MEDICAL POEMS AND THE ROMANTIC RISE OF DISCIPLINARITY

Kathleen Béres Rogers

A dissertation submitted to the faculty of the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Department of English.

Chapel Hill
2007

Approved By:
John McGowan
Robert Mitchell
Jeanne Moskal
Beverly Taylor
Jane Thrailkill
ABSTRACT

Kathleen Béres Rogers: Medical Poems and the Romantic Rise of Disciplinarity
(Under the direction of Jeanne Moskal)

Traditionally, Romanticism has been viewed as a movement at odds with early nineteenth-century scientific developments. By examining Romantic-era philosophies of literature and science through the lens of medical poetry by both canonical and unpublished British and American writers, I argue that medical poetry (poetry by medical practitioners and patients) significantly contributed to the rise of medicine. Through its emphasis on status, sympathy, clinical detachment, and patients’ agency, it laid down many of the discipline’s epistemological foundations. While critics have examined poems by well-known medical practitioners like John Keats and George Crabbe, mine is the first comprehensive scholarly analysis of this genre.
In Loving Memory of Julius Gyula Béres
ACKNOWLEDGEMENTS

In writing this dissertation, I have been blessed with a vibrant, supportive academic community. Jeanne Moskal, my dissertation advisor, has offered invaluable insights, remarkable knowledge, and constant support. My dissertation group encouraged me to view the subject from multiple perspectives, as did Ruth Salvaggio, Jane Thrailkill, John McGowan, Beverly Taylor, and Robert Mitchell. I am most especially grateful to my husband, Benjamin Rogers, the Rogers family, and my mother, Katalin Béres, for their patience, support, and encouragement.
# TABLE OF CONTENTS

List of Figures ...................................................................................................................... vii

Introduction......................................................................................................................... viii

Chapter

   I. The Rhetoric of the Gentleman Physician..............................................................1
   
   II. Genre Troubles: Poetry, Science, and the Case of George Crabbe.................40
   
   III. “A Kind Of Necessary Inhumanity”: Cultivating Negative Capability
        Through The Clinical Gaze......................................................................................72
   
   IV. Disciplining Medicine: Poetic Responses .......................................................108
   
   Coda: Soft or Hard Data? Modern Medical Poems ..............................................145

Works Cited ........................................................................................................................150
# LIST OF FIGURES

**Figure**

1. C. Laverie and Martin (author uncertain), wood engraving ........................................15

2. Thomas Gainsborough, Portrait of Dr. Ralph Schomberg........................................18

3. Frontispiece, George Crabbe,  
   *The Poetical Works of the Rev. George Crabbe*.........................................................30

4. J. Thompson after an original painting by H.W. Pickersgill ..................................31

5. Philip Thicknesse, “A View of the Poor House of Datchworth”.................................48

6. “Suicidal Melancholy,” 1856 *Medical Times and Gazette*........................................59

7. Modern Medical Education: Actual Practice, after W. Heath, 1825.  
   Photographed by the author, courtesy of the Old Operating Theater and Herb Garrett, London.................................................................77

8. The Absolute Cure for the Ingrowing Toenail..............................................................78

9. Photograph, Modern-Day re-creation of St. Thomas’s Operating Theater .................80

10. Architectural Blueprint of the University of Virginia’s  
    former Anatomy Theater.........................................................................................81


12. Subclavian and Axillary Vessels: Dissection ................................................................85

13. Two Dissected Male Figures, one seated, the other standing behind, with  
    viscera on the floor in the foreground........................................................................86

14. Laurie and Whittle, “Dr. Jeremy Snob” ....................................................................113

15. Woodward and Rowlandson, “A Visit to the Doctor”.................................................115
INTRODUCTION
THE POET AND THE MAN OF SCIENCE:
DISCIPLINING ROMANTICISM

The knowledge both of the Poet and the Man of Science is pleasure; but the knowledge of the one cleaves to us as a necessary part of our existence, our natural and unalienable inheritance; the other is a personal and individual acquisition, slow to come to us, and by no habitual and direct sympathy connecting us with our fellow-beings. The Man of Science seeks truth as a remote and unknown benefactor; he cherishes and loves it in his solitude: the Poet, singing a song in which all human beings join with him, rejoices in the presence of truth as our visible friend and hourly companion. Poetry is the breath and finer spirit of all knowledge; it is the impassioned expression which is in the countenance of all Science.

- William Wordsworth, Preface to the Lyrical Ballads

Standard accounts of Romanticism often devote significant attention to poetry as a “habitual and direct sympathy,” the “breath and finer spirit of all knowledge.” This critical focus on “sympathy” and “spirit” has, in turn, engendered the familiar tale of a monolithic movement working in reaction to Enlightenment empiricism. According to René Wellek, a founder of the Romantic model that dominated twentieth-century criticism, “all [great Romantic poets] share a common objection to the mechanistic universe of the eighteenth century . . . all Romantic poets conceived of nature as an organic whole, or the analogue of man rather than a concourse of atoms.” The (still) most influential readings of Romanticism posit nature as “organic,” holistic, an “analogue of man,” something akin to the “soul.”

This terminology, in turn, imbues Romanticism with a sort of religiosity or, at the very least, spirituality. Arthur Lovejoy, in his 1924 “On the Discrimination of Romanticisms,” argues for a disparate set of “Romanticisms” but nonetheless assumes a

---

parallel between German Romanticism and the Christian body-soul duality. The “soul” or “spirit” has been read as Romanticism’s domain, nowhere more memorably than in M. H. Abrams’ classic, The Mirror and the Lamp (1953). As Abrams puts it, “the paramount cause of poetry is . . . the compulsion of the ‘creative’ imagination which, like God the creator, has its internal source of motion.” While present-day literary critics would no doubt flinch at this blunt elision between God and poet, these critical paradigms have long informed both teachers and scholars of Romanticism. While it is somewhat possible to posit what Wellek called the “great poets” as a spiritual, inward-thinking, imagination-based group, what are we to do with the Romantic-era growth of medical poetry—most often didactic poetry by doctors and, later, patients? Wellek bluntly dismisses any overlaps between poetry and medicine, stating that “Keats, possibly because he was a doctor, was least affected by the romantic conception of nature.”

Wellek’s classic critique has long been superceded, at least officially; recent critics have probed the intersections between science and Romanticism, arguing that Romantic-era poets utilized scientific “facts” to more fully understand their sublime world. For instance, Robert Mitchell’s reading of Percy Bysshe Shelley’s “Queen Mab” locates poetry as a necessary complement to science. According to Mitchell’s reading, science, for Shelley, requires the “dreams of poets” to enable a linear progress toward a utopian society where

---

4 Wellek, 200.
“reason and passion cease to combat.” In Shelley’s poem, poetry infuses science with a vital spark, something akin to the human spirit.

Along similar lines, Eric Wilson’s 2003 *The Spiritual History of Ice: Romanticism, Science, and the Imagination* argues that scientific discoveries concerning crystallography pointed out the incredible complexity of ice and frost, increasing writers’ awe and respect for the sublime. Influenced by the theories of Emanuel Swedenborg, Henry David Thoreau drew a parallel between crystallization and the poetic project, each requiring the invisible to be “made visible.” If science enabled a greater understanding of nature, Wilson argues, it only served to increase the imagination’s fascination with it.

What these studies have not done is *question* the binary opposition between science and poetry posited by earlier critics like Abrams, Wellek, and Lovejoy. Most studies place the development of modern disciplines in the Enlightenment, roughly corresponding with the rise of the bourgeoisie. Susan Manning links the evolution of disciplinarity to Adam Smith’s ideas regarding the division of labor; like workers on an assembly line, intellectuals could achieve more by limiting their individual areas of focus. These critical accounts posit that, by the Romantic period, disciplines seem to have been firmly established, poetry working against or in tandem with—but always separate from—science.

By examining Romantic-era medical poetry, I argue that poetry played a significant role in the rise of medicine as a discipline. Clifford Siskin’s *The Work of Writing* (1998) is

---


useful for my purposes here. When he argues that the Romantic-era discipline of poetry was still in the process of defining itself, he places the divisions of intellectual labor later in the eighteenth century, arguing that “the word professional . . . made its first appearance in Britain at the end of the eighteenth and beginning of the nineteenth centuries, a moment that was marked lexically by the debut of terms of difference such as ‘amateur.’”

Therefore, poets like Wordsworth were continually defining their own project, writing “extended resumés” like The Prelude. To fully understand the Romantic project, we must understand the disciplinary realm in which it flourished. Siskin argues that we can only understand the separate rise of the disciplines if we also understand their overlaps and interactions, a process he terms “de-disciplinarity.”

This dissertation engages with Siskin’s project by simultaneously arguing for rifts as well as commonalities between the work of Romantic-era medicine and poetry. The fact that the rifts are more noticeable is, I argue, due to the fact that establishing a disciplinary definition is always a process of othering: of excluding some elements in order to incorporate and own others. In his Archeology of Knowledge, Michel Foucault discusses stages of “literature” formation (which could apply to any discipline). A discipline begins to exist in a state when it reaches the “threshold of positivity”: a single system for the formation of statements. When every member of a discourse community can agree upon a shared knowledge base, or “system,” that community has become a discipline, recognizable in that it defines itself against other disciplines. However, disciplines constantly change, a process due both to influential members of knowledge communities and also to response from the “public,” an entity outside of yet integral to any disciplinary formation. Thus Bruce Robbins,

---

in his 1993 *Secular Vocations*, argues that without outside reaction to a discipline, the discipline itself cannot exist as such.\(^9\) The notion of the profession, often conflated (especially in the nineteenth century) with the discipline, complicates matters, adding financial aspects to a community based on shared knowledge.

Medical poems from the mid to late eighteenth century show an acceptance of their pre-disciplinarity, their very existence serving as evidence of a time before the bifurcation of disciplines. As we move further into the Romantic period, both medicine and poetry begin to define themselves far more clearly. Romantic-era critics reject poets like George Crabbe or, more famously, the “pill-maker” John Keats, on account of disciplinary turf wars. Yet I argue that Romantic-era poetry continued to influence the field of medicine, the two moving further apart but sharing important epistemological foundations.

I believe that scholars of Romanticism often still take the period at face value, unconsciously reiterating Romantic authors’ own sophisms. This introduction will first give credence to these views, foregrounding some of the more canonical literature by early nineteenth-century literary figures and scientists to illustrate the important process of disciplinary distinction taking place during the period. However, once I have established the rifts between science and literature, I will point out the many commonalities that undergird my dissertation.

A common early nineteenth-century attempt to separate science and poetry lay in the notions of community and solitude. To return to Wordsworth’s passage, both the poet and the “Man of Science” seek pleasure and truth, what Wordsworth terms “knowledge,” but their paths distinguish the two. Poetry, according to Wordsworth, exists as part of our

---

“natural,” “unalienable inheritance”; his diction here echoes that of John Locke, arguing for inalienable rights. Science, on the other hand, is a “personal and individual acquisition, a solitary quest for truth. Although “science” in the early nineteenth century was most often practiced in societies and showcased in public experiments, Wordsworth’s phrasing illustrates a rhetorical move to distinguish between two evolving disciplines by appropriating notions of “sympathy” and “community” to his own discipline of poetry. According to this narrative, the Romantic era heralds an end to images of “science” as an essentially communal, social endeavor. Instead, the scientist becomes solitary; societies and salons now frame the emerging profession of literature.

Yet I argue that this binary, drawn from a broader eighteenth-century discussion, is inaccurate. On one side, Jean-Jacques Rousseau’s influential Discourse on the Arts and Sciences inveighed against scientists who “undermin[e] the foundations of faith” and inspire[r]e[v] [e] virtue” in order to scorn community: “to make oneself stand out.” Moving later into the nineteenth century, we could recall Mary Shelley’s “Man of Science,” Victor Frankenstein, engaged in his solitary quest to vivify his lifeless corpse of scientific knowledge . . . or our modern-day notion of the solitary, socially awkward scientist. Yet Rousseau, although adamantly opposed to certain types of scientific endeavor, was an ardent botanist who produced a primer, a botanical dictionary, a botanical history, and even a failed attempt at a system of notation meant to compete with Linnaeus’s.11 The notion of the “solitary scientist” was further belied by late eighteenth-century proliferation of scholarly


societies that—as will be discussed in Chapter One—included scientists, authors, philosophers, inventors, and other members of the intelligentsia.

Although the binary between science and literature was always a fluid one, both camps attempted to appropriate various ideologies to what would later become their disciplines. In 1794, George Adams, in his Lectures on Natural Philosophy, wrote that inductive reasoning advanced humanity because its rules “might be deduced with amplitude and precision.” Precision, both numerical and experiential, became essential to scientific reasoning, since only through such precision could one attempt to arrive at an even more elusive concept, “truth.” The same critic wrote that natural philosophy “passes the columns fixed as the boundaries of human knowledge, and opens new tracts of light and regions of truth, that were before thought incapable of culture or profit; intent as it were upon nothing but truth.” Aside from the fact that this passage repeats the word “truth” twice, Adams also utilizes the metaphor of knowledge lighting the way to “culture” and “profit,” general utility for the individual and, more frequently, a society. Natural philosophy was, then, a route to gaining the “real” truth that would assure social progress.

On the other side, some Romantic-era scientific thinkers attempted to define their discipline by pitting imagination and a tendency to conceive of the world in grand theories against reason and “truth.” The threat of imagination to a growing scientific methodology was obvious. As George Berkeley’s philosophy and Samuel Taylor Coleridge’s “Dejection: An Ode” make clear, the human imagination can co-opt nature, molding it to its own

---

12 George Adams, Lectures on natural and experimental philosophy, considered in it’s present state of improvement, ... By George Adams, ... In five volumes. The fifth volume consisting of the plates and index. Vol. 2 (London, 1794) Eighteenth Century Collections Online. Gale Group. Accessed August 9, 2006.

13 Adams, Online.
purpose; Coleridge’s narrator, dejected, endows nature with the same dark and foreboding qualities he feels. The human understanding is, according to Adams,

> a mirror of an irregular surface, which mixing it’s [sic] own nature with the nature of things, distorts and perverts them. Philosophers should always endeavor to conceive things as forming part of the universe. . .whereas they are too apt to consider them only as they have some particular relation to the senses. . .

In Adams’ scheme, we view the world as a reflection of our own feelings, only giving it credence in relation to what we ourselves can see, hear, touch, taste, and feel. The imagination can, in this way, be alluringly narcissistic. A tale by John Aikin entitled “The Hill of Science” (1773) details these perils, envisioning a steep hill that many attempt to climb. The “fields of fiction,” characterized by imagination, are “filled with a variety of wild flowers springing up in the greatest luxuriance, of richer scents and brighter colours than I had observed in any other climate” and tempt the unwary scientist.\(^\text{14}\) Such a flawed scientist, Adams argues, might present a hypothesis based merely on imagination, then uncover facts to support a foregone conclusion.

Such an approach is tempting and instinctual, closely related to the human desire to embellish reality with imagination.\(^\text{15}\) While such embellishment was cast as “unprofessional” in the burgeoning sciences, it was an important part of the Romantic-era artistic ethos. The quintessential Romantic poet broadened data or facts into “essences,” as explained by Coleridge in his 1818 lecture, “On Poesy”:


\(^{15}\) To realize the extent and danger of such thinking, one need only recall the scientists like Louis Aggasiz who, utilizing “scientific” data, proved the dominance of the white race. In our own time, Hitler’s views were justified by a group of partial scientists. For more on this, see John Cornwell, *Hitler’s Scientists: Science, War and the Devil's Pact* (New York: Penguin Books, 2003) and Walter Bruno Gratzer, *The undergrowth of science: delusion, self-deception, and human frailty* (Oxford: Oxford University Press, 2000).
We must imitate nature! Yes, but what in nature — all and everything? No, the beautiful in nature . . . . If the artist copies the mere nature, the natura naturata, what idle rivalry! If he proceeds only from a given form, which is supposed to answer to the notion of beauty, what an emptiness, what an unreality there always is in his productions, as in Cipriani`s pictures! Believe me, you must master the essence, the natura naturans, which presupposes a bond between nature in the higher sense and the soul of man.

Instead of copying “mere nature,” Coleridge advocates a more spiritual function of poetry as a reflection of nature’s “essence.” All of art, according to Coleridge, is mediation between nature and human thought. “Mere nature,” what Coleridge labels the natura naturata, cannot be adequately reproduced, leading to an “idle rivalry.” Instead, human thought must mingle with nature:

The idea which puts the form together cannot itself be the form. It is above form, and is its essence, the universal in the individual, or the individuality itself—the glance and the exponent of the indwelling power.

This “essence,” a spiritual connection with nature that, like Thoreau’s crystals, makes the invisible visible, is what Coleridge calls the natura naturans, roughly equivalent to M. H. Abrams’s theory of natural supernaturalism.16 It focuses not on the actual nature in front of us, but on nature as influenced by Wordsworth’s “breath and finer spirit” of knowledge. The natura naturans, in Coleridge’s formulation, connects poetry, the elucidation of this knowledge, to the human soul.

In order to advance the distinction between “arts” and “sciences,” writers and artists relegated imitation and reproduction, facets of the scientific, to the lowly, the bodily. While poetry registered in the key of lofty thought, science became, for some thinkers, it’s opposite: physical fact. William Gilpin, discussing painting, repeats this aesthetic in discussing the old masters who

rarely painted views from nature . . . like poets they did not confine themselves to matter of fact; they chose rather to exhibit what a country suggested, than what it really comprised; and too, as it were, the essence of things. The servile imitator seems to me to mistake the body for the soul, and will never touch the heart.  

Here, Gilpin’s philosophy matches that of Coleridge, arguing that poetry should not be “confined” to “matter of fact”; instead, it deals with the “essence” of things, the *natura naturans*. The imitator, the mimetic writer, remains relegated to the realm of the body, never to feel nature’s “indwelling power.”

Romantic-era poets also critiqued imitation or didacticism in their own field. Didactic poetry, the genre most closely associated with facts and data (and the genre in which most poet-physicians wrote) became a less popular poetic form as poetry became increasingly divorced from science. This genre had always—except, perhaps, in the eighteenth century—suffered a difficult fate. When William Blake, in his 1790 *The Marriage of Heaven and Hell*, wrote that “The Tygers of Wrath are wiser than the Horses of Instruction,” he deliberately used “horses” to connote the plodding, methodical nature of instructive, or didactic, poetry.  

In his 1820 preface to *Prometheus Unbound*, Percy Bysshe Shelley wrote that “Didactic poetry is my abhorrence; nothing can be equally well expressed in prose that is not tedious and supererogatory in verse.” Keats, in an 1818 letter to John Reynolds, wrote that “We hate poetry that has a palpable design upon us.”  

---

17 William Gilpin, *Two Essays: One, On the Author’s Mode of Executing Rough Sketches; the Other, On the Principles on Which They Are Composed*. (London: Cadell and Davies, 1804), 26. Original emphasis.


present-day critics like David Duff have questioned the simple dichotomy drawn between Romantic-era lyric poetry and eighteenth-century didactic verse, the fact remains that most Romantic poets viewed poetry—to use Thomas De Quincey’s terminology—as powerful, not instructive. These poets wrestled with a question central to poetic theory throughout the ages: should anything written in meter earn the title of poetry? If not, how could poetry be distinguished from prose? The way put forth by many thinkers of the time was to evoke the principles of “human sympathy,” Coleridge’s *natura naturans*, as well as the notion of the sublime.

Human sympathy could, in turn, lead one to improve society. In a 1776 essay on poetry, James Beattie emphasizes poetry’s link to moral values:

> Man’s true happiness is derived from the moral part of his constitution; and therefore we cannot suppose, that any thing which affects not his moral part, should be lastingly and generally agreeable. We sympathise with the pleasure one takes in a feast, where there is friendship, and an interchange of good offices; but not with the satisfaction an epicure finds in devouring a solitary banquet.

We see repeated Wordsworth’s emphasis on sympathy and friendship—as well as the epicurean scientist’s solitary nature—but it is supplemented with what Beattie calls “good offices”: moral and ethical deeds. Beattie’s essay continues by berating Jonathan Swift, who, though an excellent wordsmith, did not possess the requisite morals to fit his definition of the poet. The notion of “morality” here came not from religion or institutionalized creeds, but from the universal sympathy that nature, art, and poetry evoked.

---


xviii
This universal sympathy was seemingly far from the facts and data framing the world of the scientists. If the *natura naturans* was the domain of the Romantic-era poet, the *natura naturata* was often put forth as the domain of science:

We must not abuse [our liberty of inquiry] by supposing, instead of inquiring, by framing systems, instead of deducing the constitution of things from observation and experience. An attachment to systems prevents us from attending to the real state of things.\(^{22}\)

By focusing on experimental results, without the intervention of human thought, the Romantic-era scientist could first develop a narrow axiom; then, gathering more data, he could broaden the axiom until it became a general one, supported by “facts” and “raw materials.”\(^{23}\) Yet again, this explanation sounds simpler than it is. The word “experience,” sometimes meaning experimental evidence or direct personal knowledge, could also refer to a succession of events, or even a traditional understanding. In this vein, agriculturalist Jethro Tull condemned the science of Virgil’s *Georgics*, arguing that they were based upon traditional methods of cultivation instead of “singular, contrived, events”—experiments as we understand them.\(^{24}\) The very use of the word “experience,” evoking direct personal knowledge as well as empirical experimentation, begins to blur the distinction between Coleridge’s two categories of nature.

Much like modern-day critics who connect Romantic-era science with an understanding of nature’s sublimity, some nineteenth-century writers blatantly made the case for a connection between science and poetry. Humphry Davy (1778-1829), a famous

\(^{22}\) Adams, *Lectures*. Online.


\(^{24}\) DeBruyn, 670.
chemist who also dabbled in theology, learned seven languages, and studied poetics, returned to Wordsworth’s notion of “truth,” arguing that

The perception of truth is almost as simple a feeling as the perception of beauty; and the genius of Newton, of Shakspeare [sic], of Michael Angelo [sic] and of Handel, are not very remote in character from each other . . . . Discrimination and delicacy of sensation, so important in physical research, are other words for taste, and the love of nature is the same passion, as the love of the magnificent, the sublime, and the beautiful. ²⁵

Keats would later take the connection between truth and beauty further, arguing that “beauty is truth,” but Davy begins to associate scientific facts with what poets would call “universal truths.” Comparing the scientist Isaac Newton to William Shakespeare, Michaelangelo, and Handel, Davy makes the case that all of these branches of natural philosophy require “discrimination” and “delicacy of sensation,” an ability to utilize one’s senses to discern the motions, sounds, and tactile elements of the world. Davy equates this ability with what Edmund Burke, following the philosophy of Kant, termed “taste,” an innate human instinct for culling the “magnificent, the sublime, and the beautiful” from the everyday. Here science cooperates with poetry in fully grasping the marvels of nature. Although Davy still views the two separately, he begins to approach the pre-disciplinary ethos of this study’s poet-physicians.

In the twenty-first century, we find it hard to conceive of a time before modern disciplinary formation. The statements made by various thinkers (many of whom lived during the Romantic era) have assumed dominance over our mental frameworks, an occurrence Foucault labels the “threshold of epistemologization.” Stepping back behind that

threshold is a disconcerting task: how does one discuss a time before modern disciplines without discussing the disciplines themselves? How does the literary scholar view a newly emerging notion of poetry apart from the post-Romantic ideals that influence us all?

Historical research on newspaper articles, art prints, medical manuals, and other useful secondary works has helped in this regard; I will use them liberally to support many of my literary readings. However, nothing trumps the words of the poet-physicians, the doctor-writers who lived out—and inscribed themselves into—their times.

This dissertation begins during a time of what Siskin would call diachronic disciplinary development. In the mid to late eighteenth century, both physicians who belonged to the Royal College of Physicians and well-published poets were considered members of what one scholar calls a “global intelligentsia,” a community of gentlemen. Many of the poets whose voices we hear in Chapter One used poetry to construct themselves as members of the cultural elite. Erasmus Darwin’s introduction to *Zoonomia*, as well as letters written by Mark Akenside (author of “Pleasures of the Imagination”) and John Armstrong (author of the poetic health manual “The Art of Preserving Health”) all testify to their need to be considered gentlemen. These poets turned to heroic couplets, which connected them to classical predecessors like Hippocrates and Aesculapius and eighteenth-century giants like Alexander Pope. In this manner, poetry served as an avenue for gaining social status. Thus I argue that poetry played a significant role in these physicians’ self-construction and, by extension, their disciplinary identity formation.

Yet, as the century wore on, poetry reviewers objected to the “lowly” subject matter of the human body. The vitriol of reviewers’ attacks on Crabbe’s poems, poems which address the filth and squalor of the impoverished, was, I argue, partly an attempt by literary
critics to define “poetry” as a realm of beauty and imagination, far from the “disgusting” details of the human body. Yet the need to evoke sympathy for the “disgusting” poor not only earned attention for Crabbe but also established him as a caring, empathetic medical practitioner. In this way, despite the “turf wars” waged by literary reviewers and scientists alike, Crabbe’s poetry worked to emphasize the humanitarian facet of the growing medical discipline.

As disciplinary identities were being carved out, it would be tempting to tell the story of poets living a “double life,” working as physicians to support their “higher” calling. This has, in the past, been the dominant narrative attributed to the medical career of John Keats. My third chapter complicates this narrative by arguing that poetry and medicine could and did share many ideological threads, among which was Keats’s theory of “negative capability.” I show that Romantic-era doctors’ and teachers’ focus on clinical detachment formed the basis for Keats’ famous theory. Like a student in the anatomy theater, the Keatsian poet was instructed to perform as an observer, a spectator, before taking on a variety of roles. Like the surgeon, the poet was instructed, first, to analyze his subject fully, with the utmost objectivity. Ironically, the medical principle seemingly most opposed to literature, clinical detachment, relates to the poetic need to observe and analyze “in tranquility.”

Like Keats, who utilized his medical knowledge to influence his conception of literature, many outsiders shaped discipline of medicine (itself, as shall be discussed, an ambiguous term). Chapter four considers medical outsiders who, through their poetry, worked to effect change—or inspire confidence—in the medical profession. Poems like Robert Dodsley’s 1742 Pain and Patience, A Poem, Anthony Pasquin’s 1789 “The Physician
and His Patient: A Tale," and Jane Cave Winscom’s 1793 “headache poems” all critique the medical establishment; the authors, by publishing in periodicals and newspapers, gained some agency over the discipline by influencing patients. Other authors utilized their poems’ inevitable circulation to praise their medical care. Some did not publish their poetry at all, recording it for families and acquaintances in recipe books or commonplace books. The preponderance of cheap and widely available materials in this dissertation points to the fact that, unlike the novel, the poem was—whether in heroic couplets or irreverent ditties—accessible to all. This accessibility ensured readership and response, keeping the medical profession from stagnating.

All four of these chapters illustrate that, as a form that epitomizes the synchronous nature of disciplinary development, medical poetry is clearly worth studying. These poets’ attempts to produce medical manuals, evoke sympathy for the indigent, construct a theory of poetry, or comment on an evolving discipline deserve detailed study by literary and medical historians alike. Far from serving as a disaffected reaction to science, these poems significantly impacted the growth of the medical profession.

While arguing that poetry worked to inform Romantic-era medicine, I also highlight the many intersections—social, political, artistic, and literary—between the two. Social class was indubitably important to both the poet and the doctor: the poet strove to avoid the stigma of writing for money, preferring, like Lord Byron, to avoid the subject of money altogether (a feat successfully performed only by the wealthy). Likewise, the doctor worked his way up the ranks, attempting to emulate the manners, achievements, and knowledge necessary to a member of the Royal College of Physicians.
Conversely, both poetry and medicine address the tedious materiality of everyday life. Crabbe’s physiological poetry, critiqued for its “disgusting” imagery, testifies to the fact that some poets’ “spots of time” are not necessarily pleasant ones. Poetry might, as Coleridge argued, address the “essence” of being human, but much of this voyage takes place in our very physical bodies. Time and again, poets like Keats struggle with the macabre, attempting an attitude of clinical detachment to alleviate their visceral responses. From another perspective, patients utilized abrupt poems to echo the abrupt flippancy of doctors; they wrote in a military cadence to mock heroic medicine; or they used constant poetic meter to emulate a throbbing migraine headache.

Poetry, like medicine, breaches the divide between the spiritual and material aspects of being human. This project has grown from an analysis of disciplinary growth into an exploration of the class and gender issues that divide humanity. Yet among all of these divisions, physician-poets incessantly return to the pressing realities of the human body (our physical structure, susceptibility to disease, and mental fragility) that reunite us.
CHAPTER ONE: THE RHETORIC OF THE GENTLEMAN PHYSICIAN

Memory is, as we all know, an often untrustworthy source. Modern scholar John Kotre likens the “remembering self” to a librarian, meticulous about keeping records all day. However, the librarian also longs to “fashion a story about [himself] . . . a personal myth . . . a different kind of reality than a librarian knows.”26 I wish to explore how Romantic-period physician-poets fashioned a variety of “personal myths,” both about their status and, as will be explored in later chapters, their profession. One of these myths involves the notion of the late eighteenth century gentleman physician. As “T. Withers,” an otherwise unknown Romantic-era writer, puts it:

The character of a physician ought to be that of a gentleman, which cannot be maintained with dignity, but by a man of literature. . . . If a gentleman, engaged in the practice of physic, be destitute of that degree of preliminary and ornamental learning, which is requisite . . . if he do but speak on any subject either of history or philosophy, is immediately out of his depth. . . [this] is a real discredit to the profession.27

On one hand, literature, history, and philosophy are considered “ornamental,” an attitude in keeping with critical readings of the Enlightenment as a period marked by sharp, sudden disciplinary divides. These disciplinary divides seemed to privilege science, placing literature in a secondary, (at best) ornamental position. According to Mark Greenberg, “the increasing social importance of science, along with its rapid

institutionalization, occurred at precisely the same time as literature was also becoming institutionalized and professionalized and, in an irony experienced most profoundly by professional writers, increasingly marginalized.”

Even today, this is the attitude concerning poetry by physicians. They write poetry to “refresh” themselves, but it often remains secondary to their true calling.

I wish to focus here on the second implication of Withers’s quotation. Literature may be ornamental, but in the late eighteenth century, it was still a “requisite” for the “gentleman” physician. Such a seemingly incongruous requirement becomes more understandable when we consider that, for Withers, “philosophy” means Natural Philosophy, a broad conglomeration of fields including medicine, theology and literature. Unlike the disciplinary divisions we have today, this broad rubric meant that, for the gentleman to be knowledgeable, he had to have a degree of knowledge in a wide variety of evolving fields. One of these fields, literature (and, more specifically, poetry) went further toward the establishment of the physician’s character, allowing him rhetorically to construct the figure of the gentleman.

Much of this chapter is historical in nature, introducing the institutions and publications essential to the well-read eighteenth-century man of letters. Through art, letters, and historical accounts, this chapter attempts to draw, in broad strokes, the world

---


29 I use the male pronoun because, although I have searched, I have yet to come up with an example of a female medical poet.
of the gentleman physician, simultaneously examining poetry about the gentleman physician to examine the character’s rhetorical construction. To begin with, then, I will take a short but necessary detour to the world of the gentleman-at-large: the late eighteenth-century “man of letters.”

