

## ONE

# DIAGNOSING GENIUS

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### The Tropic Body and the Constitution of the Man of Letters

[I]t is possible, in general, to establish that a brilliant and lively imagination requires either currently existing nervous concentrations or, at least, a disposition that is very close to their formation. This disposition itself would consequently seem to have to be regarded as a sort of illness.

—Pierre-Jean-George Cabanis

BEFORE I CAN TURN TO THE RHETORICAL STRATEGIES USED BY MEN of letters to “diagnose” Scott and Byron, the two poets who were consistently seen as the opposing possibilities for poetic genius in the late Romantic period, and before I can begin to demonstrate the connection between each poet’s poetry and politics, I need to clarify the historical conditions that drove critics in the Romantic period to adopt a rhetoric of health and disease in the first place. This chapter examines the medical work from approximately 1725 to 1825 that diagnosed both the reader of romance and the man of letters as subject to nervous disease. A new way of thinking about both the human and the social body came to the fore in the eighteenth century, one that then facilitated the figuration of Britain as an analyzable and diagnosable whole. In this figuration, civilization itself was seen as a sign of ill health—and learning of all sorts was thus characterized as a potentially unhealthy pursuit. To be civilized was a mark of both distinction and threatened extinction, a figuration that grew out of not only the ancient tradition of the melancholic great man but also a new rhetoric of nerves that was applied equally to the man of letters and to the woman of sensibility in the period. It is out of this conflation of traditions and tropes that the new figure of the man of genius emerged.

Although at first lauded, genius was by the end of the eighteenth century a rather fraught category, conferring both authority and infirmity.<sup>1</sup> By the Romantic period, the physician needed, then, to find a way to claim the authority of genius while extricating himself from the charge of disease, thus charging himself with the authority to make prognostications about the English social body at large. He did so by setting the profession of medicine

against both the dispossessing emotions of the literary imagination and the possessions of a luxury market, both of which were represented as contributing to civilization's continuing corruption. The figure of the masturbator was particularly important for the emergent doctor, who pathologized this figure for the first time in the eighteenth century as a way to attack not just the sexual act but also the textual act of imaginative creation and reception. By pathologizing the imagination and its mass-market products, the late-eighteenth-century medical researcher was able to distinguish his own professional activities from those of the hack writer, though, as we will see, he was still threatened by the analogous maneuvers of the quack doctor. It was this earlier model of medical professionalization that provided the Romantic man of letters with an idea of how to create the tropic body of high "culture" (in our modern sense) out of the earlier definition of "culture": the husbandry of the human and animal body. The critic learned from the medic that the best way to safeguard his own form of genius from the charge of disease was by pathologizing both the market and the imagination.

#### MAKING EVERY BODY NERVOUS

For the eighteenth century, knowledge was not only power but also weakness.<sup>2</sup> Increasingly throughout the period, the alarm was sounded about the dangers of scientific advancement and scholarly learning. As Samuel Cheyne puts it in his influential *The English Malady* (1733), "[S]ince this present Age has made Efforts to go beyond former Times, in all the Arts of *Ingenuity, Invention, Study, Learning*, and all the contemplative and sedentary Professions, . . . the Organs of these Faculties being thereby worn and spoil'd, must affect and deaden the whole *System*, and lay a Foundation for the Diseases of *Lowness and Weakness*" (37–38).<sup>3</sup> Cheyne even offers himself up as characteristic example, finishing his treatise with "*The CASE of the Author*," in which he attributes his health problems and his need for a special dietary regimen to his being part of "the *thinking, speculative, and sedentary Part of Mankind*" (246). According to Cheyne, the very markers of English civilization (improved diet, wealth, education, and urbanization), coupled with adverse climatic conditions, have resulted in the epidemic spread of "nervous *Disorders*," which he attributes to "*one third of the Complaints of the People of Condition in England*" (ii).<sup>4</sup> Paradoxically, according to Cheyne, one of the main culprits causing civilization's frightful symptoms is the very science he is in the process of presenting to the public: "Far be it from me," he concludes, "to lessen the Value and Necessity *now*, of those *Divine Sciences*," including "*Mathematicks, Natural Philosophy, Chymistry, Anatomy, Knowledge of the Materia Medica, and Animal Oeconomy*," but it must also be acknowledged, he continues, that "since our *Luxury* has kept Pace with our *Knowledge*: the *Obstinacy and Violence*, the *Number and Degrees* of our *Diseases* have increased proportionally" (255). The very fruits of civilization—knowledge and

luxury—thus threaten the very constitution of Britain, leading to the ever-increasing frequency of nervous complaints.

By concentrating on such “nervous *Disorders*,” Cheyne was instrumental in shifting the main focus of eighteenth-century medicine from Galenic humoral pathology to what Peter Melville Logan calls a “new body. . . , one marked by its susceptibility to hysteria and a host of related nervous conditions, variously called hypochondria, spleen, vapours, lowness of spirits, melancholia, bile, excess sensibility, or, simply, nerves” (1).<sup>5</sup> Because of the perceived connection of this nervous condition to both aristocratic and scholastic pursuits, Logan explains, nerves even “became fashionable during the eighteenth century as a sign of social stature or of the acute sensibility associated with the disorder” (19).<sup>6</sup> Indeed, Cheyne’s friend and printer, Samuel Richardson, popularized the notion of “nervous sensibility” for men and, especially, women through his highly influential novels of sentiment, which made a virtue of the “nervous susceptibility” that was a sign of “*natural* sensitivity and judgement” (Mullan 73). “As long as sensibility, that capacity which escapes speech,” was “represented as a set of bodily symptoms,” John Mullan writes, “the picture of exemplary femininity” could all too easily “be one of sickness, of physical debility,” which thus became “the final proofs of feeling”: “The body’s collapse is the sign of virtue *in extremis*” (110).

