instance, the dire situation of the poor (*Journal*, pp. 14, 28, 55, 78, 94), the shutting up of houses (pp. 36, 70, 122, 158, 205) or the dead carts asking people to bring out their dead (pp. 32, 89, 124, 178, 232).

The various lengths of the cases reported by H. F. may correspond to the duration of the disease, from several weeks to a few days, or even one day in the case of the septicaemic form. The rapidity of death is illustrated by the cases reported of families eradicated in a few days/lines:

one Family [...] were all seemingly well on the Monday, [...] that Evening one Maid and one Apprentice were taken ill, and dy'd the next Morning, when the other Apprentice and two Children were touch'd, whereof one dy'd the same Evening, and the other two on Wednesday: In a Word, by Saturday at Noon, the Master, Mistress, four Children and four Servants were all gone, and the House left entirely empty (pp. 173–74).

For another thing, the symptoms of plague write themselves into the body of the text. Fever—and the increase in the number of dead people—correspond to an accelerated narrative rhythm, consisting of short vignettes, such as that of the infected man who makes such hectic movements, running out of his bedroom and plunging into the Thames, that his buboes break and he recovers (p. 162). In that respect, buboes (the very symptoms of bubonic plague, defined as swollen and inflamed lymphatic glands) appear in the text in the shape of microsequences or, to borrow Jennifer Cooke's coinage, 'episodemics', a portmanteau word yoking together 'episodes' and 'epidemics'.³¹ The object dealt with is so violent that it necessarily results in a fragmented narration. A fairly large narrative bubo is the story of the three men leaving London to seek refuge in Epping Forest (pp. 122–50), an anecdote that is related abruptly by H. F. ('I come back to my three Men' [p. 122]) and grafted onto the text like a foreign body, with no real connection with the rest of the story, except that their example may be useful in the case of a new epidemic.

Necessarily fragmented, the plague text is made up of heterogeneous elements, whose function is both to become part of the narrative and to

interrupt its flow in the same way that plague shatters the body's integrity and interrupts life's flow. H. F.'s narrative is thus repeatedly interrupted by various elements, such as columns of statistics (pp. 47, 98, 113, 117, 153, 179, 187–89), public ordinances, such as the 'ORDERS *Conceived and Published by the Lord MAYOR and Aldermen of the City of London*' (pp. 38–46), the magicians' 'ABRACADABRA' forming a triangle (p. 33), or again the bills of self-styled doctors, set off in the text and written in italics (pp. 30–31). The integration of those heterogeneous elements, on top of obstructing the account's flow, may be the equivalent of poisoned air, breath or particles penetrating people's bodies and turning them from sound to sick people.

As for the victims' deaths, they are conveyed by narrative aporia, which should be read as the effect of shock, as is made clear by Daniel Gordon, for whom 'the insistence on unspeakability does not undermine, but rather adds to description. To say that something defies description is to attach a quality to it, to make it metaphysical.' ('The City', p. 87) Plague writing pushes language to its very limits, or even beyond them, so that to be unable to narrate plague testifies to its strength and paralysing effect, as is illustrated when H. F. vainly tries to describe the pit in Aldgate: 'it is impossible to say any Thing that is able to give a true Idea of it to those who did not see it, other than this; that it was indeed *very, very, very* dreadful, and such as no Tongue can express' (*Journal*, p. 60).

Finally, the decomposition of the corpse is in keeping with the decomposition of the text, which is narrated in a non-chronological manner, with constant announcements of developments to come—a narrative equivalent to the latent nature of the disease (pp. 12, 17, 28, 122)—or reminders of what has already been said (pp. 153, 158, 181), turning the *Journal* into 'a wandering text, a tale that suffers from a kind of narrative vagrancy that mirrors [...] the narrator's perambulations through the city and the plague's undisciplined progress across the populace' (Juengel, 'Writing Decomposition', p. 143).³²

Thus a comparison between the London plague of 1664–65 as it is represented in Defoe's *Journal of the Plague Year* and other diseases common in the eighteenth century reveals how unfashionable plague is, in particular because of the pain, terror, damage and destruction it causes. Plague resists understanding and fashioning on account of its mysterious, elusive and uncertain nature, which confuses physicians and makes its workings close to those of the rumour, both of them relying on outbreak, contagion and propagation. Plague writing enables Defoe to question

the status and reliability of his persona, H. F., as the narrator who claims to fashion the *Journal of the Plague Year*: a strategy of (self-) effacement is at work in the text, H. F. is reduced to a few symbolic features, and the instability of his discourse can be justified by the elusiveness of the disease itself. It therefore appears that plague is endowed with a fashioning power. If the epidemic is characterized by the ability to destroy and (re)fashion people's environment and destiny, it also creates a new rapport between language and its limits, enabling Defoe to offer a reflection on what words can and cannot say. Through contamination, plague fashions the text that deals with it, as its characteristics and symptoms are inscribed in the very body of that text, thereby giving rise to a poetics of the plague.

NOTES

1. See in this volume C. Lawlor's analysis of consumption's social and cultural cachet and in (2006) *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave MacMillan). See also R. Porter and G.S. Rousseau (2000), who define gout as a 'Patrician Malady' (*Gout. The Patrician Malady* [New Haven: Yale University Press]), and C. Lawlor on melancholy ([2011] 'Fashionable Melancholy', in A. Ingram, S. Sim, C. Lawlor, R. Terry, J. Baker, and L. Wetherall-Dickson [eds], *Melancholy Experience in the Long Eighteenth Century* [Basingstoke: Palgrave MacMillan], pp. 25–53), interpreted as a sign of moral distinction and class refinement.
2. (1998) *A Journal of the Plague Year*, L. Landa (ed.), D. Roberts (intro.) (Oxford: Oxford University Press), p. 63.
3. (1722) *Due Preparations for the Plague, as Well for Soul as Body* (London: E. Matthews and J. Batley), p. iv.
4. The last part of this chapter will analyse the processes through which the text about plague comes to bear the very characteristics and symptoms of the disease.
5. Significantly enough, two of the questions that Clark Lawlor addresses in his analysis of the literary representation of consumption are 'How did such a killer disease come to be the object of glamorous representation in the Romantic period and beyond, on such a large scale in Britain and America?' and 'What was it about this condition that caused it to be so seductive to both a popular and elite readership?' (*Consumption and Literature*, p. 3).
6. Tokens read traditionally as the marks of the blow or the wound of God's revenge on the victim's body, and 'plague' derives from the Latin *plaga*, meaning a 'wound', a 'stroke' or a 'blow' (*Oxford English Dictionary*).

7. S.J. Juengel (1995) 'Writing Decomposition: Defoe and the Corpse', *The Journal of Narrative Technique*, 25:2, 139–53 (p. 140).
8. H. F. significantly writes that '[men] died by Heaps, and were buried by Heaps' (p. 237).
9. (1983) *Illness as Metaphor* (London: Penguin).
10. (1986) 'A Metaphor for Social Exchange: The Florentine Plague of 1630', *Representations*, 13, 139–63 (p. 153).
11. R. Mead (1720) *A Short Discourse Concerning Pestilential Contagion, and the Methods to be Used to Prevent it* (London: S. Buckley and R. Smith, 6th edn); N. Hodges (1721) *Loimologia; Or, an Historical Account of the Plague in London in 1665* (London: E. Bell and J. Osborn, 3rd edn, by John Quincy).
12. The causation of plague was unknown until the late nineteenth century. A. Yersin identified the plague bacillus, *Yersina pestis* bacteria, in 1894. The role of the flea, as the vector of the disease from rat to man, was discovered two years later by P-L. Simond. In 1914, A. Bacot and C. Martin discovered that contamination was the result of repeated contact with the plague bacillus.
13. P. Rose (1721) *A Theoretico-Practical, Miscellaneous and Succinct Treatise of the Plague* (London: T. Jauncy); R. Blackmore (1721) *A Discourse Upon the Plague* (London: John Clark); W. Boghurst (1979) *Loimographia. An Account of the Great Plague of London in the Year 1665* (New York: AMS Press). Boghurst wrote that 'the earth [is] the seminary and seed-plot of these venomous vapours and pestiferous effluvia, which vitiate and corrupt the Aire, and consequently induce the pestilence' (*Loimographia*, p. 13). Defoe disagrees in *Due Preparations*, where he writes, 'we see evidently that the Plague is carry'd from one to another, by infected Persons conversing with one another, or by Cloths, Goods, Houshold Stuff or Merchandizes (which have been infected) being carried from one Place to another and not by any General Stagnation of Air, or noxious Fumes infecting the Air, or Poisonous Particles carry'd by the Wind' (p. 13).
14. A. Kircher (1658) *Scrutinium physico-medicum contagiosae Luis, quae Pestis dicitur* (Rome: Vitale Mascardi); R. Bradley (1721) *The Plague at Marseilles Considered: With Remarks Upon the Plague in General* (London: W Mears).
15. P. McDowell (2006) notes that 'H. F. [...] theorizes three key characteristics of rumors, they obscure their origins, feed on circumstantial details, and grow with each telling' ('Defoe and the Contagion of the Oral: Modeling Media Shift in *A Journal of the Plague Year*', *PMLA*, 121:1, 87–106 [p. 100]).
16. See D. Roberts (1998): 'anything that is circulated is deadly [...] communication is a deadly disease' ('Introduction', in L. Landa [ed.], D. Roberts [intro.], *A Journal of the Plague Year* [Oxford: Oxford University Press], pp. vii–xxii [p. xviii]).

17. N. Hodges explains that 'the dismal Apprehensions it laid them under, made them but an easier Prey to the devouring Enemy' (*Loimologia*, p. 7).
18. (2000) 'The Plague of Utopias: Pestilence and the Apocalyptic Body', *Twentieth-Century Literature*, 46:4, 405–33 (p. 412).
19. R. Stephanson (1962–1963) contrasts both texts and concludes that in the *Journal*, 'Defoe intends to avoid the moralistic and didactic excesses of *Due Preparations*' ('Speaking Sight': Imagery as Narrative Technique in Defoe's *A Journal of the Plague Year*', *The Dalhousie Review*, 62, 680–92 [pp. 681–82]).
20. 'Weekly Bills, which yet I have Reason to be assur'd never gave a full Account, by many thousands' (p. 98), as H. F. says.
21. N. Hodges also denounces the drawbacks of the practice: 'the most sure Way of spreading it, is letting the sick and well converse together' (*Loimologia*, p. 203).
22. Defoe reflects both traditional (divine visitation) and contemporary (natural or secondary causes) interpretations of plague. He finally tries to reconcile them by saying that God acts through natural causes.
23. The true author of the *Journal* was known only in 1780 (F. Bastian [1965] 'Defoe's *Journal of the Plague Year* Reconsidered', *The Review of English Studies*, 16:62, 151–73 [p. 151]). The *Journal* was considered authentic by R. Mead (1744) in the 9th edition of *A Discourse on the Plague* (London: A. Miller and J. Brindley).
24. (1962) *A Tour Through the Whole Island of Great Britain*, D. H. Cole and D. C. Browning (eds) (London: Dent), pp. 314–16.
25. (1969) 'Introduction', in Louis Landa (ed. and intro.), *A Journal of the Plague Year* (London: Oxford University Press), pp. ix–xxxix (p. xvi).
26. (1997) 'The City and the Plague in the Age of Enlightenment', *Yale French Studies*, 92, 67–87 (p. 84).
27. (1978) 'Self-Engendering as a Verbal Body', *Modern Language Notes*, 93:4, 677–94 (p. 688).
28. (1651) *Leviathan; Or, the Matter, Form, and Power of a Common-Wealth Ecclesiasticall and Civill* (London: Andrew Crooke).
29. J. Cooke (2009) *Legacies of Plague in Literature, Theory and Film* (Basingstoke: Palgrave MacMillan), p. 18.
30. See also D. Roberts: 'the subject's own repetitive nature is medically verifiable' ('Introduction', p. vii).
31. J. Cooke writes that 'the buboes which push their way up onto the body of the plague victim have their corollary on the body of the text, where as a matter of inevitability there are a variety of small, self-contained narrative outbreaks, describing victims whose appearance is necessarily brief and terminal' (*Legacies*, p. 22).

32. J. Quincy (1721) explains the process through which the disease remains latent until it erupts again: ‘the dissolved, and dispersed Particles may longer adhere to some inanimate Bodies than others, as to Wollen and Linen Cloaths, Papers, &c. and these Particles may, by the Steam of a living Body, or by the Means of another Heat, be put into Motion, so as to break out of those Lodgments, where they quietly resided, and obtain so much Liberty, and Action of all Sides, as will carry them into the cutaneous Pores of any Person within their Reach [.] lying a long Time in such Manner concealed, and then suddenly breaking out’ (*An Essay on the Different Causes of Pestilential Diseases, and How They Become Contagious. With Remarks Upon the Infection Now in France* [London: E. Bell and J. Osborn, 3rd edn], pp. 41–42).

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How Small is Small? Small Pox, Large Presence

Allan Ingram

In the second volume of *Pamela*, Richardson chooses to add to his heroine's woes by inflicting her new baby son with smallpox. As she informs her sister-in-law, Lady Davers:

A new misfortune, my dear lady!—But this is of God Almighty's sending; so I must bear it patiently. My dear baby is taken with the small-pox!—To how many troubles are the happiest of us subjected in this life!... For, with all my pleasures and hopes; in the midst of my dear parents' joy and congratulations on our arrival, and on what had passed so happily since we were last here together, (in the birth of the dear child, and my safety, for which they had been so apprehensive,) the poor baby was taken ill. It was on that very Tuesday his papa set out for Tunbridge; but we knew not it would be the small-pox till Thursday. O Madam! how are all the pleasures I had formed to myself sickened now upon me! for my Billy is very bad.¹

We need to bear in mind, when reading this, that inoculation against smallpox had begun to be popularized in Britain in 1718, chiefly by Lady Mary Wortley Montagu, and that within the 20 or so years until

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Richardson wrote this novel, the procedure had grown significantly in popularity, mainly among the upper classes, with, of course, beneficial consequences for those who adopted it. David Shuttleton, in his key work *Smallpox and the Literary Imagination*, quotes Frances Seymour, Countess of Hertford, writing in April 1741 to her friend Henrietta Louisa Fermor, Lady Pomfret:

Inoculation is at present more in fashion than ever; half of my acquaintance are shut up to nurse their children, grand-children, nephews, or nieces. I could be content, notwithstanding the fine weather, to stay in town upon the same account, if I were happy enough to see my son desire it, but that is not the case; and, at his age, it must either be a voluntary act, or left undone.

As Shuttleton points out, Hertford's son died of smallpox less than three years later at the age of 19.²

Pamela's son, as a newly born infant, would not yet have been inoculated; but, in fact, Billy survives, and so too does Pamela, who contracts it from her baby. Not that the course of the illness is without strain. Pamela is able to keep track of the progress of the virus, at least through report, herself being kept from her child's room. Initially she reports well of the rash, which promises to emerge early, considered to indicate a good, or 'kind' form, but these favourable signs quickly disappear: 'They talk of a kind sort: but alas: they talk at random: for they come not out at all!' (II, 333) This obliges the administration of 'other things to try to drive out the malady; and some pustules seem to promise on his breast' (II, 335). Appearing on the breast was also considered a good sign, an indication of 'kind', or non-confluent, smallpox: pustules on the face, lips and mouth could prevent eating or drinking, and would be far more likely to disfigure survivors, while confluence, in which the pustules ran together, indicated a more serious and damaging form of the disease. Fortunately, in Billy's case, the pustules appear after two days:

Two days have passed, dreadful days of suspense: and now, blessed be God! who has given me hope that our prayers are heard, the pustules come kindly out, very thick in his breast, and on his face: but of a good sort, they tell me. (II, 335)

By this time, however, Pamela herself has contracted the disease, in spite of being kept away from the baby:

But, my dear lady, my spirits are so weak: I have such a violent headache, and have such a strange shivering disorder all running down my back, and I was so hot just now, and am so cold at this present—aguishly inclined—I don't know how! that I must leave off.[. . .] (II, 335)

It is left to Mr B. to inform his sister that 'The worst is over with the boy', and, moreover, because Pamela had, fortunately, 'begun to prepare herself by a proper regimen, the moment she knew the child's illness was the small-pox', she too 'is in a fine way to do well' (II, 336). And we know already, from Pamela's own letter, what these preparations consisted of: she is 'living very low, and have taken proper precautions by bleeding, and the like, to lessen the distemper's fury, if I should have it; and the rest I leave to Providence' (II, 334).

That, in fact, is all. Pamela recovers. We find out nothing about the course of her illness, about her sensations or her suffering, and very little about her feelings once recovered. She resurfaces as a correspondent, again to Lady Davers, with an expression of 'thankfulness to that gracious God, who has so happily conducted me through two such heavy trials, as my child's and my own illness' (II, 338). Instead of information about the illness, she describes her husband's plans to aid her recovery to full health. He will 'make a tour with me through several counties [. . .] for about a fortnight, and shew me what is remarkable, every where as we pass; for this, he thinks, will better contribute to my health, than any other method' (II, 338). They will complete the tour by visiting Bath:

The distemper has left upon me a kind of weariness and listlessness; and he proposes to be out with me till the Bath season begins; and by the aid of those healing and balsamic waters, he hopes, I shall be quite established. (II, 338)

As she indeed is.

Richardson's treatment of smallpox is indicative of the current standing of the disease in the public imagination. It was still, in spite of inoculation, a killer: inoculation could prevent you from contracting it, but otherwise victims still died of it, or could be grotesquely disfigured having survived it. There were still no effective treatments, and no other worthwhile

precautions apart from avoiding sources of infection. But both Billy and Pamela survive. Indeed, in many respects there seems little visible purpose for Richardson to have given it to them at all: the novel progresses perfectly well thereafter, with little impact to be seen of their having contracted and survived it. It is a killer, its striking is anticipated with horror, and yet it passes and nothing has changed. It is made much of, and made little of; given full weight and understated at the same time. Why, then, is it introduced?

This chapter addresses the standing of smallpox within the popular imagination at a time of immense significance to the history of the disease, a time when avoidance was already possible, indeed shortly, with the development of vaccination, when avoidance was to become widespread in Britain. The argument is that smallpox's cultural significance carried a series of meanings, or implications, across a range of fields, including political, moral and personal, as well as medical, and the debates that were gathering pace over inoculation, and then vaccination, as Kelly McGuire argues in [Chap. 10](#), were already taking shape within the presentation of opposing views as well as the symbolic uses to which the illness was put, from the religious to the satirical. Smallpox, I argue, while never fashionable in the sense of being a desirable condition to which people aspired, was nevertheless extremely prone to being fashioned in the service of whatever arguments, from whatever perspective, writers and propagandists, physicians and preachers, were advocating. As such, it was one of *the* 'fashionable' diseases of the long eighteenth century.

In terms of social cachet, though, smallpox was nowhere, even in comparison with the Great Pox or syphilis, which did in certain circumstances bear a fashionable label, and from which it got its name. Indeed, the naming is all that connects the two diseases, which otherwise have nothing in common. The pustules in smallpox are, of course, small, and often widespread, as opposed to the few bigger sores of first-stage syphilis, though these too can become widespread, but still larger, in the second stage. Smallpox is a virus (*Variola major*, a particularly large one in its dimensions), while syphilis is bacterial; smallpox is contracted by inhalation through proximity to an infected person, or by handling infected material, while syphilis is either spread through sexual activity or acquired congenitally as a foetus. Above all, while both are major killers, smallpox kills its victims in a very short time, less than two weeks generally, whereas syphilis can take several years. In terms of numbers, the World Health Organization publication *Smallpox and its Eradication*, edited by Frank

Fenner in 1988, gives figures from the London bills of mortality (acknowledging their likely incompleteness) for the period from 1629 to 1900. There are serious peaks in the 1680s, the 1720s and from 1750 until the end of the eighteenth century, and this in spite of the awareness of inoculation—proof, perhaps, of its class-based limitation. In 1751, 172 of every 1000 deaths in the city were from smallpox, with similar figures for 1756, 1769 and 1780. In 1796 the number rose to 184. Across the entire century, deaths rarely dropped below 80 per thousand.³ Fenner continues:

During the last 2 decades of the 18th century, smallpox killed over 36,000 persons in London, and an equal number in Glasgow. This constituted almost 1 out of every 10 deaths in London, and nearly a fifth of all the deaths in Glasgow in that period.[...] In 1796, the year of Jenner's discovery of the protective value of cowpox, smallpox killed over 3500 persons in an epidemic in London. Throughout Great Britain and Ireland, the disease claimed an estimated 35,000 more lives that year. (p. 231)

Voltaire, in his *Letters Concerning the English Nation*, first published in English in London in 1733 and as *Lettres philosophique* in Paris a year later (where the book was quickly banned), gives if anything an even bleaker account. This is from Letter 11, 'On Inoculation':

Upon a general Calculation, threescore Persons in every hundred have the Small-Pox. Of these threescore, twenty die of it in the most favourable Season of Life, and as many more wear the disagreeable Remains of it in their Faces so long as they live. Thus, a fifth Part of Mankind either die, or are disfigur'd by this Distemper.⁴

Mortality rates for syphilis, on the other hand, are extremely unreliable, partly because they are usually immersed in figures for venereal disease more widely, and also because of the reluctance of many families to allow their relation's cause of death to be entered as something so stigmatized. As Betty Rizzo puts it in her chapter on 'Decorums' in Linda Evi Merians' book of essays, *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France*, 'silence and a deceptive secrecy often surrounded more serious consequences (paresis or infected wives or children), and deaths would almost inevitably be attributed to other

causes, even in the bills of mortality, where death by venereal disease was probably greatly undercomputed'.⁵ Rizzo adds, 'In December 1745 the London bills listed 76 deaths from the French Pox as opposed to 14 from measles and 1,206 from smallpox; in December 1746 the same diseases were said to have carried off 100, 250, and 3,236.' (p. 164, n. 2) Rather like having a relative confined in a madhouse, families preferred to keep quiet about it.

Here, though, is one more outstanding difference between the smallpox and the Great Pox, not one concerning the kinds of infection, the means whereby they were contracted or the treatment, if any, or the mortality rates, but their respective meanings, the significance built into them through social interpretation and understanding—or misunderstanding. Syphilis carried its own condemnation. There was one major way of contracting it—a dishonourable way: the victim must be either a rake or a whore. The facts spoke for themselves, and what they also said was that this was by design. Syphilis was God's punishment for immoral behaviour. It was intended to be an appropriately disgusting and ultimately fatal affliction for conduct that was disgusting in itself and fatal to the human soul. How could society demur? John (or Jean) Astruc, a distinguished French physician, writing in 1737 in his *A Treatise of the Venereal Disease* (the original, published in 1736, was in French), begins (and it is a feature of the medicine of the period that no distinction was made between gonorrhoea (the clap) and syphilis (the pox), the understanding being that the former developed into the latter):

That the *Venereal Disease* was sent into the World by the Disposition of Providence, either to restrain, as with a Bridle, the unruly Passions of a sensual Appetite, or as a Scourge to correct the Gratification of them, is an Opinion highly probable.⁶

As late in the period as 1796, the popular physician William Buchan, author in 1769 of the household volume *Domestic Medicine*, which went into over 20 editions, reflected (without endorsing) the notion of venereal disease as punishment:

People of more zeal than knowledge are apt to think that those who suffer by the venereal disease deserve no commiseration, and ought not to be pitied nor relieved. Though this is an illiberal idea, yet it may have some foundation where guilt is connected with punishment.⁷

This was not so unambiguously the case with smallpox. Clearly, smallpox, once under way, was immediately identifiable from its appearance, which would suggest a badge, or stigma, of some kind, and the fact that the rash could be so unsightly might have implied punishment, if anything to a greater degree than syphilis. But so many of its victims being children, and many others not obviously being sinners in the way that venereal sufferers were, gave pause for thought. Just what did this disease mean? What was to be understood by it, especially when the message appeared to be so clearly drawn on the faces and bodies of its victims often permanently so, in the case of many survivors? As G. S. Rousseau puts it, in reviewing David Shuttleton's book, 'A scurvy that disfigures its victims through visible sores, scars, and red spots erupting hot pus will be moralized despite attempts to neutralize the condition.'⁸

'Moralizing' smallpox, in fact, was well under way by the beginning of the eighteenth century. As Shuttleton points out, the deaths from the disease of Queen Mary, daughter of James II, in 1694, and, prior to that, of Prince Henry, Duke of Gloucester, and Princess Mary, the Princess Royal, brother and sister to the newly restored Charles II, in 1660 (Princess Mary's husband, William II, Stadtholder of the United Provinces, had also died of smallpox in 1650), gave force to a belief that the Stuarts were suffering under God's displeasure and were therefore being subject to this special form of punishment (p. 70). To add to the superstition, Charles II himself had survived an attack during the English Civil War in 1648, as had his father Charles I in 1633. Princess Mary's younger sister, Henrietta, had also contracted the disease, also surviving; a son of James II died in infancy of smallpox, as did Queen Anne's son William, Duke of Gloucester, in 1700 at the age of 11.⁹ The evidence, albeit circumstantial, looked strong.

This clearly informed a good deal of the satirical writing about the Stuart dynasty over the years of their reigns. Andrew Marvell cites the deaths of Prince Henry and Princess Mary in his 1766 poem *The Third Advice to a Painter*—'Then Culp'per, Gloucester, ere the princess died: . . . O more than human Gloucester! Fate did shew / Thee but to earth, and back again withdrew'¹⁰—as part of a catalogue of intrigue and ill government. Much more explicit was the anonymous *An Historical Poem* of 1680. The subject is the unfitness for rule of the Stuarts, and especially of James, Duke of York, now heir to the throne after the death

of Prince Henry. It begins with the Restoration and the behaviour of Charles II, who ‘in his thirtieth year began to reign’:

Bishops and deans, peers, pimps, and knights he made,
 Things highly fitting for a monarch’s trade.
 With women, wine, and viands of delight
 His jolly vassals treat him day and night.
 But the best times have ever some mishap:
 His younger brother perished by a clap;
 And his Dutch sister quickly after died,
 Soft in her nature and of wanton pride.¹¹

In other words, the general decadence of the House is casually paid for by the deaths (‘clap’, of course, is there for the rhyme and the satirical impact rather than for accuracy) of current minor members: ‘Now the court sins did ev’ry place defile, / And plague and war fell heavy on our isle.’ (ll. 37–38; p. 240) Disease and international political troubles, the implication is, are the consequence of sinfulness at the very top of society. Yet, as the poet says, ‘Bold James survives, no dangers make him flinch.’ (l. 21) In summary:

This isle was well reformed, and gained renown
 Whilst the brave Tudors wore th’ imperial crown:
 But since the ill-got race of Stuarts came,
 It has recoiled to popery and shame;
 Misguided monarchs, rarely wise or just,
 Tainted with pride or with impetuous lust. (ll. 55–60; p. 241)

Stuart smallpox deaths, though, also saw serious defensive measures taken by Royalists, anxious to head off further punitive interpretations. Prince Henry’s had already, as Shuttleton discusses, attracted supporting elegies: from Katherine Philips, for example, who asserts that his death was heaven’s punishment on the nation for its recent republicanism—‘By this it our divisions doth reprove, / And makes us joine in griefe, if not in love’¹²—thus attempting to cast the disease as a second royal martyrdom, after the execution of Charles I; and by the physician Martin Lluelyn, who goes even further, casting smallpox in the role of an agent of Oliver Cromwell, continuing his work after his death:

Where then shall Innocence in safety sit?
 When a disease it selfe doth *Cromwel* it.
 If a distemper our complaints may beare,

And we may fix a reverent quarrel there:
 Ne'er to be reconcil'd, pursue we still
 Thy fate, that did with more than slaughter kill.[. . .]
 The Royal line (*England* this brand must weare.)
 Suffer abroad, but perish only here.¹³

Again, the disease is a consequence of national wickedness, it is sent to punish 'our complaints', and therefore Henry, as with Philips, returning from royal exile dies a martyr to the sins already committed at home. This pattern is followed, too, after the death of Queen Mary in 1694.