“The Unified Republic of Letters”

Just as members of the intelligentsia today often listen to public radio, travel voraciously, and pride themselves on a wide array of knowledge, a broad background in a variety of scholarly fields had, for generations past, been the norm for any respectable gentleman. The character of the gentleman, or, in the parlance of the time, “virtuoso,” rested on one’s access to knowledge, an access guaranteed by money, time, and acquaintances. The Romantic virtuoso, a “financially worry free” dilettante interested in a wide variety of subjects, focused (at least superficially) on the goal of improving himself.30 Most often a member of the landed gentry, he inherited or, in fortuitous instances, an acquaintance bequeathed him a significant amount of land. This social phenomenon worked to break the connection between work and income, providing the gentleman with independence and wealth. If the gentleman was not born as the eldest son of a landed family, he could still attempt to gain patronage from someone in this position, improving his prospects immensely. When “work” became unavoidable, a government post could help the gentleman by securing connections with a minimal amount of bodily labor. What historians call the growth of science occurred at this

period, when gentlemen worked at understanding broad ideas and learning, as W. J. Reader puts it, “how to learn.”

Therefore, the intelligentsia strove to possess encyclopedic knowledge, what Withers called “ornamental” learning. Around dinner tables, in fashionable societies, and at the coffee house, the gentleman could show off a broad spectrum of knowledge. One current journal compares the eighteenth-century coffee house to the contemporary internet blog, where intellectuals and thinkers can offer their opinions, enter into disputes, and “discuss the issues of the day.” Among the bourgeoisie and upper classes, knowledge was at a premium, as illustrated by Erasmus Darwin’s letters. In almost every letter, he asks philosophical or scientific questions, peppering his writing with drawings and abstract quandaries. It is hardly coincidental that the encyclopedia came to life at this time; in fact, a brief exploration of contemporary encyclopedias illustrates the class elements inherent in this particular categorization of knowledge.

The Encyclopedia Britannica, in many ways an emulation of the French Encyclopédie, was a book by and for the gentleman. The founder of the Britannica, William Smellie, worked as a printer but possessed the education of a gentleman. In 1752, the partners of the Edinburgh printing house of Hamilton, Balfour, and Neill came to the realization that their talented young apprentice could serve as a bigger asset if given more education. Therefore, they allowed him to attend lectures at the University of

---

31 W. J. Reader, Professional Men: The Rise of the Professional Classes in Nineteenth-Century England (NY: Basic Books, 1966), 10. Hereafter cited in the text. It strikes me that this philosophy is also coming back into vogue; students graduate with liberal arts degrees, proving that they can, in our own jargon, “think critically.” Future employment depends upon trainability: the ability to learn how to learn.

32 Douglas Turnbull, “The Blogosphere as Coffee House,” in Comment: Broadening and Deepening Public Dialogue on Work and Economic Life (Summer 2002). http://wrf.ca/comment/2002/0701/76. This is, of course, an idealized account. William Hogarth, among others, satirized the loud, smoke-filled coffeehouse in The Rake’s Progress, alluding to a connection not only with knowledge but also with debauchery.
Edinburgh, a virtual beehive of learned gentlemen, for three hours a day, a good amount of time out of a busy printer’s schedule. While at Edinburgh, Smellie learned Latin and took courses in Greek, Hebrew, philosophy, chemistry, botany, and medicine.

These credentials perfectly positioned Smellie to edit and distribute a book containing such a wide variety of knowledge. The title pages of a three-volume set, sold in 1771, mention the authors as “a society of Gentlemen in Scotland.” Frank Kafker calls these claims “mere puffery” (Kafker 148), but the editors clearly wished for their audience to identify with them. Although the preface claimed that “any man of ordinary parts, may, if he chuses, learn the principles of Agriculture, or Astronomy, of Botany, of Chemistry etc. etc. from the ENCYCLOPAEDIA BRITANNICA” (Kafker 154), Kafker argues that this was not the case. Readers had to have at least attended secondary school, and articles assumed a knowledge of Latin, “though not of French” (Kafker 158). The encyclopedia continually articulated upper-class values, referring to common people as those prone to superstition and “born to be deceived in everything.” Smellie’s Britannica article “London” also evinces this separation between the classes by pointed out the areas in which the “people of distinction” live (Kafker 173). Much like Lifestyles of the Rich and Famous, this sort of class topography worked to separate gentlemen from the commoners.

In America, too, literature separated the gentlemen from the commoners; again, the history of the American version of Britannica serves to illustrate this phenomenon. Thomas Dobson, the publisher, was, like Smellie, no common man. Educated for the dissenting ministry, he earned a doctorate of divinity at Edinburgh University in 1775.

---

Geography also strengthened Dobson’s connection to the intelligentsia; in 1788, he moved into the Stone House in Philadelphia, which would become a popular meeting place for the city’s eminent gentlemen. Benjamin Rush called Dobson’s shop “the most public place of resort for literary people in our city,” the list of whom included statesmen, scientists, doctors, jurors, clergymen, members of the College of Physicians, and members of the American Philosophical Society.  

The American Britannica (revised to contain definitions specific to American life and geography) was printed in 18 large quarto volumes between December and April of 1798. The cost of $156 for a subscription—a ridiculously low amount now, but an obscenely high amount at the time, equivalent to about $2,430.65—serves to illustrate the targeted audience. Although this is the American price, it helps to contextualize a letter from the British “R. Batsman” to the Reverend Birch, the chaplain of the Royal Society in the late eighteenth century, requesting the second volume of the Encyclopédie. What seems a simple request becomes a symbol of some eighteenth century physicians’ status and means.

With status and means came access to a broad array of knowledge promulgated, often, by “societies,” groups for dilettantes who wished to learn about subjects ranging from science to literature. Often, these societies attracted dissenters, who, “denied positions in the church and the law. . . turned instead to the cultivation of the natural sciences as the means to personal and social improvement and, crucial for them, to


35 http://eh.net/hmit/compare/.

36 R. Batsman to Reverend Thomas Birch, British Library, Add. MS 4300.
political reform.” In 1783, for instance, a group of intellectual dissenters founded the Physical Society, described by one member as “a society of literary men . . . composed of surgeons, physicians, and men of science in general who met to hear a Dissertation read, on a medical, chirurgical, or philosophical Subject.” In another such grouping, Joseph Johnson, a British publisher, attracted a clientele including Joseph Priestley, the discoverer of oxygen; Benjamin Franklin, the American statesman and scientist; Humphrey Davy and Antoine Lavoisier, chemists; William Hunter, an anatomist; and Erasmus Darwin, poet and author of many works, including “Nature’s Garden” and Zoonomia. Johnson also worked with more bellettristic authors like William Wordsworth, Samuel Taylor Coleridge, William Godwin, and William Blake, who, at “Johnson’s bookshop and dinner table” (Roe 1), clearly picked up on ideas ranging from notions regarding galvanism to, I will argue, those regarding poetry.

Perhaps the best known intellectual grouping of the time was the influential Birmingham Lunar Society. The Society, which met in Birmingham between 1765 and 1813 on the day of the full moon, consisted of scientific and literary minds of the time (if they even conceived of these disciplinary divisions). “Intellectually the most effective provincial group that has ever come together in England,” this group of authors, doctors, inventors, and all-around gentlemen discussed a variety of subjects and, then, would make up verses to complement their dinner toasts. Darwin played a major role, as did Richard Edgeworth, the father of Maria Edgeworth; Priestley; James Watt, inventor of


39 Bob Miles, More about the Lunar Society, http://iquarter.members.beeb.net/morelunar.htm. The notion of the scientist was not coined, depending on accounts, until 1833 or even 1840.
“rotary and condensing steam engines”; and William Small and William Withering, both doctors. Benjamin Franklin also served as a corresponding member of this society. Clearly, Darwin, Priestly, and Watt remain most well-known, but Withering also made a contribution to both social and medical knowledge. One of the few instances of women centrally involved in these intellectual groupings, Anna Seward shone as the young, beautiful star of this society. The society, in turn, spread its influence throughout the area as scientists and litterateurs preserved an intimate acquaintance with other social figures in Lichfield, a small town near Birmingham.

In this way, knowledge circulated among the growing intelligentsia. Throughout the world, societies proliferated, separating intellectual gentlemen from their more populist counterparts: “by the end of the eighteenth century, a network of academies stretching from Saint Petersburg to Dublin, Stockholm to Palermo had consolidated Europe’s intelligentsia in what one historian has called a ‘unified republic of letters.’”

Throughout all of Europe, gentlemen joined ranks, establishing a shared discourse characterized, in part, by its exclusivity.

“Becom[ing] a Worthy Member”: The Ranks of the Gentleman Physician

---


41 Other members were Matthew Boulton, a manufacturer, Thomas Day, an educational reformer, Samuel Galton, a (paradoxically) Quaker gunmaker, Robert Johnson, a chemist, James Keir, a glass manufacturer, William Murdock, the inventor of glass lighting, Jonathan Stokes, a botanist, and John Smeaton, a civil engineer. Although the group was not necessarily political, they have been called the instigators of the Industrial Revolution.

In the growing medical field, this community of gentlemen centered itself around the Royal College of Physicians. Threatened by a growing disparity between branches of physic, as well as the much-addressed “rise of science,” Fellows of the Royal College of Physicians (or those who aspired to be) worked to preserve—and idealize—the cultural memory of the gentleman physician. While still at the top of the medical hierarchy, physicians were nonetheless threatened by a number of forces within their own growing profession. Fellows would have attended Oxford or Cambridge, received a classical education, and been voted (usually through an extensive networking system) to be members of their august association. General practitioners, doctors who practiced medicine but were sometimes not Fellows, often expressed disdain for such a class-oriented, network-based system of medicine. Surgeons, below general practitioners in status and influenced by notables such as William Hunter and the empiricism of Parisian hospitals, vied for greater social status. Apothecaries, drug dealers who operated from shops, were frustrated by physicians’ ability to prescribe drugs and enter into their territory. And, finally, the growing number of quack doctors appealed to patients who simply could not afford to be seen by a personal physician. This quick sketch of the late eighteenth-century medical system illustrates that, for Fellows of the Royal College, a stay at the top was far from assured.

---

43 Although many colleges play into this account, my discussion of “Fellows” always relates to fellows of the Royal College of Physicians.

44 As this ground has been covered in great detail, I will not deliberate on it here. For more on the medical hierarchy of the time, see Roy Porter, Disease, Medicine, and Society in England 1550-1860 (Cambridge University Press, 1995), and Patients and Practitioners (Cambridge University Press, 2003). For more about quack doctors and their considerable influence with the public, see Roy Porter’s Health for sale: quackery in England, 1660-1850 (NY: Manchester University Press, 1989), and William J. Helfand, Quack, quack, quack: the sellers of nostrums in prints, posters, ephemera & books: an exhibition on the frequently excessive & flamboyant seller of nostrums as shown in prints, posters, caricatures, books,
genteel cohorts, and connect themselves to a broad, pre-disciplinary intelligentsia, they rhetorically positioned themselves as gentlemen, partly by flouting their classical, Oxbridge educations. Often, those who were not Fellows but aspired to such status copied this rhetorical move, hopeful of an entrance into the elite ranks of the late eighteenth century intelligentsia.

The Royal College’s exclusive relationship with Oxford and Cambridge creates considerable confusion for the modern-day reader. A medical student could not be voted as a member unless he had attended one of the universities or, less commonly, someone wrote a letter on his behalf. Conversely, an Oxford or Cambridge student could not receive his M.D. if rejected by the Royal College. In 1750, before this connection had become solidified, Cambridge awarded an M.D. to Isaac Schomberg, a graduate who, for personal reasons, did not gain admittance into the Royal College. As can be imagined, this decision caused a great amount of friction between the two bodies, and it was resolved by a joint agreement: the university changed its policy, no longer granting petitions to anyone not recommended by the College. In turn, the College agreed to reject anyone without an M.D. from one of the English universities. To justify their avowedly exclusionary action, Royal College members argued that those who had studied at foreign universities would not have been privy to a quality liberal arts education. According to Sir Henry Halford, “knowledge of both languages, a knowledge of mathematics, are absolutely necessary with reference to the dignity and respectability of the profession.” The decision ousted the College’s licentiates who could not procure a

pamphlets, advertisements & other graphic arts over the last five centuries (New York : Grolier Club, 2002).

fellowship, as well as the surgeon-apothecaries. This hierarchy was repeated in social circles as well; physicians without an Oxbridge M.D. were ranked as esquire, “but the place of an M.D. at an English university was next to that of a knight” (Reader 17, 12). In essence, one could quickly attain a high social status by simply attending one of these institutions; however, it is important to realize that the decision excluded Catholics, Jews, Dissenters, graduates of foreign universities, and anyone who practiced as a surgeon or apothecary.

At a broader level, honored physicians could become members of the Royal Society, an institution, still thriving today, consisting of a broad community of valued scientists. At its inception, the Society invited members to experimental displays, but with greater numbers, its members turned to publishing their findings in the society’s journal, the Philosophical Transactions of the Royal Society (PTRS). The very diction of this journal reveals a scientific mindset drastically different from ours. A central emphasis on the persona of the experimenter characterized scientific writing of the time, mirroring the self-advocating culture of the eighteenth-century gentleman. Articles appeared in letter form: “the polite letter, the genre form in which articles most commonly appeared in the PTRS of this period, was a central emblem of genteel culture.”46 The conventions with which we are now familiar, including scholarly disinterestedness and passive voice, did not appear until the mid-nineteenth century. By examining these letters, Dwight Atkinson has compiled statistics concerning the members’ social status. Between 1735 and 1780, correspondents in the PTRS were grouped in the following ways:

46 Atkinson, xxvii.
Peer  20%
Baron/Knight, Military Officer, Government Official  15%
Gentleman  15%
Lawyer  05%
Physician  16%
Surgeon/Apothecary  09%
Cleric, Bishop, Schoolteacher  16%
Other  04%

Even though not named as gentlemen because of their professions, all of these individuals (except for surgeon/apothecaries—whom we will soon consider—and schoolteachers) would have fallen into the category.\(^{47}\) Since the Royal Society did not require any sort of testing for inclusion, membership was clearly a case of status and social networking.\(^{48}\) An anonymous 1739 poem entitled \textit{Laugh and Lye Down: or a pleasant, but sure, remedy for the Gout} makes this clear:

\begin{quote}
But I’m so gen’rous to impart  
The honest Secrets of my Heart,  
Willing to do the World some good  
Before I put off Flesh and Blood:  
And may, perhaps, before I die,  
Of Royal call’d Society,  
Become a worthy Member (l. 440-5)\(^{49}\)
\end{quote}

Tongue-in-cheek, the writer hopes that the wisdom supplied by his tract, the “honest secrets of [his] heart,” will do the world “some good,” but, more importantly, ensure himself entrance into the elusive Royal Society.

\(^{47}\) Atkinson, 52.

\(^{48}\) However, what these societies did do was exclude women; the Royal Society, founded in 1662, did not admit a woman until 1945. The French equivalent, the Académie des Sciences, founded in 1666, did not admit women until 1979!

\(^{49}\) \textit{Laugh and Lye Down; or a pleasant, but sure, remedy for the GOUT, without expence or danger.} Generously publish’d and Recommended, from the Author’s own experience, in a \textsc{poem} serio-comic. (London: 1739).
Contact through the Royal Society was not the only mode of communication among gentlemen physicians. Another popular venue of the time was the public lecture, usually given by a well-known doctor or, in certain cases, the professional “lecturer.” William Cullen, Withering’s teacher, made great strides to construct chemistry as a public science. Neither he nor Joseph Black, his predecessor as chemistry chair at Edinburgh, published a great deal; instead, both achieved their fame through well-known, well-attended lectures. Often, these were funded by medical schools or hospitals; just as often, a group like the Lunar or Philosophical society would pay for them. William Cruikshank, a society Fellow, taught anatomy at William Hunter’s museum, and George Fordyce—who corresponded with literary notables like Mark Akenside—offered lectures in his own home. Although this was not as prestigious as a publication in the PTRS, the lecture was one way to improve one’s reputation and establish his status as a learned member of the intelligentsia.

In addition to lectures, societies would often invite chemists or physicists to perform experiments to an elite group of observers, lending a circus-like feel to scientific accomplishment. Below is a lithograph of a wood carving of Isaac Newton presenting an experiment to a select group:  

---

50 C. Laverie and Martin (author uncertain), wood engraving, in Wellcome Trust Library Iconographic Collection, London.
Figure 1: C. Laverie and Martin (author uncertain), wood engraving.

The audience comprises gentlemen, with fashionably long hair and stockings, and ladies, in their silk gowns with stylish lace ruffles, properly seated in front. Clearly, this was something of a social occasion, and audience members were urged to ask questions or even participate. In these attractions, “the vague line between scientist (itself a word coined only in 1833) and laymen might vanish altogether,”51 but it remains important that the layman was usually a member of the upper class.

Lectures were no less popular abroad than in England; in Herz, Germany, for instance, doctors and commoners could attend lectures in physiology, medicine, and philosophy. Johann Goethe also attended lectures in anatomy, and students of Benjamin Rush, the premiere physician in America, could attend his public lectures.52 Although this historical period offered unrivalled (except, perhaps, by current internet trends) access to medical developments, more access was given to those judged worthy of it.


One way for someone to be judged “worthy” of knowledge, status, or connections was for that person to validate the historical image of the gentleman physician. Fordyce, the aforementioned lecturer, held an M.A. from Aberdeen, Scotland, not from an English university, a clear strike against any aspiring Fellow at the time. In addition to (or perhaps because of) his foreign accreditation, his deportment did not fit the prescribed one; he lacked the social graces to be a successful doctor, speaking abruptly to most people, getting drunk every night, eating alone in lieu of spending time with his family, and wearing the same clothes for days on end. In contrast, the gentleman physician was well-spoken, temperate, socially astute, and impeccably dressed. In his 1701 The Dispensary Traversed, Samuel Garth offers a (caricatured) description of this figure:

Finco in’s powder’d Wig, and shining Shoes,
With starch’d Crevat, compil’d in circling Bows:
And Snuff-box, by old Mentor, finely wrought,
Full of best Snuff, because the dearest bought (1, 9)

Finco, Garth’s parody of the well-groomed physician, clearly has means with which to purchase his powder’d Wig, “shining Shoes,” “circling Bows,” and, of course, the “dearest bought” snuff box. Later in the poem, Finco delays seeing a dying patient due to a stain on his “starch’d Crevat!” On a more serious note, the portrait below, painted by Thomas Gainsborough, illustrates a typical gentleman physician, in this case Dr. Ralph Schomberg, one of Gainsborough’s Bath doctors.

---


With his powdered wig, fine lace ruffles, impeccably tailored brocade, and walking stick, Schomberg’s appearance reflects that of a gentleman. Notably, the viewer cannot tell that he is a doctor; depicted in a typically picturesque setting, Schomberg seems, here, every bit the eighteenth-century gentleman.

In addition to appearance, the gentleman’s delicacy in all social matters also served to confirm his character. John Armstrong, a poet-physician and author of *The Art of Preserving Health*, made the mistake of publishing another poem entitled *The Oeconomy of Love*, a sex manual (for lack of a better term). His lack of delicacy caused an outcry among physicians and reviewers alike. According to critic and historian William B. Ober, *The Oeconomy of Love* was considered “gamy” by some readers, and
“it did Armstrong’s reputation no good in ‘respectable’ medical and literary circles.”⁵⁵

An informant told Charles Bucke, Armstrong’s biographer:

> [Armstrong] ruined himself . . . by that foolish performance of his, the Economy of Love. How, in the name of heaven, could he ever expect that a woman would let him enter her house again, after that? The man was a fool! He, who undertakes to be a physician, must be chastity itself.⁶⁶

There is a practical angle here; the physician often had to enter a young lady’s room and, to some extent, touch her intimately. Yet the irate tone of this passage bears considering. As reflected by the above quoted passage, the physician must conform to the strictest standards of eighteenth-century sensibility: to be “chastity itself.” In light of his subject, chastity has the usual definition here, but “chaste” would, at the time, also have meant “decent; free from indecency or offensiveness.”⁵⁷ To be free from “offensiveness” was a difficult feat for the gentleman who was, nonetheless, a physician dealing with the often offensive workings of the human body. Therefore, in order to understand the full import of Bucke’s passage, we must examine how notions of sensibility affected the late eighteenth-century gentleman physician.

Much scholarly work has examined the importance of sensibility during this period and highlighted the connections between excessive sensibility and social class.⁵⁸


⁵⁷ OED Online.

This mentality meant that the gentleman physician, ostensibly working with the human body, was not to discuss the unsavory or insensitive topics inherent to his profession. According to Weatherall, “medical issues”—meaning, for instance, cases involving a detailed description of the intestinal tract—were rarely discussed. When they were, Weatherall continues, authors “could expect to be criticized for dwelling on disagreeable or unmanly topics” (emphasis mine). At this time, sensibility and masculinity were correspondent ideals, and the romantic discourse of masculinity is significant as we examine Oxbridge attitudes toward the human body. Modern readers, familiar with the trope of the constantly fainting, ever pale, often consumptive woman, would be surprised at the parallels with these young, male medical students. Even more surprisingly, this very sensitivity worked as a social marker, illustrating their rank (princess-and-the-pea style) as gentlemen.  

Instead of learning by observing the human body, must students at Oxford or Cambridge received a classical education, including studies in subjects like Latin, mathematics, theology and rhetoric. According to The Gentlemen’s Magazine, “the English Universities make a man a gentleman, and they do so by residence among gentlemen.” 60 One way to “make a man a gentleman” was to teach him the art of classical rhetoric, in addition to literature, physics, and the like. The gentleman would also often take the initiative to add to his repertoire by learning modern languages. Dr. John Mason Good, a poet-physician, serves as a good example here. In October 1799, he

---

59 Later, a similar sensitivity, in tandem with the typically female disease of consumption, served to feminize the poet Keats, earning him censure from more “manly” poets like Byron. For more on this topic, see Weatherall and Tim Fulford, Romanticism and Masculinity: Gender, Politics, and Poetics in the Writings of Burke, Coleridge, Cobbett, Wordsworth, DeQuincey and Hazlitt. (London: MacMillan Press, 1999), 34.

60 Gentleman’s Magazine ii (1829) 334.
reported that “I have just begun the German language, having gone with tolerable ease through the French, Italian, Spanish, and Portuguese.” In 1800, he added a few more languages to his repertoire, namely Arabic, Persian, Russian, Sanskrit, and Chinese.  

Any medical resident today would wonder how surgeons or physicians found the time to learn such a wide array of languages. Part of the answer to this query lies in the state of eighteenth-century medicine: “They did not practise surgery; they did not dispense medicines, although they did prescribe them; they did not touch their patients, except to feel their pulse; they did not practice base trades such as midwifery.” Instead of touching and probing their patients, physicians-to-be actually spent most of their time on the road, traveling to their patients’ country houses or estates. Good, who also translated a wide variety of works ranging from Lucretius to the Biblical Song of Solomon (and who we will explore in a later chapter) worked on his translations by conceiving them – in Wordsworthian style – as he walked. He would walk along with an original, memorize it, translate it and re-translate it until he knew it. Then, only after he went home would he stand at his writing desk and write the translation down. The problem, of course, is whether physicians spent more time thinking of translations and poems than of their profession. In his Dispensary, Garth satirizes this in the figure of Clinicus, a physician well-versed in literature but not in medicine:

But big with’s little self, claims sole pretence  
To grasp the whole Monopoly of Sense:  
Because he knows what Classics are concise,  
How Horace Drolls, and Juv’nal hectors Vice.

---


62 Weatherall 10.

63 Gregory 76.
What Beauties in the Mantuan Poets shine,
Where Sound and Sense concur in every Line.
What Plautus, and what Terence recommends
For Physic, is the least he understands. (I, 7)

Here, Garth’s protagonist dissects classical authors the way a doctor would dissect a
body; in addition, he focuses on the “sense” of the Mantuan poets instead of the senses of
his patients. Aptly, Garth mentions classical authors (Horace, Juvenal, Plautus, and
Terence), as these were the chief subjects taught at Oxbridge. Although education
usually included classical medical texts as well as literary ones, a sound classical
education could, as in Garth’s parody, serve to supplement a lack of “scientific”
knowledge.

Despite the vocational limitations on gentlemen physicians, the accomplishments
of some are truly remarkable. Dr. John Wall, for instance, contributed heavily to the
period’s understanding of angina pectoris, corresponding with such notables as John
Hunter, the famous surgeon, and Edward Jenner, discoverer of what we now call
inoculation. In addition, he managed to paint in oils and porcelain, later managing a
prosperous porcelain factory. Two of his paintings even hung in the Royal Academy of
Art. Wall was not unique in his display of talent. Dr. Henry Harrington is now most
famous for having written hymns, many of which are still sung in the Anglican Church.
As was traditional, his uncle arranged for his entry into Oxford in 1745. In addition to
his medical studies, he began composing music, including a duet called Damon and
Clora. After practicing medicine in Wells, he moved to Bath in 1771, becoming

---

64 I would like to thank Eliza Fisher Laskowski for this insight.

65 Keith M. Lindren, M.D., “Dr. John Wall: A Profile in Porcelain, Painting, and Pectoral Pain,” JAMA
242, 10 (1979) 1054.
physician to the mineral water hospital. Dr. Harrington and his friends formed the Bath Harmonic Society, to which he was appointed physician in 1784. “None but gentlemen of known character were proposed and balloted for,”* and members included such notables as George IV and the Duke of York. Harrington gained fame for his “Eloi” or “The Last Words of our Saviour,” which was sung in Bath Abbey Church on Good Friday for many years. Although not a poet, he clearly exemplifies what it meant to uphold the standards of the gentleman physician.

More than painters or composers, poets could utilize rhetoric to construct their own identities as gentleman physicians by emphasizing their connection to classical predecessors. A classical art form, poetry functioned as a natural vehicle for the physician to associate himself with medical figures like Hippocrates and Aesculapius and literary figures like Homer and Virgil. In addition, most of the physicians in this study wrote their poetry in heroic couplets, which would tie them to more current literary figures like Alexander Pope, known for his witty, erudite use of the form. On a basic level, many of these physicians wrote poetry to prove themselves worthy members of the intelligentsia.

While physician-poets did, in many ways, recall the past, many also reiterated the myth of the gentleman physician to shape their presents. Perhaps the best-known physician-poet of this time was Erasmus Darwin, a man who, in lifestyle as well as rhetoric, lived the myth of the gentleman. In 1750, he began his studies at Cambridge, and soon published an elegy for Fredrick, the Prince of Wales, who died in March 1751.

---

According to his biographer, “It was a smooth performance and won Darwin an immediate reputation as a man of letters.”\textsuperscript{67} In 1753, he went to attend medical school in Edinburgh and, in 1755, returned to take his M.B. (a bachelor’s in medicine, not as respectable as an M.D.) in Oxford.

However, all did not go smoothly for young Erasmus. His initial attempt to establish a practice at Nottingham failed miserably, mostly because he did not have the backing of any prominent individuals (King-Hele 19). As I have illustrated, social connections were of paramount importance for the aspiring physician. When, later, he applied for a practice in Lichfield, he came armed with two letters of introduction, letters that helped him succeed in the endeavor. Another impediment to Darwin’s self-construction as a gentleman was, ironically enough, his sincere desire to help his patients, especially those in the provinces. He specifically applied for work in Lichfield to further this humanitarian goal. Even if a physician, like Darwin, practiced for altruistic motives, we must still remember that a physician, especially one in remote parts, had to make his living; Darwin did this by, like other members of his profession, catering to the genteel citizens living in large country estates.

Although he consciously helped impoverished patients and equally consciously established ties with prominent individuals, Darwin contributed most to his self-construction through his success in a wide variety of evolving disciplines. Initially, his combination of literary, medical, and what would later be called “scientific” talent gained him much fame. While Anna Seward’s biography is not generally a credible one, she does draw attention to this issue: “the impregnable rock, on which his medicinal and

philosophical reputation were placed, induced him to contend for that species of fame, which should entwine the Parnassian laurel with the balm of Pharmacy.”

Seward’s overblown language arguably served her own interests rather than those of an impartial biographer, but it does point to the difficult task of intertwining nostalgia for the past, “the Parnassian laurel,” with a belief in progress, “the balm of Pharmacy.” Darwin’s works illustrate his conflicted views about maintaining both the myth of a gentleman and a progressive revolutionary. While Darwin’s revolutionary views would later damage his reputation, his early career illustrates his social status as a gentleman.

In writing his medical tract, Zoonomia (1794), Darwin achieved societal respect. His dedication to the two-volume work illustrates his desire for acceptance among members of the Royal Society:

To the candid and ingenious Members of the College of Physicians, of the Royal Philosophical Society, of the Two Universities, and to all those, who study the Operations of the Mind as a Science, or who practice Medicine as a Profession, the subsequent Work is, with great respect, inscribed by the Author.

Here, the “members” he targets are “candid”—a helpful quality if his work is well-received but a bit of a risk if it is not. Clearly, Darwin assumes that the members’ open-mindedness will work to his benefit. Also, in keeping with accepted notions of the eighteenth century medical hierarchy, he dedicates his work to the members of “the two Universities” (emphasis mine); his referents are, of course, understood by all. Darwin here courts respect by according it, at least rhetorically, to the right people.

68 Seward, 5.

The reception of Darwin’s work illustrates his success. His *Zoonomia* was immensely popular when finally published. According to Charles Darwin’s biography of his grandfather, it was published in German, French, and Italian; Darwin also jokes that it was honored by the Pope by placement in his “Index Expurgatorius.” Maureen McNeil adds that the book went through three English, one American, and one Irish edition. Coleridge, who later came to mock Darwin’s highly stylized writings, called him “the first literary character in Europe, and the most original-minded man” (King-Hele, *A Life*, 260). Wordsworth read *Zoonomia* when it first came out and, in 1798, requested another copy. Richard Lovell Edgeworth, father of the novelist Maria, called it Darwin’s “immortal present” to medical knowledge of the time. Thomas Beddoes wrote that the book was “perhaps the most original work ever composed by mortal man.” At home, Erasmus and his wife Elizabeth often entertained high-class admirers of his book. At the high point of Darwin’s fame, King George III wanted him as his advisor in London. Darwin had established himself as one of the foremost medical gentlemen of his – or any – time by virtue of his literary career.

Mark Akenside, another poet-physician, also utilized his literary prowess to endear himself to the intelligentsia and gain much vaunted status as a physician. Descended from Northumbrian Presbyterians of the working class, his father was a butcher, again earning minimal wages. In fact, a MS. letter from Akenside to the

---


71 McNeil, 3.

72 Thomas Beddoes, *European Magazine* 27, no. 77 (1795).

Reverend M. Barker was sold at Sotheby’s in 1856 and appended with the following description: “Mark Akenside. Poet. Son of a Butcher.” Significantly, his status as physician is not even mentioned. A popular rumor that he (recalling his father’s job as a butcher) had a nasty mishap with a meat cleaver only strengthened this type of reception. Of course, Akenside resented these rumors, as they brought up the shame of his humble birth.