Women had for centuries been seen as a weaker version of the male body, which helped to give authority to the new science’s attribution of nervous susceptibility to women.<sup>7</sup> What should be noted is that the new discourse about nerves allowed the very distinct tradition of womanly weakness to come together with the equally long albeit completely *separate* tradition that associated hypochondria and/or melancholia with greater understanding and judgment in men.<sup>8</sup> As Aristotle asks in his *Problems*, “Why is it that all men who have become outstanding in philosophy, statesmanship, poetry or the arts are melancholic, and some to such an extent that they are infected by the diseases arising from black bile?” (155).<sup>9</sup> This veneration of the melancholic “great man” reached a peak in the Renaissance when Burton’s popular work on melancholy reinforced the link between melancholia and outstanding mental achievement.<sup>10</sup> Referring to Henry Howard, the Earl of Northampton, Burton for example states that “I am of that Nobleman’s mind, *Melancholy advanceth mens conceits, more then any humour whatsoever*, improves their meditations more then any strong drinke, or sacke” (1.391). So popular was this alignment in the Renaissance that Lawrence Babb titled his study of Renaissance melancholia *The Elizabethan Malady*. As Juliana Schiesari explains, “More than just the undesirable *disease* that humoral medicine had traditionally diagnosed as caused by an excess of black bile, melancholia by the time of the Renaissance had *also* come to be perceived as an eloquent form of mental disturbance—a special, albeit difficult, gift—as hierarchically superior to mere depression as were the individuals afflicted by it” (8).

This alignment of superior mental ability with bodily debility continued into the eighteenth century. Following the earlier tradition of melancholia, Richard Blackmore in 1725 explains that hypochondriacal men are “endowed with refined and elevated Parts, quick Apprehension, distinguishing Judgment, clear Reason, and great Vivacity of Imagination; and in these Perfections they are superior to the common Level of Mankind.” For this reason, according to Blackmore, “the lowest Degree” of this “obstinate Disease” is “rather desirable than hurtful; and therefore no Skill or Remedies should be employed to remove it” (89–90). Understanding and judgment are facilitated by disease in such formulations, although in other versions of the relationship they are, rather, the cause of mental decay. Robert James in his *Medicinal Dictionary* (1743–45), for example, writes of “mania” that “Weakness of the Brain” is “produced by intense Application of the Mind, or too long protracted Lucubrations.” He therefore states that “the Reason is Obvious, why the Literati, and Men of a studious Turn, are more Subject to Alienations of Mind than the common People,” although James also includes “ingenious Men, Poets, Philosophers, and those charmed with the more deep and abstruse Parts of Mathematics and Algebra” as “subject to Melancholy.”<sup>11</sup> In such formulations, capacity and incapacity are inextricably intertwined, so much so that it is sometimes difficult to disentangle cause from effect and vice versa. Nature and nurture both contribute to the “constitution” of what is increasingly termed the “nervous temperament” of scholars and men of letters. And “constitution” here must remain ambiguously determined: on the one hand, there is a bodily constitution or “temperament” that predisposes a person to both disease and heightened sensibility; on the other hand, certain endeavors can actively constitute a body as nervous and thus prone to disease.<sup>12</sup>

The significant change that occurred in the eighteenth century, a change that facilitated this collapse of cause and effect, was that Aristotle’s humoral theory of melancholia was slowly but surely replaced by a model based instead on nerves. One result of this shift in medical thinking was that for the first time medics began to “treat” both women and thinkers in the same way, a development that of course made thinkers and men of letters, well, *nervous*. Indeed, women of leisure and scholarly men were thus implicitly aligned, so much so that the discourse yoking mental ability to physical debility began to get written nationally: Cheyne’s English Malady or, as Blackmore terms it in 1725, “the *English Spleen*” (v).<sup>13</sup> As early as 1723, we can find William Stukeley writing that “the modish disease call’d the vapors . . . does most frequently attack scholars and persons of the soft sex most eminent for wit and good sense” (Mullan 208). Blackmore in 1725 attributes the traditionally male condition of hypochondria to “the Tenderness and Delicacy of the nervous Fibres” (28), thus using the very same language applied to women of nervous susceptibility; in fact, after referring to the greater mental ability of hypochondriacal men, he explains that “many Hysterick Women owe their good Sense, ready Wit, and lively Fancy, to the like Fountain” (90). The reason for this, he

explains, is that both hypochondria and hysteria “are of the same Species”; women suffer from more symptoms because of “a more soft, tender, and delicate Texture of the Nerves,” but “this proves no Difference in their Nature and essential Properties” (96). William Smith in *A Dissertation upon the Nerves* (1768) similarly refuses to distinguish between the spleen and vapours: “[T]he symptoms and causes are the same” though “we call the same disease vapours in women, and spleen in men” (149). Smith also associates weak nerves *in general* with mental ability, thus foregoing any distinction based on gender: “People of weak nerves are generally quick thinkers, from the delicacy of their sensitive organs” (191). Collapsing cause and effect, he goes on to conclude that “all study is pernicious and hurtful” (191). Of particular note for this alignment of weak nerves and mental ability is the work of the celebrated Swiss doctor, Samuel Auguste David Tissot, who not only popularized the notion of nervous disease in his *Traité des nerfs et de leurs maladies* (1778–80) but in two well-regarded and widely translated tracts also pinpointed both “people of fashion” and “literary and sedentary persons” (*les gens de lettres*) as particularly susceptible to such disease.<sup>14</sup>

A result of such work is that a number of previously incommensurable activities could be posited as equally dangerous to the constitution because of their perceived impact on a person’s nervous system. At first, one of the greatest dangers was seen to arise from the reading of novels and romances, particularly among women and the young, whose especially “susceptible” or “irritable” or “excitable” nervous systems were believed to be adversely affected by the passions elicited by the reading of idealizing and “exciting” narratives.<sup>15</sup> Critics were thus able to re-forge essentializing differences between men and women despite a rhetoric of nervousness that threatened to align the two genders. As Thomas Clarkson puts it in 1806, women are especially in danger “on account of the greater delicacy of their constitutions,” making them “the more susceptible of such impressions” (134). In particular, critics and medics worried about masturbation as the most dangerous potential result of such reading. The connection of masturbation to romance- and novel-reading has been well documented and can be found throughout the medical and critical essays of the period.<sup>16</sup> Romantic reviews and medical tracts constructed such reading as a dangerous form of auto-sensuality that distracted the feminized reader from the proper discharge of duty. As Thomas Beddoes, for example, writes of “circulating-library literature,” in a section of his *Hygëia* where he discusses female masturbation, “The sensations, to which all these melting tales immediately give rise, and the voluptuous reveries, which they leave behind, may, without injustice, be regarded, as a part of the concealed fountains, from which the NILE of female unhealthiness derives its origin” (1.4.45). Clarkson states with authority that “music and novels have done more to produce the sickly countenances and nervous habits of our highly educated females, than any other causes that can be assigned” (135n). Aligning the excessive stimulus or excitement of reading with torpor, Clarkson explains that