One strand in this belief was to do with the personal standing of the House of Stuart: bad rulers, bad in the sight of God, who was sending the country a message about its current monarchy by means of the smallpox he was choosing to inflict on them at such frequent intervals. But the notion of divine punishment spread a good deal more broadly than one royal family. In a second strand, then, the disease was not sent specifically as a scourge on the Stuarts but, through them, as representative punishment to the nation for the wider moral depravity of all of its members. Smallpox, it was argued, was sent into the world precisely to punish mankind for sinfulness, a sinfulness that stretched far more widely than the individual trespass of the debauchee who had contracted syphilis. The view was espoused particularly strongly during the inoculation debates of the 1720s. One strident proponent was Edmund Massey, a clergyman and theologian who preached to that effect in St Andrew's, Holborn, in July 1722: 'Let us not sinfully endeavour to alter the Course of Nature', declares Massey,

by any presumptuous interposition: Let us bless God for the Afflictions which He sends upon us, and the Chastisements wherewith He intends to try or amend us; beseeching him to grant us *Patience under them*, and in his good Time a *happy Deliverance* from them. Let us remember, that with him alone are the Issues of *Life and Death, Health and Sickness*: Let the *Ignorant* and the *Transgressor* place their Confidence elsewhere, but let us evermore believe, and practise as if we believed, *That the Salvation of the Righteous cometh of the Lord*.[. . .]¹⁴

'He who knows our Sin', after all, 'knows also the best manner how to punish us for it.' (p. 29) To inoculate against smallpox, therefore, is to compound our sinfulness:

Let the *Atheist* then, and the *Scoffer*, the *Heathen* and *Unbeliever*, disclaim a dependence upon Providence, dispute the Wisdom of God's Government,

and deny Obedience to his Laws: Let them *Inoculate*, and be *Inoculated*, whose Hope is only in, and for *this Life!* But let us, who are better instructed, look higher for Security, and seek principally *there* for Succour, where we acknowledge Omnipotence.[. . .] (p. 29)

This line of argument, as in the examples from Philips and Lluelyn, exonerates the Stuarts and sees them, rather, as heading the list when it comes to suffering on behalf of the nation, and in their case for sins of which they were guiltless.

One consequence, then, is the tendency of some works to insist, both explicitly, as with Lluelyn, and implicitly, on the unquestionable purity of the royal House. One such extended expression of confidence is Matthew Prior's 'An Ode. Presented to the King, On His Majesty's Arrival in Holland, After The Queen's Death. 1695', published in London in 1695 and again in Prior's *Poems on Several Occasions* in 1709. At the time, Prior was working as a diplomat in The Hague, so his view is distinctly partial, but what is significant in the light of the attacks on the Stuarts are the terms in which he chooses to describe the late queen. The theme of the poem, which is more than 160 lines long, is that William should move on from the loss of his queen and embrace the demands of his destiny as leader of the nation. He can do this, moreover, secure in the knowledge that Mary's reputation is safe. The poem begins:

At *Mary's* Tomb, (sad, sacred Place,)
The Virtues shall their Vigils keep:
And every Muse, and every Grace,
In solemn State shall ever weep.

The future, pious, mournful Fair,
Oft as the rolling Years return,
With fragrant Wreaths, and flowing Hair,
Shall visit her distinguish'd Urn.

For her the Wise and Great shall mourn,
When late Records her Deeds repeat;
Ages to come, and Men unborn,
Shall bless her Name, and sigh her Fate.

Fair *Albion* shall with faithful Trust,
Her holy Queen's sad Reliques guard;
Till Heav'n awakes the precious Dust,
And gives the Saint her full Reward.¹⁵

Many of the terms of praise used here gain force from an awareness of just what the Stuarts had been, and were still being, accused of: decadence, pride, lustfulness, misguidedness, lack of wisdom and being 'ill-got'. Mary, at least, and by implication her lineage with her, is associated with the 'Virtues', the muses and the graces, who weep at her tomb; she will be mourned by the pious, the 'Wise' and the 'Great'; she will be blessed; she will reap her heavenly 'Reward'. Moreover, her deeds will be set down in 'Records', as official and sanctified, unlike the gossip and rumours that have been maliciously spread about other members of the family.

The encomium becomes more aligned to the smallpox that caused her death, and which was being seen as God's curse on the House, as the poem develops towards its conclusion. The poet insists not only on the glory of Mary's actions and example but also on her beauty and radiance. As if deliberately countering the disfiguring consequences of the disease, whether on those surviving or on the bodies of those it kills, Mary is transfigured in death, leaving behind any physical imperfections the disease will have caused and being celebrated instead as displaying the purity of her soul in the imagined face of the deceased, now ready to rise in glory. This is evident early on in '*Mary's* setting Rays' (p. 58), as if her death has cast the lasting glow of her beauty across the land, as well as over the reputation of the nation. William is to be 'Fierce in the Battel', so that it will be evident that the only one of death's 'Darts' that could 'touch thy Heart' is 'that, which struck the Beauteous Queen' (p. 60). Finally, William is conjured not to dwell upon 'Her Face with thousand Beauties blest; / Her Mind with thousand Virtues stor'd' (p. 64). Her place is now above, where she continues to do him service, to act the queenly consort through the agency of her own virtues and purity:

But oh! 'twas little, that her Life
O'er Earth and Water bears thy Fame:
In Death, 'twas worthy *William's* Wife,
Amidst the Stars to fix his Name.

Beyond where Matter moves, or Place
Receives its Forms, thy Virtues rowl:
From *Mary's* Glory Angels trace
The Beauty of her Partner's Soul. (p. 65)

It was not uncommon in the poetry of smallpox for its pustules to be expressed in items of radiant beauty, such as flowers, or of emotion, such

as tears, and of heavenly glory, like stars.¹⁶ Prior avoids doing this directly, but the inscribing, through Mary, of William's name 'Amidst the Stars' is a sure reminder of the death she has suffered and of the transforming power that her new status, fortified by her beauty and virtue in life, has given her.

Pamela's smallpox and that of her baby, then, hardly enter the novel without a burden of established associations, though nowhere on the scale of the issues surrounding the House of Stuart. *Pamela* is a text much more engaged at the domestic level than with divine intentions for a family, royal or otherwise. Not that the divine is absent from *Pamela* or from the characters' thoughts, especially regarding smallpox. As we saw, smallpox enters the B. household when Pamela is full of 'pleasures and hopes' after the arrival of the baby, and 'in the midst of my dear parents' joy' (II, 333): not exactly an everyday domestic occurrence, but a regular enough event in many households. It was a Tuesday, and Mr B. 'set out for Tunbridge' (II, 333). Again, these are low threshold details. But Pamela also regards the disease as being 'of God Almighty's sending' (II, 333). Equally, when the pustules finally appear, she does not give credit to the doctors but declares instead, 'blessed be God! who has given me hope that our prayers are answered' (II, 335). Mr B., likewise, is induced by her to put his trust in God, as she does: 'he tells me', writes Pamela of her husband,

that since I will have it so, he will indulge me in my attendance on the child, and endeavour to imitate my reliance on God—that is his kind expression—and leave the issue to him. (II, 334–35)

When both are finally recovered, Pamela tells Lady Davers that her first duty has been 'to that gracious God, who has so happily conducted me through two such heavy trials' (II, 338), after which the domestic resumes primacy of place, with everyday correspondence, questions over the health of Mrs Jewkes and arrangements for the forthcoming journey of convalescence.

But there is a role for the divine in this episode over and above what might be described as a normal period household's resignation and reliance, and in this wife and husband, or rather husband's sister, Lady Davers, have different perspectives, in Pamela's case quite innocently so. For her, the matter is simple, and down to her own pride in her child and her happiness:

I had so much joy [...] to see, on our arrival at the farmhouse, my dearest Mr. B., my beloved baby, and my good parents, all upon one happy spot,

that I fear I was too proud—Yet I was truly thankful, I am sure!—But I had, notwithstanding, too much pride, and too much pleasure, on this happy occasion. (II, 333)

The humble, unquestioning Christian has no business to enjoy a share of happiness too far above the human lot. To seem to have done so, as Pamela here, retrospectively, believes she has, is to ask for a fall. For Lady Davers, writing to her brother, the matter is more pointed and more serious. For her, the visitation is precisely that, and a warning from God in consequence not of anything that Pamela has, or has not, done, but of Mr B.'s past sexual indiscretions: 'the rod seems to have been held up', she declares,

as a warning—and that the blow, in the irreparable deprivation, is not given, is a mercy, which I hope will be deserved; though you never can those very signal ones you receive at the Divine hands, beyond any man I know. For even [...] your very vices have been turned to your felicity, as if God would try the nobleness of the heart he has given you, by overcoming you (in answer to my sister's constant prayers, as well as mine) by mercies rather than by judgments. (II, 337)

Had God been determined to punish him, no doubt, he would have sent him the great pox rather than the small: even so, it was the 'constant prayers' of the women close to him rather than his own merit that, for her, diverted a possibly tragic outcome. The B. family might not be royal, but God, apparently, is just as likely to take a close interest in their affairs, their virtues and vices and the balance of their merits, as he was supposed to do some half a century earlier in those of the highest and most representative in the land. Pamela, naively, looks for the fault in herself, while her husband is more concerned with practicalities—engaging the doctors, ensuring she is removed from the child. For him, clearly, the divinity is a very remote presence in this matter. For Lady Davers, though, at one remove, and taking the long view, the 'rod' has been shown, and withdrawn. That is sufficient explanation for the episode.

Medical, as opposed to popular, opinion by the eighteenth century was broadly in agreement over God's role in smallpox—or the lack of it. Medical science was becoming more excited about prevention and treatment than sin and punishment. But the issue beyond the world of doctors came to a particular head over inoculation. As we have seen, the clergyman Edmund

Massey was stridently assertive over the impiety of attempting to divert diseases ordained by God as punishment for our sins, a view echoed some 30 years later in an anonymous work, published in London in 1751: *A Dissuasive Against Inoculating For The Small-Pox; In A Letter to a Gentleman, &c. To which is added, A Parallel Between The Scripture Notion of Divine Resignation, And The Modern Practice of receiving the Small-Pox by Inoculation*. For this writer,

these constitutional Distempers (if we may so call them) serve very excellent Purposes, and to oppose them is to oppose God's Government of the *moral World*.—Affliction is originally the Lot and Condition of human Nature. [...] They are ordained by infinite Wisdom. [...] ¹⁷

Not that there lacked medical opposition to inoculation—William Wagstaffe, for one, whose caution, as expressed in *A Letter To Dr. Freind; Shewing The Danger and Uncertainty of Inoculating the Small Pox* of 1722, was based largely in racial and gender prejudice:

The Countrey from whence we deriv'd this Experiment, will have but very little Influence on our Faith, if we consider either the Nature of the Climate, or the Capacity of the Inhabitants; and Posterity perhaps will scarcely be brought to believe, that an Experiment practiced only by a few *ignorant Women*, amongst an illiterate and unthinking People, shou'd on a sudden, and upon a slender Experience, so far obtain in one of the Politest Nations in the World, as to be receiv'd into the Royal Palace. ¹⁸

The fact that the well-known physician John Arbuthnot, friend to Pope and Swift, among many others, chose to describe Wagstaffe's remarks as 'Misrepresentations' on the title page of his pamphlet *Mr. Maitland's Account of Inoculating the Small Pox Vindicated*¹⁹—he also takes aim at Massey—from 1722 is a demonstration of how live the debate was so soon after the introduction of the practice.

But medical writing was also, like Pamela, interesting itself in more everyday steps to be taken to inhibit infection, or to diminish its effects once contracted. Some, like the surgeon John Marten's *A Treatise of all the Degrees and Symptoms of the Venereal Disease, in both Sexes*, the sixth edition of which was published in 1708, represent an earlier, distinctly conservative school of thinking. 'I remember I have read', he states,

that the *Jews* strictly avoided all Copulation with their Wives, during their Menstruous Impurity; which if *Christians* would observe, would not be amiss; for by their good observance, not only Conceptions are prevented, but vitiated and defiled Conceptions also, which at those times generally prove Impure, and oftentimes fix Diseases in the Principles of the Birth, and, as some say, is more the cause of *Small-Pox*, and *Measles*, than any thing else, by the Menstruous Impurities of the Mothers Blood, which the Infant contracts in the Nutriment of the Womb.²⁰

If this is another version of original sin, descending through the female line and resulting in the diseases that God still sends his people, at least it has the practical advantage of being easier to avoid, even if no more scientifically sound. However, more doctors were turning away from superstitions and attending to practical considerations of management and cure, even though many of the measures they recommended, apart from inoculation, were much the same as they prescribed for most other conditions, and no doubt were followed with as little benefit. Charles Perry, writing in 1747, supported inoculation for prevention, defending it strongly against religious prejudice,²¹ but also, once the disease was contracted, favoured bleeding (pp. 17–19), vomits ‘to cleanse and empty the whole alimentary Tube’ (p. 20), followed by prescriptions involving laudanum (pp. 20–21) and a diet consisting ‘chiefly of Seeds, Legumens, and Things of the farinaceous Kind’ (p. 21). Charles Roe, a surgeon, writing some 30 years later, also supported inoculation for prevention,²² and, in the case of infection, bleeding, followed by purging with ‘some cooling physic’, such as ‘salts and manna, infusion of sena with soluble tartar . . . rhubarb and sal polychrest or magnesia’ (p. 68). He also highly recommends ‘exposing of patients to cold air’ and ‘a cooling regimen’ (p. 70). Once the rash has appeared he, wisely, advises very little by way of interference, though the patient’s ‘arms and legs’ should be ‘fomented or bathed every evening in warm milk and water, or bran and water’, while the body ‘should be kept open by mild clysters, or purges’. Meanwhile, ‘gentle opiates are to be administered from time to time at this season, to procure rest and ease pain’ (p. 72). In terms of prevention of infection in the first place, bleeding, as in *Pamela*, features yet again, with Charles Deering, a Midlands physician, recommending it in his 1737 work, *An Account of an Improved Method of Treating the Small-Pocks*, for ‘all plethoric Persons, where and when ever this Distemper is among the People, together with some Preparatives capable to attenuate the Fluids, and to promote Perspiration’.²³ A Chester physician, John Haygarth, came a lot

closer to modern preventative measures for infectious diseases—and, indeed, to medieval measures to combat the plague—in his 1784 publication *An Inquiry How to Prevent the Small-Pox*, setting out what he calls the ‘Rules of Prevention’. These include suffering ‘no person who has not had the small-pox’ to ‘come into the infectious house’; keeping patients indoors and away from other people ‘after the pocks have appeared’; paying ‘utmost attention to *cleanliness*’, and in particular ensuring that ‘no person, clothes, food, furniture, dog, cat, money, medicines, or any other thing that is known or suspected to be bedaubed with matter, spittle, or other infectious discharges of the patient’ goes out of the house ‘till they be washed; and till they have been sufficiently exposed to the fresh air’; and equally the ‘foul linen’.²⁴

One feature of the disease that most medical opinion seemed to agree on is the random nature of the disfigurement that was often a consequence for survivors, what the physician Daniel Phillips refers to as ‘foul scars and pits in the Skin, by which the delicate Texture of the Face [...] is enormously deform’d’.²⁵ As the Boston physician William Douglass conceded in his *A Practical Essay Concerning The Small Pox*, such ‘Pittings and Scars [...] are not easily prevented’.²⁶ Some practitioners, even so, had advice to avoid or minimize disfigurement. Thomas Tanner, in his *A Practical Treatise On The Small-Pox and Measles* of 1745, forbids letting the fire ‘catch the patient’s Face, for that is very hurtful, and occasions so many frightful Objects, by drawing their Faces into Seams, Scars, &c’.²⁷ He also recommends washing ‘the Face and large Scars with Lime Water, wherein a little Sal-armoniack has been dissolved’ (p. 16). Richard Mead, the well-known London physician, has several prescriptions in *A Discourse On The Small Pox And Measles* in 1748 to ‘efface the marks and scars of the small pox’.²⁸ These include preparations, applied as a liniment, based on such substances as ‘rotten bones powdered’, ‘almonds’, ‘radish seed’, ‘rocket seed’, ‘rice, lupins, and kidney-beans’ mixed with ‘*aqua amurcae*’, which is an extract from olives, and ‘barly water’ (p. 178). Samuel Mihles, a few years later in 1764, in his *Elements Of Surgery*, advises binding with dry lint, or else lint ‘spread with *Cerat. epulotic*’²⁹—a combination of wax, olive oil and calamine.

Nevertheless, if Voltaire’s figure of 20 in every 100 of the population surviving disfigured from smallpox is remotely correct, few managed to escape unscarred. One who famously failed to do so was Lady Mary Wortley Montagu, whose witnessing of inoculation while in Turkey followed her own experience of the disease in 1715–1716. The poem she wrote on the subject in 1716, ‘Saturday: The Small-Pox’ from her *Six*

Town Eclogues, is remarkable for lamenting her (or rather 'Flavia's', for it is uncertain how far she intended the work to be an autobiographical testimony) loss of beauty:

How am I changed! alas! How am I grown
A frightful spectre to myself unknown!
Where's my complexion? where the radiant bloom,
That promised happiness for years to come?³⁰

Conspicuously missing, though, is any hint whatsoever that the condition could have been sent by God, even though the poem is riddled with the evidence of her vanity. The measure of Flavia's grief, in fact, is also the extent of her former self-satisfaction:

Then, with what pleasure I this face surveyed!
To look once more, my visits oft delayed!
Charmed with the view, a fresher red would rise.
And a new life shot sparkling from my eyes! (ll. 9–12, p. 56)

The only mention of divine interest is the remote possibility that 'pitying heaven' might 'restore my wonted mien' (l. 59, p. 58), but this is introduced only to be immediately denied. It is as if Montagu has deliberately contrived Flavia's lament as a self-condemning document, making clear through her unthinking and worldly vanity the unspoken reason why she was afflicted with the smallpox: God remains as absent from her thoughts now as he was when she was a beauty, and there lies her tragedy.

If Flavia represents the very reverse of Pamela in terms of vanity, the latter too ready to blame herself and the former not considering blame at all, the two characters are also at opposite poles regarding disfigurement. Unlike Flavia, Pamela comes through wholly unscathed. As Mr B. tells his sister, 'to all appearance, her charming face will not receive any disfigurement by this cruel enemy to beauty' (p. 336). The implication is clear: in a novel that continued to bear through its many editions the subtitle 'Virtue Rewarded' on its title page, the rewards enjoyed by its heroine include the hint of divine favour extending far beyond the trials of the first part to her experience of one of the most common diseases of the period. At a time when medical science was moving away from religious explanations, popular understanding could still be relied on to endorse a view of infection by which the divinity could not be conclusively ruled out. Smallpox certainly

had a large presence during the eighteenth century, and its conspicuousness as a killer and a maimer was made all the more forceful by the lingering possibility that its visitations were not entirely by chance.

NOTES

1. (1962) *Pamela, Volume II*, M. Kinkead-Weekes (ed.) (London: J.M. Dent & Sons Ltd), II, p. 333.
2. (2007) *Smallpox and the Literary Imagination 1660–1820* (Cambridge: Cambridge University Press), p. 170.
3. (1988) *Smallpox and its Eradication* (Geneva: The World Health Organization), p. 230.
4. (1733) *Letters Concerning the English Nation by M. de Voltaire* (London: C. Davis and A. Lyon), p. 80. Voltaire's figures, of course, do not add up.
5. (1996) 'Decorums', in L. E. Merians (ed.), *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington: The University Press of Kentucky), pp. 149–50.
6. (1737) *A Treatise of Venereal Diseases, In Six Books*, W. Barrowby (trans.) (London: W. Innys and R. Manby), p. 1.
7. (1796) *Observations Concerning the Prevention and Cure of the Venereal Disease* (London: T. Chapman), pp. 187–88.
8. (2008) 'Review: *Smallpox and the Literary Imagination 1660–1820*', *Medical History* (October 2008), 52:4, 565–66, p. 565.
9. See D. R. Hopkins (1983) *The Greatest Killer: Smallpox in History* (Chicago: University of Chicago Press, 2002 edn), pp. 37–41.
10. (1975) *The Third Advice to a Painter*, ll. 245–48, in *Anthology of Poems on Affairs of State: Augustan Satirical Verse 1660–1714*, G. de F. Lord (ed.) (New Haven: Yale University Press), p. 53.
11. (1975) *An Historical Poem*, in Lord, p. 238–39.
12. (1990) 'On the Death of the Duke of Gloucester', in P. Thomas (ed.), *The Collected Works of Katherine Philips*, 2 vols. (Stump Cross: Stump Cross Press), I, 76, cited in Shuttleton, p. 71.
13. (1660) *An Elegie On the Death of the Most Illustrious Prince, Henry Duke of Gloucester* (Oxford: Henry Hall), pp. 4–5. See also Shuttleton, pp. 71–2.
14. (1722) *A Sermon Against the Dangerous and Sinful Practice of Inoculation. Preach'd at St. Andrew's Holborn, On Sunday, July 8th, 1722* (London: William Meadows), pp. 29–30. See also I. and J. Glen (2004) *The Life and Death of Smallpox* (Cambridge: Cambridge University Press), p. 64.
15. (1709) 'An Ode. Presented to the King, on His Majesty's Arrival in Holland, After the Queen's Death. 1695', in *Poems on Several Occasions* (London: Jacob Tonson), pp. 55–56.

16. On this, see R. A. Anselment (1995) *The Realms of Apollo: Literature and Healing in Seventeenth-Century England* (London: Associated University Presses), especially ch. 5. Dryden uses both rose buds and tears in his 1649 poem, 'Upon the Death of Lord Hastings'. Both Jeremy Terrent and William Cartwright use stars writing about Charles I's recovery from small-pox in 1633, the former in 'Thanks for this great deliverance, say you' and the latter in 'On His Majesties recovery from the small Pox. 1633'.
17. (1751) *A Dissuasive Against Inoculating for the Small-Pox* (London: Jacob Robinson), p. 52.
18. (1722) *A Letter to Dr. Freind; Shewing The Danger and Uncertainty of Inoculating the Small Pox* (London: Samuel Butler), pp. 5–6.
19. (1722) *Mr. Maitland's Account of Inoculating the Small Pox Vindicated, from Dr. Wagstaffe's Misrepresentations of that Practice, with Some Remarks on Mr. Massey's Sermon* (London: J. Peele), Title page.
20. (1708) *A Treatise of all the Degrees and Symptoms of the Venereal Disease, in Both Sexes* (London: S. Crouch et al., 6th edn), pp. 27–28.
21. (1747) *An Essay on the Smallpox* (Dublin: J. Kinneir and A. Long), pp. 39–40.
22. (1780?) *A Treatise on the Natural Small Pox* (London: J. Dixwell), p. 87 ff.
23. (1737) *An Account of An improved Method of Treating the Small-Pocks* (Nottingham: G. Ayscough and Mr. Ward), p. 11.
24. (1784) *An Inquiry How to Prevent The Small-Pox* (London: J. Monk), pp. 118–19.
25. (1702) *A Dissertation of the Small Pox* (London: J. Nutt), p. 47.
26. (1730) *A Practical Essay Concerning the Small Pox* (Boston: D. Henchman and T. Hancock), p. 32.
27. (1745) *A Practical Treatise on the Small-Pox and Measles* (Worcester: S. Bryan), p. 9.
28. (1748) *A Discourse on the Small Pox and Measles* (London: John Brindley), p. 180.
29. (1764) *The Elements of Surgery* (London: Robert Horsfield, 2nd edn, revised by Alexander Reid), p. 82.
30. (1989) 'Saturday: The Small-Pox' from *Six Town Eclogues*, ll. 5–8, in R. Lonsdale (ed.), *Eighteenth-Century Women Poets: An Oxford Anthology* (Oxford: Oxford University Press), p. 56.

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‘Halfe Dead: and rotten at the Coare:
my Lord!’: Fashionable and Unfashionable
Consumption, from Early Modern
to Enlightenment

Clark Lawlor

It is well known that consumption is a fashionable disease: Susan Sontag contrasted it with cancer, and called it a disease of the self, a disease that expressed something about the personality of the sufferer. Historians and literary critics have written at length about consumption’s social and cultural cachet in various domains: religion, spirituality, the good death, secular love melancholy, female beauty, male genius, and the various connections between them.¹ Consumption has been the subject of much literary production, and much of it stresses consumption’s potential benefits to the sufferer. However, not all strands of consumptive imagery are positive, and not all lend themselves to the apparently dominant artistic representations of the condition. This chapter will discuss the way in which consumption features as paradoxically both fashionable and unfashionable

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in the religious discourse of the earlier part of our period, itself an unfashionable period in which to discuss consumption.

An apparently key issue for this analysis is the description of consumption as a contagious disease: historically, Northern Europeans believed in the heredity of consumption more so than the Southern, where the infectiousness of the disease was seemingly more obvious to the physicians. The burning of John Keats' effects in the famous house by the Spanish Steps in Rome, and the similar fate of Chopin's belongings in Majorca, are both notorious instances of the Southern-European attitude to consumption. On the other hand, we can take two examples of the Northern belief in hereditariness from the seventeenth and eighteenth centuries: James Shirley expressed this conviction in a negative way in his *Gentleman of Venice* (1655). His character, Cornari, rails against 'Things that lie like Consumptions on their Family, / And will in time eat up their very name; / A knot of fooles and knaves'.² The character Ribble in Thomas Amory's eccentric novel *John Buncle* (1756) has hereditary consumption, and his cousin has the same illness brought on by a libertine lifestyle.³

There was room for debate on the matter even in the North, however. Guillaume du Bartas (1544–1590), an influential French Huguenot poet, attempted to have his cake and eat it: his *Divine Weeks and Works* (English edition in 1621) assigned '*Phthisik-maladie*' to 'Diseases contagious' and '*Consumption*' to those 'hæreditarie' ones.⁴ As both meant roughly the same thing, Du Bartas was in some senses following the medical texts in providing various complex causes for consumption, although Du Bartas was unusual in Northern Europe in allowing consumption's contagious nature to be one of those factors.