Perhaps because of his questionable origins, Akenside was nothing if not ambitious. At the age of sixteen, his Spenserian poem “The Virtuoso” was published in The Gentlemen’s Magazine, a placement that gratified the poet’s ambition. Due to his precocious intellect, Akenside received a scholarship from the Dissenters of Newcastle to study theology in Edinburgh. Early on, however, he switched to medicine, and paid back the scholarship money over many years. In 1741, Akenside returned to Newcastle and is believed to have practiced there as a surgeon; the low social status of this profession left the ambitious intellectual unsatisfied. He turned to his literary talent to gain some fame. In 1743, he showed his manuscript of “pleasures of the imagination” (a poem he composed for most of his life) to Alexander Pope, who said “this is no everyday writer.” Anna Barbauld, another contemporary poet, also praised his poetry, exclaiming that it “will continue to be a classic in our language.” Akenside’s literary ambition and talent had earned him respect from all the right people.

---


75 In actuality, he was born with one of his legs shorter than the other.

76 Dix 550.

77 Quoted in DNB 209, 551.
His literary success underway, Akenside advanced in his profession as well. First of all, he gained status within the medical hierarchy, taking a degree as a doctor of physic in Leyden in May 1744. In January 1753, he was admitted by mandamus to a doctor’s degree in Cambridge and elected a fellow of the Royal Society. Now Akenside belonged, and the language of his letters illustrates both an elitism and a desperate desire to remain entrenched among ranks of the genteel. In a letter to Fordyce, the aforementioned physician who drank excessively and considered personal hygiene irrelevant, Akenside writes about the responsibility of the “masses”—of which he was so recently a part—to contribute to civilization:

I’m afraid we have at present no Prospect of any valuable Change, any general Introduction either of Plenty or Independence among the Multitude; much less of that manly or rational Spirit or Thinking + Acting which ought to be the very End of Society, since it can never be obtained but by Society, + is the best and noblest of those Enjoyments which Society produces.  

Here, he clearly distinguishes himself from the “Multitude” by subscribing to a belief in rationality. Significantly, Akenside also uses the adjective “manly” to connote what is civilized, divorced from the raucous, uncivilized “Multitude.”

Like many gentlemen of his time, Akenside distinguished himself from the masses through social connections. When his later practice in Hampstead began to fail, his friend, Jeremiah Dyson, gave him a nice house, £300 a year, a carriage, and patients, so that he ended up fairly well off. Having achieved this status, he often flouted it, exaggerating his contempt for the poor in order to distance himself from them. The DNB records that Akenside evinced a remarkable antagonism toward the poor. On

---

78 Mark Akenside to Thomas Birch, 1753, British Library, Add. 4300.
79 Quoted in DNB 209.
visiting days at Christ’s hospital, he ordered servants to sweep the path ahead of him and keep patients from approaching him. Although this story might be hearsay, it suggests a desperation for gentility by elevating himself above the sullied masses, many of whom were his own patients.

Yet Akenside simultaneously feared losing his high status and possibly becoming a member of that very “multitude.” While condescending toward his patients, he remained overly polite to his acknowledged superiors, as in this letter to the Duke of Newcastle:

My Lord.

I did myself the honour of waiting on your Grace to beg the favour of your vote + interest, in order to succeed to whatever vacancy ma be inspire’d at St. Thomas’s Hospital by the general court of Governors, in consequence of Dr. Letherland’s resignation. Permit me to assure Your Grace that if I be appointed, I shall endeavor to discharge the duty of my office with the utmost diligence and fidelity.

I am with great regard,
My Lord,
Your Grace’s most obedient + most humble Servant,
Makenside

Much of this letter appears quite ordinary—the “most humble Servant” appellation appears in several contemporaneous letters—but it still bears some examination. Akenside repeats “your Grace” three times in a very short letter, overly conscious of his social status as regards the Duke. Also, instead of mentioning his credentials for the position, Akenside relies upon the Duke’s favor, asking the “favour of your vote + interest.” Akenside achieved his goal; in March 1759, he reached the pinnacle of his medical success by being appointed principal physician to both Christ’s and St. Thomas’

---

80 DNB 210.

81 Mark Akenside to the Duke of Newcastle, 1758, British Library, Add. 32886 f. 254
hospitals. Although Akenside’s poetry illustrates the conjunction of science and religion, his life story illustrates the eighteenth-century physician’s struggle to become—and remain—a gentleman.

Like Akenside, George Crabbe was not born into a genteel family. He was born in Aldeburgh (or, as he spelled it, Aldborough), a dilapidated port town. His father, a violent man who beat him and his mother, worked on the quay, as did young Crabbe. The sensitive son fortunately also acquired a penchant for “making poems” from his father. At fourteen, he was apprenticed to a surgical-apothecary, a Mr. Smith, in the village of Wickhambrook in Suffolk. However, Smith turned out to be more of a farmer than an apothecary, so Crabbe writes that he “read romances and learned to bleed.”

Young Crabbe had no desire to farm and, after much pleading, his father took him back and apprenticed him to Mr. Page of Woodbridge, where he learned to compound and prescribe. He also studied botany, a lifelong interest. During this time, he also experimented with poetic form, writing “The Judgement of the Muse, in the Metre of Spenser,” “Life, a Poem,” and “An Address to the Muse, in the Manner of Sir Walter Raleigh.” Crabbe’s son writes that, because of his ability to versify, “he felt himself more elevated above the young men, his companions, who made no verses.”

Crabbe’s learning clearly served him as an avenue to greater social status.

Yet this avenue was a long and winding one. After his apprenticeship, Crabbe could not find viable employment and ended up working the quays with his father until,

---

82 George Crabbe, The Poetical Works of the Rev. George Crabbe: with his letters and journals, and his life, BY HIS SON. In eight volumes (London: John Murray, Albemarle Street, 1834) 10, 46.


84 Crabbe 22.
finally, a local apothecary died and he inherited his shop. Even so, business was slow, and he could barely afford to support his new wife, Sarah (formerly Elmy). Finally, he decided to take a risk of moving to London and making his living writing poetry. Like Akenside, Crabbe had to rely on networking to attain his status; in this case, he wrote a letter to Edmund Burke, who later recommended him to Joshua Reynolds. Due to Burke’s assistance, Crabbe was ordained as a deacon and then appointed a curate to the Rector of Aldeburgh. One year later, in Norwich, he was ordained as an Anglican Priest and became Rector of Trowbridge in 1814. At Aldeburgh, he ended up treating many of the poor of the parish, giving rise to his satirical portrayals of village life, The Village, The Borough, and The Parish-House. Crabbe had climbed the social ladder, moving from living in poverty to treating those who did.

A priest and doctor interested in the welfare of the poor, Crabbe seems an atypical gentleman physician, but later depictions, accounts, and reviews took pains to construct him according to type. I quote the following passage at length because it illustrates a (in this case, Crabbe’s son’s) rhetorical construction of a gentleman physician:

He left his home a deserter from his profession, with the imputation of having failed in it from wanting even common abilities for the discharge of its duties—in the estimation of the ruder natives, who had witnessed his manual awkwardness in the seafaring pursuits of the place, “a lubber,” and “a fool”; perhaps considered even by those who recognized something of his literary talent, as a hare-brained visionary, never destined to settle to anything with steadiness and sober resolution; on all hands convicted certainly of the “crime of poverty,” and dismissed from view as a destitute and hopeless outcast. He returned, a man of acknowledged talents; a successful author, patronized and befriended by some of the leading characters in the kingdom; and a clergyman, with every prospect of preferment in the church.85

85 Crabbe 103.
This account reads (perhaps consciously) like the Biblical account of the Prodigal Son. Keeping with this “fairy-tale” account, the frontisplate of this biography is an etching of George Crabbe’s childhood home.\\(^{86}\)

![Frontisplate, George Crabbe, The Poetical Works of the Rev. George Crabbe](image)

**Figure 3: Frontisplate, George Crabbe, The Poetical Works of the Rev. George Crabbe**

In front of a dilapidated house, covered with only a thatched roof and surrounded with all manner of rubbish, young George Crabbe reads a book, foretelling his later escape (via his intelligence) from his rude beginnings. Crabbe dramatizes this escape by informing his readers that his father was no longer “destitute,” but “patronized and befriended by some of the leading characters in the kingdom,” in this case Burke and Reynolds. This rhetoric constructs his father’s journey as predestined; the “ruder natives” simply cannot see his potential and cast him off, “destitute” and “hopeless.” Yet, much like the Prodigal Son, the poor young man proves the “rude natives” to be the “lubbers” and “fools” by becoming a leading “character” – the use of this word foretells the author’s rhetorical

---

\(^{86}\) Reproduced courtesy of the Wellcome Trust Library, London.
strategy – in the “kingdom.” Like a fairy tale, Crabbe’s life was posthumously constructed as predestined. It was the life of a gentleman in the making.

Portraiture, a popular method to commemorate worthy gentlemen, also contributed to Crabbe’s image as a gentleman physician, as the following etching illustrates:

Figure 4: J. Thompson after an original painting by H.W. Pickersgill.

This portrait, published for the European Magazine in 1819, carried some cachet. It is an interesting depiction of Crabbe, somewhere between the affected portraits of Schomberg and later, more occupational portrayals of physicians. Here, Crabbe sits in a utilitarian chair, dressed in a bourgeois coat and a cravat. His costume is far less elaborate (what

---


88 Reproduced courtesy of the Wellcome Trust Library, London.
we might now call effeminate) than those of his more well-to-do contemporaries, but it
nonetheless attests to Crabbe’s popularity and portrayal as a no-nonsense gentleman.
This portrayal was further facilitated by none other than the genteel Lord Byron when, in
**English Bards and Scotch Reviewers**, he wrote:

> Yet Truth sometimes will lend her noblest fires,
> And decorate the verse herself inspires:
> This fact in Virtue’s name let Crabbe attest;
> Though nature’s sternest painter, yet the best. (839-42)

Again, Crabbe is the practical poet, the “stern painter” only “decorating” his verses with
“truth.” Nonetheless, he is portrayed as “noble,” and praise by Byron assured him some
commemoration in the ranks of the literary intelligentsia. The fairy tale of George
Crabbe’s journey from obscurity to literary fame was an important rhetorical device that
served to separate Crabbe from those outside the ranks of the elite.

John Armstrong, a lesser-known physician poet, nonetheless influenced the
literary elite, namely Wordsworth, through his influential poem **The Art of Preserving
Health**. Like Akenside and Crabbe, Armstrong did not hail from genteel origins; he was
born in Castleton, Roxburghshire and earned his M.D. from Edinburgh (not Oxford). In
1741, he solicited a Dr. Birch for a medical post in the West Indies. This fact is, of itself,
significant; as Alan Bewell notes, most people volunteering for such missions had little
hope of social success at home. For these people, the colonies, even though the
probability of death from tropical diseases was significant, offered more of an
opportunity than “a Scottish surgeon’s establishing a career either in England or in the
English navy.”

89 Alan Bewell, *Romanticism and Colonial Disease* (Baltimore: Johns Hopkins University Press, 1999),
85. It is of interest that John Keats also considered volunteering as a surgeon on board an “Indiaman”
(Letters II, 114).
Yet, in addition to illustrating his need to plead for favors, Armstrong’s letters illustrate a firmly entrenched belief that his poetic career marked him as a member of the intellectual elite. Around November 1756, he wrote to the same Dr. Birch that:

I am here plagued every hour of the day with good wishes and curst Demands from waiters at coffee houses, Taylor’s foremen . . . Shoemakers, Journeymen, Coal____, Smuttylubbards, and a whole legion of Ragamuffins of various kinds and denominations too horrible for the Ear, . . and a most magnificent Figure from the Penny Post whom I was almost ashamed to tip (?) with anything less than a Doctor’s Fee.  

Since Armstrong was not a Fellow, it is understandable that he would have had to treat this variety of working-class patients. His tone—the underlined too horrible for the Ear—and the words “plagued,” and “legion” (comparing his patients to devils)—illustrates that, writing to a gentleman, he believes himself in the same league. The reason for this belief most likely has to do with what he saw as his poetic talent. In his 1767 “Taste—An Epistle to a Young Critic,” he writes sarcastically about popular poets beloved by the mobs:

But hear their Raptures o’er some specious Rhime Dub’d by the musk’d and greasy Mob sublime. For spleen’s dear sake hear how a Coxcomb prates, As clam’rous o’er his Joys as fifty Cats. (118)

A popular theme among gentlemen, the Mob is hear dubbed “greasy” and malodorous: “musked.” The Coxcomb, raving about an inferior poem, is compared to the grating, annoying noise produced by fifty cats. As opposed to these rhymes, Armstrong posits his own as destined for immortality. In a letter, again to George Wilkes sent while he served as an army physic in Capel, Germany, he writes:

---

90 John Armstrong to Reverend Birch, November 1756. British Library, Add. 4300, original emphasis.
I forgot in my hours left to talk to you about the papers and parchments I left with you. You must know they are nothing less than a Compleat Collection of my immortal works as well as those that have been published as a few things that have not. . .I have no particular Directions to trouble you with except that I would have each article published with its date and those that have already appeared in print with the year in which they were first published. . .but if you think it proper it may be printed in the same size and type with the rest. The Title if you approve of it should be Miscellanies in Verse and Prose by ______.  

Clearly, Armstrong views his rhymes as anything but “specious,” mentioning them, and their publication, continuously. His reader, Wilkes, is made aware of their quality by Armstrong’s self-important “you must know” (emphasis mine) and his reference to the poems as “immortal works.” He also clearly sees the historical significance of adding dates to his poetry, presumably for the clarification of future generations. Paradoxically, he does not wish to trouble Wilkes with any “particular Directions” except that his immortal poems be published individually, the earlier ones republished by date, and even in the same size and type! Based on his letters and poems, we can see that Armstrong advanced his social status by lauding his own poetry and denigrating others’s.

Unlike many poet-physicians, Benjamin Church was born into one of Boston’s own honored families. However, like all of them, he utilized rhetoric to advance himself as a gentleman, in this case to put himself on par with physicians and poets working in Britain. Church did everything he could to establish himself as a member of America’s elite. He attended Boston Latin, a conduit for Harvard. There, he studied Latin, Greek, the classics, logic, metaphysics, geography, astronomy, English Composition, elocution, and rhetoric, the basics of a classical education. In addition, Church and his classmates engaged in a then popular form of entertainment, writing satirical couplets to illustrate

---

91 Letter from John Armstrong to George Wilkes, Capel, August 31, 1760, British Library, Add. 30865.
their frustrations with the college experience: “As students, they recognized that satire was one of the principal literary modes by which they could compete for position and honor within the community.” Like modern-day athletes, these students competed for proficiency, substituting genteel verse forms for athletic feats. Church learned that “the rhetorical question, the heroic couplet, and the uses of hyperbole and apostrophe were effective tools for arousing the anger and attention of listeners; and that caricature, innuendo, and name-calling were primary methods of exposing the weaknesses and damaging the reputations of antagonists.”92 These lessons would never leave Church, spurring him on in his later writing career.

Like all of the physicians in this study, the young Church longed for notice and fame. When he finished his medical studies, he was appointed surgeon on board the Province Snow Prince of Wales. Like Armstrong, he may have been using this naval experience both to learn about many diseases and give himself opportunities unavailable in his homeland. In either case, it clearly helped him adapt to his later studies at London Medical College, where he studied under Dr. Charles Pynchon. When he returned to Boston, he used this education to announce his skills at inoculation, giving free services to the poor (and notice to himself) during the Yellow Fever epidemic.

As a poet, Church also desired to be acknowledged among the worldwide intelligentsia. American poets, writing not long after their revolution, were conflicted between establishing a poetry of their own and writing in Augustan verse, the vaunted English form. Church wavered, but he finally decided upon spreading what he viewed as

92 Jeffrey B. Walker, The Devil Undone: The Life of Benjamin Church (1734-1778) to which is added, an Edition of His Complete Poetry (Philadelphia: Pennsylvania State University, 1977), 17, 25. Quotations in this paragraph are from Walker.
gentlemanly features to his homeland. Poets at the time “hoped through imitation that
taste and elegance might finally cross the Atlantic.”

Church’s plan for writing didactic poems in couplet form was to spread “taste” and “elegance” to his home, allowing him to vie for greater social status.

Church’s most famous poem, “The Choice,” was intended to teach the American populace to become gentlemen. The frontispiece declares its authorship “by a young Gentleman in the manner of Mr. Pomfret,” echoing Pomfret’s poem and effectively tying Church’s to a celebrated British author. The poem contains a reading list for the American gentleman, beginning with the Greeks:

Homer, great Parent of Heroick Strains,
Virgil, whose Genius was inspire’d with Pains;
Horace, in whom the Wit and Courtier join’d,
Ovid, the tender, amorous and refin’d;
Keen Juvenal, whose all-correcting Page,
Lash’d daring Vice, and sham’d an impious Age (75-80).

These poets will appear, again and again, in the works of poet-physicians. In his descriptions, Church rhetorically posits these poets as anachronistic gentlemen, calling Ovid “tender” and “refin’d,” Horace a “Wit” and “Courtier.” Considering Church’s own affection for satire as a form of social commentary, it is also not surprising that he calls upon Juvenal, the great Roman satirist. His rhetorical positioning of himself with these poets does lead one to ask – as perhaps Church intended his readers to – whether he considered his own age an impious one. Church then mentions Alexander Pope:

Nor these alone, should on my Shelves recline,
But awful Pope! Majestically shine,
Unequal’d Bard! Who durst thy Praise engage?
Not yet grown reverend with the Rust of Age…

93 Walker 36.
94 Church’s poem is, in many places, a verbatim imitation of John Pomfret’s 1699 “The Choice.”
Go, shine a Seraph and thy Notes prolong
For Angels only merit such a Song!
(87-90, 99-100)

Very rarely can readers see Pope referred to as a “Seraph” or an “Angel,” and such a
description may seem slightly humorous to a modern reader. However, it does illustrate
that, like many of the writers in this study, Church looked to Pope’s heroic couplets and
biting satire for poetic inspiration. Church’s list of authors continues to include Homer,
Lucan, Martial, Terence (Publius Terentius Afer), Plautus, Charles Churchill, John
Dryden, John Locke, John Gay, Edmund Waller, Hermann Booerhave, John Tillotson,
Joseph Butler, and Isaac Newton. His inclusion of figures like Booerhave and Newton
illustrates that, for Church, a gentleman was schooled in science as well as classics and
literature.

In addition to reading, Church imagines himself with the appurtenances of the
gentleman, namely a country home with artistically rendered grounds:  

I’d have a handsome Seat not far from Town,
The Prospect beauteous, and the Taste my own;
The Fabrick modern, faultless the Design,
Not large, nor yet immoderately fine;
But neat Oeconomy my Mansion boast,
Nor should Convenience be in Beauty lost;
Each Part should speak superiour Skill and Care,
And all the Artist be distinguish’d there.
(154-60)

The country “seat” smacks of the British aristocrat, calling to mind the Renaissance
“country house” poems of Ben Jonson and Andrew Marvell. Echoing our poets’
obsession with classical authors, Church here seems obsessed with classical, elegant

95 Jane Austen’s Pride and Prejudice offers a vivid example of the period’s conflicted views about art in
gardening. Readers will remember that Darcy prefers a more natural garden, winning (back) a bit of
affection from the sensitive Elizabeth.
architecture; as opposed to the ornateness of baroque architecture, Church here emphasizes symmetry and form, the “neat Oeconomy” that characterizes his “mansion.”

Again echoing a classical aesthetic, each part corresponds to the whole, speaking “superior Skill and Care.” Everything rests upon balance: the house is neither too large nor too small, too ornate or too plain, too utilitarian or too superfluous. In essence, it represents the balancing act required to illustrate the elegance inimical to the eighteenth-century American or British gentleman.

Benjamin Church’s love of elegance would come to haunt him later in life. Although both his medical practice and poetry served to propel him forward in an international community of gentlemen, Church’s downfall came when he had to choose between his allegiance to the British and the Americans. Much like his decision to write Augustan verse in couplets, this one was promoted by his love for “elegance” and “taste.” Although he had given speeches and written pamphlets lauding American independence, Church ultimately decided to join the Royalists, whom he deemed the winning side. This desertion resulted in a court trial as well as public censure. To this day, Church remains famous as a traitor; ironically, it is not the sort of fame to which he dedicated his life.

Elegance, taste, and social status were helpful to the British gentleman doctor but proved dangerous concepts in a newly emerging republic.

Much of the eighteenth-century cult of the gentleman doctor lives on today. An international community of intellectuals, fostered by the eighteenth-century notion of the literary society, still exists (albeit to a lesser extent) at specialized conferences, where intellectuals “network” with one another to gain acquaintances and raise their social prestige. What has changed—and was already beginning to change during this time
period—is the extent to which a classical, liberal education spoke to a doctor’s genteel status. As we have seen, it served as a means for the Royal Society of Physicians “legally” to exclude foreign doctors (especially those from Scotland or Wales), surgeons, non-Anglicans, and, of course, women. Yet our poets point to a concurrent trend among lower-born poets to ingratiate themselves into this society of gentlemen by using their own tools, be they letters to the PTRS or long, enormously popular poems in couplet form.

Of the poets I have listed, Erasmus Darwin, Mark Akenside, John Armstrong, and Benjamin Church appear to have succeeded unequivocally in both of their vocations, applauded for their integration of poetry, itself a part of natural philosophy. Yet this system of categorization, a system in place before modern-day disciplinary divisions, was already in decline. The next chapter examines the case of Crabbe, a physician poet lambasted by romantic-period critics due to his “realistic” choice of topic and his supposedly anachronistic choice of genre.
CHAPTER TWO

GENRE TROUBLES:

POETRY, SCIENCE, AND THE CASE OF GEORGE CRABBE

Thy verse from Nature’s face each feature drew,
Each lovely charm, each mole and wrinkle too.  

Horace, a touchstone for Augustan and Romantic poets, wrote that “the aim of the poet is to inform or delight, or to combine together, in what he says, both pleasure and applicability to life.”  

“Delight” or pleasure becomes critical to Romantic conceptions of the poet, informing theoretical tracts from Wordsworth’s preface to the Lyrical Ballads to Percy Bysshe Shelley’s Defence of Poetry. But what of information and applicability—in the narrowest sense of the word? How does the physiological or didactic poetry written by poet-physicians like Erasmus Darwin, John Armstrong, or George Crabbe complicate our view of Romantic aesthetics? One medical poem, George Harvey’s (1777-1860) undated “Arteriologica Metrica,” explores this question:

Grave—learned Gentlemen—relax awhile
Your corrugated brows, and deign to smile
On one, who fain the Poets’ art would lend,
And to the youthful Student prove a friend.
Permit me, first, a few plain facts to state,
To guide your judgment, ere you seal my fate.
In ancient days, when writing scarce was known,
All Laws, and Histories, into verse were thrown;
Because the Sages of those times had found,

---


The oft-returning cadence, and the sound,  
Of flowing numbers, were, by those who heard, 
With ease remembered, and with ease transferred,—  
In modern times, although the Printers' art,  
All Learnings' stores, can readily impart,  
And books abound, still must the mind retain,  
Or Books, and Reading, will be all in vain.  

Here, the relatively unknown Harvey, writing for publication, feels impelled to explain his choice to the “grave, learned gentlemen” comprising the growing body of literary critics. Harvey’s apologetic tone appeals to critics who will decide the poet’s “fate” by centering on poetry as an oral tradition which allows information to be “remembered” and “transferred.” Against a “printer’s art” that privileges the written word, Harvey advocates for the importance of aural memory.

Harvey’s apologetic tone is atypical among poet-physicians. His predecessor, Darwin, did not apologize for rendering into verse the sex life of plants, nor did Armstrong, versifying about a need for humoral balance. Even Edward Baynard, M.D., another virtually unknown poet-physician whose undated “Doctor’s Decade, or the Utensils of the Trade” exhorted his readers in iambic dimeter—a meter most commonly found in nursery rhymes—to stay away from “miracle cures,” did not apologize.

---

98 George Harvey, *Arteriologica Metrica, or A Description of the Arteries, of the Human Body, in Verse; by Bardus Scalpelli*, MS: Wellcome Institute Library.

99 Harvey lived from 1777-1860, entering the Royal College of Surgeons in 1834. No further information is known about him. From William Munk, M.D., F.S.A, *The Roll of the Royal College of Physicians of London; Comprising biographical sketches of all the eminent physicians, whose names are recorded in the annals from the foundation of the college in 1518 to its removal in 1825, from Warwick Lane to Pall Mall East, V. 1* (London: 1878), hereafter cited as “Munk’s Roll.”

100 According to Munk’s Roll, Baynard was a doctor of medicine, probably from Leyden, who entered into medicine at the age of thirty. He started practicing in Preston, Lancashire, but ultimately moved to London and was admitted as an honorary Fellow of the College of Physicians in 1684. Edward Baynard, M. D., *Health, A Poem. Shewing How to Procure, Preserve, and Restore It. To which is annexed The Doctor’s Decade* (London: 1740). I would like to thank Keith Crook for the insight about iambic dimeter nursery rhymes.
Harvey’s apology marks the passing of the fashion for instructive or scientific poetry, heralding a new chapter in the rise of disciplinary distinctions between poetry and science.

I will argue that Harvey’s contemporary, George Crabbe, apologized to critics for similar reasons. Crabbe, a physician-apothecary, managed to leave his rude beginnings and establish himself as a poet and rector of the impoverished Aldeburgh parish. His poetry, however, consistently documented the poverty, disease, hunger, and mental illness he witnessed as country rector and doctor. Crabbe’s critics’ responses to his realistic poetry illustrate a growing tension between “truth” and literature.

The label “realistic” itself requires further explanation. Crabbe, a surgeon-apothecary describing his impoverished patients in heroic couplets, clearly owed a debt to the didacticism of earlier physician-poets like Harvey as well as the popularity of Virgil’s instructive Georgics. However, the similarities emerge not due to form, title, or even purpose. Crabbe’s “Tales” purport to be fictional representations of small-town life, not unlike Wordsworth’s “Lyrical Ballads.” Yet this nod toward what we might consider the dominant genre of the time is merely that: a tendency of what Opacki calls the “royal genre” to draw other genres toward itself.101 I find his argument convincing, as it begins to explain Crabbe’s interesting amalgamation of narrative poetry, didacticism, and the folktale, all influenced by events from ordinary life. These ordinary life events assimilate themselves into literature, around what Yury Tynyanov labels the “constructive

---

101 Opacki goes on to describe this intersection of generic forms mathematically. If, for instance, the lyrical ballad contains the qualities “abcdef” and Crabbe’s poetry might have contained “klmnop,” the new formulation, Crabbe’s “Tale,” would read bcdmnof, taking on some characteristics of the central genre but keeping many of its own as well. See Ireneusz Opacki, “Royal Genres,” in David Duff, Modern Genre Theory (London: Longman, 2000).
principle,” and eventually become mainstream ideas, what he calls “literary fact.” Based on Opacki and Tynyanov’s theories of genre formation, I argue that Crabbe’s real-life experiences with the poor engendered a type of literary realism, a literary form that would not become “literary fact” until a later historical period.

The term “realism” is a contentious one, especially due to its modern and post-modern connotations; several reputable studies question and discount the viability of mimetic representation. My focus here is less on the possibility of mimesis than on the uses of claims about mimesis in the publishing world of the 1810’s. Crabbe’s degree of physiological realism—the bodily imagery of his poems—was a convenient point of contention for critics attempting to define a “Romantic” poetic aesthetic. Francis Jeffrey, a prominent critic, expresses both points of view. In 1808, he praised Crabbe for “delight[ing] us by the truth, and vivid and picturesque beauty of his representations”; by 1810, he philosophized that any sympathy for Crabbe’s characters would be overcome by disgust for the “depraved, abject, diseased and neglected poor.” Moreover, Crabbe’s characters:

have no hold upon any of the feelings that lead us to take an interest in our fellow-creatures;—we turn away from them, therefore, with loathing and dispassionate aversion;—we feel our imaginations polluted by the intrusion of any images connected with them; and are offended and disgusted when we are forced to look closely upon those festering heaps of moral filth and corruption. It is with concern that we add, that we know no writer who has sinned so deeply in this respect as Mr. Crabbe,—who has so often presented us with spectacles which it is purely painful and degrading to contemplate.


Here, Jeffrey voices a common Romantic response. Crabbe’s characters, somehow monstrous, evoke “loathing” or, at best, “dispassionate aversion.” Invoking disease, Jeffrey complains that the images “pollute” and “intrude” upon the reader’s imagination, provoking offense, disgust, pain, and degradation, complaints antithetical to Crabbe’s vocation as a surgeon and clergyman. Thus, Jeffrey’s accusation—“we know no writer who has sinned so deeply in this respect as Mr. Crabbe”—is a particularly painful one.

Why such vitriol from a reviewer who professed to admire Crabbe? By examining facets of Crabbe’s poetry that provoked readerly disgust, I will argue that genre is a crucial factor. Crabbe’s generic goals of data-gathering, social criticism, or moralizing did not fit well with the emerging Romantic aesthetic. Romantic critics often dismissed moralizing as the province of sermons, confined social criticism to prose tracts, and espoused the “essential truths” of literature over lists of data. Therefore, Crabbe’s critics, even more than Crabbe himself, illustrate a growing rift between the fact-led science and imagination-inspired poetry.

How truthful were Crabbe’s descriptions of what Jeffrey called the “depraved, abject, diseased and neglected poor”? As the eighteenth century drew to a close, the need for poor welfare became more and more obvious. During the British war with France (1793-1801), bad harvests in 1794 and 1799 as well as substandard crops in 1795 and 1800 pushed up the price of wheat substantially, so that an average worker’s weekly wage bought barely a pound of flour.\(^{105}\) As Roger A. E. Wells remarks, “the farmers left

the relief of their employees to the parochial Poor Law authorities rather than augment wages to levels commensurate with living costs.”

Dating from the 1662 Law of Settlement and Removal, the government relied upon a parish-based welfare system instead of a national one. A poor person received a “settlement” if he were born into the parish a bastard; if his father resided in the parish; if he married there; if he was hired as a servant for a year; if he was apprenticed there; or if he rented property. Unfortunately, strapped parishes often turned away terminally ill paupers for want of residency status. In 1700, the government spent between £600,000-700,000 to deal with the poor. In 1776, the figure had risen to £1,500,000, and, by 1806, it had reached £4.2 million.

Then as now, health care needs constituted a large part of this astronomical cost. In Bristol and Abson, small towns in rural England, the 1790s saw many Poor Law expenses for health care. At death, 39% of a sample of 1,807 residents had benefited from the Poor Law. Of these, 35% died “suddenly,” 25% were accident victims, 29% were smallpox cases, and 42% were consumptives. Paying for parish nurses to tend their sick, London’s St. James poorhouse also experienced high health care costs. Accounts of this parish house detail spending for “incident charges, as Coffins for the Poor, Cloaths for the Hospitals, Surgeons and Apothecaries Bills, [and] Cloathing the


108 Mary Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge UP, 1991), 97. Of course, these percentages do not add up to 100%, leaving me to deduce that many patients suffered from multiple medical conditions.
casual Poor.” Many people only used the Poor Laws in case of illness; in Bristol, one Bruce Kains received aid in the 1760s when his family was ill, in 1773 for smallpox, in 1780-81 when his wife and son were ill and died, and for his own illness in 1791-92. John Bryant, a long-term, ill and lame dole recipient, required a doctor for his leg and for nursing care. Unaided, many parish poor could not have afforded the midwives, surgeons, and apothecaries provided for them.