“[t]he excess of stimulus on the mind from the interesting and melting tales, that are peculiar to novels, affects the organs of the body, and relaxes the tone of the nerves” (135n). According to the new science of nerves, the passions elicited by such reading practices disturbed the nervous system in such a way as to lead to a plethora of diseases, including madness, moral depravity, and early death.

What has been less frequently noted due to criticism’s tendency to focus on women and novels when it turns to such medical work is the fact that a number of male figures soon became just as commonly associated with nervous complaints: the melancholic, the man of letters, and the figure that would grow out of the ancient discourse of the melancholic great man, the man of genius. Throughout the last quarter of the eighteenth century and well into the nineteenth century, these three characters were most frequently associated with the nervous temperament in men. The fourth figure that needs once again to be added to this group of nervous bodies is that of the diseased masturbator, who, like the man of genius, was a creation of the eighteenth century and the new discourse of nervous sensibility.<sup>17</sup> Despite the relative newness of onanism as pathology, the male masturbator was quickly associated with the other three nervous male bodies already mentioned; indeed, it should be noted that anti-onanist tracts were particularly concerned with the effect of this practice on men.<sup>18</sup>

Melancholy was seen as both a result and a cause of masturbation from the earliest anti-onanist tracts onward. In fact, we can trace the association all the way back to Aristotle, who states that “the melancholic are usually lustful” because they suffer from a surfeit of breath or air (159). As proof, he gives the example of childhood masturbation: “Even before they can emit semen boys, when they are near to the age of puberty, derive pleasure through lust by rubbing the privates; this pleasure is clearly due to the breath passing through the channels through which the moisture is afterwards conveyed” (161). The alignment appeared again in the medical tracts of the eighteenth and nineteenth centuries. As Tissot, for example, argues in his widely disseminated and frequently quoted work, *On Onanism; or, a Treatise upon the Disorders Produced by Masturbation* (1760), melancholy is at once the predisposing cause and the inevitable effect of masturbation.<sup>19</sup> Tissot’s wisdom was then repeated by the many anti-onanist tracts that followed in his wake.<sup>20</sup>

The man of letters was also in the eighteenth and nineteenth centuries perceived at times as prone to the “solitary vice”—a perception driven not by ancient medical commonplaces but, rather, the new discourse of nerves. As Tissot writes in his essay on *les gens de lettres*, addressing the reader directly, “For which of you, that has been addicted to a studious life, has not often found, after intense thought, that the innermost part of the brain has been affected by a troublesome heat, and intense pain, such as the muscles feel when fatigued with long labour?” (*Three Essays* 2.13). Thomas Trotter explains in *A View of the Nervous Temperament* (1807) that “[f]ew men attached to literary pursuits are active, strong and

athletic” because “[a]ll the secretions, and their excretories, fall into inaction from want of muscular motion” until “the whole nervous system sinks into listlessness and inactivity” (38–39): “The mind itself, by pursuing one train of thought, and poring too long over the same subject, becomes torpid to external agents: and an undue mental exertion seems to subtract from the body much of that stimulation which is required for many operations in the animal economy, particularly what belongs to emotion and passion” (39). It was a short step from this nervous exhaustion to the same nervous exhaustion attributed to masturbation. As Tissot explains in his *Onanism*,

Nothing so much weakens as that continual bent of the mind, ever occupied with the same object. The masturbator, entirely devoted to his filthy meditations, is subject to the same disorders as the man of letters, who fixes his attention upon a single question; and it is rare that this excess does not cause harm. (*Three Essays* 3.66–67)<sup>21</sup>

Pierre-Jean-George Cabanis takes this comment yet one step further in 1796 when he argues that “[m]en of letters, thinkers, artists, in a word all the men whose nerves and brains receive many impressions or combine many ideas, are very much subject to nocturnal emissions that are very disturbing to them” (1.136).<sup>22</sup>

Given this logic, a number of medical tracts began to surmise that the heightened nervous sensibility of the man of genius predisposed him, like the man of letters, to the worst sorts of sexual perversions. Even Joseph Warton’s early work, *An Essay on the Genius and Writings of Pope* (1756), which valorized the “pure poetry” of the true genius, admits that “[t]he same temperament, and the same sensibility that makes a poet or a painter, will be apt to make a man a lover and a debauchee” (1.106). This commonplace was repeated in various Romantic works. Beddoes, for example, writes in 1802 that “[g]enius, in virtue of its sensibility, eagerly pursues the first pleasures of excess; and in virtue of the same sensibility, receives more injury than mediocrity” (1.1.79–80). The entry for “masturbation” in Fournier and Béguin’s 1819 *Dictionnaire des sciences médicales* remarks upon the fact that “[t]he excessive development of nervous sensibility . . . is the source of so many laudable actions and so many vices”; it “gives birth to the most admirable productions of genius, or to those shapeless works that attest to the force and deviations of the imagination” (Rosario, “Phantastical” 110). The most popular anti-onanist tract of the Romantic period in Britain, Samuel Solomon’s *A Guide to Health* (1796), argues that “[g]enius often throws the nerves into convulsions” and is therefore “more liable to disorders of the nerves” (27). Solomon also pinpoints those “leading a studious or sedentary life” as particularly prone to “nervous disorders.” Once such nervous diseases establish themselves in the student or the man of genius, he explains in the following paragraph, “the mind is more exposed to the transient impression of depraved or whimsical ideas, than in a state of health” (28).<sup>23</sup>

It is out of this conflation of nervous figures that the periodical reviewers and essay writers of the *nineteenth* century attempted to extricate the man of letters. Before I can turn to the maneuvers of specific men of letters in the following chapters, I need to clarify both the predominant metaphorical ideas constructing this nervous body and the ways that medical scholars themselves sought to separate their own endeavors from the very diseases they attributed to scholarly pursuits.

