

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

**Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600**

UMI[®]

A

STRANGE CASES: MEDICAL CASE HISTORIES AND BRITISH FICTION

by

JASON DANIEL TOUGAW

A dissertation submitted to the Graduate Faculty in English in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2000

UMI Number: 9959239

**Copyright 2000 by
Tougaw, Jason Daniel**

All rights reserved.

UMI[®]

UMI Microform 9959239

Copyright 2000 by Bell & Howell Information and Learning Company.

**All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.**

**Bell & Howell Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346**

©2000

JASON DANIEL TOUGAW

All Rights Reserved

This manuscript has been read and accepted for the Graduate Faculty in English in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

<u>12/10/99</u> Date	<u>NK Miller</u> Nancy K. Miller, Chair of Examining Committee
<u>12-10/99</u> Date	<u>Joan Richardson</u> Joan Richardson, Executive Officer
	<u>David Richter</u> <u>David H. Richter</u> <u>Anne Humpherys</u> <u>Anne Humpherys</u> Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

ACKNOWLEDGMENTS

Writing this dissertation I became fascinated with neurology and cognitive science—with brain functions—in part because of the medical subject matter but perhaps also because my own brain was on overdrive. I learned that some neurologists characterize the production of conscious thought as a long process of subconscious work that suddenly bubbles to the surface. That's how writing this dissertation often felt. I want to thank the many people who have helped me escort what was unconscious to consciousness, the people who helped me conceive, write, and sustain this dissertation.

Nancy K. Miller, my dissertation director, taught me the value of the work. Her guidance was singularly valuable during this process. I thank her for her intuition, her patience, and her diligence. I would also like to thank other faculty at the Graduate School for their generous teaching, discussion, and suggestions. Two fascinating courses with Anne Humpherys—Victorian Sensation Fiction and Narrative Theory—helped form the foundation of this project; and her continued support and criticism helped me see it through. David Richter's faith in me, generous advice, and general good humor helped keep me focused and sane. Steven Kruger's kindness, sense of humor, and keen insights inspired me. William R. Kelly's enthusiasm about my idea before even I understood it motivated me through the difficult early stages of the project.

I would like to thank David Driver for his wisdom, for listening, and for seeing the world the way he does.

Matthew Goldie read and commented on every line of this dissertation, wading through early drafts and helping me distinguish between the productive and the fruitless. His friendship, intelligence, wit, and mastery of fifteenth-century literature have made this a stronger study. Elizabeth Hollow read, commented, listened, listened, and listened. Her attentive ear has been invaluable. I would also like to thank Gloria Fisk, for steering me in just the right direction more than once; Catherine Goodridge, for her flexibility, generosity, and her love of Jane Austen; Leora Harris, for her obsessive copyeditor's eye; Paula

Massood, for finishing first and setting a good example; Gretchen Phillips for insight; and Ann Cvetkovich for her compassion and her savvy; Kenna McRae for her inspiration, her slant on life, and her friendship.

I would also like to thank the institutions that generously provided financial support and work. I benefited from teaching fellowships at Borough of Manhattan College and Hunter College during my graduate study. Most of all, the Geoffrey Marshall Dissertation Year Fellowship from the CUNY Graduate Center helped me to finish this within a reasonable period of time.

I conducted my archival research in the Historical Collections of the New York Academy of Medicine, whose holdings preserve an enormous range of primary texts in the history of medicine, including pamphlets, treatises, book-length studies, medical journals, and medical registers. I am indebted to the generous staff there—including Edward Mormon and Lois Black. Caroline Duroselle-Melish deserves special thanks for her kindness and for helping me navigate the Academy's collections.

A somewhat abbreviated version of chapter three, "Agents of Insensibility: The Emerging Unconscious in Victorian Medicine and Fiction," will appear in the forthcoming volume *Crime, Madness, and Sensation, 1800-1900*, edited by Andrew Maunder.

CONTENTS

ACKNOWLEDGMENTS	vii
INTRODUCTION	1
Medical Discourse in the Novel of Sensibility	
The Evolution of the Case History	
“The Condition of Reading”	
1. SCIENCE AND SENSIBILITY: INVASIONS OF PRIVACY IN	
BREAST CANCER NARRATIVES.	44
“For Want of Her Stays”: The Case of Mrs. Craib	
Slipping into Lady Delacour’s Closet: The Case of <i>Belinda</i>	
2. HYPOCHONDRIACAL NARRATIVES: JANE AUSTEN’S FICTION	
AND THREE CASE HISTORIES.	88
Medical Invocations: The Embedding of the Hypochondriac’s Narrative	
Embedded Voices: Indirect Modes of Narration	
The Sanction of Sympathy: The Hypochondriac’s Interlocutors	
3. AGENTS OF INSENSIBILITY: THE EMERGING UNCONSCIOUS IN	
VICTORIAN MEDICINE AND FICTION	129
Inducing Insensibility	
“The Special Rapport”: Sympathy and Intersubjectivity	
The Cost of Writing, the Power of Reading	
Coda: “The World Upside Down”	
4. “THE STORY WON’T TELL”: AMBIGUITY AND INTERSUBJECTIVITY	
IN HENRY JAMES AND SIGMUND FREUD	169
From Plot to Narration	
The Self-Conscious Narrator	
“Only Connect”: The Passion in the Prose	
AFTERWORD: MEDICAL AGENCY AND HUMAN REMAINS	208

APPENDICES

APPENDIX A: Two Case Histories, One Curious, One Clinical 223

1. The History of a Glans Penis regenerated after Amputation
by Mr. James Jamieson
2. Case of an extraordinary Enlargement of the Clitoris by Richard Simmons

APPENDIX I: Breast Cancer Cases, 1752-1801 231

1. Histories of Collections of Bloody Lymph in Cancerous Breasts
by Alexander Monro
2. An Account of the Effects of the Cicuta, and a Carrot Poultice upon a Cancer of the
Breast by Arthur Nicolson, M.D.
3. Practical observations on cancers and disorders of the breast
by Richard Guy
4. The Case of Mrs. Craib by William Nesbit and Isaac Oliphant

APPENDIX II: Hysteria and Hypochondria Treatises and Case Histories, 1810-1818 272

1. Hysteria and Hypochondria cases Published in *the Medical and Physical
Journal* in 1818 and 1819
2. Illustrations of Madness: Exhibiting a Singular Case of Insanity
by John Haslam
3. A case of Hypochondriasis, or Tristimania; with remarks on this disease
by Samuel Akerly
4. Of partial Intellectual Derangement, and particularly of Hypochondriasis,
or Tristimania by Benjamin Rush

APPENDIX III: John Snow and James Young Simpson on Ether and Chloroform . 328

1. Illustrations of John Snow's Apparatus for Inducing Etherization
2. Two Cases of Etherization by John Snow
3. Account of a New Anaesthetic Agent, as a Substitute for Sulphuric Ether

in Surgery and Midwifery by James Young Simpson

4. **Remarks on the Superinduction of Anesthesia in Natural and Morbid Parturition: with Cases Illustrative of the Use and Effects of Chloroform in Obstetric Practice by James Young Simpson**
5. **A Letter to the Right Honourable Lord Campbell, Lord Chief Justice of the Court of Queen's Bench, on the Clause Respecting Chloroform in the Proposed Prevention of Offences Bill by John Snow**

WORKS CITED 356

INTRODUCTION

When Dorian Gray examines his reflection in Basil Hallward's portrait, seeing his own moral and corporeal decay displaced onto the canvas, ekphrasis—a device that ordinarily freezes time—acquires the momentum of narrative. Still pristine and beatific, Dorian Gray resists narrative time and maintains his perfection on the surface, but the portrait accumulates his experience and is marked by the sins he displaces. It is a scene that illustrates Tzvetan Todorov's theory of "narrative transformation." Dorian Gray's portrait synthesizes the opposite poles through which the narrative transforms itself: difference and resemblance, momentum and stasis, what Peter Brooks calls the "same-but-different" of narrative development (*Reading* 91). Gazing upon the portrait, Dorian Gray focuses on the difference between the portrait's hideousness and his own beauty, but he also recognizes himself in the displaced signs of pathology:

Hour by hour, and week by week, the thing upon the canvas was growing old. It might escape the hideousness of sin, but the hideousness of age was in store for it. The cheeks would become hollow or flaccid. Yellow crow's feet would creep round the fading eyes and make them horrible. The hair would lose its brightness, the mouth would gape or droop, would be foolish or gross, as the mouths of old men are. There would be the wrinkled throat, the cold, blue-veined hands, the twisted body. (Wilde 99).

Wilde places Dorian Gray before the canvas to read the image of his disintegrating body, and the self-reflections his reading inspires resemble the scrutiny of a physician, looking for overlapping signs of physical illness and moral decay and offering a diagnosis. In this case, the news is not good: the narrative displaced onto the painting propels its subject inexorably toward closure, "hour by hour, and week by week" toward death. With Dorian Gray's diagnostic reading of the painting, Wilde dramatizes a kind of reception fiction had been eliciting since Defoe, Fielding, and Richardson changed the history of narrative by choosing subjects who reflected the here and now of experience. The novel's medical analogue, I will

argue, is the case history, a genre that developed its own forms of diagnostic reading to answer the Enlightenment call for scientific medicine based on observation and experience instead of tradition or theory.

Since the early eighteenth century, British fiction and medical case histories have found impetus in the pathologies of narrative subjects. Diagnosis pathologizes the object of its scrutiny: Dorian Gray distances himself from himself through diagnosis. However, diagnosis is always an exploratory practice, based on hypothesis, not certainty. In eighteenth- and nineteenth-century medicine, every diagnosis, every case history, is a fragment of the enormous project of Enlightenment medical science to find empirical evidence for the theories and methods of practicing physicians. As fragments, such diagnoses are by nature incomplete. However, both fiction and nonfiction narratives are structured around etiology, development, and closure. To give individual cases the sense of ending, physicians turned to the conventions of the novel, a genre fully capable of closing without offering anything like epistemological certainty. For Wilde, who held the beauty and wit of youth supreme in his hierarchy of human value, the image of an aesthete with a “foolish or gross” mouth, “cold, blue-veined hands,” and a “twisted body,” cannot be reduced by the diagnostic gaze of medicine. The portrait is a displaced site of the pathos, the horror of Dorian Gray’s physical debilitation appealing to the sympathy of readers. Modeling diagnostic reading, Dorian Gray’s gaze leads the reader across the canvas. The reader objectifies the protagonist through observations and judgments about the signs of his physical and psychological degeneration, but diagnosis pathologizes behavior, eliciting sympathy for the suffering narrative subject. This double frame of diagnosis and sympathy creates an interpretive tension in both the novel and the case history. Novelists and physicians from Defoe and Cheyne to James and Freud consistently employ seemingly contradictory rhetorics of diagnosis and sympathy to frame their representations of the symptoms—physical and psychological minutiae—that constitute illness, perversion, or deviance.

In the process of representing characters and patients through the lenses of diagnostic judgment and sympathetic understanding, both the novel and the case history enact the paradox of identification—objectification and recognition—the process through which psychoanalysis would later explain the formation of subjectivity. As readers confront the self-reflections of a Dorian Gray (or a Pamela, a Marianne Dashwood, a Catherine Sloper) through the complementary frames of diagnosis and sympathy, they enact that process. As Diana Fuss has argued in *Identification Papers*, “Freud presents his theory of psychical identification specifically as a corrective to the figurative excess of nineteenth-century psychology. Identification replaces ‘sympathy’, ‘imagination’, and ‘suggestion’ to describe, in more ‘scientific’ fashion, the phenomenon of how subjects act upon one another” (4). Such figurative excess was not unique to psychology; it was fundamental to the literary and medical projects of representing the myriad ways that “subjects act upon one another.”

In Freud’s theory, identification always involves its opposites: dis-identification, judgment, aversion. In Fuss’s words, “identification is the psychical mechanism that produces self-recognition. Identification inhabits, organizes, instantiates identity. It operates as a mark of self-difference, opening up a space for the self to relate to itself as a self, a self that is perpetually other. Identification [is] the play of difference and similitude in self-other relations” (2). Paradoxical self-recognition like Dorian Gray’s was not new to literature or psychology. Such paradoxes are central to post-Enlightenment theories of subjectivity, reflected in John Locke’s concept of “self-awareness” as much as in Lacan’s theory that subjectivity is constituted by participation in the “symbolic order.” Before Freud, however, there had been no single theory of identity that accounted for “the play of difference and similitude” involved in the construction of subjectivity. During the eighteenth and nineteenth centuries, novelists and writers of case histories consistently used diagnosis to emphasize the difference between subjects and sympathy to emphasize their similarities. Both narrative forms constructed the act of reading itself as a play of difference and

similitude. Representing the suffering of pathological subjects, they encouraged readers to distance themselves through acts of diagnosis and recognize similitude through acts of sympathy.

In *The Rise of the Novel*, Ian Watt makes the observation that the flaws of protagonists in early novels were a major feature of the literary realism they initiated. “The ‘realism’ of the novels of Defoe, Richardson and Fielding,” he writes, “is closely associated with the fact that Moll Flanders is a thief, Pamela a hypocrite, and Tom Jones a fornicator” (11). Realism, in this sense, is marked by its scrutiny of distinct, even deviant, individual human behavior—mundane flaws rather than tragic ones. On the surface, realist fiction focuses on ordinary life, but the sheer attention novels pay to the details of their characters’ “ordinary” lives exposes their more extraordinary aspects. Thievery, hypocrisy, and fornication are commonly diagnosed as immoral and extreme, but they are also recognized as extremely common behavior. Realism allowed novelists to represent fictional experiences that vacillate between the ordinary and the extraordinary, eliciting from readers “the play of similitude and difference” that constitutes identification.

Dorian Gray’s attempt to displace his own pathologies onto the canvas is also a failed attempt to elude identification, to avoid becoming the object of either diagnosis or sympathy. As a protagonist, Dorian Gray shares the medicalized and sentimentalized traits of predecessors like Roxana or Pamela or Marianne Dashwood but reaches a new height of self-awareness, resisting the very conventions that produce his subjectivity. Profuse physical and emotional detail, close scrutiny of characters, explicit awareness of the emotional and psychological dynamics between authors, subjects, and readers are all major characteristics of realist fiction and medical case histories. This narrator-subject-reader triad creates a complex process of diagnosis and sympathy, each inextricably tied to the other. We read the signs or symptoms of the pathology and make a diagnosis. But we are also encouraged to react to pathos with sympathy. Because sympathy always implies an affinity or exchange of feelings, it links us, through emotional and psychological identification, to Dorian and his

pathologies—his addiction to pleasure, his erratic violence, his extreme narcissism, his displaced corporeal decay, and the degeneration of his soul.

The realist novel and the clinical case history both emerge during the eighteenth century and become dominant forms during the next century. Throughout this period, their mutual influence is evident in the major formal conventions and thematic preoccupations they share. In his essay “Bodies, Details, and the Humanitarian Narrative,” historian Thomas Laqueur identifies the novel and the case history among a new “cluster of narratives” that “came to speak in extraordinarily detailed fashion about the pains and deaths of ordinary people in such a way as to make apparent the causal chains that might connect the actions of its readers with the suffering subjects” during the eighteenth century (177). Each of these narratives, he argues, “relies on the personal body, not only as the locus of pain but also as the common bond between those who suffer and those who would help and as the object of the scientific discourse through which the causal links between an evil, a victim, and a benefactor are forged” (177). By eliciting the sympathy or compassion of readers, these narratives become contributions to public discourse on any given subject, and readers are links in the causal chain necessary to develop new approaches, treatments, or theories that may solve the problem at hand. Laqueur’s model manifests itself in a variety of forms throughout the eighteenth and nineteenth centuries, throughout the novel’s evolution from novel of sensibility during the late-eighteenth century to social novel and sensation fiction during the Victorian period and to the psychological fiction of the *fin de siècle* and modernist period. During this period, medicine becomes increasingly specialized and institutionalized, the study of bodies and minds evolving into increasingly distinct disciplines. As realism gives way to modernism, the medical case history gives way to more institutionalized methods of case reporting. Realist fiction and the case history, however, survive, as the behavioral sciences evolve into psychoanalysis and sensation fiction evolves into the psychological novel.

Several medical historians and literary critics interested in the relationships between medicine and literature have noted correlations between the novel and the case history, but no full-length study has explored the implications of those correlations.¹ In this project I will illustrate the analogous structures, themes, and evolutions of the two genres as they develop during the nineteenth century through analysis of specific examples of such correlations. I contend that early realism initiates a narrative form in which diagnosis and sympathy are both crucial for understanding the physiological and psychological conditions of narrative subjects: Roxana's inveterate promiscuity, Marianne Dashwood's nervous hysteria, or Dorian Gray's degeneracy. Case histories and novels use narrative to represent disruptions in the psychic or bodily health of their subjects with varying degrees and kinds of clinical distance and pathos. Sympathy and diagnosis become inseparable rhetorics in both genres, justifying the representation of morbid, perverse, immoral or amoral, private, and taboo subjects. The physical and emotional trauma of the subject becomes a rhetorical bid for the sympathy of the observer and produces a model of reading in which diagnosis and sympathy are both fundamental to interpretation. As diagnosticians, readers assume a role analogous to that of the narrating subject, but as sympathizers they assume a role analogous to the object of narration. This dual role disrupts the subject-object relations involved in any given diagnosis or interpretation, recasting binary oppositions by focusing on the intersubjective relationships between narrating, narrated, and reading subjects. That intersubjectivity provides the means through which knowledge and emotion can be exchanged.

¹ Rothfield uses the term "medical realism" to designate fiction structured around clinical or diagnostic depictions of character development; Vrettos argues that during the nineteenth century "the body" came to be understood as a "vessel" that contained a story and that the role of doctors as privileged interpreters of that story had a tremendous influence on the development of the novel; Laqueur links fiction, medical writing and journalism, emphasizing each discipline's attention to the social value of writing; Epstein chronicles a long and broad history of the case study, from Hippocrates to the present, emphasizing the attention to individual bodies and detailed narratives that emerges in the modern period; Kennedy's unpublished manuscript is a comprehensive survey of discourses of sensibility in the novel and the case history, covering the period from 1733 to 1918.

Like most concepts central to the workings of modern narrative, sympathy was a favorite topic of Enlightenment philosophers. John Locke, in his *Essay on Human Understanding*, suggested that “if the same consciousness can be transferred from one thinking Substance to another, it will be possible that two thinking Substances may make but one Person.” While Locke’s description of sympathy as an almost total merging of two subjects is seductive, it doesn’t quite ring true with respect to either the novel or the case history. Diagnostic reading, in both genres, presupposes a less than perfect relationship between text and meaning, which would seem to preclude the total identification between any two subjects. David Hume’s definition of sympathy, as the transfer of feeling between subjects, seems more accurate. In *Nobody’s Story*, Catherine Gallagher invokes Hume’s writing on sympathy to describe the central place of identification in the history of the novel. Paraphrasing and quoting Hume, she uses an economic metaphor to characterize sympathy as exchange:

Sympathy . . . is not an emotion about someone else but it is rather the process by which someone else’s emotion becomes our own. It is the conversion of the idea of someone else’s passion into a lively impression of that passion, which is indistinguishable from actually feeling the passion oneself. Sympathy does not occur immediately but is rather accomplished in three stages: (1) certain sense *data* (melancholy looks, open wounds, mournful language) communicate an *idea* of someone else’s state (unhappiness); (2) that idea becomes vital, forceful, and present through the operation of one or more relational principles linking sufferer and perceiver (cause and effect, contiguity, and resemblance) and is thereby converted into an *impression* (impressions differ from ideas only in force and vivacity) of the other’s emotion; (3) the impression (or vivacious perception) can, under certain conditions, be “so enlivened as to become the very *sentiment* or passion.” (169).

In the stages of sympathy Gallagher identifies, emotions are exchanged through a series of filters. Each filter renders emotion in language and logic of its own. Gallagher comes to the

conclusion that the relational principles she describes can actually be impediments to sympathy in real life, emphasizing the difference or otherness of the suffering subject and instilling relief as much as sympathy in observers. Building on Barthes's assertion in "Introduction to the Structural Analysis of Narrative" that "what happens in narrative is, from the referential (real) point of view, literally, nothing," she argues that since the suffering subject of fiction is literally nonexistent, such difference becomes less significant. In Gallagher's words: "it is easier to identify with nobody's story and share nobody's sentiments than to identify with anybody else's story and share anybody else's sentiments" (172). Gallagher sees "overt fictionality" as realism's core identity, differentiating it from other types of prose:

Those techniques that make up what Ian Watt called the novel's "formal realism"—its wealth of circumstantial and physical detail, its delineation of characters by specific class, gender, and regional characteristics, and so forth—are all overtly illusionistic confessions that the particulars of the novel have no extra-textual existence. The character came into fictional existence most fully only when he or she was developed as nobody in particular; that is, the particularities had to be fully specified to ensure the felt fictionality of the character. . . . Roland Barthes has pointed out that the contingent, unmotivated detail was the code of the "real" in fiction, but he did not draw what seems to me an obvious conclusion: that realism was the code of the fictional. The very realism of the new form, therefore, enabled readers to appropriate the stories sympathetically, for readers of fiction could be, to paraphrase Burke, "acquisitive without impertinence." (174)

Gallagher's description of fiction's power to elicit sympathy without any consequences in the real life of the sympathizer makes intuitive sense. Why, then, do so many medical case histories, whose suffering subjects are presumably very real, seem to spend so much rhetorical energy eliciting sympathy? On the one hand, it would seem that because the case history is rooted in "the real" its writers have license to represent subjects off limits to

novelists—description of genitalia, sexual practices, wounds, violence, and so forth. Even more powerful a justification for such representation is the socio-scientific imperative of the case history: to improve the quality of life for all people. On the other hand, the overt nonfictionality of the case history becomes a burden to the writer, calling attention to the difference or otherness of the suffering subjects it represents. By borrowing the conventions of formal realism, writers of case histories distinguish between the subject as patient and the subject as human being, using narrative conventions to emphasize the difference between the collection of symptoms that signify disease and the totality of experience that constitutes subjectivity. The most basic difference between the novel and the case history—the fact that the former is overtly fictional and the latter based in “the real”—is a paradox more than a contradiction. While the novel relies on the conventions of realism to signify its fictionality, the case history relies on the conventions of fiction to create the illusion of total mimesis. When narrative is the medium for the representation of the minute details of a character’s or patient’s physiological or psychological states, the exchange between the subject represented, the text representing it, and the reader receiving it threatens to transfer “one thinking Substance to another”—more than that, one pathological “thinking Substance” to another. As social genres, both the case history and the novel employ diagnosis and sympathy as a double frame to address the question of individual pathologies and the consequences of such pathologies for relations between two subjects and for social relationships in general.

Since the publication of Ian Watt’s *The Rise of the Novel* in 1957, it has been a commonplace in criticism to see the novel as a profoundly social genre, linked to the evolution of modern culture: the growth of the middle classes (Watt, McKeon, Gallagher), increased literacy rates (Watt, McKeon), changing relations between genders (Gallagher, Armstrong), technological advances (Watt, McKeon), the emergence of journalism (Watt, McKeon, Hunter), the invention of a free-market economy (McKeon, Gallagher), the development of Foucauldian forms of cultural self-discipline (Armstrong, Miller). It has

become routine to assume that the novel, in Nancy Armstrong's words, constitutes both "the document and agency of cultural history" (23). In *Desire and Domestic Fiction*, Armstrong argues that between the eighteenth and twentieth centuries "New strategies of representation . . . revised the way in which an individual's identity could be understood" and that "domestic fiction helped to produce a subject who understood herself in the psychological terms that had shaped fiction" (9; 23). Armstrong's study begins with a novel, *Pamela*, and ends with a case history, *Dora*. For Armstrong, the story of an individual and her body models subject formation. How exactly fiction "revised" identity or "produced" subjectivity has, unsurprisingly, proven difficult to document. Armstrong inadvertently points the way toward such documentation when she implies that Freud's case history is heir to Richardson's novel. The period between *Pamela* and *Dora* witnessed the rise and development not just of domestic fiction and psychology but more generally of both literary realism and medical empiricism. The novel and the case history developed as representatives of these trends, influencing each other, exchanging subject matter and narrative conventions, and producing at least a partial record of "the document and agency of cultural history" that Armstrong describes.

In *Altered Conditions*, the only comprehensive study of the medical case history, Julia Epstein describes the history of the genre in similar terms: "I sketch the history of medical storytelling and interpret examples from a variety of writings, both medical and literary. My aim is to make clear, or at least clearer, how cultural ideas saturate medical language, how biomedical conceptions of the body put pressure on social ideologies, and how much we take for granted the idea that we can establish an objectively defined delineation of the 'normal' with respect to the human body" (6). The case history is even more focused on the physical conditions of individual human bodies than the novel, but both genres find narrative impetus in the disruption of the "normal" with regard to embodied subjects, and both genres understand corporeality and subjectivity as inseparable concepts. More than this, both genres emphasize the relationships between their own

narratives and the lives of their readers, often foregrounding the act of reading itself as a social practice.

The two fields that have best theorized the relations between readers and texts are narratology and trauma theory. When narratologists focus on modes of address, they begin by theorizing relations between first-person, third-person, limited, and omniscient narrators and implied readers or narratees; the receivers of narrative have been alternately identified as readers, audiences, narratees (Genette), hearers, addressees (Banfield) and interlocutors (Brooks). Finally the phenomenon of the delivery of the narrative from narrator to reader has been called a transaction (Barthes) and transference (Brooks). The work of Barthes and Brooks suggests overlapping territory between narratology and psychoanalysis. If reading is a transaction, or transference, then text and reader are involved in an exchange of ideas and feelings. In the novel and the case history, such transactions are governed by acts of identification, acts consistently framed by diagnosis and sympathy. Pathological subjects, under the gaze of the diagnostician, are placed “outside the normal,” but when the diagnostician also sympathizes, he or she acknowledges the fact that the conventions of narrative itself produce a model of subjectivity that is structured by its dynamic relationships to the normal and the abnormal.

Dorian Gray, gazing at his disfigured image, embodies the paradox of identification. His subjectivity is enacted through the confrontation with the displaced narrative of his pathology. His body maintains its integrity, but his image in the painting haunts him with the trauma he has displaced. In 1890, when Wilde wrote *The Picture of Dorian Gray*, the term *trauma* was acquiring new meaning. It had always signified a bodily wound, injury, or shock, but it was now acquiring the psychological connotation Freud would later codify, implying emotional pain or shock that produces a lasting effect and can cause neurosis in later life. Dorian Gray’s image on the canvas, already overdetermined, also figures the evolution of the word *trauma*. Displaced onto the canvas, Dorian Gray’s bodily wounds and shocks produce emotional pain and shock in him.

Freud's concept applies to real people who have suffered real traumas. Recent theories of trauma, emerging out of exchanges between narratology and psychoanalysis, explore the narrative aspects of the testimony of survivors of trauma, charting relations between the forms of their stories and the states of their psyches. Of trauma theorists, Dori Laub, founder of the Fortunoff Holocaust Archives at Yale University, has most thoroughly theorized the relations between speaking subjects and their interlocutors. According to Laub, "The traumatic event, although real, took place outside the parameters of 'normal' reality, such as causality, sequence, place and time. The trauma is thus an event that has no beginning, no ending, no before, no during, and no after. This absence of categories that define it lends it a quality of 'otherness,' a salience, a timelessness and a ubiquity that puts it outside the range of associatively linked experiences, outside the range of comprehension, of recounting and mastery" (69). The subjects of novels will never be commensurate with people who have endured unthinkable suffering in the real world. However, Laub's model, though, suggests that fiction is an intertext for the therapeutic process. Fiction chronicles experience outside the parameters of reality, making them plausible by providing beginnings, endings, before, during, and after. Recovery depends upon the reconstruction of past experience within a new narrative framework, one that looks a lot like fiction and can help make emotional and psychological sense of trauma.

This model, when applied to both novels and case histories, goes a long way toward explaining the dynamics of narrative reception. Because the subjects of so many medical narratives and so many novels seem to be "outside the range of associatively linked experiences," they require the interpretive frame of narrative, a system that can incorporate corporeal and psychic suffering within a linguistic system that renders them identifiable and sympathetic to readers. As Dorian Gray gazes at his suffering body on the canvas, he is witness to his own experience outside this range. His isolation calls attention to his position as outsider, but the reader steps in to occupy the role of listener. According to Laub, "Bearing witness to trauma is, in fact, a process that includes the listener. For the

testimonial process to take place, there needs to be a bonding, the intimate and total presence of an other—in the position of one who hears. Testimonies are not monologues; they cannot take place in solitude. The witnesses are talking to somebody: to somebody they have been waiting for a long time” (70-71). Laub’s subjects are Holocaust survivors, and their testimony recalls the trauma they suffered in the distant past. Dorian Gray, on the other hand, is a fictional character suffering in the narrative present. As readers give him an audience, making the transmission of his story possible, they also grant him at least a fictional subjectivity. His experience, however pathological, is integrated into the symbolic order. Novels and even case histories are very different from Holocaust testimonies, but both forms have had a tremendous influence on twentieth-century conceptions of narrative structure of selfhood. Whether the story is fiction or nonfiction, whether the subject is an incurable breast cancer, compulsive hypochondria, drug addiction, sexual inversion, or hysteria, narrative provides the befores, durings, and afters to explain the pathology and reposition the subject within the “range of mastery.”

Throughout the eighteenth and nineteenth centuries, pathos, in various guises, was the rhetorical device most heavily relied on to bridge the gap between suffering subject and witnessing reader, restoring patients and characters to a system of semiotic exchange that repositions them within “the parameters of ‘normal’ reality.” In the readings of novels and case histories that follow I pay particular attention to the ways that individual texts chronicle experiences “outside the range of associatively linked experiences” and use the conventions of literary realism to place illness and suffering within the “range of mastery.” It is my intention to delineate the conventions, rhetoric, and narrative structures through which novelists and case historians elicit sympathy and identification from readers. Using concrete examples, I will illustrate the roles played by the novel and the case history in the history of the modern subject. As the novel of sensibility develops into the related Victorian forms of social realism and sensation fiction and then into psychological fiction, as the focus of the case history develops from the curious to the clinical and then psychoanalytic,

both genres retain the mutually reinforcing rhetorics of diagnosis and sympathy and their corollaries, empiricism and pathos. The methods for implementing such rhetorics change from author to author and decade to decade, but the emphasis on the diagnostic and sympathetic depiction of pathological subjects remains. Each chapter is a reading of realist fiction in relation to medical cases that are analogous in both form and content—demonstrating the striking degree that these two genres evolve in relation to each other throughout the nineteenth century.

Chapter one, “Science and Sensibility: Invasions of Privacy in Breast Cancer Narratives,” is an analysis of a delicate balance between science and sensibility in two versions of a single case of breast cancer and two novels, Frances Sheridan’s *Memoirs of Miss Sidney Bidulph* (1761) and Maria Edgeworth’s *Belinda* (1801). In the case histories, two surgeons, William Nisbet and Isaac Oliphant, combine clinical descriptions of symptoms and treatment with domestic detail and literary conventions to chronicle the case of their suffering patient, Mrs. Craib. In the novels, the intervention of a surgeon or physician transforms women suffering from breast disorders into patients, or medical subjects. In both fiction and nonfiction breast cancer narratives, narrators justify their intrusions into the private realm of women’s suffering bodies by asserting their own sensibility and appealing to that of their readers.

Chapter two, “Hypochondriacal Narratives: Jane Austen’s Fiction and Three Case Histories,” is a reading of hypochondria cases against the fiction of Jane Austen, primarily *Emma* (1816) and the unfinished *Sanditon* (1817). Austen’s fiction and the case histories both represent the hypochondriac as a compulsive storyteller vying for narrative authority. The writers of the case histories use indirect narrative modes remarkably similar to the indirect discourse for which Austen is so famous. In both the novels and the cases, these narrative modes regulate the detachment and sympathy that structure relations between reader, subject, and narrator.

Chapter three, “Agents of Insensibility: The Emerging Unconscious in Victorian Medicine and Fiction,” is a study of texts that represent altered states of consciousness induced by mesmerism or anesthetics and other experimental drugs. I read Collins’s *The Moonstone* (1868), LeFanu’s *In a Glass Darkly* (1872), and Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde* in correlation with medical texts that document experiments with altered states and induced “insensibility.” These novels depict fiction as an agent capable of inducing altered emotional and psychological states. The analogy between “agents of insensibility” and sensation fictions suggests that the Victorians were grappling with the relationship between narrative and the unconscious that Freud would later theorize.

Chapter four, “‘The Story Won’t Tell’: Ambiguity and Intersubjectivity in Henry James and Sigmund Freud,” juxtaposes Freud’s “Rat Man” and “Wolf Man” cases with James’s *Daisy Miller: A Study* (1879), *Washington Square* (1881), and *Turn of the Screw* (1898). Both Freud and James make consciousness the primary subject of narrative. They are highly self-conscious narrators, aware of the limited correspondence between words on the page and the complexity of an inner life. The novelist and the physician employ both diagnosis and sympathy to create a model of interpretation that closely resembles Freud’s theory of transference. Like the high modernists, Freud and James replace truth and individuality with intersubjectivity and ambiguity. In Freud’s cases as in James’s fiction, subjectivity and epistemology always impinge on each other, forestalling attempts to read objectively.

In the afterword, “Medical Agencies and Human Remains,” I survey recent writing by physicians—Arthur Kleinman, Oliver Sacks, Jay Katz, Atul Gawande, Antonio Damasio—that focuses on the stories of patients, often citing the nineteenth-century case history as a model. Arguing for the agency and subjectivity of the patient, such medical writers parallel another contemporary development, the *pathography*. Autobiographical narratives of illness—Sylvia Plath’s *The Bell Jar* and David B. Feinberg’s *Queer and*

Loathing being two illustrative examples—have become a staple of contemporary culture. The popular perception is that narratives about illness are somehow therapeutic. Read in relation to current medical writing and as a logical development of the linked traditions of the novel and the case history, however, it becomes clear that the real work of pathography is the establishment of an intersubjective rapport between doctor and patient, writer and reader.

Before I embark on readings of specific novels and case histories in relation to each other, some background information is in order. My project involves a dialogue between three basic genres: the novel, the case history, and literary and psychoanalytic theory on the question of reading. In the sections that follow, I discuss aspects of each of these genres in order to anchor my later arguments in both history and theory. First I survey medical discourse in the novels of sensibility that directly precede the nineteenth century; then draw on specific cases to illustrate the evolution and characteristics of the case history during the eighteenth and nineteenth centuries; and finally contextualize my theory of diagnosis and sympathy in relation to some recent theories of reading and interpretation.

Medical Discourse and the Novel of Sensibility

A descriptive survey of the roles of medicine in the novels of sensibility demonstrates the extent to which fiction and medicine had become interwoven discourses by the end of the eighteenth century. The approach of these novels is analogous to the clinical approach of physicians; the narrator outlines a set of narrative and characterological problems and then uses the story to diagnose and “treat” the pathologies it represents. The novel of sensibility blended the clinical gaze of medicine with rhetorics of pathos, often invoking medical or empirical authority to justify explorations of difficult subject matter, and then tempering such explorations with appeals to the sensibility of readers.

In his influential treatise *A View of the Nervous Temperament* (1807), Thomas Trotter invoked the commonplace attack on the novel on moral grounds to launch a similar medical attack, suggesting that novels could actually cause disease and that they were dangerous for women in particular:

The passion of novel reading is intitled [sic] to a place here. In the present age it is one of the great causes of nervous disorders. The mind that can amuse itself with the love-sick trash of most modern compositions of this kind, seeks enjoyment beneath the level of a rational being. It creates for itself an ideal world, on the loose descriptions of romantic love, that leave passion without any moral guide in the real occurrences of life. To the female mind in particular, as being endued with finer feeling, this species of literary poison has been often fatal; and some of the most unfortunate of the sex have imputed their ruin chiefly to the reading of novels. How cautious then ought parents to be in guarding against the introduction of these romances, among their children; so calculated to induce that morbid sensibility which is so to be the bane of future happiness; which to prevent, is the task of a correct education; which first engender ardent passions, and then leave the mind without power to resist or subdue them. It is lamentable that three-fourths of these productions come from the pens of women; some of whom are known to have drank deep of the fountains of pleasure and adversity. (90-91)

Trotter holds novels at least partly responsible for what Cheyne called “the English malady” nearly a century before, an epidemic of nervous disorders plaguing England. Because the “love sick trash” of novels stimulates regions “beneath the level of rational being,” even the practice of reading becomes the domain of medicine. Readers, he suggests, over-identify with the plights of the pathological subjects of novels, putting themselves at risk for developing pathologies of their own. Trotter sees women as particularly vulnerable in this respect because according to popular wisdom they were less familiar with the rational sciences and moral philosophy that might help them navigate such treacherous ground.

In 1778, more than thirty years before Trotter, Fanny Burney had anticipated such attacks, invoking a medical metaphor in the preface to *Evelina*, a metaphor that forestalled perceptions of her and her female readers as sub-rational creatures. Burney’s medicalization of the defense of the novel commonly waged in the prefaces of novelists like Richardson

and Rousseau does not de-gender the debate, but it does rescue women readers from essentialist models that characterized them as inherently uncritical readers:

Perhaps were it possible to effect the total extirpation of novels, our young ladies in general, and boarding-school damsels in particular, might profit from their annihilation: but since the distemper they have spread seems incurable, since their contagion bids defiance to the medicine of advice or reprehension, and since they are found to baffle all the mental art of physic, save what is prescribed by the slow regimen of Time, and bitter diet of Experience, surely all attempts to contribute to the number of those which may be read, if not with advantage, at least without injury, ought rather to be encouraged than contemned. (7)

The complaint that novels are dangerous for young women is common, a holdover from critical responses to Romance. Since novels, Burney implies, have already spread an incurable distemper, only life experience may relieve the symptoms caused by reading the fantastic, immoral, and unhealthy misinformation spread by fictions. In the next paragraph of her preface, Burney suggests a means of containing that spread—the *realist* novel:

Let me, therefore, prepare for disappointment those who, in the perusal of these sheets, entertain the gentle expectation of being transported to the fantastic regions of Romance, where Fiction is coloured by all the gay tints of luxurious Imagination, where Reason is an outcast, and where the sublimity of the Marvelous, rejects all aid from sober Probability. The heroine of these memoirs, young, artless, and inexperienced, is

No faultless Monster that the world ne'er saw,

But the offspring of Nature, and of Nature in her simplest attire. (7)

Burney responds to the attack on novels by making a distinction between Romance and realism, insisting that the evolution of realist fiction is the only cure for the distemper spread by Romance. Realist fiction, she argues, studies “the offspring of Nature, and of Nature in her simplest attire,” not the fantastic and dangerous heroines, heroes, monsters, and foes of

romance. The implication is that readers have something to gain from realist fiction—a greater understanding of “Nature,” the world around them. The novelist, then, is a kind of social physician, viewing readers and characters the way a physician views a patient, as “the offspring of Nature,” with a clinical eye for detail and, in the best circumstances, a host of prescriptions that will treat and sometimes even cure the maladies that afflict them. According to Burney, the representation of pathology has social value; it is preventive medicine for readers.

Despite the difference between Burney’s and Trotter’s points of view there was a corresponding general trend among both novelists and physicians of the period to disassociate from the “fantastic” narratives of their predecessors. In his 1793 “Letter to Erasmus Darwin,” Thomas Beddoes, argued that the new medicine was explicitly a refutation of “The Old Medical Writers,” who made “distinctions based on the body merely imaginary” and whose observations were “not characterized by signs obvious to the senses” (6). It has been widely noted that, as a general trend, *experience* was displacing *tradition* as the authoritative means of acquiring knowledge in the modern, industrializing cultures of Europe in the eighteenth century.² Novelists and physicians were in a position to pursue the epistemological ramifications of experience, justifying narratives that chronicled the minutiae of experience on the grounds that they had tangible social value.