This broad divide continued to be the case even into the nineteenth century, and was exported across the Atlantic. The American novelist Charles Brockden Brown's character in the eponymous novel *Arthur Mervyn* (1793) proposes to go to the aid of a family friend in a city riven by the highly infectious yellow fever:

My stay, however, may be longer than the day. I may be condemned to share in the common destiny. What then? Life is dependent on a thousand contingencies, not to be computed or foreseen. The seeds of an early and lingering death are sown in my constitution. It is vain to hope to escape the malady by which my mother and my brothers have died. We are a race, whose existence some inherent property has limited to the short space of twenty years. We are exposed, in common with the rest of mankind, to innumerable casualties; but if these be

shunned, we are unalterably fated to perish by consumption. Why then should I scruple to lay down my life in the cause of virtue and humanity? It is better to die, in the consciousness of having offered an heroic sacrifice; to die by a speedy stroke, than by the perverseness of nature, in ignominious inactivity, and lingering agonies.⁵

Mervyn's hereditary consumption seems less than 'heroic' to him, as he echoes the alternative tradition of the benefit of a speedy death, whether for the lover or the religious person. This is a negative narrative of phthisical destiny—one that might seem unsurprising to modern eyes used to the devastation that pulmonary tuberculosis has wreaked in the industrializing—and in Brown's America, consumption was cutting swathes through large sections of the population, as its incidence rose all over the rapidly industrializing Western world. Paradoxically, Mervyn's consumptive destiny prompts him to contemplate a quick but ethical heroic death, which is itself an attempt to avoid his death sentence (as Keats would put it) from tuberculosis.

For the purposes of this essay, and in the medical literature, the causes of consumption are multiple, but the concept of infection tends to be less important for our geographical remit than personal and environmental factors (e.g. the 'non-naturals', those factors thought to be susceptible to human intervention or 'regimen' from classical times onwards). Such causative and symptomatological complexity is part of consumption's oscillating status as a fashionable disease: at once the disease of the good death because of its lingering nature and tendency to leave a clear mind, but also, as Brown observes, potentially requiring 'ignominious inactivity, and lingering agonies'. Inactivity in a capitalist context, American or otherwise, is inevitably ignominious, and the much-lauded 'soft' death by consumption was not guaranteed.

RELIGIOUS CONSUMPTIONS

As I and others have discussed previously, consumption was the disease of the good death. Depictions of the pious and easy death of consumptives, like the highly influential 'A Letter to a Friend, upon the Occasion of the Death of his Intimate Friend' by the physician-author Sir Thomas Browne (published posthumously in 1690), propagated the myth of this holy disease.⁶ Browne's more extended musings on death by consumption were influential both in this period and later, including

the nineteenth century, in both Britain and America.⁷ This image of consumption was seductive and, according to Browne, fashionable:

his soft departure, which was scarce an expiration; and his end not unlike his beginning [...] and his departure so like unto sleep, that he scarce needed the civil ceremony of closing his eyes; contrary unto the common way, wherein death draws up, sleep lets fall the eye-lids. With what strifes and pains we came into the world we know not; but 'tis commonly no easy matter to get out of it: yet if it could be made out, that such who have easy natiivities have commonly hard deaths, and contrarily; his departure was so easy, that we might justly suspect his birth was of another nature, and that some Juno sat cross-legged at his nativity. (pp. 180–81)

Theological opinion at a higher level was by no means unified about consumption as the disease of the good and easy death, however. Despite the strong strain of positive imagery popularly associated with consumption, clergy such as Jeremy Taylor had forceful objections to a preference for any single disease. Taylor published the influential *Holy Living and Holy Dying* in 1651, a text following in the *ars moriendi* tradition. In a section entitled 'Of the Practise of Patience' within the *Holy Dying* volume, a subsection called 'Do not choose the kind of thy sicknesse, or the manner of thy death' insists on the foolishness of desiring a consumptive death:

I have known some persons vehemently wish that they might die of a consumption, and some of these had a plot upon heaven, and hoped by that means to secure it after a careless life; as thinking a lingering sicknesse would certainly infer a lingering and protracted repentance; and by that means they thought they should be safest; other of them dreamed it would be an easier death, and have found themselves deceived, and their patience hath been tired with a weary spirit and a useless body, by often conversing with healthful persons and vigorous neighbours, by uneasiness of the flesh, and the sharpness of his bones, by want of spirits and a dying life; and in conclusion have been directly debauched by peevishness and a fretful sicknesse, and these men had better have left it to the *wisdom* and *goodnesse* of God, for they both are infinite.⁸

Taylor sheds further light on reasons for consumption's evidently strong popularity even as he attempts to wrest control of the popular discourse of consumption away from the likes of Browne and, to a certain extent, Thomas Fuller.⁹ According to popular opinion, consumption, as a mortal disease, can encourage repentance where there has been none before and, happily, its

lingering duration gives people plenty of time to achieve a satisfactory result. This deception anticipates Fuller's cautionary caveat four years later about those who abuse consumption by flattering themselves that they can escape death.¹⁰

For Taylor, then, consumption is not a malady for a good death. Nor is it one for an easy death: Taylor injects some medical realism by observing that this outcome is far from likely, although narratives by medics such as Browne demonstrate that, even accounting for mythology and Browne's religious desire to have consumption fulfil a certain role, the disease could at least occasionally deliver a relatively easy death. Rather than minimize consumption's symptoms, Taylor emphasizes them and their impact on all areas of the sufferer's life. The painful physical effects of wasting, the sharp bones and uneasy flesh, translate into mental woe. Social interaction also becomes difficult for the consumptive as Taylor presents a stark contrast between the healthy and unhealthy. Ease becomes its opposite: *unease*; peevishness and fretfulness dominate the 'debauched' consumptive's life and death. The only option to be taken, if any existed in the first place, is to accept whatever God decides. Of course, the other writers on this topic agree that God's decree must be the primary concern, but the difference is that they view consumption as a good outcome if they happen to contract it, whereas Taylor absolutely disapproves of its treacherous nature. Men can be deceived into thinking that consumption can do some of the spiritual work they should be doing themselves; the easy disease is not an easy solution. Richard Baxter thought the same, warning that one should not believe that the specific manner of death is an accurate reflection of the soul's health: 'those carriages in their sickness which proceed from their diseases or bodily distempers'.¹¹

Some people merely saw consumption as a punishment from God and in no way to be thought a blessing. Thomas Beard, in his *Theatre of Gods Iudgements: Or, a Collection of Histories out of Sacred, Ecclesiasticall, and Prophane Authours* (1597), condemned the evil Hadrian who crucified ten thousand Christians in Armenia 'at one time'. God—as Beard's title suggests—was not likely to tolerate such persecution of his chosen people and smote the heathen accordingly:

God persecuted him & that to his destruction first with an issue of blood wherwith he was so weakened & disquieted, that oftentimes he would faine haue made away himself: next with the consumption of the lunges & lights

which he spate out of his mouth continually: and thirdly with an insatiable dropsie: so that seeing himself in this horrible torment, he desired poison to haste his death, or a knife to make quick riddance; but when all those means were kept back, he was inforced to indure still, & at last to die in great misery.¹²

And good riddance. The only caveat to be made here is that consumption is combined with other diseases in a biblical succession of plague-like punishments. On its own, and in combination with a good person, consumption holds a higher status.

Most famously, John Bunyan caused his Badman to die of consumption in *The Life and Death of Mr. Badman, Presented to the World in a Familiar Dialogue Between Mr. Wiseman, and Mr. Attentive* (1680). Bunyan's presentation of Badman's death is more complex than his diatribe initially suggests:

Wise. I cannot so properly say that he died of *one* disease, for there were *many* that had consented, and laid their heads together to bring him to his end. He was dropsical, he was consumptive, he was surfeited, was gouty, and, as some say, he had a tang of the Pox in his bowels. Yet the Captain of all these men of death that came against him to take him away, was the Consumption, for 'twas that that brought him down to the grave.

Atten. Although I will not say, but the best men may die of consumption, a dropsie, or a surfeit; yea, that these may meet upon a man to end him: yet I will say again, that many times these diseases come through mans inordinate use of things. Much drinking brings dropsies, consumptions, surfeits, and many other diseases; and I doubt, that Mr. Badmans death did come by his abuse of himself in the use of lawfull and unlawfull things.¹³

Bunyan cunningly reverses the mythology of consumption by causing Badman to die a bad death from this 'Golden disease'.¹⁴ In the Christian interpretation of sickness, man is ill because of the Fall: sin is the root of death and disease, as the *ars moriendi* never tired of reminding the pious reader. Especially in the Puritan mode, the sick were supposed to search their souls to find any moral—strictly speaking, *immoral*—causes of their illness. Only when this issue was addressed could one be fully at peace with one's body and one's God. Badman dies from consumption primarily because of his lewd behaviour and, it must be noted, he is tainted by venereal disease—a sure way of stigmatizing anyone in this period. Venereal disease was, in Puritan culture, a fashionable courtly disease, and one that no God-fearing man would contract.¹⁵ Bunyan stresses the 'stink' of the 'foul disease' of syphilis after

Badman's death rather than the one that actually finished him off: consumption.

We are also reminded here that disease was specific to the individual constitution in this age of humoral medicine: one's personal humoral balance or imbalance dictated the state of one's health, not an individual, biological disease entity like the as-yet unimagined tubercle bacillus. Badman is viewed as a totality by Bunyan: a person who is assailed by several different conditions because of his immoral behaviour, his seedy indulgence in 'cups and queans', wine and women.¹⁶ Bunyan is also no doubt using consumption in its metaphorical sense of 'consuming' sin, as in this punning (and tortuously translated) passage in St. Augustine's *Confessions*:

For whosoever, called by Thee, followed Thy voice, and avoided those things which he reads me recalling and confessing of myself, let him not scorn me, who being sick, was cured by that Physician, through whose aid it was that he was not, or rather was less, sick: and for this let him love Thee as much, yea and more; since by whom he sees me to have been recovered from such deep consumption of sin, by Him he sees himself to have been from the like consumption of sin preserved.¹⁷

Nor was 'real' consumption an individual entity: there were varieties of consumptions, many of which could overlap or combine, depending on the peculiar circumstances of the afflicted person. Wasting away from a venereal consumption was one such option in the medical texts of the time and continued to be so into the Victorian age, although the Victorians reworked this judgemental category according to their own scientific and cultural environment.¹⁸

Bunyan consciously exploits the reader's knowledge of consumption to contradict its mythology: 'sickness, you know, will alter the body, also pains and stitches will make men groan; but for his mind, he had no alteration there. His mind was the same, his heart was the same. He was the self-same Mr. *Badman* still' (pp. [341], 320). Consumption allows one to remain *compos mentis*, so Bunyan can prove Badman to be unchanged and therefore unredeemed. Using the same logic, Bunyan has Badman die in the classical consumptive fashion: 'as quietly as a lamb'. The character of Attentive—Bunyan's crude vehicle—recounts the ideal of the good consumptive death:

there is such an opinion as this among the ignorant: That if a man dies, as they call it, like a Lamb, that is, quietly, and without that consternation of mind that

others shew in their death, they conclude, and that beyond all doubt, that such an one is gone to Heaven, and is certainly escaped the wrath to come.

To which Wise flatly replies: 'There is no Judgment to be made by a quiet death, of the Eternal state of him that so dieth.' (pp. [342], 321, sig. P5) Bunyan's manipulation of the consumption myth serves to demonstrate the irony of ignoring the life which precedes a man's final hours. By causing Badman to die what seems to be a consumptive good death, Bunyan punctures the fashionable idea that one's deathbed is the be-all and end-all for salvation.

Yet we do not entirely escape the impression that the manner of one's death still matters. Badman's first wife dies an elaborately described good death after 'a languishing distemper' caused by a broken heart, no doubt induced by Badman's behaviour.¹⁹ Evidently this wife perishes from a consumptive melancholy. She is an exemplary model of the good death, and Bunyan favours her with an easy consumptive one too. The attraction of consumption evidently remains strong, even for Bunyan. Badman's consumptive death is tainted by venereal disease and is a notable parodic inversion of the usual rites of the good death, such as making peace with one's God, one's family and friends, and oneself.

In fact the issue of the manner of one's death was a tension in the *ars moriendi* almost from the outset: if a good man should die a 'bad' death from a difficult disease, why should he go straight to hell? Erasmus had followed his comments on bad deaths by observing that 'Contrary wise, somme we see haue so gentyll a deathe that they seme to sleepe and not to dye. But what facion of death so euer chanceth, no man is thereby to be esteemed.'²⁰ *Morbi acuti* were diseases that killed suddenly, but these could not always be avoided by the godly person. Petrus Luccensis's *A Dialogue of Dying Well*, a Catholic text translated by Richard Verstagen (Antwerp, 1603), also insisted that we should not think badly of people who die a sudden death (Atkinson, p. 230). In a later part of *Holy Dying*, Jeremy Taylor proposes an advantage to avoiding lingering disease: 'Yet a sudden death is free from temptation.' ([1651], p. 188)

The poetess Elizabeth Rowe (1674–1737), who watched her own husband die from consumption in a most unideal manner (although her father apparently had the opposite experience in his easy death), saw many reasons for resisting an extended process of dying:

As she was greatly apprehensive that the violence of pain, or languors of a sick-bed, might occasion some depression of spirits, and melancholy fears,

unsuitable to the character and expectations of a Christian, her manuscript book of devotions contains frequent petitions to heaven, that she might not, in this manner, dishonour her profession; and to her friends she often expressed herself desirous of a sudden removal to the skies, as it must necessarily prevent any such indecent behaviour in her last moments: So that the suddenness of Mrs. Rowe's death may be interpreted as a reward of her singular piety, and a mark of the divine favour in answer to her prayers.²¹

Ironically, this is the opposite of myths about consumption as a sign of divine approval. While others, such as Dudley Ryder, were dreaming of a leisurely consumptive approach to death, Rowe embraced the lightning-bolt method.²² Clearly different individuals would cleave to different aspects of theological opinion because each person had a particular psychological composition, albeit within a limited range of cultural possibilities. One should remember that apparently abstract theology often had an immediate impact on the life and death of a person in this period. It is also notable that Rowe died in 1737, well into the eighteenth century, yet still the enduring discourse of the good death helped determine her thoughts.

Ralph Houlbrooke has argued that the tendency to downplay the actual deathbed event increased in the later seventeenth century because a disease allowing a saintly, calm death was not always available, even to the best of men.²³ We have seen that *ars moriendi* writers were already warning about this assumption in the fifteenth century, but Houlbrooke elsewhere observes that there had been many empirical studies in the seventeenth century which showed, more starkly than before, examples of people not conforming to the ideal model of the good and easy death, which inevitably 'cast increasing doubt on the reliability of deathbed comportment as a mirror of inwardly bestowed grace'.²⁴ The myth of consumption as a good death may well have been coming under increasing pressure at the end of the seventeenth century but, as I argue here, the cynical strain of opinion constantly struggled with the popular and reassuring myth of the disease for at least the next two centuries.

The kinds of issue raised by Jeremy Taylor continued to play themselves out in the nineteenth century, not least due to his personal popularity in the Evangelical movement.²⁵ In his own time, however, his introduction of the disparity between the more idealistic and fashionable representations of consumption and the more realistic and unfashionable ones, be they medical, literary or otherwise, requires some investigation. This divergence is immediately apparent in the humoral model of pulmonary consumption, a process succinctly (albeit clumsily) described by Rowland Watkyns in his *Flamma sine*

Fumo: Or, Poems without Fictions. Hereunto are Annexed the Causes, Symptoms, or Signes of Several Diseases with Their Cures, and also the Diversity of Urines, with Their Causes in Poetical Measure of 1662:

The Consumption.

Foul humors do descend: thin and sharp rume

Fall from the head, and doth the Lungs consume.

Short cough, short breath, and faintness, never cease

To be companions of this sad disease.²⁶

According to classical medicine, a consumption of the lungs occurred when a disorder of the humors caused ulcerous corruption in the lungs, an area of the body thought to be particularly delicate, and a consequent wasting of the entire body from that local disruption. Watkyns expresses the common notion that ‘rume’ or catarrh would descend from the head into the lungs, thus beginning the degenerative process.²⁷ This remained the basic medical understanding of the disease in the early eighteenth century, although adjusted by the more recent mechanical model of the body as a series of flows through bodily conduits which, if blocked, would result in stagnation of the blood and decomposition.²⁸ The core image in all medical versions, however, is that of putridity and decay in the lungs: Christopher Bennet’s treatise on consumption of 1654, called *Theatrum Tabidorum*, depicted a repulsive decayed residue in that area of the body.²⁹ This is not promising material for a poetic or beneficial disease one would think, yet people could suppress or rework these more medicalized representations in favour of their own cultural and psychological needs.

Edward Taylor, an American poet and physician, exemplifies the way in which this more realistic image of consumption was incorporated into a Protestant poetic in his ‘Meditations’ of 1695. Taylor, born around 1645 in Leicester, emigrated to Massachusetts and was educated at Harvard before serving as both pastor and physician for 58 years at Westfield, a frontier settlement 100 miles south-west of Boston on the other side of the Connecticut River. Taylor’s relationship to illness—and its narration—is an unusual one; although he is not a direct sufferer, he nevertheless possesses direct experience of consumption, has a medical understanding of contemporary theories of the disease, and also has the ability to render that knowledge and experience in fine verse. A further complication is Taylor’s devotion to his religion: his medical, secular comprehension of consumption is framed

in terms of the religious 'master narrative'. His verse too is, as with the highly influential George Herbert, designed more as an object of worship, an aesthetic directed to God, than as a secular art-object. This narrative operates as a dialogue between God and the poet-sinner, a conversation that is ultimately controlled by God, although the poet has the opportunity to express his very human grievances in that context. In some senses the question of an audience other than the writer and the deity is irrelevant, especially as Taylor's poetry only came to light in 1937 because he had not intended his verse for publication.

Taylor's hard life on this early colonial-American frontier would give him good reason to be directed to the next life rather than this: none of his seven children born between 1675 and 1688 outlived him, the mother dying just after the last child had been born; he remarried and, despite the children living to maturity, only one son survived to perpetuate the family name. He himself died in 1729.³⁰ Consumption, smallpox and childbirth fever were major threats to any frontier family at this time and place, and Taylor strikingly shows a direct medical knowledge of the disease in his poetry:

Halfe Dead: and rotten at the Coare: my Lord!
 I am Consumptive: and my Wasted lungs
 Scarce draw a Breath of aire: my Silver Coard
 Is loose. My buckles almost have no tongues.
 My Heart is Fistulate: I am a Shell.
 In Guilt and Filth I wallow, Sent and Smell.³¹

Taylor is something of a stylistic oddity in that he is the last notable poet in Donne and Herbert's 'metaphysical' tradition of surprising conceits, the central one here being the comparison between the bodily 'Filth' of decayed lungs and sin. Taylor was probably inspired both by Isaac Walton's idealized life of George Herbert, and more directly by Herbert's own, more complex poetic intimations about his illness.³² The notion of man being tainted with an ineradicable original sin is central to Protestant theology: only God's freely given grace can redeem the sinful individual; man's spiritual interior is seen as corrupt and putrid, paralleling the humoral theory of the consumptive lungs, and expressed in a combination of a technical, medical vocabulary ('fistulate') and religious discourse.³³ Here the confessional poet is declaring his moral and physical hollowness, his belt almost useless because he is so thin.

Taylor portrays the body as a hollowed out ‘Shell’ which has decomposed outwards from the lungs, the well-springs of putrefaction and (theologically) seat of the soul-breath. Only God, the poem goes on to declare, can provide ‘a Cure for all this griefe in mee’ by purging physical and moral imperfections:

Shall not that Wisdom horded in thee up
(Which Kingly Types do shine upon in thee)
Mee with its Chrystall Cupping Glasses cup
And draine ill Humours wholly out of mee? (ll. 19–23)

The divine physician’s ‘Wisdom’ has the effect of draining Taylor’s spiritual ‘ill Humours’, just as an earthly physician would attempt to remove his physical ones through the practice of ‘cupping’, where a heated glass cup would be applied to the skin in order to draw out harmful substances. The secular cure remains firmly subordinate to the religious one, however.

This medical/spiritual metaphor continues throughout the poem, with the poet continually striving to escape the gross materiality of the physical world in order to reach that of the insubstantial spirit: ‘Oh! that it would my Wasted lungs recruit / And make my feeble Spirits upward shute.’ (ll. 29–30) Taylor urgently requests a ‘glorious Cure’ for his ‘Ulcer’d Soule’ (ll. 35–36). At the end of the poem, Taylor uses the equation of sin with the stinking breath of rotted consumptive lungs to exemplify God’s power to reverse unworthiness into grace:

Let thy rich Grace mee save from Sin, and Death:
And I will tune thy Praise with holy Breath. (ll. 47–48)

Medical writers constantly referred to the vile stench on the breath of consumptives, as in Van Swieten’s account of a man who coughed up such repulsive matter that even he, an experienced doctor, could hardly endure to be in the same room as the patient.³⁴ The final couplet of the poem inverts the ‘Smell’ of the opening stanza as Taylor ends with the ‘holy Breath’ of the cured and redeemed sinner. Here Taylor employs the traditional metaphor of the soul as breath as a means to show how the soul can be diseased or well, and how the cure lies solely in the power of God the physician. Given the high incidence of consumption (however defined) at this time in both America and Europe, the comparison would strike home to any reader.

At a more general level, this use of metaphoric antithesis serves to illustrate Taylor's perception of the vast gulf between the glory and power of God, and man's total depravity and inability to do anything good without God's intervention. The deprecatory image of consumptive lungs is perfectly suited to expressing the contrast between unregenerate man-as-patient and God as the great healer.³⁵ Taylor's own medical abilities are beside the point: indeed, at this time medical men were helpless, if not actually dangerous, in their attempts to cure consumption, so it was difficult to be arrogant about one's professional skills—in this regard at least.

In a paradoxical mode so typical of the 'metaphysical' poets, Taylor reconciles the unfashionability of consumption's more unpleasant symptoms with the Protestant gaining of grace via the abject body: what is vile becomes a vehicle for redemption; what is at first glance irredeemably material is in fact a spiritual opportunity, as mediated by poetic form. For Taylor, poetry becomes a necessary medium for the fashioning of gross matter into 'holy Breath'.

A very different aspect to the more 'realistic' tradition of the consumptive good death is apparent in minor poet Nicholas Hookes' 'Elegie on the Death of Mr. Frear Fellow of Trin. Coll. in Cambridge, Who Died of a Consumption'.³⁶ This largely jocular poem, published in 1653, reflects the male bonhomie of a Cambridge college environment (Dryden was his contemporary at Trinity) and makes Frear's consumptive death part of the joke. Here consumption becomes, as with poet and priest John Donne,³⁷ a disease that turns a man into a living skeleton:

Some few dayes longer hadst thou drawn thy breath,
 Thy frighted friends had taken thee for death;
 For which thy meagre shape as well might passe,
 As that which holds the spade and houre-glasse;
 Thou look'st as if thou'dst past through Chir'rgions hall
 A live Anatomie, the Belfree wall
 Doth nothing ne'er so grim a shape present.

Frear can be mistaken for Death, traditionally depicted as holding a scythe ('spade') and an hour-glass, or a body, normally dead, suitable for the demonstration of anatomy. He is even grimmer than anything put on a church wall to scare men into preparation for the afterlife. Like John Donne, whose famous death may well have influenced this poem, Frear's 'death's head was our best Memento mori'. Hookes continues to play with the comic implications of the conceit that consumption is a disease of the

living dead, a paradoxical condition that exemplifies man's ultimate fate. If this be fashionability, it is only in the darkest of humour, and only in the more medieval and Renaissance sense of the *memento mori* as an essential fashion accessory for the educated Christian.³⁸

The cynical and comic strain of consumptive imagery continued into the eighteenth century: Henry Baker's 'Invocation of Health', published in 1726, indexes a new, more 'rational' and mechanical perspective on medicine and particularly consumption as a deadly disease.³⁹ A minor poet, Baker spent many of his early years writing poetry, although he made his living from the education of deaf-mute children, having successfully devised a system to treat a friend's daughter. He went on to marry Defoe's youngest daughter, Sophia, collaborated with Defoe on a journal venture and eventually became a Fellow of the Royal Society as a noted naturalist and antiquarian. The 'Invocation of Health' casts Consumption as a character in the classical topos of the procession that had become common in the Restoration: in this case, a train of various personified diseases:

Consumption, last, a meager Skeleton,
Tall, haggard, pale; deep in their Sockets sunk
Her Eye-balls dimly roll, extinct their Fire.
Slowly she moves her feeble *Coarse* along,
Whilst ratling Coughs eternal heave her Breast.⁴⁰

Again Consumption is skeletal, but more monstrous and secular than ghostly and religious, despite the grinding of the soul by 'Hell-begot *Despair*'. This tends to a (neo)classical, rather than Christian, vision of the disease, with Consumption becoming a gruesome Goddess like the usual Augustan pagan personifications of Envy, Jealousy and Alexander Pope's Spleen in *The Rape of the Lock* (1712, rev. 1714). Consumption embodies the symptoms suffered by her victims: her vital force is almost exhausted; she coughs endlessly and, quite apart from her other bodily agonies, is tormented by passions of the mind that were thought to bring on the illness in the first place. Or, as Jeremy Taylor argued earlier, these mental afflictions could equally be the result of the disease. One could not expect a soft departure at the hands of such a being: Consumption here becomes an exterior entity, outside any individual qualities of personality.

John Gay too represented rattle-boned Consumption in the classical manner. In 'The Court of Death' in his *Fables*, we find—among a gang of personified diseases—our favourite pleading his case:

And, next, Consumption's meagre corse,
 With feeble voice, that scarce was heard,
 Broke with short coughs, his suit prefer'd.
 Let none object my lingring way,
 I gain, like *Fabius*, by delay,
 Fatigue and weaken ev'ry foe
 By long attack, secure though slow.⁴¹

Edward Taylor and George Herbert's sense of a corrupt interior, which is bound up with the Puritan sense of spiritual self, contrasts with these more secular visions of malevolent or comic gods and goddesses, who persecute the individual from the outside in the manner of the pagan, classical gods. Although Dudley Ryder's diary details the persistence of the religious mode of consumption at this time, the Augustan era also saw the advance of a more secular and 'scientific' understanding of disease, consumption being no exception.

Yet one must not overstate this case: Milton himself represents disease in his 'Cave of Death' in *Paradise Lost* in the manner of the underworld of the ancients. His influential depiction of a variety of 'Diseases dire' prompted by 'intemperance'—itself precipitated by 'the inabstinence of Eve'—includes 'pining atrophy' and 'Marasmus', both code for forms of consumption.⁴² Curiously, Milton doesn't use the word itself here: perhaps he was concerned to keep the 'golden disease' inviolate in some way. The classical influence is much more evident than the biblical, although the core theme of disease as a punishment from God is also the Bible's primary message. In Milton's scene, the sick want Death to strike them down with his dart, so horrible are their agonies:

A lazar-house it seemed, wherein were laid
 Numbers of all diseased, all maladies
 Of ghastly spasm, or racking torture, qualms
 Of heart-sick agony, all feverous kinds.

Milton is hardly concerned with soft diseases here, more with using painful and grotesque ones to inflict some heavy blows on the psyche of the sinner, or potential sinner. Moral discipline is at the forefront of this instructional piece, so in that sense the classical imagery of Renaissance Humanism blends with the biblical message, but with the pagan sources subservient to the religious ones. Later writers, such as Henry Baker,

would use the classical topography without necessarily stressing the religious underpinnings used by Milton.