### ENGLAND'S TROPIC BODY

The nervous system provided medical writers with a central metaphorical model that allowed them to treat of the human body, mind, and even soul as a single system of forces or energies. This is not to say that these new medical theorists did not borrow certain tropes from ancient medicine. Indeed, Tissot quotes Galen consistently throughout his various tracts and begins his *Essay on Diseases Incidental to Literary and Sedentary Persons* with a eulogy to that ancient humoral pathologist. What did occur is that the new medical model took the ancient theory of humours, which concerned itself with the proper balancing of the body's fluids (blood, phlegm, cholera, and black bile), and reapplied the principles of fluidic balance and humoral temperament to the nervous body.

In 1725, Blackmore characterizes this shift as a "great Revolution" against "the Authority of *Aristotle*, who had gained an empire of vast Extent and long Duration over the Schools and Colleges of Knowledge." Asserting his "natural Right to the free Exercise of Reason, upon an impartial Examination of Things," Blackmore imagines himself throwing "off the Yoke of Servitude and Aristotelian Bigotry" (ix-x). Blackmore nonetheless supports the principle of fluidic balance, imagining "that the Distempers that affect the Head, the system of the Nerves and the Animal Spirits, all proceed from the depraved serous Streams, that irritate and provoke the nervous Fibres, and drive the Spirits into Disorder and Confusion" (xii). Cabanis at the other end of the century similarly dismisses the ancients as "lost . . . in visions" (1.59), but preserves their notion of the temperaments, including the idea that the healthiest body is one "formed of the four [humours] in equal parts, the TEMPERATE TEMPERAMENT par excellence" (1.58). Cabanis however sees nervous sensibility as the principle that unites the various organs and energies of the body: "[T]he difference of the temperaments depends above all on the difference of the centers of sensibility, on the relations of force or weakness, and on the sympathetic communications of various organs" (1.62). Cabanis goes on to understand this interrelation in terms of the nervous system and the notion of sympathy, which he then quickly ties to ethics and the sociability of man, concluding that "it will easily be felt to what extent the progress in the science of physical man can contribute to the general perfecting of the human species" (1.71).<sup>24</sup>

What allowed for this easy translation from the animal economy of the patient to the political economy of the nation was the malleability of nervous

fluid or energy as structuring principle. At issue was the medium by which the nerves were believed to communicate to the body's various systems as well as between the internal self and the external world. Some of the contenders included electricity (especially in the theories of Luigi Galvani) and some sort of fluid, or a combination of the two, an "electric fluid" (1.10), as Erasmus Darwin puts it in 1794, following Galvani.<sup>25</sup> As Alexander Crichton, for example, writes in his 1798 *An Inquiry into the Nature and Origin of Mental Derangement*, "We have had reason to believe that the medium, by means of which all impressions *ab externo*, are conveyed to the mind, and all those arising in the mind are communicated to the various parts of the body, is a peculiar fluid secreted, or at least formed in the medullary substance of the nerves" (168). Others were content to assume a principle of "communication" without determining the exact nature of the medium. As Robert Whytt writes in his *Observations on the Nature, Causes, and Cure of Those Disorders which Are Commonly Called Nervous, Hypochondriac, or Hysterical* (1764), "[A]ltho' the minute structure of the nerves, the nature of their fluid, and those conditions on which depend their powers of feeling . . . lie much beyond our reach; yet we know certainly, that the nerves are endued with feeling . . . and [I] have thought it better to stop short here, than to amuse myself or others with subtile speculations concerning matters that are involved in the greatest obscurity" (Logan 18). As late as 1834, Sylvester Graham explains in a *Lecture to Young Men* that

[p]hysiologists have indulged in a great deal of conjecture and speculation concerning the "animal spirits—nervous fluid—vital electricity," &c. &c., but as yet, it is all conjecture and speculation. We know that, by some means or other, the influence of the will, is conveyed through certain nerves, to the organs of voluntary motion . . . and that vital energy is distributed through certain other nerves, from the general and particular centers of action, to the several organs, for the supply of their functional powers:—and we know, too, that in the functional exercise of the genital organs, something very analogous to electricity or galvanism, diffuses a peculiar and powerful excitement, and sensation, throughout the whole nervous system. Now, whether these vital effects are produced by means of nervous fluid or spirit, or something still more subtile [*sic*] and intangible,—or by some other means; human research and investigation have not ascertained, and perhaps never will. (23–24)

Medical texts of the period commonly dealt not with a micro- or otherwise scopic body but, rather, with a tropic body—an imagined "nervous system" of circulatory "communication," of bodily "feeling," and of fluidic balance.<sup>26</sup> They dealt, in other words, with a new mode of and model for understanding one's susceptibility to both the world and one's own internal passions and energies.

According to this model, the result of extreme emotion, mental labor, and nervous excitability was not only physical but also mental deterioration. Indeed, a number of pathological concerns were seen as interrelated in the medical tracts of the period: physiological disease, moral disorder, and mental distress.<sup>27</sup> Such a conflation of medical, theological, and psychological domains was quite common in the scientific literature of both the eighteenth and nineteenth centuries thanks to the notion of an all-pervasive “nervous energy” or “vital force” that unified all the sensitivities of the human system. One thinks, for example, of the Victorian reformers’ rallying cry, *mens sana in corpore sano*. Tissot puts it this way: “We have . . . seen the strict union there is between the body and soul; it is evident how much the well being of the first depends upon the latter” (*Three Essays* 3.107). And yet, Tissot must admit that he has not in fact “seen” the union, for the medium of communication between the body and the soul is unknown: “We are equally ignorant of the nature of spirit, and the nature of matter; but we know that these two parts of man are so intimately united, that all the change which the one undergoes is felt by the other” (*Three Essays* 3.61). In such a speculative rather than speculable union, the mind, the soul, and the body were linked by the same system of nervous fluids or energies, so that, as soon as someone began to be represented as somehow “unbalanced” or “overexcitable,” he or she was often quickly diagnosed as at once invalid, immoral, and insane.