In *Vital Signs: Medical Realism in Nineteenth-Century Fiction*, Lawrence Rothfield argues that nineteenth-century British and French fiction—Flaubert’s *Madame Bovary*, Eliot’s *Middlemarch*, Zola’s *Nana*—is characterized by its clinical view of pathological characters, borrowing from scientific medicine a faith that details will yield truths. Rothfield suggests that the nineteenth-century tendency to medicalize all kinds of human behavior, as it is manifested in the period’s fiction, establishes the clinical authority of the physicians and narrators and objectifies patients and protagonists. Though they do not qualify as

² For complementary accounts of Enlightenment philosophy’s attention to empiricism and experience, see Gay, *The Enlightenment*, and Hampson.

“medical realism,” novels of sensibility were already developing a clinical gaze that would be incorporated into these later texts:

Just as realism is more than the sum of its formal categories or techniques . . . so clinical medicine is more than a set of diagnostic assumptions or therapeutic methods. In both cases, the formal elements operate in history within an overall project to enforce a certain kind of authority. For the clinician, this authority is illustrated by his ability to convince others that a person is more truly defined as hysterical rather than, say, evil or possessed; as an alcoholic rather than a drunk; as obese rather than fat; as suffering from the pathology called homosexuality rather than committing the sin of sodomy. Insofar as novelists use clinical presuppositions, they also exploit this capacity to define the relation of self to body as a medical one.

(xiii)

The predecessors to Rothfield’s “medical realism” were the novels of sensibility of the late eighteenth century. The clinical presuppositions of novelists depend on their invocations of medical authority, but many of these novelists also seem aware that the medicalization of drunks and sodomites has the immediate effect of making them objects of sympathy. The realist novel works on the assumption that the narrative representation of close observation will explain the complex and changing aspects of a life; it will sort them out, distill them into a core set of problems, many of them with solutions. Such an assumption has at least one major side effect: the detailed story of any pathology—how it started, how it feels, how it disrupts the trajectory of a life—is constructed to elicit readerly sympathy. In novels of sensibility, perhaps more than in any other subgenre of realism, readerly sympathy is explicitly requested. And sympathy—an affinity between two subjects—tends to disrupt the subject-object relations that allusions to medical authority might otherwise enforce in these novels.

In the eighteenth century novel, *character* is the primary marker of realism. As their titles suggest, the early English novels are lengthy, detailed studies of characters: Pamela,

Clarissa, Roxana, Moll Flanders, Tom Jones, Joseph Andrews, Evelina, Cecilia, Caleb Williams, Belinda. Medicine, another discourse that involves careful, if not always lengthy, observation of individuals, was a practice that both informed and was informed by the realist narrative that was becoming dominant by mid-century. As medical practice and theory in the eighteenth century grappled with the relationship between universal, humanistic theories of the self and theories of the individualized, pathological differences *between* those selves, fiction writers aimed at a mimesis that traced the pathologies of its characters and attempted to incorporate difference within universal, “moral” understandings of the self. Characters in realist novels—Don Quixote, Pamela, Dorian Gray—are treated by authors and narrators in many of the same ways that doctors treat patients. Though terms like “hero” and “heroine” survive romance and are applied to realist narrative, their meanings shift radically. In early realism, these terms are almost inevitably ironic, considering the fallibility of the characters to which they are attached. The narratives are concerned more with the foibles and transgressions of their characters than they are with their triumphs.

Doctors were stock characters in these novels, making a major preoccupation of the realist novel explicit—the tendency to pathologize characters, to view them from a clinical perspective, to construct narrative as an explanation for each character’s peculiar qualities. Doctors generally appear because an illness beckons them. They bring with them the vicissitudes of medical practice. By the end of the eighteenth century, medical discourse had become a crucial intertext for the novel. Illness provided convenient narrative problems, and medicine (almost an empirical *deus-ex-machina*) provided narrative resolution. Illness brings characters together, separates them, gives them reason to confess their desires or their sins, prompts self-examination; it is sometimes a highly guarded secret, other times the subject of communal concerns; and, of course, illness sometimes leads to death, the ultimate narrative device. Medicine functions on two levels in the fiction of sensibility—on a minute level, structuring plots, and more broadly, providing a model for interpreting characters through a diagnostic lens. The diagnostic narrative comes in two forms. Like Roxana, many

protagonists are obviously pathological: thieves, adulterers, or murderers. Others, like Pamela, are innocents who become easy prey for pathological characters around them, characters whose pathologies are infectious and threaten the hero or heroine with contagion. These heroines require a preventive narrative for themselves and a therapeutic one for the invalids and scoundrels they encounter.

To begin with, there are the “studies” of pathological character. Charlotte Lennox’s *Female Quixote* (1752), as its title suggests, is an early feminist response to *Don Quixote*: the story of a heroine raised outside society, in whom the reading of romances instills a pathological set of beliefs about the world that have both physical and psychological consequences; in this allegory about the decline of romance it is not until the heroine becomes deathly ill that death seems inevitable that modern medicine steps in, putting to rest both her pathology and the romance genre in one sweep. Frances Sheridan’s *Memoirs of Miss Sidney Bidulph* (1761), dedicated to Richardson, retains both the epistolary and biographical forms of its predecessors, along with a pathological view of character, but it also brings in explicit and detailed accounts of illness and medical practice, particularly when one character nearly submits to the surgical knife when it is suggested that only a mastectomy will cure her. Burney’s *Cecilia* (1782) is the study of a dangerous combination of qualities in a young lady, independence and innocence, a combination that leads to madness, requiring the medical and narrative intervention of a physician before the novel can end happily. William Godwin’s *Caleb Williams* (1794) is an intensely epistemological study of pathology; both the evil of its protagonist’s employer and the obsession that he develops for that evil become the subjects of the novel’s clinical scrutiny.

Other novels of sensibility focus not on actual pathologies but potential ones; these read like studies of innocent protagonists “at risk” of succumbing to the pathologies (i.e., vices) of society, which coming of age has forced her to enter. In Burney’s *Evelina* (1778), another epistolary novel dedicated to Richardson, the heroine suffers from the overdose of innocence that was so nearly fatal to Pamela and was responsible for Clarissa’s tragic fate;

she is easy prey for rakes and dissolute matrons alike. Maria Edgeworth's *Belinda* (1801) is the story of a heroine whose virtue is in jeopardy because all her guardians (in fact, most of her acquaintances) are scoundrels eager to lead her astray—a female guardian with a pathological interest in adultery and a related cancer of the breast, her ineffectual, effeminate husband, a cross-dressing, dueling, riotous female seductress, a West Indian gambler, and an English rake. However, Belinda's good character proves to be more powerfully contagious than the corrupting set of behavioral and physical pathologies of those around her. At the end, a physician steps in to insure that Belinda's virtue remains intact. Nearly all the threatening or contagious pathologies around her are cured or eliminated through of confession, reformation, and medical intervention.

Jane Austen's *Sense and Sensibility* (1811) and Mary Shelley's *Frankenstein* (1816), later novels of sensibility suffused with allusions to Romanticism, both unite the two models of diagnostic narrative. In Austen's novel, Marianne is the pathological character—hysterical, sexualized, and eventually dissipated—while Elinor remains rational, chaste, and quietly robust, effectively quarantining herself from her sister's pathologies and displacing any of her own potential pathologies onto Marianne. In Shelley's novel, Victor Frankenstein, Faust-like, is pathologically ambitious. His desire to conquer the mysteries of human physiology produces a Creature whose hyper-sensibility leads to a pathological need to destroy his creator.

The accumulation of medical details in novels of sensibility and in realist fiction in general—from early realism to novels of sensibility, Victorian sensation fiction, and early modernist psychological fiction—is so striking as to undermine the traditional understanding of protagonists in realist fiction. We call Clarissa, Tristram Shandy, Marianne Dashwood, and Dorian Gray heroes and heroines, but they are often depicted as patients. When doctors appear in novels, protagonists and other characters become patients, and the reader is placed in the position of viewing characters as patients, as objects of narrative diagnosis and treatment. The chain of psychological relations enacted by appeals

for readerly sympathy establishes affinities between reader and narrative subject and therefore constructs these patients as subjects with agency. These psychological relations structure the transmission of a particular form of modern knowledge, knowledge about subjectivity. Diagnosis and sympathy, the frames that structure the narrative voices of these novels and case histories, become the conduits for the transmission of meaning. In effect, these frames determine interpretive possibilities—characterizing interpretation as, in Locke’s terminology, the “transfer” between one subject and another, or in Lacan’s, as participation in the symbolic order. In either case, interpretation is fundamentally intersubjective, enacted through “the play of difference and similitude.”

The Evolution of the Case History

Like any genre, the case history has evolved by fits and starts, its history marked by innovations and retreats. Unlike literary genres, its evolution is directly linked to the history of medicine. In that regard, it is possible to trace a rough history of the genre with a few characteristic cases. As modern medicine evolved, becoming more empirical, the subjects of case histories evolved from the *curious* cases that characterize the early modern period to the *clinical* ones that dominate the nineteenth century. As the subject matter of case histories changed, so did their forms, becoming more detailed in both their clinical descriptions and narrative trajectories. Eventually, as medicine became even more empirical, case histories evolved into case reports and charts, the narrative form of the case history surviving in the *social* cases developed by proto-sociologists and in the *behavioral* cases developed by proto-psychologists like criminologist Cesare Lombroso and sexologist Havelock Ellis. The behavioral case, of course, eventually evolves into Freud’s *psychoanalytic* case history.³

If case histories have ancestors, they are the “Wonder Books” of the late-seventeenth century, in which strange and miraculous events—stories of prodigies, deformities, natural disasters, and supernatural occurrences—are told with a degree of

³ For my terminology here, I am borrowing from and building on the categories Kennedy uses as descriptive markers of the case history’s evolution: *curious*, *clinical*, and *psychoanalytic*.

narrative detail that lends them plausibility.⁴ These wonder narratives overlap with medical case reporting, which predates the modern period anyway, going all the way back to Hippocrates. The conventions of case reporting, however, change radically over time. Until the eighteenth century, cases were almost always recounted in relation to the theories of a medical authority like Hippocrates or Galen, the symptoms of a given illness understood in relation to diagnostic systems external to the patient's body like Galen's four humors. In the eighteenth century, when the realist novel emerges, medical case histories acquire much more narrative detail, employing conventions commonly associated with realism: time, specificity, domestic details, descriptions of states of sensibility; but they still tend to focus more on the curiosity of a given illness than close observation of the patient's bodily symptoms. During the nineteenth century, the case history becomes more clinical, developing into a mode that documents individual pathologies in terms of larger social issues and problems: the woman question, the controversies over inoculation and anesthetics, poverty, the "degeneration" of aristocrats. By the end of the century, hospital practitioners had replaced narrative methods of case reporting with methods of charting symptoms and compiling statistics. The case history survives, though, in the behavioral sciences like criminology and sexology and eventually psychoanalysis.

Building on and extending the work of Thomas Laqueur, Julia Epstein has broadly outlined the evolution of the case history and identified and theorized many of the formal techniques and thematic preoccupations that emerge during the nineteenth century. According to Epstein, "By their structure and underlying assumptions, case histories present a notion that the human body can be known through etiological narrative, stories that reveal origins. As a consequence, disease etiology serves as an analogue to epistemology: Knowledge of the body comes from an understanding of the causes that disrupt its normal functioning" (26). Ironically, the notion that an etiological narrative can uncover the

⁴ See Hunter, 200-217, for a lucid and engaging discussion of "Wonder books."

mysteries of the human body was very often betrayed by the contents of case histories, which are hypothetical by nature and end as often in death as in cure. Either way, the writers of case histories, as Epstein argues, consistently provide narrative closure:

[T]he case report can never be read merely as a simple source of information, an analytic description. Case histories always implicitly interpret in the process of their narrative structure. In translating the patient's experience into a clinical "text," the physician must also interpret that experience to produce a diagnostic explanation, then persuade readers that this diagnosis is correct on the basis not only of evidence but also interpret that experience into a clinical "text," the physician must also interpret that experience to produce a diagnostic explanation, then persuade readers that this diagnosis is correct on the basis of not only evidence but also of rhetorical appeal—the ways in which ruptures in the experience are filled in and in which reconstructions build a clinical picture whose mysteries have been solved. . . .

Narrative truth rests not on evidence or actual events alone but on closure as well.

(33-34)

Like any narrative, the case history represents epistemological questions, but it does not necessarily provide answers. Case histories also tend to make implicit assumptions about methods of interpretation. The diagnostic process transforms bodies and minds into specific semiotic systems, but these systems generally fail to provide adequate closure when it comes to any given suffering patient. When the diagnostic process fails to capture the patient's experience, the physicians who write case histories seem to turn almost by instinct to literary techniques to provide the missing closure.

Writers of case histories seem aware that the patient's illness acquires meaning in relation to their own medical authority and to the readers of her case. Such awareness calls attention to the limits of the case history, which can never fully capture the patient's experience or even the etiology of an illness. Julia Epstein argues that this awareness arises from a tension between narrator and patient that is inherent in case histories:

A theoretical problem of narration is that it ceases to be stable, simple, unfraught, and autonomous storytelling, as soon as we try to detach the told from the telling and thereby open new epistemological questions. . . . The status of historical discourse, Roland Barthes has remarked, is uniformly assertive, certified or certifiable, established and verified. This is a discourse of facts that ignores its own linguistic material, that presumes that it represents a pure and natural copy of the “real.” It is as though the facts targeted by the historian’s account of them have an existence outside that enfolds them. That text in medical case histories always represents a duality—because it is both a written object and the representation of an inhabited body. This doubleness produces a tension that derives from the case history’s *sui generis* inwardness and that can be located in the contradictions among its presentational modes. (Epstein 34-35)

Case histories can never fully ignore their own linguistic material because they are constantly faced with the gap between signifier and signified, text and patient. Novels can rely on their “overt fictionality” to produce the effect of realism, but the linguistic material and conventions of case histories create a tension between the patient and the human being, between the medical portrait of subjectivity and subjectivity itself.

The case historian, then, must rely on narrative conventions to prove his case. Steven Marcus, discussing Freud’s *Dora*, identifies the central questions that arise in any discussion of case history as narrative, calling attention to Freud’s assumption that Dora’s disconnected narrative reflects her mental instability:

Freud is implying that a coherent story is in some manner connected with mental life (at the very least with the absence of hysteria), and this in turn implies assumptions of the broadest and deepest kind about both the nature and coherence and the form and structure of human life. On this reading, human life is, ideally, a connected and coherent story, with all the details in explanatory place, and with everything (or as close to everything as is practically possible) accounted for, in its proper causal

sequence. Inversely, illness amounts at least in part to suffering from an incoherent story or an inadequate narrative account of oneself. (71)

Like the novelist, the physician requires a pathological sequence of events for his or her professional existence and must assume that certain narrative sequences are healthy while others are pathological—or, in Laub's words, that certain experiences are "outside the parameters of 'normal' reality, such as causality, sequence, place and time." The implication is that intervention can re-route the causal chain of events and bring the experience depicted into "the range of mastery." Such mastery, however, does not necessarily involve a medical cure. *Dora*, after all, is a "fragment" of a case history. Even when it ends in death or medical failure, a case history can provide closure through literary conventions and appeals to the reader's sympathy. A survey of cases typical of each stage of development also reveals the strikingly consistent appearance of sympathy and pathos. The sympathy of a reader can overcome his or her disbelief, fulfilling narrative desire when medical authority does not.

The term *curious* would imply that pre-clinical cases were content to objectify patients, constructing them as mere curiosities. This was not always the case. Mary Toft, the famous "Rabbit Breeder of Godalming" (1724), is a good example. Her case exhibits many of the qualities of earlier "wonder narratives," but it also anticipates the diagnostic and sympathetic frames that inform later cases.⁵ First examined by physician John Howard, Toft exhibited external evidence of a strange phenomenon: she was giving birth to rabbits. Howard wrote to Nathaniel St. Andre, physician to King George I and surgeon to the Westminster Hospital Dispensary: "If you have any curious Person that is pleased to come Post, [he] may see another leap in her Uterus, and shall take it from her if he pleases; which will be a great Satisfaction to the Curious [sic]" (Braithwaite 12). An uncommon

⁵ See Leslie and Seligman for a thorough analysis of Toft's case; see Silverman for a feminist analysis of the case. See Appendix A for the full text of another *curious* case, involving the "regeneration" of an amputated penis.

sighting of a rabbit was the initial explanation of Toft's unusual offspring. She longed so much to eat this delicacy that she began giving birth to rabbits—repeatedly over the course of several months. This explanation was debunked with the arrival of St. Andre. He “discovered” the scientific explanation for the deliveries—an aberration in Toft's fallopian tubes that allowed the rabbits to descend through them directly from her uterus. On two occasions he delivered her of both rabbit and cat “parts.” He reported his findings to the king and reported them in a widely read pamphlet. King George, apparently unsatisfied, sent Richard Manningham, a reputable male midwife, to investigate. Manningham elicited a confession of fraud from Toft by threatening to perform painful medical experiments upon her:

she was seiz'd with violent Floodings, and the Womb was then as she thought open as if she had been just deliver'd of a full grown Child, she did verily believe one of her wicked Accomplices did then convey into her Womb part of the Monster (as she calls it) being the Claws and Body of a Cat, and the Head of a Rabbit; this put her to much Pain; After that time she believed nothing was ever put her to much Pain, but into the Passage only, by the Advice of a Woman Accomplice whom she has not yet named, and who told her she had now no Occasion to work for her Living as formerly, for she would put her into a Way of getting a very good Livelihood, and promised continually to supply her with Rabbets [sic], and should therefore expect part of the Gain. . . . (Braithwaite 33-35)

The scientific explanation was debunked, the case solved, and Toft imprisoned for fraud. Later, Toft published a defense of her actions. The integrity of this document was questioned, because it was suggested that Toft was illiterate and that the defense itself was a fraud, performed to capitalize on Toft's original fraud. Fraud or not, the defense attracted a great deal of attention and a large readership. People were interested in two phenomena: a woman who could give birth to rabbits and a working-class woman whose fraud could hoodwink even a prominent physician like St. Andre. In both cases, narrative is employed to

explain such curious phenomena. In the original case, Toft's suffering elicited readerly sympathy. Once she was exposed as a fraud, however, she attempted to recapture that sympathy with her defense, arguing that her imprisonment was unjust.

Note the similarities and differences between the Toft case and the following *clinical* case, involving a patient with "an enlarged clitoris."⁶ Published by a physician who identified himself as R. Batty, member of the Royal College of Physicians, in London's *Medical and Physical Journal* in 1801, the case is only slightly less shocking than Toft's. Its presentation, however, involves much more physical detail and clinical analysis based on the close observation of physical symptoms. At the same time, the language of the case is suffused with sensibility and appeals to readerly sympathy:

On the 28th of Feb. 1800, Catherine Talbot, a healthy looking woman, about thirty years of age, was placed under my care, in the Parochial Infirmary of St. Martin in the Fields, where she had been admitted on account of her inability to follow her usual occupation, which was that of working in the brick fields, and other laborious employments, from a swelling of great magnitude, as she described it, hanging from her body; and which, upon examination, I found to be the clitoris enlarged to a most enormous size, gradually increasing in bulk from its stem at the pubis. The circumference of the largest part measured fourteen inches, the circumference of the stem five inches, and the length of the tumor nine inches. Its general appearance was smooth and fleshy, and its upper surface covered with cuticle, and not redder than the skin in general; round the bottom of the tumor, and all its under surface, it was very unequal, being made up of a cluster of swellings of a globular form, of different sizes, from those of large grapes to the smallest; the colour of these were redder, somewhat transparent and shining, but not inflamed or painful to the touch. When the tumor was held up, a detached lobe from the right side hung lower than the rest,

⁶ See Appendix A for the complete text of this case, including illustrations.

having the same globular appearances at its most depending part. The nymphae and labia on both sides, especially near the perineum, appeared as if taking on the same uncommon action with the clitoris and felt more tender; which might arise from the weight and pressure of the tumor, as they were not much enlarged. (1-2)

Batty's detailed description of the tumor's size, appearance, texture, and weight is accompanied by two diagrams, which depict a faceless patient, the tumor protruding from between her legs. Such detail, while far from objective, scientifically disinterested, or free from gender stereotypes, is characteristic of the nineteenth century's clinical case histories. These clinical cases, however, retain the sentimental attributes of their predecessors. Batty begins the case with his patient's name, Catherine Talbot, and the detail that she worked in the fields and sought medical treatment only when she became too sick to work. These details point to the inability of the case to fully represent the patient's subjectivity. In addition, the hypothetical nature of the case points to the related impossibility of fully representing the etiology of Talbot's disease. Batty fully acknowledges the medical profession's inability to interpret the case: "It will readily be granted that this was no common case; its extraordinary size and singular appearance necessarily rendered it an object of curiosity, and I occasionally took several of my medical friends to examine it; many of whom had seen instances of enlarged and diseased nymphae and clitoris, but never anything like the present" (2). In the process of doing so, he illustrates Catherine Talbot's objectification; she becomes a curiosity, an experiment. To complicate matters, he declares that he saw no chance of curing the "poor woman," making her the object of a diagnosis but also of sympathy. The appeal to readerly sympathy encourages identification, which disrupts the objectification of the patient, creating an intersubjective portrait of doctors, patient, and reader. According to Batty, who recounts the remainder of the case in careful detail, including dates, procedures, and developments, Talbot was in fact cured through the surgical removal of the tumor. The physician reports narrative closure: the return of the patient's "natural" functioning, her release from the infirmary and return to work.

Though a very different kind of researcher—a journalist, not a scientist—Henry Mayhew saw his *social* case histories as part of a nineteenth-century project: the classification of whatever seemed to fall outside the realm of ordinary experience. Mayhew's *London Labor and the London Poor*, first written in serial form for the *Morning Chronicle* in 1849 and 1850, was a kind of early sociology. Mayhew was interested in documenting his thorough observations, all in the name of seeking solutions to the problems presented by modern, industrialized urban life. He was very aware of the potential controversy an extensive narrative portrait of London's suffering poor might cause, but like medical case historians he emphasized the social value of his project, constructing his subjects as objects of sympathy rather than scorn:

I enter upon this part of my subject with a deep sense of the misery, vice, the ignorance, and the want that encompass us on every side—I enter upon it after much grave attention to the subject, observing closely, reflecting patiently, and generalizing cautiously upon the phenomena and causes of the vice and crime of this city—I enter upon it after a thoughtful study of the habits and character of the 'outcast' class generally—I enter upon it, moreover, not only as forming an integral wish to divest the public mind of certain 'idols' of the platform . . . Further, I am led to believe that I can contribute some new facts concerning the physics and economy of vice and crime generally, that will not only make the solution of the social problem more easy to us, but, setting more plainly before us some of its latent causes, make us look with more pity and less anger on those who want the fortitude to resist their influence; and induce us, or at least the more earnest among us, to apply ourselves steadfastly to the removal or alleviation of those social evils that appear to create a large proportion of the vice and crime that we seek by punishment to prevent. (447)

Mayhew's basic project is a progressive one—to suggest that the "vices" of society would be better remedied by prevention than punishment. He very often emphasizes a lack of affect in the poor, suggesting that emotion is a luxury. If relative ease and comfort were

imperative for human emotion to thrive, and if human emotion was imperative for the infrastructure of the modern world to work smoothly, without crime and vice, then it was in the best interest of the middle and upper classes to alleviate the misery of the downtrodden working classes.

Mayhew's division of people according to their attitudes toward work (those who do, those who cannot, and those who will not) makes an important connection between human behavior and economics. The Watercress Girl, for example, is a "subject" whose relation to work falls outside of the narrative parameters of social convention. She is too young. Her story, though, is our only access to the particular cause-and-effect relationships responsible for her socially unacceptable experience:

The little watercress girl who gave me the following statement, although only eight years of age, had entirely lost all childish ways, and was, indeed, in thoughts and manner, a woman. There was something cruelly pathetic in hearing this infant, so young that her features had scarcely formed themselves, talking of the bitterest struggles of life, with the calm earnestness of one who had endured them all. . . The poor child, although the weather was severe, was dressed in a thin cotton gown, with a theadbare shawl that wrapped round her shoulders. She wore no covering to her head, and the long rusty hair stood out in all directions. When she walked she shuffled along, for fear that the large carpet slippers that served her for shoes should slip off her feet . . . (68)

As she goes on to tell about her brief history at school, her bargaining skills, her selling techniques, her toys, her eating habits, etc., it becomes clear that the problem with the watercress girl is that she has been compelled to "develop" along the wrong trajectory—a trajectory that forces her, like *Oliver Twist* or *Tess Durbeyfield*, to develop too soon. The sequence of causes and effects has gone awry, and according to Mayhew's equation, she therefore presents a social problem: she is likely to act outside the bounds of social convention. The conditions that demand such precocious behavior must be eliminated.

Unlike Mayhew, sexologist Havelock Ellis was working within the framework of Victorian medical science. The behavioral cases that comprise his *Sexual Inversion* (1896) anticipate Freud's psychoanalytic cases, emphasizing psychological and emotional states rather than bodily ones. Like Mayhew's cases, the narratives themselves are fraught with narrative self-consciousness. Ellis himself prefaced the case histories, many of which are first-person narratives written by his patients themselves, with a note on their veracity or lack thereof:

It may be proper, at this point, to say a few words as to the reliability of the statements furnished by homosexual persons. This has sometimes been called in question. Many years ago we used to be told that inverts are such lying and deceitful degenerates that it was impossible to place reliance on anything they said. It was also usual to say that when they wrote autobiographical accounts of themselves they merely sought to mold them in the fashion of those published by Krafft-Ebing. More recently the psychoanalysts have made a more radical attack on all histories not obtained by their own methods as being quite unreliable, even when put forth in good faith, in part because the subject withholds much that he either regards as too trivial or too unpleasant to bring forward, and in part because he cannot draw on that unconscious field within himself wherein, it is held, the most significant facts in his own sexual history are concealed. (89)

The "scientific" project of sexology was to medicalize sexual deviance, creating sexual inverts and homosexuals of mollies and sodomites. The political project of sexology was to construct sexual inverts as patients suffering from a medical condition and therefore warranting diagnosis and sympathy rather than condemnation and legal prosecution. The reliability of the case history is undermined by both the socially marginal nature of its content and the epistemological limitations that face any narrative reconstruction of human experience. Despite his acknowledgment that the testimony of a deviant is less than reliable, Ellis continues his narrative, asking us to suspend disbelief. The narratives he presents

emphasize the causes and effects of homosexuality. The causes are presented in the form of developmental narratives, generally highlighting both the ordinary and extraordinary circumstances of the subject's family, childhood, and adult experience. The effects are either intense secrecy and social isolation or exposure that results in social humiliation and ostracization. The following, a first-person narrative, is an excerpt from a case history as representative of Ellis's project as any other:

H. V—S.W., aged 64, English, music journalist.

The communication which follows (somewhat abbreviated) was written before S.W. had heard or read anything about sexual inversion, and when he still believed that his own case was absolutely unique.

"I am the son of a clergymen, and lived for the first thirteen years of my life in the country town where I was born. Then my father became the vicar of a country village, where I lived until I went out into the world at the age of 18. As during the whole of this time my father had a few pupils, I was educated with them, and never went to school. I was born, I fancy, with sexual passions about as strong as can well be imagined, and at the same time was very precocious in my entry into the stage of puberty. Semen began to form before my twelfth birthday; hair soon followed, and in a year I was in that respect the equal of an average boy of 15 or 16. I conversed freely with my companions on the relations of the senses, but, unlike them, had no personal feeling toward girls. In time I became conscious that I was different, as I then believed, and believe now, from all other men. My sexual organs were quite perfect. But in the frame of a man I had the sexual mind of a female. I distinctly disclaim the faintest inclination to perform unnatural acts; the idea of committing sodomy would be most disgusting. . . . During the rather more than half a century which has elapsed since my twelfth birthday, I have been genuinely in love about thirteen times. I despair attempting to give an idea of the depth and reality of my

feelings. I was in love when 12 years old, the object being a man of 45, a well-known chemist.”

S. W. is very self-conscious about his deviance and his feelings. He juxtaposes self-diagnosis—“I was different from all other men”; “I had the sexual mind of a female”—with an appeal to readers’ sympathy—“I despair attempting to give an idea of the depth and reality of my feelings.” As soon as S. W. has established the connection between diagnosis and sympathy, he begins a detailed narration of his experience as a “sexual invert”:

He used to come to my father’s house very frequently; and my heart beat almost at the mention of his name. . . . Before going into details, so far as may be necessary, I cannot help asking you to consider calmly and dispassionately my exact condition compared with that of my fellow-creatures as a whole. In my struggles to resist in the past, I have at times felt as if wrestling in the folds of a python. I again sinned, then with a youth and his friend. Oddly enough, discovery followed through a man who was actuated by a feeling of revenge for a strictly right act on my part. The lads refused to state more than the truth, and this did not satisfy the man, and a third lad was introduced, who was prepared to say anything. This was not all; some twelve or fifteen more boys made similar accusations! The general belief, in consequence, was that I had committed “shameless” crimes in all directions. (96-98)

S. W. may not have read any sexology or have been introduced to the concept of sexual inversion, but he surely read novels, which, like his narrative, are in the business of attempting to “consider calmly and dispassionately [a character’s] exact condition compared with that of [his or her] fellow-creatures as a whole.” Ellis suggests that a subject’s narrative is tainted by knowledge of the theories and techniques of the field of scientific inquiry for which it becomes evidence. I would argue that any familiarity with narrative realism at all suggests a set of parameters and techniques for framing the story: age, geographic origins, parentage, income, profession, and development become

“evidence” for the particular problem at hand—in this case, “sexual inversion.” The initials “S. W.,” ensuring anonymity, also suggest the limitation of the case history. Despite Ellis’s attention to detail, he cannot fully explain the etiology of his patient’s sexuality nor the myriad ways that his sexuality has produced his subjectivity.

Ellis’s S. W. is analogous to Dickens’s David Copperfield, or Hardy’s Jude, or, of course, Wilde’s Dorian Gray. S. W.’s narrative reminds us that from narratives (like those of his accusers) we draw conclusions. This is true of novels and case histories, though the conclusions we draw from novels are not always as clear or definite as those we draw from case histories. Still, case histories can generally represent aberrant and socially marginal behavior with greater frankness than novels. The supposedly purely epistemological project of science gives them license to do so. S. W.’s reference to semen and other explicit sexual allusions are not the stuff of most novels, and neither is his confession: “But in the frame of a man I had the sexual mind of a female.” This statement appeals to readerly sympathy in order to transform S. W. from individual, pathological subject into a cause for social concern. It posits the scientific or epistemological possibility of a transgendered subject and calls attention to the fact that the social world of S. W.’s *fin-de-siècle* England forces him to choose his gender. The frankness of Ellis’s “scientific” treatment of such material has few equivalents in fiction of the period. However, eighteenth- and nineteenth-century novels, despite their undeserved reputation for prudishness, have given us fornicators like Tom Jones and Roxana, degenerates like Dorian Gray, and pathological murderers like Mr. Hyde. Both genres also ask readers to think about reading and interpretation, to think about their relationship to the subjects of narrative, to identify—that is, diagnose and sympathize with—their pathologies.

The Condition of Reading

Diagnosis itself is a semiotic enterprise, a kind of reading. A study of the mutual influence of the novel and the case history must confront what Robert Scholes calls “the condition of reading.” This project, then, builds on and contributes to theories of

reading—how it's done, what it feels like, why it's important—particularly those informed by structuralism, post structuralism, and psychoanalytic theory. In his essay "Semiology and Medicine," Roland Barthes makes an observation that is one of the basic assumptions of this study. Medical and linguistic semiology, Barthes argues, are marked by "systematic correspondences" (203). He goes on to argue that the diagnostic model of semiology offers an example of a "halt" in the endless play of signifiers and the "retreat of signifieds" that underlie the post structuralist "critique of meaning":

In medicine, what halts this kind of retreat or conversion of the signified into signifier, is medical practice, the fact that once the signified is apprehended as the name of a disease, we then convert the semiological system into a therapeutic problem, we try to cure the disease and, consequently, at that very moment, we escape this kind of dizzying circuit of signifier and signified by the operational, the intrusion of the operational which is a venture outside meaning. (211)

As readers follow Dorian Gray's gaze, his self-diagnosis converts the image on the canvas into such a "therapeutic problem." In his case, as in many case histories, the only cure is death. Nevertheless, Dorian Gray's death does halt the endless signification of symptoms. Wilde's novel became particularly controversial after its author became the subject of a legal investigation for "gross indecency."⁷ In court Wilde argued that the novel was a cautionary tale, while his accusers argued that it was evidence of his perversions. The legal rhetoric of the trial was fueled by what Barthes calls the "dizzying circuit of signifier and signified" because the two parties cannot agree on the novel's "operational" strategy. Wilde insists that readers are encouraged not to identify with his protagonist, but to learn from his mistakes; Wilde's accusers insist that sympathetic portrayal of deviance, moral corruption, and disease lures readers into states dangerously similar to Dorian's. This rhetoric reflects a tension between diagnosis and sympathy that underlies most medical case histories and

⁷ For a brilliant discussion of the Wilde trials and their invocation of *The Picture of Dorian Gray*, see Cohen, particularly chapters five and six.

many novels. As pathological subjects are represented, the drive to cure them is also an attempt to make sense of the symptoms of pathology, to provide a set of referents to anchor these symptoms in the real, and to create a narrative frame that justifies their representation. In the process, readers are asked to identify, at least temporarily, with these pathological subjects. That identification is crucial to the process of converting the symptoms of disease into a therapeutic problem.

Identification has been a primary concern for literary critics at least since Aristotle postulated that the value of tragedy lay in its power to elicit (and purge) pity and fear in audiences. In his eloquent book *Protocols of Reading* (1989), Scholes makes the point that “protocols of reading”—stylistic, linguistic, and representational strategies—provide interpretive frameworks to limit the possible interpretations of any given text. Scholes grants the poststructuralist point that linguistic materials and semiotic systems are imperfect reflections of reality: “Since we can never perceive perfectly the absolute whole of anything instantaneously, all perception is impure, a reading of signs rather than an apprehension of things. The condition of reading is the human condition” (68). In other words, interpretation—“the condition of reading”—and subjectivity—“the human condition”—impinge on each other. Scholes sees interpretation as fundamental to subjectivity: “We humans are the animals who know we shall die. We know that our lives are shaped like stories, with a beginning, a middle, and an end. Reading, I am contending, consists, among other things, in recognizing and facing the signs of this pattern” (18). Scholes’s “protocols” give shape to reading and interpretation, acts through which subjectivity is constituted:

[H]uman beings became human by receiving the gift of signs—at the cost of perceiving nothing but signs, everywhere. To be conscious, above all, to be conscious that one is conscious—is to be split, differentiated, alienated. All this, I think, we must grant, but separation and alienation are not the whole story of human consciousness. As Saussure makes clear many times and in many ways, language is

not a random aggregation of differences but a system of distinctions. This systematic or integral quality of language is just as important as its differential quality. Linguistic signs are not simply differentiated; they are linked in patterns we have learned to call paradigmatic and deployed in patterns we call syntactic. (74)

The “differential” and “systematic” aspects of language that Scholes identifies are analogous to Todorov’s “difference” and “resemblance,” Fuss’s “difference” and “similitude,” and Brooks’s “same-but-different.” Reading, like identification, works through the “play” of similarities and differences. A medical case history is always a reading of a reading, an interpretation of an interpretation, a diagnosis of a diagnosis. A novel is always a fictional enactment of such readings, a fictionalized diagnosis. Both genres, however, foreground the act of reading. Near the opening of his book, Scholes argues that “It is because reading is always an affair of at least two times, two places, and two consciousness that interpretation is the endlessly fascinating, difficult, and important matter that it is” (7). Reading is an exchange, an imperfect intersubjective activity through which knowledge and feeling circulate. Scholes’s observation, I am arguing, is an implicit assumption of both realist fiction and clinical case histories; and the implicit response of both genres is to offer diagnosis as a conduit for the exchange of knowledge, and sympathy as a conduit for the exchange of feeling.

In *Figuring Madness*, her study of narrative representations of madness and nervous disorders, Chris Wienthal makes a similar argument, with specific attention to nineteenth-century fiction, arguing that the novels themselves often figure diagnostic and linguistic interpretation as inseparable enterprises:

As the symptoms of the melancholy body or the spectral apparition in the works of Anthony Trollope and Henry James will serve to illustrate, for example, manifestations of disorder in nineteenth-century texts as often as not signal an active interrelation of such signifying orders as the corporeal and the linguistic. ‘A symbol

written in the sand of flesh,' the somatic system 'participates in language,' as Lacan avers, by virtue of its 'semantic ambiguity' (1977, 69).

Just as the symptom thus often problematizes or unsettles distinctions between symbolic and organic registers, so too can the activity of figuring madness be seen to presage the erosion or destabilization of another fundamental categorical boundary. For to the extent that literary signs of disorder involve the reader's active participation in the very forms and modes of madness presented by texts, they ultimately call into question the commonplace assumption that, as Shoshana Felman has recently argued, the madness we analyse 'in' literature is indeed a phenomenon in effect actually containable to the literary text, as though an event somehow intrinsically separate or apart from the reader 'outside' of it. . . . In more ways than one, the dualistic process of figuring madness turns the binary logic of insides and outsides inside out, so that in tracing the tell-tale signs and symptoms of delirium, the sense of one's own disorientations may easily become the commonest sense of all. (3)

If diagnosis is a semiotic enterprise, requiring the systematic interpretation of bodily signs or symptoms, then any disease or illness is a system of signs governed by the semiotic relations of its symptoms. If, as Saussure, Lacan, Barthes, Derrida and many others have argued, any given semiotic system is based on the relationship between signs more than the relationship between signifiers and signifieds, then these symptoms are not simply objects of interpretation; they are produced by acts of interpretation. Under the diagnostic gazes of narrator and reader, Dorian Gray's "blue-veined hands," his nightly excesses, and "the foolish or gross" gape of his mouth all signify in relation to theories of medicine that link physiology with morality, sexuality, and degeneracy and to a literary tradition in which the pathologies of protagonists deserve the sympathy of readers.

Peter Brooks, who characterizes narrative itself as a kind of textual consciousness, complete with "internal energies and tensions, compulsions, resistances, and desires,"

argues in *Reading for the Plot* that Freud's *Beyond the Pleasure Principle* offers a "model of narrative plot" in which the complications that sustain narrative propel it into "deviance and detour" (xiv, 108). In Brooks's formulation, plot propels us toward closure, satisfying the demands of the death drive. Dorian Gray's story has meaning for us in part because we can identify with its content, but we also identify with its form, diagnosing our own demise in the portrait, turning the pages with an eye to our own mortality. Brooks concludes that "it is the role of fictional plots to impose an end which yet suggests a return, a new beginning: a rereading. Any narrative, that is, wants at its end to draw us back to its middle, to the web of the text: to recapture us in its doomed energies" (111). This is as true of the case history as it is of the novel. Endings, in both genres, provide the illusion of closure, but they do not finally answer the epistemological questions posed by diagnosis; at narrative's end the sympathetic reader is left with an excess of feelings, with a memory or a trace of an earlier, intersubjective rapport with the text. At the end of the story, readers are far from finished reading; they are suspended in the diagnostic "web of the text," where uncertainty and intersubjectivity reign. In other words, the condition of reading is the human condition.