Baker's new and more secular Enlightenment perception of consumptive death is paralleled to a certain extent in Elizabeth Rowe's anguished depiction of her husband's death at Hampstead in 1715: 'On the Death of Mr. Thomas Rowe'. They had married in 1710, Thomas being a scholar over a decade younger than Elizabeth. Her religious faith evidently did not prevent her from being overwhelmed by his demise at the age of 28, interpreted by contemporaries as a product of too much study in addition to an already weak constitution.⁴³ Elizabeth's attitude to Thomas was a romantic one, her effusions making her popular with the cult of sentiment and sensibility later in the century. Rowe's 'tender husband' is mourned as 'the lover', his death leaving her 'Lost in despair, distracted, and forlorn'.⁴⁴ Rather than looking to God for the consolations of a good death, she bewails the fact of separation: 'Why did they tear me from thy breathless clay? / I should have staid, and wept my life away.'

When he is given a swan-song in the poem, he is more concerned with feeling 'the pangs of parting' and the prospect of being reunited with her 'on those happy plains, / Where mighty love in endless triumph reigns'. For Rowe, the death of her husband is a traumatic scene, not an hour of blessed transition from one state of being to another:

My fancy paints him now with ev'ry grace,
But ah!, the dear delusion mocks my fond embrace;
The smiling vision takes its hasty flight,
And scenes of horror swim before my sight.
Grief and despair, in all their terrors rise,
A dying lover pale and gasping lies.
Each dismal circumstance appears in view,
The fatal object is for ever new.
His anguish, with the quickest sense I feel,
And hear this sad, this moving language still.

Although secular and sexual love is the dominant mode of this poem—indeed it is partly a parody of one of her husband's love poems to her—none of the advantages of the consumptive love lauded by certain writers apply: the interesting paleness and thinness, the melancholic glamour and, crucially, the reversibility of the condition by acquiring the denied love-object. The scene may be dramatic, but it is one of 'horror', terror and very

real separation for Elizabeth. Consumption's symptoms are not 'soft': he is 'pale and gasping', feeling 'anguish' rather than religious transport. Emotion is not channelled into an acceptance of the will of God, in the manner of Herbert when sending his wife and nieces out of his bedroom, but concentrated on the loss of a loved one. This affective tendency will come increasingly to the fore as the Romantic period approaches, particularly as constructed through the discourse of sensibility. Elizabeth is unable to repress the actual traumatic hour of death: 'the fatal object is for ever new'.

Her poem 'On the Anniversary Return of the Day on which Mr Rowe Died' similarly shows a compulsive return to a bleak scene in which 'there is no future cheerful spring for me' because her 'afflicted sight' will not allow the usual feeling of renewal that the season brings (pp. 94–95). This echoes Milton's perception of his loss through blindness in *Paradise Lost*: 'Not to me returns [...]' (Bk. 3, l. 40). For both poets, the fact of consumption's impact on the self forces an emphasis on the first person: 'for me', and 'to me'; for both, the season—or the thought of it—is unable to cure the disease and its power to destroy life's pleasure.

After Thomas' death, Elizabeth became known for her piety, and certainly wrote much religious verse, but her representation of her husband's consumptive death indicates a shift in the perception of death towards the secular rather than the religious. Elizabeth Rowe leaves us at a point where we must move away from the seventeenth-century religious use of consumption, whether more or less realistic, to the eighteenth century, where consumption would be reformulated in a new way in relation to the overlapping discourses of sensibility and sentimentality.

This is not to say that the tradition of the good death could not co-exist with an idea of consumption as being merely negative. The more realistic, or at least medicalized, approach to the representation of consumption is present in James Miller's 'Verses to the Memory of Mrs. Elizabeth Frankland', published in 1741. Mrs Frankland evidently died young and beautiful, 'blasted in thy Prime', and is constructed by Miller as a paragon of virtue: 'Thy Life's sole Business but to learn to die' (ll. 37, 111). Miller gives Frankland a death-speech that exemplifies the virtue of 'Patience' in the face of a death that is far from soft or easy:

'Whilst meagre *Phthisis* preys upon my Breast,
With a dead Weight my feeble Limbs opprest,
Whilst struggling *Coughs* my tender Bosom rend,

And scorching *Hecticks* ev'ry Vein distend;
 Whilst Clay-cold Damps bedew my Body o'er,
 And Life steals painful out at ev'ry Pore;
 By *Patience* prop'd, the bitter Load I bear,
 Without a Sigh, a Murmur, or a Tear'.⁴⁵

Mrs Frankland's defiance of death is in no way eased by the symptoms of her disease; rather, the weakness, coughing and lack of breath, hectic fever, cold sweats and general pain are emphasized with alarming clarity. Her triumph is in overcoming these agonies that medicine cannot cure through her own stoicism and moral qualities. The use of the more technical medical word 'Phthisis' negates the possible options given by the more ambiguous and metaphorical word 'consumption', with all its associated word-play. As in Baker's grotesque, consumption stands outside the individual, merely a test of character on the deathbed: the sense of the disease's interiority felt by Herbert and Edward Taylor is absent.

Genre structures such an absence: Frankland does not write her own poem, although she is given words to speak by Miller. Nor is there the pressing sense of original sin that renders every individual at fault as there was in the seventeenth century: because Frankland is a perfect spiritual heroine, she can hardly be depicted along the lines of the sin/filth model used by other writers; hence her suffering is visited from outside as a scientific process afflicting the newly conceptualized (and here delicately feminine) body-machine. In defying 'Death' and his 'Bugbear Terrors', she displays a more rationalistic view of the dying process in which the physical frame is divorced from the higher soul, an idea propagated by Descartes in the previous century.⁴⁶ Frankland's 'instructive Tale' relies on conveniently vague 'Almighty Truths' that guarantee the safety of spiritual identity, even as the body conforms to a more modern mechanical concept.

We leave off at the pivotal moment when the 'discovery' of the nerves, or at least their reformulation in terms of sensibility, gave consumption its Romantic cachet. Before the arrival of sensibility, consumption certainly had elements of fashionability, most notably via the good death of the Christian and the disease of consumptive love melancholy, and both made a powerful impact on the literature of the Early Modern and Enlightenment periods, but these positive discourses of consumption had to contend with the classical heritage of consumption as filth and decay. It was no great leap for the Protestant writers of the seventeenth century, with their focus on psychological interiority, to add sin into the equation,

lending consumption an air of unfashionable fashionability. Consumption has been a disease fertile in such paradoxes, but they remain tied to specific cultures, periods and social groups. This survey of the discourses of consumption in the earlier part of our project's timespan has sought to emphasize the variety of ways in which this disease—and by implication others—could be fashioned and refashioned according to its historical moment.

NOTES

1. See, for example, Susan Sontag (1979) *Illness as Metaphor* (New York: Vintage Books); Roberta Barker (2014) 'The Gallant Invalid: The Stage Consumptive and the Making of a Canadian Myth', *Theatre Research in Canada* (Spring), 35:1, 69–88; Helen Bynum (2012) *Spitting Blood: The History of Tuberculosis* (Oxford: Oxford University Press); Katherine Byrne (2010) *Tuberculosis and the Victorian Literary Imagination* (Cambridge University Press); Clark Lawlor and Akihito Suzuki (2000) 'The Disease of the Self: Representations of Consumption 1700–1830', *Bulletin of the History of Medicine*, 74, 258–94; Clark Lawlor (2006) *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave).
2. J. Shirley (1655) *The Gentleman of Venice, A Tragi-Comedie* (London: Humphrey Moseley), Act 1, p. 3.
3. (1904) *The Life and Opinions of John Bunclre Esquire* (London: Routledge), pp. 371–73.
4. G. du Bartas (1621) 'Adam, the Third part of the first day of the second week', 'The Furies', *Du Bartas: His Divine Weekes And Workes*, Josuah Sylvester (trans.) (London: H. Lownes), pp. 212–13, ll. 549–56.
5. C. Brockden Brown (1799–1800) *Arthur Mervyn; Or, Memoirs of the Year 1793*, 2 vols (Philadelphia: H. Maxwell), vol. 1, ch. 14, p. 138.
6. (1964) 'A Letter to a Friend, Upon the Occasion of the Death of His Intimate Friend', in L. C. Martin (ed.), *Sir Thomas Browne: Religio Medici and Other Works* (Oxford: Clarendon Press), pp. 177–96: originally published posthumously in London, 1690. For some background to the relationship between religion and medicine in this period, see A. Wear (1985) 'Puritan Perceptions of Illness in Seventeenth-Century England', in R. Porter (ed.), *Patients and Practitioners* (Cambridge: Cambridge University Press), pp. 55–100; a useful volume for the general area is (1996) *Religio Medici: Medicine and Religion in Seventeenth-Century England*, Ole Peter Grell and A. Cunningham (ed.) (Aldershot: Scolar Press). For Browne's intellectual context, see Kevin Killeen (2009) *Biblical Scholarship, Science and Politics in Early Modern England: Thomas Browne and the Thorny Place of Knowledge* (Farnham: Ashgate).

7. For the American reception, see Katherine Ott (1996) *Fevered Lives: Tuberculosis in American Culture Since 1870* (Cambridge, MA: Harvard University Press), p. 15.
8. J. Taylor (1989) *Holy Living and Holy Dying, Vol. II: Holy Dying*, D. G. Smallwood (ed.) (Oxford: Clarendon Press), ch. 4, sect. i, 'Of the Practise of Patience', pp. 123–24.
9. See Lawlor, *Consumption and Literature*, p. 32.
10. T. Fuller (1655) *Life Out of Death. A Sermon Preached at Chelsey, on the Recovery of an Honourable Person* (London: J. Williams), pp. 20–21.
11. (1830) *The Practical Works of the Rev. Richard Baxter*, W. Orme (ed.), 23 vols (London: J. Duncan), iv, p. 449.
12. T. Beard (1597) 'Of Those that Persecuted the Sonne of God, and His Church', *The Theatre of Gods Judgements: Or, a Collection of Histories Out of Sacred, Ecclesiasticall, and Prophane Authours [...]* Translated Out of French (London: Adam Islip), Bk. 1, ch. 12, p. 31.
13. J. Bunyan (1680) *The Life and Death of Mr. Badman, Presented to the World in a Familiar Dialogue Between Mr. Wiseman, and Mr. Attentive* (London: Printed by J. A. for Nath. Ponder [etc.]), pp. 321–22, 300–1.
14. John Bunyan, *The Life and Death of Mr. Badman*, pp. 323, 302.
15. My thanks to Prof. David Walker for this observation, and other very helpful comments on Protestantism in relation to my topic.
16. This plurality of conditions bringing about the appropriate moral conclusion accords well with Richard L. Greaves's statement that 'In Bunyan's world, divine and satanic agencies freely interacted to accomplish through providence, God's decrees of election and reprobation. Natural causality was subordinate to and a vehicle of this providence' ([2002] *Glimpses of Glory: John Bunyan and English Dissent* [Stanford: Stanford University Press], pp. 274–290 [p. 283]).
17. (1909) *The Confessions of St Augustine*, E. Bouverie Pusey (trans.) (London: Chatto and Windus), Bk. 2, ch. 7.
18. See R. Sha (2003) 'Medicalizing the Romantic Libido: Sexual Pleasure, Luxury, and the Public Sphere', *Romanticism on the Net*, Number 31, August, <http://id.erudit.org/revue/ron/2003/v/n31/008698ar.html> (accessed 19 January 2016).
19. pp. 304, 283.
20. D. W. Atkinson (c. 1992) *The English Ars Moriendi* (New York: P. Lang), p. 49.
21. (1759) 'The Life of Mrs. Elizabeth Rowe', *Poems on Several Occasions [...]* To Which is Prefixed an Account of the Life and Writings of the Author (London: D. Midwinter), p. 25.
22. See Lawlor, *Consumption and Literature*, p. 28; D. Ryder (1939) *The Diary of Dudley Ryder, 1715–1716*, W. Matthews (transcribed from shorthand and ed.) (London: Methuen), p. 345.

23. (1999) 'The Age of Decency: 1660–1760', *Death in England: An Illustrated History*, P. C. Jupp and C. Gittings (eds) (Manchester: Manchester University Press), p. 183.
24. R. Houlbrooke (1998) *Death, Religion, and the Family in England, 1480–1750* (Oxford: Clarendon Press), p. 203.
25. See P. Jalland (1996) *Death in the Victorian Family* (Oxford: Oxford University Press), pp. 17–19.
26. (1662) *Flamma Sine Fumo: Or, Poems Without Fictions* (London: William Leake [etc.]), ll. 163–66.
27. For good summaries of medical theories from classical medicine, see L. S. King (ed.) (1982) 'Consumption: the Story of a Disease', in *Medical Thinking: An Historical Preface* (Princeton, NJ: Princeton University Press), pp. 16–69; Walter Pagel (1955) 'Humoral Pathology: A Lingering Anachronism in the History of Tuberculosis,' *Bulletin for the History of Medicine*, 29, 299–308.
28. G. van Swieten (1776) *Commentaries Upon Boerhaave's Aphorisms*, 18 vols (London: J. Murray), xii, p. 1.
29. C. Bennet (1656) *Theatrum Tabidorum* (London: Thompson), cited in van Swieten, *Commentaries*, p. 131.
30. See (1939) *The Poetical Works of Edward Taylor*, T. Johnson (intro. and ed.) (NY: Rockland Editions), pp. 13–14.
31. (1960) "'In whom are hid all the Treasures of Wisdom, and Knowledge", 3d.9m [November] 1695', *The Poems of Edward Taylor*, D. E. Stanford (ed.) (New Haven: Yale University Press), pp. 104–5, 'Preparatory Meditations', 14. Meditation. Col. 2.3.
32. See K. Johnson (2014) *Made Flesh: Sacrament and Poetics in Post-Reformation England* (Philadelphia: University of Pennsylvania Press), ch. 2, for the influence of Herbert on Taylor.
33. For the debates surrounding Protestant poetics in this period, see Brian Cummings (2002) *The Literary Culture of the Reformation* (Oxford: Oxford University Press); Jeanne Shami (2003) *John Donne and Conformity in Crisis in the Late Jacobean Pulpit* (Cambridge: Brewer); Debora Shuger (1990) *Habits of Thought in the English Renaissance* (Berkeley: University of California Press); Nigel Smith (1989) *Perfection Proclaimed* (Oxford: Clarendon Press); for Taylor in particular, see ch. 12 of Barbara Lewalski's (1979) *Protestant Poetics and the Seventeenth-Century Religious Lyric* (Princeton, NJ: Princeton University Press).
34. Van Swieten, *Commentaries*, p. 130.
35. For more on Taylor's Protestant imagery, see Lewalski, pp. 389–402.
36. N. Hookes (1653) 'An Elegie on the Death of Mr. Frear Fellow of Trin. Coll. in Cambridge, Who Died of a Consumption', *Amanda, A Sacrifice to an Unknown Goddess, or, a Free-Will Offering of a Loving Heart to a Sweet-Heart* (London: Humphrey Tuckey [etc.]), pp. 106–108.
37. Lawlor, *Consumption and Literature*, p. 38.

38. See, for example, Laurinda S. Dixon's wonderfully illustrated (2013) *The Dark Side of Genius: The Melancholic Persona in Art, ca. 1500–1700* (University Park, PA: The Pennsylvania State University Press).
39. For a convenient introduction to the new medicine and its relation to mechanical philosophy, see Roy Porter (1997) *The Greatest Benefit to Mankind* (London: Fontana), pp. 201–48; for more details, see (1990) *The Medical Enlightenment of the Eighteenth Century*, Andrew Cunningham and Roger French (eds) (Cambridge: Cambridge University Press).
40. H. Baker (1726) 'An Invocation of Health', *The Second Part of Original Poems: Serious and Humorous* (London: Printed for the Author), pp. 92–93, ll. 96–105.
41. J. Gay (1926) 'The Court of Death', *The Poetical Works*, G. C. Faber (ed.) (London: Oxford University Press), Fable XLVII, ll. 31–36.
42. Milton, *Paradise Lost*, xi. pp. 469–89; for a classical precedent, see *Aeneid*, vi. p. 236 ff.
43. E. Rowe (1804) *The Poetical Works of Mrs. Elizh Rowe, Including the History of Joseph, in Ten Books and an Account of Her Life and Writings* (London: Suttaby), p. xxv.
44. E. Rowe, *The Poetical Works*, pp. 91–94.
45. J. Miller (1741) 'Verses to the Memory of Mrs. Elizabeth Frankland', *Miscellaneous Work in Verse and Prose*, Vol. 1 (no further vols published) (London: T. Cooper), pp. 100–4, ll. 132–49.
46. See Roy Porter, *The Greatest Benefit to Mankind*, pp. 217–19.

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PART IV

Fashioning Death

Death by Inoculation: The Fashioning of Mortality in Eighteenth-Century Smallpox Pamphlets

Kelly McGuire

In 1722, after initial successful experiments with inoculation (on Newgate prisoners and parish orphans) encouraged medical practitioners to attempt the procedure on the children of their wealthy clients, the prominent physician William Wagstaffe expressed his public disapprobation of the method in an ‘open letter’ to one of his colleagues at the Royal College of Physicians, who was also sceptical about the practice.¹

THO’ the *Fashion* of Inoculating the Small Pox has so far prevail’d, as to be admitted into the greatest Families, yet I entirely concur with You in Opinion, that, till we have fuller Evidence of the Success of it, both with regard to the *Security* of the Operation, and the *Certainty* of preventing the like Distemper from any other Cause, *Physicians* at least, who of all Men ought to be guided in their Judgments chiefly by *Experience*, shou’d not be over hasty in encouraging a Practice, which does not seem as yet sufficiently supported either by *Reason*, or by *Fact*.²

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Wagstaffe's contempt for the practice in this opening salvo rests squarely on the word 'fashion'. Even in the eighteenth century, the term was associated with transience, as exemplified by Oliver Goldsmith's ironic xenophobic couplet denouncing the French taste for ostentation: 'The mind still turns where shifting fashion draws / Nor weighs the solid Worth of self-applause.'³ As a 'shifting fashion' that is also un-English (as Wagstaffe will assert later in the pamphlet), inoculation appears to its detractors as a passing fad, a thing of the moment that will fade into obscurity as individuals realize the folly of injecting themselves with strains of a potentially lethal disease.⁴ As Wayne Wild writes of the eighteenth-century medical scene, physicians of the period shared with the general public a disdain for the 'influence of fashion [...] on the behavior of physicians'.⁵ A virtual synonym for fashion was 'novelty', which became a by-word for credulity within the profession.⁶ Hence, throughout his letter, Wagstaffe characterizes as a 'newfangled novelty' and admonishes his younger colleagues in the profession for being 'apt with too great a propensity and boldness to copy, and draw into practice, whatever is started a-new, by those at least, whom they hold in any degree of esteem' (p. 37).

Moreover, inoculation, as a deadly fashion, highlights the extremism implicit in trends and the lengths that people will go to in order to follow them. Fashion has historically been associated with death,⁷ but here the association is more than metaphorical; for Wagstaffe, the fashion in fact kills. Worse than the cosmetics that eroded women's faces, or the corsets that virtually asphyxiated their wearers, inoculation was (in the representations of its detractors, and not without cause) a dangerous and risky practice that people engaged in for no better reason than that it was *à la mode*. In positioning inoculation as a medical 'fashion' or trend, Wagstaffe implicitly calls into question the ethics of the procedure, suggesting that its practitioners merely catered to the whims of their wealthy clientele and possibly even lacked the necessary mental acuity to question the efficacy of a new trend in the field.

Implicit in criticism of inoculators is the fashion established by the upper strata of society, and by extension the bodies of the inoculated that in turn become fashionable.⁸ As a form of bodily modification, inoculation was a marking practice that distinguished the individual as different and apart. Jean Baudrillard writes, 'The entire history of the body is the history of its demarcation, the network of marks and of signs that have since covered it.'⁹ Inoculation represents a specific moment in this history whereby the incisions (typically made with a lancet on each

forearm and calf) marked the individual as visibly different.¹⁰ To this end, Wagstaffe observed that ‘they that have been *Inoculated*, do not appear so healthy, as those who have had the Small Pox by the natural Infection. Many who have had a favourable opinion of it, have alter’d their Minds; and the *Inoculated* are *pointed* at as Persons having something Singular.’ (pp. 14–15) In a wry moment in his retort to Wagstaffe, John Arbuthnot sarcastically invokes Edmund Massey’s equation of inoculation with atheism¹¹ and muses that the ‘next zealous Preacher on this Subject may prove the Cicatrices of Inoculation to be the marks of the beast’.¹² In Arbuthnot’s ironic criticism of inoculation hysteria, the inoculated body stands apart from the generality, physically marked as other, yet another casualty of modernity and its penchant for ‘newfangled things’.

THE MEDICALIZATION OF DEATH

This chapter argues that inoculation played a pivotal role in the medicalizing of death in the eighteenth century.¹³ As an interventionist, prophylactic form of medicine that attempted to deny smallpox its power to maim and kill, the practice staged a confrontation with death that granted a measure of agency to patients and their physicians. No longer obliged to wait passively for a visitation of the ‘distemper’ that many deemed inevitable (particularly medical practitioners who subscribed to an innate seed theory that held that each individual carried the germ of infection within),¹⁴ patients could seize control of their destinies and choose on their own terms the time and place of their struggle with smallpox. Indeed, many of the pro-inoculation pamphlets identify this ability to face the disease after proper preparation (specifically, the purgings common to heroic medicine at the time) and at a time of prime physical health as one of the chief benefits of inoculation. As Arbuthnot writes, inoculation confers the advantage of ‘having the election of all the circumstances of the disease’:

[I]t must be of benefit to know that one is to have the distemper nine or ten days before it comes; rather than to be surpris’d, or perhaps mistaken in it. To have it at an age when it is not so mortal: To take it when the body is in a temperate and cool state, rather than in a contrary one: when the constitution of the air is favourable, rather than malignant: after a cool dyet and other due preparations, rather than after a surfeit or a drunken bout. (pp. 21–22)

In contrast, sudden and unexpected infection by natural smallpox could afflict a body that was already weakened by poor diet or other diseases and in no condition to fight off the virulence of smallpox.

Of course, this power of self-determination proved problematic from a religious standpoint because clerics and many physicians objected that the practice usurped the divine prerogative to inflict disease as a punishment for sin and excess. One of the first clergymen to express his vehement opposition to the practice of inoculation, Edmund Massey, inveighed at length against this usurpation:

No doubt but Providence has a good and beneficial Design in all those Deaths, which we improperly call untimely; either the Good is taken to his Reward, or the Wicked hindred from encreasing his Punishment. What Reason then for this saving, this anti-providential Project, this pretended art of Preserving, which thus tends in a great Measure to prevent that religious Watchfulness, which Christianity, as a Warfare requires? (p. 27)

From the perspective of prominent supporters of the practice who objected strenuously to William Wagstaffe's and Massey's invectives, however, inoculation merely enabled a providential power to begin its work sooner and relieved the individual from apprehension that the disease could strike at any time. Hence Arbuthnot rose (albeit anonymously) to the defence of the surgeon, Charles Maitland, in his lengthy 'vindication':

A person who has not had the smallpox, may be very justly considered as having the seeds of a mortal distemper within him, and the dread of it is surely a suffering, that will justify the lawfulness of using means, which have the greatest probability of saving him from a danger [...] Anxiety and bodily pain, don't differ so much as to make an action lawful in one case, sinful in the other. (p. 46)¹⁵

From this perspective, inoculation thus confers psychological as well as physical benefits that ultimately empower the individual and defer the encounter with death a little longer. Moreover, as Adrian Wilson writes, these psychological benefits were incredibly important to Whig supporters of the practice who reasoned that 'If smallpox could be depicted as preventable, the public could be massaged into a grateful tranquility.'¹⁶

By staging a direct confrontation with a disease with a startlingly high mortality rate, inoculation to an extent diminished the dreadfulness of death in the popular imagination.¹⁷

Furthermore, as the practice gained support after several decades of experimentation, divines ventured so far as to call it a heaven-sent blessing. Inoculating physicians were merely intervening at the behest of God, according to William Dodd, who mounted the pulpit at the Anniversary Meeting of the Smallpox Hospitals in 1767 to extol the work of the institution and its donors. In concluding his sermon, Dodd applauds the smallpox hospital governors for their 'liberal Encouragement' of inoculation that 'enable[s] [them] to be the favoured Instruments, under Providence, of many such important Preservations'.¹⁸ Like the Puritan minister Cotton Mather before him, Dodd (an Anglican priest) was perfectly comfortable reconciling religion and medicine.¹⁹ Where others saw irresolvable contradiction, these clergymen insisted that physicians also performed God's work and acted in accordance with his will: those who survived inoculation did so by divine grace, as did those who ultimately succumbed to the disease. By extension, the inoculators themselves are the instruments of God, acting on his behalf, rather than, as the cleric Edmund Massey vehemently protested, usurping divine authority. Inoculation in this formulation becomes a mode of salvation that removes the post-lapsarian taint of disease; far from merely a prophylactic technique, then, the practice in fact operates as a kind of fulfillment of God's intentions in accordance with 'Nature's first law' which, as Dodd insists, dictates 'the Preservation of our Being, and its Preservation in Health and Comfort' and hence 'not only Recommend[s], but absolutely oblige[s] us to the Use of all those preventive and restorative Means, invented by the divine Art of Medicine to repel the Virulence of Disease' (p. 14). In the course of this deontology of inoculation, as it were, Dodd's sermon reveals the extent to which religion, far from being usurped by medicine, actually operated in conjunction with it to promote a specific agenda conducive to national interests.²⁰ In this way the medicalization of death harmonized with, rather than eclipsed, religious constructions, in contrast to what has historically been argued by adherents to the secularization thesis.²¹

Similarly, William Cooper's 'Letter to a Friend in the Country' addresses at length religious objections to inoculation, specifically those that would occur to an adherent of Calvinism; as Cooper's subtitle indicates, he attempts a 'Solution of the Scruples and Objections of a *Conscientious* Nature, Commonly Made against the *New Way* of Receiving the *Small-Pox*'.²²

For Cooper, objections that inoculation sought to usurp providence were antithetical given that ‘GOD is *Sovereign*, and will keep us in a dependence upon Him in the use of all Means’ (p. 65); inoculation, in other words, is a form of providence. Cooper then goes on to clarify, ‘If a Person should die under Inoculation, he dies in the Use of the most *likely* means, he knew of, to save his life in a time of common peril; he dies *then* in the *Way of Duty*, and *so* in GOD’s *Way*: If the Blessing is deny’d, he must humbly resign this his frail *life* unto the GOD of it, *Looking for the Mercy of our Lord Jesus Christ*.’ (p. 65) As Peter Thuesen notes, ‘In Mather’s own day [. . .] inoculation was a question not of resisting the divine will but of assenting to the technology that God providentially made available.’²³ Any death that occurred in the process cannot be considered culpable and must accordingly be deemed accidental, a product of ‘second causes’. This was an argument that was anathema to the physician, William Douglass, an emphatic opponent²⁴ of the practice in New England, who derided Cooper as a ‘young Conscience Keeper’,²⁵ and sought to discredit his arguments in his own extensive contributions to the transatlantic debate.