By the Romantic period, the emphasis was laid particularly on the importance of a proper balance of nervous energies, which was sometimes superimposed on and reconciled with an emergent medical discourse of pathology that pinpointed disease in specific tissues and organs. According to Cabanis, for example, the very notion of “temperament,” which was discussed by some of the most influential medical writers of the period, entails a certain preponderance and therefore imbalance of one organ over the others. The concern with specific organs did not keep Cabanis from imagining a general system of nervous balance. Indeed, he explained that the perfectly healthy temperament may well be “a veritable abstraction, a purely ideal model,” since it requires a “perfect equilibrium” that will generally not survive “the bad habits of life” (1.305). The diseases of individual organs result, in other words, from some imbalance in the all-encompassing nervous system. Despite his putative concern with localized disease, Cabanis thus conflated nature and nurture, cause and effect, which in turn facilitated the translation of his terms to and his diagnosis of the body politic.

The notion of an imperfectly balanced system of energies or fluids came to predominate the medical work of the Romantic period because of the influence and celebrity of not only French medicine but also Edinburgh’s medical school, which was associated with such influential medical writers as William Cullen, John Brown, Trotter, Benjamin Rush, and Beddoes.<sup>28</sup> These writers were particularly interested in exploring the notion of nervous balance and temperament. John Brown’s *Elements of Medicine* was perhaps the most

literal and programmatic expression of this principle, which he managed to reduce to a mathematical chart: “[O]ne degree of exciting power applied takes off one degree of excitability, and every subsequent degree impairs the excitability in a proportion exactly equal to its degree of force” (99n). As Hermione de Almeida paraphrases Brown’s influential if controversial thesis about the balancing of a body’s nervous energies, “[A] principle of excitability . . . had to be maintained in even supply in the animated body. Too little excitement presaged loss of energy and death from debility. But too much excitability worked the body at too high a pitch; it produced a state of *overwrought intensity* (false energy) that masked imminent, deathly exhaustion” (281).<sup>29</sup> Brown is a particularly interesting figure given his influence on the Romantic poets through Coleridge’s friend, Beddoes (who wrote the biographical preface to Brown’s *Elements of Medicine*, the 1804 translation of the original Latin text). Beddoes echoes Brown when, for example, he writes: “Life is not to be raised into a bright blaze that shall go instantly out. It never is more languid towards the last than with those, who labour to force it into extraordinary vividness” (1.4.93).<sup>30</sup>

G. J. Barker-Benfield has termed this nineteenth-century concern with the careful balancing of all one’s vital energies the “spermatic economy.” According to such a paradigm, any excessive amount of emotion or activity had to be strictly regulated. One of the greatest dangers of all, according to many science journals, came from sexual activity, leading to an easy equation between sexuality and pathology; however, from the beginning, the danger was closely associated with the passions of the imagination, which helps to explain why masturbation was suddenly seen as particularly noxious and why such literary pursuits as novel and romance reading became associated with this activity. For example, according to Tissot, the real danger came not so much from ejaculation as from the predominance of desire over natural want:

We subject ourselves to want without being in want; and such is the case of masturbators. It is imagination, habit, and not nature that importune them. They drain nature both of that which is necessary, and also of that which she herself would have taken care to dispose of. (*Three Essays* 3.65–66)

Jean-Jacques Rousseau, who corresponded frequently with Tissot following their first meeting in June 1762, infamously echoed these same sentiments in his own *Confessions*, which he began composing in 1766. Writing of his first masturbatory experiences, he confesses:

Soon I . . . learned that dangerous means of cheating Nature [*ce dangereux supplément*], which leads in young men of my temperament to various kinds of excesses, that eventually imperil their health, their strength, and sometimes their lives. This vice, which shame and timidity find so

convenient, has a particular attraction for lively imaginations. It allows them to dispose, so to speak, of the whole female sex at their will, and to make any beauty who tempts them serve their pleasure without the need of first obtaining her consent. Seduced by this fatal advantage, I set about destroying the sturdy constitution which Nature had restored to me. (108–109)<sup>31</sup>

Immanuel Kant was similarly careful to associate what he considered the crime of masturbation specifically with the creative powers of the imagination. As he states in a section of the 1785 *Metaphysics of Morals*, entitled “defiling oneself by lust,” “Lust is called unnatural if one is aroused to it not by a real object but by his imagining it, so that he himself creates one, contrapurposefully; for in this way imagination brings forth a desire contrary to nature’s end” (*Practical Philosophy* 549).<sup>32</sup> By 1796, Cabanis was able to state that “[w]e know, *so well that we cannot doubt it*, that the exhaustion that follows the pleasures of love depends much less on the material losses that accompany them, than on the voluptuous impressions that are inherent in them” (1.145; my italics). Indeed, he gives as further proof the fact that “the efforts of the imagination or of meditation . . . do not cause less lassitude than the most enervating pleasures or the most difficult tasks” (1.145).

The reason why it was so easy for anti-onanist rhetoric to pinpoint the imagination as primary culprit is because, according to the medical tracts, the real danger came not simply from the loss of semen but from the loss of one’s “nervous energy” or “vital power.” According to Graham, for example, the physical threat arises not from “the acme of coition and producing an emission of semen, and the convulsive paroxysms which attend it” but, rather, “this peculiar *excitement*, or *vital stimulation*,” which “produces general debility, morbid irritability and sympathy, and all the consequent train of evils which result” (24). Like Tissot, Rousseau, Kant, and many others before him, Graham is therefore able to pinpoint the imagination as the true cause of nervous complaints:

Hence, therefore, sexual desire, cherished by the mind and dwelt on by the imagination, not only increases the excitability and peculiar sensibility of the genital organs themselves, but always throws an influence, equal to the intensity of the affection, over the whole nervous domain;—disturbing all the function depending on the nerves for vital energy . . . and, if this excitement is frequently repeated, or long continued, it inevitably induces an increased degree of irritability and debility, and relaxation generally throughout the nervous and muscular tissues, and especially the nerves of organic life. And, hence, those lascivious day-dreams, and *amorous reveries*, in which young people too generally,—and especially the idle, and the voluptuous, and the sedentary, and the nervous,—are exceedingly apt to indulge, are often

the sources of general debility, effeminacy, disordered functions, and permanent disease, and even premature death, without the actual exercise of the genital organs! Indeed! This unchastity of thought—this *adultery of the mind*, is the beginning of immeasurable evil to the human family. (25)

What is important to note is that even in the anti-onanist tracts, the greatest danger was seen to be not coition but cognition, a fact that facilitated the cross-pollination of clichés, tropes, and commonplaces between the domains of science and literature.<sup>33</sup> According to this way of thinking, excitability was, in fact, but a prelude to morbid relaxation, the obverse conditions of a “disturbed and unequally balanced system” in this psychosomatic rather than merely spermatic economy.