As Freud's work will finally bear out, the question of identity always involves a confrontation with pathology, either as a present condition or a future possibility. Throughout the eighteenth and nineteenth centuries, narrative representations of pathology imply that the unhealthy bodies and minds of their subjects can be understood as intertwining systems of signification. Medicine and literature both operate in the face of epistemological contingency, and so narrative, which displays but doesn't necessarily explain its subjects' pathologies, is the ideal vehicle for representing ruptures in the semiotic systems that constitute mental or physiological health. Freud revolutionized the philosophy of selfhood with his systematic description of subjectivity and the unconscious in linguistic terms. In the nineteenth-century novel and medical case history, however, the analogy between medical and linguistic semiology was already an implicit concern. As I will illustrate with specific examples in the following chapters, diagnosis and sympathy

consistently framed questions of interpretation and subjectivity in relation to each other. The condition of reading was already the human condition.

CHAPTER ONE

Science and Sensibility: Invasions of Privacy in Breast Cancer Narratives

Maria Edgeworth's *Belinda* (1801) is a study of pathology. A post-Richardsonian sentimental novel in the tradition of Frances Sheridan, Charlotte Lennox, Fanny Burney, William Godwin and Mary Wollstonecraft, the novel chronicles the development and cure of Lady Delacour's breast cancer and documents the publicization of her private suffering. Like so many novels of sensibility, *Belinda* invites readers—as one early-nineteenth-century critic of Richardson's work phrased it—to “slip, invisible, into the domestic privacy of [its] characters” (qtd. in Watt 105). As we slip into Lady Delacour's closet and examine her disfigured breasts, we witness and sanction the diagnosis that leads to the narrative treatment (in both senses of the word) of her pathology. As Peter Brooks notes in *Body Work*, the history of the novel is a telling chronicle of the history of privacy (28): individual novels represent fictionalized private lives, and to read them is to participate in imaginative violations of privacy. In *Belinda*, the mere presence of Dr. X—, a character based on physician and author John Moore, dramatizes the transformation of the private experience of characters into the very public experience of patients, or cases.¹ A minor character

¹ In a sketch for an early draft of the novel, Edgeworth identifies Dr. Moore as the model for Dr. X— (originally “Dr. Sane”), which may account for his mysterious name:

Character of Doctor Sane, the physician who attends Lady Delacour in her illness; like Doctor Moore, if you can draw him like the ideas that may be found of Doctor Moore from his works; a benevolent man who knows human nature and what is called the world, perfectly: who has polite manners and talents for conversation in a high degree. He is interested for Belinda, a young girl who he thinks is in Lady Delacour's house on the verge of ruin and misery; make use of him to open her eyes to the real characters of all who frequent Lady Delacour's house. He warns her against Clarence Hervey. She is disposed to admire his dashing genius, but her eyes are opened to his real views, (which are not matrimonial) by the conversation she overhears at Ranelagh, and by the prudence and penetration of Doctor Sane, who makes him show off the worst parts of his character. (482)

Dr. Moore was famous for writing a medical text for a popular audience, *Medical Sketches: In Two Parts*, in which he covers such subjects as digestion, blood circulation, respiration, the nervous system, and fevers. He also published novelistic studies of “human nature,” including *Edward: Various Views of Human Nature, Taken from Life and Manners, Chiefly in England and Sketches of Life, Characters, and Manners, in Various Countries; including the Memoirs of a French Lady of Quality*. In his work, Moore consistently links morality, sensibility, consciousness, and corporeality, as components of the single system of his primary subject, “Humanity,” maintaining that a balance between them is essential for good

remarks upon seeing him at a social gathering, “Dr. X— the writer, do you mean, . . . then we’d better get out of his way as fast as we can, or he’ll have some of us down in black and white, and curse me if I should choose to meet with myself in a book” (93). This character wants to avoid becoming a case history, to retain authority over the privacy of his body. Medical authority, he recognizes, reduces human psyches and bodies to “black and white” text and exposes them to public scrutiny.

Virtually all realist fiction is involved with defining the terms and limits of privacy. The same is true for virtually every encounter between doctor and patient. Brooks’s argument about the privacy and history of the novel applies also to the history of medicine:

The history of the novel is a major episode in the long history of curiosity. The novel takes this curiosity into the sphere of private life, invading the domain it claims to speak of and for. And within private life, it finds that what is most private, most difficult to speak of, most a problem to represent, is the private body. The body cannot be left in a nonsignifying somatic realm. It must mean. But it will do so only when made a part of a web of signifying practices. (53)

Dr. X— is a fictional representative of the medical profession’s overdetermined negotiations with “the private body.” His presence in the novel calls attention to the overlapping concerns of fiction and medicine, two discourses motivated by curiosity to “slip into” private lives. Able to penetrate the most mysterious circumstances and assemble solutions to seemingly unresolvable narrative problems, Dr. X— diagnoses each of Edgeworth’s characters. He places their bodies within “a web of signifying practice,” gives them meaning by invading their privacy. Dr. X—’s appearance pathologizes everybody, as the clinical gaze is apt to do, but Edgeworth is careful to depict him as a humane physician, a student of the mind as well as the body: “Accustomed to study human nature, Dr. X— had

health *and* for sound medical practice. Though other aspects of Edgeworth’s original draft were significantly altered, it is safe to assume that Dr. Moore remains the model for Dr. X—.

acquired peculiar sagacity in judging of character” (125). As a scientist, he wields a pathologizing gaze; as a Humanist endowed with the gift of sensibility, he is careful, tactful, sympathetic.

Another novel written by a woman during the second half of the eighteenth century, Frances Sheridan’s *Memoirs of Miss Sidney Bidulph* (1761) thematizes similar concerns about breast cancer and “the private body.” Whereas Lady Delacour’s breast cancer is a central concern in Edgeworth’s novel, the breast disorder of a “pretty young gentlewoman” comprises just one episode in Sheridan’s. Nevertheless, these two fictional depictions of suffering women are remarkably similar in their representation of the invasions of privacy that accompany medical intervention. Whereas Sheridan and Edgeworth dramatized imagined invasions of privacy, Dr. X—’s real-life counterparts literally invaded the privacy of their patients in order to examine and treat their diseases. When these physicians and surgeons published the results of such invasions they exacerbated them. In order to diagnose and treat an illness, doctors make the body signify, speak publicly, but when they document and publish such diagnoses and treatments they give an even wider audience to that which is “most private, most difficult to speak of.”

The private bodies represented in both novels and case histories are also suffering bodies. Writers of both genres capitalize on that suffering to justify their invasions of privacy. During the period when both these novels were written, physicians published innumerable cases of breast disorders in medical journals, a remarkable number of which employ narrative techniques shared by sentimental novels to chronicle and publicize the symptoms and treatments of actual women suffering from breast cancer and other breast disorders. One of these cases, that of a Mrs. Craib, was hotly debated by two of her surgeons, William Nisbet and Isaac Oliphant, in the pages of *London’s Medical and Physical Journal* during 1800 and 1801.² These two novels and this case history share a set

² For the full text of the case and other breast cancer cases published during the period, see Appendix I.

of attributes common to both genres during the period: they rely on the shock of publicizing private bodily details for narrative impetus; they position themselves as socially vital documents, justifying the representation of socially taboo topics; they combine a clinical, pathologizing gaze with a rhetoric of sensibility in order to justify the violation of privacy that representing suffering bodies entails; and they position their narratives as therapeutic documents, whose aim is to intervene in a pathological sequence of events and steer it toward a healthy (and moral) resolution. The narratives themselves are records, fictional or nonfictional, of the etiology and treatment of pathologies. Just as novelists like Sheridan and Edgeworth borrowed the concept of diagnosis to give meaning to the fictional suffering of their fictional characters, so writers of case histories borrowed novelistic conventions to temper their literal invasions of privacy.

In *Belinda*, Lady Delacour's breast cancer compels her to allow physicians to violate the privacy and sanctity of her body throughout the novel. In desperation, she opens the doors of her dressing closet to a host of male medical practitioners and pathologizing gazes. Most of them lack sensibility, and their painful and violent treatments exacerbate her condition. Dr. X—'s medical intervention is perhaps no less traumatic or invasive, but his sensibility initiates a *therapeutic narrative*, resulting in Lady Delacour's recovery of physical health, mental stability, and moral sensibility. In sentimental realism, as in medical case histories, the description of intimate bodily details is set in motion by a lapse or rupture in the health of its subjects.³ Such lapses justify violations of privacy if they are therapeutic.

³ As rhetoric, sensibility is easily combined with medical discourse because it refers not merely to affect but, in the words of Barker-Benfield, to a complex "psycho-perceptual" system that links corporeal and psychic phenomena as the central organizing system of human animation, or consciousness. Since Locke's theory of human consciousness as a *tabula rasa* (1690), impressionable and therefore changeable, and George Cheyne's influential treatise on nervous disorder, *The English Malady* (1733), sensibility, as the system through which physical sensations are received and processed, had become widely employed as a gauge of human character. Empiricism linked the production of truth claims to detailed accounts of the material world, but those accounts represented a violation of social codes of privacy. Physicians and novelists alike needed a rhetoric to justify those representations.

Such violations are transformed from prurient representations of corporeal trauma into socially vital acts of heroism. Describing Fanny Burney's mastectomy letter, a document remarkable for its eloquent portrayal of its author's real-life suffering, Julia L. Epstein writes in "Writing the Unspeakable: Fanny Burney's Mastectomy and the Fictive Body,"

Narrating stories, for Burney, served two purposes. First, narration—writing the intimate and vulnerable self—represents an act of violence, a wrenching exposure that amounts to a self-inflicted incision, an aggressive attack on the writer's self. Second and concurrently, narration—exteriorizing the self's story—represents a therapeutic and healing process, a resolution and closure of wounds. In this sense, writing for Burney is like surgery: a deliberate infliction of pain in order to excise the pain, a violation of the body in order to cure the disease. (162)

Epstein describes Burney's letter as "part medico-surgical treatise and part sentimental fiction," noting that the act of narration requires authority generally reserved for the physician and denied the patient. Burney, she argues, takes on the roles of both narrator and narrative object in the letter and thereby produces a document unique in both literary and medical history. Burney's letter is unique in its representation of patient as author, but its appropriation of medical discourse is typical of sentimental fiction.

In both published medical accounts and fictions of the period, science and sensibility are consistently operate as mutually reinforcing rhetorics that justify the violence of exposing the vulnerable, often suffering, bodies and minds of characters and subjects. Novelists and physicians employed the language of sensibility, combined with the clinical gaze of medicine, to frame discussions of bodily violence and violation within a discourse of compassionate healing, offering a remedy for both symptoms of physical disease and the social discomfort caused by representing them. The overdetermined social position of women's breasts, as Epstein writes, makes breast disorders ideal subjects for therapeutic narratives: "The breast emblemizes both privacy and sexuality, and breast cancer, by intruding on the radical privacy of the body and thus medicalizing sexuality, threatens and

breaks down that emblemization” (155). The diseased breast of a Lady Delacour or a Mrs. Craib requires the intervention of a male physician or surgeon, and the narration of that intervention is itself a threat to a social order based on the sanctity of women’s bodies. Narrative in medical case histories, to borrow Epstein’s metaphor, is like surgery, “a deliberate infliction of pain in order to excise the pain, a violation of the body in order to cure the disease.” Case histories borrow the rhetoric of sensibility from their fictional counterparts. At least since Richardson, writers of sentimental fiction had recognized that framing taboo, traumatic, or extremely private subject matter within discourses of sensibility eases the pain and justifies the violation of social taboos. Such novelists had already been incorporating diagnostic and therapeutic models for representing the pathological characters. In both genres, the violence of narrating the traumatic experiences of human bodies in extraordinary detail was not justified by either the rhetoric of science or sensibility alone. A “scientific” profusion of details, linked through causal relations, creates a truth-effect and objectifies patients and characters; and sensibility frames the representation within codes of propriety and encourages readerly sympathy.

Eighteenth century novelists and writers of case histories are both very self-conscious of their readers’ emotional responses to their violations of privacy. Laqueur argues that self-consciousness is the common denominator in “the new cluster of narratives” he calls the “Humanitarian Narrative.” The “causal chain” of these narratives is structured around the suffering bodies of “ordinary” people. Breast cancer narratives fall squarely within Laqueur’s model. Fiction or nonfiction, they employ sensibility as a discourse to represent women with breast cancer, linking patients, medical authorities, and readers in a network of contagion. As a discourse, sensibility unites consciousness and corporeality, and so corporeal disease and moral consciousness may contaminate each other. These links create a complex set of power relations, in which the consciousness of each player is judged as moral or immoral in relation to his or her display of sensibility. Excess sensibility leads one into danger and illness; too little sensibility breeds villainy and

often illness; just the right dose of sensibility tempered with reason (in the form of education, religion, or science) is a recipe for both virtue and health.

In the sections that follow I will illustrate the use of mutually reinforcing rhetorics of science and sensibility as they manifest themselves in a case history and a novel in two extended readings, of two competing versions of “The Case of Mrs. Craib” and then of *Belinda*. The single “breast cancer” episode in Sheridan’s novel exhibits many of the salient details shared by all these texts. In both Sheridan’s and Edgeworth’s novels, the patient nearly submits to a mastectomy but is rescued by a medical practitioner whose “humanity” and medical expertise are explicitly linked. The patient receives a new diagnosis and a cure without surgery. Both novels demonstrate their authors’ familiarity with medical controversies about breast cancer, which focused on diagnosis and mastectomy.⁴ In addition, the narrative techniques of these fictional accounts of breast cancer are strikingly similar to those of their nonfiction counterparts in the medical journals. In both fiction and nonfiction, the woman with breast cancer becomes the subject of narrative suspense, with professionals vying for authority over her body. The suspense invites readers’ involvement in the narrative and elicits sympathy for the suffering patient and her physicians.

Medicine’s violation of otherwise rigidly enforced and gendered codes of privacy is consistently presented as a necessary condition for the development of the therapeutic narrative. In Sheridan’s novel, a suitor-physician examines the breast of a young woman he has been forbidden to marry. The physician’s professional authority allows for the examination, and the language of sensibility allows for the representation of that

⁴ Physicians publishing on this topic during the period sometimes recommend partial or whole excision of the breast, but never without reservations and only when no other treatment is efficacious. See Appendix I: Guy, Monro, and Nicolson. See Epstein, “Writing the Unspeakable,” for an account of Fanny Burney’s successful 1811 mastectomy, which took place in France. See also Rather, 26–41, for a discussion of the evolution of eighteenth-century cancer theory, most notably Hunter’s theory of “coagulating lymph.”

examination. Nevertheless, the story is still a marriage plot, one in which the woman's ailing body places her in a vulnerable position from which only her male suitor's medical expertise can save her; the examination of her breasts, forbidden under ordinary circumstances, becomes a necessary violation of her privacy. In Dr. Oliphant's account Mrs. Craib leaves her bed undressed, "in want of her stays," conjuring images of her exposed and diseased breasts, an act that occupies a crucial place in his narrative: it is the moment at which he loses hope for her recovery; the exposure of her breasts, he implies, made her vulnerable to a morbid turn in her illness. In both scenes, the medical meanings of the woman's breasts are determined in relation to violation of social codes of privacy. The physician is a figure who may violate the privacy of the patient's body with impunity. Sensibility, as rhetoric, makes the representation of what he finds there publishable; at the same time, sensibility reinforces preexisting notions about the authority of the physician over his patient (and of men over women), notions that link the disruptions of privacy that illness entails with the shortcomings, or even deviance, of the patients.

Illness, doctors, and medicine play a major role in the complex trajectory of its virtuous Sidney Bidulph's rocky path to marriage and happiness. In the "breast cancer" episode, the heroine (who spends much of the novel as Mrs. Arnold, having made an unfortunate match for the sake of propriety) narrates the event of an acquaintance's near-mastectomy. A "very pretty young gentlewoman" of the neighborhood, in love with but forbidden to marry a young physician, Mr. Main, with a promising future, "had the misfortune to receive a hurt to her breast, by falling against the sharp corner of a desk from a stool, on which she had stood in order to reach down a book that was in a little case over it" (270). The blow "threw her into a fit of illness, which put a stop to all correspondence between her and her lover" (272). Neglect exacerbated the injury, and another surgeon was brought in: "By this bungler she was tortured for near three months; at the end of which time, through improper treatment, the malady was so far increased, that the operator declared the breast must be taken off, as the only possible means of saving her life" (272). An

ordinary domestic act, reaching “down a book,” sets in motion a traumatic sequence of events that disrupts the young woman’s identity. In her progression from health to illness, she must forsake her identities as sister and lover and assume of the patient.

The day for the mastectomy approaches, and the patient “conjure[s]” her brother, “in the most earnest manner to permit Mr. Main to be present at the operation” (272). Mr. Main arrives at the scene “with an aching heart”:

He was introduced into her chamber, where he found the whole chirurgical apparatus ready. The young woman herself was in her closet, but came out in a few minutes, with a countenance perfectly serene. She seated herself in an elbow chair, and desired she might speak a few words to her brother, before they proceeded to their work. Her brother was immediately called to her, when taking him by the hand, she requested him to sit down by her. (273)

Having successfully appealed to her brother’s sensibility, the patient then declares that she has put off the operation so that it would occur after her twenty-first birthday, when she would become mistress of her own fortune, which she wants to leave to Mr. Main if she should die. The narrator, Mrs. Arnold, comments, “You imagine this had various effects on the different persons concerned. The brother, however displeased he might have been at this act of his sister’s, had too much humanity to make any animadversion on it at the time” (273). He recognizes that his sister’s illness diminishes his authority over her body. He leaves the room, and the surgeons begin the operation, Mr. Main “endeavouring to suppress his tears” (274). As the narrative continues, it becomes clear that this authority is now in the hands of a medical profession whose mastery of “cancer” is limited:

Two maid servants stood on each side of her, and the surgeon drew near to do his painful work. He had uncovered her bosom, and taken off the dressings, when Mr Main, casting his eyes at her breast, begged he might have leave to examine it before they proceeded. The other surgeon, with some indignation, said, his doing so was only an unnecessary delay; and had already laid hold of his knife, when Mr Main

having looked at it, said, he was of the opinion it might be saved, without endangering the lady's life. The other, with a contemptuous smile, told him, he was sorry he thought him so ignorant of his profession, and without much ceremony putting him aside, was about to proceed to the operation; when Mr Main laying hold of him, said, that he never should do it in his presence; adding, with some warmth, that he would engage to make a perfect cure of it in a month, without pain or amputation. (274)

The image of the physician suppressing his tears, scalpel in hand, contemplating his "painful work," is familiar within the confines of a sentimental novel. Aside from the fact that he is also suitor to the patient, such an image is entirely in keeping with public and professional representations of good doctors during the period. Precisely because of his sentimental relationship to the patient, Mr. Main is able to intervene and rediagnose her, probably saving her life and certainly saving her from unnecessary pain and suffering. His diagnosis is a product of his sensibility, tempered by a strong sense of reason and knowledge of current medical theory. As a result of Main's intervention the patient opts to forgo surgery and her body is allowed to heal itself. The first surgeon then challenges Main to a duel; as a result the latter is seriously wounded and confined to bed for five weeks, after which the happy couple are united with their families' blessings.

This episode exists outside the frame of the larger narrative, but it does give Mrs. Arnold an opportunity to display both her sense and her feeling for the afflicted individuals involved. It is striking that in the role of surgeon, a suitor examines the exposed breast of his lover, his professional identity taking precedence over his personal one. The scene also displays, in short hand, a major contention in medical theory of the period regarding mastectomies, which frequently resulted in death and were regarded with suspicion by many physicians. The conflict that arises is not only personal as well professional because medical practice always involves the "humanity" of the physicians. Medicine was in no respect regarded as an abstract or disinterested science by its practitioners. Throughout the

chapter the violence of illness and medical treatments elicits both rational and emotional responses. A proper diagnosis and cure, Sheridan suggests, can only be effected when reason and sentiment are united. The physician is the hero of the scene, and his patient, though his beloved, is never named and remains the object of medical inquiry and economic and social exchange (between her brother and her suitor).

The combination of science and sensibility enables the representation of illness in the pursuit of bodily health *and* moral consciousness, resulting in narratives promising to influence readers to conduct their own delicate bodies with more rectitude than the subjects they read about. The two genres share this rhetorical strategy, but case histories differ from novels in that they are representations of actual events and people, whereas novels imaginatively reconstruct possible events and characters. In *Nobody's Story*, Catherine Gallagher argues that “the novel was the first to articulate the idea of fiction for the culture as a whole” and that “readers identified with the characters in novels because of their fictiveness, not in spite of it” (xvi-xvii). According to Gallagher, novels elicit readerly identification because their protagonists are imaginary constructions. Imaginary violations of bodily and domestic privacy in a novel elicit strong emotional responses; the depiction of actual violations of privacy requires a narrative frame that will guarantee its author a similar emotional response. Fiction constructs imagined events and experiences, assembling details and arranging them as a series of causes and effects. Case histories reconstruct actual events and details, assembling details and arranging to make their supposedly inherent cause-and-effect relationships become clear. In the process, the actual subjects, the *somebodies* of case histories, acquire the sentimentalized characteristics of their fictional counterparts and elicit the emotional responses of readers whose “emotional dispositions,” as Gallagher argues, were “created” at least in part through the reading of novels (4).

“For Want of Her Stays”: The Case of Mrs. Craib

By 1800 a growing network of journals reflected an increased organization of the medical profession.⁵ Physicians and surgeons who published case histories in the growing number of professional journals at the end of the eighteenth century risked tainting their professional reputations as well as the public's perception of their treatments. To publish was to participate in medical debate, which called attention to the uncertainty behind medical theory and clinical practice.⁶ In response, physicians often used the language of sensibility that flourished during the period in their published case histories, as a rhetorical strategy to humanize the clinical practice of medicine. The material in case histories is easily adapted to the demands of sentimental narration; case histories are, after all, stories about suffering bodies and mortality. In breast cancer cases, the woman's suffering body becomes the terrain for a medical discourse that reflects the profession's genuine struggle to solve the corporeal mysteries presented by the cancer as well as medical authors' anxious formulation of narrative styles that could perform two very different functions. The cases had to demonstrate the physician's clinical acumen and display his position within current debates, while simultaneously justifying the publication of their patients' private bodily experiences.

Like the novelist, the physician requires a pathological sequence of events for his or her professional existence and must assume that certain narrative sequences are healthy while others are pathological. The story of Mrs. Craib's body has strayed out of sequence, become pathological. Nisbet and Oliphant vie for the authority to reconstruct her narrative, searching for the causes of her current illness and attempting to intervene and reconnect the events of her story. Breast cancer was a largely unexplained ailment in 1801, yet both

⁵ On the lack of material on the publication and distribution of these journals, see Lawrence, pages 271-276.

⁶ Debate was highly valued among physicians and surgeons during the period, so the Nisbet-Oliphant exchange would not have been unheard of, but the lengths they pursue are excessive and somewhat atypical.

Nisbet and Craib interpret Mrs. Craib's body, produce diagnostic explanations, and use sensibility to establish rhetorical appeal for their particular reconstructions of the pathological sequence of events that they claim resulted in her disease. Throughout the development of two suspenseful accounts of the same case, Mrs. Craib's body becomes the object of intense clinical scrutiny—the morbid details of her condition supplying empirical data for her surgeons and eliciting readers' sympathy.

The multiple publication of the case demonstrates each author's attempt to authorize narrative closure and thereby claim both narrative and medical truth. Nisbet (a member of the Royal College of Surgeons, Edinburgh) was first to publish an account of Mrs. Craib's case in 1800; his conclusions were soon attacked by attending surgeon Oliphant (a member of the Royal College of Surgeons, London). This pattern was then repeated, Nisbet publishing a rebuttal to Oliphant's refutation and Oliphant publishing yet another refutation. The case develops with each subsequent publication, demonstrating the extent to which physicians and surgeons who chose to publish case histories relied on narrative devices like suspense, characterization, and the language of sensibility. Claims of cures were especially contentious during the period. Physicians had developed an Enlightenment faith in the inherent curability of both physical and mental disorders, but they were cautious because the human body was still a largely unexplored field of scientific data.⁷ In the case of Mrs. Craib, characterization and suspense produce egregious sentimentality for a clinical text aimed at a professional audience. This sentiment tempers the visceral quality of the clinical details and creates the impression of the author as a humane medical practitioner, whose relationship with his patient is both personal and professional, whose feeling for his patient forces him to confront and experience the patient's trauma along with her.

⁷ For a collection of essays on quacks versus "regular" practitioners, see *Medical Fringe and Medical Orthodoxy*, ed. Roy Porter. In his introduction, Porter makes the valuable observation that the relationship between a quack and "regular" physician or surgeon is not simply one of opposition. The categories were more fluid in a period during which the institutionalization of medicine was still in its nascent stages.

Mrs. Craib had been suffering from pain in her breast for two years. She consulted a total of six physicians and one friend with amateur medical knowledge. They all diagnosed cancer of the breast and prescribed a variety of treatments, including poultices, powders, leeches, and even the application of pigeon dung. Mrs. Craib finally consulted Oliphant, who concurred with the previous diagnoses but agreed to take the case, calling in Nisbet. In Oliphant's version of the case, Nisbet looks like a quack, advertising his services and promising unrealistic cures; in Nisbet's version, Oliphant looks like an outmoded medical practitioner, still adhering to the vagaries of leeches, bleeding, and Hippocrates. In the cumulative narrative that emerges, Mrs. Craib's suffering body becomes the field on which a battle of medical ideologies and personal disagreements takes place.

Nisbet's original version of the case, published in September 1800, was titled "A Case of the Cure of Cancer of both Breasts, the One Ulcerated, the Other Schirrous." This was a typical title for a typical case of breast cancer for the period. Its claim of a cure was not unprecedented, but it certainly defied the dominant approach to cancers.⁸ Nisbet had made cancer a specialization, which put him in a complicated position in relation to his rapidly evolving profession. Many specialists in particular fields of medicine were quacks or charlatans who advertised their services with outlandish portfolios of supposedly incurable cases that they, with their new and often secret treatments, had miraculously cured. Nisbet advertised among physicians in London, not to the public, and though he emphasized new, experimental methods of treatment—and though he was vague about what constituted such treatment—he was a member of the Edinburgh Royal College of Physicians and seems to have been respected by his peers. His claim to have cured a seemingly hopeless

⁸ There are two recurrent details in accounts of breast ailments during the period, the patient's nervous constitution and a past blow to the breast, often cited as the origin of the disease. Though neither of these details appears in every case, they appear consistently enough to constitute a major component of breast cancer diagnosis during the period. Physicians tended to see cancers as incurable maladies that in select cases responded favorably to treatment or cured themselves over time.

case of breast cancer would plausibly have attracted the attention of those peers and the public alike.

Nisbet's introduction, typical of the period's case histories, situates him within the profession:

Having devoted my attention of late years to a particular line of medical practice, the subject of which has been deemed one of the chief opprobria of the profession; and from a conviction that this general opinion is by no means well founded, and that Cancer is equally curable as any other species of swelling or ulcer, it is incumbent on me, in entertaining such new sentiments, to support them by evidence of incontrovertible facts.—I shall therefore state the following case, one of the most melancholy that can occur, as an introduction to a number of others which shall be occasionally given to the public, through the medium of your useful Miscellany.

(296)

Cancer was “one of the chief opprobria of the profession” because it remained incurable in an age of scientific medicine. Nisbet promised nothing less than a professional revolution with regard to his specialty. In this case, he would use “evidence of incontrovertible facts” to influence his peers. However, even in this short introduction there is already an air of mystery and suspense surrounding the case, “the most melancholy that can occur.” Although he intends to base his conclusions on the presentation of “incontrovertible facts,” in this introduction he is already relying on the suspense and sympathy that sentimental narration inspires in readers. Nisbet uses the language of sensibility to frame his narrative and provide links between details, links that become crucial for determining the cause of a patient's complaint and theorizing about possible treatments. Inevitably, these links create suspense. They are presented as a sequence of events, one by one, leading the reader to guess or wonder what will happen next. Physicians rely on the narrative desire their cases produce in order to confirm their positions of authority. They provide information readers desire, the way any responsible narrator does, to establish their own authority. At the same

time, both physician and patient begin to develop as *characters*, as they would in a novel, with all the attendant moral and professional details that novelistic characterization involves. Science and sensibility converge throughout the diagnostic process, treatments and results creating more suspense, filling out a picture of Mrs. Craib's domestic life and her surgeons' attempts to restore her health so that she can return to that life. Mrs. Craib becomes the object of readerly sympathy, to be pitied but not necessarily trusted with safeguarding the health of her own body.

When Nisbet first introduces the patient, he conceals her identity with a pseudonym: "Mrs. G. the wife of Mr. G. a coal merchant in Tottenham Court Road, aged upwards of 40, about two years ago, felt a hardness and swelling of her left breast, with all the usual symptoms of schirrous or incipient cancer" (296). He continues, naming physicians she consulted: Mr. Ford, Mr. Cline, Sir James Earle, Mr. Budd, Mr. Cooper, Mr. Andrews, and an "ignorant empyric" (whom she consulted only out of desperation, in Nisbet's words, because she "had been deserted by the faculty"), and finally Oliphant (297). According to the author, "Mr. Oliphant, of Percy-street; who, with a proper anxiety for his patient, and a zeal at the same time directed by humanity, which every practitioner of medicine should profess, soon after visiting her, and finding that tho' her complaints were palliated, no progress was made towards a cure, advised to call in Dr. Nisbet, whose attention, he understood, had been particularly devoted to this malady" (297). Nisbet's recitation of physicians' names characterizes him in opposition to his peers, who are well-meaning but lack vision. Using language inflated with sensibility, Nisbet imposes a cause-and-effect analysis on his "facts," thereby creating an engrossing narrative to make his medical case more convincing. Mrs. G. has had symptoms for two years and has consulted a number of physicians. Those are the facts. According to Nisbet's interpretation, the first two physicians were unable to alleviate of her symptoms; under their care, the symptoms were "aggravated," putting her in an "unhappy state." Because the patient was "anxious to obtain relief," she sought the advice of a third, who "humanely" declined to treat her but

offered her a space in a hospital, which she declined. After at least five physicians had pronounced her case incurable, she was, in Nisbet's words, "deserted by the faculty" and so in desperation "put herself in the hands of an ignorant empyric," and her illness continued to develop, making "horrid progress." Two more physicians pronounced Mrs. Craib's case incurable, and finally she found Oliphant, who called in Nisbet because of his "proper anxiety for his patient" and "zeal . . . directed by humanity" (296-297). The language of sensibility enables Nisbet to use his diagnosis to set the stage for his own entrance as a sentimental hero.

Like most writers of the period's case histories, Nisbet uses the convention of the "first visit" to initiate narrative development and to contrast his own professional acumen with the ignorance of the patient, her family, her friends, and other practitioners:

On my first visit, I found the disease far advanced in its ultimate stage, a short description of which will be sufficient to convince every practitioner of its fatal and apparently speedy termination. An extensive foul spreading ulcer occupied the whole surface of the left breast with thick reverted edges covered with the particular sordes characterizing such sores, and occasionally pouring out quantities of blood from the eroded vessels. Besides the substance of the breast, itself totally diseased, the cuticular glands all round were hard and schirrous to a considerable extent. In the axilla, the glands were swelled to the size of a pigeon's egg, and the whole of that side as tight, contracted, and knotty, with clusters of swelled lymphatics in different parts of it. The patient could hardly use the left arm and was totally unable to lie on that side. An erysipelatous inflammation diffused itself for a considerable way beyond the actual limits of disease. On examining the right breast, I found a large schirrous formed in it, which had not yet arrived at an active state. The hectic fever was strongly formed, and the patient's health rapidly declining.

Mr. Oliphant was of the opinion the disease was incurable, unless a complete sloughing of the whole breast took place; and I could not, in such a

situation, flatter with strong hopes; determined, however, to follow the plan which I have generally found successful, I communicated my sentiments to him, who, with that liberality which every man of real science possesses, acquiesced, and gave every freedom in pursuing it. (297-298)

In this passage the explicit details of Mrs. Craib's sores, bleeding, and swelled lymphatics subside into the rhetorics of sentimental fiction. First Nisbet uses a rhetorical ploy, claiming to have concurred with Oliphant in the opinion that the case was indeed incurable but at the same time depicting himself as "determined . . . to follow the plan which I have generally found successful," characterizing himself as heroic innovator and Oliphant as a polite obstacle to a successful resolution of the case and the narrative. The therapeutic narrative—or in Laqueur's words, "the humanitarian narrative"—promises that "ameliorative action is represented as possible, effective, and therefore morally imperative" because of its reliance on causality (178). The lack of action taken by other physicians and surgeons demonstrates their failure to live up to that moral imperative. Because Nisbet is willing to take this action, in a case "deserted by the Faculty" (even though by opposing the Royal College of Surgeons he risks his professional reputation), he becomes the moral hero.⁹ The suspense that ensues centers around Nisbet's treatment, but Mrs. Craib's ailing body, its eruptions and swellings "beyond the actual limits of disease," is the precondition for his narrative. The horror of the scene arouses readerly sympathy, but in this case the sympathetic reaction is complicated by knowledge of the professional dispute. Is Nisbet a

⁹ By 1800, the Royal College of Surgeons and the Royal College of Physicians, complementary institutions, had acquired a high level of regulation and dominance within mainstream medicine, but that did not mean that patients did not regularly seek the advice of practitioners who had not had not earned membership in "The Faculty." The Royal College of Surgeons, Edinburgh, of which Nisbet was a member, was very respected and included a number of reputable practitioners, including Alexander Monro. It isn't entirely clear, though, whether nationalism is part of the quarrel between Nisbet and Oliphant, though it is a strong possibility. See Christopher Lawrence for a discussion of medicine in Edinburgh, including a discussion of Alexander Monro; see also Susan Lawrence, 107, on the tensions between the Edinburgh and London colleges.

hero willing to risk his professional reputation for the sake of his patient, or is he a quack willing to sacrifice her for the sake of publicity? Mrs. Craib is a sympathetic character, but she lacks the medical knowledge required to make decisions about her treatment, and throughout both accounts of the case, it is her ignorance (in contrast to each physician's authority) that prevents her body from healing and ensures the development of the sentimental narrative.

In Nisbet's first account, events progress toward a happy resolution, Mrs. Craib's mortality held at bay for the time being. He describes the gentle healing of the "diseased parts" and concludes: "The above facts will be sufficient to show, that the principle of cure is different from any that has yet been attempted; but at present I shall enter into no further detail of it than say, that it consists in no secret remedy or specific, but proceeds on the general principles which apply every form and stage of the malady" (298). On the surface Nisbet effected a happy ending and reported it to his peers, but important questions remain: How did he effect this cure? The surgeon is never explicit about his method of treatment. What caused the illness? What cured it? The controversy that arose from the further attests to the problem of cause and effect, which is, after all, an essential component of any plot. Nisbet avoids such questions, opting instead to reassure readers by displaying Mrs. Craib's waning bodily eruptions. His references to the sore's healing, the fact that no "sloughing" was involved, and the breast's return to its "natural state" imbue the narrative with a sense of relief.

Both Nisbet and Oliphant are interested in the cause-and-effect relationships between the etiology of illness, method of treatment, and progress of illness, but their analyses of these relationships differ. Through debates about medical ethics and approaches both surgeons attempt to humanize themselves and their profession, to represent the doctor-patient relationship as both a professional and a human one. Both surgeons attempt to reconcile scientific methods with social expectations about their authority in the private realm of ailing bodies. In a sentimental novel, Mrs. Craib would be the heroine, but in a case

history the physician becomes the hero. Oliphant's first response, published in November 1800, attempts to clarify the case by providing a new narrative frame, one that traces the progress of the case by providing a longer and more detailed chronology of events. Like Nisbet, Oliphant begins with an account of the case that leads up to his intervention:

Mrs. Craib, of Tottenham-court-road, aged 46, has had three children, the last fifteen years ago; was never able to suckle with the left breast, but had no great inconvenience from this circumstance. The menses hitherto regular, till pleurisy seized her; otherwise she was extremely healthy, and constantly employed in an active life.

Two years ago she got a violent bruise on the upper part of her left breast; the effects subsided as well as they usually do in common cases, only there was left some hardness with a little occasional pain.

Six months after she received another bruise on the same part, and all the consequences of contusion, swelling, livid colour, and pain, were greater than in the former accident; and the remaining pain was more severe, and the hardness of greater extent. In the recent state, repeated application of leeches were ordered; and when the active condition of the disease was supposed to be removed, some saponaceous camphorated embrocation was applied. (546-547)

Oliphant situates himself within a medical discourse that tended to look for causes outside the patient's body—an injury (as in both Sheridan's and Edgeworth's novels). Instead of seeing the body as an organic system capable of turning on itself, external were often cited as the cause of the body's morbid turn. At this early stage, details like Mrs. Craib's motherhood, her inability to breast-feed, the regularity of her menses, and her previous pleurisy are all potentially relevant but are not necessarily related to the current progress of the disease. The profusion of domestic and corporeal details displays the thoroughness of Oliphant's examination, but it also reinforces the characterization of Mrs. Craib as a victim

of her body and its surroundings, a misguided and helpless woman vulnerable to her own bouts of emotion.

With the application of remedies—leeches and a soapy camphor lotion—the progress of the narrative is under way. Medical intervention establishes a new set of cause-and-effect relationships, and the patient’s own, pointedly nonmedical view of her own case provides the requisite complications to prolong the narrative, much the way the miscalculations of a novel’s heroine would. Oliphant recounts her medical history, without naming the physicians but describing previous treatments, including the application of pigeon dung and the painful application of “burnt allum” in an effort to “ripen for the knife” (547). According to Oliphant, these treatments exacerbated her condition. It is only when Mrs. Craib finally puts herself in the hands of “an eminent and experienced surgeon” that she begins to make progress toward medical intervention that may do her some good, but the details Oliphant provides are secondhand; they occurred before he took the case. Like an omniscient narrator, though, he reports details that occurred in his absence, reconstructing the narrative of Mrs. Craib’s pathology based “the marks of bad treatment” her body exhibits: depression, pain, oozing, irritation, discoloration, swelling, glandular inflammation, hardness. With the image of her ailing body established, Oliphant makes the point that she is otherwise “constitutionally unimpaired” (548). Mrs. Craib’s constitution, he argues, is separable from her symptoms. The statement is unconvincing considering her depression and the severity of her illness, but it supports his point that her symptoms are the result of “irregular” treatments rather than endemic disease.

The corporeal details of this passage—shooting pains, oozing sanies, ulceration, yellow sloughing—set a dramatic scene for Oliphant’s entrance as a figure whose intervention, complete with specific dates and technical descriptions of his treatments, is both humane and medically sound. The patient’s symptoms are recognizable and so are his treatments: *magnesia vitriolata*, bleeding the ulcer with leeches, the application of a poultice. Under his more conservative care, “the choppings were much lessened, and she felt herself

able to attend constantly to her shop, and had good night's rest. A favourable circumstance also was, that no bleeding attended this ulceration; as the whole breast, and its vessels, appeared enveloped in such disease, that I should have had little reason to expect their contracting to restraining hæmorrhage if it had occurred" (548-549). Oliphant is careful to show that his methods fall squarely within the most responsible medical practices of his time and that they temporarily restore the patient to ordinary life—to a healthy narrative of productivity and activity.

However, as he still believes the case incurable, Oliphant decides to pursue a less traditional route in the hopes of providing relief for his patient. He summons Nisbet enters, whom he characterizes as a surgeon whose methods fall outside the common methods of the time. Having advertised as a specialist in treating cancers, Nisbet promises new methods of treatment: nightly opium, vegetable alkali and sulphur, and an antimonial pill. Oliphant concedes, "wishing to waive delicacy for the possible benefit of my patient," but Mrs. Craib's condition worsens. Oliphant reports that "the breast had lessened in size in an equal proportion to the general waste of the body" and suggests that though convalescence in the country may be her only hope, her fatigue prevents her from traveling (549). In Oliphant's version, Nisbet becomes one more in a long line of attendants whose care exacerbates Mrs. Craib's symptoms. The steady stream of dates, new treatments, physical developments, and domestic details enhance the sentimental qualities of the case. Oliphant allows Nisbet to treat Mrs. Craib "for the possible benefit of his patient," but four paragraphs later he is "sorry that the plan had been pursued so long." Her condition is so morbid, he informs readers, that "Mr Craib was obliged to part beds" (549). As the subject of his case history, Mrs. Craib has forfeited her bodily and domestic privacy.