The rural poor’s need for health care exposed doctors, surgeons, apothecaries, and midwives to their brutal circumstances. Crabbe, for instance, realized the gravity of these conditions, and his concern was echoed by politicians and pamphleteers. Political pamphleteer George Dyer recognizes the magnitude of the problem when, in 1793, he proclaims that he would rather be imprisoned,

with a view to health, than in some workhouses in London . . . In a narrow lane, and behind this lane, where no air can arrive, are these miserable houses frequently located.

In workhouses, structures designed to reform the idle poor, workers often slept three or four to a bed, a practice exacerbating the spread of disease. Even without the aid of modern germ theory, nineteenth-century doctors and public officials equated their lack of air with contagion. Because many poor houses served as prisons, Dyer’s preference for the latter evidences more irony than truth. In an act of social policing, the government


110 Fissell, 101. Brandy or “cordials” are often among the list of medicines listed as parish expenses. At this time, they were a viable way to ease pain.


112 Dyer, 161.
confined the poor with the disabled, the sick, and the insane, keeping these untouchables out of social reach.

This confinement produced the disastrous, “disgusting” hygienic conditions Crabbe chronicled in his tales and poems. In the township of Radcliffe, a group of doctors, including Thomas Percival, John Cowling, Alexander Eason, and Edward Chorley, commented on a contagious fever sweeping the town and found that

the disorder has been supported, diffused, and aggravated, by the ready communication of contagion to numbers crowded together; by the accession to its virulence from putrid effluvia; and by the injury done to young persons through confinement and too-long-continued labor. 113

As this passage implies, reformers and politicians equated physical and moral contagion, accusing the poor of alcoholism, promiscuity, and, most famously, “idleness.”

Connected with the Anglican church, the parish house functioned to instill religion and discipline into ostensibly undisciplined minds; in one parish, the poor received meal tickets only at church on Sundays, enforcing their attendance.114

Yet all this talk of morality, reform, and discipline did not improve the situation. The poor, often impoverished due to disease, wasted away in small houses on the outskirts of town or in the invariably cramped, waste-ridden parish house. In his famous medical manual, Domestic Medicine, William Buchan connects these conditions to illness by blaming fevers on


114 Fissell 38.
the want of cleanliness. These fevers commonly begin among the inhabitants of close dirty houses, who breathe unwholesome air, take little exercise, and wear dirty clothes.  

Reform tracts emphasized the issue of cleanliness, detailing how parishes distributed clean clothes to the bedraggled poor or, in some cases, washed the clothes of the dead in boiling hot water before giving them to others. These tracts also imply that children would not be so apt to spread disease, a conclusion contrary to modern beliefs about runny noses and dirty hands. Corroborating the eighteenth-century view, doctors in Radcliffe recommended that “It may also be advisable to bathe the children occasionally” (emphasis mine).  

One can imagine the existence of poor house inmates, subsisting on little bites of expensive bread, breathing air filled with the smell of human waste and body odor, ridden by fleas on their bodies and lice in their hair, and often wearing clothing recycled from the bacteria-ridden dead. Outside, the streets overflowed with feces, dirt, and ashes; inside, body odor permeated the rooms. Where was one to go? Often, the able-bodied poor escaped this fate, only to work in similarly dirty, overcrowded workhouses. The situation reached a climactic point when, in 1769, four people were found starved to death in a poor house in the Datchworth, Hertfordshire. As

---


part of the hearing, Philip Thicknesse illustrated the scene:\(^{117}\)

![Image](http://www.imagesonline.bl.uk/britishlibrary/)

**Figure 5: Philip Thicknesse, “A View of the Poor House of Datchworth”**

This picture depicts how people familiar with the poorhouse might have visualized it. Three of the inhabitants, skeletal in appearance, lie dead while the fourth, a little child, simply gazes at the scene. Without food or adequate insulation (the walls feature enormous holes and cracks), he knows that death will soon be his fate.

In his dual role as surgeon-apothecary and minister, how many such bodies would George Crabbe have seen—how many stories would he have heard? Crabbe’s involvement in the lives of the poor helps explain his poetry’s detailed nature. In “The Village,” for instance, he describes a “wretch” living in the parish house:

Here, on a matted flock, with dust o’erspread,
The drooping wretch reclines his languid head;
For him no hand the cordial cup applies,
Or wipes the tear that stagnates in his eyes;
No friends with soft discourse his pain beguile,
Or promise hope till sickness wears a smile (268-273).

\(^{117}\) [http://www.imagesonline.bl.uk/britishlibrary/](http://www.imagesonline.bl.uk/britishlibrary/)
On a dusty, grimy flock, a “material consisting of the coarse tufts and refuse of wool or cotton,” the wretch languishes, devoid of both the cordiality and the physical nourishment implied in “cordial cup.” His primitive state as well as others’ lack of sympathy toward him produces physical and moral decline. Bereft of hope, the only thing that could palliate brutal sickness, he becomes human refuse.

Such brutally physical images of poverty in Crabbe’s poems explain Romantic-era critics’ difficulties in stomaching them. The “Baptisms” section of The Parish Register describes working-class housing on the edge of town:

Between the road-way and the walls, offence
Invades all eyes and strikes on every sense;
There lie, obscene, at every open door,
Heaps from the hearth and sweepings from the floor;
And day by day the mingled masses grow,
As sinks and desembogu’d and kennels flow.

Here, discharge, feces, and domestic sweepings all combine in a stinking, uncontrollable heap. Not only do these heaps of filth overflow into the “road-way” and the houses of the poor, but sanitary conditions and population growth force sinks (pits dug in the ground for sewage disposal) to overflow their bounds. Discharge, or “disembogu’d” (disembogued) materials flow, as do the gutters, or “cannels,” on the street. Crabbe’s depictions of poverty never leave the stinking, sweltering, swarming world of the poor. Here, bodily filth seeps into poetic form.

Continuing his realistic tale, Crabbe depicts how filth also seeps into the poor’s living spaces, the beds and crowded rooms they inhabit, and their psyches. In


\[119\] Word definitions from OED online.
“Baptisms,” Crabbe describes what Dyer alludes to, the cramped sleeping spaces in the poor house:

See! Crowded beds in those contiguous rooms;  
Beds but ill parted, by a paltry screen,  
Of paper’d lath or curtain dropt between;  
Daughters and Sons to yon compartments creep,  
And Parents here beside their Children sleep;  
Ye who have power, these thoughtless people part,  
Nor let the Ear be first to taint the Heart.  
Come! Search within, nor sight nor smell regard;  
The true Physician walks the foulest ward. (205-13)

The alliterative hard “c” in this stanza (crowded, contiguous, compartments, creep) lends a harsh, abrupt tone to Crabbe’s realistic, almost naturalistic portrayal, evinced by the daughters and sons “creep[ing]” to their compartments like “thoughtless” beasts. Crabbe’s imagery implicitly advocates a paternalistic government to protect those who are thoughtless, powerless, little better than animals. Crabbe utilizes a technique common today in Live Aid broadcasts or Save the Children commercials that appeal for help merely by illustrating a reality. These realities cannot be ignored; therefore, Crabbe invites his reader to avoid hearsay, not to let the ear be “first to taint the heart.” Instead, the reader, a “true physician,” must inspect and diagnose society’s shortcomings to affect social change.

Over and over again, Crabbe appeals for social change by critiquing details of the 1662 Poor Law, including its harshness to outsiders. In the “Marriages” section of The Parish Register, we meet Robert Dingley, a poor roamer who, having no registered place of residence, loses his inheritance by an injustice allowed by law:

---

120 By naturalism, I mean here a socio-scientific approach to human nature, akin to that practiced by scientists. As one who studied nature, Crabbe delighted in classifying his subjects and placing them in a social ecosystem. According to Alan Bewell, “there is a deep sense in his work that people are the product of their social and natural environments” (Alan Bewell, “On the Margin of Sea and Society: Peter Grimes and Romantic Naturalism,” University of Toronto Quarterly 74.2 (Spring 2005): 637.)
Hard was his fare: for, him at length we saw,
In Cart convey’d and laid supine on Straw:
His feeble Voice now spoke a sinking Heart;
His Groans now told the motions of the Cart:
And when it stopt he tried in vain to stand;
Clos’d was his Eye and clench’d his clammy Hand;
Life ebb’d apace and our best Aid, no more,
Could his weak sense or dying Heart restore:--
But now he fell, a victim to the Snare,
That vile Attorneys for the Weak prepare;--
They who, when Profit or Resentment call,
Heed not the groaning Victim they enthrall. (569-580)

In this diatribe against “vile Attorneys” who function for profit instead of humanity,
Crabbe portrays Dingley as an animal, “laid supine,” like a pig or horse, on straw. Each jolt of the cart inflicts pain on his weakened body, but he can neither stand nor look around him. Like the parish house wretch, he lacks moral sustenance or social support. This “groaning victim,” ignored by lawyers and politicians, dies, like an animal, in a cart.

Crabbe’s graphic descriptions of poverty function as a call to action. His readers, metaphorical physicians, should diagnose and amend the social problem. In Letter XVII of The Borough, entitled “The Hospital,” he connects his political and religious beliefs by advocating a form of Christianity based on works, not merely faith:

An ardent Spirit dwells with Christian Love,
The Eagle’s vigour in the pitying Dove;
‘Tis not enough that we with sorrow sigh,
That we the Wants of pleading Man supply;
That we in sympathy with Sufferers feel,
Nor hear a Grief without a wish to heal:
Not these suffice—to Sickness, pain, and Woe,
The Christian spirit loves with aid to go;
Will not be sought, waits not for Want to plead,
But seeks the Duty—nay, prevents the Need;
Her utmost Aid to every Ill applies,
And plans Relief for coming miseries. (1-12)
Taking up his ministerial persona, Crabbe condemns the passivity of the “pitying Dove,” a traditional symbol of Christian peace. Instead, the Christian must resemble an eagle, evincing the strength and courage to heal and even prevent suffering.\textsuperscript{121} Christianity resembles preventative medicine, diagnosing and curing the ills of the poor before they become terminal. As a minister and surgeon, Crabbe understandably conflated his political and Christian agendas.

Yet, as evidenced by his portrayals of brutal violence, Crabbe rarely provides morals to his poems. Instead, he views situations with microscopic accuracy, hoping to attain the reader’s sympathy and understanding. In “The Learned Boy,” a poem included in \textit{The Borough}, the protagonist, Stephen Jones, travels to London. Unlike Crabbe, he becomes an atheist until his father literally whips his lack of faith out of him:

‘Father, oh! Father! Throw the wip [sic] away;  
I was but jesting, on my knees I pray—  
There, hold his arm—oh! Leave us not alone:  
In pity cease, and I will yet atone  
For all my sin’—In vain; stroke after stroke,  
On side and shoulder, quick as mill-wheels broke;  
Quick as the patient’s pulse, who trembling cried,  
And still the parent with a stroke replied;  
Till all the medicine he prepared was dealt,  
And every bone the precious influence felt;  
Till all the panting flesh was red and raw,  
And every thought was turn’d to fear and awe;  
Till every doubt to due respect gave place—  
Such cures are done when doctors know the case. (XXI. 505-18)

This disturbing description owes much to the biographical fact that Crabbe suffered brutal beatings at the hands of his drunken father. The father’s strokes break “quick as

\textsuperscript{121} Thomas Paine, referring to Burke, wrote that he “pitted the plumage but forgot the dying bird,” \textit{Rights of man; Common sense; and other political writings} (New York: Oxford University Press, 1995). Crabbe may have had this passage in mind when writing this tale. Also, due to his religious training, he would have known that the eagle is a traditional symbol of St. John the Evangelist, a disciple known for his activity and evangelism.
mill-wheels,” a reference to the improved mills of the eighteenth-century, indoor mills reaching speeds up to 8.5 HP.\textsuperscript{122} The sheer power of water splashing onto quickly turning wooden boards provides a striking metaphor for the father’s whipping motions. Crabbe’s next simile, comparing the father’s whippings with the accelerating pulse of an overwrought patient, evokes his medical background. Through the remainder of his poem, Crabbe maintains this medical analogy, calling the whippings medicine. In accustomed style, Crabbe offers this snapshot and moves on, leaving us to shake our heads in bewilderment. What did he mean by this poem? Is he, as Powell argues, somehow justifying the father’s beatings, arguing that they are the “medicine” necessary to treat the wayward atheist?\textsuperscript{123} I would submit that, despite Crabbe’s Anglican penchant for moralizing, the intensity of this description—the violently splashing water, the patient’s racing pulse, and especially the “red and raw” “panting flesh”—intentionally provokes the reader’s disgust and indirectly questions the efficacy of the doctor’s cure.\textsuperscript{124} Crabbe’s realism provokes a visceral disgust from the reader. Crabbe’s negative tone about violence, as well as his own experiences, support my reading that, while coming to religion is a difficult, painful journey, this realistic whipping illustrates the hypocrisy of violence committed in the name of religion.

Furthermore, Crabbe’s condemnation of violence stems from his witness of political and social events. It seems strange that, although he wrote from the 1780s until

\textsuperscript{122} Mill History: A Short History of the Town Mill. \url{http://www.townmill.org.uk/pages/historyofmill.htm}. HP, or horsepower, is work done over time. 1 HP = 33,000 lb.-ft./ one minute (\url{http://www.web-cars.com/math/horsepower.html}).


\textsuperscript{124} Crabbe’s cynicism regarding the doctor, evidenced in \textit{The Borough’s} “The Physician,” and “Hospitals and Governors,” as well as The Library’s section on medical texts, would support my reading.
1812, he never mentions the French Revolution, the Napoleonic wars, or the abolition debates, focusing instead on the plight of the parish poor. Yet Crabbe’s localized poetry could very well reflect upon national and even international events. René Huchon’s observations on this topic are useful to my analysis. He points, for instance, to Crabbe’s witness of the 1780 Gordon riots, citing his journal entry about rioters storming Old Bailey and setting the keeper’s house on fire. Reacting to a journal entry describing “bands of vile-looking fellows, ragged, dirty, and insolent, and armed with clubs,” Huchon remarks that “we may be certain that the sight of all these horrors, perpetrated by a maddened and almost barbarous populace, left on Crabbe’s mind an indelible impression, which was subsequently deepened by the accounts of revolutionary excesses in France.”125 Huchon’s phrase, “maddened and almost barbarous,” describes a good number of Crabbean characters, most famously Peter Grimes. Grimes, a shipyard worker reeling, again, from the influence of a drunken father, delights in beating and killing his apprentices: “He’d now the power he ever lov’d to show, / A feeling Being subject to his Blow” (87-8). This line addresses the psychology of violence, the sadistic desire to exhibit control over others who “feel” deeply. The descriptions portray a malicious, disturbing, and, at its core, controlling, act:

Some few in town observed in Peter’s trap
A boy, with jacket blue and woolen cap;
But none inquired how Peter used the rope,
Or what the bruise, that made the stripling stoop;
None could the ridges on his back behold,
None sought him shiv’ring in the winter’s cold. (67-72)

125 Qtd. in René Huchon, George Crabbe and His Times: A Critical and Biographical Study (London: Frank Cass & Co., 1968), 162, 104.
Crabbe leaves the reader to imagine how Peter “used the rope,” to envision the bruise large enough to make this young, healthy apprentice “stoop,” to visualize the “ridges” on his back built up from years of physical scarring. Crabbe’s readers know that this apprentice, like many others, will die. Grimes’s violence works to exorcise childhood demons or assume a bit of control over an otherwise uncontrolled life, a common theme in George Crabbe’s poetry.

Unable to attain control, Crabbean characters often escape poverty through addiction. Crabbe himself understood the psychology of addiction; historians speculate that, around 1790, he began taking opium to soothe his nerves and later suffered from nausea and dizziness, typical withdrawal effects. Crabbe’s journal recounts some opium dreams, most famously one in which boys made of leather chased and beat him.  

Echoing his journal accounts, “Lady Barbara, or the Ghost” poetically illustrates an opium dream:

In some strong passion’s troubled reign,
Or when the fever’d blood inflames the brain,
At once the inward and the outward eye
The real object and the fancied spy.
The eye is open, and the sense is true,
And therefore they the outward object view;
But, while the real sense if fix’d on these,
The power within its own creation sees;
And these, when mingled in the mind, create
Those striking visions which our dreamers state;
For knowing that is true that met the sight,
They think the judgment of the fancy right.

The physical eye views the objects of the “inward eye,” fancy. I hypothesize that, in this poem, the opium-controlled imagination, “mingled” with reality, creates the “striking

127 Qtd. in Hayter, 57.
visions” of “our dreamers.” Crabbe’s experiences with opium addiction and withdrawal deeply color his poetry, allowing him subtly to explore the psyches of those who, wishing to control their environments, instead become victims of uncontrollable addictions.

In the eighteenth century, these uncontrollable addictions extended to children. Opium’s sedative effect comforted patients, ameliorating disorders like tetanus, typhus, cancer, cholera, rheumatism, smallpox, malaria, venereal disease, hysteria and gout. Working or overtired mothers often administered opium-containing drugs to their children, among which were Godfrey’s Cordial, Dalby’s Carminative, McMunn’s elixir, Batley’s Sedative Solution, and, most disturbingly, Mother Bailey’s Quieting Syrup. 128

Aware of this phenomenon, Crabbe attacks the practice in letter VII, “Physic,” of The Borough:

Who would not lend a sympathizing sigh,  
To hear yon infant’s pity-moving Cry?  
That feeble Sob, unlike the new-born Note,  
Which came with vigour from the op’ning Throat;  
When Air and Light first rushed on Lungs and Eyes,  
And there was Life and Spirit in the cries;  
Now an abortive, faint attempt to weep,  
Is all we hear; Sensation is asleep:  
The Boy was healthy, and at first express’d  
His Feelings loudly, when he fail’d to rest;  
When insp’d with Food, and tighten’d every Limb,  
To cry aloud, was what pertain’d to him;  
Then the good Nurse (who, had she born a Brain,  
Had sought the Cause that made her Babe complain)  
Has all her efforts, loving Soul! applied,  
To set the Cry and not the Cause, aside;  
She gave her powerful Sweet without remorse,  
The sleeping cordial—she had tried its force,  
Repeating oft: the Infant, free’d from Pain,  
Rejected Food, but took the Dose again,  
Sinking to sleep; while she her joy express’d,  
That her dear Charge should sweetly take his rest:  
Soon may she spare her cordial; not a doubt

128 Hayter, 29.
Remains, but quickly he will rest without.
(205-227)

At birth, the infant cries with “vigour,” a quality we already know Crabbe valued; after the nurse administers “the sleeping cordial,” he feebly sobs. Bereft of “life” or “spirit,” he can only make an “abortive” attempt at expressing Sensation. We find out that the infant, given too much food and swaddled too tightly (“tighten’d every Limb”) had expressed displeasure by crying; the nurse, hearing only the cries, administers more and more opium until the infant rejects natural nourishment and turns only to the drug. Yet Crabbe does not blame the nurse. Her ignorance keeps her from seeking the root cause of the infant’s displeasure. Again, Crabbe appeals to the paternalism of politicians who can levy stricter laws and protect the poor, the ignorant, from themselves. He utilizes moving realism, including an implication of the infant’s death, to evoke disgust and political action from a readership not under the sway of poverty and opium.

The poor themselves, in addition to turning to violence or drugs, often become disconsolate, lapsing into “dullness” and mental illness. Crabbe himself had experience with mental illness; his wife, Sarah Elmy, suffered from bi-polar disorder. Crabbe’s son’s account describes vividly the reality of this disease, referring to the hot summer months when Elmy was “oppressed by the deepest dejection of spirits I have ever witnessed in any one.” Later, if “her spirits were a little too high, the relief to herself and others was great indeed. Then she would sing over her old tunes again—and be the frank, cordial, charming woman of earlier days.”129 Sarah’s “deepest dejection” vacillated with spirits “a little too high,” making life at the Crabbe household difficult if not painful. “On Melancholy,” one of the poems included in Crabbe’s juvenilia, clearly

129 Crabbe, qtd. in Powell, 144.
illustrates this influence. It initially reads like a typical eighteenth-century instance of
personification, a technique more akin to medieval than romantic poetry. Yet the
physical diction of this poem is striking:

A yellow paleness spreads o’er all her face,
   Nor wanton art in mazes weaves her hair;
A wither’d leaness, to the fair disgrace,
And tear-stain’d eyes, sad tokens of despair
Are the indisputable marks she bear;
Pensive and slow with even step she goes,
   Giving a thought to every murd’ring care,
All noisy pomp, and worldly pride her foes,
And to the silent ruins vents she all her woes (10-18).

The image is a vivid one: a woman, made foreign (the “yellow paleness”) through
melancholy, with her hair in disarray, an attribute even more atypical considering the
extreme hairstyles of the eighteenth century. The “wither’d leaness” and “tear-stained
eyes” provide a picture in keeping with medical notions of the disease, as seen in this
1858 illustration from a medical gazette:

Figure 6: “Suicidal Melancholy,” 1856 Medical Times and Gazette
Like Crabbe’s allegorical figure, this woman looks slightly exotic, with withered face and extremely sad, downcast eyes. Crabbe’s medically accurate physicality kept his poem from the realm of allegory, working to provoke compassion and protection from his well-meaning reading audience.

For Crabbe, this compassion only extended to those rendered melancholic by poverty, unfair laws, or ignorance. Melancholy caused by moral depravity is a different matter, and Crabbe, ever the moralizing minister, implies that it can serve as a self- or God-inflicted punishment. In Letter XXI of The Borough, “Abel Keene,” Crabbe describes Abel, a man who plays and drinks his life away until, faced with old age and impending death, he can feel only guilt and self-hatred. He walks aimlessly, trapped in a world of his own psyche:

And now we saw him on the Beach inspire’d,
Or causeless walking in the wintry Wind;
And when it rais’d a loud and angry Sea,
He stood and gaz’d, in wretched reverie:
He heeded not the Frost, the Rain, the Snow,
Close by the Sea he walked alone and slow:
Sometimes his Frame through many an hour he spread
Upon a Tomb-stone, moveless as the dead;
And was there found a sad and silent place,
There would he creep with slow and □nspire’d pace. (191-200)

The landscape reminds one of Aldeburgh’s barren shores, surely a metaphor for Keene’s mental state. He reclines on the beach, watching a “loud and angry Sea,” looks at the violent elements of frost, rain, and snow, and contemplates the trial of death, all in “wretched reverie.” The elements represent Keene’s repressed feelings, a whirlwind of emotion hidden by a “sad, silent” exterior. He can only “creep,” like an animal, or lie motionless. Here, the dehumanizing force is not poverty or political cruelty, but the
punishment of one’s own mind. Abel Keene has lived immorally and, in return, receives an internal, inexorable punishment.

This notion of divine punishment colors Crabbe’s depictions of what we now call mental illness. In Letter XX of The Borough, “Ellen Orford,” Crabbe describes Ellen’s child, conceived out of wedlock:

Lovely my Daughter grew, her Face was fair,  
But no expression ever brighten’d there;  
I doubted long, and vainly strove to make  
Some certain meaning of the words she spake;  
But meaning there was none, and I survey’d  
With dread the Beauties of my Idiot-Maid. (212-217)

This child, externally inspire r but internally vapid, surely symbolizes Ellen’s adulterous relationship, the punishment of which is the birth of her “idiot maid.” Crabbe’s idiot maid can be read as one of many mentally ill children of the period who, kicked out of both private and public madhouses, resided in workhouses. Crabbe, working in the parish house, undoubtedly saw many “idiots.” The situation of a female “idiot” is all the more compelling. Women were, more often than men, allowed to run loose, a dangerous situation for one both mentally ill and physically alluring. Here, Crabbe unites a moralizing strain with his social realism, presenting, at once, a dire religious warning as well as a convincing social sketch.

The same is true of Crabbe’s more elaborate portrayal of madness, “Edward Shore.” Following a liaison with a married woman, Edward, racked by guilt and shame, lapses into manic rage and, later, infantile behavior:

In dreadful stillness he appear’d awhile,  
With vacant horror, and a ghastly smile;  
Then rose at once into the frantic rage,  
That force inspire d not, nor could love assuage . . .

130 I am thankful to Paul Marchbanks for his insights on this topic.
Unnoticed pass’d all time, and not a ray
Of reason broke on his benighted way;
But now he spurn’d the straw in pure disdain,
And now laugh’d loudly at the clinking chain . . .
Then as its wrath subsided, by degrees
The mind sank slowly to infantine ease;
To playful folly, and to causeless joy,
Speech without aim, and without end, employ. . .(412-415, 420-427)

Like Abel Keene, Edward internalizes his sin, punishing himself. Like Crabbe’s portrayal of the “idiot maid,” this poem merges a sort of sermonizing with physical realism. Edward Shore progresses to a manic state, exhibiting “frantic rage.” We can assume he is institutionalized in a place like Bedlam, given straw for a bed and manacled by a “clinking chain.” Finally, broken and subdued, Shore exhibits childish mirth, playing, laughing, and speaking gibberish. Crabbe’s microscopic portrayal of Shore’s fall into mental illness serves two purposes. First, it encourages the reader to fear the punishment and, by extension, the sin, a move much like American Jonathan Edwards’ depictions of the sinner, hanging by a tenuous thread over a pit of fire, in his 1747 sermon “Sinners in the Hands of an Angry God.” Secondly, it strengthens the notion that idiots, commonly inhabitants of the parish house or poor house, are like children, in need of society’s assistance and protection.

Crabbe’s poetry provides many more examples of poverty, violence, and mental illness, but each is its own tale, only faintly united by anything resembling a storyline. This method relates directly to Crabbe’s agenda of disseminating information. The “tale” itself recalls oral forms of literature, stories that are “told.” In fact, the earliest definition of the word (c. 1000) is “the action of telling, relating, or saying.”¹³¹ In pre-literate, oral societies, episodic plots were far more common than tightly knit narratives; audiences

¹³¹ OED online.
found them easier to remember and connected them through the persona of the narrator.\textsuperscript{132} Writes Walter J. Ong, “the author still tends to feel an audience, listeners, somewhere.”\textsuperscript{133} All of the physician-poets chronicled in this study have felt a similar need for an audience, whether, like Harvey or Darwin, to teach, or, like Armstrong, to gain prestige and social status. In either case, the author’s persona remains central to the poem’s success. Later modernists would also take up episodic writing. In this case, poets like William Carlos Williams (also a physician) work in a decidedly visual format, asking readers to imbue their singular images with meaning.

Unlike Wordsworth’s “spots of time,” which all unite to illustrate his psychological development, Crabbe’s snapshots exist mostly in isolation. His tales directly confront his audience, implicitly demanding agency without moralizing. This episodic structure depends on the audience to provide a moral. Because of this, Jerome McGann argues that Crabbe’s writing is scientific, empirical in nature, a poetry not of Imagination but of Science. . .Thus Crabbe’s is a poetry of science in a very particular sense: his work illustrates a modern scientific method not in its synthetic or theoretical phase, but at its fundamental inductive and critical stage, when the necessary data are being collected.\textsuperscript{134}

McGann’s separation of “Imagination” from “Science” reflects a Romantic-period convention. This perspective endorses now-contested\textsuperscript{135} interpretations of Romanticism.


\textsuperscript{133} Ong, 148.


as monolithic, defined primarily by an aesthetic privileging of imagination over science, the realm of fact. As my readings of Crabbe’s poems have illustrated, the high degree of both physiological realism and moralism in these works reveals that they are confined to neither the imaginative nor the scientific. It is the Romantic-era critics who, intent on cordonning off the imaginative and factual, generated this one-sided reading.

Although earlier critics responded more positively to Crabbe’s poetry, they did so by praising Crabbe’s use of “fact” over the emerging poetic emphasis on imagination. In the 1808 Edinburgh Review, Jeffrey writes that:

[Crabbe] delights us by the truth, and vivid and picturesque beauty of his representations, and by the force and pathos of the sensations with which we feel that they ought to be connected. Mr. Wordsworth and his associates show us something that mere observation never yet suggested to any one…the common sympathies of our nature, and our general knowledge of human character, do not enable us either to understand, or to enter into the feelings of their characters.136

Jeffrey praises Crabbe for his “truth,” his “vivid” portrayals and the sensations “we feel” they should occasion. Jeffrey privileges “mere observation,” critiquing Wordsworth and “his associates,” the Lake school, for sketching their characters with too-broad strokes. McGann’s observation about this critical debate is, here, helpful; he writes that “Jeffrey’s hostility to Wordsworth and the Lake School, and his approbation of Crabbe, constitute one of the most important local manifestations of the various cultural struggles which marked the entire period.”137 The Lake School, poets who formed the long accepted Romantic aesthetic, were by no means universally accepted, especially early in the

136 Powell, 166.
137 McGann, 555.
period; again and again, critics prefer Crabbe’s realism, his scientific, objective approach. An unsigned review in the 1808 Annual Review reads: “An actual and feeling spectator of the real sufferings of the poor in a dreary and inhospitable tract of the Suffolk coast, he snatches the pencil in a mingled emotion of pity and terror.”

Again, the diction here—the “real sufferings,” the “actual” spectator—bespeaks the critic’s relief at a more realistic portrayal of poverty. Finally, discussing the “Burials” section of The Parish Register, the Universal Magazine reviewer remarks that:

He who has felt this distressing sensation; he whose eye has moistened at the sight of the most insignificant bauble that once belonged to departed friendship or love; he who has sighed with sorrow and anguish as he looked upon the vacant seat that once they sat in . . . will immediately recognize the melancholy accuracy of the following lines.

Like Jeffrey, this reviewer lauds Crabbe’s ability to paint his figures in minute detail, allowing for the reader to understand them better. He emphasizes Crabbe’s “accuracy,” stressing an emphasis on “fact,” the realm of what was becoming known as science.

In opposition to this view, later critics stressed the vulgarity of Crabbe’s poetry, arguing that the poetic form was unsuitable for coarse, realistic material. The 1811 Christian Observer remarks upon Crabbe’s use of social issues: “Quackery, elections, trades, inns, hospitals—what genius can hope to throw the least glimmering of poetic luster upon materials so cold and coarse as these?” Based on this comment, poetry should be glimmering, bright, and warm—decorative—opposed to the dull, dark, cold nature of reality. The notion expressed here, of poetry adding brightness or color to an

---

138 Author unknown, Annual Review (1808), VI: 513-21, qtd. in Pollard, 64.
140 Author unknown, Christian Observer (August 1811)X, qtd. in Pollard, 143.
otherwise dull scene, echoes Romantic-era discussions concerning landscape painting and
its function. Not merely a mimetic representation of nature, the landscape painting was
to improve upon it, adding trees, ruins, or glimmers of light where necessary.\footnote{141}
According to these reviewers, Crabbe does no such thing, faithfully, painfully, reflecting
what he sees. The 1812 Eclectic Review shares this interpretation:

> Undoubtedly, the poet must retain enough of this world, to cheat the mind into a belief of what he adds thereunto: the figures on the pictures of the Muse must appear to be real flesh and blood: we must be acquainted with their dress; their features must express passions that we have known, or we are not interested about them. But then the poet will select what is most amiable in this world around him: what is displeasing and disgusting, he will keep back, or soften down, or disguise; and withal he will add fancies of his own, that are in unison with realities; and thus the imagination of the reader will be for a while beguiled into Elysium.\footnote{142}

This reviewer, referring specifically to the task of poetry, admits that it needs a degree of realism: “flesh and blood,” “dress,” and passionate features. Yet this is the corpse into which poetry breathes life, keeping back what is, to repeat Jeffrey’s word, “disgusting,” and adding “fancies,” elevating the reader’s imagination to a higher, ethereal plane. This review, critiquing Crabbe for his high degree of realism, begins to articulate what became canonized as the Romantic aesthetic.