### QUACKS, HACKS, AND THE MAD SCIENTIST

One problem with this rhetoric of nervous excitability, particularly as it was applied to onanism, was that, even as medical practitioners claimed an ever-greater knowledge of empirical and anatomical technique, the tropic nature of the general model made the concern with nervousness prey to an ever-burgeoning market in quackery, as Graham’s traffic in, yes, Graham crackers and Graham flour attests. (They were attributed with the power to heal all sorts of nervous complaints, including the diseases arising from masturbation.) Perhaps the best example in Britain was Samuel Solomon, whose *Guide to Health* supposedly went to sixty-five editions between approximately 1796 and 1815. Solomon in fact offers market sale as the principle of his own legitimacy, stating in the preface to the fifty-third edition that “The Guide to Health having already passed through fifty-three editions, and still continuing to sell with unprecedented rapidity, precludes the necessity of apologizing for the republication of a work, which has been found so extensively useful” (v). Indeed, he goes on to defend even the cost of advertising in newspapers as *proof* of his cure’s effectiveness:

It requires the *strongest* conviction of their *intrinsic* worth and physical excellence, by *long* and *great experience*, to induce an inventor or proprietor of any medicine to incur the serious and certain expence of making it known by ADVERTISEMENTS; an expence [*sic*] of no less than FIVE THOUSAND pounds annually to Dr. Solomon, and which *a very great and general demand* can *alone defray*, and which nothing short of fatuity could induce any one to enter upon without such previous conviction; for it were of small avail to enter upon the talk and expence of making known that remedy, *whose merit will not support its character* when known. (xiii–xiv)

Solomon offers market sale as evidence of effectiveness and his own medicine as a challenge to the professional doctor, adding: "Happy it is for this country, that *every* SCIENCE is *open to every one* who shall choose to explore it: and thrice happy are its people, that the STUDY OF PHYSIC is *not restrained* to those alone, who have passed through various ceremonies" (xii).

The strange circular structure of Solomon's apology recasts profit as proof and market dissemination as the path to Britain's general health. Indeed, this conflation of market and bodily circulation is brought to perfect alignment when we read that Solomon's miracle cure, the Cordial Balm of Gilead, is in fact made of "*Gold! pure virgin gold!*" (36). Coleridge himself provides us with the name for this ideological operation, fetishization, though he offers it in the anthropological rather than Marxist sense: "The account given by Stavorinus of the Chinese *Xylomancer* at Batavia may serve for the model of all the children of Superstition, from the African Fetisch-worshipper or Oboe-witch to the Purchaser of D<sup>r</sup> Solomon's Balm of Gilead, or King George's State-Lottery Ticket" (*Notebooks* 3.4015). Marx would build on this anthropological sense to read the operation whereby commodities take on a power of their own, making us forget the labor-power behind their production; in the commodity fetish, we allow ourselves to believe in the power of a thing (money) whereas the real power lies in people (social relations, labor power, etc.). The State-Lottery is, in fact, a perfect example since exchange-value is here completely separated from the individual's labor-power or even a given commodity's use-value; the lottery is driven, to put it crudely, by the people's belief in the power of money. An analogous fetish-logic is at work in Solomon, except that we are seeing a different sort of exploitation than the kind Marx had in mind: Solomon capitalizes, rather, upon the public's fear that the very luxuries and purchases made possible by a capitalist market expose to disease anyone with money to spend on commodities (in other words, luxury kills). Solomon claims to feed back to the public not the filthy lucre of commodity exchange but the purifying change effected by pure virgin gold. The fraudulent relation between a quack and his duped consumer is thus magically transformed into the power of the real thing: both gold standard and name-brand cure.

This literalization of market *consumption* (purchase and drink pure gold to protect yourself from impure market purchases) underscores the importance of credence to an economy of credits and debits: we must believe in the fiction, the fetish of money's *virtù* for the capitalist system to work, even in the simple act of monetary exchange. One of the issues this book will explore in the following chapters is the fetish-logic of market exchange, how, on the one hand, this logic structured both the bourgeois understanding of capitalist circulation and the romance strategies of Scott; how Byron's poetry, on the other hand, threatened that logic on the level of both content and form. D<sup>r</sup> Solomon's Balm of Gilead and King George's State-Lottery Ticket were aligned by Coleridge because they both relied on the consumer's willingness to believe in their power. As Jacques Derrida puts it, regarding money's reliance on the

consumer's willingness to believe, "as long as one can *count with and on cash money* to produce effects . . . , as long as money passes for (real) money, it is simply not different from the money that, perhaps, it counterfeits" (*Given Time* 153). The danger for the emergent professionalization of medicine was that the doctor's own cures could all too easily be exposed as the same sort of counterfeit: a psychosomatic placebo that preyed on and cured all malaise by faith. The real power to cure lay with the people and their ideological fantasies; it did not inhere in a doctor's placebo nor did it inhere in the gilded pill (or potion) of pelf.<sup>34</sup>

By the same token, so to speak, the doctor could all too easily be exposed as a competitor for clients and profit on the open market. Indeed, Solomon himself must open his opus by acknowledging how easily his own sham could in turn be shammed:

Doctor Solomon having received authentic information that his "Guide to Health" has been pirated, and that many spurious copies are in circulation in a very incomplete manner, feels it a duty he owes to himself and the public, as the most effectual mode of suppressing the sale of these spurious copies, to sign his name on each book with a pen; and further to guard against forgery, to annex a fac simile, that unless his signature corresponds therewith, the public may be assured they are attempted to be imposed upon.