However, physicians evidently did not need to look beyond their own medical practice for justification of the new procedure, since so-called ‘heroic medicine’ called for strong intervention in the form of purging, bleeding and so forth. As Cooper wrote at the outset of his defence of inoculation,

To bring Sickness upon ones self for its own sake, is what no Man in his right wits would do. But to make my self Sick in *such a way*, as may probably serve my Health, and save my Life, and with such a *Design* is certainly fitting and Reasonable, and therefore lawful. This is every day practis’d among People without any Scruple, in Purges and Vomits, and other things in Medical Use. Now, if I may lawfully make my self Sick by taking something in at my *Mouth*, why not by putting something in at *my Arm*? (pp. 3–4)

Religious justifications mingle here with ethical arguments to place inoculation on a continuum with other preventive medical treatments, a key distinction being that the practice introduced matter into the body whereas the methods of ‘heroic medicine’ typically involved draining copious amounts of fluid from the body. Here again we see clergymen rising to defend medical interventions, unbothered by the possibility of accidental death on the grounds that all death is in a sense ordained by God.

In the view of Lady Mary Wortley Montagu, the individual who more than any other was responsible for popularizing the practice in Britain, the surgeons and physicians who institutionalized what had been largely a folk practice in Turkey (administered by elderly Greek women, in her account) regularly violated their oaths. The powerful critique she offers in the persona of a Turkey merchant figures death as the result of the regime of purging and fasting that the dominant 'heroic' paradigm of allopathic medicine deemed necessary in order to bring the body into a fit state to receive the inoculation. According to conventional thinking, the rich British diet and cooler climate rendered necessary preparations that seemed superfluous to the Turks. However, it was precisely this deviation from the practice she had observed at Adrianople and administered to her son on site (with Charles Maitland in attendance), and later to her infant daughter in England (sans fasting and purging), that incensed Montagu and drove her to denounce inoculators as 'murderers':

They give no Cordials to heighten the Fever, and leaving Nature to her selfe, never fail of the good successe which generally follows a rational Way of Acting, upon all Occasions. And the Murders that have been committed on two unfortunate Persons that have dy'd under this operation, has been wholly occasion'd by the preparatives given by our Learned Physicians [...] I believe 'tis much to be doubted if Purges or any violent method ever brings the body into a moderate temper, which may allways be done by a cool diet, and regular hours. [...] [T]heir long preparations only serve to destroy the strength of Body, necessary to throw off the Infection. The miserable gashes, that they give people in the Arms, may endanger the loss of them, and the vast Quantity they throw in of that Infectious Matter, may possibly give them the worst kind of Small Pox, and the cordials that they pour down their Throats may encrease the Fever to such a degree, as may put an end to their Lives; and after some few more Sacrifices of this kind it may be hop'd this terrible design against the Revenue of the College may be entirely defeated, and those Worthy members receive 2 guineas a day as before, of the wretches that send for them in that distemper.²⁶

In other words, purging and fasting weaken the body and render it incapable of combating the 'distemper'. The deaths that result from inoculation are in fact culpable, according to this thinking, although the regimen that precedes the actual intervention should be considered the primary cause of death, together with the 'cordials' that are prescribed afterwards. In this manner, despite her continued advocacy

of inoculation, Montagu invalidates the arguments advanced by other proponents of the practice in the medical profession—namely, that the practice allows the patient to battle the disease under optimum conditions and after the body has been carefully primed by the aforementioned preparatives. The importation of inoculation to the West had indeed in Montagu's view been attended with disastrous consequences as its practitioners attempted to incorporate the Turkish folk practice into a model of allopathic medicine.

Cultural understandings of death have inevitably altered in conjunction with medical advancement. For instance, as Kevin Chua writes, the important discovery that the body's organs continued to function for a short period after a patient's decease resulted in the 'dilation of the moment of death in medical practice'.²⁷ Inoculation further complicated this conception of death, since death by inoculation was not immediate; delayed and deferred, death came after the disease had run its full course, and even in some instances months after a patient had supposedly made a full recovery. The two fatalities to which Montagu alludes in the passage referred to a servant of Lord Bathurst, and William Spencer,²⁸ the two-year-old son of the Earl of Sunderland, 19 days after his inoculation at the hands of Maitland caused consternation among the Royal Family and their attending physicians who were at this time overseeing the inoculations of the daughters of the Prince of Wales. Since the child's pustules had dried up and his recovery to that point had gone smoothly, determining the cause of his death proved difficult. As Isobel Grundy writes, young Sunderland was 'at first reported as dying of "Convulsion Fits," later of smallpox, and by *Applebee's* "of the Inoculations"'.²⁹ In its account of William Spencer's death, the partisan paper positions variolation as a disease in itself: 'a new kind of Distemper not known in former Days, and an unhappy Experiment to this young Nobleman, who might in all Probability have liv'd many Years, if this dangerous Operation had not been practis'd upon him'.³⁰ This characterization positions inoculation as a disease of modernity on the same footing as smallpox and every bit as virulent; however, as Samuel Brady notes in his contribution to the debate, 'it appear'd upon Dissection, the Smallpox had not occasion'd his death'.³¹ Nonetheless, the sheer possibility that smallpox could linger in the body helped usher in an idea of smallpox mortality that unfolds slowly rather than claiming its victim immediately, as did the disease in its confluent form.

In addition to altering the human understanding of death as a temporal event, inoculation confronted practitioners with the question

as to how to read a death that occurs as a result of a medical intervention; this possibly marked the beginning of what Judy Segal characterizes as the 'bio-medical rhetoric of death as "medical failure"'.³² Building on the work of Susan Sontag and others, Segal writes that 'death in biomedicine is tied to a war narrative of professional practice' (p. 92); in this scenario that casts death as ultimate defeat, someone must lose, and inoculators, as early medical risk-takers, imperiled their reputations by gambling on a practice that was by no means certain to produce a desirable outcome.³³

LIES, RHETORIC, AND EQUIVOCATION

In his lengthy diatribe against the controversial practice, William Douglass objects that 'The Inoculators, in every thing that makes against them, by Lyes and Equivocations, endeavor to keep us in the dark.'³⁴ Decades after the initial experiments with inoculation in Britain, members of the medical profession were evidently still weighing in on the debates from both sides of the Atlantic, particularly troubled, it would seem, by the deliberate obfuscation on the part of the inoculation camp. To a certain extent, this 'equivocation' arises from the sheer indeterminacy of the cause of death in inoculation cases. In the course of a lengthy calculation of the probability of an individual succumbing to 'artificial' as opposed to 'natural' smallpox, Arbuthnot insisted, 'Out of about 500 on whom it has been perform'd, the Enemies of the practice have not produced the names of above three person that have died; allowing their deaths chargeable on this practice, which I believe is not in fact true.' (pp. 20–21)³⁵ 'An early application of probabilistic reasoning to data',³⁶ the political arithmetic Arbuthnot employs in order to quash Wagstaffe's anti-inoculation case could plausibly be seen as a form of equivocation. As Andrea Rusnock writes, Arbuthnot wielded his mathematical facility as a weapon in an attempt to invalidate opponents' arguments as emotional and irrational.³⁷ In so doing, he helped (along with fellow Royal Society member James Jurin) to promulgate the view that 'the question of the merits of inoculation was statistical. What was the death rate from natural smallpox? What was the death rate from inoculation? If the latter was lower than the former, then inoculation was justified.'³⁸

In his vindication of his early experiments with the procedure, Charles Maitland recounts an incident wherein one of his recently inoculated patients passed on the smallpox to several of her servants. Confessing his

surprise at this occurrence, Maitland recalls, ‘But they all (God be thanked) did well, (except one Maid, that would not be govern’d under the Distemper, who dy’d of it) and now enjoy a perfect State of Health.’³⁹ The reference to the recalcitrant ‘maid’ occurs parenthetically, her death effectively buried within the grammar of the sentence that syntactically privileges the ‘perfect State of Health’ enjoyed by her fellow more docile inoculees. One should note also that she dies of the ‘Distemper’ rather than of inoculation, specifically, as Maitland undertakes the unwelcome task of mitigating the mortality rate of a voluntary procedure. Death figures rhetorically as an inconvenience that has little or no relevance to the success rate of inoculation given that the death of the young woman is predicated on her ungovernability. There is no space for mourning (or, for that matter, sentiment) within this discussion, which has been wholly taken over by the clinical and dispassionate voice of the surgeon.

This same clinical blaming of the victim is apparent in the ‘case’ that James Jurin cites in his own *An Account of the Success of Inoculating the Small Pox in Great Britain, for the Year 1724*. By way of complicating the question of death by inoculation, Jurin interpolates a letter from Thomas Fuller to Jurin’s fellow Royal Society member, Sir Hans Sloane, in which Fuller describes at length the comportment of an inoculee, William Jeffery, who had ‘broken’ a ‘naturally strong Constitution’ by

giving himself up to drinking Strong Beer, and [...] Spirits, which occasioned frequently Pimples in his Face, and render’d him subject to a Cough, Shortness of Breath, inflammatory Distempers in his Breast, Stitches and Rheumatic Pains; add to all this, it’s said, that never any of his Blood, that had the Small Pox, recovered’.

As Fuller reports,

[Jeffery] came from London 13 Days before Inoculation, and it’s very likely had both heated his Blood, and also taken Infection; for some Days before the Operation, he felt Aguish Shiverings, Uneasiness, and Shootings in his Limbs; which he would not make known (as he afterwards confess’d) for fear he should not be inoculated. (p. 18)

In the daily log that follows, Jeffery is reported to have ‘walked 3 Miles to an Alehouse to drink Strong Beer, and back again that Evening. The same Night he felt Anguish, and Shiverings. [...]’ (p. 18) The letter chronicles

almost daily post-inoculation visits to the alehouse leading directly to the decline and death of Jeffery, and concludes with the surgeon's opinion that it was 'Ill-management of himself, which took away his Life' (p. 21). Indeed, Fuller's account is remarkable for the numerous overlapping and extenuating factors that contribute to Jeffery's death: the pre-existing damaged constitution, the forbidding family history, the dissolute lifestyle and alcoholic indulgence in the period after his inoculation (one wonders how many people he exposed to smallpox during his visits to the alehouse), and the surgeon clearly, like Maitland in the case of the recalcitrant servant, blames Jeffery for his death. Furthermore, Fuller's letter strikingly argues that Jeffery was subject to two separate cases of smallpox that afflicted him concurrently: 'he had a mild Sort of Small Pox by Inoculation; and almost a bloody sort by Infection' (p. 21),⁴⁰ in order to more forcefully insulate inoculation-induced infection from suspicion. So emphatically does Fuller argue his case, that Jurin may simply append to the letter his own neutral comment, 'How far this Person's ill State of Health, or his great Irregularity after the Operation, may have contributed to his Death, is submitted to the Judgment of the impartial Reader.' (p. 23) Diagnosis of death in this case involves at once a clear ruling out of inoculation, and a more muddled presentation of a confluence of factors, the most damning of all being the moral judgment regarding his dissolute lifestyle, a theme running through the pamphlets of the inoculators that consistently complicates the question of death in order to absolve themselves and the practice of culpability. While it is undeniable that parties on both sides of the debate deploy a rhetoric calculated to advance their respective positions and discredit those of their opponents, clearly the inoculators were at pains to muddy the waters in their convoluted construction of death.⁴¹

Like Jurin's account (which declares in its subtitle his intention to offer '*a Comparison between the Miscarriages in that Practice, and the Mortality of the Natural Small Pox*') and that of Maitland, James Kirkpatrick's persistent characterization of these deaths as 'miscarriages' itself demands scrutiny. In his lengthy mid-century treatise on smallpox, the Charleston-based physician, Kirkpatrick, opined,

[I]t should not, be dissembled, that we have had several miscarriages (though very few in comparison with those from accidental contagion) by this method. These, some have weakly, or lucratively, attempted to evade, or disguise; while others have still more culpably endeavoured to aggravate and multiply them by

downright falsehoods. But as our earlier miscarriages by inoculation were, upon the whole, in a greater proportion than the later, it is no unreasonable inference, that a stricter attention to the subject, and a further experience of it, may hereafter reduce them to the most inconsiderable proportion. [. . .]⁴²

While a now obsolete usage of the term denoted mishap or disaster,⁴³ it does not often appear in medical contexts apart from those associated with pregnancy. Kirkpatrick's usage recalls the etymological import of the term 'to go astray', and invokes the sense of an experiment gone awry. Although he rebukes commentators on both sides of the debate for distorted representations of these deaths, his studied avoidance of the word 'death' in favour of this rather technical-sounding euphemism nonetheless indulges in a degree of rhetorical finessing. 'Miscarriage' suggests a deviation from the expected outcome of a mild case of small-pox contracted from inoculation and hence ineluctably fashions the practice as one predicated upon success, which, as the statistical analyses of Jurin and Arbuthnot sought to demonstrate, carried relatively little risk. The point of inoculation, as Kirkpatrick avers, is the 'reduction of mortality' (p. 480). Kirkpatrick and others sedulously fashion death by inoculation as accidental, as a deviation from the norm, from the expected outcome of a mild case of smallpox that leaves little trace of itself on the surface of the body. As the first clinical trial of its kind,⁴⁴ inoculation thus fashions a particular version of death (also the first of its kind): death as an accident, an unfortunate outcome, as failure of a medical procedure intended to safeguard life rather than destroy it. Physicians must grapple with the apparent contravention of the motto 'do no harm' as they 'engraft' a strain of a potentially lethal disease into the arms and legs of patients whose dread of its most dire effects almost paradoxically drives them into the metaphorical arms of the 'distemper'. The stakes in this sense are as much ethical as they are religious and political.

Writing in 1994, Isobel Grundy noted that

medical historians today still read like co-opted allies of the first pro-inoculation doctors. It is time those doctors (though deserving of gratitude for services which no others could have performed) were again submitted to legitimate critique. Taken as a group, they evidently took a safe practice and made it dangerous. [. . .] (p. 34)

Reading these pamphlet wars through the lens of current vaccination debates, it is indeed difficult to resist the temptation to view the inoculators as pioneers in a public health intervention that would help set the stage for Edward Jenner's introduction of the far safer practice of vaccination (which used the cowpox virus rather than the live smallpox virus to produce an immune response) at the end of the century (granting that this history itself is far from straightforward since for some time inoculation continued to be the favoured practice in the profession and among the labouring classes before vaccination was able to supplant it). The concerns of the journalists, clergymen and members of the medical professions were understandable given the paucity of knowledge surrounding the practice, while their assessment of the inoculators' 'equivocations' (as overheated as their own rhetoric can be), especially in relation to the cases in which their patients ended up succumbing to the smallpox with which they had been 'engrafted', carry some weight. The rhetorical autopsies they conduct in the court of public opinion on the casualties of inoculation are hence largely moral rather than medical in nature. In this sense, the inoculators (in which camp I include both members of the clergy and of the medical establishment) do not, as they claim, altogether abandon the morally fraught language of disease etiology that, as Edmund Massey contends, originates with Job's conspicuously smallpox-like symptoms in scripture.⁴⁵ Rather, responsibility for one's illness continues to reside with the individual, whose pre- and post-inoculation lifestyle and comportment render them ineligible to benefit from inoculation, which ultimately requires a clean and docile body in order to be successful.

It has become a commonplace to speak of the role of the eighteenth century in shaping a veritable *ars moriendi*.⁴⁶ Culturally speaking, literature and art assumed a central role in fashioning an idea of death that was both more palatable and more sinister than that which was entertained centuries before. However, as a concept never fully accessible to human comprehension, death has been a rhetorical construction. As the efforts of the inoculators reveal, death has always been a malleable construct that can be moulded at will, particularly when it comes to assessing its cause. Heavily rhetorical in nature, eighteenth-century inoculation pamphlets and other contributions to the debate about this issue leave us with a clear view of the indeterminacy of death in cases of inoculation and with an early sign of how public health interventions in this period helped fashion an idea of accidental death.

NOTES

1. Although, it should be noted that with the exception of a flippant remark in his *History of Physick*, John Freind (Wagstaffe's addressee) remained civil throughout the debates and on good terms with supporters of the practice, notably Dr Richard Mead.
2. (1722) *A Letter to Dr. Freind; Shewing the Danger and Uncertainty of Inoculating the Small Pox* (London: S. Butler), p. 1.
3. (1910) 'The Traveller', in *The Poems and Plays of Oliver Goldsmith* (London: J. M. Dent), p. 142.
4. However, as Allan Ingram notes in [Chap. 8](#), Frances Seymour, Countess of Hertford, is quoted in David Shuttleton's (2007) *Smallpox and the Literary Imagination* (Cambridge: Cambridge University Press) as asserting, 'Inoculation is at present more in fashion than ever.' As Deborah Brunton notes, 'The practice was initially taken up among the upper classes who could afford the high fees charged by practitioners, then spread slowly down the social scale as the procedure was simplified.' See Brunton (1999) 'The Problems of Implementation: The Failure and Success of Public Vaccination against Smallpox in Ireland, 1840–1873', in E. Malcolm and G. Jones (eds), *Medicine, Disease and the State in Ireland 1750–1950* (Cork: Cork University Press), pp. 138–57.
5. (2006) *Medicine-by-Post: The Changing Voice of Illness in Eighteenth-Century British Consultation Letters and Literature* (Amsterdam: Rodopi), p. 59. Wild refers specifically to prominent physicians such as Adair and Thomas Beddoes.
6. G. Miller (1957) *The Adoption of Inoculation for Smallpox in England and France* (Philadelphia: University of Pennsylvania Press), p. 65.
7. See Caroline Evans' discussion of 'the deathliness of fashion' in (2007) *Fashion at the Edge: Spectacle, Modernity, and Deathliness* (Ithaca: Yale University Press), p. 187.
8. The *Oxford English Dictionary*'s definition of fashion identifies it as 'Conventional usage in dress, mode of life, etc., *esp.* as observed in the upper circles of society; conformity to this usage. Often personified, or quasi-personified.'
9. (1993) *Symbolic Exchange and Death* (London: Sage), p. 9.
10. Wagstaffe observed that 'they that have been *Inoculated*, do not appear so healthy, as those who have had the Small Pox by the natural Infection. Many who have had a favourable opinion of it, have alter'd their Minds; and the *Inoculated* are *pointed* at as Persons having something Singular.' Wagstaffe, pp. 14–15.
11. (1722) *A Sermon Against the Dangerous and Sinful Practice of Inoculation. Preach'd at St. Andrew's Holborn, On Sunday, July 8th, 1722* (London: W. Meadows).

12. (1722) *Mr. Maitland's Account of Inoculating the Small Pox Vindicated, from Dr. Wagstaffe's Misrepresentations of that Practice, with Some Remarks on Mr. Massey's Sermon* (London: J. Peele), p. 49.
13. Noting that 'More people [in this period] were being born in the presence of a medical attendant, more were dying with the ministrations of a physician rather than a priest', Roy Porter argues that the 'The Enlightenment [...] sped the medicalization of life and death' (1999) *The Greatest Benefit to Mankind* (London: Norton), p. 302.
14. For a concise account of the 'innate seed theory', see G. Miller's history and, more recently, David Shuttleton's informed discussion in *Smallpox and the Literary Imagination 1660–1820*, pp. 31–33.
15. In his seminal work on smallpox, Shuttleton refers to the 'traditional models which considered smallpox to be the purging of the maternal legacy of an innate germ of corruption' (p. 206).
16. Referring to the 'strongly theatrical character of the early inoculation experiments', Wilson (1990) contends that 'inoculation was political massage as well as medical intervention', 'The Politics of Medical Improvement in Early Hanoverian London', in A. Cunningham and R. French (eds), *The Medical Enlightenment of the Eighteenth Century* (Cambridge: Cambridge University Press), p. 33.
17. As Shuttleton writes at the outset of his study, 'the power of smallpox to leave permanent disfigurement' induced a sense of panic in regard to the 'nauseating phantasmagoria of rotting, eruptive, and squamous skin that constituted the actual bodyscape in the eighteenth century' (p. 1).
18. (1767) *The Practice of Inoculation Recommended, in a Sermon, Preached At St. James's, Westminster, April the 9th, 1767, on the Anniversary Meeting of the Governors of the Small-Pox Hospitals* (London: W. Faden), p. 20.
19. It is noteworthy that this view of inoculation as an extension of providence was able to cut across the spectrum of Protestant beliefs, and that Cotton Mather, a Boston Puritan reacting to a smallpox outbreak in the 1720s, could advance a religious justification of inoculation as similar to that which the controversial Anglican minister William Dodd would articulate nearly 50 years later. Mather's position reflects a more nuanced Puritan position that medicine and religion were reconcilable and complementary, although his writings on other subjects adhere to an orthodox position that bodily illness arises from sin and that the sick should resign themselves to their fate without complaint.
20. In this respect I depart from Ed Cohen (2009) in his argument that 'Through this hybrid process, medicine begins to supplant religion as an automatic basis for making political decisions about the public good', in *A Body Worth Defending* (Raleigh, NC: Duke University Press), p. 63.
21. M. P. Donato (2014) *Sudden Death: Medicine and Religion in Eighteenth-Century Rome* (Burlington, VT: Ashgate).

22. (1721) *A Letter to a Friend in the Country, Attempting a Solution of the Scruples and Objections of a Conscientious or Religious Nature, Commonly Made against the New Way of Receiving the Small-Pox* (Boston: S. Gerrish), p. 3.
23. (2009) *Predestination: The American Career of a Contentious Doctrine* (Oxford: Oxford University Press), p. 87.
24. Although it should be noted that Douglass did eventually administer inoculation himself after overcoming his initial aversion to the practice.
25. (1730) *A Practical Essay Concerning The Small Pox* (Boston: D. Henschman and T. Hancock).
26. (2012) *The Turkish Embassy Letters*, T. Heffernan and D. O'Quinn (eds) (Peterborough: Broadview Press), p. 265.
27. (2012) 'Girodet and the Eternal Sleep', in H. Deutsch and M. Terrall, *Vital Matters: Eighteenth-Century Views of Conception, Life, and Death* (Toronto: University of Toronto Press), p. 66.
28. Coincidentally and tragically, William Spencer died two days after the death of his own father.
29. (1994) 'Medical Advance and Female Fame: Inoculation and its After-Effects', *Lumen*, XIII, 13–42. See also R. Porter (1993) *Disease, Medicine and Society in England, 1550–1860* (London: MacMillan Press), p. 22.
30. *Applebee's Original Weekly Journal*, 25 August 1722.
31. (1722) 'Some Remarks Upon Dr. Wagstaffe's Letter, and Mr. Massey's Sermon Against Inoculating the Small-Pox: With an Account of the Inoculation of Several Children; and Some Reasons for the Safety and Security of that Practice. In Three Letters to a Friend' (London: J. Clark), p. 13. However, as Grundy argues, 'it may be wrong to ascribe the servant's death to inoculation, and it is almost certainly wrong so to ascribe the child's. The servant apparently had a fever at the date of his inoculation, which is likely to have been the onset of natural smallpox caught from the already-inoculated Bathurst children. Nineteen days elapsed between William Spencer's operation and his death; his pustules were mostly gone; the postmortem found other causes for his fits. Most tellingly of all, relatives on both sides of his family went straight on to inoculate other very young children.' (p. 22)
32. (2005) *Health and the Rhetoric of Medicine* (Carbondale: Southern Illinois University Press), p. 93.
33. In his sustained diatribe against the practice, the surgeon Leghard Sparham (1722) complains of his colleagues who 'barter health for disease' in a sentence that syntactically links the practice to other modern speculative projects such as the South Sea Bubble: 'We have seen South-Sea Schemes, good Parliaments, Bills for preventing the Plague; heard of Plots: but, till now, never dreamt that Mankind would industriously plot to their own Ruin, and barter Health for Diseases.' *Reasons Against Inoculating the Smallpox* (London: J. Peele), p. 24.

34. (1722) *Inoculation of the Small Pox as Practised in Boston* (Boston: J. Franklin), p. 20.
35. Arbuthnot does not elaborate on his reasoning for disputing the causes of death in these three cases, although it is likely that he agreed with Maitland's opinion that at least one of the patients contributed to her death by refusing to heed medical advice.
36. S. Senn (2003) *Dicing with Death: Chance, Risk and Health* (Cambridge: Cambridge University Press).
37. A. Rusnock (2002) *Vital Accounts: Quantifying Health and Population in Eighteenth-Century England and France* (New York: Cambridge University Press), p. 20.
38. Wilson, 'The Politics of Medical Improvement,' p. 32.
39. (1722) *Mr. Maitland's Account of Inoculating the Small Pox* (London: J. Downing), p. 27.
40. It is possible that the reader is meant to infer that Jeffery exposed himself to natural smallpox during his jaunt to London prior to the inoculation. Moreover, having introduced the medical opinion that a person could battle natural and artificial smallpox simultaneously, Fuller draws on his experience of treating three patients under his care who had 'two Crops of two Sorts' of *Variolae*, both of which came about through natural infection in all cases.
41. For a recent discussion of Lady Mary's contributions to the smallpox debates, see A. McQuigge's (2014) "'They Give no Cordials to Heighten the Fever': Lady Mary, Corruption, and the Problem of Royal Influence', *Eighteenth-Century Fiction*, 27:2, 181–200.
42. J. Kirkpatrick (1754) *The Analysis of Inoculation: Comprizing the History, Theory, and Practice of it: With an Occasional Consideration of the Most Remarkable Appearances in the Small Pox* (London: J. Buckland), p. 3.
43. According to the OED.
44. See A. Guerrini (2003) *Experimenting with Humans and Animals: From Galen to Animal Rights* (Baltimore, MD: Johns Hopkins University Press).
45. Massey's retrospective diagnosis of Job as the first smallpox patient was roundly derided by his opponents.
46. As David Morris (2001) writes, 'the eighteenth century helped decisively to reconfigure the experience of death', 'A Poetry of Absence', in J. Sitter (ed.), *Cambridge Companion to Eighteenth-Century Poetry* (Cambridge: Cambridge University Press), p. 232.