Once again it is a miscalculation of Mrs. Craib's that gives rise to the next narrative development:

On the 16th of August, in the evening, she got out of bed to have it put to rights; thinking she would shortly return to it, she did not put on her stays; and in this state remained longer up than she at first intended, or thought herself able.

For want of her stays, as she thought, and in my opinion rightly, a pain seized her under the right breast, which she apprehended arose from flatulency, and drank some glasses of Madeira wine to dispel it; however, the pain increased, and I was called at five in the morning, when her pulse could be hardly felt; she was obliged to fit it up, was crying out continually with pain, at the same time pressing forcibly on her side for ease. . . . At this time the breast was not an object of attention, only the ordinary dressing and cleanliness were attended to; and when it again became necessary to be examined into, the ulcer was changed into a common sore, the breast shrunk, and considerably absorbed; and in a short time the whole was taken up as well as the swelling in the axilla, leaving for some little time after, a small discharge from the most deep-seated ulceration, which also, in defiance of stimulating application to keep up a discharge, closed.

Ever since her breath has been short, and checked with cough, and glary expectoration; the pulse, which before, I believe, never exceeded 80, was now upwards of 130, creeping and indistinct. She appeared exsanguinated, and very feeble; an issue was made in the opposite arm, but with no marked advantage. (549-550)

The medical details of this incident are fairly straightforward. Mrs. Craib was “seized” with a pain under her right breast. The pain remained for several hours and was complicated by a cough. Oliphant treated these symptoms by bleeding her, applying oil to her ulcerated breast, and giving her an opiate for pain. The sequence of these events is sewn together by a host of nonmedical details: the changing of her sheets, Mrs. Craib’s leaving her bed without her stays, her crying out in pain and drinking Madeira wine to ease it, and Oliphant’s arrival at five a.m. These details are all relevant to the case at hand because medicine is not a

science that can rely simply on the isolated functions of patient's bodies. Their lives impinge on their health. At the same time, the minutiae of Mrs. Craib's life create a sentimental scene of a suffering patient and her sympathetic doctor. "In want of her stays," her diseased breasts exposed, Mrs. Craib is alone, in the dark, able only to drink Madeira wine and cry out in pain, a portrait surely designed to elicit sympathy but not confidence. The patient made the mistake of assuming the privacy of the healthy, walking around her home undressed; in her condition, Oliphant, suggests, this mistake was fatal. This episode, portrayed as an act of poor judgment on the part of the patient, takes the form of a narrative climax: the patient's condition has taken a turn towards *denouement*—imminent death. She is "exsanguinated . . . feeble," her pulse faint.

The next section of the account chronicles Mrs. Craib's gradual decline, directly attributed to her leaving her bed without her stays. On October 2, Oliphant treated her for shortness of breath and a "teasing cough"; on the twenty-first, for a "swelling of the face," constipation, and "a scarcity of urine." On the twenty-fourth, her urine and her pulse increased, her cough lessened, and "a little redness of health appeared again in the lips." This recovery of health enabled him to resume treatment of the breast: introducing a "seton" (hole for draining) into her breast, applying palliatives, and prescribing a pill of his own concoction. By September 13, her breast had improved, and all her chest complaints had disappeared by the eighteenth. After this, "The bleeding and relaxants employed, produced a quick absorption, and the general inflammation changed the ulceration to a common sore, which had such a tendency to heal, that it closed up in defiance of a stimulating ointment applied to keep it discharging" (551). Oliphant suggests that this happy if inconclusive turn of events is the result of his putting an end to Nisbet's treatments. Without them, the breast healed, leading Oliphant to conclude that the complaint was never cancer. In the process, he helped to construct a riveting narrative, in which two practitioners with different diagnoses of the same case vie for authority, using Mrs. Craib's body, her mortality, as their field of experimentation.

Nevertheless, Oliphant ends this version of the narrative with a firm disavowal of the narrative techniques he has employed to persuade readers that his diagnosis is the valid one: “I have confined myself to the statement of facts; and how far art had to do with the changes that took place, I leave the professional gentlemen to determine. What I now have to regret is that neither of them hold out hopes of remedy to suffering humanity afflicted with such a dreadful disease as cancer” (551-552). Oliphant concludes that the case was never cancer and appends a footnote quoting Hippocrates on the wisdom of allowing the body to heal itself. It is clear that even under the pretense of confining himself “to the statement of facts,” Oliphant is relying on his readers to infer “how far art had to do with the changes that took place.” Oliphant convincingly presents himself as an attentive and careful physician, cautious in his conclusions. Still, his statement has ring of the unreliable narrator, whose narrative is more than a simple analysis. It is a story, and he is the protagonist, one in search “of remedy to suffering humanity afflicted with such dreadful disease as cancer.” In short, neither facts nor sensibility can stand alone in either account of this case; the two require each other. The dramatic narrative is fueled by each physician’s attempt to prove both his professional authority and his ethical and humane treatment of Mrs. Craib. With each subsequent version of the case, addressed to the editors of the journal and the public at large, the narrative takes on an almost epistolary form, in which events are narrated from highly subjective points of view that makes the truth almost impossible to locate.

The remainder of the controversy consists of each physician’s defense of his diagnosis, based on a re-framing of symptoms and developments within a cause-effect schema that lends itself to his own point of view. Nisbet defends his diagnosis, idiopathic cancer. Oliphant responds with yet another version of the events. It becomes clear that any reader, no matter how knowledgeable about medical treatments or theories, cannot decide the case. There are simply two different versions of the story. Oliphant’s second rebuttal, however, is the last published version of the case and contains new information—Mrs. Craib’s relapse—which he uses to claim narrative closure. Oliphant is

“wrong” with regard to diagnosis, as the relapse looks like cancer, but “right” with regard to result, death. The result, published in January 1801, is a tragic one for any reader susceptible to the sentimental sway the narrative has developed through its several accounts:

I am sorry my opinion has been realized. On the 1st of this month she sent for me, to shew me a few eruptions that had come out the preceding fortnight; and with considerable relief to her inside, she told me. When I saw her, I found there were innumerable affections of the miliary glands of the skin of both breasts, particularly under the absorbed one, extending a great way on the side under the arm. The last healed sore, where the absorbed one was, was re-opened; on several other parts of this surface considerable schirrous tubercles have arisen. The right breast, from being left with a small pendulous schirrus, sustained by the flaccid integuments; the skin has not contracted, which draws up the increased schirrus; and the whole threatens to become one mass of disease, of much more serious consideration to Mrs. Craib than any former state of her malady that I have witnessed: also her present weakness, indifferent appetite, bad digestion, a disposition to anasarca, and her pulse upwards of 112, have disabled the constitution from sustaining such a grievous load for any great length of time. (190-191)

Mrs. Craib’s “grievous load” will kill her. This concluding statement of the case carries a tremendous amount of sentimental weight. Despite the best efforts of her practitioners, Mrs. Craib had little hope of surviving. Current methods of treatment were simply insufficient to prolong her life. In the process of seeking her cure, she ingested a host of prescriptions and submitted to the eyes and hands of at least nine men. Not only did she endure intense physical trauma and relinquish authority over her own body, but she did so in vain. Though represented as therapeutic, any case history is liable to end in death. Its value, Oliphant suggests, lies in some future “remedy to suffering humanity.” As the object of sympathy, Mrs. Craib’s body is manipulated for public observation, treated as a vessel of excessive sensibility. As empirical data, her case offers very little other than evidence of each author’s

medical authority. Whereas the readers of *Sidney Bidulph* or *Belinda* are invited to “slip into” the private lives of imaginary characters, readers of Mrs. Craib’s case witness a medical debate that centers around a patient’s real-life suffering. Readers attentive to the ebb and flow of her case must also confront the idea that their own privacy is tenuous, dependent on the health of their bodies. The invocation of literary conventions, in a period in which novel reading was well-established, helps both surgeons soften the effects of identification, disguising the patient as heroine, marking her with the trappings of characterization. This is not to say that such softening erases Mrs. Craib’s corporeality, her actual existence. Instead, her embodiment in narrative creates a tension between two poles of interpretation. Readers are always aware that she existed, that she was sick, and that she died, but the pull of literary appeals to sensibility inevitably calls attention to the fact that the case is a narrative, that reading about Mrs. Craib’s suffering is very different from witnessing it. Her surgeons insulate us from the burden of witnessing it firsthand, inserting themselves between her and us, assuming the heroic position of the first-hand witness.

Slipping into Lady Delacour’s Closet: The Case of *Belinda*

The detailed narration of Mrs. Craib’s corporeal decline is more explicit than any bodily descriptions to be found in novels in the period. The authors of case histories, securely positioned within medico-scientific discourse, can represent with impunity subjects that are taboo in novels. A major problem faced by the realist novel is how to represent what was off limits in romance—primarily bodily functions and sexuality. In romance, heroes and heroines exist in foreign, enchanted places where bowel movements are unnecessary and copulation can be represented with an amorous trope. In realism, which focuses on the minutiae of life, the clinical, pathologizing gaze of medicine provides a model for representing the private experience of suffering. In fact, novels of the late eighteenth century, despite their reputation for decorum, include a host of troubling, taboo subjects under the guise of medical discourse. In *Belinda*, narrative resolution relies on a careful balance between science and sensibility that delivers the principal characters from pathology to

health and from depravity to virtue, a trajectory that involves the representation of breast cancer, crossdressing, murder, infidelity, and gambling.

Like so many novels of sensibility, *Belinda* contains a variety of scenes and statements that mark its generic difference from Romance. Lady Delacour to Belinda: “My dear, you will be woefully disappointed, if in my story you expect any thing like a novel. I once heard a general say, that nothing was less like a review than a battle; and I can tell you that nothing is more unlike a novel than real life” (36). If Lady Delacour’s story is not novelistic, then she is not a heroine (or anti-heroine). Instead, the novel continually pathologizes her, positioning her as patient, a narrative object to be studied but not necessarily admired. Critics of *Belinda*, including Edgeworth herself, have frequently complained that the novel’s eponymous heroine is overshadowed by the more interesting Lady Delacour.¹⁰ The first two volumes of the novel are dominated by Lady Delacour, whose story is more complex and intriguing than Belinda’s, but the relationship *between* these two characters is the central concern of the novel. Lady Delacour’s “history” is a warning to Belinda, whose actions, mostly displays of her sensibility, we see throughout the novel but about whom there is very little narrative commentary or even description. A true heroine, Belinda is confronted with the sickly Lady Delacour, whose cancerous breast is presented as metonymic reminder of her underlying “dissipation.” Dr. X plays a crucial to the resolution of the plot, which centers on the relationship between Lady Delacour’s disease and the naïve Belinda’s vulnerability. At the novel’s opening, Belinda’s narrative has yet to take a pathological turn—and so, in fact, she has no narrative; her lack of pathology makes her storyless. Edgeworth’s solution is to surround her with pathological characters whose influence she must resist if she wants to retain her virtue, her sense, and

¹⁰ See Macfayden and Atkinson for discussions of the letter in which Edgeworth refers to “that stick or stone Belinda.”

her health. An example of Locke's *tabula rasa*, she is vulnerable to the inscriptions of the vice-ridden social realm into which she is thrust.

Under the gaze of Dr. X—, bodily health, good sense, and moral decorum are explicitly linked. Despite her good sense, Belinda's ignorance of the dangers lurking beneath the surface of drawing-room niceties is dangerous. She does not know enough of treachery to fear it. As a result, she is in danger of being ruined. The supporting characters all threaten her virtue in one way or another. In the end, having escaped all threats to her virtue, Belinda marries Mr. Hervey, a reformed rake, and all is well. The narrative is therapeutic for all involved. It is preventive medicine in Belinda's case, staving off the contagious psychic and corporeal infections that threaten her, and curative for the supporting characters, whose moral, mental, and physical cures are enacted through the force of the good-natured Belinda's influence combined with Dr. X—'s clinical gaze. In contrast to Lady Delacour's depraved mind and ailing body, Belinda's intrinsic sense of reason and virtue corresponds to a healthy constitution, one capable of sustaining the weaker characters with whom she comes into contact. Still, within a domestic setting, even a woman who manages to unite sense and feeling, reason and sensibility, has limited power and influence. These qualities give the heroine the ability to regulate her *own* moral consciousness, but she is still at the mercy of the dissolute figures around her. Their reformation requires the intervention of Dr. X—, whose narrative intervention appears almost as a reversal of Locke's *tabula rasa*, the reinscription of Belinda's regulated consciousness onto Lady Delacour's dissolute and ailing body.

The narrative suggests that Lady Delacour's disreputable behavior has caused both her marriage and her health to fail. Once a beauty, Lady Delacour has been desperate to hold onto her seductive charms. She has pursued every avenue for the preservation of youth available to her. In response, her body has rebelled; underneath her "paint," her skin is dry, cracked, hideous. Worse, a cancer is "eating" at her breast, consuming her body and her spirit. The hideous interior beneath Lady Delacour's charming veneer is exposed only when

she enters the privacy of her closet. Consequently, it is only Marriot, her maid, and Belinda who are privy to her secret—except for doctors. A male doctor has access to the privacy of her closet, a place no suitor, not even a husband, is allowed. (Recall the violation of Pamela's closet by Mr. B.) Worried about the society ties of more reputable scientific medical men, Lady Delacour opts for the underground, underhanded treatment of quacks, who prescribe medicines that exacerbate her condition. Her quest for health and secrecy is an impossible one, thrusting her into a world of toxic treatments and perilous experiments. To receive proper treatment, patients must enter the public sphere of medicine; they must become the objects of pathological narratives.

Belinda's initial glance into this world also initiates the reader into the practice of slipping into Lady Delacour's closet and witnessing her private suffering. Lady Delacour faints during a masquerade she is hosting, requiring removal to her closet. Belinda's intrinsic moral consciousness moves her to Lady Delacour's aid. However, the scene she witnesses threatens to envelop her. Lady Delacour, as her new guardian, is her model; and Lady Delacour's surroundings are Belinda's surroundings:

The room was rather dark, as there was no light in it, except what came from one candle, which Lady Delacour held in her hand, and which burned but dimly. Belinda, as she looked round, saw nothing but a confusion of linen rags—vials, some empty, some full—and she perceived that there was a strong smell of medicines.

Lady Delacour, whose motions were all precipitate, like those of a person whose mind is in great agitation, looked from side to side of the room, without seeming to know what she was in search of. She then, with a species of fury, wiped the paint from her face, and returning to Belinda, held the candle so as to throw her cheeks hollow—not a trace of youth or beauty remained on her deathlike countenance, which formed a horrid contrast with her gay fantastic dress. (31)

The concealment of her illness has transformed Lady Delacour's dressing closet into an experimental medical chamber where quackery obfuscates reason. The milieu is dark and

confusing, and in it Lady Delacour's infection festers. Both her mind and her body are sustained in a continuous state of dissolution. It is not until Belinda convinces her to open herself to the more public services of the highly reputable Dr. X— that Lady Delacour finds her cure. The novel is suffused with Enlightenment binary oppositions, between light and darkness, reason and madness, health and disease, publicity and privacy. The rational Dr. X—, who delivers the corporeal equivalent of the moral cure effected by Belinda's influence on Lady Delacour, finally puts her on the right side of such oppositions.

Edgeworth uses Belinda as a mediator between the reader and Lady Delacour. Having decided that Belinda is in fact the guileless creature she appears to be, Lady Delacour undertakes the job of relating her "history"—a tale that explains the codetermined causes of her moral dissipation and her cancer:

'Yes—I think—I may trust to you—for though a niece of Mrs. Stanhope's, I have seen this day, and have seen with surprise, symptoms of artless feeling about you. This was what tempted me to open my mind to you, when I found that I had lost the only friend—but I will think no more of that—if you have a heart, you must feel for me. Leave me now—tomorrow you shall hear my whole history—now I am quite exhausted—ring for Marriot.' (33)

Throughout the two chapter narration that ensues, readers see Lady Delacour, along with Belinda, through two lenses. On the one hand, we see her the way a physician would, as a case in whose "history" we may find the source of her cure: on the other hand, we see her as a carrier of a potentially contagious infection. Each of Belinda's reactions is marked by fluctuating emotional responses. She is caught in a bind between clinical and emotional understandings of Lady Delacour's story. Unlike Dr. X—, Belinda lacks the rhetorical skill to reconcile the discourses of science and sensibility:

Lady Delacour's history, and the manner in which it was related, excited in Belinda's mind astonishment—pity—admiration—and contempt. Astonishment at her inconsistency—pity for her misfortunes—and admiration of her talents—and

contempt for her conduct. To these emotions succeeded the recollection of the promise which she had made, not to leave her in her last illness, at the mercy of an insolent attendant. This promise Belinda thought of with terrou—she dreaded the sight of sufferings, which she knew must end in death—she dreaded the sight of that affected gaiety, and of that real levity, which so ill became the condition of a dying woman. She trembled at the idea of being under the guidance of one, who was so little able to conduct herself; and she could not help blaming her aunt Stanhope severely, for placing her in such a perilous situation. (69)

As mediator, Belinda directs readers how to feel about Lady Delacour's illness. She feels pity, admiration, contempt, astonishment, terror; she dreads the sight of "sufferings" and "affected gaiety"; she trembles "at the idea of being under the guidance of one . . . so little able to conduct herself"; with her newfound knowledge it becomes clear to both readers and heroine that her situation is perilous. Of Belinda's host of emotional responses to the scene of Lady Delacour's closet, pity and admiration stand out. Combined with the other responses, pity and admiration guarantee Belinda's emotional involvement. She is the model of the sympathetic reader, whose compassion compels her to disregard the danger of contagion and commence treatment, or "ameliorative action," of Lady Delacour's case. Belinda's sensibility, as a heroine, makes her vulnerable to the moral and physical contagion presented by Lady Delacour's symbiotic diseases of mind and body.

Lady Delacour's history begins with a first love, Mr. Percival, who loved her but "could not endure her faults" (and whose eventual wife, the faultless Anne Percival, is the model of the happy and sensible domestic woman). The history continues with her marriage to Lord Delacour and her discovery that they were well-paired for mutual dissipation. They were both prone to excess and spending, and her strong will made him fear that he would appear to be dominated by her. She diagnoses his fault as "obstinacy," determining that it is not an "inveterate, incurable malady" and seeks to cure it with "poison of jealousy." Soon realizing her attempt to cure him is hopeless, she declares: "cases of obstinacy are

always dangerous in proportion to the weakness of the patient” (38). Lady Delacour responds by affecting the appearance of a coquette, in an attempt to subjugate her husband to her will. Instead, his jealousy becomes an “inveterate, incurable malady” itself. Like the treatment she later receives at the hands of her quack, the “poison of jealousy” not only exacerbates the original malady but replaces it with one even more severe. To make matters worse Lord Delacour becomes a chronic drinker, and she gives birth to one stillborn child and loses another after three months of breastfeeding, both tragedies attributed to her dissipation. (When a third child is born they send it to be “educated” by Lord Delacour’s aunt.) As her marriage continues to deteriorate, Lady Delacour commences her association with Harriet Freke, whose cross-dressing, generally mannish behavior, delight in caprices, and total disregard for appearances leads her into an apparent (though not actual) affair with the foppish Colonel Lawless. Freke also goads Lady Delacour into a duel with their mutual enemy, a Mrs. Luttridge, which is avoided due to a sudden inflammation of her opponent’s hand. They agree to fire their pistols into the air, but in Lady Delacour’s words, “when I fired, it recoiled, and I received a blow on my breast, the consequences of which you have seen—or are to see. ‘The pain was nothing at the moment compared with what I have since experienced’” (58).

Lady Delacour’s mismanagement of her domestic relations leads her into associations with Harriet Freke and exacerbates the problems in her marriage, causing the death of two children, the abandonment of a third, Lord Delacour’s jealousy and alcoholism, and finally a “blow” that causes the cancer that presently afflicts her. The cause-and-effect relationships here are overdetermined. Social behavior, moral sense, and physical health are categories so interrelated the narrative simply assumes their correspondence, suggesting that readers too would take their interpenetration for granted. A sound body requires a sound mind, and the relationship between the two is regulated by social decorum. Like Burney in her mastectomy letter, Lady Delacour, as narrator of these confessional chapters, assumes two positions: she is both narrator and narrative object, possessing authority and eliciting

sympathy. These chapters secure Belinda's identification with her guardian, and the narration of this disease, while it threatens Belinda, offers Lady Delacour her only chance of moral reform and physical cure:

'O!—I am, sometimes," resumed she, 'as you see, in terrible pain. For two years after I gave myself that blow with the pistol I neglected the warning twinges that I felt from time to time—at last I was terrified. Marriot was the only person to whom I mentioned my fears, and she was profoundly ignorant. She flattered me with false hopes, till, alas! It was in vain to doubt the nature of my complaint. Then she urged me to consult a physician—that I would not do—I could not—I never will consult a physician—I would not for the universe have my situation known. You stare—you cannot enter into my feelings. Why, my dear, if I lose admiration, what have I left? Would you have me live upon pity? Consider, what a dreadful thing it must be to me, who have no friends, no family, to be confined to a sick room—a sick bed—'tis what I must come to at last—but not yet—not yet—I have fortitude—I should despise myself if I had no species of merit—besides, it is still some occupation to me, to act my part in public—and bustle, noise, nonsense, if they do not amuse, or interest me, yet they stifle reflection—may you never know what it is to feel remorse! The idea of that poor wretch, Lawless, whom I actually murdered, as much as if I had shot him, haunts me whenever I am alone—it is now between eight and nine years since he died, and I have lived ever since in a constant course of dissipation—but it won't do. Conscience! Conscience will be heard. Since my health has been weakened, I believe I have acquired more conscience. (64-65)

In fiction, the relationships between physical and moral pathology become explicit. Lady Delacour's dissipation, via the blow, causes her disease. As Belinda constructs Lady Delacour as pathological, the narrative constructs Belinda as susceptible to corruption because of her association with a dissipated woman. She is in danger of becoming infected through her identification with Lady Delacour; if her "goodness" is not sustained, the

narrative threatens, Belinda will become her guardian. Through Lady Delacour, inconsistency and disease are posited as character flaws that reinforce each other. For Belinda, health relies on consistency of appearances, manners, and behavior—as they did for physicians whose practice, at the beginning of the nineteenth century, was based on study not only of the empirical sciences but also the Enlightenment philosophy that had become dominant over the course of the century.

In the end, Dr. X— steps in and helps both women escape moral and bodily disease. Belinda, though inherently rational, is undeveloped and lacks the necessary knowledge and authority to influence others. Dr. X—’s professional authority allows him to diagnose Lady Delacour’s pathology, to interpret the causal chain of events that led from her moral dissipation to her corporeal disease. Lady Delacour, it turns out, has never suffered from cancer. Her desire for secrecy and her facility with deception have made her easy prey for quacks whose “cures” do nothing but prolong her suffering, creating the appearance of a cancerous breast where in fact there is nothing but a wound that has not been left to heal. Lady Delacour, on the verge of a mastectomy, requires a re-education. In this fictional plot, healing and character reform occur with a facility uncommon (but not unheard of) in case histories, whose outcomes are often grim. Nevertheless, the novel, like a case history, chronicles a sequence of events from illness to health, and the very public act of narrating her private experience of illness under the gaze of a physician possessing both clinical acumen and sensibility is the catalyst for her recovery.

Until Dr. X— steps in, Lady Delacour’s “case” is in the wrong hands, preventing any cure. A famed medical author and practitioner, Dr. X— has a reputation for penetrating eyes. Clarence Hervey, in doubt whether to trust Belinda’s seeming guilelessness, asks the physician to apply his penetrating gaze on her. The physician’s response upon first glance is positive but tentative:

to put you out of pain, I will tell you, that I approve of all I have seen of this young lady, but that it is absolutely out of my power, to form a decisive judgment of a

woman's temper and character in the course of a single morning visit. Women, you know, as well as men, often speak with one species of enthusiasm, and act with another. I must see your Belinda act—I must study her, before I can give you my final judgment. (112)

His initial reaction is accurate, but Dr. X is not hasty in his diagnoses. He must “study” his subjects before he can pass “final judgment.” Thus, even though his gaze is directed primarily toward Lady Delacour, in the presence of Dr. X— all the characters become “cases.” Under his diagnostic gaze, recovery and reformation become possible; Belinda's healing influence can begin to take effect.

The diagnosis of lady Delacour, who refuses to see a reputable physician like Dr. X—, takes place at a party, where he observes:

‘These high spirits do not seem quite natural. The vivacity of youth and of health, miss Portman, always charms me; but this gayety of lady Delacour's does not appear to me that of a sound mind in a sound body. . . . Lady Delacour,’ continued the doctor, ‘seems to be in a perpetual fever, either of mind or body—I cannot tell which—and as a professional man, I really have some curiosity to determine the question. If I could feel her pulse, I could instantly decide; but I have heard her say, that she has a horror of having her pulse felt—and a lady's horror is invincible—by reason—.’ (115)

Lady Delacour's command of her own body leaves her undiagnosable. Demanding privacy, she wields her authority as inhabitant of her own body boldly and will not consent to an examination. Hervey, who has a penchant for drawing room intrigue, points out that if Dr. X— examines the shadow of her “ruff” closely, he will see, “distinctly,” the pulse in her neck “vibrating” (115). However, if in this violation of Lady Delacour's privacy he does “instantly decide” what her malady is he does not mention it to the others. They (and we) are kept in suspense.

Dr. X—'s first observation comes early in the novel, as does his preliminary diagnosis, prompted by two intervening narrative events. Lady Delacour is injured in a carriage accident just as Dr. X— is called away to attend an associate who is seriously ill. His absence delays thorough examination of Lady Delacour and prolongs the narrative, much the way Nisbet's ineffective treatments did in Oliphant's account of Mrs. Craib. In the absence of effective treatment, Lady Delacour's health, like Mrs. Craib's, declines. After Dr. X—'s departure, Belinda reads his diagnosis, addressed to her in the form of a letter, and is left to her own devices to attempt a cure:

Belinda, the moment the doctor was gone, shut herself up in her own room, to read the paper which he had given to her. Dr. X— first stated that he was by no means certain, that lady Delacour really had the complaint, which she so much dreaded; but it was impossible for him to decide without farther examination, to which her ladyship could not be prevailed upon to submit. Then he mentioned all that he thought would be most efficacious in mitigating the pain that lady Delacour might feel, and all that could be done, with the greatest probability of prolonging her life. And he concluded with the following words:

'These are all temporizing expedients: according to the usual progress of the disease, lady Delacour may live a year or perhaps two.

'It is possible that her life might be saved by a *skilful* surgeon. By a few words that dropped from her ladyship last night, I apprehend that she has some thoughts of submitting to an operation; which will be attended with much pain and danger, even if she employ the most experienced surgeon in London; but if she put herself, in vain hope of secrecy, into ignorant hands, she will inevitably destroy herself.' (136-137)

The caution against the surgical intervention of "ignorant hands" reflects the medical attitude toward breast cancer and mastectomy that prevailed when Edgeworth was writing,

and it also becomes the core of the conflict between Belinda and Lady Delacour for the remainder of volume two of the novel:

‘I am resolved,’ said she, ‘to make one desperate effort for my life. New plans, new hopes of happiness, have opened to my imagination, and, with my hopes of being happy, my courage rises. I am determined to submit to the dreadful operation which alone can radically cure me—you understand me. But it must be kept a profound secret. I know of a person who could be got to perform this operation with the utmost secrecy.’

‘But surely,’ said Belinda, ‘safety must be your first object!’

‘No; secrecy is my first object. Nay, do not reason with me; it is a subject on which I cannot, will not, reason.’ (177)

Belinda urges her guardian not to submit to a secret operation, but Lady Delacour insists, becoming increasingly paranoid. Thinking her life is nearing its end, she begins to study “methodistical” books that fill her mind with mystical, as opposed to rational, ideas.¹¹ At the same time, she begins to suspect that Belinda’s good will is a deceptive ploy to hasten her death and seduce lord Delacour so that she can literally become the new Lady Delacour. During one of her bouts of paranoia, she thinks to herself, “She has, in fact, become my banker; mistress of my house, my husband, and myself. Ten days I have been confined to my room. Truly, she has made a good use of her time; and I, fool that I am, have been thanking her for all her disinterested kindness!” (182). Lady Delacour begins to fear the literal enactment of the narrative threat to Belinda: that Lady Delacour’s present is her future, that her moral and physical dissipation is the heroine’s inevitable fate, that the heroine, over time, will become a patient.

As volume two hastens toward the dreaded operation, Belinda’s sympathy and identification with Lady Delacour is already well-secured. Casting off her paranoia, Lady

¹¹ See Macfayden, pages 435–436, for an analysis of Lady Delacour’s secret library of religious texts.

Delacour is again convinced of Belinda's constancy and once again recognizes in Belinda her one hope of moral reform: "'If I survive this business,' said she, 'it is my firm intention to appear in a new character, or rather to assert my real character. I will break through the spell of dissipation—I will at once cast off all acquaintance that are unworthy of me—I will, in one word, go with you, my dear Belinda! To Mr. Percival's'" (292). Mr. Percival's is the home of polite company, rational sensibility, and robust constitutions. Belinda is Lady Delacour's only hope of a re-introduction into that world, but at this point she is still too obstinate to see that she must submit both her mind and her body to Belinda's intrinsic good judgment. Secrecy, not safety, still guides her decisions. Secluding herself in a remote house, she waits for the date of her operation to arrive.

When the surgeon and Dr. X— arrive, lady Delacour postpones the operation once again, claiming that she is convinced that she will die that night, operation or no operation, declaring to Dr. X, "'If I survive this night, manage me as you please. But I am the best judge of my own feelings. I shall die to night'" (305). Dr. X—'s penetrating eyes see through this story, but he doesn't know what the truth behind it is:

Dr. X— looked at her with a mixture of astonishment and compassion. Her pulse was high, she was extremely feverish, and he thought that the best thing which he could do was to stay with her till the next day, and to endeavour to divert her mind from this fancy, which he considered as an insane idea. He prevailed upon the surgeon to stay with her till the next morning; and he communicated his intentions to Belinda, who joined with him in doing all that was possible to entertain and interest Lady Delacour by conversation during the remainder of the day. She had sufficient penetration to perceive, that they gave not the least faith to her prognostics, and she never said one more word upon the subject; but appeared willing to be amused by their attempts to divert her, and resolute to support her courage till the last moment. She did not affect trifling gayety: on the contrary, there was in all she said more strength and less point than usual. (305)

Dr. X—'s astonishment and compassion are the reactions of the student of human nature, which all along has been posited as an essential component of his medical acumen. Now, as he observes her symptoms—rapid pulse and fever—he treats them with diversions, conversations, and amusements in an effort to observe the truth behind her story. As it turns out, Lady Delacour believes she has been experiencing nightly “visions” since her arrival in this house. Her vision turns out to be a spy, in the form of Harriet Freke, who is convinced that Lady Delacour has secluded herself for a liaison with a lover. Unmasked, Harriet is forced to confess and Lady Delacour to see the folly of her mysticism. Dr. X—'s final examination is not represented, but his diagnosis is, to an audience of Marriot, Belinda, lord Delacour, and Helena:

‘There’s no need of shrieks, or courage either, thank God!’ said Marriot. ‘Dr. X— says so, and he is the best man in the world, and the cleverest. And I was right from the first; I said it was impossible that my lady should have such a shocking complaint as she thought she had. There’s no such thing in the case, my lord! I said so always till I was persuaded out of my senses by that villainous quack, who contradicted me for his own molument. And Dr. X— says, if my lady will leave off the terrible quantities of laudanum she takes, he’ll engage for her recovery.’ The surgeon and Dr. X— now explained to lord Delacour, that the unprincipled wretch to whom her ladyship had applied for assistance had persuaded her that she had a cancer, though in fact her complaint arose merely from the bruise which she had received. He knew too well how to make a wound hideous and painful, and so continue her delusion for his own advantage. Dr. X— observed, that if lady Delacour would have permitted either the surgeon or him to have examined sooner in to the real state of the case, it would have saved herself infinite pain, and them all anxiety. Belinda at this moment felt too much to speak. (313-314)

In the first edition of the novel (1801), the final diagnosis is reported only by Marriot. The addition of the more detailed, clinical explanation was added in the second edition (1802).¹² Its addition lends the truth-effect of the novel more credence, balancing sentimentality with a causal explanation of Lady Delacour's condition. The narrative of her illness was the peculiar construction of the quack, whose lack of medical expertise and sensibility enabled him to construct a pathological sequence of bodily events where none existed. Now that she has been "examined," Lady Delacour's recovery promises to deliver her to safety and put an end to her narrative. Belinda, all along the passive sentimental heroine, feels "too much to speak."

But that is to forget that this novel contains a third book, one whose action takes place after Lady Delacour's recovery. This book chronicles the reformation of the principal characters, especially Hervey, whose ill-conceived seclusion of a young girl for education in the Rousseauian model—to make her a suitable wife—is exposed and eventually lamented. Mr. Vincent, the West Indian whom Belinda nearly marries, is exposed as a gambler, freeing Belinda for Hervey; Vincent also confesses and reforms. In every case, exposure is required for reformation to occur. The therapeutic narrative requires the publication of private details. Harriet Freke is the only exposed deviant who does not reform, but having been caught in a mantrap when she was spying, her leg is injured and she laments that "she will never again appear to advantage in man's apparel." Though unreformed, she is cured of her most deviant behavior, cross-dressing.

With this series of reformations, the novel enacts Dr. X—'s theory of human nature, described by Hervey in a letter to Lady Delacour: "My friend Dr. X— . . . divides mankind into three classes. Those who learn from the experience of others. They are happy men. Those who learn from their own experience. They are wise men. And, lastly, those who learn neither from their own nor from other people's experience. They are fools. This class

¹² See notes to the Oxford World's Classics edition of *Belinda*, edited by Kathryn Kirkpatrick.

is by far the largest” (276).¹³ By this account, Lady Delacour and Clarence Hervey have become wise; Belinda is assured of happiness, if not wisdom; and Harriet Freke is condemned to play the fool. Dr. Moore, Dr. X—’s real-life counterpart, was interested in the relationship between “Human Nature” and health and disease. In the moral philosophy that influenced the medicine of the period, human nature is a central concern, also described as “consciousness”: “the state or faculty of being conscious, as a condition and concomitant of all thought, feeling, and volition” (OED 757). Edgeworth effectively dramatizes Locke’s suggestion that the transfer of consciousness from “one thinking Substance to another” would transform “two thinking Substances” into “but one Person.” This, of course, was the original danger for Belinda, the potential transfer of the consciousness of a Lady Delacour or a Clarence Hervey onto her body; in the end, the reverse becomes the salvation for both Delacour and Hervey, and the transfer is effected by Dr. X—.

The attendance of Dr. X—, juxtaposed with the case of Mrs. Craib, suggests another way of seeing both Nisbet and Oliphant. These medical practitioners are caretakers of patients’ bodies; they also construct subjectivity, through their diagnoses and their appeals to readerly sympathy. Their excessive displays of their own sensibility portray them as suitable attendants, whose medical authority and moral consciousness may guide their patients from disease to health, who intervene in pathological narratives and set them on a healthy trajectory. The narratives are represented as therapeutic—as either curative or at least exemplary in their failure to cure. Either way, narrative becomes “ameliorative action,” displaying authors’ sense *and* sensibility. A thorough reading of novels and case histories in relation to each other, however, produces a haunting image of the patient, whose agency is subjugated to that of medical practitioners. A doctor’s ability to treat and an author’s ability

¹³This theory reflects the ideas of Enlightenment philosophers. See Roy Porter, “Medical Science and Human Science,” and Smith, “The Language of Human Nature,” for discussions of the influence of natural philosophers (particularly Locke and Hume) on eighteenth-century medicine.

to write marks his or her participation in what Laqueur calls “the social action” that the observation of suffering demanded for any sensible observer. But Laqueur also argues that this social action “created a sense of property in the objects of compassion” and “appropriated them to the consciousness of the would-be benefactors” (179). The objectification of the patient in both novels and case histories takes place through the violations of corporeal privacy that illness compels. When the patient becomes the object of the medical gaze, she also becomes the object of moral regulation. Through the sensibility of her exposed body and the sensibility of her physician’s attendance, her pathology becomes the primary marker of her subjectivity.

Sentimental fiction and medical cases generally reinforced the physician’s authority over the patient, with consequences ranging from the dismissal of the patient’s subjectivity as inconsequential to the explicit construction of associations between disease and either incompetence or deviance. When the *somebodies* of case histories are represented with the language and conventions of sentimental fictions, they resemble the *nobodies* of those fictions—stimulating readerly identification through acquiescence to the professional and narrative authority of the physician. In fiction, the clinical gaze of medicine pathologizes characters. The authors of both genres relied on the social importance of their writing to justify violations of bodily privacy, in the process constructing therapeutic narratives. The study of pathology, as “ameliorative action,” supersedes privacy. In prefaces, sentimental novelists continually justify the representation of pathologies like this by citing the social value of doing so. This is also true in case histories. Like sentimental novels, they must synthesize the violence and horror of diseased bodies, the representation of taboo or private experiences of bodies, and the linked Enlightenment discourses of scientific and social progress. “Unspeakable” bodily details become a necessary evil, a precondition of narration.

Unlike novels, case histories represent the suffering of actual patients. When a case history ends in death, as Mrs. Craib’s does, it demonstrates the limits of medical science,

limits that remind readers of their own mortality. Physicians and surgeons of the period felt intensely the need to justify their actions in cases that eluded their expertise. Narrative reenactments of corporeal violence or pain helped them to do so because they document such actions within the cause-effect structure of a story that aims to chronicle the restoration of bodily order. Even if the treatment is unsuccessful and the patient dies, the case contributes to medical theory and sets a negative example for readers, who are always potential patients themselves. If we read as potential patients, we must reluctantly identify with the suffering of a Mrs. Craib. When we slip into her home and read about her relapse, imagining her undressed, sobbing and in pain, we are nevertheless *imagining* this scene. Reading a case history, like reading a novel, involves imaginative leaps to sustain identification between readers and the suffering subjects of narration. Mrs. Craib's surgeons have literally violated her privacy, but they ask readers only to imagine doing so. Mrs. Craib and Lady Delacour are not the same species of narrative subject, but they are both narrative subjects. As such, the identification they elicit from readers involves complex psychological reactions, involving constant negotiations between science and sensibility, diagnosis and sympathy, objectification and recognition.

CHAPTER TWO

Hypochondriacal Narratives: Jane Austen's Fiction and Three Case Histories

On March 23, 1817, four months before her death, Jane Austen described her “ideas of Novels and Heroines” in a letter to her niece Fanny Knight: “pictures of perfection as you know make me sick & wicked” (198). Austen’s disdain for perfection translated into sympathy for human imperfection, frailty, and pathology. Through indirect modes of narration—what narratologists call indirect discourse or free indirect speech—Austen represents flawed characters without ever wholly condemning or approving of them. Austen, if not the English originator of the technique, deployed indirect discourse more consistently and subtly than any novelist before her, so it is no surprise that she depicts hypochondriac characters like *Emma*’s Mr. Woodhouse and Mrs. Churchill and *Sanditon*’s Parker family through indirect modes of narration. Austen’s narrative innovations aside, hypochondriacs tend to be compulsive storytellers whose disruptive voices elicit and often demand narrative attention. Nineteenth-century medical writers narrating actual cases of hypochondriasis respond to such demands and disruptions by employing indirect modes similar to Austen’s—because indirect discourse allows the physician to assimilate the patient’s disruptive voice without fully relinquishing narrative or medical authority.