*This is a genuine copy.* (xvii)

[signature and facsimile of "S Solomon MD" follows]

As if he were preparing the way for Derrida's "Signature, Event, Context," Solomon thus gets caught in a circuit of copies and reiterations, which he tries to arrest by way of signature, imprimatur (the facsimile as right to print), attestation (an affidavit of authenticity sworn by Thomas Golightly before "his Majesty's Justices of the Peace" [253]), and matriculation (Solomon not only signed as MD but included a copy of his diploma with each bottle of the Balm of Gilead [253]).

What is so fascinating about Solomon is that he replicated the very strategies employed by the doctors of the time to establish their own professional credentials as separate from market concerns. Starting with Tissot's attack against *Onania* in the opening of his *Onanism*, numerous respectable doctors felt the need either to begin or conclude their medical tracts with an unveiling of the counterfeit, especially when it came to the issue of masturbation.<sup>35</sup> It is also true that they laid claim to an ever more anatomical, empirical, and chemical understanding of the body's workings; however, although there were real advances in medical science during this time period, there was very little improvement in medical practice.<sup>36</sup> In addition, medicine often spoke most authoritatively about precisely those things it could not, in fact, prove: the pathology of masturbation, the balancing of nervous energies, and the various

physiological temperaments. In large part, it was a *tropological* discourse about nerves that convinced the public of their need for cure.<sup>37</sup>

In addition to the concern about the quack market in medicine, the very insistence that the professional doctor (as opposed to the commercial charlatan) brought greater study and mental acuity to bear on the question of nervous disorders paradoxically forced the physician to acknowledge his own sedentary research *into* disease as potentially productive *of* it. As we enter the Romantic period, then, we also find “professional” medical texts distinguishing their own brand of scholarly pursuits as healthy even while they continued to pathologize the work of other scholarly figures, particularly the man of letters.

It is perhaps more than a coincidence, for example, that Tissot, the most popular and respected onanopathologist of the eighteenth century, who helped to cement the connection between melancholia and masturbation, was also one of the most prominent physicians of the period warning against the traditional association of study—including, of course, medical study—with the melancholic temperament. As he states in his work, *On Diseases Incidental to Literary and Sedentary Persons*,

It has indeed been observed, that this species of melancholy in some measure promotes learning, by increasing the penetration; for, whilst melancholy men are intent upon one idea only, the mind contemplates this object alone, and considers it on every side; nor is it distracted by other pursuits. But however proceeded to this pitch of madness, as to desire to purchase an increase of discernment at such a price [*sic*]? Of what advantage is science without health? He knows too much, who is rendered unhappy by his knowledge. (*Three Essays* 2.32)

This pathologization of the melancholic temperament was soon picked up by influential British medical tracts as well, particularly John Haslam’s 1809 *Observations on Madness and Melancholy*, the expanded edition of his 1798 *Observations on Insanity*:

As the terms Mania and Melancholia, are in general use, and serve to distinguish the forms under which insanity is exhibited, there can be no objection to retain them; but I would strongly oppose their being considered as opposite diseases. In both there is an equal derangement. On dissection, the state of the brain does not shew [*sic*] any appearances peculiar to melancholia; nor is the treatment, which I have observed most successful, different from that which is employed in mania. (36–37)<sup>38</sup>

One result of the rise of psychology at the end of the eighteenth century was that genius and melancholia increasingly became the objects of pathologizing

investigation. Before the Romantic period, albeit with some exceptions, tracts on insanity tended to make a clear distinction between debilitating disease or mania, on the one hand, and the melancholic temperament, on the other, a fact that is at once acknowledged and rejected by Haslam. Haslam's claims were in turn quoted by numerous other medical writers of the period.

So much is Haslam intent on giving no quarter to the melancholic that he feels obliged to dissociate genius and scholarly pursuits altogether from the pathology of melancholy:

It has also been considered, that intellectual labour frequently becomes a cause of insanity; that those, who are in the habit of exercising the faculty of thought, for the perfection and preservation of the reason of others, are thereby in danger of losing their own. We hear much of this, from those who have copiously treated of this disease, without the toil of practical remark; whose heads become bewildered by the gentlest exercise, and to whom the recreation of thinking becomes the exciting cause of stupidity or delirium. These persons enumerate [*sic*], among the exciting causes of delirium, "Too great, or too long continued exertion of the mental faculties, as in the delirium which often succeeds long continued and abstract calculation; and the deliria to which men of genius are peculiarly subject." (217–18)

Because of melancholia's pathologization at the hands of the emergent discipline of psychology at the turn of the nineteenth century, Haslam desires, in other words, to protect respectable scholars and geniuses, such as himself, from the charge—formerly the distinction—of melancholia. Indeed, Haslam states facetiously: "What is meant by the deliria, to which men of genius are peculiarly subject, I am unable, from a want of sufficient genius and delirium, to comprehend" (120).

And yet, Haslam is more than happy to associate the work of the *imagination* with incipient mental disease: "It is well understood, that a want of rational employment is a very successful mode of courting delirium; that an indulgence in those reveries which keep the imagination on the wing, and imprison the understanding, is likely to promote it" (220). Haslam thus falls short of excluding *literary genius* from the melancholic diagnosis. Instead, he makes a distinction between empirical investigation and the flights of the imagination, in this way safeguarding his own enterprise from the charge of disease.