A wide range of people, from critics to poets to essayists, felt impelled to comment on Crabbe’s poetry. In Lectures on the English Poets, William Hazlitt writes that:

> [Crabbe] is his own landscape painter, and engraver too. His pastoral scenes seem pricked on paper in little dotted lines . . . He takes an inventory of the human heart exactly in the same manner as of the furniture of a sick-room . . . Almost all his characters are tired of their lives, and you heartily wish them dead. They remind one of anatomical

\footnote{141}{For more on this topic, see Joshua Reynolds’s third discourse to the Royal Academy of Art.}
\footnote{142}{Author unknown, Eclectic Review (December 1812) VIII, qtd. in Pollard, 186.}
Implicit in Hazlitt’s harsh critique of Crabbe’s poetry is an aversion to scientific thought, here expressed through a comment about anatomy. The distinction between the “stuffed cat” and the “real one” reinforces a distinction between natural, human sympathy and artificial data collection. This fascinating comment links an evolving Romantic aesthetic with a medical metaphor. Hazlitt begins by making the requisite comparison to landscape painting, connecting Crabbe’s work with the less valued art of engraving. The Royal Academy of Art, under the sway of Joshua Reynolds, perceived engraving as a craft, not a viable art form. Here, Hazlitt accuses Crabbe of working like a craftsman, making little pricks on paper to represent pastoral scenes but incapable of bringing them to “life.” As opposed to earlier reviewers, who found Crabbe’s poetry more realistic and understandable, Hazlitt views it as inert, a corpse without a spirit. The human heart is, here, no more complex than the “furniture in a sick-room,” a clear reference to Crabbe’s surgical training. Yet Hazlitt does not stop here. Crabbe’s characters become “anatomical preservations,” no more convincing than a stuffed cat or the many medical oddities in William Hunter’s anatomical collections. This extreme criticism stems, I would argue, more from Hazlitt’s need to differentiate poetry and science than from the actual content of Crabbe’s poetry.

Writing almost thirty years later, Walter Savage Landor repeats this rhetorical move, commenting that “[Crabbe] possesses all the sagacity of an anatomist in searching into the stormy passions of the human heart—and all the apathy of an anatomist in

---

143 Qtd. in Pollard, 213.
Crabbe’s physiological realism again earns him the title of anatomist, carefully searching for data but devoid, according to Landor, of feeling or sympathy. This is a far cry from the Annual Review’s reading, calling Crabbe a “feeling spectator.” Crabbe himself responded to reviewers’ criticism by citing his benevolence, his feeling toward others:

I [am] not of opinion that my verses, or indeed the verses of any other person, can so represent the evils and distresses of life as to make any material impression on the mind, and much less any of injurious nature. Alas! Sufferings real, evident, continually before us, have not effects very serious or lasting, even in the minds of the more reflecting and compassionate; nor indeed does it seem right that the pain caused by sympathy should serve for more than a stimulus to benevolence. (491-499)

Here, Crabbe laments that the effects of suffering are not more “serious or lasting,” but explains that they can, at the very least, serve as a “stimulus to benevolence.” His poems clearly did not change, but what did was the metric by which poetry was measured. As opposed to physician poets who incorporated elements of science in poetry, these later writers define poetry specifically as diametrically opposed to the scientific.

The vitriol of reviewers—both supportive of and antagonistic toward Crabbe’s poetry—reveals a growing gap between poetry, the realm of feeling and sympathy, and science, that of accuracy and “truth.” Didactic poetry, the genre most closely associated with facts and data (and the genre in which most poet-physicians wrote) suffered a decline as this gap grew.

In the eighteenth century, the didactic had experienced a resurgence, most often through imitations of Virgil’s Georgics. Poets like John Dryden and Alexander Pope heralded this work, not the Aeneid, as the most influential of classical texts. A poem intended to teach the art of farming, Virgil’s poem provoked a number of imitations,
including medical poems like “The Art of Preserving Health,” “Health, A Poem,” and “Arteriologica Metrica.” Yet by the time George Harvey wrote “Arteriologica,” the growing Romantic aesthetic was already assuming primacy. Agriculturalists like Jethro Tull argued that Virgil’s poem sacrificed accuracy for pleasure, adding that true accuracy was only possible through prose. Writers like Harvey took Horace’s poetic credo, “to instruct,” literally, but were unable to simultaneously evoke poetic pleasure. Writing mnemonic poems about farming or, in Harvey’s case, the circulatory system, poets simply could not evoke enough interest among their readers. Considering this phenomenon, Francis deBruyn writes that “Though in the end Virgil was to preserve intact his poetic reputation, his cultural status nonetheless diminished, as poetry was forced more and more to relinquish its cognitive claims and to retreat, albeit with Virgil in the rearguard all the way, into a realm of the imagination and the aesthetic.”

Like McGann, deBruyn seems comfortable repeating assertions central to Romantic ideology, opposing “imagination and aesthetic” to “cognition and reason.” However, this simple opposition was more helpful for Romantic-era (and modern) critics than for poets like George Crabbe.

The poets we now regard as Romantic may have claimed to write about the common man, but common people were a means to sublimity, not, as in the case of Crabbe, and end in and of themselves. Wordsworth, Coleridge, Shelley, Keats, and even Byron would not have written about excrement oozing on the streets, the dirty poor lying, like animals, in equally dirty straw, or the particularities of mental illness. Yet these very details illustrate that the human condition is anything but sublime. As countless critics, most prominently M. H. Abrams, have argued, Wordsworth’s depictions of human

145 DeBruyn, 664.
“reality” are devices for validating the poet’s links to nature’s essence and the universal soul. Often, a Wordsworthian character encounters a poor person, say a leech gatherer, talks to that person, and learns a lesson that ties him more strongly to the human community. He does not, however, remain with the leech gatherer or consider where he would sleep, how he would eat, or how he might be treated by greedy medical professionals.

To prove this point, let us consider the last few lines of “The Ruined Cottage,” unarguably one of Wordsworth’s most realistic poems. After relating the tale of Margaret, a good woman who loses her husband to war, her children to illness, and her sanity in the process, Wordsworth returns to the notion that she, like he himself, remains protected by nature:

. . . And now we felt,
   Admonished thus, the sweet hour coming on:
   A linnet warbled from those lofty elms,
   A thrush sang loud, and other melodies
   At distance heard, peopled the milder air. (529-33)

As opposed to the silence of grief, bird melodies fill the air, which itself becomes “milder” as the narrator returns to the inn. Wordsworth might claim to people his poetry with flesh and blood characters, not angels or gods, but these characters do not remain suffering, breathing filthy air and inheriting uncurable diseases like the characters in Crabbe’s poems. Whether the common person remains poor, maimed, suffering, or even dead is of little concern to the narrator of these ballads. These facts would detract from the sublimity of nature and sympathy, bringing readers to feel petty feelings of disgust and shame.
Sublimity unquestionably produces beautiful poetry, but it lacks the specificity necessary to truly reflect the human condition. Without reflecting the human condition, how could poetry evoke community and universality? Significantly, this Romantic aesthetic quickly gave way to the Victorians’ focus on social issues, and the issues facing poets quickly became clear. The poet could not evade the particularities of everyday life, just as the scientist could not evade the imagination. A poet like Percy Bysshe Shelley had no greater claim to morality than a supposedly impersonal scientist like Erasmus Darwin, and the endeavor of writing poetry was no less, and frequently more, solitary than that of a scientist working in a laboratory. Yet, in attempting to define themselves as disciplines, the two were locked in a perpetual battle, rejecting the elements that they had (and still have) in common.
CHAPTER THREE
“A KIND OF NECESSARY INHUMANITY”:
CULTIVATING NEGATIVE CAPABILITY THROUGH THE CLINICAL GAZE

[Tragedy] makes us all thoughtful spectators in the lists of life.
—William Hazlitt, review of Othello

During the long eighteenth century, philosophers and poets alike discussed the necessary limits of sympathy. Some, like Bernard Mandeville, argued that any act of sympathy is essentially an act of self-interest: that we “feel for” others to benefit our own sense of virtue or morality. In his Theory of Moral Sentiments, Adam Smith argued against this claim, asserting that we instinctively sympathize with others to the point of feeling their pain in our correspondent body parts.\footnote{Smith, The Theory of Moral Sentiments, ed. D. D. Raphael and A. L. Macfie (Oxford: Clarendon Press, 1976), 9.} Rousseau, in turn, differentiated \textit{amour de soi}, self-love enabling sympathy with others, from \textit{amour propre}, self-love that becomes selfishness and vanity. \textit{Amour de soi} occurs in nature, while the person in an unnatural setting experiences sympathy as theatrical:

In shedding our tears for these fictions [theatrical performances], we have satisfied all the claims of humanity, without having to give any more of ourselves. . . . Finally, when a man has gone to admire fine actions in fables, and to weep over imaginary misfortunes, what more can one demand of him? . . . Has he not acquitted himself of all he owes to virtue by the homage he has just rendered it? What more would one have him do? . . . he has no role to play: he is not an actor.\footnote{Qtd. in David Marshall, The Surprising Effects of Sympathy: Marivaux, Diderot, Rousseau, and Mary Shelley (Chicago: The University of Chicago Press, 1988), 143.}
As spectators feeling passion or affection for others, we only identify with them marginally, returning to our own concerns. Rousseau discusses this unnatural sympathy in terms of nineteenth-century theater, but the metaphor spans disciplines and generations. During Rousseau’s time and today, doctors may have shown sympathy toward their patients but eventually returned to their own concerns; poets and playwrights empathized with their characters, only to surrender them later. Yet their disciplinary duties—what we now call “work”—allowed them moments of pure selflessness. Work, our performance of professional identity, often diverts our attention from selfish desires, compelling us to focus on others’ “stories.” Especially in a profession like medicine, doctors, then and now, become more than themselves, “spectators,” as Hazlitt would have it, “in the lists of life.”

A spectator can feel sympathy but also, as Rousseau argued, go home and forget. This ability—what we describe today as medical detachment—was, for the Romantics, an ability to embrace Shakespeare’s maxim, “all the world’s a stage,” to simultaneously be actors and spectators. Of course, the actor/spectator binary was complicated by the fact that any person can play a variety of roles, both professional and personal in nature, simultaneously. Terrence E. Holt alludes to the shifting of professional roles as he describes the death of a patient:

As I lean against the wall, tears are coursing down my face. I am being very quiet about it, but in a very quiet way I am sobbing as freely as I know how. And meanwhile I am thinking: if this is over by twelve thirty, I’ve got a chance of getting lunch before I replace the art line in twenty-four.  

——

Holt, the surgeon, has, in this short space, assumed the role of detached professional (“replac[ing] the art line”), sympathetic spectator, and common hungry person. This type of psychological splitting, a disturbing feature of medical movies and narratives alike, is nonetheless necessary for maintaining professional objectivity and dealing with traumatic situations.

In this chapter, I argue that the learned objectivity of the clinical gaze laid the foundation for John Keats’s doctrine of negative capability. In various letters, Keats defined negative capability as a two-part process. In the first step, “man is a spectator, a student open to being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason.”

As a surgical student in the anatomy theater, Keats was practiced in attempting objectivity, what we now call the “clinical gaze,” in order to become a proficient spectator. Since his surgical training began in 1810 and lasted until 1817, the date of his first “negative capability” letter, a link between the two is plain.

For Keats, the second step of negative capability is the assumption of various roles. Like a good actor, the Keatsian playwright must shift shapes, taking on the roles of his characters. Again, Keats already had practice in taking on the role of a surgical student, and then a surgical dresser. While every tenet of his medical professionalization cannot be mapped onto negative capability, the clinical gaze and the ability to assume various roles are both crucial to success at “work,” whether as a doctor or poet.

Much has been recently written concerning Keats’s medical training. Although earlier critics like Walter Jackson Bate merely nod to Keats’s studies at Guy’s Hospital,
more recent studies have carefully examined various aspects of these studies. Donald C. Goellnicht’s 1984 *The Poet-Physician: Keats and Medical Science* performed the groundbreaking historical work of documenting Keats’s training, surgical experience, and medical knowledge. Deftly combining historical material (some of which I use in this chapter) with poetic references, Goellnicht set forth the argument that Keats’s surgical training, with its gruesome realities, accounts for the detachment we find in poems like “This Living Hand.” Although Goellnicht never discussed detachment in terms of negative capability, his book provided the groundwork for my study.

Alan Richardson’s *Romanticism and the Science of the Mind* serves as a detailed exploration of neurocognition, one branch of Keats’s medical knowledge. By tracing Keats’s knowledge of brain anatomy—mainly gleaned through Astley Cooper’s lectures—in his poetry, Richardson argues that Romantic-era notions of brain science affected and informed the poet’s resistance to dualism, yielding “uncertain lines between psychology and physiology.” Like Goellnicht, Richardson deepened scholarly knowledge of Keats’s medical training, linking medical ideas with evolving philosophical and poetic ones.

Going even further, Hermione de Almeida’s *Romantic Medicine and John Keats* makes a compelling case for the connection between the young poet’s training in humanitarian, charity-based medicine and his later doctrine of the poet as “physician to all men.” Instead of repeating the standard tropes of Romantic-era medical


incompetence, this study attributes medical reform to the compassion “for the weak, sick, and deprived” following Waterloo.\(^{152}\) De Almeida also contributes an important point to my discussion: that Keats’s medical training and poetry were not, as previously believed, at odds. Instead, de Almeida argues, the principles gleaned from the former (in)formed his poetic ideals.

All of these studies have unearthed important facts and presented compelling ideas, but I would like to add an analysis of negative capability and Keats’s medical training, illustrating that the attainment of objectivity and detachment so crucial to the surgical profession became the first step in Keats’s evolving poetic ideal.

The Surgical Mask: The Medical World of John Keats

Often, casual readers of Keats (and of his biographies) misunderstand the critical distinction between his training in surgery and the training of Romantic-era physicians. As opposed to the gentleman physician, often a genteel character who drove to patients’ homes and, at most, took their pulses, the surgeon, only a bit more socially elevated than the apothecary, combined physical strength with medical knowledge to remove tumors, amputate gangrenous limbs, and attend to all manners of injury. Keats entered the surgical profession when the status of the surgeon, previously located between the gentleman physician and the “quack” apothecary, was in flux. Influenced by the growth of Parisian hospitals and of clinical experimentation, ambitious surgeons began to take on the role of innovative scientists, experimenting on a wide array of patients in hospitals like Guy’s. However, surgery was still in an embryonic state. The guild of barbers and

surgeons separated from the Corporation of Surgeons in 1784, and only in 1800 was the Company of Surgeons granted a royal charter to become the Royal College of Surgeons of London, later of England. As W. J. Reader notes in his study of the emerging professions, neither surgeons nor apothecaries were labeled gentlemen unless they became rich and famous, like John Hunter, appointed surgeon to St. George’s hospital and, later, private surgeon to King George III. In fact, the very candidates for surgical training often, like Keats, were born in and remained relegated to lower social classes.

The lack of anesthesia, not implemented until the 1850’s, formed another large impediment to surgical progress. A successful surgeon needed physical strength to hack through a leg or hold closed a gaping wound; young Keats’s skill at rough fighting would have helped in this regard. In addition, a strong stomach guarded a surgeon against the sight of immense amounts of blood and patients’ excruciating cries. An anonymous drawing attests to the cruelty of Romantic-era surgery (see figure 7).

![Figure 7. [Modern Medical Education: Actual Practice, after W. Heath, 1825] Photographed by the author, courtesy of the Old Operating Theater and Herb Garrett, London.](image)

The surgeon, shirt rolled up and axe in the air, prepares to amputate the leg of a patient who, already dripping blood, screams and writhes in pain. A gentleman behind the

---

153 Goellnicht, 25.
patient cannot bear to look, but two other men view the scene with anticipation, eager to fill the readied coffin behind them. Another, slightly more humorous, drawing makes a similar point (see figure 8).\footnote{This and the previous figure photographed by the author, courtesy of the Old Operating Theatre and Herb Garrett, London.}

![Figure 8. [The Absolute Cure for the Ingrowing Toenail]](image)

Though somewhat extreme, the hammer and chisel do emphasize the lingering belief that surgery was a craft, not an art. These illustrations show that surgery “was a rough and bloody business, unlikely to attract anyone of refined taste and adequate fortune.”\footnote{Reader, Professional Men, 33.} Clearly, surgery had not yet become the skilled, high-status profession we see today.

As critics have pointed out, Keats was intimately involved in the “rough and bloody business” of surgery. Even more than the surgeon himself, the surgical student existed in the role of observer, attending an “anatomy theater” and watching a wide variety of procedures with the veneer of objectivity. Later, Keats assumed a more
professional role, elected, by no less than the well-known surgeon Astley Cooper, to the prestigious role of surgical dresser. The dresser, singled out from a class of medical students, helped the surgeon stitch and bandage wounds; often, he would perform minor operations alone. He earned a salary and had the option of working at the hospital, as Keats did, after earning his degree.

Unfortunately, Keats’s supervising surgeon was the infamous Billy Lucas, known for his haphazard work and general lack of intelligence. According to contemporary reports, Lucas was

A tall, ungainly, awkward man, with stooping shoulders and a shuffling walk, as deaf as a post, not over-burdened with brains of any kind . . . his surgical accomplishments were very small, his operations very badly performed, and accompanied with much bungling, if not worse. They dressed wounds multiple times a day, lest they become “foul-smelling, festering sore[s].”

Especially next to such a brainless bungler, Keats would have had to perform more serious surgical duties, assuming responsibility for his patients’ health.

In tandem to serving as Lucas’s assistant, Keats attended the anatomy theater at Guy’s, learning surgery through observation. Keats joined many other young men who, no longer needing the tutelage of an experienced doctor, could simply pay to walk the wards.

Young medical students like Keats crowded into dissecting rooms, running from one hospital to another to gain a better view of the proceedings. Once at the hospital, young Keats would have had to jostle for a viewing space in the operating

---


157 Susan C. Lawrence, Charitable Knowledge: Hospital pupils and practitioners in eighteenth-century London (Cambridge: Cambridge University Press, 1996), 27. One famous ward walker was Percy Bysshe Shelley; for an account of this, see Nora Crook’s Shelley’s Envenomed Melody (Cambridge: Cambridge University Press, 1986) as well as Sharon Ruston’s Shelley and Vitality (New York: Palgrave MacMillan, 2005).
theater, a semicircular room with an operating table at the center. Under the table lay a box of sawdust for catching blood, and next to it were placed the tools of Romantic-era surgery: knives, tweezers, scissors, and saws.\textsuperscript{158} A modern-day re-creation of St. Thomas’s operating theater, in which Keats observed surgical demonstrations and dissections, is pictured in figure 9.\textsuperscript{159}

\textbf{Figure 9. [Photograph, Modern-Day re-creation of St. Thomas's Operating Theater]}

This stark table flanked by raised seats, reminiscent of a theater, lends the modern-day reader a sense of young Keats’s experience.

This theatrical display literally bared all, leaving the patients’ interiors open to students’ probing gazes. The lighting, too, contributed to a separation between surgical students and the bodies they observed; lit by candlelight or sparse sunlight, the anatomy theater had the air of a dark, intimate, intensely private space. This architectural

\textsuperscript{158} Goellnicht, Poet-Physician, 39.

\textsuperscript{159} Photographed by the author, courtesy of Old Operating Theater and Herb Garrett, London.
blueprint of the University of Virginia’s former anatomy theater (designed by Thomas Jefferson in 1825) highlights the theater’s extremely small windows as well as its octagonal, theater-in-the-round type structure (see figure 10): 160

![Architectural Blueprint of the University of Virginia’s former Anatomy Theater]

Figure 10. [Architectural Blueprint of the University of Virginia’s former Anatomy Theater]

Gathered in a circular structure, the students gaze, unimpeded, at the body-to-be-dissected. No longer a holistic entity, a “he” or “she,” the body becomes an “it,” evoking

160 http://www3.iath.virginia.edu/wilson/uva/atheatre/anatomical.html. The anatomical theater, built in 1823, was destroyed in order to erect the University’s Alderman Library. Interestingly, photographs of anatomy theaters, particularly one in Padua, appear as if some were housed in old churches. One can imagine students crowded into what looks like a church, gazing at a body flanked by a tomb-like structure, the candlelight flickering upon the corpse’s various body parts. Such a scene could inspire religious transport or, alternately, an increased sense of the body’s objectification. The dissected body, like a religious relic, was now a material object, to be cut apart and looked at in parts, not as a whole.
what many considered cruel, detached attitudes on the part of students. In his famous print sequence entitled *The Four Stages of Cruelty* (see figure 11), William Hogarth vividly illustrates the public perception of students’ callousness.\(^{161}\)

![Image](http://www.library.northwestern.edu/spec/hogarth/Decay9.html)

**Figure 11. [from William Hogarth, *The Four Stages of Cruelty*]**

The lecturer, sitting on his dais, delicately points at the corpse with a stick. Meanwhile, one student cuts into it with apparent relish, allowing for another to pull at the intestines, providing a treat for the small dog sniffing about. Another student pokes at the corpse’s feet, and, in the background, someone points out the relevant position on a demonstration.

skeleton. Unneeded body parts, including a skull and bones, burn in a fire nearby, engulfing the room in an unhealthy miasma. Hogarth no doubt exaggerates public perceptions of the medical community, but, as usual, there is some truth in parody. Writing about the “fragmented body,” Mulvey remarks that it destroys a Renaissance sense of wholeness. Instead, it lends itself to “flatness, the quality of a cut-out or icon rather than verisimilitude.” Like Hogarth’s body on display, to be poked, prodded, carved up, and served to dogs, the body is no longer a person; in effect, it no longer even resembles a human body.

This resemblance was further lessened by surgical students’ sense of moral and socioeconomic superiority over human subjects procured from poorhouses and prisons. The 1752 Anatomy Act regarded dissection as an apt form of punishment for criminals, “a further Terror and peculiar Mark of Infamy.” Yet many of these bodies were those of people whose only crime was poverty. According to Ruth Richardson’s statistics, over 57,000 bodies were dissected in the course of the Anatomy Act’s first century, but less than half a percent came from anywhere other than poor institutions. The following poem, anonymously published by a Cambridge printer, employs pathos to pit the inhumane surgeon against the poorhouse inmate:

lo! the bending form  
Of the old man, his anxious care-worn brow,  
He smites in anguish, solitary now:  
No rural cot, no lovely daughter’s smile,  
No sons, to soothe him in the dread Bastile—  
No tender partner of his sorrows near,

---

164 “Bastile,” here (spelled differently than the French), was a popular word to describe deterrent workhouses, equating poverty with crime.
To cool his bosom with a falling tear;  
At thought of by-gone days he inly mourns,  
And vainly on his wretched pallet turns . . .  
A worse than felon’s doom! For when his life  
Returns to God! Then, then the bloody knife  
Must to its work—the body that was starved,  
By puppy doctors must be cut and carved.  

Possibly influenced by Crabbe’s poor house poems (see chapter two), the author utilizes physiological language, emphasizing the old man’s “bending form,” “care-worn brow,” and “wretched pallet.” Like Crabbe, this poet emphasizes the solitary nature of the old man, a man whose only relationship is with God. The fact that this poor man “returns to God” is important, as it calls into question surgeons’ moral claims for dissection. Now immorality rests squarely upon the young, inexperienced surgeon—the “puppy doctor”—as he carelessly cuts and carves the old man’s body. The poem is, like Hogarth’s print, a parody with more than a touch of truth. It illustrates that criminals, prostitutes, and the impoverished, already members of a lower social class, easily became experimental subjects, no more than bodies intended for clinical use.  

Yet not all surgical subjects were old men; the presence of the young and beautiful brings up a complication to clinical detachment, namely the voyeuristic gaze of a group of young men viewing bodies on display. Twentieth-century film theory helps explain the unique relationship between these young observers and their objects. Steven

---

165 Qtd. in Richardson, 265. Originally from The Christian’s Appeal Against the Poor Law Amendment Act. Broadsheet, c. 1834.

166 Much interesting work has begun to be done on the workhouse residents’ reactions to their own objectification. In the March 1829 Morning Herald, H. Sockett recounts a workhouse episode in 1817, when some surgeons said they would examine a few cases there:

A rumour soon spread through the house, and among the poor people, that they were to be dissected, and it is impossible to describe the anguish and distress it occasioned; and I verily believe that, if they had not been assured that it should not be repeated, there was not a poor creature in the house who would not have preferred dying for want in the streets (Qtd. in Richardson, 221).

Although beyond my scope here, these reactions are significant and deserve further study.
Heath, a film critic, has argued that the gaze is, due to its penetrative nature, inherently phallic; lacking the phallus or power, the “fetishistic spectacle,” be it biologically male or female, assumes a feminine nature.\textsuperscript{167} Romantic-era etchings of dissection scenes often assume this fetishistic character. Figure 12, used for instruction, represents a woman’s subclavian artery, but her breast and flowing hair frame the gaping hole in her chest.\textsuperscript{168}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure12}
\caption{[Subclavian and Axillary Vessels: Dissection]}
\end{figure}

The subject’s femininity exists in an uneasy alliance with the etching’s clinical purpose. The male surgical student is directed to gaze at this body as a specimen, but might also be compelled to see her as a woman.

Again and again, illustrations of Romantic-era dissections illustrate a curious pairing of the clinical gaze with the sexualized one. The painting below (figure 13)


\textsuperscript{168} Subclavian and axillary vessels: dissection. Coloured lithograph by G.E. Madeley after A. A. Cane, 1834.
features a man, his various body parts split open to allow for easy viewing:\textsuperscript{169}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{figure13.png}
\caption{[Two Dissected Male Figures, one seated, the other standing behind, with viscera on the floor in the foreground]}
\end{figure}

In the right-hand picture, we see a traditionally handsome face paired with an almost farcical cutting in the back of the brain. The left-hand image features two figures, one standing in a ghastly manner, the other sitting down, legs sprawled to display his penis. Again, most of his face and, peculiarly, his right leg, remain undissected, lending the painting an air of both clinical and sexual objectification.

Students learning in anatomy theaters may have observed these not-so-subtle sexual elements, but they may also have been trained to repress their instinctive

\textsuperscript{169} Oil on canvas: Two dissected male figures, one seated, the other standing behind, with viscera on the floor in the foreground. After Jaques-Fabien Gautier d'Agoty, 18th century. These and many more medical illustrations may be found in the Wellcome Institute Photographic Images Collection, http://medphoto.wellcome.ac.uk.
responses. They, like the bodies on display, were vulnerable, themselves subject to the
gaze(s) of their instructors. I speculate that medical students may have assumed a more
detached attitude to compensate for an embarrassing, “unprofessional” emotional
response. Records from the lectures of John Hunter, the (in)famous anatomist and
collector, reveal surgeons’ emotionally conflicted response toward sexuality and the
female body. Hunter, famed for his work in obstetrics, allowed students to bring a friend
to any lecture except the one concerning “organs of generation.” As Lynda Payne has
observed, this exception “gave them, it seemed, a special sort of knowledge others were
not privy to: he was ‘modifying their values and attitudes.’” What Payne means by
“values and attitudes” is unclear, but the air of privacy concerning female genitals gives
the display the air of teenagers watching illicit pornography. They gaze at the female
body as an object of both medical and sexual fascination. Hunter himself was known for
his misogyny; in one notable instance, he embalmed the wife of one of his students,
Martin Van Butchell. Van Butchell kept the body in a crystal case, on display in his
living room for visitors to see. When Van Butchell remarried, he donated the body to the
Royal College of Surgeons. She was discarded like an old piece of furniture; he no
longer had any need for her.

Bodies were, more often than not, objects to be poked, prodded, and disposed of
as necessary. Students functioned as spectators, desensitized to the sounds and smells of
the anatomy theater. Often, however, this spectacle proved too much to bear. John
Hunter himself, although a famous surgeon, often paled—and sometimes even fainted—
before procedures. Later, Charles Darwin, who intended to become a surgeon early in

---

life, changed his mind after attending two operations at Edinburgh University. After the second, he hastily left and never returned, for “hardly any inducement would have been strong enough to make me do so; this being long before the blessed days of chloroform. The two cases fairly haunted me for many a long year.”¹⁷¹ We may wish to ascribe queasiness, what Darwin called “haunting,” to our own sterile era alone, but evidence shows it to be a fairly common response to the macerated human form. Surgical students would either need to learn detachment and objectivity or, like Darwin, Percy Shelley, and Keats, find other career paths.

Twenty-first-century medical narrative theory has become increasingly focused on the clinical gaze; as Holt writes, dissecting a cadaver

is such an essential introduction to medicine: it drives a wedge between the learned and perhaps instinctive taboos that inhabit most of us quite deeply, on the one hand, and the socially necessary instrumentality of the doctor on the other. ¹⁷²

Dissection drives a “wedge” between the doctor and the layperson, subject to more “instinctive” responses like repulsion or fear. Like an actor playing the part of a murderer, the doctor can “perform” his or her duties separately from any instinctive responses he or she may harbor.

Eighteenth-century notes by medical students and lecturers alike stress the importance of relinquishing such instinctive responses. In a private anatomy course with “Monsieur Duverney,” Patrick Mitchell, a seventeenth-century medical student, was instructed that “the major purpose of repeatedly dissecting corpses was to ‘lose his

¹⁷¹ Qtd. in Richardson, Death, Dissection, and the Destitute, 41.
foolish tenderness’ for the patient, and so be able to listen to their cries of pain without becoming distracted from the need to inflict further pain in curing them.”

Mitchell, quoting Duverny, makes it clear that dissection not only drives a wedge between the doctor and his “instinctive responses” to a corpse, but also between that same doctor and his responses to a living, crying patient. Similarly, one of William Hunter’s introductory lectures to students states that the study of anatomy “informs the Head, guides the hand, and familiarizes the heart to a kind of necessary Inhumanity.”

Again and again, accounts illustrate the importance of becoming “reconciled” to such “necessary Inhumanity.” According to Lorenz Heister’s A General System of Surgery (1745),

The students in Surgery should not only be furnished with strength of body, but Constancy of Mind also, that they may remain unmolested and unmoved by the Stench, Blood, Pus, and Nastiness that will naturally occur to them in their Practice, they should consider that by frequent exercise these things will become customary to them, and will acquire another nature as it were.

Stench, blood, pus, and “nastiness” may move them emotionally or “molest” them physiologically, but, through “frequent exercise,” students are urged to desensitize themselves, to detach themselves from their instinctive responses.