In 1817, the year Jane Austen died writing *Sanditon* and the year after *Emma*’s publication, Dr. John Reid published *Essays on Hypochondriacal and Other Nervous Affections*. Reid, like many of his contemporaries, portrayed hypochondriacs as pathological semioticians, producing narratives of their bodies that bend the physical and social worlds to their fancies or imaginations:

The constitutional or inveterate hypochondriac is apt to view every thing only in the relation which it may bear on his malady. In the rich and diversified store-house of nature he sees merely a vast laboratory of poisons and antidotes. He is almost daily employed either in the search after, or in the trial of, remedies for a disease which is often to be cured only by striving to forget it.

But even if such a plan of life were really calculated to lengthen the catalogue of our days, it would still be equally wretched and degrading to the dignity of our nature. Nothing, surely, can be more idle and absurd than to waste the whole of our being in endeavours to preserve it; to neglect the purposes, in order to protract the period, of our existence. (208-209)

Because the “hypochondriac is apt to view every thing only in the relation which it may bear on his malady,” he is constantly misreading the world around him, which leads him to “neglect the purposes” of his existence.¹ The hypochondriac’s story is always a story framed, or embedded, within the larger narrative of the novelist or the physician, whose point of view regarding the purposes of the character’s existence is more balanced. As the subject and author compete for narrative authority, though, indirect modes of narration blur the lines between author’s and patient’s voices, thoughts, and feelings. This has two significant results. The voices of author and subject, physician and patient, are constituted in relation to each other, suggesting that valid storytelling, reading and interpretation require a sympathetic exchange between author, subject, and reader, in contrast to the profoundly unsympathetic, solipsistic reading that informs the hypochondriac’s narrative.

The hypochondriac is a storyteller, and as Benjamin famously asserted, “Death is the sanction for everything that the storyteller can tell” (94). In the case of the hypochondriac, however, diagnosis will do. The substitution of diagnosis for death as the prerequisite that makes interpretation possible is tellingly illustrated by *Emma*’s two hypochondriacs, Mr. Woodhouse and Mrs. Churchill. Throughout the novel, Mr. Woodhouse and Mrs. Churchill use their phantom symptoms to control the actions of those around them. The death of the latter sanctions the stories of the former because it makes his constant self-diagnoses plausible. The meaning transmitted post-diagnosis, however, is more material, satisfied with contingency, than that of Benjamin’s storyteller. Building on

¹ See Kleinman, Chapter 13, for a strikingly similar twentieth-century analysis of hypochondriasis. Kleinman argues that the hypochondriac reverses the “archetypal medical relationship” (195).

Benjamin's idea, Peter Brooks has argued that "it is at the moment of death that life becomes transmissible," further suggesting that the prevalence of the "framed tale" in nineteenth-century fiction dramatizes the relation of "tellers and listeners" that mediates the transmission of any story (28). Mr. Woodhouse secures the transmissibility of his narrative by eliciting the sympathy of his listeners for his suffering. Mrs. Churchill's surprising death sanctions his suffering. It makes his stories plausible:

An express arrived at Randall's to announce the death of Mrs. Churchill! . . . A sudden seizure of a different nature from any thing foreboded by her general state, had carried her off after a short struggle. The great Mrs. Churchill was no more. . . . Mrs. Churchill, after being disliked at least twenty-five years, was now spoken of with compassionate allowances. In one point she was full justified. She had never been admitted before to be seriously ill. They even acquitted her of all fancifulness, and all the selfishness of imaginary complaints (351).

Jane Austen's irony is subtle, but it spares no one. Though the seizure that kills Mrs. Churchill is unrelated to her previous sufferings, death acquits her of "all fancifulness." The hypochondriac is indicted for her confabulations, but "they" (*all* the other characters in the novel) are also indicted, for the fact that only death could rouse their compassion. For Austen, this contradiction needs no reconciliation. Studies in human relations, her novels insistently accommodate multifaceted interpretations; in them, delight and disgust, dislike and compassion, are not contradictions but reasonable reactions to the contingency of human existence. Mary Poovey epitomizes recent Austen scholarship when she suggests that Austen sustains "ideological contradictions" about gender and class with the "imaginative compensation" of her stylistic techniques.² Austen's "light and bright and

² Poovey's observation is representative of much recent Austen criticism, which eschews the critical tendency to claim Austen as a representative of progressive politics or impugn her for conservative tendencies. Instead, Poovey observes that Austen's fiction was produced during a period of "ideological turmoil" whose tensions are often "dim or absent" in twentieth-century readings (99). Along similar lines, Butler argues that Austen's fiction engaged the post-Revolutionary European "war of ideas" in subtle ways;

sparkling prose” masks a subtle and complex approach to interpretation, eschewing rigid ideology and embracing contingency. The hypochondriac storyteller demands that meaning be transmissible without the sanction of death. The “listeners” (other characters, readers) are persuaded to follow suit. In the face of uncertainty, a tentative diagnosis, less absolute than death, gives the hypochondriac’s story the sanction it requires.

Medical Invocations: The Embedding of the Hypochondriac’s Narrative

In *The English Malady* (1733), Cheyne attributed the high incidence of nervous disorders—hysteria, hypochondria (or “the hyp”), melancholia—to widespread decadence. Throughout most of the eighteenth century the term *hypochondriasis*, as used by Mandeville, Cheyne, Hill, and Whytt, referred to male hysteria.³ During the nineteenth century, when Reid and Trotter were writing, it became more and more associated with somaticization—bodily disorders whose origins lay in some mental disturbance—but *hypochondriasis* retained associations with hysteria and melancholy throughout the nineteenth century. The hypochondriac has a diseased consciousness, manifesting itself in corporeal outbursts. In the early nineteenth century, though, a disease of the mind is generally linked to conditions of the body—disease, indolence, venery—and so constitutes a pathology as valid as cancer, consumption, or smallpox. The hypochondriac exploits this popular medical opinion, securing a diagnosis for his or her conditions and the sympathy of his or her interlocutors.

Johnson argues that pre-Revolutionary (mainly Lockean and Johnsonian) ideas about “happiness, education, judgment, autonomous choice, and suspicious aristocratic prejudices” were co-opted by reformists and became overdetermined political signifiers whose meanings, as they are represented in Austen’s fiction, are extremely difficult to sort out (xxi-xxii); and Armstrong argues that Austen’s focus on relationships “among households” produces *domestic* relations as *social* relations grounded on communication and hence literary style (122-124). All of these critics point out tensions between form and ideology that mediate the reception of Austen’s fiction during her own time and ours.

³ For eighteenth-century explanations of hypochondriasis, see Mandeville, Cheyne, Hill and Whytt. For cultural histories of nervous disorders, including hysteria and hypochondria, see Bernheimer and Kahane, Micale, and Veith.

Hypochondriacs consistently invoke medicine to sanction their stories. Far from cutting the hypochondriac's narrative short, or helping the patient "strive to forget" his symptoms, the physician enables the story's transmission. In *Nerves and Narratives*, Peter Logan identifies the compulsion to speak—to produce a narrative—as a symptom central to the diagnosis of hypochondria in Thomas Trotter's influential 1807 treatise, *A View of the Nervous Temperament*: "A nervous condition impedes most actions, but it enables the act of speech. The type of speech it generates is remarkable, too, in its specificity. Trotter describes not just any narration but one with an identifiable form, a specific content, and a distinct rhetorical function" (16-17). According to Trotter, the hypochondriac's compulsion to speak about his symptoms is created by "a selfish desire of engrossing the sympathy and attention of others to the narration of their own sufferings" (xvi). The hypochondriac's "act of speech" is always an act of flawed self-diagnosis, of faulty interpretation. Novelistic and medical discussions of the specific form, content, and rhetoric of a hypochondriac's tale implicitly suggest alternative, more nuanced methods of reading and interpretation. If the hypochondriac is a faulty reader, the narrator becomes a good reader. However, in both fiction and nonfiction, the hypochondriac's narrative skills resist even the most skilled narrator's attempts to dismiss them. The narrator's re-telling of the hypochondriac's story gives the patient the credence he or she seeks.

In *Emma*, the apothecary Mr. Perry's clinical gaze is cast, panoptically, over the social world of Highbury. Through Mr. Woodhouse's invocation of Perry's medical expertise, each character becomes a case, complete with a set of symptoms and a narrative that explains them. Mr. Perry never actually appears within the narrative proper, but he is constantly invoked, repeatedly quoted and misquoted by Mr. Woodhouse:

There was no recovering Miss Taylor—nor much likelihood of ceasing to pity her: but a few weeks brought some alleviation to Mr. Woodhouse. The compliments of his neighbors were over; he was no longer teased by being wished joy of so

sorrowful an event; and the wedding-cake, which had been a great distress to him, was all eat up. His own stomach could bear nothing rich, and he could never believe other people to be different from himself. What was unwholesome to him, he regarded as unfit for any body; and he had, therefore, earnestly tried to dissuade them from having any wedding-cake at all, and when that proved vain, as earnestly tried to prevent any body's eating it. He had been at the pains of consulting Mr. Perry, the apothecary, on the subject. Mr. Perry was an intelligent, gentlemanlike man, whose frequent visits were one of the comforts of Mr. Woodhouse's life; and upon being applied to, he could not but acknowledge (though it seemed rather against the bias of inclination) that wedding-cake might certainly disagree with many—perhaps with most people, unless taken moderately. With such an opinion, in confirmation of his own, Mr. Woodhouse hoped to influence every visitor of the new-married pair; but still the cake was eaten; and there was no rest for his benevolent nerves till it was all gone.

There was a strange rumour in Highbury of all the little Perrys being seen with a slice of Mrs. Weston's wedding-cake in their hands: but Mr. Woodhouse would never believe it. (16)

Mr. Woodhouse, who “could never believe other people to be different from himself,” is marked by a pronounced lack of sympathy (a trait he has bequeathed to his younger daughter). He sees only similarities and no differences in others because he is constantly reconstructing what Reid terms “rich and diversified store-house of nature” into “merely a vast laboratory of poisons and antidotes.” To do this, he requires the invocation of medical expertise. Mr. Perry, though, is an apothecary, not a physician or surgeon, so his expertise is not nearly as authoritative as Mr. Woodhouse suggests. Mr. Woodhouse needs Mr. Perry to justify his resistance to change—to the narrative impulse that requires heroines to marry and daughters to leave their fathers' houses.

In cases of actual hypochondria, physicians tended to respond by explaining hypochondriasis as a pathology in itself, re-telling and therefore sanctioning the stories of individual hypochondriacs. These hypochondriacs vie for narrative authority, forcing the narrators of their stories to substantiate their claims to pathological status. John Moore, the physician who provided the model for Edgeworth's Dr X—in *Belinda*, covered hypochondriasis in his popular *Medical Sketches* (1786). His brief discussion outlines the hypochondriac's symptoms—dejection, phantom symptoms, inexorable complaints or narratives, appeals for sympathy, alienation of interlocutors, dependence on medical practitioners. Moore also demonstrates the bind that any authoritative discussion of hypochondria creates for a medical practitioner:

In this melancholy complaint, the patient, when apparently in good health, and perhaps in the most opulent and desirable circumstances, is gradually invaded by languor and dejection of spirits, which render him averse to every kind of exertion of body or mind, regardless of things of the greatest importance, and which formerly interested him the most.—But he becomes infinitely attentive to a thousand trifles which he used to disregard, and is particularly watchful of every bodily feeling, the most transient of which he often considers as the harbinger of disease; and views objects through the medium which overclouds his own imagination, everything appears to him dark and dismal. He is always apprehensive of the worst; and considers the most indifferent and even the most fortunate incident as the omen of some impending evil. Although in his brighter days he may have been a man of courage, he becomes preposterously afraid of death, now when he seems to have lost all relish for the enjoyments of life.

Entirely occupied by his own uneasy thoughts and feelings, all other subjects of conversation appear impertinent, and are in reality as intolerable to him as the everlasting theme of his own complaints generally is to others: Meanwhile, as this disease is in reality more distressing than dangerous, and as his looks are not

impaired in a degree that corresponds with the account he gives of his distress, he seldom meets with that sympathy which his sensibility requires and his sufferings deserve. To a circumstantial and pathetic history of his complaints, he often receives a careless, and, to him, a cruel answer, importing that they are all imaginary. One who feels a weight of misery more berthensome than acute bodily pain, naturally considers this as the greatest insult. Shocked at the unkind indifference of friends, and the callous disposition of mankind in general, he shuns his former society, confines himself to his chamber, and will admit nobody but his physicians, for if he can at all afford it, he consults one after another, the whole tribe. Being bribed to that patient of hearing of his complaints, and that appearance of sympathy which the rest of his acquaintance refuse, they seem more tolerable company, and they possibly relieve or palliate the costiveness, the flatulency, the acidities, and other symptoms which are brought on by the anxiety attendant on his complaint; but the original cause affecting the sensorium they leave as they found it. This cause continuing in spite of all their bitters, their stomachics, and their purgatives, and analeptics, the same symptoms constantly recur. The wretched patient growing every hour more irritable and peevish, he flies at length to quacks. Their well-attested and infallible remedies hurry on the bad symptoms with double rapidity; he returns to physicians, goes back to quacks, and occasionally tries family nostrums of many an old lady. (254-257)

Moore's description, while describing the lack of sympathy evoked by the hypochondriac's constant complaints, pathologizes the "melancholy complaint" with a medical gaze, justifying the complaints and eliciting further sympathy for the patient. The complex diagnosis of hypochondria, by its very form, suggests that valid interpretation requires readers to approach the text with sympathy *and* alienation, identification *and* detachment. A hypochondriac like Mr. Woodhouse, "watchful of every bodily feeling," is a faulty reader

because he cannot see outside his own body. He can imagine only that others feel what he feels.

The general descriptions of hypochondriacs in the writings of Moore, Reid, and Trotter are, not surprisingly, borne out by specific cases published during the period. In all hypochondriac cases, the patient's story is framed by the narrator's, resulting in at least two competing narratives. The hypochondriac's story requires medical discourse and so almost always takes the form of what Peter Brooks calls a "framed tale." According to Brooks,

in the framed-tale structure, the outer frame comes to represent "the real," and movement from inner to outer tales suggests the movement of reference, making real. But of course such a movement is frustrated here. The reader is finally left with a story on his hands, a story he doesn't know what to do with, except perhaps eventually retell it. In this sense, the movement of reference is one of "contamination": the passing-on of the virus of narrative, the creation of the fevered need to retell. (221)

The two narrative strains of a framed tale become entangled because they require a narrator to employ indirect narrative modes: represented speech and thought, quoted monologues, narrated monologues, and psycho-narration. Indirect narrative modes "frustrate" the "movement from inner to outer tales" because they conflate them, creating an epistemological impossibility for the reader, who cannot decide where the true story lies.

In hypochondria cases, narrative authority is divided between patient and physician, character and narrator. The stories of hypochondriacs take Brooks's narrative contamination even further, resulting in narratives that are not only framed by one another but embedded in one another. The case of "Miss J.," published in the *London Medical and Physical Journal* in 1818, is a typical (though condensed) case in this regard.⁴ The patient

⁴ See Appendix II for the complete text of the case as well as cases of hypochondria and hysteria published in the same journal.

is a powerful agent in the story, shaping it according to the shape or development of her pathology:

January. —Miss J., aged 16, pale, delicate, and of sedentary habits, complains of violent palpitation of the heart, which was first perceived in March last; it had been pronounced an organic disease, and, in consequence, she has taken for some time back the Tr. digitalis, which has neither retarded the palpitation nor appeased the cough, which is now very troublesome. On enquiry, I received the following account of herself. She feels excessively weak and overcome on the slightest exertion; has an occasional difficulty of breathing and sense of suffocation, a continual head-ach, especially across the forehead; pain in the stomach, darting between the shoulders and the right hypochondrium; constant sickness in a morning, with want of appetite for breakfast; a very unpleasant sense of fulness after meals; much feeling of weariness in an evening; but the moment she lies down, all desire for sleep goes off.

(76)

The patient “complains of violent palpitation of the heart,” and it is her complaint that forms the basis of her pathology. The physician’s introductory statement, “On enquiry, I received the following account of herself” has the rhetorical aim of authenticating his data, but it also calls attention to the double nature of the narrative about to unfold. That doubleness illuminates the epistemological problem that any nonfiction narration must account for—the fact that the narration of past events, especially when they occurred in the narrator’s absence, are by definition inaccessible to that narrator. His subsequent present tense narration of his patient’s condition is a reminder that the physician must use narrative conventions to describe events he did not witness or experience. The narrator has access to his subject’s feelings of weakness, difficulty breathing, sense of suffocation, weariness, and lack of “desire” for sleep, access no physician, no other human being, could really have. Next he recounts her observable, physical symptoms, a “foul” tongue, and irregular urine and stools:

Pulse is quick and irregular, but it does not synchronize with the motion of the heart, which is very rapid and powerful; tongue is very foul; the bowels costive; the stools the colour of pitch; the urine is laden with urea; catamenia more frequent than natural, and the discharge pale and scanty: her spirits are very good, but surprise brings on some strong symptoms of hysteria. There appeared a considerable congestion in the liver; a very acute pain was felt on pressure, “flying (to use her own terms) to the heart,” and its motion was certainly very much accelerated. Eight leeches were applied to the right side, and a large blister after their operation; pills . . . were given every other night, and a saline opening draught the next morning; the common saline mixture three times a day. For some time, she was considerably better in every respect, but, venturing (I suppose) too early on a course of tonics, all her symptoms returned, and the hysteria and palpitations were more violent than ever.—Death was not unfrequently deemed close at hand by her attendants: recourse was again had to her former medicines, and, after more copious discharges by stool than I have ever known, she gradually amended. I have little doubt now of her health being perfectly re-established by country air and diet, and attention to the alvine discharge. (77)

The narrative’s movement between descriptions of consciousness and physiology is directly responsible for its shift from direct to indirect discourse. As “B” describes his own successful intervention, the narrative mode finally becomes omniscient: “Death was not unfrequently deemed close at hand by her attendants: recourse was again had to her former medicines, and, after more copious discharges by stool than I have ever known, she gradually amended.” At this point, the omniscient narrator displays his own access to the thoughts of the patient and her attendants. There are at least three stories here—the patient’s, the attendants’, and the physician’s—synthesized within the authorial frame of the anonymous physician’s narrative voice but nonetheless embedded in one another.

Because of this embedding, the convention of the doctor's "first visit" initiates a battle for narrative authority in hypochondria cases. Hypochondriacs challenge medical authority by vying for narrative authority over their cases, but they need medical authorization to validate and justify their sufferings. U.S. Army surgeon Samuel Akerly reported a case of hypochondriasis—or "tristimania"—in the *New York Medical Magazine* (also published in London) in 1814-1815.⁵ Like most cases, it begins with background information not directly observed by the surgeon but reported to him by witnesses and then moves directly to the surgeon's first visit. Not until Akerly intervenes, as physician-interlocutor, does the generalized lunatic become the clinically diagnosed hypochondriac:

In the month of July, 1807, a man of small stature, a shoemaker by trade, and apparently about forty years of age, was attacked by that form of mental derangement denominated hypochondriasis, or, more properly termed by Dr. Rush, tristimania. Sad, indeed, was the state of his mind, and great were his sufferings. Corporeal pains and afflictions are borne with patience and resignation, but the pangs of a disordered mind are beyond endurance. Such was the state of this patient. The efforts to relieve himself from this plenum of misery were constant, violent, and ineffectual. Had he been left to himself, death alone would have relieved him from his wretched condition. Humanity prevented him from committing suicide, by restraining him in the use of his means, and thus his life was preserved that his health might be restored in the twinkling of an eye. The providence of God was never more strikingly displayed than in relieving this miserably wretched being from his torments.

⁵ Akerly borrows his terminology from Dr. Benjamin Rush, whose *Essays on Hypochondriacal and Other Nervous Affections* outlines a theory of hypochondria, suggesting that unlike other forms of madness, hypochondria involves sound reasoning based on a single error in judgment. See Appendix II for the complete text of the case as well as an excerpt from Rush's treatise on hypochondria.

On the 6th of July, 1807, the maniac was running at large in the city of New York, lacerating his flesh, and beating his head with violence against the sides of houses. Had he been a resident of Asia, this madman's exercises would have been taken for the exercises of some fanatic dervish, and death must have ensued. But when, from the appearance of blood and bruises, it became evident that he was deranged, he was taken up by the citizens and conveyed to the New-York Alms-House. There being no accommodation for maniacs in that institution, he was directed to the New-York Hospital. The Lunatic Asylum being unfinished, patients of this class remained in the cells of the old building under the care of the house physician, in the absence of the attending physician. Acting at that time in the former situation, the patient came to my charge. (303-04)

Again, there are three narratives here: the patient's, the witnesses', and the surgeon's. The hypochondriac's narrative is subsumed by the physician's, who introduces him with a clinical diagnosis, "hypochondria," and describes some of his symptoms: "corporeal pains" and "the pangs of a disordered mind." Akerly's diagnosis is delivered with a plea for compassion for the hypochondriac's "afflictions," described as "beyond endurance," far more severe than simple corporeal disease. As he moves to the witnesses' narrative, Akerly begins to display his medical authority in contrast to their well-meaning but unnuanced interpretation of the patient's sufferings. The "maniac," or "lunatic" exhibits signs of madness: "lacerating his flesh, and beating his head with violence against the sides of houses." The etiology of this behavior is impenetrable for the untrained observer, and requires the physician's "charge."

As the narrative progresses, the witnesses' narrative gives way to the embedded narratives of patient and physician:

In the afternoon of the 6th of July, a crowd attended the unhappy being to the Hospital gate. With his arms tied behind him and in the greatest agony, his face bruised and swollen, his lip torn to pieces and streaming with blood, his attendants

ushered him into the Hospital. I met them at the door and inquired into the case. The poor maniac was eager to tell his own misery, but with difficulty collected words to convey it. His language was, indeed, copious, but his agitation was so great that he could hardly utter a sentence, being interrupted by constant efforts to tear his lip to pieces. His attendants knew nothing of the man, but that they prevented him from beating out his own brains. At length he conveyed the information where his distress was, and upon which his mind was deluded.

In his upper lip there was a worm gnawing his flesh and penetrating into his body, and unless he could tear him out he would soon be beyond his reach, and inevitably destroy him. This was the cause of his misery.

This third paragraph of the case begins with the crowd delivering the patient into the hands of the surgeon, his bloody lip foreshadowing the patient's narrative, still not represented with any detail. The patient is "eager to tell his own misery," but it is only "with difficulty" that he can "collect words to convey it." Because of the patient's agitation, his "copious" language requires the imposition of the surgeon's steady sentence; the bloodied lip of the patient is an emblem of his disordered locution, copious but agitated and distorted. The fourth paragraph finally delivers the patient's story, represented in the surgeon's words but without the imposition of his judgment. Because Akerly reports the patient's self-diagnosis indirectly, as a quoted monologue, it sounds like the physician's diagnosis. Akerly describes the "worm gnawing his flesh" without discrediting the story, even describing it as "the cause of his misery."

Writers of case histories use embedded narratives in hypochondria cases out of necessity. They have two stories to tell and require a narrative technique to manage them. In fiction, the hypochondriac's story takes on even greater complexity: the patient's story is framed by medical discourse as well as by that of a fictional narrator. In *Emma* and *Sanditon*, Austen recognizes the interdependence of the hypochondriac and medical discourse, emphasizing their relationship with the notable absence of the physician, who is

represented only through the hypochondriac's invocations of him. When Mr. Woodhouse hears of Jane Fairfax retrieving letters in the rain, he doesn't know that she does it because of an illicit "attachment" to Frank Churchill. His interpretation belies the fact that he reads solipsistically. He interprets the actions of others only in relation to his own corporeal fears:

'I am very sorry to hear, Miss Fairfax, of your being out this morning in the rain. Young ladies are delicate plants. They should take care of their health and their complexion. My dear, did you change your stockings?'

'Yes, sir, I did indeed; and I am very much obliged by your kind solicitude about time.'

'My dear Miss Fairfax, young ladies are very sure to be cared for.--I hope your good grandmamma and aunt are well. They are some of my very old friends. I wish my health honour to-day, I am sure. My daughter and I are both highly sensible of your goodness, and have the greatest satisfaction in seeing you at Hartfield.' (265)

Mr. Woodhouse is a faulty diagnostician, a bad reader. Consistent with the period's medical conceptualization of the hypochondriac, he sees his own symptoms in everyone around him. His story is the product of his misinterpretation, a fact Austen exploits to delay plot resolution and conceal the actual reason for Jane's walking in the rain.

Mr. Woodhouse's misapplication of medical knowledge and authority—through the constant invocation of Mr. Perry—is responsible for his misinterpretations. The hypochondriac's obsession with medical authority is even more explicitly dramatized in *Sanditon*, in which Mr. Parker sprains his ankle during a journey in search of a physician to recruit for the seaside resort he intends to create at Sanditon. Mr. Parker takes his misreadings to the extreme, hoping to capitalize on them by creating a seaside resort for the suffering patients he sees everywhere around him. He explains his misreading to his new acquaintances, Mr. and Mrs. Heywood, in an attempt to coax them to visit his resort:

He held it indeed as certain, that no person could be really well, no person (however upheld for the present by fortuitous aids of exercise and spirits in a semblance of health) could be really in a state of secure and permanent health without spending at least six weeks by the sea every year.—The sea air and sea bathing together were nearly infallible, one or the other of them being a match for every disorder, of the stomach, the lungs or the blood; they were anti-spasmodic, anti-pulmonary, anti-sceptic, anti-bilious and anti-rheumatic. Nobody could catch cold by the sea, nobody wanted appetite by the sea, nobody wanted spirits, nobody wanted strength. They were healing, softening, relaxing—fortifying and bracing—seemingly just as was wanted—sometimes one, sometimes the other.—If the sea breeze failed, the sea-bath was the certain corrective; —and where bathing disagreed, the sea breeze alone was evidently designed by nature for the cure.

His eloquence however could not prevail. Mr. and Mrs. Heywood never left home. (15)

The narration of Mr. Parker's ideas about the healing properties of sea-side living are delivered in the narrator's voice. The sentence, "He held it indeed as certain, that no person could be really well, no person (however upheld for the present by fortuitous aids of exercise and spirits in a semblance of health) could be really in a state of secure and permanent health without spending at least six weeks by the sea every year," is the narrator's description of Mr. Parker's thoughts; the parenthetical addendum is an ingenious display of the hypochondriac's narrative strategy, which rewrites "the semblance of health" as potential illness. The parentheses create some ironic distance between Mr. Parker and the narrator, whose reenactment of the hypochondriac's narrative manipulation calls attention to its extravagance. However, the subsequent passage, in which Mr. Parker describes the therapeutic character of the sea for maladies as diverse as rheumatism, consumption, and epilepsy, is consistent with medical theory and treatment during Austen's life. Irony alone might allow readers to dismiss Mr. Parker, but the invocation of medical discourse lends his

narration some authority. Even at the end of the passage, as Mr. Parker is summarily refused by his audience, Austen's implied reader is one who is both suspicious of and sympathetic to Mr. Parker's scheme. Even as the hypochondriac's overreading is parodied by the narrator, his story is impossible to dismiss. In the end, though the Heywoods do not take advantage of Sanditon's healing properties, they do not hesitate to send their daughter Charlotte there.

Austen's representation of the hypochondriac is consistent with her representation of flawed characters throughout her novels, and her interest in the flaws, including pathologies, of human beings aligns her with the medical science developing during her lifetime. Medical writers are apt to describe corporeal experience in greater detail than novelists, and they are less likely to give in-depth descriptions of the subject's social life the way a novelist would. Austen is an ironist whose imaginative writing is suffused with wit and insight. Medical writers are supposedly interested in objective chronicles of individual patients. It is striking, however, how many medical writers use indirect discourse to represent their hypochondriac patients as compulsive storytellers. The phenomenon of indirect modes of narration, so well suited to case histories dealing with hypochondriasis, has long been recognized as the key technical innovation in Jane Austen's fiction. The juxtaposition of her fictional narratives, which so often involve nervous disorders in general and hypochondria in particular, with these cases demonstrates the ways that Austen uses narrative voice to create a model of the self resembling that suggested by the medical cases.

B's Miss J and Akerly's shoemaker, real-life hypochondriacs, are depicted in greater corporeal detail than any of Austen's characters. The attention paid to the bodies of hypochondriac patients does not, however, prevent medical writers from rendering their voices in distinctive, imaginative ways. Another hypochondria case, that of Haslam's James Tilly Matthews, is a more extreme example of the hypochondriac's pathological need to narrate. When Haslam published the case, Matthews had been institutionalized for twelve years. His family had appealed for his release, having produced medical testimony of his

sanity by two members of the Royal College of Physicians. The book-length case is introduced with these testimonies, followed by the collective testimony by eight members of the RCP stating that Matthews is indeed insane.⁶ Haslam is clear about his own bias: he sympathizes with Matthews but considers him a threat to public safety. From the beginning Matthews's narrative, like those of Austen's fictional hypochondriacs, is entangled with the that of narrator :

JAMES TILLY MATTHEWS, whose opinions chiefly form the subject of the following pages, was admitted a patient into Bethlem Hospital, by a petition from the parish officers of Camberwell, on the 28th of January, 1797. Although his insanity was then most evident, yet his relatives did not possess the faculty of perceiving his disorder. They employed an attorney, and by a legal process he was ordered on the second of May following to be brought to the dwelling house of the late Lord Kenyon, in Lincoln's Inn Fields, who, after conversing with him, was perfectly satisfied that he was a mania, and desired him to be remanded to his former custody. On the 21st January 1798, he was placed on the incurable establishment. In this situation he continued for many years; sometimes, an automaton moved by the agency of persons, hereafter to be introduced to the notice of the reader; at others, the Emperor of the whole world, issuing proclamations to his disobedient subjects, and hurling from their thrones the usurpers of his dominions. (1-2)

According to Haslam, it is Matthews's "opinions" (or his narrative), not his health, that "form the subject of his case." Second, his family lacks "the faculty for perceiving his disorder" (remarkable in a case in which the patient talks incessantly of an elaborate delusion), suggesting that it is only a trained medical authority who can hear the patient's

⁶ See Appendix II for the complete text of this case, including Matthews' illustration of the "Air-Loom" and the members of the "gang" who "work" it. In 1809, Haslam published a more general treatise on melancholy, madness, and nervous disorders, *Observations on Madness and Melancholy: Including Practical Remarks on Those Diseases; Together with Cases: and an Account of the Morbid Appearances on Dissection*.

story—and that the price for telling the story is placement “on the incurable establishment.” The patient is marked by vacillating degrees of agency; he is at times an “automaton” and at others “Emperor of the whole world.” The patient’s shifting and unstable agency infects the physician’s narrative. In an extreme form, the Matthews case illustrates the fact that hypochondria cases, by their very nature, disrupt distinctions between the physician’s authority and the patient’s pathology, resulting in an interpenetration of the subject and object of narration. According to Haslam,

Mr. M. insists that in some apartment near London Wall, there is a gang of villains profoundly skilled in Pneumatic Chemistry, who assail him by means of an Air-Loom. A description of this formidable instrument will be given hereafter; but he is persuaded that an account of it is to be found in Chambers’s Dictionary, edited by Dr. Rees in 1783, under the article *Loom*, and that its figure is to be seen in one of the plates relating to Pneumatics. (19-20)

According to Matthews, the members of this gang—three women, three men, and one of undetermined gender— “lie together in promiscuous intercourse and filthy community” (20). These “Pneumatic Chemists” assault his organs and senses with their “Air-Loom”—using an elaborate set of procedures, including “brain-saying” (implanting thoughts), “lobster-cracking” (crushing his body with energy fields), and “brain-lengthening” (manipulating his brain so as to distort his perceptions and interpretations). Haslam introduces this story with skepticism, distancing his text from the patient’s: “Mr. M. insists,” “he is persuaded.” Like Miss J. and Akerly’s shoemaker, like Mr. Woodhouse and the Parkers, the patient’s story requires medical interpretation in order to gain and retain an audience. Neither the patient’s narrative nor the physician’s would exist without the other, a fact which results in the embedding of the two narratives and the contamination of singular narrative voices transmitted through indirect modes of narration.

Embedded Voices: Indirect Modes of Narration

In *Emma* the narrator first introduces the subject of Mr. Woodhouse's "constitution and habits" through Emma's eyes, but the description moves with facility (and with sympathy *and* ironic distance) among modes of narration so that no reader can settle easily into the mind of Emma, Mr. Woodhouse, or the narrator:

She dearly loved her father, but he was no companion for her. He could not meet her in conversation, rational or playful.

The evil of the actual disparity of their ages (and Mr. Woodhouse had not married early) was much increased by his constitution and habits; for having been a valetudinarian all his life, without activity of mind or body, he was a much older man in ways than in years; and though everywhere beloved for the friendliness of his heart and his amiable temper, his talents could not have recommended him at any time. . . . His spirits required support. He was a nervous man, easily depressed; fond of every body he was used to, and hating to part with them; hating change of every kind. Matrimony, as the origin of change, was always disagreeable; and he was by no means yet reconciled to his own daughter's marrying, nor could ever speak of her but with compassion, though it had been entirely a match of affection, when he was now obliged to part with Miss Taylor too; and from his habits of gentle selfishness and of being never able to suppose that other people could feel differently from himself, he was very much disposed to think Miss Taylor had done as sad a thing for herself as for them, and would have been a great deal happier if she had spent all the rest of her life at Hartfield. (5-6)

Dorrit Cohn has succinctly outlines and names the subtleties that characterize the indirect modes of narration that Austen employs in passages like this one, identifying "three types of presentation of consciousness": quoted monologue, a character's "mental monologue" ([He thought]: I am late); narrated monologue, "a character's mental discourse in the guise of the narrator's discourse" (He was late); and psycho-narration, a narrator's

representation of a character's thought process or consciousness (He knew he was late (14; 105). Quoted monologues directly state a character's thoughts, as Akerly does in the fourth paragraph of his narrative, calling attention to the divide between character and narrator; narrated monologues tell readers what the character thinks, mixing the voices of the narrator and the character; psycho-narration represents the character's thought processes, collapsing the distinction between narrator and character. Austen's indirect modes of narration alternate between these three techniques.⁷ The passage quoted above begins with Emma's thoughts about her stifling relationship with her father, directly quoted in the form of narrated monologue: "She dearly loved her father, but . . ." By the second sentence, it becomes unclear whether we are in Emma's mind or whether the narrator is asserting the privilege of omniscience: "He could not meet in her in conversation, either rational or playful." As the next paragraph begins, the narrator has assumed an omniscient mode of narration in order to diagnose Mr. Woodhouse's "constitution and habits." In another narrative shift, however, readers find themselves inside Mr. Woodhouse's mind, the narrator using narrated monologue again: "Matrimony, as the origin of change, was always disagreeable . . ." The narrative next slips into what Cohn calls psycho-narration: "and from his habits of gentle selfishness and of being never able to *suppose* that other people could feel differently from himself, he was very much disposed to *think* Miss Taylor had done as sad a thing for herself as for them, and would have been a great deal happier if she had spent all the rest of her life at Hartfield."

Mr. Woodhouse's "gentle selfishness" is consistent with Reid's description of the hypochondriac, a being "apt to view every thing only in the relation which it may bear on his malady." Unlike Austen's narrator, Mr. Woodhouse cannot see through anybody's eyes but his own—nor through anybody's body but his own. The narrative technique of the

⁷ See Banfield, Chapter 6, on the historical evolution of indirect discourse, where she cites Austen as the first English writer to develop the technique with any thoroughness.

hypochondriac is contrasted sharply with Austen's own narrative technique. Mr. Woodhouse is univocal, even monomaniacal, whereas Austen is flexible. He hastens judgment; she suspends it almost indefinitely. His faulty narration, though, enables her more adept one.

Indirect modes of narration synthesize contradictory narrative impulses to naturalize and stigmatize pathology, constructing a model for representing disease in which naturalization and stigmatization appear as logical corollaries. The pathology is naturalized on the one hand—as a treatable physical complaint—and stigmatized on the other—as a product of a consciousness prone to disease and disorder. Whereas Austen sustains this correlation subtly, Akerly literalizes it, actually performing surgery to relieve his patient's fictive complaint:

He was assured of the possibility of relief; and with a smiling countenance, I patted him on the shoulder, and bade him no longer be uneasy, for I would cut out the worm. His eyes sparkled, and in an instant he replied, “will you? do it then: do it quick, for God's sake!!” Previous to executing the promise, however, I determined to try the effect of a cold bath. He was immediately taken into the bathing room, stripped and made to sit down in the tub. He bore the effusion of seven or eight pails full of water from the pump without stirring or complaining. He arose from the bath and commenced covering himself; but he dropped his clothes, and seized his lip. Thus, although for a few moment while he was in the bath, he was comparatively happy, yet he experienced no permanent relief; and when dressed, his horrors all returned. He was urged not to despair, for I was now ready to remove the insect preying upon his flesh. Accordingly, we proceeded to the cells of the maniacs, where, being seated, he fixed himself for the operation. I paraded six lancets on the table before him. By making a display of this and other preparations, and sending for assistance, he became composed, waiting with patience the result. (citation)

This passage is narrated with the second and third of Cohn's types of representation, the indirect modes. Statements like "he experienced no permanent relief" are narrated monologues; statements like "his horrors all returned" are psycho-narration. Combined with dialogue as well as descriptions of the surgeon's own actions, these narrative techniques entangle Akerly's narrative with his patient's, so that the difference between them becomes indiscernible. The hypochondriac has a disease, but not the one he complains of. However, according to Akerly, the *actual* pathology can be treated with measures appropriate to the *fictional* one. Resolution of the patient's narrative is enacted with the exact same procedure as the surgeon's. The patient's bid for narrative authority is successful—although that success results from the interweaving of the two narratives and not the triumph of one over the other.

Akerly actually produces a caterpillar in order to enact the surgical removal of a worm from the patient's lip. The description of the operation elicits the compassion that case histories for ordinary corporeal pathologies rely on, but it does so by enacting the execution of corporeal treatment. The physician, as much as the patient, relies on the narrative of hypochondriasis:

With a lancet the operation commenced. I pricked his lip pretty smartly with it, which made him flinch a little; he accordingly leaned back his head firmly against the person who stood behind him, and shut his eyes tightly, and thus fixed, he bore the repeated pricks of the instrument with steadiness and fortitude. After pinching his lip with one hand, and wounding it with the other, I cut off a portion of the upper lip, which he had torn with his nails, and was pendulous. I now assured him that he operation was nearly completed, for the head of the worm could be seen. The bystanders cried out, "there it is, there it is!" he raised his eyes to see. He was cautioned to be still one moment longer, when again shutting his eyes, I give him a severe pinch, and drew the edge of the lancet across the lacerated lip, and exclaiming, I have got him! opened my hand, and exposed the great worm.

The maniac arose from his seat, and gazed at the worm with astonishment beyond utterance.