Johann Christoph Spurzheim, one of the most influential of the new phrenologists, concurs in his *Observations on the Deranged Manifestations of the Mind, or Insanity* (1817):

In melancholy the patients, sometimes for years, are given up to their fate; they are considered as fanciful and imaginary. It is, however, a

great fault on the part of the friends, and even of physicians, not to consider the deranged imagination as the effect of a bodily cause. The advances of the disease, which produce melancholy, are insidious and imperceptible, and after a long duration the removal of the cause must be more difficult. (148–49)

According to Spurzheim, the worst dangers are “nervous sensibility and imagination,” as well as “luxury and refinement,” all of which increase the number and variety of diseases that predispose the mind to insanity because they lead the mind to “romantic or ideal notions of the world, hence disappointment in finding the world as it is, and not as it ought to be according to fanciful dreams” (*Observations* 118). The potentially revolutionary desire to improve the world—aligned here specifically with the romance tradition—is thus recast as impotent adolescent fantasy. Although Spurzheim follows the eighteenth-century commonplace that “[a] too intense application of the intellectual faculties, deep thought, incessant study during day or night, may equally lead to the derangement of the mental operations,” he is also careful to associate diseased genius with the creative imagination rather than with empirical investigation: “Among scientific professions, however, with respect to insanity, it may be observed that those whose occupations naturally excite the feelings at the same time, such as priests, poets, advocates, actors, musicians, painters, sculptors, are more disposed to insanity than those who study geometry, mathematics, and natural philosophy in general” (*Observations* 118).

Spurzheim thus corroborates the conclusions of Philippe Pinel in his influential *Traité médico-philosophique sur l'aliénation mentale ou la manie* (1801), also cited by both Haslam and Beddoes: Pinel found in the registers of the Bicêtre insane asylum

a great many monks and priests, as also a great many country people, who had been driven beside themselves by horrid pictures of futurity;—several artists, as sculptors, painters, and musicians;—some versifiers, in extacies with their own productions;—a pretty considerable number of advocates and attorneys;—but there does not appear the name of a single person, accustomed to the habitual exercise of his intellectual faculties;—not one naturalist, or natural philosopher of ability;—not a chemist or geometrician. (Beddoes 3.10.25–26)<sup>39</sup>

Such medical works offer an equation between “nervous sensibility and imagination,” which in turn condemns those professions that most excited the feelings associated with “nervous susceptibility.” Although Tissot, Beddoes, and Spurzheim all argue that intense study inevitably leads to the exhaustion of the nervous system, they thus safeguard themselves and their own studies from the charge of disease.

My focus on medicine in this chapter serves to underline a point that is easily forgotten after the medical profession's successful assumption of cultural capital in the modern age: before the rise of the hospital and the modern university system, medicine and literature had to compete on the open market against quacks and hacks, respectively, often finding innovative ways to establish cultural capital in advance of the institutional, disciplinary supports we now take for granted. After all, it is only in recent history that medical *science* has been able to transform its own etymology: no longer knowledge in general but its own separate discipline with its own specialized institutions. As late as the Romantic period, scientific texts offered themselves to the public in the form of verse: Erasmus Darwin's *The Botanic Garden* (1791) and *The Temple of Nature* (1803), two influential texts that went through a number of editions and influenced many Romantic poets.<sup>40</sup> The rise of the periodical review in the Romantic period similarly broke down disciplinary distinctions, so that we can find reviews and discussions of scientific texts next to, say, reviews of Wordsworth.<sup>41</sup> Indeed, the same terminology infected, as it were, both medical and literary-critical reviews, as we will see. Even the education of physicians at Cambridge and Oxford consisted not of medical training, as we understand it, but "a six years' course in a wide range of subjects, followed by a slightly longer period devoted to a literary study of the classical medical authors" (Jewson 374).<sup>42</sup>

In fact, it has only been in the last century that the surgeon has completely overcome his earlier association with manual labor. Until 1745, surgeons were lumped together with barbers in the Company of Barber-Surgeons before creating their own separate corporation. The modern-day hospital and medical school, which institutionalized our contemporary split between general practitioners and medical specialists, were not properly established until the Victorian period, so that the Romantic period was a time of confusion. As M. Jeanne Peterson explains, "Before the passage of the Medical Act in 1858, the organizational structure of the medical profession was in a state of near-chaos" (*Medical* 5). For one, medicine had to overcome the class distinctions that, in the eighteenth century and still nominally if not functionally in the Romantic period, separated the upper-class, Oxbridge-trained physician from the surgeon and apothecary, who were considered to be of a much lower status before the growth of the hospital system. Physicians, surgeons, and apothecaries each had their own medical corporation, each offering separate examinations and certifications: The Royal College of Physicians; the Company of Surgeons, which became the Royal College of Surgeons of London in 1800; and the Worshipful Society of Apothecaries. In the Romantic period, these distinctions were rapidly breaking down as physicians rethought the wisdom of their training and surgeons increasingly took on the roles of both physician and apothecary to compete for middle-class patients who were ever more interested in and able to pay for medical care. Before the implementation of an institutional support for surgery and pharmacy, however, the research doctor was often reliant on

alternative forms of income (for instance, teaching, general practice, or the market in medical books) and on alternative forms of legitimacy (knowledge of Latin, a classical education, and upper-class contacts).

We must also keep in mind that medicine and literature were, in the Romantic period, experiencing a rather similar transformation. In the eighteenth century, both literature and medicine still largely relied on a patronage system; both enterprises were in a position of servility before the aristocratic classes that paid for them.<sup>43</sup> By the Victorian period, both would rely instead on institutional systems for legitimacy and support: the hospital for medicine; the public university for both. In between, which is to say throughout the Romantic period, we witness the fraught battle to extricate literature and medicine from a vulgar market upon which they both to some extent relied after the collapse of the patronage system.<sup>44</sup>

It will be the task of the following chapters to think through the effects of these changes on, specifically, the “constitution” of both the man of letters and the popular male poet of genius. Literary criticism faced a number of difficulties at the moment of its emergence, for the Romantic critic—before the rise of the modern university system—had to distinguish himself from the vulgar market upon which he relied, while disentangling himself from a rhetoric of pathology that had been consistently applied to the man of letters over the course of the eighteenth century. As we will see in the chapters that follow, the solution for many critics was to co-opt the very profession of physician that had formerly pathologized the scholar in order to diagnose the health of a body politic that these men of letters saw as threatened by the encroaching diseases of a mass market. In so doing, such critics legitimized the emergent notion of high culture and facilitated the rise of a new class of critic, thus setting the stage for the establishment of the university intellectual later in the nineteenth century.