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Fashion Victim: High Society, Sociability and Suicide in Georgiana Cavendish's *The Sylph*

Leigh Wetherall Dickson

On Tuesday 15 September 1789 a son of the French chancellor shot himself on arrival in Brighton. When efforts were made to repatriate his remains it was preferred that he stay ‘in the fatal soil of England’.¹ It would appear that the soil of England was indeed fateful as the unfortunate Monsieur de Maupean had been in the country for less than 24 hours before he committed suicide. On his person was found a packet of papers including two credit notes, one for 6000 livres and one for ‘whatever sum he might have occasion’, and at the New Ship Inn his personal effects consisted of ‘two valuable watches, one of them set with diamonds; two diamond crosses of the Order of Knights of Malta; three miniatures of a Lady, set in gold; a pair of diamond shirt sleeve buttons’, a considerable amount of hard cash in varying currencies including 91 shillings, and a cryptic note that declared “*Je meurs innocent; J’en atteste de Ciel*” I call Heaven to attest that I die innocent.² To what charge or stain on his character Maupean may have been referring is not clear, but what is clear was his absolute determination to do away with himself:

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He dispatched himself with a pistol, directed to his right ear, which lodged the ball in the opposite side of his head. It is supposed that he had first attempted the horrid deed with the fellow pistol, which was found, loaded, lying under his body, but without priming, having apparently flashed in the pan. A stick with a knife, of kind of dirk [. . .] was also placed by him within his reach, in case the second pistol had failed in his intended execution.³

Maupean succumbed, according to *The London Chronicle*, to a fit of insanity, and the French appeared not to have wanted their soil contaminated by such an ignominious and decidedly English act. César de Saussure, Swiss traveller and commentator on all things English, notes the presumed link between insanity and suicide, and on the verdict usually delivered on the state of mind of the suicide:

Whenever a person has committed suicide an officer of the law, named the Coroner, is called with a jury of twelve men, who examine the corpse and give a verdict. The parents, friends, and acquaintances of the defunct never fail to declare that the deceased was a lunatic, and no doubt with truth, for to my mind the greatest proof of lunacy anyone can give is taking away his own life in cold blood.⁴

Saussure is aware of the vested interest in the deliverance of such a verdict that prevented the property of the suicide being seized by the Crown, but he also considers how the English propensity for suicide not only suggests a peculiar kind of madness but also a peculiar value placed on life, or rather death, as he is 'much surprised at the light-hearted way in which men of this country commit suicide':

I am persuaded it is a crime to commit suicide, and that there is a life hereafter where we shall have to account for our actions. [. . .] People put an end to their lives from [a variety] of motives, and sometimes very trifling ones. Several reasons are the cause of this. Englishmen look on death in quite a different light to what other nations do, and are not afraid of it. As I have mentioned elsewhere, most criminals may be seen going with wonderful courage and fortitude to the gallows. I have also remarked that the passions of this nation are extremely strong and violent; they cannot bear failure, and customs and example are, I think, a great incitement to them.⁵

In light of Saussure's observations, the attribution of insanity as the root cause of poor Maupean's death is interesting. The material and monetary

wealth left behind by Maupean makes it clear he had not, during his brief time in England, become a member of the 'Last Guinea Club', a society 'composed of a few broken gamesters and desperate young rakes, who threw the small remains of their bankrupt fortunes into one common stock'.⁶ It is not clear whether or not he was subject to the same English laws of seizure and therefore whether it was in anybody's pecuniary interest that he be declared mad rather than a self-murderer. The possessions of the deceased were secured by Mr Simon, Principal Officer of the Customs at Brighton while the Prince of Wales involved himself with the arrangements for the body, ordering that particular care must be taken until instructions were received from the French ambassador. The fact that Maupean had been in the country for such a short time meant that there was nobody to ascertain his state of mind. Therefore the presumed insanity, as reported in the press, must stem from the fact that he had apparently much to live for in terms of wealth and love (no less than three miniatures of the same lady). The note, however, suggests that Maupean had acted in the same manner as suggested by Saussure, that he had deemed himself as having somehow publicly failed, hence the need to declare his innocence among strangers, and the method suggests death before dishonour, pistols being an honourable gentleman's preferred method of dispatch along with the sword, as both were 'weapons of the duel'.⁷ Maupean's dagger served as a substitute for the sword onto which he should fall should the second pistol fail.

The rejection of his mortal remains by his fellow countrymen suggests that they perceived Maupean as simply having succumbed to 'la mort à l'Anglaise',⁸ or perhaps had even travelled to England to commit the act on her 'fatal soil'. The perception of England as a nation of suicides was well established by the time of Maupean's death, as already acknowledged by Saussure. As Michael Macdonald and Terence Murphy note,

publication of the bills of mortality in newspapers all over England convinced foreigners and natives alike that self-slaughter was rampant. [...] Robert Blair's political declaration, self-murder is 'Our Island's shame' was amplified by Edward Young in his *Night Thoughts* [...] 'O Britain, infamous for suicide / An island in thy manners! far disjoin'd / From the whole world of rationals beside!'⁹

In the preface to *The English Malady* (1733), George Cheyne states that he felt compelled to write his treatise on the constitution of the nation by

those who were alarmed by ‘the late Frequency and daily Encrease of wanton and uncommon Self-murderers’.¹⁰ As Kelly McGuire writes, ‘the notion of an English Malady predates the work of Cheyne, it was his popular medical treatise [...] that consolidated this aspect of English identity [and encouraged] the belief that suicide had reached epidemic proportions just a few decades into the eighteenth century’.¹¹ However, as Cheyne is at pains to point out, this is not a description of all English people but only a very narrow segment of society, specifically the ‘better sort’ and those cursed with ‘wealth and abundance’ were ‘among whom this Evil mostly rages’.¹² The elite also represents the world of high society and fashion, and Cheyne’s ‘cornering of the market on fashionable diseases’ explicitly links fashionable society and suicide.¹³

Cheyne writes in the preface:

[T]he title I have chosen for this Treatise, is a Reproach universally thrown on this Island by Foreigners, and all our Neighbours on the Continent, by whom nervous Distempers, Spleen, Vapours and Lowness of Spirits, are in Derision, called The English Malady. And I wish there were not so good Grounds for this Reflection.¹⁴

However, he qualifies his statement in his observation that only ‘those of liveliest and quickest natural Parts [...] whose Genius is most keen and penetrating’ were most prone to the nervous disorders that led to suicide among the upper classes, while ‘Fools, weak or stupid Persons, heavy and dull Souls are seldom troubled’.¹⁵ Cheyne’s dedication of the work to Lord Bateman, Knight of the most Honourable Order of the Bath, and the case histories he includes, such as those of the ‘lady of great fortune’ and the unfortunate suffering of a ‘knight baronet of a great family’, indicate his target audience. These highly strung thoroughbreds indulged in high living and they did not do so in isolation; balls, routs, pleasure gardens and assemblies drained their mental, physical and financial resources, and fed them with the rich food and drink that Cheyne ultimately blamed for congesting the body and stringing out the nerves. Cheyne was pathologizing sociability or, as Roy Porter observes, resocializing the melancholic that had previously been envisioned as a solitary, antisocial figure as embodied by Shakespeare’s Jacques in the Forest of Arden or Albrecht Dürer’s sulky-looking, lonely angel.¹⁶ Melancholy, Porter says, was viewed by the Georgians ‘as a social malaise, an anomie, produced by the demands of city, court and crowd’, and taking the waters

in spa towns such as Bath became part of the social season.¹⁷ Those made ill by too much socializing sought cures in a social setting. Having set himself up in Bath, the most fashionable of spa towns, though yet to reach its zenith, Cheyne was writing for a captive audience. Whether in town ostensibly for health reasons or made ill by the socializing, Cheyne's patients would (hopefully) leave Bath feeling better, only to return to their bad old ways, thereby necessitating the need to return to the good doctor, and so the seasons would continue to turn and Cheyne had them eating and drinking out of the palm of his hand. The publication of *The English Malady* was an attempt to 'try what a little more just and solid Philosophy, join'd to a Method of Care, and proper Medicine could do, to put a Stop to so Universal a Lunacy and Madness' as suicide among the upper classes.¹⁸ Cheyne's pronouncement suggests that he thought suicide the inevitable and involuntary result of suffering from melancholy *à la mode* rather than an independent act and would probably have pronounced the same verdict on Maupean.

McGuire observes that 'even when carried out in private, suicide thrusts the cast-off body into the [...] courthouse of public opinion, where endless speculation regarding the motives, psychology, and even morals of the deceased ensure that nothing private whatsoever regarding the life and death of that individual might remain'.¹⁹ McGuire's work also addresses a question posed by Maurice Blanchot:

Is suicide always the act of a man whose thought is already obscured, whose will is sick? Is it always an involuntary act?²⁰

It is the public and voluntary aspects of suicide that this chapter interrogates in relation to the act being committed by a member of the upper echelons of society. Maupean was a man of wealth and fashion, as indicated by his belongings at the New Ship, and his note places his suicide within the realms of the sociable world. His declaration of innocence is an attempt to mould his death into a public act that has meaning beyond the field in which his body was found. The *Gentleman's Magazine* in 1756 observed that

[T]he many self-murders which have been mentioned of late in the public papers, naturally lead us to consider from what cause they proceed; and [...] upon a little reflection we shall find it to be generally disappointed pride. *Pride* seems to be the remote cause, even of those self-murders that

are reputed to proceed from lunacy: [...] The objects of pride are [...] whatever procures fame and reputation; when pride is mortified in any of these particulars, the consequences are often very fatal; [...] when a person is said to have killed himself because he was troubled in conscience, I can easily imagine, that the reflection of having by his sins lost his fame and esteem in this world, has contributed more to the fact [...] to wipe off some imaginary stains cast upon their imaginary honour.²¹

Maupean's pride had clearly been mortified; that he thought himself to be perceived in the public sphere as anything other than innocent and therefore an honourable man was not to be endured at any cost. The relationship between honour, aristocratic pride and suicide was a hotly debated topic throughout the eighteenth century, and is ground that Donna T. Andrew has thoroughly and thoughtfully ploughed. One of the key aspects of the debate that she identifies is the difference between true honour, under the guise of which acts of service and duty without recompense are performed in the spirit of 'noblesse oblige', and false honour, under which all kinds of nefarious acts are perpetrated, and which is worn like a 'glittering garb, a misleading external costume [resulting] in the observation that this honour consisted as much in manner, in outward show, as in anything else'.²² Courage was the defining characteristic of the true man of honour, and he met the vicissitudes of life and death without a flinch, while the false man of honour would use suicide as either a means to escape just punishment or to reconstruct himself as a man of honour. Andrew notes the ironic use of the term 'man of honour' throughout the eighteenth century by way of indicating honour's absence and illustrates the point with a case from John Wesley's journal in which he describes visiting a convicted felon in prison awaiting execution:

He attempted twice or thrice to shoot himself; but [the gun] would not go off. Upon his laying it down, one took it up and blew out the priming. He was very angry, went and got a fresh primer, came in again, sat down, [...] pulling off his hat and wig, said he would die like a gentleman, and shot himself through the head.²³

The prisoner's taking of his own life was an attempt to recast his current situation by the manner of his death. It is impossible to determine of what crime Maupean was accused, if he was guilty as charged or how he approached his death because the note only implies rather than overtly

states a relationship between cause and effect. In the context of England as a nation of aristocratic suicides, Maupean perhaps thought the relationship between his suicide and honour would be made explicit. What is clear is that he had somehow either transgressed or was perceived to have transgressed a boundary of decent conduct to which a gentleman must adhere. As well as courage and fortitude, politeness was a defining characteristic of a man of honour, a trait that could only be formed within society and through the practice of sociability.

Politeness became an ideal of social conduct that was situated within company or, as Lawrence Klein puts it, 'in the realm of social interaction and exchange, where it governed relations of the self with others'.²⁴ John Brewer notes that the 'aim of politeness was to reach an accommodation with the complexities of modern life and to replace political zeal and religious bigotry with mutual tolerance and understanding', and this was achieved by 'conversing and dealing with people, which, by teaching one to regulate one's passions and cultivate good taste, would enable a person to realize what was in the public interest and for the general good'.²⁵ As a result of this sociable mixing with one's fellow man and woman, rough edges would be rubbed away, tempers would be tempered and excessive pride would remain in check so that gentlemen 'may bend in compliance and accommodate themselves to those they have to do with'.²⁶ Sociability was deemed to be beneficial not only to the individual but to society as a whole, and suicide as a result of impugned honour, real or imagined, would appear to have no place within the sociable world. Voltaire pronounced that 'amiable people ought not to kill themselves; that is only for unsociable spirits. [...] Companionable people ought to live'.²⁷ It appears that the sociable man and the gentleman's pride of birth, breeding and position cannot be entirely reconciled as 'the Character of a Man of Honour, as received in the *beau monde*, (where the Laws of Fashion and Custom prevail over those of Justice and Morality) is something so very singular' as he thought himself 'infinitely above the Restraints which the laws of God or Man lay upon vulgar Minds, and knows no other Ties but those of Honour'.²⁸ Maupean's choosing to remove himself to a field shortly after his arrival in Brighton, the beating heart of the *beau monde*, in order to blow his brains out suggests that he is not a sociable man but a 'man of honour', but whether of the true or false variety we will never know. Maupean's suicide suggests all the themes of this essay—the relationship between the self and society, suicide, sociability and status—but can only take us so far as we remain, as readers, permanently located on the

outside of the drama that led to that field. The note remains cryptic as the meaning is lost on those of us not directly involved, hence the speculation necessary to make the connections between self, suicide and society that it implies. It is to another genre that we must turn to find these connections consolidated. McGuire argues that the

increased prominence of the novel as a product of and as producing cultural discourse intersects neatly with not only the development of a national 'idea' but also with the imagination of the English nation as the bastion of an inordinately suicidal culture. Suicide and the English become synonymous over the course of the century, an identification that the novel thematizes recurrently, from Eliza Haywood's amatory fiction of the 1720s to Frances Burney's domestic novels both before and after the French Revolution.²⁹

One work that McGuire does not discuss is Georgiana Cavendish's 1779 novel *The Sylph*, which examines very closely the connections implied by Maupeau's note, and marks the transition from a 'man of fashion' to a 'man of honour' on his committing suicide.

As the 5th Duchess of Devonshire and the first for two decades, the young and, by contemporary accounts, beautiful Georgiana Cavendish lived in the heart of fashionable society. She was just 17 when she married, and *The Sylph* was written five years later, when she was quite a different woman to the inexperienced ingénue that was terrified about how ill-equipped she was to take on the responsibilities of being the wife of a powerful man, chatelaine of the numerous Devonshire estates, social and political hostess, representative of the Cavendish name and mediator between the Duke and his many dependants, as well as expected to breed the next generation of this mighty family. Despite occupying an apparently enviable position within the upper echelons of the social hierarchy, Cavendish confided to her friend Mary Graham, who was not an occupant of the same social circles, that she felt trapped: 'When I first came into the world the novelty of the scene made me like everything', she wrote. 'But my heart now feels an emptiness in the beau monde which cannot be filled [. . .] nobody can think how much I am tired sometimes with the dissipation I live in.'³⁰ These feelings of dissatisfaction found full expression a year later in the *The Sylph*, an epistolary novel that owes a partial debt to Burney's *Evelina*. *The Sylph* tells of an ingénue's entry into high society as the newly acquired bride of notorious rake and 'man of fashion' Sir William Stanley. At first, Julia Stanley's letters home contain her laughing astonishment at the vacuity and pace of living *à la mode*, but as the

novel progresses her amusement turns to fear as she is exposed to the darker side of high society, populated by blackmailers, wife beaters, potential rapists, adulterers and suicides. The eponymous 'Sylph' appears in response to Julia's heartfelt cry for the need of someone to guide her through the dangers of this strange new world. Interestingly, in relation to Allan Ingram's essay ([Chap. 8](#)), Julia's guardian angel turns out to be her childhood sweetheart, Henry Woodley, whom she does not recognize throughout the novel, despite occupying the same social sphere, as he has somehow been, though not completely, disfigured by smallpox since she saw him last. In this novel, smallpox is an indicator of moral worth when compared with the intransient and superficial flash of Stanley. Julia's mother, whose death precedes the novel's events, is similarly afflicted but the 'sacrifice of her beauty' was welcomed at the preservation of the 'mental perfections of this most excellent woman'.³¹

Stanley meets Julia while on a shooting trip in Wales. Abandoning one form of hunting for another, he spies on Julia and her sister, and describes them to his correspondent as 'the most delicious game in the hospitable globe, a brace of females' (p. 5). Stanley breaks his leg while trying to gain a better look and recuperates at Julia's father's house. In his desire to possess the exquisite Julia but unable to take advantage of her, 'the gay seductive Stanley [becomes] shackled' (p. 5). During his period of recuperation he is surprised to find himself initially enjoying the simple pleasures of life in the company of his new wife, taking pleasure in the absence of 'tumultuous thought [...] excited by licentious excess [that] must be lost and drowned in wine. No cursed qualms of conscience [...] when nature sickens after the fatigue of a debauch.' (p. 13) However, he swiftly becomes bored and reassures the recipient of his correspondence, the odious Biddulph, that he 'will no doubt fall into [his] old track with redoubled alacrity from this recess' (p. 7). Biddulph, for his part, plots to use Julia to revenge himself on Stanley for the seduction of his mistress:

What immense pains did he take to supplant me in the affections of Lucy Gardiner. [...] He thinks I have forgot all this [...] because I still style him my friend; but let him have a care; my revenge only slept till a proper opportunity called it forth. [...] Men who delight to disturb the felicity of others are most tenacious of their own. And Stanley, who has allowed himself such latitude of intrigue on other men's families, will very sensibly feel any stain on his. (p. 21)

And thus the tenor of society into which the young and inexperienced Julia is thrust is established. Stanley is a false 'man of honour' who will

nevertheless take great umbrage against those who would undermine his masculinity by making him a cuckold. He is not only a hypocrite but also repeatedly referred to as a 'man of fashion', the two terms being synonymous in the context of the novel. Woodley is informed by a sincere friend about the danger to which his sweetheart is exposed:

Sir William is quite a man of fashion – Do you know enough of the world to understand all that title comprehends? If you do, you will sincerely regret your Julia is married to *a man of fashion* [emphasis original]. [...] As a man of fashion, Sir William Stanley would blush to be found too attentive to his wife [...] while he associates with rakes of quality and glorying in those scenes in which to be discovered he should blush [...] is fond of deep play—attached himself to women of bad character and seeks to establish an opinion that he is quite the *ton* in everything. (p. 28)

It would appear that Stanley is also something of a new entrée into high society as he 'seeks to establish' a reputation of being 'just the thing'. Julia observes of Stanley that he has 'great pride [...] is a slave to fashion [...] is ambitious of being a leading man [...] everything that belongs to him must be admired' (p. 20). Stanley considers himself to cut a very dashing figure in the brightly coloured, heavily embroidered suits favoured by the French, whereas fashion historian Kimberly Chrisman-Campbell notes that by the 1770s the 'restrained sober elegance of English menswear' had made a huge impact on the continent', a trend Cavendish would have been well aware of as her 'celebrity in France was not just a by-product of Anglomania; on the contrary it may have been one of the contributing factors to the craze for English modes'.³² The French fashions 'often distorted the natural shape of the body', and therefore Stanley is, quite literally, not the man he appears to be, and his morality has been contorted in the same manner.³³ Stanley is not only superficially dazzling, especially when compared with the more soberly dressed and worthy Henry Woodley, but he is merely an imitator rather than an innovator, following a fashion that is already regarded as being passé at the point of origin. His favouring of all things French as the epitome of fashion extends to the appearance of his wife. Julia is merely Stanley's latest accessory as she is both new and novel, but the very novelty of her rustic charms in Wales simply will not do in town. She objects most strenuously to being decked out with more ornaments on her head than clothes on her body, which are not only expensive and cumbersome but also prove to be nearly fatal as her

heavy head droops too close to a naked flame. When not laden down with gewgaws, Julia's hair is excessively powdered at Stanley's request, very much in the French style, much to her disgust, whereas Cavendish and her ilk were beginning to avoid looking like 'they had been dipped in a meal tub', a description attributed to Jane Austen's glamorous cousin Eliza de Feuillide.³⁴ Julia's choice of modest and simple attire and natural hair establishes her as the moral centre of the novel, as England's fashions were considered to be 'morally superior to those of its gaudy Catholic neighbour'.³⁵ James Fordyce's *Sermons to Young Women* asked:

[D]aughters of Britain [...] How long will you be ambitious of flaunting French attire, of fluttering about with the levity of that fantastic people? When will you be satisfied with the simplicity of elegance, and gracefulness of modesty so becoming in a nation like this, [...] polished by taste, and enlightened by true religion.³⁶

Julia's ability to resist the diktat of fashion serves as the counterpoint to Stanley's slavishness that is indicative of a lack of free will, as is Fordyce's 'fluttering' suggesting a moth attracted to a destructive flame. Jennie Batchelor notes that like 'other social and moral evils, fashion is cast as a disease, [...] the offspring of "Caprice and fantasticalness", fashion is fickle, inconstant and irrational and, therefore, immune to the inoculating power of rational reflection'.³⁷ Stanley is apparently not only powerless to resist the infection of fashion but is also following the well-trodden, fashionable route towards suicide.

Chrisman-Cambell cites the nineteenth-century sociologist Gabriel Tarde as noting that 'the pursuit of novelty signifies a deliberate rejection of tradition, customs and heritage: "Only the present seems to deserve respect."' ³⁸ On their arrival in the city the newlyweds join the social scene at a pace that startles Julia, and which she suspects is adopted in order to keep the mind

amused [...] so as not to give it leisure to think; and I fancy, the people in this part of the world esteem reflection an evil, and therefore keep continually hurrying from place to place, to leave no room or time for it. (p. 58)

Julia is constantly amazed at the pace of life in the city because of a discernible lack of a sense of purpose for all the activity, and she despairs of her ability to keep up. Cavendish repeatedly uses a specific vocabulary to

describe the frenetic social activities of Stanley and his set, such as ‘whirled away’ and being caught in a ‘vortex of folly and vice’, suggesting not only that resistance is useless against such a powerful force but also a lack of sociability. As each participant rushes from one activity to the next there is no time for the kind of social interaction that resulted in self-reflection or self-improvement. In fact reflection is positively scorned by Stanley, who declares ‘Reflect! Oh that is so outré I hate reflection. Reflection cost poor D- his life the other day. He, like me, could not bear reflection’, to which Julia responds, ‘I tremble to hear you thus speak lightly of that horrid event.’ (p. 102) The ‘horrid event’ that Cavendish has Julia refer to is the suicide of John Damer, the estranged husband of sculptor Anne Damer, a close friend of Cavendish. In August 1775, despite being the heir to a fortune of £30,000 a year, John Damer accrued gambling debts he had no hope of paying. Having been refused aid by his father, Lord Milton, Damer shot himself in an upstairs room in the Bedford Arms in Covent Garden. The pursuit of fashion and gambling command an artificially high price for an unnaturally short lifespan, and both are antisocial because both are pursued in a social setting and yet isolate the individual. The expensive pursuit of changeable whims has a correlation in the turn of a card.

The sensation of overwhelming disorientation has been identified as a fundamental characteristic of games of chance, as described by Roger Caillois. The experience that Caillois calls *ilinx*, derived from the Greek for ‘whirlpool’, echoes Cavendish’s linguistic non-resistance, and is the defining characteristic of games of chance that ‘momentarily destroy the stability of perception and inflict a kind of voluptuous panic on an otherwise lucid mind’.³⁹ Cavendish’s ‘vortex of dissipation’ is presented as apparently inescapable, but the resultant vertigo was part of the attraction. The thrill of play, or the vertigo, is an experience that is generated by the creation and resolution of the game, and centres on the risk faced by the individual while awaiting the outcome of their stake. In between, the gambler waits in anticipation, a state of suspended animation. Popular games played by Cavendish were the embodiment of this momentary creation and resolution of the game. ‘Even-Odd’, for example, was an early version of roulette where a wheel was divided into pockets marked ‘e’ and ‘o’ alternately. Players of hazard bet that they would eventually throw a certain number with two die. ‘Faro’ consisted of an unlimited number of players who would bet against a banker on the order in which certain cards would appear when taken from the top of the deck. All games of chance and risk were also games of emotional intensity due to the short-lived nature of each round. In the

inevitable let-down that follows, the gambler is deflated, making repetition an intrinsic feature of games of chance in an attempt to recapture that moment when the self, and all its attendant problems, is suspended in the immediacy of the moment. Richard Hey's 1783 work, *A Dissertation on the Pernicious Effects of Gaming*, describes exactly this repetition of eagerness and the impatient anxiety to begin again:

In spite of the most dear bought experience, you may see the Gamester returning to his dice as keen as if he had, in former trials, found his most extravagant hopes justified. [...] Nay, he is not only hurried on in general by an Eagerness for Play. [...] Nearly allied to this Impatience, but nevertheless distinct from it, is the Anxiety of expectation in which the Gamester is so often kept suspended. [...] How often do we hear [...] such expressions as these, 'Rid me but of my Suspense,'—'Any thing were better than this state of Uncertainty'? Yet does the Gamester wantonly and perpetually throw himself into situations remarkable for producing these uneasy passions. [...] And it is particularly observable of the passion of Anxiety, perhaps above all others, that a frequent Repetition adds much to its vehemence. [...] No sooner is one state of Suspense brought to an end than another is sought for, with an avidity that might set us upon questioning whether to be anxious were not to be happy: but as soon as the new state of Suspense is entered upon, the avidity to bring this also to an end convinces us of the contrary.⁴⁰

Time freezes and gamblers become absorbed in the 'here and now', and the inherent risk is also inscribed with the rejection of tradition, custom and heritage that is the enemy of fashion. Julia rejects gambling in the same way that she rejects the pursuit of fashion after briefly succumbing to the immediate moment. To gamble meant to ignore the normal rules of social intercourse. The *Lady's Magazine* opined that 'people used to formally meet together' in order 'to improve our friends or ourselves', but 'ever since the card table has been in fashion all the pleasures of speech has been suppressed'.⁴¹ This silencing of improving advice from friends and family may well have been the initial attraction to gambling for Cavendish in the early years of her marriage, and for Julia when she discovers a letter from her husband's mistress while also naming another with whom he is involved, thereby confirming the callous and interconnected nature of the sexual liaisons of her immediate circle that she had only previously suspected. Julia at first 'only risked trifles, but by little and little, my party encroached upon the rules' (p. 92). By the end of the first

night and having won 95 guineas, Julia describes herself 'more attached than ever to the game' (p. 93). She promptly arranges for 'the set' to play again at her house the next day, telling her sister that she 'counted the hours till the time arrived. Rest departed from [her] eyelids, and [she] felt all the eagerness of expectation.' (p. 93) It is the first and only time Julia demonstrates a willingness to thoroughly immerse herself into any activity that involves her husband's dubious acquaintances, let alone refer to them as 'the set' with a sense of belonging and invite them into her house. But the ever-watchful Sylph writes to her of the potential dangers and thus ends Julia's flirtation with gambling as a distraction from an unhappy state of mind created by living *à la mode*. Julia's initial enthusiasm hints at the joy of gambling as an escape from the advice and 'improving conversation' that seeks to mould her into a fashionably contorted shape in both body and morality, though Cavendish can only allude to this pleasurable aspect because of her own desperate financial position. Julia's foray into the fashionable pursuit of gambling is brief because she has the will to resist the whirlpool effect, whereas Stanley is not only a slave to the 'here and now' in terms of immediate gratification but also seems to see it as a way to stave off what appears to be an inevitable course of action.