A general conversation now ensued, and the patient began to feel inconvenience from the swelling and soreness of his face and lips. He was invited to take some tea with bread and butter, which he swallowed with great satisfaction. Being thus composed, I inquired farther into the particulars of his case. The patient stated that he had been several days approaching to his late horrid condition, but was not constantly so wretched as he had been that day. A few days previous he was walking in the streets and saw an insect flying within two feet of him in a line above his head: when approached within two feet of him he suddenly settled down and flew into his mouth, and there depositing an egg, made his escape. It was this egg which lay there some days, rendering him uneasy, but not distressed till it was transformed into a living worm, prying upon his flesh. (306-307)

Not satisfied with a shared triumph, however, the patient makes one last bid for narrative authority, claiming to have found his surgery incomplete:

The next morning I visited him early and found him composed, though he informed me that I had left a portion of the worm behind in the operation of yesterday: but, said he, I put my finger in the hole last night and removed the shell in which the worm was enclosed, and now I am perfectly well and wish to go home. He was persuaded to remain a few days till the swelling of his face abated, and being removed from the cells to a sick ward, he shewed no signs of returning derangement during his continuance in the hospital; and after taking some cathartic medicine he was discharged, cured. (307)

Akerly's shoemaker is the unusual case of severe hypochondria a physician claims to have cured—though the validity of the claim is questionable. Akerly borrows a theory of hypochondria from physician Benjamin Rush, explaining hypochondria as a single error in judgment, from which reasonable assumptions are made: the patient thinks there is a worm

embedded his lip, and so it is reasonable to seek its removal. For Akerly, indulging the delusion is key to curing the pathology. Because the patient's judgment is sound in other areas, the removal of the cause of the complaint should cure the pathology. He doesn't account for the likelihood of the proliferation of faulty judgements seen in most other cases and fictional depictions of hypochondriacs.

This indulgence of the patient's delusion is enacted repeatedly, through indirect modes of narration, in the stories of hypochondriacs. When the narrator assumes the patient's voice, it lends authority to the complaint—or error. All characters, like the hypochondriacs, are pathological to one degree or another, and the act of narrating becomes the sign or symptom of pathology. In *Sanditon*, Diana Parker's narrative powers are an explicit subject, displayed through repeated acts of speech and letter writing; and she uses her power to narrate to discount medical authority in favor of personal knowledge of her own symptoms. When Mr. Parker receives a letter from his sister, he expects to find her ill, as she always is, and he is gratified to find this is the case:

When they met before dinner, Mr. Parker was looking over letters:

'Not a line from Sidney!'—said he.—'He is an idle fellow.—I sent him an account of my accident from Willingden, and thought he would have vouchsafed me an answer.—But perhaps it implies that he is coming himself.—I trust it may.—But here is a letter from one of my sisters. They never fail me. Women are the only correspondents to be depended on.—Now Mary,' (smiling at his wife)—before I open it, what shall we guess as to the state of health of those it comes from—or rather what would Sidney say if he were here?—Sidney is a saucy fellow, Miss Heywood. And you must know, he will have it there is a good deal of imagination in my two sisters' complaints—but it really is not so—or very little—They have wretched health, as you have heard us say frequently, and are subject to a variety of very serious disorders.—Indeed, I do not believe they know what a day's health is.

(29)

Sidney is one of the few adamantly healthy characters in the Parkers' world, so it is no surprise that he fails to write. The popular assumption about hypochondria, reflected in the medical literature as well as in Austen's fiction, was that a healthy body is primarily employed in acting, not writing or speaking. Sidney's not writing "implies that he is coming himself": his self takes precedence over his narrative. Mr. Parker's hypochondriac sisters, on the other hand, "never fail me"; they always write. Mr. Parker feels he must account for this remark, to refute Sidney's assertion that there is "a good deal of imagination in my sisters' complaints":

'... there is really no affectation about them. They have only weaker constitutions and stronger minds than are often met with, either separate or together.—And our youngest brother who lives with them, and who is not much above twenty, I am sorry to say, is almost as great an invalid as themselves.—He is so delicate that he can engage in no profession.—Sidney laughs at him—but it really is no joke—though Sidney often makes me laugh at them all in spite of myself.—Now, if he were here, I know he would be offering odds, that either Susan, Diana or Arthur would appear by this letter to have been at the point of death within the last month.'

Having run his eye over the letter, he shook his head and began—: 'No chance of seeing them at Sanditon I am sorry to say.—A very indifferent account of them indeed. Seriously, a very indifferent account.—Mary, you will be quite sorry to hear how ill they have been and are.—Miss Heywood, if you will give me leave, I will read Miss Diana's letter aloud.—I like to have my friends acquainted with each other—and I am afraid this is the only sort of acquaintance I shall have the means of accomplishing between you.—And I can have no scruple on Diana's account—for her letters show her exactly as she is, the most active, friendly, warm-hearted being in existence, and therefore must give a good impression.'

Mr. Parker is sure to insist that there is no affectation about his sisters—that they, and their younger brother, are really invalids, but invoking Sidney's critical eye, he implies that what

might “appear” to be “the point of death” in a letter of Diana’s, is probably nothing of the sort. He concludes that things do not appear to be well for his siblings, that Miss Heywood will not meet them after all. He reassures Charlotte, however, that hearing Diana’s letter is as good as meeting her, as “her letters show her exactly as she is.” Typically Austenian, this is a double-edged comment, indirectly suggesting that Diana Parker is as obtuse as her letter. Mr. Parker asserts his own narrative authority, reading and interpreting the letter for Charlotte, before finally giving way to his sister’s more insistent narrative authority and reading the letter verbatim:

He read.—‘My dear Tom, we were all much grieved at your accident, and if you had not described yourself as fallen into such very good hands, I should have been with you at all hazards the day after the receipt of your letter, though it found me suffering under a more severe attack than usual of my old grievance, spasmodic bile and hardly able to crawl from my bed to the sofa.—But how were you treated?—Send me more particulars in your next.—If indeed a simple sprain, as you denominate it, nothing would have been so judicious as friction, friction by the hand alone, supposing it could be applied *instantly*.—Two years ago I happened to be calling on Mrs. Sheldon when her coachman sprained his foot as he was cleaning the carriage and could hardly limp into the house—but by the immediate use of friction alone steadily persevered in, (and I rubbed his ankle with my own hand for six hours without intermission)—he was well in three days.—Many thanks my dear Tom, for the kindness with respect to us, which had so large a share in bringing on your accident—But pray never run into peril again, in looking for an apothecary on our account, for had you the most experienced man at Sanditon, it would be no recommendation to us. We have entirely done with the whole medical tribe. We have consulted physician after physician in vain, till we are quite convinced that they can do nothing for us that we must trust to our own knowledge of our own wretched constitutions for any relief.—But if you think it advisable for the interest of the

place, to get a medical man there, I will undertake the commission with pleasure, and have no doubt of succeeding.—I could soon put the necessary irons in the fire.—As for getting to Sanditon myself, it is quite an impossibility. I grieve to say that I dare not attempt it, but my feelings tell me too plainly that in my present state, the sea air would probably be the death of me.—And neither of my dear companions will leave me, or I would promote their going down to you for a fortnight. But in truth, I doubt whether Susan's nerves would be equal to the effort. She has been suffering from the headach [sic] and six leeches a day for ten days together relieved her so little that we thought it right to change our measures—and being convinced on examination that much of the evil lay in her gum, I persuaded her to attack the disorder there. She has accordingly had three teeth drawn, and is decidedly better, but her nerves are a good deal deranged. She can only speak in a whisper—and fainted away twice this morning on poor Arthur's trying to suppress a cough. He, I am happy to say, is tolerably well—though more languid than I like—and I fear for his liver'. (30-31)

Diana Parker's story is filtered by multiple gazes and interpretations. In Austen, narrative contamination is far more complex than Brooks's framed tales. The reception of information is filtered by multiple interlocutors; the narrator, Mr. Parker, Diana Parker, and Miss Heywood all stand between reader and story. Austen eschews the epistolary form but retains the epistle as a means of entangling points of view and effectively delaying firm conclusions on the part of readers.

Austen authorizes each point of view, and in the process wrests narrative authority from any single interlocutor. Each point of view contaminates the others. The presence of the hypochondriac seems to implicate everyone in the epistemological uncertainty created by his or her dubious narration of bodily complaints that no one else can see or feel. Even the skeptical Haslam does not avoid the contamination of his narrative by his patient's. Though he begins the narration of Matthews's case by distancing himself from the patient's story, he soon assumes the patient's voice, narrating the story in remarkable detail. Albeit with

some irony, he describes each member of the gang, referring to them by name, and describes the procedures employed to influence the patient:

The principal of this crew, is named Bill, or the King: he formerly surpassed the rest in skill, and in the dexterity with which he worked the machine: he is about 64 or 5 years of age, and in person resembles the late Dr. De Valangin, but his features are coarser; perhaps, he is a nearer likeness to the late Sir William Opulently, to whom is made a duplicate. (22)

Like Austen, Haslam sustains irony by using indirect modes of narration. By assuming Matthews's voice, he both authorizes it and exposes its failings. The narrator elicits identification with and sympathy for his subject without condoning his behavior. In this way, Matthews is the real-life analogue to Mr. Woodhouse and even Emma, characters whose "errors" in judgment do not detract from their "humanity"—characters, in fact, whose pathological leanings are markers of their humanity.

The Sanction of Sympathy: The Hypochondriac's Interlocutors

As a storyteller, the figure of the hypochondriac has far-reaching implications for both the case history and the novel. To borrow from Brooks, the hypochondriac, by "dramatizing the relations of tellers and listeners, narrators and narratees, regularly enacts the problematic of transmission." For the hypochondriac, the "relations of tellers and listeners" is an intimate one; interlocutors sanction each other's stories. In the absence of death, the entangled voices of doctor and patient, narrator and subject, acquire meaning only in relation to each other *and* to implied readers, whose reactions are assumed to be both detached and compassionate. Fictional and nonfictional representations of hypochondriacs construct models for reading, interpreting, telling, and re-telling stories. In them, storytelling is a profoundly social act, one that implicates everyone in the pathologies of its narrative subjects. In Austen's own words, "pictures of perfection as you know make me sick & wicked" (198). Her interest in and compassion for pathological subjects is sustained by the sense of indeterminacy created by her indirect modes of narration.

This indeterminacy does not preclude judgment; instead, it characterizes every act of judgment as a contingent one. In fact, it is the skeptical observer who is required to complete the hypochondriac's narrative, who becomes the trustworthy narrative voice and sanctions the hypochondriac's story. Hypochondriacs compel interlocutors to offer a diagnosis. The relationship between hypochondriacs and their interlocutors is key to understanding the pathology as a social one—whose story requires others to assist in the telling and interpreting. In *Sanditon*, Charlotte is the skeptical observer, the one character whose observations are based on sound judgment; in *Emma*, it is Knightley; in the cases of Miss J., Akerly's shoemaker, and Matthews, it is the patients' respective physicians. In each narrative, these skeptical interlocutors are accompanied by a host of other, more indulgent (if flummoxed) witnesses, constituting a community of interlocutors who enable the hypochondriac's narration and who are affected emotionally, socially, and sometimes even physically by his or her symptoms.

In each of these texts, the social world impinges on the hypochondriac's condition and is in turn either reconstructed or threatened by his or her illness. The sympathy shared by James Tilly Matthews and his persecutors is a striking example of the hypochondriac's intersubjective relationship to his interlocutors:

Notwithstanding the dreadful sufferings which Mr. Matthews experiences from being assailed, he appears to derive some consolation from the sympathy which prevails between himself and the workers of the machine.—Perilous as his present situation may be, it would be rendered still more alarming if he could not watch the proceedings, and thus be prepared to avert the force of their engine. This reciprocal impregnation and continuity of warp enables him to perceive *their* motions and attain *their* thoughts. Such seems to be the law of this sympathy, that mutual intelligence is the result; nor can the assailants, with all their skill and dexterity, deprive him of this corresponding perception. In proportion as their scientific

advancement has instructed them in new and ingenious arts of tormenting, the progression of his experience has taught him to diminish the force of their attacks.

These assassins are so superlatively skillful in every thing which relates to pneumatic chemistry, physiology, nervous influence, sympathy, human kind, and the higher metaphysics, that whenever their persons shall be discovered, and their machine exhibited, the wisest professors will be astonished at their progress, and feel ashamed at their own ignorance. The gang proudly boast of their contempt for the immature science of the present aera [sic].

Under all these persecutions and formidable assailments, it is the triumph of Mr. M. that he has been enabled to sustain himself; and this resistance has depended on the strength of his intellect and unremitting vigilance. Whenever he has perceived them about to make the wrench by suction, he has recoiled as one expecting to receive a blow shrinks back in order to avoid it. Without such ability and precaution he must long since have become the victim of bomb-bursting, lobster-cracking, or apoplexy-working with the nutmeg-grater. (56-58)

“Sympathy”—the ability to think the gang members’ thoughts and observe their preparations—has kept Matthews alive. Sympathy here is reciprocal, and it becomes a metaphoric model for the physician-patient-reader relationship, in which disparate subjects are linked via multiple and embedded narrative voices. The form of the hypochondriac’s case history relies on the sympathy the patient’s suffering evokes in order to elicit the identification of interlocutors. The sympathy between Matthews and his persecutors is a model, in extreme, of the intersubjective relationships that the hypochondriac relies on. Hypochondriacs are generally marked by an extreme lack of sympathy, but Matthews is an acutely intelligent patient, able to manipulate the epistemological dilemma posed by hypochondria. Because only the patient can feel his own physical and emotional states, no observer can dismiss his complaints with certainty. Only the patient can know he is sick. In this case, Matthews modifies the view of the patient as lacking sympathy to show that his

sympathy moves in a direction unseen by observers. He is, in fact, a highly skilled reader, able to outread even this gang of assailants whose acuity dwarfs that of the most intelligent and highly skilled “professors” and scientists.

The hypochondriac’s symptoms, if fanciful, are too persistent to dismiss. John Haslam is particularly vehement on this point, suggesting that Matthews’s symptoms have potentially devastating social consequences because they limit his agency:

By this time it is probable that the curiosity of the reader is sufficiently satisfied concerning the mischievous and complicated science of event-working. Although the fable may be amusing, the moral is pernicious. The system of assailment and working events deprives man of that volition which constitutes him a being responsible for his actions, and persons not so responsible, in the humble of the opinion of the writer ought not to be at large. After the commission of murder or treason, it would be considered an inadequate defence of the perpetrator to alledge that he had been irresistibly actuated by the dexterous manoeuvres of Bill, or the Middle man; nor is it at all probably, that the accurate records of Jack the Schoolmaster would be admitted as evidence in a court of law.

There are already too many maniacs allowed to enjoy a dangerous liberty, and the Governors of Bethlem Hospital, confiding in the skill and integrity of their medical officers, were not disposed to liberate a mischievous lunatic to disturb the good order and peace of society. These gentlemen can have no advantage in detaining a person in confinement who has recovered his senses. Their interest consists in the numbers who are restored to the community and their friends; and their only reward the incense which Gratitude projects on the altar of Reason. (79-81)

Because Matthews’s pathology results in a loss of volition, he is dangerous and must remain hospitalized. His symptoms, though the product of his imagination, have very real social effects. In this case, his delusions result in a lack of agency that could place him

outside the law. Matthews believes that this gang can control him—and that they mean to force him to betray country. Haslam concludes that because Matthews is not in control of his own actions and is therefore threatening to the world outside, he must be contained in the asylum. Ironically, a close reading of Haslam's text reveals the physician's own lack of agency. In fact, the case reads more like a collaboration than a simple case narrated by a physician in control of the narrative; it includes lengthy passages of the patient's writing, quoted verbatim, as well as an elaborate diagram of the gang's workshop and their "Air-Loom" drawn by the patient.

The move from the isolated bodily experience of the subject to a discussion of the relation between the subject and his or her social world is common in hypochondriac cases. In Haslam's narrative, this move is effected through the allusions to the political conspiracy that forms part of the patient's delusion; in the case of Akerly's shoemaker, it is effected via the patient's desire (and the physician's willingness) to demonstrate the validity of his imagined pathography to his community:

At length he spoke and requested me to preserve it; for, he observed with tranquillity, that his friends had said he was crazy, but this would be evidence to the contrary.

Crazy! Said I, it would be enough to make anyone crazy to have such a worm in his flesh: I shall preserve it because it is singular, never having seen the like before; and when you go home send your friends to me, and I will convince them, for you are no more crazy than I am. (308)

Cause and effect are reversed here: the worm becomes, at least in pretense, the cause of the patient's insanity. The physician, by indulging his patient's error, has made himself a party to it. The patient is "no more crazy" than the physician. Though this statement is made with a skeptical wink to the reader, the narrative that precedes it troubles the distinction between physician and patient. If the shoemaker's and Akerly's narratives interpenetrate each other, where does one begin and the other end? As the mechanism for representing the consciousness of characters, voice entangles the identities of the hypochondriac and his or

her interlocutors—and by extension, between narrator and subject as well as reader and author.

The complexity of the relationship between storyteller and listener, betrayed by hypochondria case histories like Akerly's, is an implicit preoccupation in Austen's fiction. How is Jane Fairfax different from Emma Woodhouse, or Mr. Woodhouse from Knightley, or Diana Parker from Charlotte Heywood? In her fiction, Austen exploits indirect narrative modes in order to link the hypochondriac, the skeptical observer, and other members of the social worlds she depicts. In *Sanditon*, for example, the indirect representation of Charlotte's internal voice allows the narrator to comment on the hypochondriac's folly while maintaining impartiality:

Charlotte could hardly contain herself as she saw him watching his sisters, while he scrupulously scraped off almost as much butter as he put on, and then seize an odd moment for adding a great dab just before it went into his mouth. —Certainly, Mr. Arthur Parker's enjoyments in invalidism were very different from his sisters'—by no means so spiritualized. —A good deal of earthly dross hung about him.

Charlotte could not but suspect him of adopting that line of life, principally for the indulgence of an indolent temper—and to be determined on having no disorders but such as called for warm rooms and good nourishment. (64)

Charlotte, the insightful observer, "could not but suspect him of adopting that line of life . . . for the indulgence of an indolent temper," casting an indictment on his hypochondriasis, marking it as nothing but fancy. The word *temper*, though, suggests something more pathological, a confluence of bodily and psychic traits responsible for Arthur Parker's hypochondria. Charlotte, noticing this, can "hardly contain herself": she cannot keep from laughing, or she cannot keep from observing. A third meaning suggests itself—that she cannot keep herself delivering the reciprocity the hypochondriac requires of his interlocutors. Charlotte is critical, but Arthur Parker depends upon her critical diagnosis to reaffirm his pathology, his "indolent temper."

In *Sanditon*, a fragment lacking resolution, the relationship between the hypochondriacs and Charlotte is limited to first introductions and observations. Nevertheless, the narrative already suggests a collusion between the sensible interlocutor and the fanciful hypochondriacs. Particularly in her conversations with Arthur, Charlotte is constantly defending herself from the hypochondriac's pathologizing gaze, fending off his diagnosis of a nervous condition in her and discouraging him from reciting his own litany of self-diagnoses. During one scene, after dinner, "Charlotte's place was by Arthur and she takes the opportunity to observe him:

Arthur was heavy in eye as well as figure, but by no means indisposed to talk;—and evidently felt it no penance to have a fine young woman next to him, requiring in common politeness some attention—as his brother, who felt the decided want of animation for him, observed with considerable pleasure.

Such was the influence of youth and bloom that he began even to make some sort of apology for having a fire. "We should not have one at home," said he, "but the sea air is always damp. I am not afraid of anything so much as damp.—"

"I am so fortunate," said Charlotte, "as never to know whether the air is damp or dry. It has always some property that is wholesome and invigorating to me.—"

"I like the air too, as well as anybody can," replied Arthur, "I am very fond of standing at an open window when there is no wind—but unluckily a damp air does not like me. —It gives me the rheumatism. —You are not rheumatic I suppose?—"

"Not at all."

"That's a great blessing.—But perhaps you are nervous."

"No—I believe not. I have no idea that I am."

“I am very nervous.—To say the truth nerves are the worst part of my complaints in my opinion. My sisters think me bilious, but I doubt it.— ”

“You are quite in the right, to doubt it as long as you possibly can, I am sure.— ”

“If I were bilious,” he continued, “you know wine would disagree with me, but it always does me good.—The more wine I drink (in moderation) the better I am. – I am always best of an evening. –If you had seen me today before dinner, you would have thought me a very poor creature.— ”

Charlotte could believe it—. She kept her countenance however, and said – “As far as I can understand what nervous complaints are, I have a great idea of the efficacy of air and exercise for them: —daily, regular exercise; —and I should recommend rather more of it to you than I suspect you are in the habit of taking.”

“Oh! I am very fond of exercise myself—” he replied “—and I mean to walk a great deal while I am here, if the weather is temperate. I shall be out every morning before breakfast—and take several turns upon the Terrace, and you will often see me at Trafalgar House.”

“But you do not call a walk to Trafalgar House much exercise?— ”

“Not, as mere distance, but the hill is so steep!—Walking up that hill, in the middle of the day, would throw me into such a perspiration!—You would see me all in a bath by the time I got there! —I am very subject to perspiration, and there cannot be a surer sign of nervousness.—”

They were now advancing so deep in the physical, that Charlotte viewed the entrance of the servant with the tea things, as a very fortunate interruption. (60-62)

Charlotte is both healthy—immune to damp air, free of nervous complaints—and sensible, but as interlocutor, she nonetheless fulfills the reciprocating role hypochondriacs require. Charlotte’s “place was by Arthur.” Her physical proximity to Arthur secures him the opportunity to speak and to be diagnosed. It is precisely her role as the detached observer,

the one whose thoughts are represented through Austen's indirect narrative modes she enables the hypochondriac to confirm his view of himself as pathological. "If you had seen me today before dinner, you would have thought me a very poor creature'," Arthur muses. The narrator's response, "Charlotte could believe it," delivered through psychonarration, hidden from Arthur but revealed to the reader, is ironic, of course; but it is that very irony that exacerbates Charlotte's reading of Arthur's condition. The ironic distance created by her interpretation of his statement, "you would have thought me a very poor creature," opens up the possibility for multiple meanings. Charlotte's thought can be interpreted variously; she may be thinking that Arthur must indeed have been a "poor creature," suffering immensely; or that he is a "poor creature" because of his delusional fixation on his own ill-health. Because it is delivered via Austenian indirect narration, the thought's meaning impossible to pin down. Readers are left with nothing but what Brooks calls "the fevered need to retell." As a result, not only is Charlotte implicated in Arthur's narrative, but so are readers. The intersubjective picture created here includes the hypochondriac, his observer-interlocutor, and the audience of interlocutors who receive the story—a triad of intersubjective, perhaps reluctant relations of sympathy. The significance of such a triad is magnified by context; the discussion takes place in Sanditon, Mr. Parker's entrepreneurial attempt to create a social world for "invalidism." All the Parkers are subjected to Charlotte's gaze, and though she will not diagnose them as invalids, she does pathologize them—as hypochondriacs. Though Mr. Parker never manages to find a physician for his resort for invalids, the presence of Charlotte at Sanditon is enough for a tentative diagnosis of the hypochondriacs residing there. She sanctions their storytelling, and Sanditon becomes the hypochondriac's utopia that Mr. Parker envisions.

In *Emma*, the role of the skeptical but reciprocating interlocutor goes to Knightley, another seemingly impartial observer whose indulgence of Mr. Woodhouse's unrealistic "complaints" justifies them. Mr. Woodhouse's hypochondria controls not only the bodies but the activities of those around him, effectively reorganizing the social world of Highbury,

a feat the patriarch of the community cannot accomplish any other way. Emma's father opposes marriage. In this, her marriage plot, an obstinate father is an obstacle. Mr. Woodhouse is an ironic, synechdochal portrait of an ineffectual patriarchy. Having lost the moral and corporeal authority to rule through the exertion of reason (as Knightley would). He wields power through fear of disease. However satirical this portrait is, it allows Austen to create a marriage plot that is also a critique of marriage plots. Mr. Woodhouse's inexorable symptoms are almost always reactions to plot developments outside his control, yet he manages to control the novel's resolution. Knightley must agree to relocate to Hartfield, his bride's estate (and one where she reigns), in order to appease Mr. Woodhouse. The heroine's hypochondriac father manages to exert his pathology as a means of preserving Emma's role as master of a household, suggesting that her marriage reforms her to the sensible, patriarchal ways of Knightley. This state of affairs, in which an ordinary social arrangement is complicated by the intervention of the hypochondriac, creates a domestic portrait of Emma, her father, and Knightley living in tranquility, each character's physical, emotional, and psychic needs sustained by the presence of the others: "the change in their numbers or their comforts all for the better." The needs of the hypochondriac are powerful enough to alter ordinarily fixed social relations. The constant gaze of the skeptical Knightley will deliver Mr. Woodhouse the solace of perpetual validation of his complaint.

In *Emma*, the hypochondriac's voice, if indirect, is influential enough to control the plot's resolution and to reorient social relations so that they accommodate his temperament and that of his strong-willed heroine-daughter.⁸ When the plot of *Emma* finally seems to be resolving in Knightley's favor, Mr. Woodhouse's valetudinarism is the one remaining impediment. Everyone knows that he despises weddings because they disrupt his

⁸ Like Sedgwick's reading of *Sense and Sensibility* in "Jane Austen and the Masturbating Girl," this reading "interrupts" the "punitive/pedagogical reading" that is so common in Austen criticism. Like Marianne Dashwood, Emma's story is about her education, but it is also about her emancipation from the restrictive norms faced by young, educated women in eighteenth- and nineteenth-century England. See Butler and Johnson for feminist readings of Austen along similar lines.

domestic life—and that Emma’s marriage would deprive him of the solace of her constant presence. Even Knightley cannot overcome this impediment, and must agree to forsake life on his own estate and move into that of his new bride’s father. In fact, it is the promise of Knightley’s constant presence that finally convinces Mr. Woodhouse that the marriage must take place:

Poor man!—it was at first a considerable shock to him, and he tried earnestly to dissuade her from it. She was reminded, more than once, of her having always said she would never marry, and assured that it would be a great deal better for her to remain single; and told of poor Isabella, and poor Miss Taylor.—But it would not do. Emma hung about him affectionately, and smiled, and said it must be so; and that he must not class her with Isabella and Mrs. Weston, whose marriages had taken them from Hartfield, had, indeed, made a melancholy change: but she was not going from Hartfield she should be always there; she was introducing no change in their numbers or their comforts but for the better; and she was very sure that he would be a great deal happier for having Mr. Knightley always at hand, when he were once got used to the idea.—Did he not love Mr. Knightley very much?—He would not deny that he did, she was sure.—Whom did he ever want to consult on business but Mr. Knightley?—who was so useful to him, who so ready to write his letters, who so glad to assist him?—who so cheerful, so attentive, so attached to him?—Would not he like to have him always on the spot?—Yes. That was all very true. Mr. Knightley could not be there too often; he should be glad to see him every day. (424)

“Poor man!” the narrator declares with the irony that indirect narration allows her. That irony casts Mr. Woodhouse’s objections in a bad light, but Emma and Knightley make it their mission to appease the hypochondriac, lavishing affection and promises upon him. It is only because Knightley is willing to preserve domestic relations at Hartfield that the marriage can take place, only that by marrying, Emma “was introducing no change in their

numbers or their comforts but for the better.” This puzzling conclusion casts a shadow on the conventional resolution of marriage plots, in which the heroine accedes her identity to that of her new husband.

Jane Austen uses medical details as plot machinery, for verisimilitude, and as objects of satire, but her invocation of medical discourse also serves to suspend judgments and delay conclusions, interrupting moral readings of characters with medical ones. The Parkers, Mr. Woodhouse, and Mrs. Churchill, though objects of satire, are clearly pathological and deserve sympathy. The details of their medicalized existence create enough uncertainty to make them worthy of compassion. John Wiltshire, arguing that Austen uses medical discourse to explore the “moral lives” of her characters, has described the profusion of medical detail in *Emma*:

The novel is littered . . . with para-medical paraphernalia and talk, from Isabella’s claims about the favourable air of Brunswick Square, to Harriet’s treasured court-plaister, to the Hartfield arrowroot dispatched for Jane, to Emma’s speculations about that special ‘constitution’ of Frank Churchill’s which makes him cross when he is not. . . . Jane Fairfax arrives in Highbury supposedly to try the effect of her native air on a long-standing cold (caught early in November, as it happens, in the first phase, the first strain, of her secret engagement). Frank uses his fixing of the spectacles of the deaf, sleepy—and presumably now also blinded—Mrs Bates as a cover for dallying with Jane by the piano, or rushes out with umbrellas on the excuse that ‘Miss Bates must not be forgotten’ to welcome Jane to the ball. Emma, finding Harriet’s disappointed presence too uncomfortable after accepting Mr Knightley’s proposal, remembers that she has a bad tooth, and has long wanted to see a dentist—a convenient excuse for shipping her off to Isabella in London. (112-113)

Wiltshire suggests that the profusion of medical details in *Emma* helps Austen explore what he calls her characters’ “moral lives.” This explanation diminishes the role of medical

discourse in her fiction. Such details infuse the novel with the pathologizing gaze of medicine. These details mirror Mr. Woodhouse's tendency to see everyone around him as a collection of symptoms lurking in the wings, waiting for an opportunity to manifest themselves as a fully developed pathology. Similar cases could be made for the "littering of para-medical paraphernalia," details, and discourse in all of Austen's novels: Jane's confining cold in *Pride and Prejudice*, Louisa's fall in *Persuasion*, and Marianne's hysterical fever in *Sense and Sensibility*. Austen's irony, indirect narrative modes, and depiction of medical discourse and details most clearly unite in her hypochondriacs. The conjunction of these three significant attributes in Austen's fiction tends to obfuscate "moral" readings. Austen's readers, or narratees, are not encouraged to read moralistically. In a moral reading, death is the sanction for everything the storyteller can tell. Austen replaces death with diagnosis, and encourages sympathetic reading as an alternative to moral reading. Her hypochondriacs remind readers that diagnosis, always contingent, is the best sanction the storyteller can hope for.

Diagnosis, as a model for reading, requires interlocutors to accept contingency. If diagnosis provides the sanction for the hypochondriac's story, it also offers readerly identification and clinical detachment as corollaries, not contradictions. The alternately sympathetic and detached narrative voices that result signal an emerging model for understanding pathology as the human condition. Neither Austen nor physicians publishing on the topic represent the hypochondriac as either wholly villainous or wholly sympathetic. The result is a naturalization of pathology, where human imperfections, displayed through the mind onto the body, are represented as intractable facts of social existence rather than direct results of moral failings. The *pictures of perfection* that are Sheridan's Sidney Bidulph, Edgeworth's Belinda, or Burney's Evelina, would, *as you know*, make Austen the storyteller *sick & wicked*. The pictures of pathology that are Miss J., Akerly's shoemaker, or James Tilly Matthews, presumably, would have excited both her ironic wit and her sympathy.

CHAPTER THREE

Agents of Insensibility: The Emerging Unconscious in Victorian Medicine and Fiction

Let us go then, you and I,
When the evening is spread out against the sky
Like a patient etherized upon a table.
—"The Love Song of J. Alfred Prufrock"

The image of an etherized London in the opening lines of T. S. Eliot's 1918 poem has become a widely recognized sign of modernism. Eliot etherizes the chattering, confining social world of a London evening, invoking the power of metaphor to yoke the medical use of ether and the modernist project of overturning Victorian literary and social conventions. In this sense, the opening of "Prufrock" is a coda for the Victorian period. The fact that the Victorian era was one of rapid change with far-reaching consequences is a basic tenet of nearly all history and criticism of the period.¹ Eliot's ether metaphor comes at the end of a Victorian tradition of representing "agents of insensibility"—medical technologies for altering consciousness—in an effort to capture the pervasive sense that theories of selfhood were changing, and with them, the theory and practice of social relations. The Victorians, however, lacked medical, literary, and social formulae to make sense of the models of selfhood and social relations they began to generate. With mesmerism, opiates, and anesthetics, the Victorians experimented with inducing altered states; in sensation fiction, they explored the implications of doing so.² Reacting to these experiments, Victorian writers of medical case histories and sensation fictions explored emerging ideas about the incoherent depths of what Freud would later call the unconscious, but they did not offer

¹ Altick's *Victorian People and Ideas* outlines many of these changes, including property rights, voter enfranchisement, industrialism, science and medicine, and gender relations. On the relationship between modernist literary techniques and historical events (including the rise of psychoanalysis, World War I, and industrialization), see Bradbury, Cox and Dyson, and Howe. The most famous modernist discussion of the rejection of Victorian aesthetics and politics is Strachey's *Eminent Victorians*.

² For histories of mesmerism, see Kaplan and Winter; for histories of opium use in Europe, see Berridge and Edwards; for a discussion of "animal-magnetism" or "electro-magnetism," see Winter, Chapter 2.

anything like a systematic theory or literary movement that could claim mastery of such depths.

Critics who objected to the sensation fiction of the 1860s - 1880s tended to invoke rhetoric similar to that used by those opposing anesthetics during the 1840s and 1850s, objecting to the tendency of such fiction to induce uncontrollable thoughts and dangerous emotions in readers.³ One critic, publishing in the *North British Review* in 1865, attacked the genre for its stimulating effects: “Sensational stories were tales aimed at this effect simply—of exciting in the mind some deep feeling of overwrought interest by the means of some terrible passion or crime.” The same critic, in the same article, noted that sensation novels “are recommended . . . as good stimulants in these days of toil and worry, and as well for relieving overtaxed brains by diverting our thoughts from the absorbing occupations of daily life” (qtd. in Cvetkovich 20). Borrowing the language of medical experiments with drugs that altered consciousness, the critic metaphorizes the complex and contradictory psychic effects of such agents, capable of stimulating and sedating at once.

Three such “sensational stories”—Wilkie Collins’s *The Moonstone* (1868), Sheridan Le Fanu’s *In a Glass Darkly* (1872), and Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886)—actually incorporate stimulating and sedating agents in their plots. All three fictions fuse the conventions of sensation and gothic fiction to chronicle criminal activity associated with altered states of consciousness like those induced by anesthetics and other “agents of insensibility.” The novelists dramatize emerging theories of the unconscious as a system whose complex and contradictory drives undermine agency, chronicle the development of dangerous sympathies between characters that result from such drives, and develop analogies between mind-altering agents and textuality, calling attention to the power of reading and writing to induce altered emotional and psychological states.

³ On critical objections to sensation fiction see Altick; Boyle; Cvetkovich.

Le Fanu's *In a Glass Darkly* consists of five fictional case histories narrated by Dr. Martin Hesselius and edited for publication by his medical secretary. In "The Dragon Volant," a trio of professional criminals swindle (and nearly kill) an innocent English traveler, recurrently inducing states of insensibility with drugs developed during the "Dark and the Middle Ages" and handed down through generations of the "fraternity of thieves" (111); in "Green Tea," a Reverend Jennings is addicted to green tea, which he uses as a stimulant while he writes a monograph, causing hallucinations and trances; "The Familiar" is the story of clergyman Mr. Barton, who is tormented by the footsteps of an invisible "watcher," apparently resulting from an electro-magnetic disturbance in the clergyman's own body that opens his consciousness to "spiritual agencies" (35); "Mr. Justice Harbottle" is the story of a judge suffering from gout (commonly treated with opiates) and an unnamed "brain disease," haunted by a man he unfairly sentenced to death; and "Carmilla" is the story of a vampire's seduction of a young girl, effected via exchanges of blood and the induction of trance states. In *The Moonstone*, a laudanum-induced hypnosis robs Franklin Blake of his agency, reputation, and love, and the rest of the novel documents his attempt to regain them; the servant Rosanna Spearman is bedazzled by her love for Blake and her fixation with the Shivering Sand, a hypnotic and mysterious quicksand; Mrs. Verinder relies on drugs and tonics to relieve symptoms of a fatal illness; and Ezra Jennings is addicted to opium as a palliative for the symptoms of his own painful illness. In *Jekyll and Hyde*, an ether-based solution frees Dr. Jekyll's more primitive doppelganger, Mr. Hyde, manifested as a distinct consciousness that displaces Jekyll's mind and body.

In all three fictions, experiments with altered states lead to crimes that provide narrative momentum. In Le Fanu's writing, criminals use mind-altering agents to induce insensibility in the victims, while in both *The Moonstone* and *Jekyll and Hyde*, protagonists commit crimes during altered states. D. A. Miller argues that in *The Moonstone* the intrusion of the law that attends the crime at the center of the novel is "an anomaly, a dramatic exception to a routine social order in which police and surveillance play no part"

(36). Miller concludes that legal discourse in *The Moonstone* reflects the novel's essentially conservative, monologic relationship to such "a routine social order." But the overdetermined relationship between altered states and crime in Collins's novel (as in Le Fanu's and Stevenson's) suggests a more complex picture. All three fictions dramatize emerging theories of the unconscious. In each case, altered states result in depictions of selfhood as a conglomeration of complex and contradictory drives and impulses. Like medical cases from the 1840s and 1850s that explore altered states of consciousness, these later sensation fictions dramatize anxieties about agency.

Both genres dramatize such anxieties, but in very different ways. While the fictions are self-conscious about their own literary effects without taking sides, the medical cases are self-conscious about their role in such debates without acknowledging the rhetorical and literary devices they use to make their arguments. The writers of the medical cases are all too aware that they are experimenting with new and controversial medical technologies. Physicians generally respond monologically, some defending anesthetics, mesmerism, and opiates by downplaying troubling questions about agency, others calling attention to the uncontrollable states such agents had the power to induce. They draw conclusions and take sides, and their arguments are by necessity hypothetical. In these cases, hypothesis supersedes the diagnosis or treatment of the patient. Ironically, as physicians experiment with subjectivity and search for words to describe what will eventually be called the unconscious, patients become less important than theories. Far from monological or didactic meditations on the dangers of experimental medicine, all three fictions are complex and lively representations of new and controversial medical technologies. The legal discourse incorporated into their plots calls attention to the controversial subject matter, but it does not answer or eradicate the myriad questions about agency and social relationships raised by the specter of the unconscious. In sensation fiction, plot tends to supersede character (as theory supersedes patient care in the cases). In these particular sensation fictions, the plots revolve

around experiments with altered states, and characters tend to develop in relation to the experiments, taking on the roles of experimenter, experimentee, or witness.

Jekyll and Hyde most clearly illustrates the complex ways that new theories of consciousness and human evolution emerged from experiments with altered states. Ed Block, Jr., has argued convincingly that Stevenson's model of dual consciousness was heavily influenced by the theories of evolutionary psychologist James Sully, whose work focused on the interplay between highly evolved intellectual capacities and what he terms the more primitive affective drives of the human brain. According to Block,

James Sully's characteristically Victorian psychological investigations affirm progressive development in the integrated forms and phases of human consciousness, while evidencing an avid and timely interest in duality, regression, illusion, and genius, "the borderland between the normal and abnormal," the world of much of Stevenson's short fiction. (444-45)

The cohabitation of Dr. Jekyll and Mr. Hyde within a single corporeal space dramatizes scientific theories of dual consciousness, and the regressive nature of Jekyll's transformation into Hyde links those theories to Darwinism; these twin preoccupations crop up in many later Victorian fictions—*The Picture of Dorian Gray* (1890) and *Dracula* (1895), for example. In *The Burdens of Intimacy*, Christopher Lane offers a theory that explains the complex and often contradictory manifestations of such medical developments in the arena of fiction. Lane argues that Victorian literature's preoccupation with what he calls the "asymmetry" of consciousness anticipated psychoanalytic theories of the mind as a system comprised of multifarious and conflicting drives and desires: "Psychoanalysis and Victorian culture share a profound interest in asymmetry, a term . . . referring to Victorian culture's large epistemological gaps in the realms of sexuality, fantasy, and identification. These gaps surface when characters and narrators reflect seriously on the literal and conceptual distance separating one individual from another" (1). Lane uses a concept derived from his description of the psyche to describe Victorian culture. The fact

that anesthetics and sensation fiction were attacked both for their ability to excite sensibility and induce insensibility is an example of such asymmetry in the realms of the psyche and culture. As sensation novelists dramatized the relationship between altered states and criminal activity—the very relationship physicians like John Snow vociferously denied—they explored the social implications of psychological “asymmetry.” In Eliot’s terms, they explored the byways of an “etherized” social landscape. If a drug was capable of undermining agency, it had the corollary effect of uncovering similar epistemological gaps in the social structure of Victorian England. In *The Moonstone*, *In a Glass Darkly*, and *Jekyll and Hyde*, altered states lead to crime, but they also point to what Lane calls “gaps” in the social order: if subjectivity is neither singular nor stable, social relationships are fraught with indeterminacy.