James Williams, a pupil of John Hunter, provides a riveting narrative of such desensitization. He vividly describes his living quarters, strikingly unlike modern undergraduates’ slightly messy apartments:

173 Qtd. in Payne, Foolish Tenderness, 152.
174 Qtd. in Richardson, Death, Dissection, and the Destitute, 31.
175 Qtd. in Payne, Foolish Tenderness, 204.
My room has two beds in it and in point of situation is not the most pleasant in the world. The Dissecting room with half a dozen dead bodies in it is immediately above and that in which Mr. Hunter makes preparations is the next adjoining to it, so that you may conceive it to be a little perfumed. There is a dead carcase [sic] just at this moment rumbling up the stairs and the Resurrection Men swearing most terribly. . . . There is something horrible in it at first but I am now reconciled.

Understatement litters this narrative—the room is “not the most pleasant,” the air “a little perfumed”—but Williams admits his initial feeling of “something horrible.” From this initial reaction, he moves to describing an ostensibly humorous scene in the dissecting room, where bodies need to be matched up with their respective limbs: “Littered around the floor are limbs, organs, and skulls, missing from the hapless victims, who profess such witticisms as ‘where’s my head?’ to fighting words over ‘whose leg is that?’” An anatomy student ventriloquizes the “hapless victims,” completely (it seems) humored by their lack of heads or legs. The dissecting room, like the anatomy theater, becomes a space for spectacle.

As I have been arguing, this specular environment eclipsed students’ instinctive responses. According to the uncle of William Ostler, a famous Romantic-era surgeon, the smell in the anatomy theater was most abominable. About 20 chaps were at work, carving limbs and bodies, in all stages of putrefaction, & of all colours: black, green, yellow, blue, while the pupils carved them apparently, with as much pleasure, as they would carve their dinners. One, was pouring Ol. Terebinth on his subject, & amused himself with striking with his scalpel at the maggots, as they issued from their retreats.

---

176 Qtd. in Payne, Foolish Tenderness, 197.

177 Qtd. in Goellnicht, Poet-Physician, 30.
This quotation illustrates the split self necessary to this educational environment; recalling the anonymous poor house print, the young men “carve” limbs and bodies as they “would carve their dinners.” The senior Ostler’s colorful description implies the extreme states of the cadavers: bodies rotted black, green and yellow from infection, or blue from a lack of circulation. The students, seemingly immune to these horrors, “amuse” themselves by playing games with maggots. They have become desensitized to their environment, obtaining amusement and visceral delight from interactions with their subjects.

Through multiple interactions with doctors and surgeons, Mary Shelley grew to understand the complex nature of medical detachment, describing the process in her 1818 Frankenstein. Victor Frankenstein epitomizes both the “observer’s own sensibility” and an unwitting scientific fascination with his subject. Throughout her chapter detailing the creation of the creature, Mary Shelley juxtaposes Victor’s scientific fascination with his personal revulsion:

Who shall conceive the horrors of my secret toil, as I dabbled among the unhallowed damp of the grave, or tortured the living animal to animate

---

178 According to Crook’s Shelley’s Venomed Melody, Percy Bysshe Shelley consulted Dr. Christopher Pemberton on February 28, 1815, almost a year after the couple met. The couple also sought medical assistance for those in their entourage, including Clare Clairmont, who suffered minor ailments. In a letter to Percy written on December 17, 1816, Mary writes that “Clare has a very bad cough but I think she is better today. Mr. Cam talks of bleeding if she does not recover quickly—but [she] is positively resolved not to submit to that” (Betty T. Bennett, ed. Selected Letters of Mary Wollstonecraft Shelley [Baltimore, Maryland: Johns Hopkins University Press, 1995], 20). According to Bennett’s footnote, ”Mr. Cam” was a surgeon who resided at 7 Alfred Street, Bath. In addition, the couple were friends with Thomas Love Peacock, who, after becoming assistant to the examiner in the East India Company, was, according to Mary, “too taken up in his new occupations to think about us” (qtd. in Bennett, Selected Letters, 45). In Pisa, both Mary and Percy sought the services of the famous Andrea Vaccá. In December of 1818, before the publication of the first edition of Frankenstein, Mary wrote that Percy “put himself under the care of a medical man who promised great things and made him endure severe bodily pain without any good results. Constant and poignant physical suffering exhausted him” (113). This “medical man” was Doctor Roskilly, about whom virtually nothing is known. At Rome, Shelley worked with John Bell (1763-1820), a “brilliant anatomist” (115). Emily W. Sunstein’s Mary Shelley: Romance and Reality (Baltimore, Maryland: Johns Hopkins University Press, 1989) adds that the same Bell confirmed Mary’s pregnancy on April 19, 1818.
my limbs now tremble and my eyes swim with the remembrance; but then a resistless, and almost frantic, impulse urged me forward; I seemed to have lost all soul or sensation but for this one pursuit. It was indeed but a passing trance that only made me feel with renewed acuteness so soon as, the unnatural stimulus ceasing to operate, I had returned to my old habits.  

Revulsion and fascination, the split selves of Victor Frankenstein, play a relentless tug-of-war. Victor, the narrator, expresses his instinctive dread through words like “horrors,” “unhallowed,” and “tortured,” describing the experimentation as “a passing trance.” Yet this “one pursuit” dictates his actions, perpetuating a “resistless, and almost frantic, impulse.” Professional identity assumes primacy over personal feelings. In this case, the former eclipses the latter in an unhealthy way:

The dissecting room and the slaughterhouse furnished many of my materials; and often did my human nature turn with loathing from my occupation, whilst, still urged on by an eagerness which perpetually increased, I brought my work near to a conclusion.  

Again, Victor’s “human nature,” a term ubiquitous in Romantic-era discussions of sensibility and morality, feels “loathing,” but it is his “work” that breeds an insatiable “eagerness.”

In the case of surgeons, “work” did not necessarily eclipse human nature; rather, the two lived in an uneasy, unexpressed union. In his study of texts concerning the Romantic-era vivisection debate, James Steintrager remarks that medical texts focus solely on professionalization, showing the doctor —and then expecting him—to be “both detached and benevolent. This doubled observer position makes doctors and scientists

---


180 Ibid 55.
something other and something more than the average ‘human.’”\textsuperscript{181} Often, one must assume a detached attitude in order to become “more than the average” and affect social change. Keats, in defining his ideal poet, clearly perceived objectivity as essential to a later ability to assume different personas. Like the idea of the Romantic-era doctor, Keats’s ideal rests upon a doubled observer, simultaneously detached and, through that detachment, benevolent. Throughout the rest of this chapter, I will argue that this role of doubled observer, first learned by Keats in his surgical training, influenced his developing concept of negative capability.

\textbf{II. Keats’s Negative Capability}

The ideal state of negative capability begins with an ability passively to experience sensation and observe astutely, both qualities stressed in surgical training. Keats’s earlier letters long for an uninhibited life of sensation: “However it may be, O for a life of sensation rather than of thoughts! It is a ‘Vision in the form of Youth,’ a shadow of reality to come,”\textsuperscript{182} he writes his friend Benjamin Bailey. However, this “sensation” is not egoistic. As Richardson has argued, the word itself had correlates in Keats’s medical training, where it implied a connection—not necessarily an emotional one—between the brain and the “organs of the senses.” As such, it corresponds more with Rousseau’s \textit{amour soi}, allowing the poet, like the students in the anatomy theater, to observe life impartially. In a letter to Mary Ann Jeffrey, for example, Keats considers the

\begin{flushright}
\end{flushright}

\begin{flushright}
\textsuperscript{182} Letter to Benjamin Bailey, November 22, 1817. Qtd. in \textit{Selected Letters}, 54.
\end{flushright}
possibility of signing up to work on a merchant ship. To her implied objection that such an occupation would not befit a poet, he writes:

You are a little in the wrong concerning its destroying the energies of Mind: on the contrary it would be the finest thing in the world to strengthen them—To be thrown among people who care not for you, with whom you have no sympathies, forces the Mind upon its own resources, and leaves it free to make its speculations of the differences of human character and to class them with the calmness of a Botanist (2. 115).

Without the distractions of sympathy, the mind can work more scientifically, assessing the “differences of human character” necessary for the writing of good poetry, “with the calmness of a Botanist.” Keats’s scientific metaphor points to his professionalism, his willingness to detach himself from people who “care for [him]” in order better to understand human nature. His observations of people and his revealing comparison with botany imply an interest (in keeping with Lockean empiricism) in the material world around him. Goellnicht, following this line of thought, has argued that, for Keats, poetic creativity is “ultimately rooted in material existence, in sensations perceived from concrete objects.”

Only after classifying and documenting these “sensations,” the “concrete objects” he observes, can Keats’s poet proceed toward negative capability.

In Keats’s scheme, the ideal poet, having observed life, then assumes the role of an actor, able to exchange identities and play any part; Keats consistently derides poets or “wits” who focus on what Hazlitt called “self-interest,” arrogance or selfishness. The “negative capability” letter, written on December 27, 1817, stems from a conversation with two bon vivants who clearly revel in self-praise. Keats compares these vapid wits with Shakespeare, a writer who shows very little “self” in his dramatic productions. He calls Shakespeare the “camelion (sic) Poet” who has “no self” but “lives in gusto, be it

---

183 Goellnicht, Poet-Physician, 64-65.
foul or fair, high or low, rich or poor, mean or elevated . . . . It has as much delight in conceiving an Iago as an Imogen.” Keats’s phrasing recalls the ideas of Hazlitt, who called Shakespeare a “ventriloquist” who “speaks through others, throwing his identity into theirs.” In the same essay, Hazlitt remarks upon egotism in a phrase that reverberates throughout Keats’s writings, stating that modern poetry fails in reducing things to the “devouring egotism of the writers’ own minds.” The true poet, instead of focusing on the self or the “egotistical sublime,” would realize that the disciplinary self is a role one must fully adopt.

The “role” of the disciplinary self would not have been a foreign concept to Keats who adored the theater and often cited Shakespeare as the poet/playwright par excellence. Poets, like actors, assume alternative identities, a notion made clear in Keats’s description of the poet’s “selflessness”:

A Poet is the most unpoetical of any thing in existence; because he has no Identity—he is continually in for—and filling some other Body—The Sun, the Moon, the Sea and Men and Women who are creatures of impulse are poetical and have about them an unchangeable attribute—the poet has none; no identity—he is certainly the most unpoetical of all God’s Creatures. By defining poetical character, Keats presents his view of the poet’s disciplinary identity. Although he argues that this character has “no self” and “no character,” this very lack of ego defines the poet’s professional persona. Like the surgeon, prepared to squelch his inhibitions and amputate a gangrenous limb, the poet lives open to sensations but not governed by them. Morality, the province of the philosopher, only interferes with the

poet’s work. “The Sun, the Moon, the Sea, Men, and Women” function as objects of sensation, but the Poet is an active subject, “filling . . . other bod[ies]” with his words. Instead of existing without identity, Keats’s ideal poet assumes a professional identity that allows him to experience the joys and traumas of life as an objective observer.

This disciplinary role-play results in a “split self,” the self of work and the personal self. In a letter written on October 27, 1818, Keats ponders this disciplinary splitting:

It is a wretched thing to confess; but is a very fact that not one word I ever utter can be taken for granted as an opinion growing out of my identical nature—how can it, when I have no nature? When I am in a room with People if I ever am free from speculating on creations of my own brain, then not myself goes home to myself. 187

When John Keats, the poet, speculates on “creations of [his] own brain,” he fills a disciplinary identity, becoming a “not myself” who, in spare moments, can reconnect with “myself.” At the party, conversing with “wits,” Keats assumes a professional identity, that of a poet, who can later rejoin his personal “self.” Although Keats writes of a “not myself,” his “not self” is one rhetorically constructed through disciplinary standards.

Nor was Keats’s theatrical model reserved for his professional roles; repeatedly, he ponders the performative nature of life itself. In a letter to Bailey, written November 22, 1817, he writes that he often does not feel a “passion” or “affection” for a week, “And so long as this sometimes continues I begin to suspect myself and the genuineness of my feelings at other times, thinking them a few barren Tragedy-tears.” 188 Here, Keats

187 Qtd. in Goellnicht, Poet-Physician, 149.
188 Qtd. in Selected Letters, 55.
grieves his lack of “feeling” and simultaneously views mere sensation as “barren” and theatrical, provoking “tragedy-tears.” Basing his ideas on those of Hume and Rousseau, Keats implies that feeling, in and of itself, only benefits the individual by deeming him sympathetic or, in Romantic parlance, a “man of feeling.” Ironically, the “man of feeling” feels only for and by himself, returning to his individual concerns instead of assisting the object of feeling through action.

The separation of sensation and action is a crucial concept in Keats’s philosophy and, as such, bears examination. As I have stated, sensation is crucial to negative capability, allowing the poet convincingly to assume a variety of roles.\(^{189}\) It is, however, a temporary cure to a long-term condition. Keats’s crucial cure exists in the concept of action, a movement out of the self allowing for selflessness and sympathy. This concept, like many of Keats’s notions, appropriates Hazlitt’s ideas.

In “Self-Love and Benevolence,” Hazlitt argues that we can have self-interest in terms of our pasts (memory) or our present (temporal sensation), but not for the future, which only exists in the realm of reason and/or imagination. We could, for instance, imagine ourselves getting hurt or in a state of lifelong bliss, but we cannot judge whether these predictions will come true, or whether the imagined self will correspond to the actual self. Along the same lines, we could imagine another person benefiting from an act of charity. Since both “self-interested” imaginings and sympathetic ones are equally likely, Hazlitt argues, self-interest is not always an integral part of the self: “It is only in regard to my past and present being, that a broad and insurmountable barrier is placed

\(^{189}\) For this reason, Keats writes extensively about his preference for Edmund Kean, a fiery actor, to John Philip Kemble, a method actor. For more on Keats’s opinions of both Kean and Kemble, see Jonathan Mulrooney, “Keats in the Company of Kean,” Studies in Romanticism 42 (2003): 227-95.
between myself and others: as to future objects, there is no absolute or fundamental
distinction whatever.”

Hazlitt’s next move is crucial to Keats’s philosophy, as what
distinguishes the past and present from the future is the move from sensation toward
action, which, by its very nature, moves outward from the self. Writing, surgery, play-
acting, and most professional activities would, in this definition, be forms of action. If
action moves away from temporality and self-interest, it is logically the antithesis to self-
interestedness, a quality Keats already deemed disastrous for a poet to possess. If
sensation corresponds to observation and action to role-playing, Keats’s philosophy is an
act of identification resulting in a split self, the self of sensation and the self of action.

This split is splendidly illustrated by the famous story of Keats’s self-diagnosis.
As he became more and more certain of his own impending death from tuberculosis, he
displaced his fears of death by positing himself as an observer of his own illness. Any
student of Romanticism knows of the scene in which Keats diagnoses himself and
forecasts his death:

That blood is from my mouth . . . bring me the candle, Brown, and let me
see this blood . . . I know the color of that blood; —it is arterial blood; — I
cannot be deceived in that color; —that drop of blood is my death warrant;
— I must die.

In one of the few passages alerting the reader to Keats’s identity as a surgeon, he
remarkably diagnoses himself, pointing out that the blood coming from his mouth is dark,
“arterial blood,” what his studies told him was characteristic of tuberculosis. When
tubercle bacilli enter the lungs, they can inflame and destroy them; if they open up blood

---

190 Hazlitt, Selected Writings, 170.

191 Qtd. in Goellnicht, Poet-Physician, 150.
vessels in the lungs, the patient coughs up dark blood. Keats views this dark blood with a clinical gaze, taking on the role of spectator of his own life. Yet his following reaction illustrates his attempt to move away from self-interestedness, toward what he calls negative capability. Instead of wasting away, pining for his lost life and crying “tragedy tears,” Keats attempted to focus his energies on “some grand poem,” what became the incomplete *The Fall of Hyperion*. He writes:

> I would rather conquer my indolence and strain my nerves at some grand poem—. . . . I must take my Stand upon some vantage ground and begin to fight—I must choose between despair & Energy—I choose the latter.

By not lapsing into solipsism, Keats can marshal his energy and continue with his avocation. Although Keats could not achieve the “above . . . human” identity he sought, his desire for action allowed for moments of transcendence. Indeed, we will see that this theme of forward motion—at the expense of individualistic brooding—characterizes both Keats’s poetic and surgical personae.

Keats’s poetry, especially the later works, illustrates the ideal of negative capability first through objectivity, then through “benevolent detachment” promoted by action. *Endymion* is a tale of learned selflessness, learned sympathy. In the beginning, young Endymion pines for Diana, entrapped—like the character of Narcissus he mentions—by his own image of the world, his own musings:

> But this is human life: the war, the deeds, The disappointment, the anxiety, Imagination’s struggles, far and nigh, All human; bearing in themselves this good, That they are still the air, the subtle food, To make us feel existence, and shew

---


How quiet death is. Where soil is men grow,
Whether to weeds or flowers; but for me,
There is no depth to strike in: I can see
Nought earthly worth my compassing. (2.153-62)

Endymion here posits “imagination’s struggles” as the “air, the subtle food” intended to separate life from death. He wishes only to live in a world of imagination, concerning himself with “nought earthly,” no soil, no elements of common life. Trapped within himself, he remains inert, only finally propelled by his selfless concern for Glaucus.

This concern begins with objective observation and ends in selfless action. When Endymion first sees Glaucus, the scene interrupts a pages-long meditation about his love for Diana:

For as he lifted up his eyes to swear
How his own goddess was past all things fair,
He saw far in the concave green of the sea
An old man sitting calm and peacefully. (3: 189-92)

While Endymion only “lift[s] up” his eyes to pay homage to Diana, his gaze outward allows him to see Glaucus, the old man who, unlike the passionate youth, is characterized by “calm” and “peace.” Glaucus, a blind man, cannot “lift up his eyes” but, true to the ancient trope, “sees” what is important. Glaucus also quickly assumes the role of a dying patient, as, “ample as the largest winding-sheet [a burial shroud], / A cloak of blue wrapp’d up his aged bones” (196-7). Here, the sight of tragedy brings Endymion back to the role of observer, a “thoughtful spectator,” as Hazlitt would have it, “in the lists of life.” Distracted from his self-absorption, he has experienced sensation and is now ready for action:

He spake, and walking to that aged form,
Look’d high defiance. Lo! his heart ‘gan warm
With pity, for the grey-haired creature wept.
Had he then wrong’d a heart where sorrow kept? (3: 281-84).
He initially “look[s] high definance,” but Glaucus’ weeping engenders a sympathetic reaction in Endymion, breaking him of his selfish thoughts. Glaucus, punished for his love of Scylla, is, like a surgical patient, little more than a living corpse:

My fever’d parchings up, my scathing dread
Met palsy half-way: soon these limbs became
Gaunt, wither’d, sapless, feeble, cramp’d, and lame. (3: 636-38)

Only Endymion, the “elect,” endowed with healing power, can bring Glaucus back to youth and revive an entire row of “lovers tempest-tost”(703). The language of the following passage directly echoes the language of surgery:

Endymion, with quick hand, the charm applied—
The nymph arose: he left them to their joy,
And onward went upon his high employ,
Showering those powerful fragments on the dead.
And, as he pass’d, each lifted up its head,
As doth a flower at Apollo’s touch. (3: 780-785)

Endymion applies the charm “with quick hand” and proceeds with his “high” employ, a common epithet for the work of doctoring. He showers healing (“powerful fragments”) upon the dead, and they become re-animated, “as doth a flower at Apollo’s touch.”

Numerous scholars have pointed out the dual nature of Apollo, god of both poetry and medicine. He vivifies the dead, creating “pulses and throes of gladness”(791). Here, Endymion can be read as either a poet or doctor, both roles marked by a move from sensation to action.

If negative capability allows for the poet’s success, this very success can over-inflate the poet’s (and doctor’s) notion of selfhood, as Keats points out in his later “On Fame” (1819):

How fever’d is the man who cannot look
Upon his mortal days with temperate blood,
Who vexes all the leaves of his life’s book,
    And robs his fair name of its maidenhood;
It is as if the rose should pluck herself,
    Or the ripe plum finger its misty bloom,
As if a Naid, like a meddling elf,
    Should darken her pure grot with muddy gloom;
But the rose leaves herself upon the briar,
    For winds to kiss and grateful bees to feed,
And the ripe plum still wears its dim attire,
    The undisturbed lake has crystal space;
Why then should man, teasing the world for grace,
Spoil his salvation for a fierce miscreed?

Instead of advocating a “life of sensation,” Keats here calls for “temper[ance],” a maintenance of the poet’s purity and efficacy. A poet’s self-importance is counter-productive, like a rose “pluck[ing] herself” or a naiad darkening her own grot, both roles necessarily performed by others. When the rose “leaves herself,” it becomes appreciated, “kiss[ed]” by winds and fed on by “grateful bees.” Like the “undisturbed lake,” the disciplined poet does not impede his own poetry, producing “crystal space” in which to work. Like the religious concept of grace, fame is granted and cannot be earned through “teasing” or arrogance. Again, Keats’s ideals are influenced by Hazlitt, who wrote that Shakespeare, without an identity of his own, was uninfluenced by posthumous fame.\(^{194}\)

As the self-involved surgeon loses the ability to work effectively, the poet who becomes too much of a self loses his ability to produce effective poetry.

In Keats’s late epic, The Fall of Hyperion, a poet’s success is defined as an ability to experience worldly emotions yet maintain a benevolent detachment. The ideal poet of the poem proceeds into the marble palace precisely because he experiences worldly emotions without becoming self-satisfied. When he first approaches the palace, Moneta informs him that none can enter

\(^{194}\) Hazlitt, Hazlitt’s Criticism of Shakespeare, 39.
But those to whom the miseries of the world
Are misery, and will not let them rest.
All else who find a haven in the world,
Where they may thoughtless sleep away their days,
If by a chance into this fane they come,
Rot on the pavement where thou rotted’st half. (1.148-53).

Escapism, a route sometimes attempted by Keatsian protagonists, will not suffice. Like the surgeon, the Poet must encounter the “miseries of the world” and “not let them rest.” Yet while the Poet must fulfill this role of being “a sage; / A humanist, physician to all men” (1.189-90), he must also be a dreamer, a visionary focused outside of the self.

Again, Keats lambasts self-aggrandizing poets as careless, punishable by death:

Apollo! faded, far-flown Apollo!
Where is thy misty pestilence to creep
Into the dwellings, through the door crannies,
Of all mock lyrists, large self worshipers,
And careless hectorers in proud bad verse.
Though I breath death with them it will be life
To see them sprawl before me into graves. (1. 204-10)

Ironically, in Keats’s first version of Hyperion, it was Apollo’s “misty pestilence” that infected the Titans, inducing illness, lethargy, and even paralysis.195 Now Keats’s protagonist calls out to Apollo, poetically distanced by the alliterative “f” sound, to similarly infect the “mock lyrists,” “large self worshipers,” and “careless,” “proud” poets. Mockery, self-worship, carelessness, and pride are, yet again, ranked high on Keats’s list of poetic flaws, flaws committed by all poets including himself. Uncurbed or unrecognized, such flaws would destroy the real work of Apollo, selfless healing.

In one of Keats’s later works, his 1819 ode “To Autumn,” he attempts poetic “healing” by objectively gazing at nature without an “irritable reaching” after self-

195 For an excellent reading of the medical notions of pestilence informing Keats’s poem, see De Almeida’s book as well as Alan Bewell’s Romanticism and Colonial Disease (Baltimore: John Hopkins University Press, 1999).
inclusion. According to critic Lucy Rhyne, “In the dramatic space of this ode, Keats manages to observe autumn without concern for winter, or for his own death, both events that he knows are inevitable.”

The poem indeed overflows with a sense of saturation, a sensual depiction of tumidity and fertility. The season of “mellow fruitfulness” “bless[es]” the vines with fruit, loading the apple trees until they bend under the fullness of its weight. Gourds “swell,” hazel shells “plump,” and flowers bud in profusion; even the bees feel that “Summer has o’erbrimmed their clammy cells.” The sense of sensual excess in this poem does not abate; despite the sense of ending, the narrator remains objective, “watch[ing] the last oozings, hours by hours.”

Like the surgical student he was, Keats becomes a spectator, shelving his personal trials to observe the splendor of the season. In one of his trademark questions, he asks “Where are the songs of Spring? Ay, where are they?” but he refuses to think back, returning his thoughts to the present and the task at hand: “Think not of them, thou hast thy music too.” In this, one of his last poems, Keats manages a sort of poetic detachment, distancing himself from his own life events to fully appreciate and enact the natural scene he witnesses.

As I have been arguing, “selfless” work is not really selfless; instead, it produces a split or fragmented self. While one aspect of the self gazes at the world as a spectator—with clinical objectivity—, the other can acknowledge the emotional impact of the observed event. This paradox is perhaps most clear in one of Keats’s latest poems, “This living hand, now warm and capable” (1819). Here, the Keatsian narrator literally becomes disembodied, his hand assuming its own identity—much, as Goellnicht has

---

196 Rhyne, “John Keats and the Dialogue of Negative Capability,” unpublished essay. I thank Ms. Rhyne for her willingness to share her ideas and essay with me.
argued, like a surgeon’s hand, or, as I add, like a writer’s. The hand is initially “warm and capable / Of earnest grasping”; here, Keats’s enjambment serves to emphasize both the capability and the very earnestness of the hand’s strength, its “grasping.” Yet the hand will not remain strong and will eventually lie “in the icy silence of the tomb,” he narrator warns his audience (Fanny Brawne, perhaps?). The last line perfectly illustrates the hand’s split predicament, simultaneously embodied and disembodied: “See, here it is / I hold it towards you.” The hand becomes ghostly, a literal appendage that can, if needed, assume its own identity. It is negative capability carried out to its furthest logical extreme, a separation of the ego from the physical body it inhabits.

**Figure 15. Disciplinarity**

The hand of the writer, simultaneously embodied and disembodied, could serve as an allegory for disciplinary identities, the entrance into the theater of work. Often, the disciplinary self acts as a Rousseauian spectator, simultaneously watching the play of work and pondering his or her non-professional life. Samuel Johnson, discussing the life of a judge, refers to the identity-splitting inherent in professionalization. He attempts to calculate “how little the mind is actually employed in the discharge on any profession,” concluding that “No man would be a Judge, upon the condition of being totally a Judge.”

Often, disciplinary detachment happens as a synchronous identity split, an ability to assume two “selves,” one personal and one professional, simultaneously. This split allowed Holt simultaneously to cry over a patient and think about his upcoming

---

lunch; it also allowed nineteenth-century medical students to view a cadaver as scientific experiment and object of desire.

On the other side of the spectrum, professional detachment often resembles Keats’s notion of the “camelion Poet,” the actor who has “no self” but is all selves. In order to effect change, to maintain a life of professional action, the subject must often detach from emotions. Such a move is apparent in young medical students carving up cadavers, playing with maggots on the bodies of the deceased. It allows John Keats to self-diagnose his fatal illness and, later, embrace temporality as he writes “To Autumn.” It allows us twenty-first century literary critics to put aside our emotional responses to literature, focusing our attention on formal, historical, or cultural matters. As Brian McCrea put it:

People who want to become English professors do so because, at one point in their lives, they found reading a story, poem, or play to be an emotionally rewarding experience . . . yet it is precisely this emotional response that the would-be professor must give up. . . . No one ever won a National Endowment for the Humanities grant by weeping copiously for Little Nell.

This statement, while extreme, presents a conundrum: “Weeping copiously” would drown a would-be professional in a sea of sensation, but a purely clinical stance negates a personal “emotional reward.” The evolution of disciplines like surgery and literature necessitated a distancing of “self” in order to effect social change or disciplinary

---


199 McCrea, Addison and Steele are Dead: The English Department, Its Canon, and the Professionalization of Literary Criticism (Newark: University of Delaware Press, 1989), 147.
movement. Yet this self-fragmentation also carried a host of negative social repercussions. Can the Johnsonian judge, incapable of “totally” being his professional self, judge fairly? Can the surgeon, desensitized to the emotions of his patients, treat them holistically, or does the patient become, as Foucault and others have argued, a collection of body parts?

Any process of disciplinarity and, by extension, professionalization, works to create an Other. Literary critics, in order to maintain professional identity, draw a line between those reading literature in “scholarly” and “emotional” ways, resigning the latter response to the unskilled masses. Nineteenth-century surgical students working on cadavers rarely (or, at least, not in writing) expressed curiosity about who these people had been. “These people,” most often the poor and disenfranchised, became scientific subjects, bodies for hire.

My next chapter will look at medical poetry from the perspective of those “Others”: artists outside the medical realm, peasants in Coventry, and women patients. In examining poems written by these alienated groups, I contend that, by expressing their views in the form of medical poetry, they insert themselves into a cultural conversation to gain a voice of their own.
CHAPTER FOUR
DISCIPLINING MEDICINE:
POETIC RESPONSES

We sometimes do say with humble submission
Diseases are not so bad as the physician.
——Aesop Naturalized, 1711.

To this point, this study has examined medical poetry from the doctor’s perspective: as a means of social acceptance, a sentimental device, or a form originating with objective detachment. Like readers of Louisa May Alcott’s Little Women (1868), we may wonder why we hear so much about Jo’s attentions to her dying sister. Why don’t we hear from the patient herself?

The doctor-driven medical narrative, like many other tales, has recently been interrogated—and significantly altered—through a focus on patients’ points of view.200 Arthur W. Frank, one scholar in this genre of pathography, argues that illness creates a vacuum in a patient’s sense of identity. Various narratives rush in, ranging from that of the phoenix rising from the ashes to that of illness as a physiological symptom of a psychological condition.201 These, like all narratives, assume a given structure, namely a


beginning, a middle, and an end. The very act of putting one’s illness experience into narrative lends it a form, a sense of manageability.

Most pathography critics discuss novels or autobiography, not poetry. Yet in the long eighteenth century, poetry remained, for patients, a more efficient forum to voice opinions; therefore, studying poetry as well as novels opens us up to a wider array of writers, from various socioeconomic backgrounds. Often, like “gentleman” physicians, working-class patients turned to poetry precisely because it bestowed an appearance of gentility upon its writers. Inserted into newspapers or periodicals, these patients’ poems were probably taken more seriously on account of their generic requirements. By writing poetry, patients frustrated with what was becoming institutionalized medicine might gain social respect and, through that respect, agency.

To protest or affirm the medical establishment, disciplinary outsiders wrote wildly disparate poems about illness and the medical experience. Following an ancient tradition, some satirized doctors to voice their protest. Expressed as early as the first century C.E. by authors like Pliny and Galen, distrust of doctors and their mercenary motives often manifests itself in eighteenth-century narrative poems, usually written in heroic couplets.²⁰²

Other poems protested or praised the state of medicine by waxing lyrical about the pain experience and its cures. In this case, I agree with critics like E. Warwick Slinn and Dino Felluga that the very “highbrow” label accorded to poetry has served to remove it from the realm of politics and, more recently, from cultural studies. Yet as Felluga

---

points out, lyric poetry’s lack of narrative form, coupled with its self-reflexivity, have often worked to “question the ideologies of the status quo.” Through its relative lack of narrative form, lyric poetry questions our tendency to narrate or explain away the chaos of life. In his fictional The Man Without Qualities (1965), Robert Musil, through the character of Ulrich, posits that we do not like the lyrical, or at best they like it only for moments at a time. . . . What [we] like is the orderly sequence of facts because it has the look of a necessity, and by means of the impression that [our] life has a “course” [we] manage to feel somehow sheltered in the midst of chaos.