Stanley's insouciant attitude towards reflection eventually collapses in the face of public disgrace as the consequences of living in the here and now begin to make themselves manifest; he has committed fraud by forging a deed of conveyance for a property that was not in his possession in lieu of a debt, having previously sold Julia's jewels and substituted them for paste. Chrisman-Campbell notes that 'rather than a female frivolity, jewels were a public proclamation of an entire family's fortunes', therefore Julia had unknowingly been advertising the fact that the Stanleys were broke.⁴² In keeping with everything else he pursues, Stanley's solutions to his financial crisis are not thought out beyond the immediate 'here and now', and as events gather a momentum of their own he begins to lose his composure. Having played his part in luring Stanley further into debt, plotting to exchange Julia in lieu of payment, Biddulph gleefully notes, 'the more he loses, the more impetuous and eager he is to play' (p. 153). Both Biddulph and Stanley are exemplars of the kind of antisocial gambler as characterized by *The Connoisseur* in that they each 'would ruin his own brother, if it might be of advantage to himself'.⁴³ There has been a subtle shift from Stanley's nonchalant stance of conspicuous consumption to a desire to win, which requires a level head, a steady nerve and the basis of play being grounded on rational calculation, thus bringing the bourgeois

value of financial accumulation to the gaming table, such as that practised by the late seventeenth-century gambler the Marquis de Dangeau, as described by Madame de Sevigne:

I saw Dangeau play! —what fools we all are compared with him—he minds nothing but his business, and wins when everyone else loses: he neglects nothing, takes advantage of everything, is never absent; in a word his skill defies fortune.⁴⁴

This composure is completely out of Sir William's grasp, but is also a practice he could never adopt, as to be seen to be calculating at the table would ruin his social credit as a man of fashion forever. Gerda Reith observes that gambling debts were not legally binding, the fulfilment of the gambling contract depending entirely on the word of the parties involved.⁴⁵ Thus to pay one's gambling debts demonstrated honour and integrity, and so gambling became an arena in which to demonstrate status and gain prestige. Knowing how to lose was an important test of character, and showed one's indifference towards money. However, Stanley's reputation as a gentleman has been compromised by the act of fraud and he ominously proclaims that 'there is one way out, one way to escape this impending evil' (p. 160). When Biddulph asks if Stanley will 'make no sacrifice to extricate yourself', Stanley's immediate response is, 'Yes, my life.' (p. 163)

Stanley brings us back to Maupeau in that a sacrifice had to be made to right a wrong as if there were no other solution, though Stanley is shown as having made a choice of sorts. Like Wesley's convicted felon, he chooses to die by his own hand rather than face the ignominy of the scaffold; Cavendish has Stanley re-enact the death of Damer on which he was so loth to reflect. The choice of self-sacrifice suggests both an honourable death and a short-term solution to an immediate problem that has the unfortunate effect of being permanent, but the choice seems to be curtailed. Richard Hey's *Dissertation on Suicide* provides a possible answer as to why the life is deemed necessarily forfeit in matters of besmirched honour:

Two paths are presented to him. The one would lead him through a laborious and humiliating Reparation of injuries to a recovery of lost honour and serenity. The other, withdrawing him from every perception besides that of his own present sufferings points to Despair and Suicide.⁴⁶

Like Dangeau's calculations at the gaming table, to be observed striving to remove a stain against one's name may have the appearance of labour

and being overly concerned, which most certainly is not in keeping with the psychological profile of the ‘man of honour’. Suicide when committed against the larger backdrop of a code of honour can be read as a Hobson’s choice, an apparently free choice in which only one option is offered. Andrew describes the code of honour as being ‘like the English constitution, an unwritten but powerful organising structure [...] that continued to influence its adherents, and to a degree, all of society, to accede to its rules and mandates’.⁴⁷ Sociability, like honour’s ‘rules and mandates’, was also a tacitly understood code of behaviour, but is in opposition to honour in that it encompasses the pleasurable experience that is the result of social interaction with others. The concept of being sociable in this context is detached from social hierarchies and inequalities in social fields, whereas honour is firmly rooted in the pride held by the individuals knowing their place within those social fields. When considering the relationship between high society, sociability and suicide, Voltaire’s musing that suicide is only for ‘unsociable spirits’ reveals a clash between a man of honour who lives in high society and the practitioner of sociability. *The Sylph* shocked critics, primarily because it was by a ‘young lady’ who, according to the *Gentleman’s Magazine*, demonstrated ‘too great a knowledge of the *ton*, and of the worst, though perhaps the highest part of the world’. Not only did Cavendish have ‘too great a knowledge’ of the fashionable world, but the novel also indicates proximity to the events and the experiences that produce what Muireann O’Cinneide describes as a ‘knowing commentary on the essence of high society as a whole’, and as such is reflective of these broad anxieties about an apparently self-destructive section of society.⁴⁸

NOTES

1. M. MacDonald and T. R. Murphy (1993) *Sleepless Souls: Suicide in Early Modern England* (Oxford: Clarendon Press), p. 278.
2. *The London Chronicle* (1789) Saturday 19–Tuesday 22 September, Vol. LXVI, Iss. 5171, pp. 282–83.
3. *London Chronicle*, p. 283.
4. (1902) *A Foreign View of England in the Reigns of George I and George II: The Letters of Monsieur César de Saussure to his Family*, Madame van Muyden (trans. and ed.) (London: John Murray), pp. 201–2.
5. Saussure, *A Foreign View*, pp. 196, 198.
6. G. Colman (1755) *The Connoisseur*, Thursday 9 January, No. 50, p. 8.

7. Macdonald and Murphy, *Sleepless Souls*, p. 185.
8. The phrase 'la mort à l'Anglaise' appears to originate from a review of a 1778 play entitled *The Suicide*.
9. Macdonald and Murphy, *Sleepless Souls*, p. 307.
10. (1733) *The English Malady, or a Treatise of Nervous Diseases of all Kinds*, (London: G. Strahan and J. Leake), pp. iii, i.
11. (2012) *Dying to be English: Suicide Narratives and National Identity, 1721–1814* (London: Pickering and Chatto), Kindle edition, location 2365 of 6941.
12. Cheyne, *The English Malady*, p. ii.
13. McGuire, *Dying to be English*, location 2358 of 6941.
14. Cheyne, *The English Malady*, p. i.
15. Cheyne, *The English Malady*, pp. 262, 52.
16. (2004) *Madmen; A Social History of Madhouses, Mad-Doctors and Lunatics* (Stroud: Tempus), p. 95.
17. Porter, *Madmen*, p. 96.
18. Cheyne, *The English Malady*, p. iii.
19. McGuire, *Dying to be English*, location 112 of 6941.
20. Quoted in McGuire, *Dying to be English*, location 136 of 6941.
21. *The Gentleman's Magazine* (1756) Vol. 26, p. 28.
22. (2013) *Aristocratic Vice: The Attack on Duelling, Suicide, Adultery, and Gambling in Eighteenth-Century England* (New Haven and London: Yale University Press), p. 28.
23. Quoted in Andrew, *Aristocratic Vice*, p. 32.
24. (1994) *Shaftesbury and the Culture of Politeness: Moral Discourse and Cultural Politics in Early Eighteenth-Century England* (Cambridge: Cambridge University Press), p. 4.
25. (1997) *The Pleasures of Imagination: English Culture in the Eighteenth Century* (London: HarperCollins), p. 102.
26. John Locke quoted in P. Carter (2001) *Men and the Emergence of Polite Society 1660–1800* (Harlow: Longman), p. 55.
27. Quoted in G. Minois (1999) *History of Suicide: Voluntary Death in Western Culture*, L. G. Cochrane (ed.) (Baltimore and London: Johns Hopkins University Press), p. 234.
28. *The Gentleman's Magazine* (1737) Vol. 7, p. 284.
29. McGuire, *Dying to be English*, location 161 of 6941.
30. (c. 1778) National Library of Scotland, Lynedoch MSS 3590, f.227R Georgiana Cavendish, Duchess of Devonshire, to Mary Graham.
31. (2007) *The Sylph*, J. Gross (ed.) (Evanston, IL: Northwestern University Press), p. 54.
32. (2015) *Fashion Victims: Dress at the Court of Louis XVI and Marie-Antoinette* (New Haven and London: Yale University Press), pp. 216, 222.

33. Chrisman-Campbell, *Fashion Victims*, p. 220.
34. Chrisman-Campbell, *Fashion Victims*, p. 222.
35. Chrisman-Campbell, *Fashion Victims*, p. 219.
36. (1766) *Sermons to Young Women in Two Volumes* (London: D. Payne), I. 38.
37. (2005) *Dress, Distress and Desire; Clothing and the Female Body in Eighteenth-Century Literature* (Basingstoke: Palgrave), p. 113.
38. Chrisman-Campbell, *Fashion Victims*, p. 11.
39. (1962) *Man, Play and Games*, M. Barash (trans.) (London: Thames and Hudson), p. 23.
40. (1783) *A Dissertation on the Pernicious Effects of Gaming* (Cambridge: J. Archdeacon), pp. 63, 41–44.
41. Quoted in Andrews, *Aristocratic Vice*, p. 192.
42. Chrisman-Campbell, *Fashion Victims*, p. 89.
43. (1755), p. 83.
44. Quoted in A. Steinmetz (1870) *The Gaming Table; Its Votaries and Victims in Two Volumes* (London: Tinsley Brothers), vol. 2, p. 90.
45. (2002) *The Age of Chance: Gambling and Western Culture* (London and New York: Routledge), p. 66.
46. (1785) *Dissertation on Suicide* (Cambridge: J. Archdeacon), p. 28.
47. *Aristocratic Vice*, p. 16.
48. (2008) *Aristocratic Women and the Literary Nation, 1832–1867* (Basingstoke: Palgrave Macmillan), p. 40.

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‘Alas, poor Yorick!’: Jonathan Swift, Madness and Fashionable Science

Helen Deutsch

*That skull had a tongue in it, and could sing once. How the knave
jowls it to the ground, as if 'twere Cain's jawbone, that did the first
murder!*

Hamlet, Act V, sc. i, 75–77¹

*In the Proportion that Credulity is a more peaceful Possession of the
Mind than Curiosity, so far preferable is that Wisdom, which converses
about the Surface, to that pretended Philosophy which enters into the
Depth of Things, and then comes gravely back with Informations and
Discoveries, that in the inside they are good for nothing.*

Jonathan Swift, ‘A Digression Concerning the Original, the Use
and Improvement of *Madness* in a Commonwealth,’ Section IX of *A
Tale of a Tub* (1704)²

*It is superficiality, and not depth, that is excellence here. The deep ones
had dug for ages in the brain, and found nothing but abstract truth:
Gall came out of the cerebral well, and looking upon the surface found
that it was a landscape, inhabited by human natures in a thousand*

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tents, all dwelling according to passions, faculties and powers. So much was gained by the first man who came to the surface, where nature speaks by representations; but it is lost again at the point where cerebral anatomy begins. Gall himself was an instance of this, for he was one of the greatest and most successful anatomists of the brain. But when the skull is off, his phrenology deserts him, the human interest ceases, and his descriptions of the fibres and the gray matter are as purely physical as if they were of the ropes and pulleys of a ship.

James John Garth Wilkinson, *The human body and its connection with man, illustrated by the principal organs* (1851)³

The skull of Dean Swift was brought to the Phrenologists, who were camped at the time in the middle ground between Science and Fashion. This Phrenological Art enabled them to decipher ‘amativeness large and wit small’ between the sutures of his dead brain. [...] Otherwise the Post-Mortem exposition of this skull was unrevealing. The great gifts had passed with the ghosts. The Phrenologists were condemned to conduct the autopsy of the hen which laid the golden eggs.

Shane Leslie, *The Skull of Swift: An Extempore Exhumation* (1928), pp. 4–5⁴

I begin with these four passages in order to locate Jonathan Swift as writing subject, scientific object and unsolved mystery at the heart of a debate about the nature and purpose of scientific inquiry. The science in question here is phrenology, which in both its vast popularity and its vulnerability to satire from its inception epitomized and laid bare the ways in which all science is culturally constructed. Roger Cooter makes this point in his classic 1984 history of phrenology, *The Cultural Meaning of Popular Science*, in which he quotes part of the above passage from James John Garth Wilkinson (Swedenborgian, follower of Fourier and friend of Henry James) without comment as his opening epigraph. In Wilkinson’s dramatic terms, phrenology’s attempt to read human character on the surface of the skull, its emergence from the depth of the generic ‘cerebral well’ to view and interpret the vast landscape of human variation, rehearses an epistemological dilemma at the heart of science understood, in the broadest eighteenth-century sense, as knowledge.

Any good reader of *A Tale of a Tub* would immediately hear in Wilkinson’s poetic praise of phrenology’s affinity with the aesthetic survey a distant echo of Swift’s hack narrator’s choice of nature’s beautiful surface over her ugly

depths. And this particular reader could not help but hear another Swiftian echo in Cooter's second choice of epigraph from Michel Foucault's 1977 essay 'Nietzsche, Genealogy, History', in which Foucault speaks, in a very Swiftian way, of 'the question of truth, the right it appropriates to refute error and oppose itself to appearance, the manner in which it developed [. . .] does this not form a history, the history of an error we call truth?' In that same essay, further supporting Cooter's refutation of the Whig history of inevitable scientific progress, Foucault describes an 'effective history' that 'will uproot its traditional foundations and relentlessly disrupt its pretended continuity', aphoristically concluding that 'knowledge is not made for understanding; it is made for cutting'.⁵ Foucault enlists the cutting we associate with anatomy's objective truth in the service of undermining the seeming self-evidence of coherent historical narrative. From Wilkinson's perspective, phrenology rescued the complexly varied visual manifestations of human psychology from the monotonous impersonality of the anatomist's incisive gaze.⁶ Yet for Shane Leslie, who styles his study of Swift an 'extempore exhumation', phrenology's reduction of Swift to a type—'amativeness large, wit small'—is a tragically ironic misrecognition of a unique literary genius. Phrenology, for the literary biographer, murders to dissect. As the complex resonances of these passages make clear, both the science of phrenology and Swift as its singular example reveal a Mobius strip of surface and depth, appearance and truth, matter and meaning that constitutes the unstable middle ground between science and fashion out of which fact emerges. We might think of the rise of the field of narrative medicine today, which arose in response to contemporary medicine's increased emphasis on visual imaging of the body's interior over individual patient histories, as both current example and distant inheritor of the problem at stake in Swift's unsolvable case.

This chapter considers Jonathan Swift's uncanny resurgence as a skull, at once literary, philosophical and phrenological example, at the heart of a contentious and ongoing medical debate about the relation of the mind to the brain that his own satire had already debunked and transcended. What is the mad hack narrator of *A Tale of a Tub*'s theory of vapours but a profound meditation on the mind/body problem, a parody of modern science going back to Lucretius and Paracelsus and forward to the Royal Society, and an ironic example of the idea of fashionable disease? The mystery of Swift's own legendary, self-predicted and much-contested madness allies him with Shakespeare's Hamlet, while that madness's tragically satirical manifestations confront us with matter as devoid of spirit as Yorick's skull. As the recurring echoes of Swift's 'Digression concerning

Madness' will remind us throughout this essay (and let us not forget that the fashion-obsessed *Tale of a Tub* begins with an allegory that reduces the universe to clothes), Jonathan Swift, both as impossible example beyond the common forms the mad hack foolhardily commends, and prophetic and proleptic satirist, exposed the fashionable nature of medical knowledge well before the advent of modern medicine's historical self-consciousness.

Swift re-entered the fashionable world of nineteenth-century Dublin by an act of God as an uncanny *memento mori*. When in 1835 St. Patrick's Cathedral underwent repairs for flood damage, the coffins of Swift and his dear friend Stella (a.k.a. Esther Johnson, buried next to him at his request) were opened and their skulls removed for examination. Both nature and coincidence conspired to bring Swift's skull into circulation: conveniently enough, the British Association for the Advancement of Science (BAAS) was holding its annual meeting in Dublin that summer,

with a meeting of the Dublin Phrenological Society held the week after. Upon hearing of the repairs at the Cathedral, the BAAS committee requested that they be permitted to exhume the skull of Swift for examination, with a view to elucidating the illness from which he had chronically suffered and that had caused his death.⁷

(Swift's autopsy had revealed, on opening the skull, that the brain had been 'loaded with water', both ironic presage of the Dublin flood and the only firm medical evidence on record.⁸) Dr. John Houston, leader of the investigation, a 'pathologist and phrenologist noted for his use of the microscope to investigate cancer', might have been responding to Swift's hack's critique of reason's coming, 'officiously with tools for cutting, and opening, and mangling, and piercing, offering to demonstrate, that [bodies] are not of the same consistence quite through', when he guiltily stated 'that [WHILE] the examination had been agreed on the grounds of "the advancement of scientific knowledge", "it was no idle curiosity, neither can we boast of its being zeal for the cause of science, which led to the disinterment; it was purely a matter of accident"'.⁹ Permission for the examination was granted, casts and drawings of both the skull and brain were made, and the skulls of Swift and Stella became the talk of the town.

William Wilde, surgeon, antiquarian, folklorist, Oscar Wilde's father and author of one of the most literary accounts of *The Closing Years of Dean*

Swift's Life (1849), makes explicit that the curiosity about Swift's final illness revolved around the question of his madness. Writing to refute both popular and scientific claims of Swift's lunacy, Wilde describes Swift's circulation in a scene of fashionable science with Hamletian ruefulness:¹⁰

During the week or ten days which elapsed before [the skulls] were returned (for returned they certainly were), they were carried to most of the learned, as well as all the fashionable societies of Dublin. The University, where Swift had so often toiled, again beheld him, but in another phase; the Cathedral which heard his preaching—the Chapter-house which echoed his sarcasm—the Deanery which resounded with his sparkling wit, and where he gossiped with Sheridan and Delany—the lanes and alleys which knew his charity—the squares and streets where the people shouted his name in the days of his unexampled popularity—the mansions where he was the honoured and much-sought guest—perhaps the very rooms he had often visited—were again occupied by the dust of Swift!¹¹

No definitive conclusions ensued from this brief resurrection. Rather, a contentious debate, still continuing in the medical literature on Swift, arose in the most prominent medical journals of the day about the results of the phrenologists' investigations, questioning the validity of a fashionable science that, with an irony worthy of Swift himself (as Shane Leslie would later observe in his own biographical exhumation), could read Swift's skull as underdeveloped in the intellectual capacities, the 'organs of wit and comparison', while excessive in the animal capacities, 'the portions assigned to philo-progenitiveness and amateness'.¹² Indeed one participant in the examination deduced from 'the depression on the anterior part of the head that the man must have been apparently an idiot'.¹³ Sublime object that it was, the skull's vast interior was invisible to the naked eye: Wilde appealed in Swift's defence to an eyewitness of the original examination, whose observations revealed that 'although the skull, phrenologically considered, might be thought deficient, yet its capacity was, in reality very great, capable of containing a brain as we might expect in so remarkable a genius' (p. 55). The phrenologists could only explain the discrepancy by arguing that the 'bones must have undergone considerable change during the last 10 or 12 last years of his life, while in a state of lunacy'.¹⁴ In a final irony that would have pleased the author of Book IV of *Gulliver's Travels* and perhaps distressed Swift the Anglo-Irishman, Wilde, who diagnosed Swift with vascular disease, deduced that

in its great length in the antero-posterior diameter, its low anterior development, prominent frontal sinuses, comparative lowness at the vortex, projecting nasal bones, and large posterior projection, it resembles, in a most extraordinary manner, those skulls of the so-called Celtic aborigines of North-Western Europe [...] which are found in the early tumuli of this people throughout Ireland.

Wilde speaks here not as a phrenologist but as an antiquarian, reminding us of the ways in which the two fields share a common basis in collection and display; Swift's skull had its place in a cabinet of cultural curiosities, available for comparison to a range of human and animal specimens.¹⁵

Art, literature, and personal and national fantasy merge with medicine in these pages, as not only the skull and its reproductions but also Swift's poems and letters, death mask and various busts are considered as, in the words of Marjorie Lorch, 'tantalizing but indeterminate' medical evidence. Wilde's defence of Swift's sanity is in deep conversation with literature, interwoven with references to the late poem, *Verses on the Death of Dr. Swift*, which he reads as an autobiographical medical record of Swift's final days. By contrast, and somewhat paradoxically, Walter Scott's 1814 view of Swift's death mask provokes an immediate and visceral diagnosis. Scott wrote of the death mask which he viewed on display in St. Patrick's:

The expression of the countenance is most unequivocally maniacal, and one side of the mouth (the left) horribly contorted downwards, as if convulsed with pain.¹⁶

Wilde downplayed Scott's horror at what he took to be the face of Swift's insanity in order to read the death mask as 'providing significant evidence of motor weakness and the signs of a chronic eye infection',¹⁷ while in 1940 the Irish medical historian T. G. Wilson 'was the first to take a quantitative approach to the evidence', making 'empirical measurements of the death mask to visual impressions'. Wilson's modern scientific objectivity allowed him to debunk previous uses of the death mask as evidence. Dispassionate to the last, Wilson 'argued that portraits, busts and the death mask [gave the illusion of a sunken left eye] because, as could be seen from the skull, Swift's nose had been crooked from birth'. Wilson's final diagnosis: 'senile decay with acts of irrationality'.¹⁸

The debates between phrenologists and alienists provoked by the fashionable circulation of Swift's skull thus revolved around complex questions of exemplarity, temporality and the nature of evidence, while demonstrating different modes of viewing authorial artifacts. Could Swift's final disease reveal anything about the entirety of the life of the man himself? Could a decayed brain serve as an index to a man's character? Could a skull explain aberrant behaviour? Could a genius as singular as Jonathan Swift exemplify anything at all? When Dr. David Skae, Medical Superintendent of the Royal Edinburgh Asylum, challenged the phrenologists in an anonymous review by comparing Swift's skull to the skulls of four murderers, as well as six notables held by the Edinburgh Phrenological Museum including 'Robert Burns, La Fontaine, Robert the Bruce, and Stella', he ended with an observation which again might have come straight out of Swift's 'Digression Concerning Madness' in which, thanks to the random direction of a vapour, 'the very same Principle that influences a *Bully* to break the Windows of a Whore, who has jilted him, naturally stirs up a Great Prince to raise mighty Armies, and dream of nothing but Sieges, Battles, and Victories'.¹⁹ Comparing Swift's skull to that of a famous murderer, he writes,

Swift and Haggart, who are rather below the mean, and should therefore have been the least energetic and active, displayed the greatest energy and intrepidity of character; the one was the most absolute monarch of the populace in Dublin that ever governed; and the other displayed the most unwearied energy and perseverance in crime.

Following pages of charts detailing the measurements of ten skulls, including those of four murderers, Burns, King Robert the Bruce, Stella and Heloise, Skae exclaims, 'Swift had less *Wit* in relation to the size of his brain and his other organs than all the other nine [skulls measured] and yet that phrenology can be true?'²⁰ George Combe, one of phrenology's most important pioneers in Britain, who attended the initial examination, responds with equally Swiftian irony:

Dr. Skae acted preposterously in selecting, for the purposes of testing phrenology, not the skull of a sane individual, not beyond the middle period of life, but that of a morbidly irritable and eccentric man, who, as his biographers inform us, died at the age of seventy-eight, in a state of idiocy so complete and long-continued, as, with other evidence, to

render it next to certain, that a great change had taken place in both the brain and its coverings. Had the phrenologists perpetrated any similar folly, under the plea of 'scientific' investigation, they would have been scouted as fit to become the inmates of a lunatic asylum; but Dr. Skae's solemn farce is quietly admitted, under the garb of science, into the pages of a philosophical and enlightened Review! The phrenologists have all along rejected the skull of Swift as affording evidence of the forms and dimensions of his head at forty years of age, and in sound health . . . [and] given ample reasons for not seeking proofs of the truth of phrenology from cases of disease.²¹

Could Swift's singular genius, which defied the categories of health and normality throughout his adult life, exemplify any geeral truth?

My thinking here relies heavily on the research and analysis of the neurologist and medical historian Marjorie Lorch, who reads Swift unironically as an innovative medical thinker and expert on 'mind/brain relations',²² and who has published extensively on the special significance of Swift's case for rethinking the value of retroactive diagnosis, for considering the historical evolution of scientific argument and medical evidence, and for tracking the changing medical understandings of the relationship between the mind and the brain. Lorch's sustained and careful reflections on these issues, which are absolutely central to the question of 'fashionable disease', end with indeterminacy. We can never, she declares, know exactly what ailed or killed Jonathan Swift, but a history of Swift's diagnoses 'may serve as a kind of projection text, much like a Rorschach inkblot, for which the answer reveals something about the speaker rather than the subject of the description'.²³ While the image of the Rorschach blot is a static mirror for the medical historian attempting to solve Swift's case, Lorch's work actually provides us with an unfinished story about the social construction of science in which phrenology goes perpetually in and out of fashion. In her account, the phrenologists' belief that 'Swift's skull and brain cast [represented] forensic evidence, which would reveal the source of behavioral changes at the end of his life' (p. 1069), and the alienists' use of that same brain and skull as 'counter-evidence' (p. 1069) to disprove phrenological doctrine because 'the measured organs did not correspond to the personal propensities for which Swift was famous' (p. 1070), demonstrate the ways in which 'there is something about Phrenology which will not go away' (epigraph, p. 1059). Good science,

she and modern neuroscientists argue, must find ways to deal with counterexamples and negative evidence, so that phrenology in its new guise as neuropsychology or cognitive neuroscience can finally make valid connections 'between the living brain and behavior by inference from secondary measurements' (p. 1070). Just as James Makittrick Adair, the author of the 1786 treatise *On Fashionable Diseases* which gave the conference from which this essay originated its name, describes how in the wake of 'a treatise on biliary concretions', 'nerves and nervous diseases' (borrowing aptly enough a phrase from Swift's 'Digression Concerning Madness') were 'kicked out of doors and *bilious* became the fashionable term', so recent medical historians have proposed that cognitive neuropsychology is simply 'the currently fashionable name for phrenology'.²⁴

Phrenology thus serves as the perfect example for historians of science of the social construction of scientific truth. At once the height of scientific fashion and the nadir of charlatanry from its outset, phrenology reveals the fashionable nature of all scientific attempts to read the body as the index to the mind, exposing the fine line between science and pseudoscience on which Whiggish notions of the inevitability of scientific progress are based.²⁵ Since phrenology and satire went hand in hand, it seems fitting that one of their major battles was fought over the skull of Jonathan Swift, whose mortal remains will forever elude diagnosis and who played with the mind/brain problem while refusing to solve it. When Cooter observes that 'whether accepted or rejected, totally or in part, and whether on specific social, political, scientific, medical, philosophical, religious or psychological grounds, phrenology raised the abstraction of the 'mind of man' to new heights' (pp. 6–7), readers of the *Tale* will remember the mad hack's speculative meditation on how 'the mind of man', driven by unfettered Fancy to soar to 'the imagination of what is Highest and Best, becomes over-shot, and spent, and weary, and suddenly falls like a dead Bird of Paradise, to the Ground'.²⁶

A variety of ideas may well occur to us in connection with a skull, like those of Hamlet over Yorick's skull; but the skull-bone just by itself is such an indifferent, natural thing that nothing else is to be directly seen in it, or fancied about it, than simply the bone itself. [...] [I]t is an actuality whose role it is to exhibit another sort of aspect of the individuality, one that would no longer be a self-reflected, but a purely *immediate* being.