Inducing Altered States

In medical debates and the press, chloroform and other “agents of insensibility” were viewed as dangerous because they undermined agency, alternately inducing displays of excess feeling and insensibility. In the cases Poovey cites in *The Making of a Social Body*, for example, “induced insensibility” results in displays of sexual passion in obstetrical patients. The propriety of eliminating pain during childbirth sparked heated debates in the press and among physicians. W. Tyler Smith was one of the physicians opposing the use of ether during childbirth, on moral and ethical grounds. According to Poovey, his objection rested on the claim that ether and chloroform undermined the agency of obstetrical patients, producing uncontrollable states of sexual passion in otherwise respectable women. Smith argues that “the endurance of the last extremity of physical pain” is less shocking than the “display” induced by anesthetics. If insensibility is preferable to pain, he implies, loss of agency is worse than suffering (142-143).

In his 1848 treatise advocating the use of chloroform during childbirth, which also includes exemplary cases, Dr. James Young Simpson is highly conscious of his role within

medical debates and careful to contextualize his medical observations within debates about the mind-altering effects of anesthetics:

Is it right for the physician to interfere with these fearful sufferings and agonies in order to save and shield his patients from the endurance of them? Is it proper for him to exercise the skill of his art so as to moderate and remove these “almost intolerable pains” (*fere intolerabiles dolores?*”) Would it be fit and meet in him to use human means to assuage the pangs and anguish attendant upon the process of parturition in the human mother? (9)

Simpson continues, referring to hearing “these questions . . . complacently put by medical men,” reminding readers that physicians are ethically bound to “feel sympathy at the sight of suffering in any fellow creature.” The implication is that physicians should feel “delight and gratification in the exercise of any power by which we can mitigate and alleviate that suffering” (9). There is nothing revolutionary about Simpson’s rhetoric—his emotional appeals, his chains of logic. However, Simpson’s willingness to challenge the opinions of the medical establishment from within is notable. Simpson’s appeals rely on the identification of his interlocutors; he is one of them, a respected physician, and all respected physicians, he suggests, ought to take every precaution they can to alleviate the suffering of their patients:

Such questions, I repeat, are seriously asked by physicians and surgeons, the professed object of whose whole science and art is the relief of human disease and human suffering. They are questions propounded with all imaginable gravity and seriousness by individuals who (in a mere abstract point of view) would, no doubt, strongly object to being considered as anxious to patronize and abet human misery, or traffic in the perpetuation of human pain. Nay, probably, at the date at which I write, there is not one in twenty—perhaps not one in a hundred—of the physicians and surgeons in Great Britain who have, as yet, thought seriously upon the propriety of alleviating and annulling the tortures attendant on human parturition; or who have

acknowledged to their own minds the propriety of their bestirring themselves so as to be able, in the exercise of their profession, to secure for their patients an immunity from the throes and agonies of childbirth. (9-10)

Simpson's call to eliminate the "fearful sufferings and agonies" of medical patients with anesthesia was bound to suffer the attacks of skeptics and moralists. Simpson recognizes the medical revolution that anesthetics could potentially effect, a revolution his more conservative colleagues resisted. Instead of emphasizing the radical changes the use of anesthetics might force onto the practice of medicine, he identifies anesthetics as an instrument that will enable physicians to practice their profession, "alleviating and annulling the tortures attendant on human parturition" (and other painful medical procedures) with greater proficiency. The story of anesthetics' role in the history of medicine exceeds the bounds of his rhetoric, so Simpson opts instead to adapt common rhetorics to construct a narrative of sensible progress to describe what was in effect a professional revolution.

Pro-anesthesia physicians like Simpson tended to represent displays of both male and female patients as either the result of excitement or reactions to extreme pain. The following case, reported in a physician John Snow's 1847 treatise, *The Inhalation of Ether in Surgical Operations*, is typical in its pro-anesthesia representation of such displays:

The patient . . . was with difficulty got to inhale, even whilst she preserved her consciousness, and in the course of a minute or two, when she passed into the second degree, and had lost the knowledge of where she was, and what was being done, the difficulty was still greater; she sobbed and screamed very much, and stamped with her feet, and pushed the face-piece off with her hands. She was, however, held by those present; and when the face-piece was pushed away it was put on again directly, and in two or three minutes the screaming and all the efforts of a voluntary character ceased, and she passed into the third degree, but became, at the same time, extended in a state of great rigidity, so that she could not be kept seated, and appeared to be in epileptic convulsions with frothing at the mouth. (51-52)

Snow's description of his patient "screaming," "frothing at the mouth," unable to "be kept seated," avoids any suggestion that her "display" is sexual.⁴ It resembles the phase of etherization often described in male patients, during which they become agitated before succumbing to the anesthetic agent. Snow is careful to describe the complications attending etherization as predictable and temporary. The patient's agitation is a phase that does not undermine agency, and when it passes surgical procedures are greatly facilitated by the patient's "insensibility" or "soporific state":

the patient became suddenly quiet, going into the fourth degree of etherization about five minutes after the inhalation was commenced. She was placed again in the chair; the breathing became slow, deep, and regular, and the eyelids were observed to have lost their sensibility. The inhalation having been continued a little longer, was left off about six minutes after it was begun, and the operation was immediately commenced. An incision was made along the inferior edge of the jaw, and a second crossing it over the chin, from below the middle of the free border of the lip; the flaps were dissected off, and the bone exposed: during this part of the operation, the patient sat breathing quietly, and not moving or uttering a sound. Mr. Liston then extracted two or three molar teeth with the forceps, and at this time the patient uttered a sound expressive of pain, and struggled. The struggling and demonstrations of pain continued as the bone was being cut through far back on each side. At this time I dipped a small sponge in ether, and held it to the patient's nostrils, standing beside her. Although her mouth was, of course widely open, she was breathing in some measure by the nostrils, and in a little time became quiet, being apparently perfectly insensible. The bone having been divided, the tumor was depressed, and removed by dividing the mucous membrane and hyoid muscles, the tongue being held forward by a strong ligature drawn through it. The sponge was wetted occasionally, and kept

⁴ See Appendix III for the complete text of this case, other cases and writings by both Simpson and Snow, and illustrations of the apparatus Snow developed for inducing etherization.

applied to the nostrils, but without the effect of keeping up complete insensibility; for, apparently, the breathing was sometimes performed entirely by the mouth, where, of course, the sponge could not be placed, and the patient struggled again now and then during the tying of arteries. (52-53)

Two elements continually appear in pro-anesthesia case histories: descriptions of painful medical procedures during which the patient exhibits little or no external sign of pain and patient testimony that confirms that she felt no pain. In this case, the tumor in the patient's jaw was excised successfully, although "complete insensibility" was not maintained.

Within the debates about ether and chloroform, this detail could actually have worked in Snow's favor, implying that the effects of ether were not as radical as others had suggested, and his patient's testimony, "that she felt nothing of the removal of the tumor, and she was much satisfied with the ether" removes any doubts about her suffering during the operation (53). Her testimony, the display of her voice, is a direct representation of her agency. Like Smith, Snow is anxious about the new questions about human consciousness raised by the introduction of anesthetics. He downplays the patient's loss of agency precisely because speculation about new and troubling models of human subjectivity were likely to supersede debates about the appropriateness of pain relief during medical procedures.

Fiction writers could represent altered states without taking sides in medical debates, but Collins, Le Fanu, and Stevenson all rely heavily on their readers' familiarity with such debates. They exploit cultural hysteria about the dark sides of human consciousness, dark sides potentially unleashed when an altered state is induced. For example, in "The Room in the Dragon Volant," Le Fanu dramatizes the use of an anesthetic agent in an elaborate crime perpetrated against its protagonist-narrator. Though medical writers had long dismissed reports of ether and chloroform used to commit criminal acts, Le Fanu keeps the controversy alive by displacing it onto *drugs of the dark and middle ages*, adding an air of gothic sensation to a fiction clearly influenced by the chloroform debates. The crime is set in motion when the narrator is drugged by his companion, a physician disguised as the

Marquis d'Harmonville, and falls into a state in which, as he describes it, "my will no longer acted on my body" (142). It later turns out that the Marquis d'Harmonville is actually Doctor Planard and has been in league with the Count and Countess de St. Alyre to seduce the narrator and rob him of his large fortune. Left alone in this state, the narrator is accosted by a masked assailant who does nothing but "make some rapid notes" about "a paper of some consequence" (presumably a financial document) the narrator carries with him:

I began to grow more and more sleepy. But actual slumber did not come. I was still viewing, with my half-closed eyes, from my corner, diagonally, the interior of the carriage.

I wished for sleep; but the barrier between waking and sleeping seemed absolutely insurmountable; and, instead, I entered into a state of novel and indescribable indolence. (141)

This fictive state of "novel and indescribable indolence" is not exactly the soporific state induced by anesthesia or the waking sleep of hypnosis. However, as if to remind readers of the chloroform debates, the narrator moves quickly to a description of the differences between his state of insensibility and the experience of pain:

I have experienced extreme and protracted bodily pain, at different periods of my life, but anything like that misery, thank God, I never endured before or since. I earnestly hope it may not resemble any type of death, to which we are liable. I was, indeed, a spirit in prison, and unspeakable was my dumb and unmoving agony.

The power of thought remained clear and active. Dull terror filled my mind. How would this end? Was it actual death?

You will understand that my faculty of observing was unimpaired. I could hear and see anything distinctly as ever I did in my life. It was simply that my will had, as it were, lost its hold on my body. (145)

Like Smith, the narrator suggests that an altered state is worse than pain. The agony the narrator experiences results from the fact that his will “lost its hold on [his] body.” Still conscious, he has lost his agency, and as the novel develops, his persecutors make use of this loss to ensnare him in their plot. For him, the loss of agency carries over into his waking life, turning him into an unwitting accomplice in the theft of his own fortune. The narrator’s loss of agency nearly results in the redistribution of British wealth into the hands of mysterious foreign conspirators.

In *The Moonstone*, laudanum produces the effects of mesmerism and leads to the disappearance of Rachel Verinder’s Moonstone, which opens the Verinder family to the scandal created by the speculations of detectives, lawyers, and the general public. Franklin Blake is twice induced into a waking sleep by laudanum, the first time by Dr. Candy, without Blake’s knowledge, and the second by Candy’s assistant Mr. Jennings, with his knowledge. During his first induction, Blake removes the Moonstone from Rachel’s room in an effort to protect it from the East Indians who threaten to “steal” it but loses consciousness and allows Godfrey Ablewhite, Rachel’s rogue cousin, to steal it instead; the second induction, the “experiment,” results in a reenactment of these events that eventually leads to the solution of the crime and Blake’s restoration to his place as protagonist and future husband of Rachel Verinder.

The first dose of laudanum, administered without Blake’s knowledge, echoes legal, medical, and popular concerns about possible misuses of mind-altering agents. The mystery of Blake’s behavior is explained only toward the end of the novel. Jennings discovers that on the night of the crime, Candy administered a dose of laudanum to Franklin Blake, who had been suffering from insomnia. Annoyed at Franklin Blake’s derogatory remarks about the practice of medicine, Candy planned an exuberant interview with his “patient” in the morning. When Blake proclaimed to him “I have had an excellent night’s rest,” he planned to retort, “you had a dose of laudanum, sir, before you went to bed. What do you say to the art of medicine now?” (430). Unfortunately, fever prevented him from posing this question

to his unwitting patient. As he listens to Jennings's explanation, Blake confesses: "I am too ignorant of the influence of laudanum to have an opinion of my own" regarding the medical accuracy of the narrative he has just heard (430). Jennings interposes, redressing "a common error about opium"; having already cited the mesmerists William Benjamin Carpenter and John Elliotson, he moves to De Quincey to explain that "The action of opium is comprised, in the majority of cases, in two influences—a stimulating influence first, and a sedative influence afterwards" (435).⁵ As with the other Victorian agents used to induce altered states, the influence of opium is explained in terms of stages; it first excites the mind, then sedates it.

It is Jennings's hope that a reenactment of the events preceding the Moonstone's disappearance will lead to its recovery. He directs Blake to give up smoking, as he had done the previous year, in order to reproduce the state of physical restlessness he experienced then, and he orders Betteredge to furnish the Verinder household exactly as it was the night of the theft. He also recalls Rachel Verinder to the scene, as her presence must have had enormous influence on Blake's state of mind. Jennings is careful to explain that it will be impossible to reproduce Blake's exact state of mind, but he hopes that an approximation will do. The experiment is only partially successful, proving Blake's innocence without immediately revealing the location of the Moonstone, but it does finally give Collins the opportunity to represent the induction of Blake's altered state of mind directly: "In the presence of the two witnesses, I gave him the dose, and shook up the pillows, and told him to lie down again quietly and wait" (468). As the inductor, Jennings is conscious of his role, leading his patient "insensibly" to direct his attention away from the laudanum and to the Moonstone instead:

His mind was far away from the question of the opium, at the all-important time when his eyes first told me that the opium was beginning to lay its hold on his brain.

⁵ For discussions of Elliotson and Carpenter, see Winter, particularly Chapters 3-5; Kaplan, Chapter 1.

I looked at my watch. It wanted five minutes to twelve, when the premonitory symptoms of the working of the laudanum first showed themselves to me.

At this time, no unpractised eyes would have detected any change in him. But, as the minutes of the new morning wore away, the swiftly-subtle progress of the influence began to show itself more plainly. The sublime intoxication of opium gleamed in his eyes; the dew of stealthy perspiration began to glisten on his face. In five minutes more, the talk which he still kept up with me, failed in coherence. He held steadily to the subject of the Diamond; but he ceased to complete his sentences. A little later, the sentences dropped to single words. Then, there was an interval of silence. Then, he sat up in bed. Then, still busy with the subject of the Diamond, he began to talk again—not to me, but to himself. that change told me that the first stage of the experiment was reached. The stimulant influence of the opium had got him. (471)

Jennings continues the narration of the experiment with as much attention to the symptoms it produces in himself as his patient. As Blake rises from bed, walks to Rachel's, takes a mock Moonstone from its hiding place, and lets it drop to the floor while losing consciousness, Jennings watches with "breathless interest"; his heart "throbbed fast"; "the pulses at [his] temples beat furiously" (471). Jennings nearly forfeits his own agency in the process of witnessing his patient's descent into the hypnotic state induced by the opium: "The prospect thus suddenly opened before my eyes was too much for my shattered nerves. I was obliged to look away from him—or I should have lost my self-control" (471). As a medical experiment, Jennings's endeavor is only partially successful, but as a legal one, as Mr. Bruff asserts, it wholly vindicates Franklin Blake. More than that, as a social endeavor, it vindicates Jennings. Formerly reviled by the community he serves in Mr. Candy's mental (if not physical) absence, Jennings gains the approval of the law (Mr. Bruff), the gentry (Rachel and Blake), and the serving class (Betteredge).

In Jekyll and Hyde, an ether-based substance takes on even more power than the agents in Le Fanu's or Collins's fictions. Stevenson extends the disruptive power of consciousness-altering drugs, depicting Dr. Jekyll's "tincture" as an agent capable of displacing one consciousness with another, more primitive one:

I had long since prepared my tincture; I purchased at once, from a firm of wholesale chemists, a large quantity of a particular salt, which I knew, from my experiments, to be the last ingredient required; and, late one accursed night, I compounded the elements, watched them boil and smoke together in the glass, and when the ebullition had subsided, with a strong glow of courage, drank off the potion.

The most racking pangs succeeded: a grinding in the bones, deadly nausea, a horror of the spirit that cannot be exceeded at the hour of birth or death. Then these agonies began swiftly to subside, and I came to myself as if out of a great sickness. There was something strange in my sensations, something indescribably new and, from its very novelty, incredibly sweet. I felt younger, lighter, happier in body; which I was conscious of heady recklessness, a current of disordered sensual images running like a mill race in my fancy, a solution of the bonds of obligation, an unknown but not an innocent freedom of the soul. I knew myself, at the first breath of this new life, to be more wicked, tenfold more wicked . . . and the thought, in that moment, braced and delighted me like wine. (70-71)

Dr. Jekyll's first experience with his tincture results in a heady stream of consciousness, which Stevenson alludes to but does not represent directly; Stevenson describes the "current of disordered sensual images running like a mill race in my fancy" that attends Jekyll's transmogrification, but his conventional mode of narration cannot represent the internal workings of his anti-hero's mind. Content with describing Jekyll's sensations, Stevenson represents his altered state without providing a logic to explain it. The "tincture" that catalyzes this battle between dual states of consciousness within a single body is prepared from a variety of elements, including ether and a contaminated (and, it turns out,

irreplaceable) salt. When the transmogrification it induces is finally witnessed and verified by Dr. Lanyon, it is represented in reverse, as Hyde into Jekyll:

He put the glass to his lips, and drank at one gulp. A cry followed; he reeled, staggered, clutched at the table and held on, staring with injected eyes, gasping with open mouth; and as I looked, there came, I thought, a change—he seemed to swell—his face became suddenly black, and the features seemed to melt and alter—and the next moment I had sprung to my feet and leaped back against the wall, my arm raised to shield me from that prodigy, my mind submerged in terror.

“O God!” I screamed, and “O God!” again and again; for there before my eyes, pale and shaken, and half fainting, and groping before him with his hands, like a man restored from death—there stood Henry Jekyll! (65)

When Hyde’s features “melt and alter,” the idea of altered consciousness is taken to the extreme: his physiology, taking a cue from phrenology and animal magnetism perhaps, follows his consciousness on the path from primitive to higher self. By this time in the story, however, Jekyll and Hyde are so intimately linked that the change back to Jekyll is an alteration as powerful as the reverse, so even though he is “like a man restored from death,” Jekyll’s consciousness is inseparable from Hyde’s; the transmogrification is temporary, his agency permanently unstable, incoherent.

As Jekyll writes in his analysis of his own case, his work will lead to a time when the body of each “man will be ultimately known for a mere polity of multifarious, incongruous and independent denizens.” Jekyll is able to produce the technology for releasing only one of his body’s denizens—Henry Hyde. The suggestion is, however, that each and every human body contains an excess of consciousness, a store of irreconcilable instincts and motivations conveniently housed in the frame of a public persona. Stevenson represents this efflorescence of consciousness in extreme, literalizing it in the Jekyll’s physical transformation, but it stems from common concerns about the incoherence of the

human mind. Jekyll's "independent denizens" are paralleled in a more banal form by the multiple identities that Gabriel Betteredge's sees in Franklin Blake:

he had been sent abroad, and had passed on from one nation to another, before there was time for any one colouring more than another to settle itself on him firmly. As a consequence of this, he had come back with so many different sides to his character, all more or less jarring with each other, that he seemed to pass his life in a state of perpetual contradiction with himself. He could be a busy man, and a lazy man; cloudy in the head, and clear in the head; a model of determination, and a spectacle of helplessness, all together. He had his French side, and his German side, and his Italian side—the original English foundation showing through, every now and then, as much as to say, 'Here I am, sorely transmogrified, as you see, but there's something of me left at the bottom of him still.' (47)

Betteredge sees Blake's "sides . . . jarring with each other"—his transmogrification—as the product of socialization, not the chemistry that unleashes Jekyll's darker "side," but both models rely on a notion of consciousness as subject to outside influences that produce internal effects. This model of consciousness as a multifarious system of elements forces the question of agency, but rather than proposing theories of agency, these three novels turn to the question of sympathy, using relationships between characters who fascinate each other to comment on the sympathetic relationship between reader and text. Like Prufrock, calling "Let us go then, you and I," the narrators of these sensation fictions invite readers into a landscape of unknowns, drawing them in with fascinating, if troubling, portraits of intersubjectivity.

"The Special Rapport": Sympathy and Intersubjectivity

William Benjamin Carpenter, physiologist and mesmerist, describes "the special rapport between the mesmeriser and 'subject'" in his influential 1887 treatise, *Mesmerism, Spiritualism, &c.* (22). That rapport, sometimes going so far as to reverse the positions of authority of doctor and patient, involves sympathy so intense that it becomes an exchange

(what Locke calls a “transfer”) of consciousness, from one sentient being to another. The displays that attend the induction of altered states in both medical cases and sensation fictions generally result in dangerous sympathies like these, sympathies so intimate that the difference between one consciousness and another is blurred. The sympathetic relationship between researcher and subject, like that between narrator and reader, acquires new meaning when the altered states in question suggest the idea that human consciousness is multiple, not singular. In *Jekyll and Hyde*, for example, the idea of an incoherent subjectivity is closely associated with the intersubjectivity that threatens Utterson, who experiences simultaneous sympathy and repulsion for Jekyll. Throughout the text, the mystery surrounding Jekyll’s experiments lures him into an uncomfortable sympathy and threatens him with an identification with the anti-protagonist so strong as to overthrow his own will.

When Jekyll’s butler, Enfield, describes Mr. Hyde to Utterson, he forfeits his own good sense for the pursuit of the mystery behind his former friend’s actions: “Hitherto it had touched him on the intellectual side only; but now his imagination was also engaged, or rather, enslaved; and as he lay and tossed in the gross darkness of the night, and the curtained room, Mr. Enfield’s tale went before him in a scroll of lighted pictures” (12). The hallucinatory effect of Enfield’s words on Utterson results in a fascination with Jekyll *and* Hyde that he cannot control. According to Block, such sympathy was in fact an integral element of James Sully’s theory of dual consciousness:

Sully’s concern with duality in normal as well as abnormal states of consciousness derived in part from his associationist leanings. For Sully, as for Mill and Bain . . . knowledge of one’s self and others rested upon two varieties of introspection, one critical and one sympathetic. Each kind of introspection implied a dual and mental perspective, one kind requiring that the subject “separate sufficiently the judging from the judged parts of the individual”; the other resulting when the subject projected qualities or feelings onto others on the basis of his or her own contents of consciousness. (447)

Uttersson's revulsion derives from his critical evaluation of Jekyll's experiments, but his fascination stems from his sympathetic response to Jekyll's experience. This double response mirrors, in diluted form, Jekyll's dual consciousness. Once a model of subjectivity based on incongruity and identification is established, the possibility follows that the act of reading—Uttersson reading Jekyll's narrative, for example—offers the potential for identification that could unleash hidden drives and desires capable of overturning one's will. In the fiction of Le Fanu, Collins, and Stevenson, sympathetic relations between characters are consistently linked to the induction of altered states, a relationship occasionally suggested in early anesthesia case histories and invariably described in cases of mesmerism. Although an anesthetized patient displays troubling symptoms of an unknown consciousness, the phase is a temporary one, leading to total insensibility. With mesmerism, however, the patient is generally active and alert during the altered state, allowing for complex interactions between mesmerist and subject.

In the appendix to *Mesmerism, Spiritualism, &c.*, Carpenter quotes mesmerist James Braid on the subject of "influence" and "suggestion" in the mesmeric state:

"by engendering a state of mental concentration, by a simple act of sustained attention, fixed upon *some* unexciting and empty thing,—‘for poverty of object engenders abstraction,’ —the faculties of the minds of some patients are thereby thrown out of gear, (*i.e.*, their ordinary relations are changed,) so that the higher faculties—reason, comparison, and will, become dethroned from their supremacy, and give place and power to imagination (which now careers in unbridled liberty), easy credulity, and docility or passive obedience; so that, even whilst apparently wide awake, and conscious of all around, they become susceptible of being influenced and controlled entirely by the suggestions of others, upon whom their attention is fixed. In fact, such subjects, are in a sub-hypnotic condition, —in that intermediate state between sleeping and waking, when the mind becomes wavering, the attention off duty, or engrossed with a predominant idea, so that, in reality, the subjects are

only half conscious of what is passing around; and their minds, therefore, become easily imposed upon by any suggestion, audibly expressed or visibly exhibited before them. Thus they may be made to perceive, and mistake for realities, whatever mental illusions or ideas are suggested to them. In common parlance they *see* and *feel* AS REAL, and they consider themselves irresistibly or *involuntarily fixed, or spell-bound, or impelled to perform whatever may be said or signified by the other party upon whom their attention has become involuntarily and vividly riveted*, until a new idea has been suggested, by which the spell is broken, and the subject is left in a condition again to be subjugated and controlled by other suggestions of his temporary fascinator.” (157-58)

In Braid’s description of the mesmeric process, suggestion and influence pass unimpeded from mesmerist to subject, who is “subjugated” to his or her “fascinator,” but in actual cases involving mesmerism as well as many cases involving anesthetics, the influence of the inducing physician is often overturned by the necessity to take cues from the subject. As Alison Winter argues in *Mesmerized: Powers of Mind in Victorian Britain*, the relationship between mesmerist and subject was far more complex than most physician-patient relationships:

The manipulations of the mesmerist produced a form of mental ventriloquism or puppetry that developed a “rapport” between mesmerist and subject. In many demonstrations, the subject shared the sensations of the mesmerist, though “somewhat modified in intensity,” spoke words conceived in his mind, and moved her limbs mechanically according to his movements. (119)

Winter bases much of her argument on John Elliotson’s infamous public experiments with the O’Key sisters, mesmeric subjects whose cases he documented in extraordinary detail but whose trance-induced performances were eventually exposed as fraudulent. When the “subject shared the sensations of the mesmerist” or “spoke words conceived in his mind,” the distinction between his consciousness and hers was blurred, and so were the roles of

physician and patient. If the patient can absorb the feelings and thoughts of the physician, it can be inferred that the reverse is also possible, that the physician could succumb to the feelings or thoughts of the patient. According to Winter,

as time passed, the O'Key sisters did not merely replicate scientific phenomena in the expected manner but became increasingly unpredictable. If one were of a mind to regard them as conscious agents, the changes in their behavior would have seemed to give them more power over the proceedings. As they claimed greater access to truths about bodily and mental states, they took on the roles of their own doctors. Critics would have claimed that the experimental subjects and the researchers had even changed places. By the spring and summer of 1838 some observers were asking, who was making the experiments on whom? (78)

When subjects and researchers “changed places,” they enacted at least a temporary disruption of supposedly fixed social relationships. The display of class and gender upheaval in mesmeric experiments gave them the piquancy of a carnival show, and a carnival, Bakhtin has famously argued, has the capacity to disrupt, to return to D. A. Miller’s phrase, “the routine social order.” If the consciousness of a female servant could mingle with that of a male professional, any social order based on inherent distinctions between the mental capacity and distinct consciousness of either subject was disrupted.

W.C. Engledue, another mesmerist and a proponent of “electro-magnetism,” reported similar cases involving the “special rapport” of mesmerizer and subject to his peers. In an 1842 address to the Phrenological Association of London Engledue suggested a radical notion: that an altered state is sometimes preferable to ordinary consciousness and that the alteration could be permanently sustained through electro-magnetic techniques:

The case I am about to relate is that of a young lady, sixteen years of age, who had been confined to her bed eighteen months. . . The patient having been placed in a trance, was allowed to remain quiet for a short time. I then simply applied my finger

to the organ to be excited, and willed that it should become so. The excitation, in the majority of cases, was instantaneous.

Thus, the finger applied to Imitation produced the most splendid mimicry it is possible to conceive. The words and gestures of friends were copied in the most exact manner. Anecdotes which had been forgotten by all the members of the family, were repeated in a way that brought the circumstances instantaneously to their recollection, notwithstanding many years had elapsed. . . The finger on Wit produced immoderate laughter, checked by a waive [sic] of the hand, and reproduced by a touch of the finger. The finger on Colour caused the patient to see a variety of colours, which, she said, were coloured worsteds. The finger on Size, caused her to say she saw "heaps of skeins." When asked the supposed weight of the quantity, she replied she did not know. The finger on the organ of Weight caused her immediately to exclaim, "hundreds of pounds."

Self-esteem, Firmness, Veneration, Benevolence, Philoginitiveness, Caution, &c., &c., were all excited with corresponding results. The natural language of each faculty was most beautiful, and the patient in the natural state could not manifest the function in any similar degree.

The organs remained active, even after the patient had resumed her natural state. This was so marked, that the attendants have frequently asked me not to demagnetize the organ of Benevolence, because, when this was allowed to continue active, she was so much more kind and affectionate. (18-19)

Engledue, an associate of Elliotson's, posited a system of relations between segments of his patient's body and her affective displays. As he "willed" her to exhibit impulses like "Benevolence" or "Imitation," she did so instantly. The relation between his touch and her impulse reestablishes the authority of physician over patient, but it also makes the striking suggestion, that "the natural language of each faculty was most beautiful" but that this "language" could not be elicited when the patient was in "the natural state." For Engledue,

displays of unconscious thought and feeling are more “beautiful” than those of “natural” consciousness, a point he drives home when he suggests that this particular patient’s attendants asked him “not to demagnetize the organ of Benevolence” in order that she would be “much more kind and affectionate.”

Engledue actually boasts of inducing a permanent alteration in his patient’s consciousness. Such claims were rare in the medical literature of the period, which tended to avoid drawing such inflammatory conclusions. The permanent alteration of consciousness is common, however, in sensation fiction, where a permanently altered state of consciousness is a far from positive state of affairs, inevitably leading to protracted suffering and usually to death. In *Jekyll and Hyde*, for example, Dr. Jekyll cannot sustain his original consciousness, and his dangerous alter ego subsumes him; in *The Moonstone*, the servant Rosanna Spearman, transfixed by her twin obsessions with the mysterious powers of the Shivering Sand (a quicksand with hypnotic powers) and her love for Franklin Blake, is driven to suicide; in *In a Glass Darkly*, characters who recover their original consciousness—like the unnamed narrator and heroine of “Carmilla”—recover their health and their ordinary lives while those who succumb to permanently altered states—like Justice Harbottle—die in agony and disrepute.

In all three fictions, altered states, transient or permanent, are either induced via sympathetic relationships between the subject and some nefarious interlocutor or they inspire a dangerously sympathetic relationship between the subject and some friend or witness. In *The Moonstone*, for example, Franklin Blake repeatedly inspires sympathy strong enough to alter the consciousness of his sympathizers. Rosanna Spearman, Gabriel Betteredge, Rachel Verinder, and Ezra Jennings all relinquish their own agency in response to him. In Betteredge’s words, “My head was by this time in such a condition, that I was not quite sure if it was my own head, or Mr. Franklin’s” (194). Blake returns the sympathy, however, only when presented with textual evidence of it. “I can’t expect you to read my letter, if I write in this way,” Rosanna Spearman writes of her angry remonstrances

to him, but what she does not realize that it is precisely her written displays of extreme emotion that inspire Blake to keep reading (349). As the lawyer Mr. Bruff comments, “when you read the letter, you pitied the poor creature, and you couldn’t find it in your heart to suspect her. Does you credit, my dear sir—does you credit!” (374). In fact, whenever Blake encounters himself in writing, he reacts with uncharacteristic self-doubt and with intense sympathy for the writer. In his own words:

I may leave the miserable story of Rosanna Spearman—to which, even at this distance of time, I cannot revert without a pang of distress—to suggest for itself all that is here purposely left unsaid. I may pass from the suicide at the Shivering Sand, with its strange and terrible influence on my present position and future prospects, to interests which concern the living people of this narrative, and to events which were already paving my way for the slow and toilsome journey from the darkness to the light.” (369)

It is not actually Rosanna Spearman’s story but her plot, the written version of the story, that exerts the “strange and terrible influence” on Blake’s “present position and future prospects.”⁶ Blake’s desire to reside in the story, where he is a young gentleman whose agency predominates, is futile. He repeatedly finds himself ensnared in the novel’s plot, where he becomes a spurned lover suspected of an extremely disreputable crime, is described as extremely arrogant, and is accused of destroying the life of Rosanna Spearman.

In the case of Rachel Verinder, the object of his affections, Blake is extremely attentive to the physical and psychological effects his presence induces in her when they are in physical proximity, but they spend most of the novel apart, linked only through the written word. When they are reunited, he regains his influence over her:

⁶ For the distinction between story and plot I am drawing on Boris Tomashevsky’s classic essay “Thematics,” in which a plot is an “orderly sequence” and a story a disordered mass of information. Tomashevsky assumes that the events of the story are temporally reconstructable, an assumption that writers of sensation fiction and medical case histories do not necessarily make.

The sound of my voice brought life back to her limbs, and the colour to her face. She advanced, on her side, still without speaking. Slowly, as if acting under some influence independent of her own will, she came nearer and nearer to me; the warm dusky colour flushing her cheeks, the light of reviving intelligence brightening every instant in her eyes. I forgot the object that had brought me into her presence; I forgot the vile suspicion that rested on my good name; I forgot every consideration, past, present, and future, which I was bound to remember. I saw nothing but the woman I loved coming nearer and nearer to me. She trembled; she stood irresolute. I could resist no longer—I caught her in my arms, and covered her with kisses. (380)

Blake is confident in the sight of her trembling; it helps him to forget plot—“every consideration, past, present, and future.” It is not long, however, before Rachel startles him with the news that she had written him a letter, one never sent and so never read. Its contents, revealed during heated dialogue with Rachel, propel him back into plot. Ordinarily charming and in control, Blake cannot get a word in edgewise. As “hysterical passion” swells “in her bosom,” he is speechless: “How could I tell her that what she said astonished me, distressed me” (393; 391). When it comes to their relationship in writing, Blake suddenly focuses Rachel’s effect on him instead of the reverse. Within plot, his agency falters. Blake’s authority falters similarly when Betteredge and Jennings write about him—which he has commanded them each to do. It’s as if the written word itself is capable of toppling the young gentleman’s authority and effectively overturning the social order.

Le Fanu also links writing, sympathy, and loss of agency. In “Green Tea,” writing is linked to addiction, and Dr. Hesselius is confronted with his own sympathy for his patient, as a fellow writer; in “Mr. Justice Harbottle” and “The Familiar,” the consciousness of the subjects open themselves to persecutors from the spiritual world; in “The Room at the Dragon Volant,” the narrator’s second “constraint on the brain” is facilitated by a sympathetic relationship with his seductress, the Countess de St. Alyre. The use of blood as the agent of insensibility, which becomes a major trope in the gothic realism

or scientific realism of the late Victorians, probably originates in “Carmilla,” Le Fanu’s tale of female homoeroticism. As the case histories written on opposing sides of the anesthetics debates make clear, sensation and emotion are not logical systems. A single consciousness can encompass states of emotion that contradict each other, and for the narrator of “Carmilla,” these states include longing for and terror of her ravisher:

Now the truth is, I felt rather unaccountably towards the beautiful stranger. I did feel, as she said, ‘drawn towards her,’ but there was also something of repulsion. In this ambiguous feeling, however, the sense of attraction immensely prevailed. She interested and won me; she was so beautiful and indescribably engaging. (248)

The contradictions inherent in subjectivity, what Fuss calls the “play of similitude and difference” that constitutes identification, are dramatized by the Victorian fixation with altered states of consciousness. Like the vampire, the Victorian public was “prone to be fascinated” with subjects like the O’Key sisters, like Simpson’s and Snow’s anesthetized subjects, who, under the influence of consciousness-altering agents, displayed a range of behaviors and emotions that both fascinated and terrified audiences. Like the narrator of “Carmilla,” these audiences were seduced into experiencing their own mixed feelings. Her description of the vampire’s seductive powers verges on metaphor for the sway that experimental techniques for altering consciousness held over Victorian audiences:

The vampire is prone to be fascinated with an engrossing vehemence, resembling the passion of love, by particular persons. In pursuit of these it will exercise inexhaustible patience and stratagem, for access to a particular object may be obstructed in a hundred ways. It will never desist until it has satiated its passion, and drained the very life of its coveted victim. But it will, in these cases, husband and protract its murderous enjoyment with the refinement of an epicure, and heighten it by the gradual approaches of an artful courtship. In these cases it seems to yearn for something like sympathy and consent. In ordinary ones it goes direct to its object, overpowers it with violence, and strangles and exhausts often at a single feast. (301)

The vampire exploits the “engrossing vehemence” that draws the narrator into the her plot to elicit the heroine’s “sympathy and consent.” The vampire’s victim writes her own story, but she nevertheless recreates the scene of the disturbing sensations she endured and enjoyed as the “victim” of Carmilla’s affections:

I now write, after an interval of more than ten years, with a trembling hand, with a confused and horrible recollection of certain occurrences and situations, in the ordeal through which I was consciously passing; though with a vivid and a very sharp remembrance of the main current of my story. But, I suspect, in all lives there are certain emotional scenes, those in which our passions have been most wildly and terribly roused, that are of all others the most vaguely and dimly remembered. (251)

In addition to reproducing her terror, writing reproduces the heroine’s sympathy for her persecutor, and by eliciting identification from readers, it also elicits the reader’s sympathy for the vampire. This chain of sympathy relies on the act of writing. The narrator’s fascination with her persecutor is infectious; as her “passions” are “wildly and terribly roused,” she invites readers to feel them with her. The relationship between text and reader here is analogous to that between mesmerizer (fascinator) and subject.

The sympathetic exchanges between narrator and reader evoke thoughts and feelings that even the text acknowledges as dangerous and terrifying. Despite itself, though, the text induces the reader to think and feel them. The case histories and the fictions share a preoccupation with the power of sympathy to blur the distinction between one consciousness and another. The cumulative effect is a model for reading involving sympathetic exchanges between narrator and reader. Reading induces altered states, but it also involves readers in a sympathetic, intersubjective rapport with a text. Sensation fiction privileges plot over character and foregrounds distinctions between story and plot. The heroine of “Carmilla” is most notable for her involvement in a horrifying story with a fascinating plot. And in fiction, sensation writers continually remind us, there is only plot. These are stories about nobody, about nothing. When we sympathize with Carmilla’s

victim, we are forced to recognize the appeal of her fascinating tormenter. The power of reading is analogous to the power of opiates, anesthetics, mesmerism: it can induce states of sympathy with nonexistent characters and unleash previously unacknowledged desires. “Let us go then, you and I,” the vampire might have whispered to her prey. What reader could resist identification with the heroine’s ambivalent response to such a plea?

The Cost of Writing, the Power of Reading

In an 1851 pamphlet addressed to Lord Campbell, Chief Justice of the Court of the Queen’s Bench, Dr. John Snow vociferously argues against the inclusion of a clause targeting chloroform in an anti-crime bill. Snow, one of the early experts on the use of ether and chloroform as anesthetics, uses common medical parlance to describe the capacity of these “agents” to “induce insensibility.” He insists on the impossibility of criminal activity associated with the induction of altered states of consciousness, objecting to the idea circulating in the press that the new anesthetics are dangerous for the lack of agency—or insensibility—that they induce in those who inhale them:

When administered gradually, Chloroform can be breathed easily enough, by a person willing and anxious to take it; but he has to draw his breath many times before he becomes unconscious. During all this interval he has a perfect perception of the impressions of the vapour on his nose, mouth, and throat, as well of other sensations which it causes; and every person who has inhaled Chloroform retains a perfect recollection of these impression and sensations. If Chloroform be given to a child whilst asleep, the child awakes, in nearly every instance, before being made insensible, however gently the vapour may be insinuated. No animal, either wild or tame, can be made insensible, without being first secured; the Chloroform may, it is true, be suddenly applied on a handkerchief to the nose of an animal, but the creature turns its head aside, or runs away, without breathing any of the vapour. If a handkerchief, wetted with sufficient Chloroform to cause insensibility, is suddenly applied close to a person’s face, the pungency of the vapour is so great as

immediately to interrupt the breathing, and the individual could not inhale it, even if he should wish. From all these facts it is evident that Chloroform cannot be given to a person in his sober senses. (4-5)

The rhetoric Snow uses is aimed at lawmakers and the public alike. In his pamphlet, the physician oversimplifies the implications of anesthetics, eliding the fact that they—along with opiates, mesmerism, and electro-magnetism—were undermining theories of consciousness or subjectivity based on simple dichotomies between sobriety and inebriety or agency and madness. The medical implications of experiments with altered states remained unclear, but Snow's letter suggests a conflict between emerging theories of consciousness and the Victorian legal establishment. In conclusion, Snow asserts, "I trust that I have said sufficient to *induce* your Lordship to consider whether it would not be advisable to withdraw the word Chloroform, the presence of which can only be alarming to the public, suggestive to the criminal, and little creditable to the sagacity and gravity of the law" (4). Snow's re-use of the word "induce" creates an analogy between his own rhetoric and the anesthetics he is defending. By describing the effects of his own writing in the language of the debate over anesthetics, Snow suggests a connection between the medical controversy and a later literary one—about the effects of sensation fiction on readers.