By analyzing medical poems, this chapter will engage with Ulrich’s claim. At times, disciplinary outsiders’ poems will be very orderly, grouped together in neat couplets to tell a story. At other times, they exist, like patients’ experiences with disease, without a coherent beginning, middle, or end. Yet all of these poems, by bestowing an air of gentility upon their authors, worked to grant them credibility in the eyes of their readers; this credibility, in turn, gave patients and medical outsiders agency over the evolving discipline of medicine. Whether narrative or lyrical, all of the poems in this chapter protested or validated medicine, articulating conflicts within the discipline and helping it evolve. Left without interference, disciplines stagnate and, eventually, die; they grow


205 Although disciplines often reach impasses, privileging one component too much or another too little, I believe that public opinion, political and economic factors, and professional dissatisfaction all encourage critical shifts, disciplinary mutations. One interesting shift, prompted by the state of the academic job market, has been a move toward more interdisciplinary and, sometimes, de-disciplinary models, a move that paradoxically keeps some disciplines (like our own) from extinction.
and evolve through debates and interchanges from within and, importantly, from the outside.

In the late eighteenth century, the protest against medical education originated from within the establishment. Because Oxford and Cambridge privileged classics over cadavers, students training to be “gentleman physicians” often began their medical practices without even having touched a patient. One Lancet article expounds the case of Dr. Cornwallis Hewett, who allegedly treated a pregnancy as acute peritonitis:

He ordered a number of leeches to be applied to the tumefied abdomen, and their application was only prevented by the unexpected reduction of the swelling on the appearance of a chopping boy. ²⁰⁶

The emphasis on bleeding, increasingly considered an excessive practice, and the rise in a scientific use of passive voice (“was only prevented,” “to be applied”) belies the doctor’s competence in the face what turned out to be a pregnancy, not a tumor. This type of humor typifies the growing medical response to Oxbridge educated gentlemen.

The Oxbridge education stressed theory over empiricism, a fact that captured the attention of surgeons and physicians from different circles. Romantic-era medical journals bulge with satirical articles and caricatures depicting the foolhardy physician. According to an 1834 edition of the Medico-Chirurgical Review,

Holy St Francis! is it come to this? Have the medical fellows of Oxford and Cambridge monopolized all the morality and religion of the profession, as well as all the smug appointments belonging to that Corporation! On the contrary, we unhesitatingly mention that, from no two points in England, Ireland, or Scotland, of equal extent and population, does such a mass of vice, immorality, and irreligion, radiate annually upon society, as from Oxford and Cambridge. ²⁰⁷


Clearly, this invective against “smug appointments,” printed in what was, at the time, a scientific journal, carried some weight. The negative comparison with Ireland, considered a hotbed of “vice, immorality, and irreligion,” points out the force of anger and jealousy directed against what other members of a growing medical community considered classically trained, but scientifically incompetent, physicians. Along these lines, other critics made the point that young doctors in training at Oxford or Cambridge did not learn anatomy, botany, chemistry, or pharmacy. The 1807 *London Medical Journal* asks: “how is a practical art to be taught but by practice? Will any one say, that Oxford, or Cambridge should supersede London? Where can the ‘Practice of Physic’ be so well taught, as where there are the greatest number of Hospitals?” Over and over again, journal articles testify to the growing rift between empirical and abstract medicine. In 1827, Andrew Duncan, Jr., a professor of Materia Medica at the University of Edinburgh, said that the Cambridge MD was “not for learning in medicine, but in letters and philosophy.”

Outside the medical field, visual media made medical satire accessible to the public. It is often difficult to ascertain the audience of art prints; while their cost restricted them to the upper classes, all manner of people perused them in print shop windows. Therefore, many of our outsider poets, unable to procure or read a publication like the *Medico-Chirurgical Review*, would have had access to medical satire in other forms. Figure 1 is a print published by Robert Laurie and James Whittle,

---

208 Weatherall, *Gentlemen, Scientists, and Doctors*, xviii, 16.

publishers of world-renowned maps. Although it is unknown whether Laurie himself created this print—the two hired a number of outside engravers and artists—it clearly targets a rather elite audience educated enough to understand the puns and iconography.\footnote{Laurie information from DNB online. “Dr. Jeremy Snob.” MS 11463, The Bodleian Library, Oxford. Ballads Catalogue: Harding B 38(11). Online. http://bodley24.bodley.ox.ac.uk/cgi-bin/acwweng/ballads/image.pl?ref=Harding+B+38(11)&id=11463.gif&seq=1&size=1.}
DOCTOR JEREMY SNOB.

Written by J.G. MAXWELL.

A Patient whose Habit was severe,
In haste had me call'd about Nine,
Lest Death with a Warrant should serve us.
I posted Away, Miss & Mates,
My maid then I made a minute in,
We all say when Interest met Etc.
I quite ask'd his Lord's of the Shaking,
But till him as dead as a Lute.

With a poor Dropish Creature,
I thought it might be for her good,
Being put up and Boused with Water,
To take a few ounces of Blood.
My Ladies were out of the Way,
Yet up And did the Business as well,
She died as a Body may say,
But the Reason I never could tell.

A Barber whose purse was consumptive,
His Threats cut to finish his Cose,
In the midst of his Kettles provocative,
Poor hundred the Week I suppose.
With a good Tackes Rod and a Bristle,
I seem sent him out of his Pain,
For I wound the Shad in his Whistle,
And set him a Shaving square.

I gave to a friend whilst the Serge,
With a violent puffing and Lute,
In order to strengthen his Tongue,
A large Bode of shrivelled Wine.
A Medecine so easy and pleasant,
No regular Doctor would give,
It did him no Harm, and at present,
Few scatter their Patients to live.

I'd almost forget to inform you,
That cares without seeing I care,
And if the Horse's Head should warm you,
My Ointment to cool it is sure.
I've Glutens, Emetics and Powders,
That even the Devil would drink,
And well when Simplicity says,
Assist you to Doctor the French.

Published by Nichols.

By LACHIE & WHITAKER,
23 Hatton Garden, London.
The illustration depicts a doctor, his false mole and powdered wig symbolizing social status, sitting indolently. Although proclaimed a doctor, this member of the medical profession uses a sharp tool to stitch the sole of a shoe; it is implied that this tool will later serve a medical purpose: “I not only patch up your bodies / But soles I can likewise renew!” The bookshelf contains skulls as well as what look like totems. On the table are a few medical appurtenances, overshadowed by yet another wig and a long, fashionable coat.

Next to Dr. Snob stands his wife, a scowling woman either pregnant or, as the text implies, extremely bloated. Yet her condition will not last long; on the ground lies an awl, the tool with which her condition will be treated:

My wife a poor dropsical Creature,  
I thought it might be for her good;  
Being puff’d up and bloated with water:  
To take a few ounces of Blood.  
My lancets were out of the way,  
Yet my awl did the Business as well;  
She died as a Body may say  
But the reason I never could tell.

Here, “dropsy” may refer to gout, its most common meaning, but it could also refer to a wide variety of ailments including pregnancy. The verse and print illustrate a typical stereotype: unskilled doctors, partial to bloodletting with their lancets, attempted to “take a few ounces of Blood” and, in so doing, effectively killed their patients.

Most people would not have possessed the schooling necessary to understand the myriad implications in Laurie and Whittle’s print; for more popular audiences, artists like George Woodward and Thomas Rowlandson designed simpler prints:
Figure 15. [Woodward and Rowlandson, “A Visit to the Doctor”]

Figure 15, a print by Woodward and Rowlandson, entitled “A Visit to the Doctor,” is more simply, grandly drawn. In fact, Fiona Haslam argues that the “vigour” of Rowlandson’s paintings signifies a desire to overthrow the “existing order.”

Her argument is believable in that this, like many of Rowlandson’s prints, clearly serves as a class critique. A bourgeois couple approaches the gentleman doctor, again characterized by his wig, his long coat, his walking stick, his spectacles, and his butler. The small statue of Galen above the fireplace also attests to his classical training. “Do

---

211 Haslam, Hogarth to Rowlandson, 9.
you see, Doctor,” the patient says, “my dame and I become to ax your advice—we both of us eat well, and drink well, and sleep well—yet still we be somehow queerish.” The doctor’s reply is a stereotypical one for the time: “You eat well, you drink well, and you sleep well—very good. . . you was perfectly right in coming to me for depend upon it, I will give you something that shall do away all these things.”

This notion of doctors as essentially incompetent gentlemen was widespread. One reformer, indignant at “the childish nonsense put forth by these classical people,” prayed “that the medical student’s first experiments in chirurgery may be made on the most distinguished members of the old Classical school.” Many a reformer and medical patient must have prayed for doctors to, in modern parlance, have a “taste of their own medicine.”

Perhaps none wished for this comeuppance more vehemently than disenfranchised patients: women, the indigent, and medical subjects treated, as chapter three argued, as experimental objects. For working- or upper-class patients, Romantic-era medical “cures” seldom worked, often plunging them into deep depression. The following account, from a nineteenth-century book entitled The History of Psychology, offers a prescient look at such depression. The typical patient, the author writes, return to physicians, go back to quacks, and occasionally tr[ies] the family nostrums of many an old lady. His constitution being worn by fretfulness and by drugs, he at length despairs of relief, and either sinks into a fixed melancholy, or roused by indignation, . . . he abandons the seat of his disappointments, tries to dissipate his misery by new objects and a different climate, consults no practitioners of any country, sex, or denomination; and forms a fixed resolution to swallow no more drugs.

212 Qtd. in Weatherall, Gentlemen, Scientists, and Doctors, 17.

Here, we see how “quacks,” despite their disrepute, distinguished themselves from the population at large, touting their cures as more effective than those of “many an old lady.” The patient, having explored this quasi-medical hierarchy, would finally weary “of drugs” and sink into a deep depression, a “fixed melancholy.” No longer would he or she turn to medical practitioners, whether members of the Royal College or old women peddling nostrums.

Some patients turned to ritual—or, more specifically, the comfort provided therein. In Patients’ Progress, Roy and Dorothy Porter astutely observe that demonology and witchcraft, though declining in cachet, retained some hold on patients’ imaginations. Medical language, for instance, provides comfort when it mimics the language of ritual. John Wesley, in his popular recipe book Primitive Physick (1747), advocates a return to natural recipes, arguing that doctors’ elaborate cures only serve to procure higher wages. We can observe the detail-oriented nature of the following, Wesley’s cure for “lunacy”:

Boil the juice of ground-ivy with sweet oil and white wine into an ointment. Shave the head, anoint it therewith, and chafe it every other day for three weeks. Bruise also the leaves and bind them on the head, and give three spoonsful of the juice, warm, every morning. This generally cures melancholy.

While “chafing” the head with ground-ivy for three weeks might understandably add to a patient’s lunacy, the ritualistic nature of this cure—the repetition and specificity—would offer a sense of comfort in an otherwise incomprehensible (at the time) state. Recipes

---

214 Porter and Porter, Patient’s Progress, 193.

from the time abound, including this one, concocted by a Coventry “housewife,” entitled “receipt for the Dropsy by Mrs. R”:

Take a quart of the best Mountain Wine
To which add 2 Ounces of the best Gunpowder, and
Half an Ounce of Powdered Rhubarb mix them in
A Bottle and Take a large Glass full about 4 in the Morning; 11 in the forenoon, and at night going To Bed, observe to shake the Bottle well when you take it.
-------Continue till Cured.---------

As in any ritual, the patient must adhere to prescribed behaviors, using the “best” mountain wine and gunpowder, adhering to strict measurements, taking the medicine at a prescribed time, making sure to “shake the Bottle well.” This ritualistic aspect of medicine continues to comfort patients today.

Sometimes, these rituals overtly evoked religion, as another manuscript recipe attests. Interestingly titled a “charm” to stop bleeding in “man or beast,” the recipe asks the patient to “repeat the following words”:

Our Saviour was born in Bethlehem and Baptized
In the River Jordan, the Waters were Rude [?] the Child he was good, he bid them stand, and still they Stood. In the name of the Father and of the Son and of The Holy ghost to staunch to Blood of ____ ________
at the end repeat the Persons name.  

Although little else is known about the Coventry housewife who used these recipes, she hopes her recipes will reward those who “religiously” follow them.

---


217 Ibid. Irregularities in this transcription correspond to the original.
Without such a reward, the patient would quickly become disillusioned, a process exemplified in the diary of Elizabeth Freke, a rare personal account of early-eighteenth-century illness. This account is all the more remarkable for Freke’s class (her language exhibits her lack of formal education) and gender. The diary simply relates facts and feelings instead of attempting to form a cohesive narrative. Many of these facts are shocking and heartbreaking; her husband suffered from asthma and dropsy, and a purge prescribed by a Dr. Barker turned into a gangrenous “mortification” of the leg. He was, Freke writes, “Murdered by Five Doccters, Two Surgions, & three Apothycarys.” Later, Freke herself began to suffer from asthma, as well as from debilitating grief occasioned by her son’s death. At one point, she could not walk without the aid of two people, for which debility the doctors bled her twenty ounces.

“Man-midwives,” or obstetricians, also caused Freke extreme disillusionment. During one episode of tortured labor, the obstetricians had decided to perform a Caesarean section. One feels her terror in her brief description of the male midwife “putting on his Butchers habitt to Come Aboutt me” (W 88; B 4v). At the last moment the intercession of “A good Woman Midwife” averted the fate, and after three more hours the mother was “saffly delivered. And tho, of A dead Child, hurt wth severall Greatt holes In his Head ensp by Midwiffes my God Raised him up to me ensp he was the same Night Christned” (W 89; B 4v). One can imagine the grief caused by seeing the large holes in the child’s head. Freke’s religion is a consoling influence, but her experiences with medicine become more and more bitter.

---

Freke’s disillusionment leads to an acceptance of pain and, eventually, death. When rheumatism adds to her asthma until she cannot leave her chair, she designates herself a “cripple.” She attempts various solutions, such as a trip to Bath as well as a phlebotomy, but nothing helps; instead, her rheumatism and asthma are now joined by pleurisy and colic. To make matters worse, Freke became nearly blind in her sixty eighth year, describing herself as:

allmost Totally deprived of my eye sight; an Insuportable Griefe to me; And Noe friend Neer me tho I haue this Fowre monthes every-day expected my last summons, Wch with most humble patience I doe Attend till my God shall Release his Miserable servant outt of all my Miseryes; or Raise me as he shall see good & best for Eliza Freke. (B 23v; C 121)

Her blindness and isolation become an “insupportable grief.” She retains her religious views, waiting for God to “raise” her, but we can read the misery, the pain, the desire for life to end. This desire is made clear by Freke’s survey of dining room furniture, which included a coffin for herself: “i Coffin for me & Itts stand Redy Fixtt, & Leaded for me wth the Key of Vault” (C 116; W 179). The image of the “ready fixed” coffin, already leaded and waiting for its inhabitant—in the woman’s own dining room!—symbolizes the invasion of death into everyday eighteenth-century existence.

Sometimes, patients fought death, attempting to change medicine instead of abandoning it. The Romantic era provided an unprecedented array of newspapers, journals, periodicals, and anthologies in which patients could express their dissatisfaction; financially secure patients could pick and choose their doctors, and “bad press” often influenced public opinion. “Press” carried a number of different connotations during this period, the first of which was the wide-ranging influence of newspapers. In his 1834 *Sartor Resartus*, Thomas Carlyle likened the press to a friar who
“settles himself in every village, and builds a pulpit, which he calls Newspaper.”

Newspaper, it was widely agreed, disseminated information to a wide range of readers, ranging from the upper class to the barely literate. Perhaps due to these democratic impulses, the Romantic era saw a sharp rise in newspaper publications; the number of newspapers in the United Kingdom grew to eighty-eight between 1665 and 1800 but catapulted to 126 in merely thirty years (1800-1830). When, in 1771, journalists defied the ban on reporting parliamentary affairs and, defying the government’s stamp tax, published unstamped newspapers, they clearly indicated that newspapers represented a challenge to the earlier model of the “man of letters.”

In addition to newspapers, Romantic-era medical outsiders often published in periodicals; these included the faddish “miscellany,” the developing genre of anthology, and the independently published collection. The literary miscellany, a form more popular in the eighteenth century’s earlier decades, assembled widely disparate, usually unknown poems. Since procuring these poems was inexpensive, publishers could easily gain money by selling them; in fact, they often inserted a better known poet into a miscellany, guaranteeing a higher sale for the whole. Often, miscellany or collection publishers prefaced these poems by comparing them to a “feast,” of which readers could pick and choose according to taste. As Barbara Benedict rightly argues, this strategy worked to endorse the emotional response of each individual reader, allowing for poems addressing


220 Ibid, 11.

221 Cost grew in importance after April 10, 1710, when the Statute of Anne granted writers copyright protection through a parliamentary act. Miscellanies’ strategy of “packaging” still exists today; one need only examine cable television and it’s strategies for selling a disparate “bundle” of channels (packaging HBO with a lesser-known television station is guaranteed to ensure profits).
a variety of topics.\textsuperscript{222} Like a feast, the miscellany provided enough variety to attract a wide array of readers.

As the century wore on, medical poems by outsiders appeared more commonly in the anthology, a new form that worked to illustrate social values and echo (or produce) the public’s growing sense of “taste.” While this move might have portended the end of the fashionable medical satire, a variety of readers still preferred shorter, light-hearted pieces to longer, increasingly canonical ones. The metaphor in the latter part of the century changed from feast to asylum: unknown poems sought asylum or nurture from charitable readers. For instance, John Almon (1737-1805) produced two anthologies, \textit{The Foundling Hospital for Wit} and \textit{Asylum for Fugitive Pieces}, produced in six and eight editions, respectively. This way, readers chose to buy one or a whole set, assisting in the poems’ success. In anthologies, miscellanies, or newspapers, a wide array of readers could access outsiders’ poems regarding the medical establishment.

Robert Dodsley (1704 -1764), one such outsider, was known for his poetry about farm animals, not his medical acumen. “Descended from parents whose circumstances could not admit of their giving him a classical education,” Dodsley instead became a footman with a penchant for poetry, publishing a group of poems entitled \textit{The Muse in Livery}.\textsuperscript{223} Later, he wrote a dramatic poem entitled \textit{The Toy Shop}, earning himself the approbation and patronage of Alexander Pope. Yet Dodsley’s disenfranchised roots were never far from public knowledge, as illustrated by Edward Curl’s scathing 1737 response:

‘Tis kind a \textit{Livery Muse} to aid,


\textsuperscript{223} Robert Dodsley, \textit{Pain and patience. A poem} (London, 1742 [1743]). Eighteenth Century Collections Online. Gale Group. Accessed August 9, 2006. All future references to this text are from this source.
Who scribbles farces to augment his trade,
When you and Spence and Glover drive the nail,
The devil’s in it if the plot should fail.

Like Keats, an apothecary instructed to return to the pill-shop, Dodsley, despite his successes, remained a “livery muse” who merely “scribbled” poems, aided only by the machinations of Alexander Pope, Joseph Spence, and Richard Glover.

When this “livery muse” fell sick with gout, few expected Dodsley to respond to his medical treatment with a poem. Yet Pain and Patience, A Poem, which Dodsley himself printed with his own funds, remains one of the most complex of eighteenth-century pathographies. Like writers of The Lancet and popular print-makers, Dodsley satirizes the methods, mistakes, and mercantilism of the medical establishment:

But Heav’n grant Patience to the wretched Wight,
Whom Pills, and Draughts, and Bolusses assail!
Which he must swallow down with all his Might;
Ev’n then when Health, and Strength, and Spirits fail.
Dear Doctors, find some gentler Ways to kill;
Lighten this Load of Drugs, contract yon Length of Bill.

Instead of the doctor “waging war” against disease, the “wretched Wight”—an archaic term linked, in old English and old Norse, to someone who fought—must fight against the very “pills, and draughts, and bolusses [large portions of drugs]” prescribed by doctors. These remedies actually “assail” the poor patient. The ending couplet, directed at the “Dear Doctors,” couches Dodsley’s critique in no uncertain terms. Doctors, in this scenario, do nothing less than “kill,” and they do so with both medical malpractice—prescribing too many drugs—and financial extortion.

---

224 Many other short poems conceive of illness as divine punishment, healing as divine providence. This study focuses of patients’ responses to pain as they related (politically or rhetorically) to the medical establishment.

225 OED Online.
The image of doctors knowingly killing their patients returns again and again in popular poetry. The Reverend Samuel Bishop, a Methodist minister and headmaster of the Merchant Taylor’s school, was also not a medical authority. Very little information exists about him, but we know that, as a Methodist minister, he would not have received any state support; his income probably came mostly from his work with the school.

Having graduated pupils like Edmund Spenser, the Merchant Taylor’s school was considered an elite establishment, and the headmasters behaved accordingly. One of Bishop’s former students, Charles Matthews, tells of his pretensions:

Bishop, the head master, wore a huge powdered wig, larger than any other bishop’s wig. It invited invasion, and we shot paper darts with such singular dexterity into the protruding bush behind that it looked like ‘a fretful porcupine’. He had chalkstone knuckles too, which he used to rap on my head like a bag of marbles, and, eccentric as it may appear, pinching was his favourite amusement, which he brought to great perfection. 226

Whether he interacted with doctors is unclear; yet, in his Poems on Various Subjects (1800), Bishop included two short poems satirizing them. The first deals mostly with the notion of killing, including a military metaphor:

When Doctors, twenty years ago,
Wore wigs of venerable flow,
A bodkin sword’s diminutive stump
Stuck right across each physic rump;—
Whose short dimensions seem’d to say,
“Our object is to save, not slay.”
An emblem apt enough, I trow.—
But wicked wits pretend to show,
For swords so small, an apter still—

—“We’ve other ways than **one**—to kill!”\(^{227}\)

Bishop describes the medical scene “twenty years ago,” in 1780, a scene that has not seen much change. From the beginning, he utilizes vivid physiological imagery, describing the “wigs of venerable flow” (not unlike the ones Bishop himself is said to have worn) and the bodkins extruding from each “physic rump.” These bodkins symbolize heroic medicine: the idea that doctors inflict a little pain to “save, not slay.” Yet Bishop denounces the venture, proclaiming that doctors, “wicked wits,” will literally find ways to kill their patients.

Murderous doctors populated numerous late eighteenth-century plays and poems. The almost unknown Robert Anderson, whose “Lucy Gray” may have inspired Wordsworth, satirized such doctors in his poem “Death and the Doctors.” Like Dodsley and Bishop, Anderson was an outsider: he attended a charity school and worked as an assistant to a calico printer.\(^{228}\) Anderson’s epigram illustrates the far reach of stereotypes concerning doctors’ incompetence:

```
So many had old Nostrum kill’d, that Death
At length grew jealous, and just stopp’d his breath.
A while thy labour now, grim king, give o’er---
Thou’st conquer’d him who kill’d full many a score.\(^{229}\)
```

---


In true eighteenth-century satiric fashion, the doctor becomes one with his remedy, or “Nostrum.” Death, jealous of the doctors’ skills in killing, decides to kill Nostrum himself.

Another such satire was Anthony Pasquin’s 1789 “A Physician and his Patient: A Tale.” Although it repeats many themes from previously examined poems, the detail provided by Pasquin’s poem provides us a clearer glimpse into the eighteenth-century medical patient’s point of view. Pasquin (1754-1818) was more prolific than many of the poets chronicled in this chapter; an engraver, he produced a variety of satirical works. Tangentially, he also attended Merchant Taylors’ school, where Bishop had served as headmaster. Pasquin addressed a more educated, upper-class audience than many of his comppeers; his acquaintances included the actor John Edwin and Richard Barry, earl of Barrymore. In his poem, Pasquin parodies the classical schooling of R.C.S. physicians:

Just warm from Edinburgh’s death dealing college,
A stony-hearted Wight sought Worcester town;
Arm’d with diploma, wig, cane, cough, and frown,
To hide his want of academic knowledge:
There by Pharmacopolists prais’d ‘bove measure,
He thinn’d the race of Britons at his pleasure.

Like many gentleman physicians, Ruin attends Edinburgh, which Pasquin memorably labels the “death dealing” college. Possessing more medical detachment than necessary, Ruin is “stony-hearted” armed not with cures, but with “diploma,” “wig,” and the rest of the accoutrements Rowlandson and others depicted in their prints. All of these

---


accoutrements, the narrator observes, hide his ignorance and allow him to prescribe at will. Through such actions, he manages to thin “the race of Britons”; Pasquin’s use of hyperbolic language emphasizes the real harm untrained doctors could do.

Pasquin’s poem targets such harm by following Ruin through a number of unsavory medical encounters. The poem’s chief patient is the poor “ale-draper,” Dick, who

fell wond’rous sick:
With woeful pangs his jocund mind was smitten,
Just as potatoes are frost bitten.

Based on this description, we can deduce that Dick suffered headaches, as only his “jocund mind” was smitten. Likened to the thawing of a frostbitten potato, Dick’s cure could easily be achieved. Yet when Ruin comes to give Dick relief,

A fine slow fever was the sharp disease,
Which Ruin coax’d with joy, and snatch’d the fees.
He kindly sooth’d the dull, disorder’d ninny,
And chang’d, for many a rough, long-hoarded guinea,
And all such cursed hocus-pocus stuff.
The Patient took this concrete as a bolus.
Tho’ with a heavy heart,
He felt an inward, mortal, poignant smart,
Threaten to sepulchre his body solus.

Ruin “coax[es]” the fever slowly, anticipating the fees, the “long-hoarded” guineas poor Dick has managed to save. Dick, a “dull, disordered ninny,” knows no better, agreeing to take concrete, labeled, in latinate terms, as a cure, or bolus. The patient feels, with a “heavy heart,” that this remedy will eventually lead to his death, “sepulchre his body.”

Unfortunately, poor, gullible Dick’s premonitions prove correct.
Why would a doctor knowingly inflict harm upon his patient? While these poems are steeped in hyperbole, the excessive emphasis on fees illustrates outsiders’ distrust of medical motives. Like Pasquin, Bishop makes this point in a short narrative poem:

“Perhaps,” said the doctor one day to his friend,
“You remember a tale, which you made me
attend:
“That tale, sir, much more than you think of, has
“cost:
“It detain’d me so long, that a patient was lost.”
“Alas!” quoth the friend, “I’m quite sorry for
“that,
“That your patient should suffer by my idle chat.”
“Should suffer!”—the doctor replied with a
“sigh,
“No!—he is the saver!—the sufferer am I!—
“Nature popt in between, while I slackened my
“speed;—
“And the man was got well, before I could get
“fee’d.””

In this narrative, the doctor’s friend expresses the socially correct condolences. The doctor, however, has other priorities in mind. “Nature popt in between” him and his quest, but the twist is that “nature” cured the patient—in a way, Bishop implies, the doctor’s medicines could (or would) not. Now the doctor is the “sufferer” because, in a remarkable turn of phrase, he cannot “get fee’d.” “Fee’d” might be a pun on “fed,” presuming that the doctor literally consumes his pay. Also, the noun “fee” has now assumed a more active connotation. As Seth Godin’s twenty-first century internet blog so aptly states, “Nouns just sit there, inanimate lumps. Verbs are about wants and desires and wishes.”

Ironically, here, doctors want, desire, and wish for nothing but money.

---


Alternative, “quack” therapies catered to patients disillusioned by the ever-rising cost of treatment by physicians as well as surgeons. Although Roy Porter has convincingly argued that no clear division existed between physicians and “quacks,” perhaps one difference was in quacks’ democratic rhetoric. James Morison, who developed a vegetable, purgative pill purported to heal all manner of illness, clearly intended his tome, Morisoniana, as a call to disenfranchised, frustrated patients. On the title page, Morison introduces his aggressive revolution against standard medicine: “THE OLD MEDICAL SCIENCE IS COMPLETELY WRONG,” he writes. “Every one may now be his own doctor and surgeon, at a cheap rate, and enjoy a sound mind in a sound body.”

Aggression against medical practitioners and democratic rhetoric color the entire 600-page “manual.”

The first of Morison’s works compiled in this anthology, “Origin of Life and Cause of Diseases,” provides some of his most interesting rhetoric. The byline itself—“by James Morison, THE HYGEIST,”—implies a more pure, sterile practice. Morison’s theory, reiterated numerous times, is that “Blood forms the Body—Air gives it Life”; any more specific attempts at diagnosis are, as he states, “superstitious theories and practices of the medical profession.” In “Some Important Advice to the World,” Morison lists various diseases, claiming they can all be cured by purgation. This byline—“James Morison, Gent. NOT A DOCTOR”—testifies to his anti-medical views. Purging harmful humors or elements restores people to an originally pure state, the one intended

---

234 James Morison, Morisoniana; or, Family Adviser of the British College of Health. Being A Collection of the Works of Mr. Morison, the Hygeist (London, 1831) II. All emphases original.

235 Morison, 5-6.
by God. Why, he asks, would God have “showered” so many differing illnesses upon us? “The sun,” he writes, “shines alike for all.” If the healthiest can become ill, the most sick can be cured, he proclaims. Morison uses the Biblical images knowingly, saying that a healer like himself must have the “fervour of an apostle.” Healers’ beneficience, in contrast to doctors’ greed, allies them with the divine.

Apostolic “fervour” underwrites Morison’s attack on the medical establishment: doctors who bleed the patient instead of preserving that most precious resource, surgeons who constantly cut, and an establishment that promotes dissection. Supposedly drawing from accounts presented in “that weekly castigator, the Lancet,” Morison writes of the workings of the university and hospital systems which sanction public dissections:

> the eternal thirst for grubbing in the rotten carcasses of the dead urges them on to the abettory of murder, and the encouragement of the vilest of atrocities, by having their private doors open for the reception of the purposely-murdered subjects of dissection.

While orthodox medicine approaches murder, Morison’s pills can cleanse and purify a physically and socially impure society.

Like other quack remedies, Morison’s pills were wildly successful, boasting up to 300,000 cases of cure. Since the medical profession was not always reliable, even the wealthy had long turned to pills like Morison’s, or to other, more drastic treatments. In the mid-seventeenth century, Anne, Viscountess Conway, suffering migraines, initially sought the assistance of William Harvey, famed for his work on circulation. Yet when the great man could offer no cure, she tried quacks’ drinks and “unorthodox healers,” like

---

236 Morison, 97-98.

237 Morison, 582-583.
Valentine Greatrakes, the Irish “stroker.”\textsuperscript{238} The aristocratic proclivity for baths, spas, exercise bikes, and contraptions like the “hygeian chair” has already been well documented, as have their daring experiments with electricity.\textsuperscript{239}

Yet the fact remains that alternative medicines like Morison’s pills often served the poor, who could more easily afford a few boxes of pills than an expensive medical practitioner. Examples of people healed by Morison’s Pill include “Wm. Williamson, tin-plate worker…cured of tightness of the chest, shortness of Breath, and very severe cough,” “C. Jackson, Afflicted with Boils all over the Head and Body; cured in one week,” “Mr. T. Coles, Draper…cured of ossification of the heart,” and “Captain Downe…cured of congestion of the brain.” Patients, ranging from a “tin-plate worker” to a captain, would attempt not only traditional medicines but also alternative, “quack” cures.