Hegel, *Phenomenology of Spirit*²⁷

The scientific scrutiny of a skull fraught with literary irony reminds us that Swift has always insisted on his reader's unsettling encounter with matter. As a poet, Swift preferred jokey tetrameter couplets that cut Milton and Pope's heroic pentameter lines down to size, enlivening colloquialism and cliché with startlingly witty rhymes that revealed the raw material informing finished art: 'Should I the Queen of Love refuse?', asks the speaker of his scatological and scandalous *The Lady's Dressing Room*, 'Because she rose from stinking Ooze?' (ll. 131–32).²⁸ As a prose writer, Swift favoured clarity, characterizing 'the true Definition of a Stile' as 'Proper words in proper Places'.²⁹ But as any reader of *A Modest Proposal* or *Gulliver's Travels* knows, Swift's correctness covers 'cruelty, indifference, murder, whim, nastiness—in short, total inhumanity'.³⁰ 'Last week I saw a woman *flay'd*', says the self-confessed madman in the 'Digression Concerning Madness', 'and you will hardly believe, how much it altered her Person for the worse.' In a shocking deployment of the polite conversation which Swift also puts into the mouth of his modest proposer, the hack enlists his casual brutality in a defence of the complacency of madness against the egotism of a reason that savages the surfaces of things. Conflating scientific curiosity with useless violence, and ignorance with beautiful bliss, Swift's wit leaves the reader struggling to keep up, to avoid being the butt of his (and it is never clear whether it is the hack's or Swift's) joke, finally finding themselves at 'the sublime and refined Point of Felicity, called *the Possession of being well deceived*; the Serene Peaceful State, of being a Fool among Knaves'.³¹ Swift, whose kinship with Hamlet has manifold dimensions (including the ability to feign madness), absents himself from such felicity, leaving us at the end of the 'Digression' with no place to stand, feeling something like a metaphorical and ethical version of the vertigo he experienced in reality. This sceptical materialism haunts not only Swift's readers and literary successors (Yeats, Joyce and Beckett among them) but also the medical doctors who puzzle over his remains, re-enacting his 'Digression' with varying degrees of self-consciousness, confronting a text whose only possible moral might be Hegel's 'The Spirit is a bone', or, in Swift's case, a skull that like Cain's jawbone is at once individual, mythical and representative of all humankind.³²

While the phrenologists contemplate Swift's skull for a key to his character, and the physicians use it as evidence of his end, their objectivity is shadowed by Hamlet's gaze at poor Yorick and a literary inheritance that, in W. B. C. Watkins' phrase, transformed Swift's satire into tragedy.³³ Such literary exhumation leads Shane Leslie to question whether

Swift had a soul, putting his humanity into question, allying him with the brute matter of animals and madmen. Confronted with the seeming paradox of Swift's religious faith, Leslie opines:

It is simpler to deal with his ecclesiastical career on the supposition that Swift had no soul. Most creatures being too low to be possessed thereof, it is possible in the infinite vagaries and combinations of minds, bodies and souls that some human beings may be sufficiently exalted above good and evil to possess no soul. It explains much of Swift's inconsistencies and conundrums. It will be the only hypothesis we will venture to propose, although the problem whether Swift had a soul or not abuts on more insoluble matter. We know that Swift left a mortal skull. It is difficult to believe that an immortal soul ever quitted that inverted bowl of bone.³⁴

Soul, rather than skull, becomes the object of Leslie's scrutiny. Leslie's telling phrase, 'before he died, the irony entered his soul also', plays on the famous line from the Psalms that conflates subject and object, mind and body, externally and internally imposed suffering: 'the iron entered his soul'.³⁵ T. S. Eliot responded to Leslie's hypothesis by arguing that Swift had an 'impure soul'. His unsparing satire, Eliot would argue in his preface to Pascal's *Pensées*, by contrast with Pascal's irony in the service of devotion, was not the Christological dark night of the soul before the illumination of faith but a permanent state of disease.³⁶ These phrenological metaphors bring literature into confrontation with matter potentially devoid of meaning in something of the same way that phrenology shocked polite society by appropriating psychology from philosophy, making the mind science's object.³⁷

At once Hamlet and Yorick for future generations, Swift the satirist leaves no firm ground on which to build a barrier to divide oneself from the inhuman. Apocalyptic, unforgiving and playfully cruel, it models for us 'the destruction of thought by the destruction of language'.³⁸ The experience of reading Swift forces the abjectly disabled being he defined, through his ironic mouthpiece Gulliver, in an echo of Shakespeare's *Richard III*, as 'a lump of Deformity, and Diseases both in Body and Mind, smitten with *Pride*',³⁹ and the human reader, into identity. Swift's irony thus short-circuits not just dominant protocols of representation but also dominant ethical categories. The readers of Swift are forced to embrace madmen, monsters and the savage others known as Yahoos as themselves; to read Swift is to be at once humbled by and freed from the limits of the human.

Much of the history of Swift's reception can be characterized as a collective recoil from such recognition, of which the debate about his skull is only one small chapter especially pertinent to our discussion of fashionable disease. If we turn away from medical scrutiny of Swift's remains to consider the ways that Swift's texts are used as medical evidence, we can see how, for many readers, from Swift's first biographer the Earl of Orrery (1751) and continuing through many twentieth-century diagnostic and biographical efforts, the ethical challenge of Swift's irony proved so unbearable that it was easier to dismiss as a symptom of his personal aberration than to confront its demand for self-reflection. It was easier in other words to judge (or diagnose) Swift the man than to be judged by his satire.⁴⁰

Swift suffered from what scholars and doctors have retroactively diagnosed as Ménière's disease, which affects the nerves of the inner ear, causing vertigo and partial deafness.⁴¹ Though Swift himself speculated that his vertigo was caused by eating too much fruit, his fear of humiliation by what he termed his 'fits' of dizziness was linked to a fear of madness. These symptoms, coupled with increasing dementia and aphasia in old age, caused many biographers and critics to believe that his late works were written when he was mad (a view Irvin Ehrenpreis in his definitive three-volume biography dispelled, declaring that Swift, while senile, 'was never insane by modern standards').⁴² At the end of his life, under the care of a female cousin, Swift was so tormented by a swollen eye that, Oedipus-like, he struggled, five people holding him down, to tear it out. (This gave rise to more speculation about his mental state.) He suffered several small strokes and sank into a state of aphasia. In 1742, three years before his death, after an official inquiry and investigation were ordered, Swift was declared 'of such unsound mind and memory that he [was] incapable of transacting any business, or managing, conducting, or taking care either of his estate or person' (p. 915).

Samuel Johnson, whose relationship to both satire and Swift was famously ambivalent, and whose sympathetic portrait of the delusional astronomer in *Rasselas* has been designated the first psychological case history,⁴³ epitomizes the critical impulse towards cruelty to Swift in these trenchant lines from his *Vanity of Human Wishes* (1749): 'From Marlborough's eyes the streams of dotage flow, / and Swift expires a driveler and a show.'⁴⁴ Johnson's couplet levels Swift and his greatest political opponent to common abjection in old age; the satirist so adept at shaming others himself becomes a moral spectacle. Johnson also draws

here on the myth that Swift's caretakers put him on show, charging a fee to those who wanted to see the great man reduced to incoherence. Another myth prevailed, despite frequent debunking, that Swift was the first inmate of the mental hospital he endowed in his will, which was not founded until after his death.⁴⁵

While Johnson uses Swift's physical decline to point a moral about the futility of satire, William Makepeace Thackeray's horrified response to Book IV of *Gulliver's Travels* (the utopian voyage to a land of genocidally reasonable horses and unrecognizably human primates, and the book most concerned with the irresolvable polarities of human nature) goes further, viewing Swift's satire as evidence of his moral monstrosity:

When Gulliver first lands among the Yahoos, the naked howling wretches clamber up trees and assault him, and he describes himself as 'almost stifled with the filth that fell about him.' The reader of the fourth part of 'Gulliver's Travels' is like the hero himself in this instance. It is Yahoo language: a monster gibbering shrieks, and gnashing imprecations against mankind—tearing all down in all shreds of modesty, past all sense of manliness and shame; filthy in word, filthy in thought, furious, raging obscene.⁴⁶

Swift himself becomes a mad and incomprehensible Yahoo, his satire not a glass but a picture of authorial abjection.

In his 1759 aesthetic treatise *Conjectures on Original Composition*, Edward Young condemns Swift for blaspheming, 'a nature little lower than that of angels, and assumed by far higher than they', and follows with a personal anecdote:

For I remember, as I and others were taking with him an evening's walk, about a mile out of *Dublin*, he stopt short; we passed on; but perceiving that he did not follow us, I went back; and found him fixed as a statue, and earnestly gazing upward at a noble elm, which in its uppermost branches was much withered, and decayed. Pointing at it, he said, 'I shall be like that tree, I shall die at top.'

Young substitutes Swift's prophetic anthropomorphism for his attack on anthropocentrism, making clear that Book IV was itself a 'blasted branch of a noble Genius',⁴⁷ and a symptom of incipient madness. But Young misses the liberating irony of Swift's theriophilic satire in Book IV. When the Houyhnhnm master observes that biped Gulliver 'could not walk with

any Security, for if either of my Hinder-Feet slipped, I must inevitably fall', we hear Swift's wit, which from our perspective reads like a reversal of Freud's *Civilization and its Discontents*.⁴⁸ Man's ascension to bipedal status might raise him above the stink of his own excrement, but it only increases his likelihood of falling. So, we might add, does vertigo, and Swift often complained of his own unsteady gait when suffering a fit of giddiness. Swift's Christian pun on 'falling' implicates us all.

The later more measured and professional debate about Swift's madness in the biographical literature, especially as it manifested in his final years, is particularly interesting for its ambiguity, but it still makes Swift a moral 'show.' In their 1934 biography, *Swift: Or the Egotist*, Yeats' friends Mario M. Rossi and Joseph M. Hone invent a theory of egotism as a form of 'abnormal human nature' that accounts for Swift's genius without branding him mad, writing his mental decline as a fittingly ironic end to his satire's inhumanity:

It is perhaps mysticism, but we cannot help thinking that the egotist was attaining in this way to his ultimate fulfillment. Had he been mad, he would not have *been*. He would have gone completely out of humanity. Whereas he remained a man—alone. Terribly alone. Closed up in his hard rock, closed up in himself. He had cut out the world, but, as he could no longer dominate the world, he was himself cut out of it, to inhabit a void. It was a sort of hard lesson on the need to live up to mankind in order to remain one of its members.⁴⁹

This portrait of a Swift imprisoned by his misanthropy at the outmost limit of humankind evokes Gulliver isolated in his stable excoriating his fellow Yahoos, while resonating with Edith Sitwell's 1937 fictional transposition of Swift's life and the Swift/Stella/Vanessa love triangle to First World War England in *I Live Under a Black Sun*. Sitwell conflates the class injustice that her novel deplores with her melancholy hero's exploitation of the two women who love him with cutting brevity: 'Swift is power gone mad.'⁵⁰

Ehrenpreis, in more measured terms, defends Swift's sanity to the last in a summation that shows just how close to its borders Swift had thought himself all his life:

Swift's aphasia would have been the result of several minor brain lesions, and had nothing to do with psychosis. But his forgetfulness, the deafness and giddiness from Ménière's disease, the general incapacities of old age, set him in a bleak and hideous role. He

must have been somehow conscious, again and again, of messages he could not formulate. When he had begun to withdraw, in the late 1730s, from the circle of approximately his social equals, one incentive to retreat was the dread of humiliating himself before them in some grotesque fit. [...] After he was seventy-five, and speechlessness had broken even his communication with servants and relations, he was not spared the last bitterness of seeing that they thought him imbecilic at just the moment when intelligence drove him to reach them with words. What dulls the pain is our knowledge that Swift preferred consciousness, however stunted or distasteful, to calm idiocy.

Attributing Swift's malaise to brain lesions rather than mental illness, Ehrenpreis reinforces the split between body and mind which phrenology had challenged. In his idealized 1983 formulation, Swift is a saner version of Gulliver (though Gulliver may not be mad) in his final isolation and inability to communicate with the humans around him. Giving Swift agency to the last, Ehrenpreis dulls a pain that is at once Swift's, and his and the reader's own. He imagines Swift's dementia as the heroic choice of unpleasant consciousness over 'calm idiocy', reversing the mad hack's choice of madness over reason in the 'Digression', rewriting Swift's ironic play as embodied suffering.⁵¹

But none of these portraits of Swift the man accounts for the vertiginous power of his irony. We might do better to consider the irresolvable question of Swift's personal end in relation to the ethical 'end' or purpose of his satire. Whether Swift's reader's impossible encounter with disease and disability comes in the form of the mad hack's shocking and inescapable truth, or in Gulliver's crazed rejection of the stink of humanity for the pleasant smell of a stable, or in our recognition of ourselves in a Yahoo's foul 'deformity', if we have the stomach for it, we emerge from it transformed. The alternative to Thackeray's repugnance is to embrace the liberty, however terrifying, that Swift's irony affords. William Butler Yeats is one such example of that freedom. The question raised by Yeats' hero John Corbet in the 1934 play *Words Upon the Window-Pane*, in which Swift's ghost repeatedly interrupts a mundane séance with unfinished business, is in the spirit of Swift's mad hack and reminds us that Yorick's skull reflects us back ourselves: 'Was Swift mad? Or was it the intellect itself that was mad?'⁵²

The satirist who famously authored his own epitaph was himself concerned with the multiple meanings of his end that would preoccupy phrenologists and biographers alike. That quintessentially late poem, *Verses on the*

Death of Dr. Swift, finishes with the impartial observer's account of Swift's will and one of Swift's broadest satirical strokes:

HE gave the little wealth he had,
To build a House for Fools and Mad:
And shew'd, by one satyric Touch,
No Nation wanted it so much:
That Kingdom he hath left his Debtor,
I wish it soon may have a Better.

Swift's note to 'Kingdom' reads '*Meaning Ireland, where he now lives, and probably may dye*', and Swift did in fact endow the first institution for the mentally ill in Dublin, which opened in 1757.⁵³ That less than impartial observer of Swift's last days, the Earl of Orrery, remarks that Swift spent his last years

totally insensible of happiness or pain [. . .] reserved only as an example to mortify human pride, and to reverse that fine description of human nature, which is given us by *Shakespeare* in an inimitable manner: '*What a piece of work is man! How noble in reason! How infinite in faculty! In form and moving how express and admirable! In action, how like an angel! In apprehension, how like a god!*' (p. 271)

But as any reader of *Hamlet* knows, this passage concludes with Hamlet's misanthropically ironic rejection of the human: 'and yet, to me, what is this quintessence of dust? Man delights not me, no—nor woman neither.'⁵⁴ And as any reader of Swift's Hamlet-like satire knows, the mortification of human pride was Swift's moral all along. As he continues to meditate on madness, Orrery finds it difficult to distinguish between lunacy and 'superior understanding', recounting the anecdote of the ancient Greek physician Hippocrates, who

was sent to cure DEMOCRITUS [the laughing philosopher whom Johnson channels in *The Vanity of Human Wishes*] of madness; but to his surprize, he found him the wisest man of the age; and by his laughing manner of talking and reasoning he almost convinced HIPPOCRATES, that all the rest of the world, except DEMOCRITUS, were mad.⁵⁵

Swift takes this ambiguity one step further. His last words, as lucid as any he wrote, were 'I am a fool.'⁵⁶

NOTES

1. W. Shakespeare (1976) *Hamlet*, L. B. Wright and V. LaMar (eds) (New York: Simon & Schuster), p. 125.
2. (1965) *A Tale of a Tub with Other Early Works 1696–1707*, H. Davis (ed.) (Oxford: Basil Blackwell), p. 109.
3. (1851) *The Human Body and its Connection with Man, Illustrated by the Principal Organs* (Philadelphia: Lippincott, Grambo and Co.), p. 42. Franz Joseph Gall, known as the “inventor” of phrenology, was born in Germany in 1757 and trained in Vienna. When his lectures on his ‘new theory of the brain’ and its visual manifestations on the skull were banned by Emperor Francis I in 1801, he and his assistant Johann Gaspar Spurzheim (who himself would go on to further popularize phrenology) embarked on a lecture tour of Europe that concluded in Paris in 1807, where he ‘remained writing, lecturing, and carrying on a highly respectable medical practice until his death’ in 1828. See R. Cooter (1984) *The Cultural Meaning of Popular Science: Phrenology and the Organization of Consent in Nineteenth-Century Britain* (Cambridge: Cambridge University Press), p. 283.
4. (1928) *The Skull of Swift: An Extempore Exhumation* (Indianapolis: The Bobbs-Merrill Company), pp. 4–5.
5. *The Cultural Meaning of Popular Science*, p. 15. M. Foucault (1977) ‘Nietzsche, Genealogy, History’, in D. Bouchard (ed.), D. Bouchard and S. Simon (trans.), *Language, Counter-Memory, Practice* (Ithaca, NY: Cornell University Press), p. 154.
6. For Wilkinson, phrenology and its forbear, physiognomy, are forms of aesthetic expression: ‘The representation of the man by his head had always been vaguely felt, and the best sculptors and poets had imagined their gods and heroes with phrenological truth. [. . .] The thing signified by the organ of form is *form*, and not a piece of cerebrum: *love* is meant by the protuberance of amativeness, and not the cerebellum.’ *The Human Body and its Connection with Man*, p. 42.
7. M. P. Lorch (2006) ‘Phrenology and Methodology, or “playing tennis with the net down”’, *Aphasiology*, 20:9, 1059–71 (p. 1060).
8. Swift’s example served medicine’s purposes in a variety of other ways. William Osler’s 1892 textbook *Principles and Practice of Medicine* (1892) analyses Swift’s final illness in order to refute the autopsy’s conclusion that Swift died of hydrocephalus. ‘A question on a humorous examination paper based on Osler’s textbook was published in the *St. Thomas’s Hospital Gazette* (London) in 1902 and reprinted in *American Medicine*, 1902: “Who made an autopsy on Dean Swift and what did he report?”’ M. Lorch (2006) ‘Language and memory disorder in the case of Jonathan Swift: considerations on retrospective diagnosis’, *Brain*, 129, 3127–37 (p. 3133).

9. *Tale of a Tub*, p. 109. Houston quoted in Lorch, 'Phrenology and Methodology', p. 1062.
10. The book's epigraph, on the title page, is St. Paul's 'I am not mad, most noble Festus.'
11. (1849) *The Closing Years of Dean Swift's Life* (Dublin: Hodges and Smith, Grafton Street), p. 53. Wilde's note to this passage indicates that the 'ossified fragments' of the larynx 'were abstracted by a bystander, a country-man of Swift's and are now, we believe, in the city of New York, U.S.'
12. Anon (1834) 'Account of the skull of Dean Swift, recently disinterred at Dublin', *Phrenological Journal and Miscellany*, 9, 466–71 (p. 467). This record of the examination, dictated by Houston to George Combe, attributes Swift's 'extraordinary powers of mind' to 'diseased activity', including 'amativeness large' and 'wit small' on a chart of measurements (p. 467). Fascinatingly, this account confirms its conclusions with the evidence of Walter Scott's 1814 critical biography of Swift. See also Wilde, pp. 55–56.
13. Quoted in Lorch, 'Phrenology and Methodology', p. 1063.
14. Quoted in Lorch, 'Phrenology and Methodology', p. 1063.
15. *Closing Years of Dean Swift's Life*, p. 59. The practice of phrenology both in private examinations and in public lectures depended on the collection and display of a variety of skulls, both in travelling collections and phrenology museums. See, for example, Steven Shapin (1979) 'The Politics of Observation: Cerebral Anatomy and Social Interests in the Edinburgh Phrenology Disputes', in R. Wallis (ed.), *On the Margins of Science: The Social Construction of Rejected Knowledge* (Keele: University of Keele), pp. 139–78, and for phrenology and anatomy's fascination with the exotic, see H. Macdonald (2010) *Possessing the Dead: The Artful Science of Anatomy* (Melbourne: Melbourne University Press), especially pp. 125–51.
16. Quoted in Lorch, 'Language and Memory Disorder', p. 3133.
17. Quoted in Lorch, 'Language and Memory Disorder', p. 3132.
18. Quoted in Lorch, 'Language and Memory Disorder', p. 3133.
19. *Tale of a Tub*, p. 104.
20. Anonymous review attributed by G. Combe to and claimed by D. Skae (1846) *The British Quarterly Review*, 8, 397–419 (pp. 413, 408). In a later 1847 response to Combe, Skae would compare the phrenologists to 'the monkey who got his tail chopped off trying to persuade his companions that he *knew the fashions*' (quoted in Lorch, 'Phrenology and Methodology', p. 1068).
21. Quoted in Lorch, 'Phrenology and Methodology', p. 1065.
22. Lorch, 'Phrenology and Methodology', p. 1060. M. P. Lorch (2007) 'Explorations of the Brain, Mind and Medicine in the Writings of Jonathan Swift', in H. Whitaker, C. U. M. Smith, and S. Finger (eds), *Brain, Mind and Medicine: Essays in Eighteenth-Century Neuroscience* (New York: Springer U.S.), pp. 345–52.

23. Lorch, 'Language and Memory Disorder', pp. 3135–36.
24. (1786) 'On Fashionable Diseases', in *Medical Cautions for the Consideration of Invalids; Those Especially Who Resort to Bath: Containing Essays on Fashionable Diseases* (Bath: R. Crutwell), p. 14. See *Tale of a Tub*, p. 108: 'when Imagination is at Cuffs with the Senses, and common Understanding, as well as Common Sense, is Kickt out of Doors'. In another apparent allusion to Swift's satire on both Henry IV's zeal for 'universal monarchy' and Louis XIV in his 'Digression on Madness', Adair blames the latter French king's 'vanity and ambition to attempt universal empire' (p. 10) for French fashion's dominance over John Bull. See J. Marshall, cited in Lorch, 'Phrenology and Methodology', p. 1069.
25. R. Cooter (1984), *The Cultural History of Popular Science*, building on the work of Steven Shapin, 'The Politics of Observation' (Cambridge: Cambridge University Press), p. 9. For the false Whig history of phrenology, see pp. 16–22.
26. Swift, *Tale of a Tub*, p. 99.
27. G. W. F. Hegel (1977) *Phenomenology of Spirit*, A. V. Miller (trans.) (Oxford: Oxford University Press), p. 201.
28. H. Williams (ed.) (1958) *The Poems of Jonathan Swift*, 3 vols (Oxford: Clarendon Press), II, p. 530, lines 131–32. The scatological poems of which this is a prominent example are Swift in Hamlet's mode of address to Yorick: 'Now get you to my lady's chamber, and tell her, let her paint an inch thick, to this favor she must come; make her laugh at that.' (Act V, sc. i. lines 185–88, p. 128)
29. (1963) 'A Letter to a Young Gentleman, Lately Entered into Holy Orders' (9 January 1719–1720) H. Davies (ed.) (1963) *Irish Tracts: 1720–1723* (Oxford: Basil Blackwell), p. 65.
30. J. Traugott (1967) 'Swift, Our Contemporary,' *Irish University Review*, 4:1, 11–34 (p. 18).
31. *Tale of a Tub*, pp. 109, 110.
32. *Phenomenology*, p. 208. I am indebted to J. Noggle (2001) *The Skeptical Sublime: Aesthetic Ideology in Pope and the Tory Satirists* (Oxford: Oxford University Press), p. 76, who first makes the connection to Hegel via Slavoj Žižek. Noggle does not note that Hegel is in fact refuting phrenology in this section of the *Phenomenology*, though he draws upon it in his *Aesthetics*. See S. Decaroli (2006) 'The Greek Profile: Hegel's Aesthetics and the Implications of a Pseudo-Science', *Philosophical Forum*, 37:2, 113–151.
33. (1939) *Perilous Balance: The Tragic Genius of Swift, Johnson, & Sterne* (Princeton, NJ: Princeton University Press), pp. 1–24.
34. *The Skull of Swift*, pp. 9–10.
35. Psalm 105:18, in the King James Version, 'he was laid in iron'. The literal meaning of the Hebrew is 'his soul entered into iron', also rendered in the

Episcopal Prayer book as 'the iron entered into his soul'. <http://biblehub.com/psalms/105-18.htm> (accessed 19 November 2015). <http://biblehub.com/commentaries/psalms/105-18.htm> (accessed 19 November 2015).

36. Letter to Geoffrey Faber (25? August 1927) (2011) V. Eliot and Hugh Haughton (eds) *The Letters of T.S. Eliot* (New Haven: Yale University Press), 5 vols, J. Haffenden (general ed.), II, pp. 659–61. See note 2 on p. 659 for Eliot on Pascal vs. Swift. A typo in note 3 refers to Eliot's review of Leslie's *The Soul of Swift*, as if soul and skull were one and the same, as if the spirit really were a bone.
37. 'The result of Gall's theories was to wrest psychology out of the grasp of the philosophers and deliver it to the anatomists and physiologists.' T. M. Parssinen (1974) 'Popular Science and Society: The Phrenology Movement in Early Victorian Britain', *Journal of Social History*, 8:1, 1–20 (p. 4). The soul, many believed, was jeopardized in the process.
38. Traugott, 'Swift Our Contemporary', p. 18.
39. (2002) *Gulliver's Travels*, A. J. Rivero (ed.) (New York: W.W. Norton), p. 250.
40. For a brilliant essay on the critical focus on Swift's body as a response to the embodied nature of his wit, see A. Reddick (1998) 'Avoiding Swift: Influence and the Body', in A. Douglas, P. Kelly and I. Campbell Ross (eds), *Locating Swift: Essays from Dublin on the 250th Anniversary of the Death of Jonathan Swift 1667–1745* (Dublin: Four Courts Press), pp. 150–166.
41. See, for example, T. H. Bewley (1998) 'The Health of Jonathan Swift', *Journal of the Royal Society of Medicine*, 91, 602–5.
42. (1983) *Swift: The Man, His Works, and the Age*, 3 vols (Cambridge, MA: Harvard University Press), III: *Dean Swift*, p. 915. Orrery claims that Swift left his last poem, 'The Legion Club' (1736), unfinished due to the 'dreadful effects' (whether on the poem or himself or both is unclear) of terrible 'giddiness', a statement denied by Ehrenpreis. J. Boyle, 5th Earl of Cork and Orrery (2000) *Remarks on the Life and Writings of Dr. Jonathan Swift*, J. Froes (ed.) (Newark: University of Delaware Press), pp. 270–71. See note 14 for scholarly disputations of the truthfulness of this statement.
43. Johnson's portrait of the astronomer is included in R. Hunter and I. Macalpine (eds) (1982) *Three Hundred Years of Psychiatry* (Hartsdale, NY: Carlisle Publishing), p. 417.
44. F. Brady and W. K. Wimsatt (eds) (1977) *Samuel Johnson: Selected Poetry and Prose* (Berkeley: University of California Press), p. 66, lines 317–18.
45. For rumours of Swift on show, see L. Damrosch (2013) *Jonathan Swift: His Life and His World* (New Haven: Yale University Press), p. 467. For the persistence through the twentieth century of the error of Swift as an inmate of the hospital, see Bewley, 'Health of Jonathan Swift', p. 602.

46. (1911) *The English Humourists of the Eighteenth Century* (New York: Charles Scribner's Sons), pp. 178–79.
47. In K. Williams (ed.) (1970) *Swift: The Critical Heritage* (New York: Barnes & Noble, Inc.), pp. 179, 180.
48. *Gulliver's Travels*, p. 204.
49. (1934) *Swift or The Egotist* (London: Victor Gollancz Ltd), pp. 371–72.
50. (1997) *Selected Letters of Edith Sitwell*, R. Greene (ed.) (London: Virago), pp. 208–9.
51. *Dean Swift*, p. 918.
52. (1996) in *Selected Poems and Four Plays of William Butler Yeats*, M. L. Rosenthal (ed.) (New York: Scribner), p. 170.
53. In *Poems of Jonathan Swift*, II, p. 572, lines 479–84.
54. *Hamlet* Act II, sc. ii, lines 323–24, p. 50.
55. *Remarks on the Life and Writings of Jonathan Swift*, p. 273.
56. Ehrenpreis, *Swift: The Man, His Work, and the Age*, III, p. 918. I owe to Vincent Caretta the observation that these last words, paradoxically resonating with Wilde's quotation of St. Paul's denial of madness, might also allude to St. Paul. Colossians 1: 23: 'I speak as a fool' is one of many possible examples.

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