One example of a patient who sought help from both traditional and quack doctors was Jane Winscom (1754- c.1813), who suffered debilitating migraine headaches for over ten years. Frustrated with her doctors, she wrote “An Ode to Health,” inserted into the Bristol newspaper on May 25, 1793. Later, she replicated this poem in a self-produced volume published for subscription and aimed toward somewhat wealthy, literature readers (she compared her poems to those of Anna Seward and Hannah More). Apostrophizing these readers as well as her doctors, she, like Dodsley and Bishop, critiques the various treatments afforded her:

Ye sage Physicians, where’s your wonted skill?

\textsuperscript{238} Dorothy Porter and Roy Porter, \textit{Patient’s Progress}, 27. Greatrakes (1628-1682), a lieutenant in Oliver Cromwell’s army, believed he could heal people by touching their faces and, literally, “stroking” them.

\textsuperscript{239} See Brenda L. Himrich, \textit{Electrifying Medicine: How Electricity Sparked a Medical Revolution} (Minneapolis: Lerner Publications, 1995).
In vain the blisters, bolusses and pill;  
Great Neptune’s swelling waves in vain I try’d,  
My malady its utmost power defy’d;  
In vain the British and Cephalic Snuff;  
All Patent Medicines are empty stuff;  
The launcet, leech, and cupping swell the train  
Of useless efforts, which but gave me pain;  
Each art and application vain has prov’d,  
For ah! my sad complaint is not remov’d.\textsuperscript{240}

Winscom begins her poem in a direct address, accusing her physicians, known for their sagacity and “wonted skill,” of nothing less than compete failure. “In vain” have they prescribed blisters (vesicatory applied to raise blisters and relieve excessive blood pressure) and a variety of pills; in vain has Winscom traveled to attempt a water cure from “Neptune’s swelling waves”; in vain did she try cephalic snuff, a powder that, through inhalation, supposedly cured head pains: all of these efforts, exacerbated by lancets and leeches, only served to “give her pain.” Winscom’s poem points out that all arms of the evolving medical discipline were, for the patient, equally useless.

In a later poem, Winscom berates her physicians in plainer speech. Her ominously titled “Invocation to Death,” in fast-paced iambic \texttt{ uninspire\textsuperscript{r} quatrains, leaves the reader no room to question her vitriol:

\begin{quote}
Physicians, and ye crowd,  
Who boast of physic-skill;  
I may proclaim aloud,  
You’re but a splendid ill!

In vain I’ve sought for cures,  
As tortures still confine:  
What fruitless pounds are \texttt{yours!}  
What pain and anguish \texttt{mine!}
\end{quote}

\begin{flushright}
\footnotesize\textsuperscript{240} Jane Cave, Poems on various subjects, entertaining, elegiac and religious. By Miss Cave, now Mrs. Winscom. The fourth edition, corrected and improved, with many additional poems, never before published (Bristol, 1795). Eighteenth Century Collections Online. Gale Group. Accessed April 28, 2006.
\end{flushright}
Again, Winscom pits physicians’ “boast” against a simple accusation, ascribing “illness” to the profession itself. The doctors have gained “fruitless” pounds, money received for no merit, and the narrator herself has gained only “pain and anguish.” Here, Winscom’s rhetoric follows a similar narrative of medical wrongdoing, the result of which is anguish and self-pity.

This anguish finds a voice in Winscom’s two “headache” poems, public poems that—quite unusually for a woman at this time—articulate fears concerning her medical situation. Winscom feared that her overpowering headaches would impair her memory or blind her, contributing to her poems’ prominent images of darkness:241

Not one short month for ten revolving years,  
But pain within my frame its ∞nspire rears!  
In each successive month full twelve long days  
And tedious night my sun withdraws his rays!  
Leaves me in silent anguish on my bed,  
Afflicting all the members in the head;

But now, behold, I live unfit for aught;  
Inactive half my days except in thought,  
And this so vague while torture clogs my hours,  
I sigh, Oh, ‘twill derange my mental powers!  
Or by its dire excess dissolve my sight,  
And thus entomb me in perpetual night!

This poetic fragment is remarkable for its resemblance to modern-day “illness narratives,” addressing its audience in an almost confessional tone. Winscom herself emphasizes “one” and “ten,” using a strategy applied by William Wordsworth in “Tintern Abbey” to add emphasis to the length of time she has suffered. For twelve days—almost

half—of every month, she has suffered, literally forced to lie in a dark room (“my sun withdraws its rays”). She remains in bed, in “silent anguish,” “unfit for aught.” Even “thought” has lost its luster, as pain renders thinking more vague, unsatisfying. The poem (and, we might assume, Winscom’s life) culminates in depression: a fear that her headaches will “derange [her] mental powers” (drive her insane) or “dissolve [her] sight.” In either case, she will be effectively dead, “entombed” in physical or psychological “perpetual night.” The pathos of Winscom’s poem invites her original readers, and us, to envision her pain, her fears, and her frustration with an ignorant medical community.

Read in terms of medical narrative, Winscom’s poems exemplify one of the most prominent tropes in the genre: a political tale of the patient’s fight for power against a (more) powerful structure (e.g. the state, the hospital, and now the HMO). Yet there is no narrative thread here. Although Winscom provides us with a beginning to her illness (ten years ago), there is no middle—migraines proceed with unflinching regularity—or end, at least not until her death. This lyric poem merely provides the reader with a “spot of time,” an episode in a life, a sense of the patient’s pain and frustration.

Some authors, like Winscom, request a solution to their ills:

```
But when I stop to rest
And life’s last lamp’s expired!
‘Tis now my firm request,
The surgeons are desir’d

T’ investigate the jaws,
The temples, eyes and brain;
To learn what wond’rous cause
Has given all this pain.
```

Here is Winscom’s ultimate image of darkness, the expiration of “life’s last lamp.” The alliterative “l” sounds in this line slow the reader down, forcing him or her to contemplate
Winscom’s impending death. Yet she marches on, again forcing the reader’s (and the surgeons’) attention with an enjambed stanza. Our eyes are unerringly drawn to the object of her desire, that the surgeons perform an autopsy on her corpse, opening up the “jaws, the temples, eyes and brain.” Winscom herself emphasizes these body parts, lending further weight to her plea. By exploring her corpse, she hopes, surgeons will learn more about the causes and cures of migraine headaches.

Often, proposed solutions were less drastic, more commonsensical. Sometimes patients critiqued doctors for conflating patients and their ailments. In the 1794 Political Farrago, a miscellany aimed at varying classes of readership, an anonymous author wrote “The Tea-Spoon: Occasioned by Dr. Hill’s Prescribing a Teaspoonful of Every Medicine to Every Patient Indiscriminately”:

HAPPY Tea-Spoon, which can hit
Dr. Hill’s unequall’d wit;
Patients young, and patients old,
Patients hot, and patients cold,
Patients tender, patients tough,
A Tea-spoonful is just enough.

If with tea you shake your frame,
Or with drams your head inflame,
Of with beef your paunch o’er-stuff,
A Tea-spoonful is just enough.

If in court, with brief in hand,
Or at bar you trembling stand,
Take the dose, fear no rebuff,
A Tea-spoonful is just enough.\(^{242}\)

Like Winscom’s, this poem utilizes iambic tetrameter quatrains, a form most commonly found in nursery tales and poems for children. The tone itself resembles that of a children’s poem: the teaspoon is ironically “happy,” and suffices for young, old, hot, cold, tender, and tough, nonsensical words utilized to parody a nonsensical situation. The author further critiques “Dr. Hill” for prescribing the same medication for headaches, anxiety or overstimulation (“if with tea you shake your frame”), and bloating. He would, the critique continues, prescribe it for legal matters if possible. A “tea-spoonful” is “just enough” for the careless Dr. Hill, but too much, the author implies, for his patients.

Although most outsider poems, like most twenty-first century editorials, critiqued the medical establishment, patients also wrote to praise and re-affirm positive aspects of the developing discipline. Often, people wrote to express their pleasure with what was done well—with doctors’ compassion and cures. Dr. Haydon Winstone published “Lines addressed to Dr. Fraser at Bath . . . on his Recovery from a Dangerous Illness” in Gentleman’s Magazine, a publication read by many genteel readers, including doctors. Winstone utilizes a battle metaphor, with Dr. Fraser as a valiant warrior:

Next to the Almighty’s gracious will,  
Which guides each sick-bed hour,  
I owe my life to human skill,  
And Fraser’s matchless power.  
The Fever seiz’d my shattered frame,  
Each limb refus’d my will;  
But Fraser came, saw, overcame  
Each complicated ill.  
Disease, as he advanced, retir’d  
Within a narrower sphere,  
The pain’s removed, as if inspire’d  
With more than common fear.  

243 Qtd. in Porter and Porter, Patient’s Progress, 65.
Written in a typical ballad stanza, this poem resembles a military song of praise (the meter resembles that of the modern Marine hymn). The content, too, presents Fraser as a military hero, a man endowed with “powers” above the realm of “human skill.” Fever, the enemy, “seizes” the narrator’s frames, and his own limbs retaliate against him, refusing his “will.” This complicated attack can only be held off by Fraser, who, recalling Julius Caesar’s motto of *veni, vidi, vici*, “came, saw, [and] overcame.” As Fraser’s might “advances” to battle the narrator’s willful fever and combative limbs, they “retire,” and, eventually, recede. Unlike Winscom, who utilizes poetry to emphasize various moments of illness, Winstone gives his illness poem a narrative form constructed through military metaphor. Within this form, Fraser is the military hero, the conqueror of disease.

Later, Winstone’s poem expresses an intimate concern for Fraser and his family. Although little information exists about Winstone, we do know he was an “esquire,” a lawyer or man of status. He visited Dr. Fraser at Bath, a well-known resort for the wealthy. It is not inconceivable that Dr. Fraser would have visited Winstone at his lodgings, establishing a personal relationship—even a friendship—with him. Many sources have pointed out the necessity of “sympathetic listening” and “taking the patient’s story seriously” in the early nineteenth-century medical relationship.244 This sort of relationship, if reciprocal, would account for the following expressions of concern:

Oh may Hygeia e’er attend
Around thy genial bed,
    And all the blessings fate can send,
On all thy household shed.

That thus, defended from distress
Of body, as of mind,
You still may rear while still you bless,
And renovate Mankind!

Here, roles reverse: the patient becomes the doctor, wishing that Hygeia, the goddess of health, will bless Dr. Fraser’s marriage, “genial” bed. Such a concern strikes the modern reader as remarkably intimate, not in keeping with the medical detachment promoted by Keats’s surgical instructors. The rest of the poem retreats from the intimate image of the marriage bed but wishes Fraser freedom from distress of “body” but also of “mind.”

A medical patient’s wish for his doctor’s sanity is surprisingly intimate, removed from a purely professional doctor-patient relationship. Although satirical poems about the medical establishment are far more common, this poem by Winstone alerts us to the intimacy often regulating late eighteenth-century doctor-patient relationships.

Bath, as has been argued by scholars, seems to have engendered this type of friendly, relatively open environment. Henry Jones (1721-1770), an Irish-born bricklayer brought to England by his poetic patron Lord Chesterfield, lavishly praises Bath and his medical care in “BATH, a Poem; inscrib’d to Dr. Nugent, Physician at Bath.” In gushing ballad-stanza quatrains, the narrator praises Bath, and then Nugent himself:

---

245 This concern could be read in light of Shawn Lisa Maurer’s argument that the rise of the periodical corresponded to the rise of a new form of masculinity that equated a man’s worth with his “ability to support and monitor a nuclear family” (7). In periodicals like Gentleman’s Magazine, men (including, in this case, Fraser) were valued for their ability to bear children, remain faithful, and reign in wanton desires (Shawn Lisa Maurer, Proposing Men: Dialectics of Gender and Class in the Eighteenth-Century English Periodical [Stanford: Stanford University Press, 1998]).

Nor thou, my Friend, the fervent Strain refuse;
Since Virtue warms, and Merit claims the Lay;
A Worth like thine the chastest Bard may chuse;
A Praise so just with decent Pride display. . . .

Lo! Nature’s deep-hid Springs to thee are known;
Her secret Workings and mysterious Laws;
Her winding Labyrinths you make your own;
You ward the fell Effect, you crush the Cause. . . .
And see! Success, thy happy Steps attend;
Success thy Goodness, and thy Talents claim:
Let then the feeble Efforts of a Friend
Join the strong Current of thy spreading Fame.247

Tellingly, Jones’s poem labels Nugent a “friend” two times, emphasizing the nature of
their relationship. Like Winstone, Jones wishes his friend well, asking that “success, thy
happy Steps attend.” Although the narrator marvels at Dr. Nugent’s scientific abilities to
uncover “Nature’s deep-hid springs,” he writes this poem as an intimate, a close friend.

Patients like Jones and Haydon are now obscure, their works hidden in scholarly
archives, but more famous, canonical poets also shared a remarkable intimacy with
doctors. In addition to the relationships between doctors like John Armstrong and poets
like Wordsworth and Coleridge, some of the more famous recorded doctor-patient
intimacies were those between “Dr.” Samuel Johnson and a number of his medical
doctors. One of these intimacies was with Dr. Thomas Lawrence, who assisted Johnson
in his frequent asthmatic bouts. By the end of his life, Lawrence was himself very ill,
having suffered a severe stroke. According to Hester Thrale’s account, they communed
in a silent, somewhat farcical friendship: “they were both deaf, and scarce able to speak
besides; one from difficulty of breathing, the other from paralytic debility.” Lawrence
died soon thereafter, but Johnson continued to miss his friend’s conversation. In April

247 Henry Jones, Poems on several occasions (Dublin: 1749). Eighteenth Century Collections Online. Gale
1783, two months before Johnson’s own stroke, he wrote that “since your departure I have often wanted your assistance as well as your conversation.” Although Johnson clearly valued Lawrence as a physician, the element of friendship was essential to their therapeutic relationship.

After Lawrence died, Johnson developed a different type of friendship with a Dr. Brocklesby. Johnson evidently did not think too highly of Brocklesby’s medical skills, but kept him on for his friendship. Therefore, after his June 17 stroke, Johnson called in William Heberden (for his skills) and Brocklesby (for his friendship). He declined to call his third doctor friend, Dr. Samuel Pepys, because:

Dr Brocklesby is, you know, my neighbor and could be ready at call, he has for some time very diligently solicited my Friendship; I depended much on the skill of Dr. Heberden, and him I had seen lately at Brocklesby’s. Heberden I could not bear to miss, Brocklesby could not decently be missed, and to call three, had made me ridiculous by the appearance of self-importance.

The quotation is telling: Brocklesby is a neighbor and has “diligently solicited [Johnson’s] Friendship,” but Heberden’s skills are vital to this patient. Brocklesby’s friendship serves an important function, mainly as a route to the more experienced Heberden. Yet Johnson did not simply discard his friend after the connection had been established. Despite Brocklesby’s mediocre medical skills, the two remained friends. Since Brocklesby never solicited fees from Johnson, the professional relationship remained secondary to their personal one.

---


249 Qtd. in Wiltshire, Samuel Johnson, 227.
Yet Johnson’s most multifaceted medical friendship remains that with Dr. Robert Levet, who he eulogized in his 1783 “On the Death of Dr. Robert Levet.”

Levet was not a well-known doctor, or even, it seems, a doctor at all. Like many of this study’s physicians, Levet rose in the medical ranks, starting life as a waiter in a Parisian coffee-house. Here, according to legend, various surgeons realized his innate intelligence and imparted their knowledge to him, procuring him free admission to lectures in pharmacy and anatomy. From Paris, Levet moved to London, where, according to Boswell, he was “an obscure practiser in physick amongst the lower people.”

Levet not only formed a friendship with Johnson but also lived with and doctored him for twenty years. He was not a learned physician, but Johnson seemed pleased by his common sense and ingenuousness, writing that “All his medical knowledge, and it is not inconsiderable, was obtained through the ear. Though he buys books, he seldom looks into them, or discovers any power by which he can be supposed to judge of an author’s merit.”

Johnson viewed his friend with mixed feelings, expressing admiration for his common sense (knowledge “obtained through the ear”) and a realization of his defects, namely a lack of book learning or even “any power” by which he could judge literature. These mixed feelings manifest themselves in Johnson’s poem, a sincere, yet sometimes patronizing, eulogy:

Well tried through many a varying year,
See LEVET to the grave descend;
Officious, innocent, sincere,
Of ev’ry friendless name the friend. (5-8)

---

250 Ibid, 199.

251 Qtd. in Wiltshire, Samuel Johnson, 200.
Perhaps, as Jonathan Wiltshire has pointed out, the poem’s forced rhymes and awkward images stem from Johnson’s sincere desire to make up for Levet’s lack of professional success. “Descend,” a verb too active for a corpse, nonetheless rhymes with “friend,” a word clearly important to the poet. The adjectives are also telling: “officious,” responsible in the exercising of duties, describes many professionals. Levet’s sincerity was important to Johnson, but “innocence” raises some questions. Innocent of what? And is professional “innocence” necessarily a positive trait?

Johnson attempts to remedy the uneasy juxtaposition of professional ability with innocence by describing Levet further:

When fainting nature call’d for aid,  
And hov’ring death prepar’d the blow,  
His vig’rous remedy display’d  
The power of art without the show. (13-16)

In this stanza, Johnson polishes Levet’s image by reiterating some prominent, easily accessible medical metaphors. “Fainting nature” calls for the powerful doctor’s aid against the “blow” of death. Here depicted as a heroic doctor, Levet battles back with a “vigorous remedy,” with “power[ful]” “art.” Significantly, Levet can rely on his skills, his “art,” not superfluous learning or outward appearance.

Johnson’s poem continually reiterates this point, representing his friend in a sincere, but not necessarily professionally flattering, manner. The following stanza depicts Levet as a modest, hard worker:

No summons mock’d by chill delay,  
No petty gain disdain’d by pride,  
The modest wants of ev’ry day  
The toil of ev’ry day supplied. (21-24)
Unlike Bishop’s doctor, who delays so long that his patient dies, Levet does not “mock” his patients’ requests with “chill delay.” Johnson’s diction here not only expresses the cold, “chill” attitude felt by pompous physicians, but it also connotes the “chill” of the delay’s most common consequence: the death of patients. Levet clearly listens to and respects his patients, willing to settle for less pecuniary gain. While Johnson’s readers would view this as a positive quality, the following two lines sacrifice Levet’s intelligence to his modest hard work. His “toil,” a word usually equated with manual labor, does not result in significant discoveries but in the “modest wants of ev’ry day.” By stressing a personally positive aspect of Levet’s character, Johnson’s poem nonetheless detracts from his professional image.

This quandary, of balancing a professionally detached image with a nurturing one, points to a larger issue in the rise of medicine as a discipline. While these authors still write within a late eighteenth-century social system, one that stressed the classical education indicated by poetry, their poetry itself points to an evolving disciplinary issue. Doctors were continually critiqued, by poets like Dodsley, Bishop, and Winscom, for their detachment, their preference of fees over patient health, their willingness to prescribe one medicine ubiquitously.

Yet a lack of detachment, an intimate friendship with patients, often threatens to detract from the eighteenth-century doctor’s professional image. When Winstone writes to Dr. Fraser and wishes him well in his family life and “genial bed,” the modern-day reader immediately pictures the doctor in a compromising position, not a professional one. When Johnson admits that he maintained Dr. Brocklesby because the latter worked at soliciting his friendship (and brought the more knowledgeable Dr. Heberden along),
we wonder at Brocklesby’s credentials as other than a friend. Johnson’s poem about Levet, perhaps the most widely-read poem in this chapter, leaves us thinking of the doctor as an honest, hard worker, not a shining star in his rising discipline.

As a science and a service profession, medicine constantly negotiated (and continues to negotiate) its disciplinary boundaries. The Romantic-era doctor existed in a peculiar bind. On one hand, classical learning put him on a higher social level, allowing him access to organizations like the Royal College of Physicians; on the other, this book-learning earned him criticism from more empirical branches of medicine, not to mention antagonism from his patients. Doctors, especially surgeons, were taught to maintain clinical detachment; however, too much detachment led to an averse response from patients and popular media forms. If a doctor took the alternate route, showing intimacy, care, and even friendship for his patients, he was in danger of being a Dr. Brocklesby, a doctor who solicited friends instead of earning credibility.

Although most twenty-first century doctors no longer speak five languages or write epic poetry, they still exist in a precarious balance between scientist and humanitarian. The proliferation of medical ethics courses, not to mention classes in the “medical humanities,” points to a modern desire for more nurture from doctors. Films like The Doctor (1991) or Patch Adams (1998) depict successful doctors who learn to nurture their humane instincts. Yet we also fear “too much” nurture, too little science. We can observe Americans’ fear of “too little science” through the success of books debating alternative forms of medicines: books like Chris Bohjalian’s 1998 Midwives simultaneously critique and praise the burgeoning success of midwifery, while his 2000 Law of Similars does the same for homeopathic medicine. Listening to patients’
reactions—not in neatly wrapped narratives, but in newsbytes or equally “chaotic” poems—forces us to see, from an outside perspective, the way disciplinary boundaries are constantly being negotiated, revised, and questioned.
Coda:

SOFT OR HARD DATA?
MODERN MEDICAL POEMS

In the last ten years, medical poetry has enjoyed a renaissance; the Journal of the American Medical Association now consistently publishes a few poems by patients or physicians in each issue. Medical ethics curricula now often include courses in “medical poetry” in hopes that a humanities background will humanize future physicians caught in the web of managed health care.

After nearly two centuries of rather rigid disciplinary divisions between poetry and medicine, physician-poets have again risen to the fore, bringing with them their unique knowledge of bodily mysteries. Since 2001, the Department of Medicine at New York University has published the Bellevue Literary Review. Snippets of medical poetry have appeared in a wide array of anthologies and even featured on National Public Radio’s “All Things Considered.” In the vein of Crabbe, some physicians use poems to illustrate the conditions of the destitute, especially those living with diseases like AIDS. Following Keats’s famous principle of negative capability, some physician-poets remain detached and aloof, relating facts and leaving feelings to the reader. Many patients follow earlier examples, writing poetry to air their medical grievances or appreciation. They write in a tradition that, despite a growing separation of disciplines, drew sustenance from Romanticism’s emphasis on nature and self.
One common thread connecting medicine and poetry—a thread linking both back to Romantic-era concerns—is and was an obsession with the natural world. For instance, James L. Foy, a present-day poet, compares various internal organs to different seasons in “Autopsy”:

Only when the great vessels are
Exposed and severed, and the four
Chambered heart is laid open to
Inspection, does Spring appear
In glory and abundance. First
Seen are the cherry blossoms,
Magnolia and apple; followed
In steady vernal sequence by
Tulip, azalea, iris, and finally
The peony in its ecstasy. \(^{252}\)

The beginning of this stanza utilizes clinical language: the vessels are “exposed,” “laid open to inspection.” The heart is literally “four / Chambered,” not the sanitized “heart” of much sentimental poetry. Yet this inspection, this interior probing, leads—in the same poetic line—to “Spring,” to a sequence of flowers culminating in the ecstasy of the peony. This unorthodox comparison illustrates the precision and beauty of the human body, an integral part of the natural world.

Even poems distancing the material from the poetic manage to unearth their similarities. For example, in a poem entitled “MRI,” Vernon Rowe plays with the musicality of scientific terms:

\[
\begin{align*}
\text{In this image} \\
\text{Of your brain} \\
\text{I see each curve} \\
\text{In the corpus callosum,} \\
\text{Curlicues of gyri,}
\end{align*}
\]

Folding of fissures,  
Sinuous sulci,  
Mammillary bodies,  
Arcuate fasciculus,  
Angular gyrus,  
Tracts and nuclei,  
Eyes and ears,  
Tongue and phalanx.

But not even  
A single syllable  
Of one  
Thin  
Poem.\textsuperscript{253}

The paradox of Rowe’s poem lies in its musicality. While the topic, a brain MRI scan, seems less than poetic, Rowe utilizes meter and alliteration to highlight the rhythm of seemingly dry medical terms. The first two lines, “In this image / Of your brain,” gain a sense of movement, a sense of dance, though Rowe’s use of trochees. This rapid motion continues with his exploration of

\begin{verbatim}
Sinuous sulci,  
Mammillary bodies,  
Arcuate fasciculus,  
Angular gyrus
\end{verbatim}

Here, Rowe uses an anapest/trochee combination to mimic a skipping sensation: “sinuous,” “mammillary,” “arcuate” and “angular” might not ordinarily be words to skip to, but Rowe draws our attention to the beauty and musicality of these technical, medical terms. Alliteration also adds to the effect, as in “sinuous sulci.” The reader—this one included—may not know what “sulci” are, but the repetition of the “s” sound provokes one to respond sensually, as does assonance of “arcuate fasciculus.” After this strangely

\textsuperscript{253} \textit{Blood and Bone}, 43.
rhythmic, engrossing exploration of the brain, Rowe ironically ends his poem by claiming that he sees

not even
A single syllable
Of one
Tiny
Poem.

Rowe’s ending ironizes our conventional expectations of poetry by declaring poetry’s absence at the end of an anatomically explicit, but musically compelling, poem. The medium of poetry here works to endow the brain and, in Foy’s poem, the heart, with the beauty and spirit of conventional nature.

Rowe, Foy, and other modern-day medical poets recognize their forbears; John Stone’s 2003 “Gaudeamus Igitur” consciously mimics the form of Christopher Smart’s “Jubilate Agno.” Smart wrote the poem while institutionalized for “religious mania,” utilizing poetry to express particular facets of his illness. “Gaudeamus Igitur” mimics Smart’s “For” and “to” refrains, drawing a clear line from eighteenth-century poets to the poet-physicians of today. In a form recollecting Gregorian chant or Anglican prayer, Smart puts forth maxims intended for twenty-first century doctors. In one section, Stone focuses on the intersection between medicine and the arts:

For there will be the arts
and some will call them
soft data

254 Although Smart wrote the poem during an internment that lasted from 1758-63, it was not published until 1939, under the title Rejoice in the Lamb: A Song from Bedlam (http://rpo.library.utoronto.ca/poem/1945.html).

255 According to the Cambridge Guide to Literature in English, Smart meant the poem, which serves as a worship of God’s architectural designs, to “serve as an alternative to the conventional Anglican text” (qtd. in Christopher Smart: Encyclopedia. Online, http://experts.about.com/e/c/ch/Christopher_Smart.htm. This again highlights the ritualistic parallels between literature and medicine, a fascinating topic that deserves more thorough exploration.
whereas in fact they are the hard data
by which our lives are lived
For everyone comes to the arts too late
For you can be trained to listen only for the oboe
out of the whole orchestra
For you may need to strain to hear the voice of the patient
in the thin reed of his crying. 256

Stone’s passage confronts many of the disciplinary paradoxes this dissertation has
brought to light. It breaks down the seeming division between “soft data,” gleaned
mostly from emotions, and “hard data,” derived from empirical experimentation. It
points out the need to focus on the particular (hearing the oboe “out of the whole
orchestra”) as well as the natura naturans (hearing “the voice of the patient / in the thin
reed of his crying”). Medicine itself, acting as both science and art, constantly confronts
this disciplinary divide. While career advancement and clinical detachment remain
important tools of survival, equally important is a recognition of the social factors,
whether economic, political, or personal, impacting the discipline. As Dr. John Hallberg,
the director of the Center for Medical Humanities at the University of Minnesota’s
Medical School, points out, the hospital and the doctor’s office are microcosms of the
world, replete with joy, suffering, and everything in between. 257 Indeed, one could say
that modern-day medical poets and patients repeat the traditionally conceived Romantic
project, expressing a “spontaneous overflow” of “powerful emotion, recollected in
tranquility”: after the diagnosis, the surgery, the recovery, or the death. Yet by writing
their poems, medical poets—now and then—remind us that our bodies also exist as a part
of the natural world, defined by both their sublimity and materiality.

257 http://minnesota.publicradio.org/display/web/2006/04/18/hallberg_poetry/
WORKS CITED


——— to Thomas Birch, 1753, British Library, Add. 4300.


——— to George Wilkes, Capel, August 31, 1760, British Library, Add. 30865.


Author unknown, *Annual Review* (1808), VI: 513-21, qtd. in Pollard, 64.

Author unknown, *Christian Observer* X (August 1811), qtd. in Pollard, 143.

Author unknown, *Eclectic Review* VIII (December 1812), qtd. in Pollard, 186.


Batsman, R. to Reverend Thomas Birch, British Library, Add. MS 4300.


Bishop, Samuel. *The poetical works of the Rev. Samuel Bishop, ... To which are prefixed, Memoirs of the life of the author, by the Rev. Thomas Clare, ... Vol. 1.*


Crappe, George.  The Poetical Works of the Rev. George Crappe: with his letters and journals, and his life, BY HIS SON. In eight volumes (London: John Murray, Albemarle Street, 1834).


DNB Online. Accessed through University of North Carolina at Chapel Hill libraries.


*Gentleman’s Magazine* ii (1829).

Gilpin, William. *Two Essays: One, On the Author’s Mode of Executing Rough Sketches; the Other, On the Principles on Which They Are Composed.* (London: Cadell and Davies, 1804).


Harvey, George. *Arteriologica Metrica, or A Description of the Arteries, of the Human Body, in Verse*; by Bardus Scalpelli. MS: London, Wellcome Institute Library.


Helfand, William J. *Quack, quack, quack: the sellers of nostrums in prints, posters, ephemera & books: an exhibition on the frequently excessive & flamboyant seller of nostrums as shown in prints, posters, caricatures, books, pamphlets, advertisements & other graphic arts over the last five centuries* (New York: Grolier Club, 2002).


http://eh.net/hmit/compare/.

http://minnesota.publicradio.org/display/web/2006/04/18/hallberg_poetry/


http://www.imagesonline.bl.uk/britishlibrary/

http://www.web-cars.com/math/horsepower.html


Laugh and Lye Down; or a pleasant, but sure, remedy for the GOUT, without expence or danger. Generously publish’d and Recommended, from the Author’s own experience, in a POEM serio-comic. (London: 1739).
Laverie, C. and Martin (author uncertain), wood engraving, in Wellcome Trust Library Iconographic Collection, London.


———Narrative and the Cultural Construction of Illness and Healing (Los Angeles, California: University of California Press, 2000).


McCrea, Brian. Addison and Steele are Dead: The English Department, Its Canon, and the Professionalization of Literary Criticism (Newark: University of Delaware Press, 1989).


Miles, Bob. “More about the Lunar Society.”

Mill History: A Short History of the Town Mill.


Munk, William, M.D., F.S.A. The Roll of the Royal College of Physicians of London: Comprising biographical sketches of all the eminent physicians, whose names are recorded in the annals from the foundation of the college in 1518 to its removal in 1825, from Warwick Lane to Pall Mall East. V. 1 (London: 1878).


Oil on canvas: Two dissected male figures, one seated, the other standing behind, with viscera on the floor in the foreground. After Jacques-Fabien Gautier d'Agoty, 18th century. The Wellcome Institute Photographic Images Collection, http://medphoto.wellcome.ac.uk.


Payne, Lynda Ellen Stephenson. “‘To lose foolish tenderness’: Clinical Detachment And Its Origins Among Medical Men” (Ph.D. diss.: University of California at Davis, 1997).


Subclavian and axillary vessels: dissection. Coloured lithograph by G.E. Madeley after A. A. Cane, 1834.

Sunstein, Emily W., Mary Shelley: Romance and Reality (Baltimore, Maryland: Johns Hopkins University Press, 1989).