The Moonstone's Gabriel Betteredge, a good example of a Victorian exposed to the idea of that selfhood may involve hidden drives and desires without having any explanatory frame to make sense of that idea, turns to an unlikely source for such a frame: *Robinson Crusoe*. He is addicted to Defoe's novel, his "friend in need in all the necessities of this mortal life" (9). Betteredge, house steward to the Verinder family, constantly invokes Defoe's novel as an "infallible remedy" for suffering, for "cold sweat," for "perturbation of mind and laxity of body" (453-54); he consults the novel as an "authority" on the human mind and behavior (13); he refers to its "comforting effects" and laments their passing when they "wear off" (83-84); he prescribes the novel when other characters are in need of guidance or a calming influence; he even uses the novel to predict (or diagnose) the

trajectory of the narrative. In a novel in which a dose of laudanum results in the central conflict—the disappearance of the Moonstone—and another dose provides the resolution, the analogy Betteredge sustains between *Robinson Crusoe* and medicine points to a common denominator in both writing and medicine: they are both routes to the unconscious. The analogy is not limited to *Robinson Crusoe*. Betteredge indicts Colonel Herncastle, the villainous uncle who bequeaths the cursed diamond to Rachel Verinder, for “smoking opium,” “collecting old books,” and “trying strange things with chemistry” (34); the absurdly zealous Miss Clack inexorably suggests religious treatises as substitutes for the drops and tonics prescribed by members of “the notoriously infidel profession of Medicine” (250). Mr. Jennings, the physician’s assistant—who, like Collins himself, is addicted to opium as a palliative for the painful symptoms of terminal disease—dies without finishing his treatise on “the intricate and delicate subject of the brain and the nervous system” but with the satisfaction of knowing that his experiment with laudanum on Franklin Blake’s unconscious has restored the protagonist’s good reputation (414).

In *The Moonstone*, *Jekyll and Hyde*, and *In a Glass Darkly*, highly self-conscious narrators force readers to consider the effects of reading and writing. Such effects, produced on the minds and bodies of readers and writers, may be incoherent and asymmetrical, like the unconscious itself, but they are also powerful and often tangible. *The Moonstone* is narrated by ten different characters of diverse classes and professions, each with a distinct memory of the theft and its solution. Each of Le Fanu’s tales is introduced by his secretary; some are narrated by Hesselius himself, some narrated to him by another physician, and some written by a first-person narrator involved in the events of the case. The bulk of Stevenson’s story is narrated by the dispassionate Utterson, who slips dangerously into sympathy with Henry Jekyll, his pathological subject, at which point the doctor’s own fevered narration of events takes over. In addition, documents with tangible social effects—like wills, institutional records, and letters—figure heavily in each text, reinforcing the idea that language has powerful effects.

Le Fanu's collection contains a cacophony of narrative voices, each weighing in on the dangers and excitement of altered states of mind. The secretary's introduction of the entire collection gives a good indication of the complexity of this layering of narrative voices, all of them narrating within the context of the medico-scientific document from which they are taken:

Though carefully educated in medicine and surgery, I have never practised either. The study of each continues, nevertheless, to interest me profoundly. Neither idleness nor caprice caused my secession from the honourable calling which I had just entered. The cause was a very trifling scratch inflicted by a dissecting knife. This trifle cost me the loss of two fingers, amputated promptly, and the more painful loss of my health, for I have never been quite well since, and have seldom been twelve months together in the same place.

In my wanderings I became acquainted with Dr. Martin Hesselius, a wanderer like myself, like me a physician, and like me an enthusiast in his profession. Unlike me in this, that his wanderings were voluntary, and he a man, if not of fortune, as we estimate fortune in England, at least in what our forefathers used to term 'easy circumstances.' He was an old man when I first saw him; nearly five and thirty years my senior.

For nearly twenty years I acted as his medical secretary. His immense collection of papers he has left in my care, to be arranged, indexed and bound. His treatment of some of these cases is curious. He writes in two distinct characters. He describes what he saw and heard as an intelligent layman might, and when in this style of narrative he had seen the patient either through his own hall-door, to the light of day, or through the gates of darkness to the caverns of the dead, he returns upon the narrative, and in terms of his art, and with all the force and originality of genius, proceeds to the work of analysis, diagnosis and illustration.

Here and there a case strikes me as of a kind to amuse or horrify a lay reader with an interest quite different from the peculiar one which it may possess for an expert. With slight modifications of language, and of course a change of names, I copy the following. (1)

The arrangement, indexing, and binding of Dr. Hesselius's papers calls attention to the textuality of the plots at hand, whose dual function is to amuse or horrify a popular audience and to effect scientific progress. In addition, the secretary is careful to point out a tension between "narrative" and of "analysis, diagnosis and illustration" in Hesselius's work. He is addressing a popular audience, for the purpose of entertainment, not education. He is appealing to readers' sensations, not their intellects. As a narrator Hesselius ushers his patients toward closure, toward health and "the light of day" or toward death and "the gates of darkness." As a physician, he is often more equivocal, suggesting but not fully explaining mysterious depths in the psyches of his narrative subjects.

His medical authority asserted—and qualified—Hesselius's secretary proceeds to present the cases, starting with Mr. Jennings, who narrates the history of his addiction to mind-altering substances, an addiction that fuels his writing:

'About four years ago I began a work, which had cost me very much thought and reading. It was upon the religious metaphysics of the ancients.' . . . 'I wrote a great deal; I wrote late into the night. I was always thinking on the subject, walking about, wherever I was, everywhere. It thoroughly infected me. You are to remember that all the material ideas connected with it were more or less of the beautiful, the subject itself delightfully interesting, and I, then, without a care.'

He sighed heavily.

'I believe that every one who sets about writing in earnest does his work, as a friend of mine phrased it, *on* something—tea, or coffee, or tobacco. I suppose there is a material waste that must be hourly supplied in such occupations, or that we should grow too abstracted, and the mind, as it were, pass out of the body, unless it

were reminded often of the connection by actual sensation. At all events, I felt the want, and supplied it. Tea was my companion—at first the ordinary black tea, made in the usual way, not too strong: but I drank a good deal, and increased its strength as I went on. I never experienced an uncomfortable symptom from it. I began to take a little green tea. I found the effect pleasanter, it cleared and intensified the power of thought so. I had come to take it frequently, but not stronger than one might take it for pleasure. I wrote a great deal out here, it was so quiet, and in this room. I used to sit up very late, and it became a habit with me to sip my tea—green tea—every now and then as my work proceeded. I had a little kettle on my table, that swung over a lamp, and made tea two or three times between eleven o’clock and two or three in the morning, my hours of going to bed.’ (18)

In a normal state of consciousness, Jennings lacks the capacity for textual production. He can only write “on something.” Like Ezra Jennings’s opium in *The Moonstone*, this Jennings’s green tea gives him the power to write, but it also takes its toll on his consciousness, producing disturbing hallucinations, exacerbated by writing, which eventually lead to an untimely death and prevent the completion of his manuscript. His altered state has a double—or asymmetrical—effect on his agency, enhancing and short-circuiting his ability to write. Like other agents of insensibility, it stimulates and sedates him; it clears his thoughts, but eventually it exacerbates the material waste he uses it to combat. Writing kills Jennings, at least indirectly, before he can finish his book. This ending, which lures readers toward “the gates of darkness,” fulfills narrative desire but does little to explain the effects of green tea or writing upon Dr. Jennings, effects that must be explained either as supernatural or as manifestations of the unconscious, a region of the mind Hesselius is prepared to represent but not to analyze.

In *The Moonstone*, Rosanna Spearman (ever the self-conscious narrator) writes to Franklin Blake, “I shall not tell you in plain words what was the first suspicion that crossed my mind, when I had made that discovery. You would only be angry—and, if you

were angry, you might tear my letter up and read no more of it” (353). As a narrator, she calls attention to the textuality of her own story, a characteristic move in *The Moonstone*, a novel comprised of documents compiled by the protagonist in a self-conscious effort of to escape the plot that has swerved him off course. In their turns, Betteredge, Bruff, Clack, Jennings, and Blake himself call attention to the limits of their individual narratives and allude to the transformative effects they expect from the compilation of all their narratives, the result of which will be the unfolding of the true story behind the disappearance of the Moonstone.

Betteredge’s addiction to *Robinson Crusoe* takes Rosanna Spearman’s attention to the power of writing even further. For him, Defoe’s novel is a guide for his writing and his behavior, and in it he finds a warning that extends to each of *The Moonstone*’s ten narrators, a warning about “the cost” of writing:

Two hours have passed since Mr. Franklin Blake left me. As soon as his back was turned, I went to my writing desk to start the story. There I have sat helpless (in spite of my abilities) ever since; seeing what Robinson Crusoe saw. . . namely, the folly of beginning a work before we count the cost, and before we judge rightly, of our own strength to go through with it. Please to remember, I opened the book by accident, at that bit, only the day before I rashly undertook the business now in hand, and allow me to ask—if that isn’t prophecy, what is? (35)

The “cost” of writing, as borrowed from Defoe’s text, refers here to the emotional and intellectual toll writing will take on the writer, but it also refers to the effects of the writing on the narrator’s world. In this case, Betteredge’s narrative comprises one strand of a collection of narratives written in an effort to solve the case of the missing Moonstone; as he narrates, Betteredge is aware that his narrative could enable a series of events that would damage people whom he respects and loves, opening their private lives to the public scrutiny of the law and the larger community. Writing has the direct effect of stimulating readers, but

it also threatens to disrupt the Verinder household whose stability Betteredge works so hard to maintain.

As Stephen Heath argues in “Psychopathia sexualis: Stevenson’s *Strange Case*,” Stevenson’s self-consciousness about the textuality of *Jekyll and Hyde* magnifies distinctions between the story and plot within the novel:

[T]he story is overrun by its narration, the latter strangely present as what the story is about. The basic narrative is one of discovery, that of the double identity Jekyll-Hyde, repeating something of Jekyll’s own initial recognition of the ‘thorough and primitive duality of man’, and the organising image for this narrative is the breaking down of doors, learning the secret behind them. . . . At the same time, the narration is an entanglement of wills, letters, accounts, a whole series of precautions in telling, so many ‘enclosures’ in and round the story. (95-95)

Stevenson’s “precautions in telling,” the “enclosures” he uses to tell the story, and the device of multiple narrators call attention to the fact that the “case” is composed only of the “tellings” of the story, not the story itself, and to the fact that words, like Jekyll’s tincture, can induce states of being in readers. In addition, Jekyll’s will, a document with very tangible effects, figures largely in the plot. The disgust Utterson feels as reads the will, in which everything is left to Hyde, a notoriously violent criminal, is so violent because of the intense and uncomfortable identification he has felt with Jekyll *and* Hyde throughout the narrative. The document, like the narrative, is a contract between writer and reader, but it is a contract that binds Utterson in his own ambivalent fascination with Jekyll:

This document had long been the lawyer’s eyesore. It offended him both as a lawyer and as a lover of the sane and customary sides of life, to whom the fanciful was the immodest. And hitherto it was his ignorance of Mr Hyde that had swelled his indignation; now, by a sudden turn, it was his knowledge. It was already bad enough when the name was but a name of which he could learn no more. It was worse when it began to be clothed upon the detestable attributes; and out of the

shifting, insubstantial mists that had so long baffled his eye, there leaped up the sudden definite presentment of a friend. (10)

This document, paired with the text's other major document, Jekyll's narrative, compels readers to think about the "cost" of writing—and, by association, the power of reading. For Jekyll himself, the act of writing is fragile, liable at any moment to fall prey to the emergence of his alter ego:

I am now finishing this statement under the influence of the last of the old powders. This, then, is the last time, short of a miracle, that Henry Jekyll can think his own thoughts or see his own face (now how sadly altered!) in the glass. Nor must I delay too long to bring my writing to an end; for if my narrative has hitherto escaped destruction, it has been by a combination of great prudence and great good luck. Should the throes of change take me in the act of writing it, Hyde will tear it to pieces; but if some time shall have elapsed after I have laid it by, his wonderful selfishness and circumspection to the moment will probably save it once again from the action of his ape-like spite. And indeed the doom that is closing on us both has already changed and crushed him. Half an hour from now, when I shall again and for ever reindue that hated personality, I know how I shall sit shuddering and weeping in my chair, or continue, with the most strained and fearstruck ecstasy of listening, to pace up and down this room (my last earthly refuge) and give ear to every sound of menace. Will Hyde die upon the scaffold? or will he find the courage to release himself at the last moment? God knows; I am careless; this is my true hour of death, and what is to follow concerns another than myself. Here, then, as I lay down the pen, and proceed to seal up my confession, I bring the life of that unhappy Henry Jekyll to an end. (88)

So ends *The Strange Case of Dr. Jekyll and Mr. Hyde*. As Jekyll "lays down the pen," readers are invited into a sympathetic relation to him as narrator; like Henry Jekyll's extreme sympathy with Hyde, as a result of which he cannot "think his own thoughts or see

his own face in the glass.” The act of reading is constructed as a similar sympathetic relation, in which the reader’s consciousness—thoughts, feelings, reflections—is altered by the act of reading. Jekyll brings his unhappy life to an end, but his story remains embedded in the minds of his readers, altering them as his “tincture” altered him. Depending on which critics you read, such alterations are cause for moral reprobation or for celebration. Either way, the effect of the author’s writing, like his narrator’s, is indelible. Stevenson provides narrative closure with the deaths of both Jekyll and Hyde, but he does not, of course, provide anything like scientific or epistemological explanations for the psychic phenomena that give his narrative its impetus. The indelible marks of reading leave the reader to grapple with the asymmetries between form and content, between the conventional resolution of the plot and the questions and mysteries left unanswered in this fictional exploration of the unconscious.

In all three fictions, acts of reading or writing are capable of inducing new ways of feeling, thinking, and being. In this sense, textuality is an “agent of insensibility,” analogous to anesthetics, opiates, and mesmerism. Like those other agents, reading and writing can uncover asymmetries—unconscious drives and desires that do not cohere in any logical or linear way—in the minds of readers and writers. Such asymmetries are not reflected, however, in the linear plots that Le Fanu, Collins, and Stevenson use to tell their stories. Each writer uses conventional Victorian plots that drive toward climactic discoveries, realizations, and epistemological certainties. Such climaxes, however, do not erase the questions and uncertainties attending the dramatization of emerging theories of the unconscious. This disjuncture between linear forms and asymmetrical contents creates a kind of cognitive dissonance, another asymmetry, which will later lead modernist writers to eschew linearity, chronology, and the drive for epistemological certainty and represent conscious and unconscious lives through stream-of-consciousness narration, experimental plots, and extreme self-referentiality.

Coda: The World Upside Down

In 1847 Dr. James Young Simpson used himself and some colleagues as experimental subjects in an experiment with chloroform. His assumption of the role of the patient led to the much-cited and much-derided circumstance in which Simpson and his colleagues succumbed to chloroform's influence:

The vapor Simpson inhaled that night was chloroform, and its impact literally realized Simpson's ambition to "turn the world upside down" when it laid the three doctors under the table. As one of his contemporaries tells the story, Simpson awoke to find himself "prostrate on the floor," Dr. Duncan "beneath a chair . . . snoring in a most determined and alarming manner," and Dr. Keith's "feet and legs, making valorous efforts to overturn the supper table, or more probably to annihilate everything that was on it." (Poovey 137)

Enacted literally here, Simpson's desire to "turn the world upside down" had the metaphorical and rhetorical aim of revolutionizing medicine and, indirectly, medical and popular understandings of human consciousness. In his experiment, the doctors assume the "prostrate" position of patients, anesthetized, helpless in the face of an agent capable of inducing states of insensibility. Their experiment on their own psyches results in social effects—at least on a metaphorical level—whereby the unleashing of the unconscious temporarily transforms the physicians into objects of medical experimentation. This turning upside down of the world, viewed in relation to the sensation fictions it later influenced, suggests a model for writing and reading in which the reader is prostrate to the text, his or her agency altered by the powerful voice of the narrator.

In his inimitably earnest narrative style, Gabriel Betteredge notes an analogous "world upside down"—the social world of Victorian England: "We are all getting liberal now; and (provided you can scratch me, if I scratch you) what do I care, in or out of Parliament, whether you are a Dustman or a Duke? That's the modern way of looking at it—and I keep up with the modern way" (60). Collins's novel dramatizes the asymmetry of the psyche, but it also points to asymmetries in the social order. It would be at least thirty

years before literary and psychoanalytic movements would develop formal conventions for representing the etherization of the pre-Victorian psychic and social landscapes, so the Victorians represented them with the conventions they had, resulting in realism inflected with melodrama and gothic fantasy and medicine inflected with psychology. For most of the nineteenth century, a “modern way of looking at” the relationship between the asymmetrical, conflicting drives that constitute consciousness and the unstable social conditions that constitute social change was not yet conceived; this absence at least partially accounts for the groping quality of Betteredge’s narration. Betteredge can tell the story in which a Rosanna Spearman can permanently change the life of a Franklin Blake—just as a Doctor Planard can for the narrator of “The Dragon Volant” or Mr. Hyde can for Dr. Jekyll—but he lacks words and conventions to provide a logic for his story. Betteredge is as confused as Prufrock, but his narrative model is still *Robinson Crusoe*. Betteredge is not ready to give up literal interpretation or relinquish the drive for mastery that underlies traditional nineteenth-century plotting.

However, nineteenth-century England was no longer the world of Defoe, Richardson, or Fielding. It was a world in flux, upside down, “spread out against the sky / like a patient etherized upon a table.” Material conditions were transformed by three major Reform Bills (1832, 1867, 1884), ushering Britain from monarchy to democracy; the medical establishment was overhauled and professionalized, as exemplified by the 1858 Medical Reform Bill; mesmerism became a household activity, electro-magnetism a form of therapy and entertainment, ether and chloroform staples in operating rooms. In a century that began with the Romantic call for singular and revolutionary subjectivity and ended with Henry James’s careful examinations of consciousness fraught with internal conflicts, sensation fiction dramatized proto-Freudian models of the conscious and unconscious minds. Betteredge’s narrative may induce dangerously altered feelings and states of mind in his readers, anticipating Freud and the modernists, but it does not provide a textual corollary that can explain any given reader’s state of mind. Collins, Le Fanu, and Stevenson dramatize

the inability of physicians to systematize emerging theories of the unconscious, the inability of novelists to develop literary conventions that reflect the psychic and social asymmetries they chronicle. If agency is only the outermost layer of the psyche, these novels ask, what does that mean for social relationships, for relationships between one consciousness and another? It is the privilege of fiction to reside in asymmetry, to close without answering the questions it poses.

CHAPTER FOUR

“The Story Won’t Tell”: Ambiguity and Intersubjectivity in Henry James and Sigmund Freud

Thomas Laqueur ends *Making Sex*, his monumental study of the body and gender from the Greeks to Freud, with a seemingly paradoxical statement: that with Freud we finally learn that sexuality defies meaning. Though sexuality occupies a significant place in Freud’s psychoanalysis, a system and a discipline that attempts to find meaning in human consciousness, Laqueur argues that far from finding meaning in sexuality, Freud identified “a complex relationship between sexuality and meaning, a relationship which is not a simple deviation from literal meaning, but rather, a problematization of literality as such” (110). According to Laqueur, Freud was interested in (obsessed with, many have said) sexuality for epistemological reasons; Freud’s focus on sexuality exposed the inadequacy of the literal in the study of the mind. In many ways Freud was to the medicine of the mind what Henry James was to the literature of human consciousness. The psychoanalyst and the novelist both eschewed the literal for the ambiguous in an effort to find narrative patterns flexible enough to represent the complexity of human consciousness.

Freud’s self-appointed position as sympathetic reader of his patients’ histories and James’s insistently ambiguous style of narration are both based on the assumption that epistemology and subjectivity impinge on each other. In the plots of their respective fictions and case histories, Freud and James dramatize a model of reading and interpretation that closely resembles Freud’s theory of transference. In this model, meaning is produced intersubjectively. It is the product of sympathetic exchanges between doctors and patients or narrators and protagonists—identifications that become models for similar ones between readers and patient-protagonists and finally readers and narrators. Transference, as a psychoanalytic principle, requires an intersubjective rapport between analyst and analysand. Transference also provides an official medico-scientific sanction to the relationship between sympathy and diagnosis. As a more general model for reading and interpretation,

transference effectively synthesizes clinical and sympathetic modes of interpretation. This synthesis enables the transmission of information and also calls attention to the fact that any act of interpretation depends upon the intersubjectivity of the readers, writers and subjects of a given narrative.

An enormous amount of critical controversy attends the legacies of both Henry James and Sigmund Freud. Controversies about James tend to revolve around disagreements about the interpretation of certain texts: Is *The Turn of the Screw* a ghost story or a Freudian allegory? Is *Daisy Miller* an indictment or a celebration of a young girl's disdain for social convention? Such controversies tend also to reflect James's ambiguous periodization: Is he Victorian or Modernist? The controversy surrounding Freud also focuses on interpretation and is even more charged because Freud was a physician, his subjects *real* people. Critics are divided on whether or not Freud represented his subjects accurately or simply altered case histories to support his own pre-existing theories of psychoanalysis (and on whether this even matters). Comparative analyses that pair James and Freud are also extremely common.¹

Many of the preoccupations of books and essays that pair the novelist and the psychoanalyst can be explained by the fact that within his discipline each writer was influenced by and transformed the interwoven traditions of the case history and realist fiction. The interconnections and exchanges between the two genres go a long way toward explaining the strikingly similar theoretical underpinnings in the work of the novelist and the psychoanalyst, underpinnings which I believe are largely responsible for the critical controversies. Both writers inherited a tendency to construct narrative as the story of a pathology, but they emphasize narration over plot, resulting in narratives that unite pathology and ambiguity as twin epistemic forces that govern twentieth-century notions and

¹ For criticism of *Daisy Miller*, see Scheiber and Tassel. For Freudian readings of *The Turn of the Screw*, see Wilson, Felman, and Lydenberg; for criticism opposed Freudian interpretations, see Fagan, Heilman, Evans, Porter, and Spilka. For criticism on the complex gender and power relations involved in the narrative of *Dora*, see Armstrong, Rose, Moi, Gallop, and Hertz.

assumptions about both subjectivity and truth. As the narrator of *The Turn of the Screw* asserts, “The story *won’t* tell . . . not in any literal, vulgar way” (3). This characteristic statement is an indirect description of the quiet revolution James effected in the evolution of the novel, replacing *not telling* for the disclosures that mark the all-important denouement of most Victorian fiction; analogously, Freud’s psychoanalysis intervenes in the evolution of medicine, marking out the study of the mind—as opposed to the brain—as a domain for scientific study that relies as much on the ambiguities of memory and affect as it does on empirical data.

The most striking similarity between James’s shorter fiction and Freud’s case histories (besides their twin obsessions with the corrupting force of governesses) is their attention to relational subjectivity: between analyst and patient or narrator and protagonist; patient or character and his or her intimates; reader and narrator; reader and subjects or characters. The result is a dynamic of relational subjectivities that provides the channels through which interpretation circulates. Forster’s dictum, “only connect,” a famous marker of post-World War I writing, could just as easily signify the basic unit of interpretive currency in both James and Freud.²

While Modernist writers like Virginia Woolf, T. S. Eliot, James Joyce, and Djuna Barnes experimented with form to find prose that could render the whirling complexity of an inner life, James and Freud are more preoccupied with the fact that any attempt to do so will always be approximate. Both writers are acutely aware of the limited correspondence between language and inner thought and respond with narratives in which plot is secondary to voice. In an essay on focalization in “The Beast in the Jungle,” Barry Stampfl has argued that both James and Freud employ the strategy narratologists call “filtering” in order to represent split subjects and relative truths. A filter, according to Seymour Chatman’s original definition, is a character whose consciousness limits the narrator’s

² For detailed discussions of intersubjectivity in psychoanalytic theory and practice, see Benjamin, *The Bonds of Love* and *Like Subjects, Love Objects*.

ability to communicate, but any limiting force can be described as a narrative filter. Stampfl suggests that filters call attention to the act of narrating and thereby remind readers that a character's consciousness is always a construct produced by the narrative:

[A] character's consciousness is an imaginative construct arrived at by speculation and always therefore more or less problematic. Readerly speculation constructive of such consciousness is put into motion, checked and validated by the language and events that constitute a story. To define internal focalization as the filtration of information flow via the consciousness of a character risks the reification of consciousness, but this risk is minimized when we emphasize that internal focalization is a technique for producing the sense of a character's consciousness in the mind of the reader. (390)

The emphasis on voice in Freud and James calls attention to the fact that "a character's consciousness is an imaginative construct." That is not to say that either writer undervalues plot; both are aware that through plot, the subject or consciousness represented "is put into motion" in ways that sustain an economy of identification between narrator, subject, and reader. Freud and James exploit readerly sympathy and identification to produce "a sense of a character's consciousness in the mind of the reader" in lieu of a definitive rendering the inner life of any particular character or patient. In this economy of identification, reading, writing, and written subjects filter one another in complex and often ineffable ways, each voice structuring and limiting the others, each consciousness leaving a sense of itself, a trace, in the others.

From Plot to Narration

The plots of Freud's cases and James's short fiction are structured around the lives and relationships of their patients and characters—the Wolf Man's early relationships with his mother, father, sister, and governess; the Rat Man's travails with the woman he admires, with his commander, and with his father; Dora's experience with her father and with Herr and Frau K; Catherine Sloper's trouble reconciling her love for Morris with her love for her

father; Daisy Miller's irreverence for polite society, her power over mother and brother, her flirtations with Winterbourne and Giovanni; a certain governess's visions of apparitions and her obsession with the moral lives of her young charges. The pathologies of Freud's patients and James's protagonists are rooted in the interpersonal relationships that constitute such plots, but their cures can be effected only through an attention to voice, to the act of narration. Plot becomes a pretext for the real work of narration that interests both James and Freud: the construction of a narrative that reflects the intersubjectivity of patient or protagonist.

For example, Winterbourne's relationship with Daisy, as adjudicator in life and mourner in death, is the ostensible subject of *Daisy Miller*. Subtitled "A Study," the story constructs the relationship between Daisy the upstart American heiress and Winterbourne the expatriate as a narrative conundrum. Like so much of James's fiction, *Daisy Miller* has engendered reams of critical debate precisely because of its narrator's ambiguous feelings. Readers are invited to share Winterbourne's struggle to reconcile his feelings for the irreverent Daisy. James's representation of Winterbourne's thoughts combines detachment and sympathy, flummoxing Winterbourne himself and forcing the reader to accept ambiguity: "Winterbourne had now begun to think simply of the craziness, from a sanitary point of view, of a delicate young girl lounging away the evening in this nest of malaria. What if she were a clever little reprobate? that was no reason for her dying of the *perniciosa*" (318). Such passages generate more questions than answers: Is death the final punishment for Daisy the bad girl or a release from social conventions for Daisy Miller the rebellious heroine? Is James a progressive feminist or an oppressive patriarch? The narrator is ambiguous about Winterbourne's feelings because Winterbourne cannot synthesize his detached, clinical response with his emotional, sympathetic response. He struggles to interpret Daisy because his sympathy for her threatens his conception of himself as a unified subject, free of pathology, able to discern the truth in any given situation. Daisy's threat to the social order of expatriate society exposes Winterbourne's role as willing

conspirator in the construction of the conventions that sustain it. Though the story's climax and denouement are dramatic, they are not explanatory; in fact, they intensify ambiguity.

In *The Turn of the Screw*, another story with a dramatic but ambiguous climax and denouement, Miles and Flora also co-opt the role of the case historian. More astute than Winterbourne, they subvert their governess's authority by gaining possession of her history, feigning sympathy in an effort to glean details that will lead to an eventual diagnosis of insanity:

They had a delightful endless appetite for passages in my own history to which I had again and again treated them; they were in possession of everything that had ever happened to me, had had, with every circumstance, the story of my smallest adventures and of those of my brothers and sisters and of the cat and the dog at home, as well as many particulars of the whimsical bent of my father, of the furniture and arrangement of our house and of the conversation of the old women of our village. There were things enough, taking one with another, to chatter about, if one went very fast and knew by instinct when to go round. They pulled with an art of their own strings of my invention and my memory; and nothing else perhaps, when I thought of such occasions afterwards, gave me so the suspicion of being watched from under cover. It was in any case over my life, my past, and my friends alone that we could take anything like our ease. . . . (51)

The children establish an economy of exchange with their governess; if she provides her story, they would provide "ease," the one palliative she craves more than any other. As they "pull" their governess's "invention and . . . memory," they act on her like little Freudians, giving readers the opportunity to speculate about her father's whimsy, village gossip, the furnishings in her childhood home. The children's minds are never exposed to the reader, their interpretations never represented. It is this very opaqueness that casts doubt on the governess's transparent psychic life. Her obsessions are represented against the landscape of her intimates' static mental lives; as her mind races, theirs appear to be at ease, if only

because we, as readers, never have access to their thoughts. In this regard, they exist in relation to their governess in much the same way Freud exists in relation to his patients; metonymically, readers assume a similarly clinical stance in relation to the governess. However, there is an important difference. Unlike the children, readers are lured into reading her through the complementary filters of clinical detachment and sympathy. Our interpretation of her case is never simply an attempt to guess at the children's thoughts; their "thoughts" become one filter, but Douglas's sympathy for the governess becomes another. Douglas is famously sympathetic throughout the narration, hinting from the start at his affection, even love, for the governess.

The tale begins and ends without resolving the tension between sympathy and detachment. When Mrs. Grose fails at last to see the governess's apparitions, she is still unable to dismiss the entirely precisely because she is both detached and sympathetic:

She looked, just as I did, and gave me, with her deep groan of negation, repulsion, compassion—the mixture with her pity of her relief at her exemption—a sense, touching to me even then, that she would have backed me up had she been able. I might well have needed that, for with this hard blow of the proof that her eyes were hopelessly sealed I felt my own horrible situation crumble, I felt—I *saw*—my livid predecessor press, from her position, on my defeat, and I took the measure, more than all, of what I should have from this instant to deal with in the astounding little attitude of Flora. Into this attitude Mrs. Grose immediately and violently entered, breaking, even while there pierced through my sense of ruin a prodigious private triumph, into breathless reassurance. (72)

Throughout the tale, readers are encouraged to speculate about the nature of the apparitions. If Mrs. Grose can see them, we surmise, they must exist. Mrs. Grose's "negation, repulsion, compassion" represents a succession of responses that novelistic representations of the extreme, the perverse, and the pathological have elicited at least since the inception of realism. It's a succession that recalls the responses of Pamela to Mr. B, Belinda to Lady

Delacour, Emma to Mr. Woodhouse, Utterson to Dr. Jekyll, Basil Hayward to Dorian Gray. Mrs. Grose would have supported the governess “had she been able,” but like the psychoanalyst, she must not give in to sympathy so far that she is seduced by the delusions of her “patient.” Her compassion requires her to confront the governess with this truth, despite the devastating effects she knows it will produce in her.

The succession “negation, repulsion, and compassion” becomes a vital tool for the psychoanalyst. Freud systematizes the novelistic tendency to represent extremities, perversities and pathologies like those of the governess. With Freud, the implicit logic of the nineteenth-century novel, in which pathology is the impetus for narrative, gains the status of assumption. If subjectivity is the product of narrative, it is haunted by the specter of the pathologies that give narratives their impetus. With Freud, that specter is codified by the proclamation that we all have hidden subconscious desires, many of them linked to repressed sexuality, that an economy of exchange between the conscious and the unconscious maintains psychological health, and that any imbalance in that exchange can unleash pathological behavior. The restoration of that economy requires the psychoanalyst to express negation in reaction to a patient’s obsessions and delusions; repulsion for that which torments him or her; and compassion for the suffering he or she endures.

As with many case historians, Freud’s status as physician gave him license to represent extremities off limits in fiction. The Rat Man’s obsessional delusion that rats might burrow into the anus of either his father or the woman he admires is a prime example. Freud’s narration of the case begins with the patient’s delusion that his subjectivity is transparent, fully readable and interpretable by his parent. This delusion spawns in him the fear that his erotic imagination is dangerous to himself and to those whom he loves:

“When I was six years old I already suffered from erections, and I know that once I went to my mother to complain about them. I know too that in doing so I had some misgivings to get over, for I had a feeling that there was some connection between this subject and my ideas and inquisitiveness, and at that time I used to have a

morbid idea that my parents knew my thoughts; I explained this to myself by supposing that I had spoken them out loud, without having heard myself do it. I look on this as the beginning of my illness. There were certain people, girls, who pleased me very much, and I had a very strong wish to see them naked. But in wishing this I had an uncanny feeling, as though something must happen if I thought such things, and as though I must do all sorts of things to prevent it."
(citation)

The Rat Man has sexual thoughts, which is normal; his pathology manifests itself in his belief that his thoughts are subject to his parents' scrutiny and therefore punishment, a belief that requires negation. He already has an inkling that for him inquisitiveness and sexuality are linked, that pursuing knowledge is linked to a desire for physical pleasure. Because of that inkling, he fears that his sexuality will result in the torture and death of his father and the woman he admires. As a result, he spins elaborate and gruesome fantasies, forcing the analyst to share his repulsion. Freud, however, interrupts the patient's narration with an interpretation that will eventually lead the patient to see (and share) the analyst's compassion:

The events in his sixth or seventh year which the patient described in the first hour of his treatment were not merely, as he supposed, the beginning of his illness, but were already the illness itself. It was a complete obsessional neurosis, wanting in no essential element, at once the nucleus and the prototype of the later disorder—an elementary organism, as it were, the study of which could alone enable us to obtain a grasp of the complicated organization of his subsequent illness. The child, as we have seen, was under the domination of a component of the sexual instinct, scopophilia (the instinct of looking), as a result of which there was a constant recurrence in him of a very intense wish connected with persons of the female sex who pleased him—the wish, that is, to see them naked. This wish corresponds to the later obsessional or compulsive idea; and if the quality of compulsion was not yet

present in it, this was because the ego did not yet regard it as something foreign to itself. (23)

The “later obsessional or compulsive idea” refers to the Rat Man’s fear that his sexuality will lead to the punishment of his father or his mistress. If the story begins with this delusional obsession, it can end only with Freud’s intervention, through which he gains access to his patient’s thoughts and guides them along a new narrative trajectory. Such an intervention requires intense scrutiny of the adult effects of the Rat Man’s childhood neurosis. In the present, the patient suffers from even more extreme obsessions, finally resulting in the terrifying fantasy that gave him his pseudonym:

“I sat between two officers, one of whom, a captain with a Czech name, was to be of no small importance to me. I had a kind of dread of him, for he was obviously fond of cruelty. I do not say he was a bad man, but at the officers’ mess he had repeatedly defended the introduction of corporal punishment, so that I had been obliged to disagree with him very sharply. Well, during this halt we got into conversation, and the captain told me he had read of a specially horrible treatment used in the East . . .”

Here the patient broke off, got up from the sofa, and begged me to spare him the recital of the details. I assured him that I myself had no taste whatever for cruelty, and certainly had no desire to torment him, but that naturally I could not grant him something which was beyond my power. He might just as well ask me to give him the moon. The overcoming of resistances was a law of the treatment, and on no consideration could it be dispensed with. (I had explained this idea of “resistance” to him at the beginning of the hour, when he told me there was much in himself which he would have to overcome if he was to relate this experience of his.) I went on to say that I would do all I could, nevertheless, to guess the full meaning of any hints he gave me. Was he perhaps thinking of impalement?—“No, not that; . . . the criminal was tied up . . .” —he expressed himself so indistinctly that

I could not immediately guess in what position—“. . . a pot was turned upside down on his buttocks . . . some rats were put into it . . . and they . . .”—he had again got up, and was showing every sign of horror and resistance—“. . . bored their way in . . .”—Into his anus, I helped him out. (26-27)

When Freud interrupts the Rat Man to stress “this idea of ‘resistance’,” he plants the suggestion that the only cure for the patient’s obsession lies in transference. The patient must supplant his previous, pathological intersubjective relationships with a therapeutic intersubjective connection to Freud the analyst. Freud reassures his patient: “I myself had no taste whatever for cruelty, and certainly had no desire to torment him, but . . . naturally I could not grant him something which was beyond my power.” Such an assertion, which ironically reconciles the patient to the torment that analysis requires of him, is a classic example of the conflation of sympathy and clinical detachment in the pursuit of meaning. The content of the Rat Man’s horrible secret is a violently sexualized expression of his psychic imbalance. The strange pattern of the patient’s speech, punctuated by representations of Freud’s initial confusion and final understanding, reinforces the epistemological model upon which psychoanalysis is based, in which meaning lies in the internecine texture of intersubjective relationships. His final declaration, “—Into his anus, I helped him out,” is characterized again by clinical detachment and sympathy, but if the Rat Man desires such torture on a subconscious level, as Freud suggests he does, the structure of this sentence places Freud in the oddly double position of torturer and savior. In this, as in his other case histories, Freud’s compassion is bolstered by his medical training, which gives him license to inflict pain in the effort to cure.

Whatever Freud’s purposes, methods, or omissions, he shares with James an interest in the effects of reading and interpretation upon subjectivity. In “Turning the Screw of Interpretation,” her survey of the critical controversy surrounding Freudian interpretations of James’s novella, Shoshana Felman identifies a relationship between meaning and subjectivity that is common the two writers. She argues that both meaning and

subjectivity are always “split” in James’s story—that any interpreter must confront the doubleness of meanings that forestall interpretations looking for a single truth:

. . . the governess has asked Miles the decisive question of whether he did steal her letter. But her ability to grasp the effect of her own question on Miles suffers, as she herself put it, from a “fierce *split* of her attention”: her attention is divided between Miles and the ghost at the window, between a conscious signifier and the unconscious signifier upon which the latter turns, between a conscious perception and its fatasmatic double, its contradictory extension toward the prohibited unconscious desire which it stirs up. Thus divided, her attention fails to “grasp” the child’s reaction. The failure of comprehension therefore springs from the “fierce split”—from the *Spaltung*—of the subject, from the divided *state* in which meaning seems to hold the subject who is seeking it. (164-65)

This relationship between split meanings and split subjects is central in both Freud and James. The Wolf Man, like Miles’s and Flora’s governess, is “split”; their interlocutors (readers, narrators, friends, family) are confronted with the impossibility of absolute meanings in the texts. The very act of reading or narrating “splits” the subject doing so. Interpretation—intervention in the symbolic order—inducts us into split subjecthood, calling attention to the fact that the singular model of subjectivity, which corresponds with absolute truth or meaning, is an impossible fiction. To interpret split meanings, readers must assimilate an epistemological system that values intersubjectivity over individuality and ambiguity over absolute truth.

Washington Square’s Doctor Sloper is a fictional representative of the splitting power of the physician’s gaze. Always the diagnostician, he can split an interlocutor with a glance: “her brother gave her such a terribly incisive look—a look like a surgeon’s lancet” (191). Nevertheless, he believes in singular truth and fixed meaning, and his ultimate failure is his inability to recognize that his diagnoses have this “incisive” effect, splitting interlocutors with the precision of “a surgeon’s lancet.” He has diagnosed his daughter as

an amiable simpleton, but the narrative betrays his diagnosis, revealing depths the doctor's own diagnosis prevents him from seeing. As Andrew Scheiber argues in "The Doctor's Order: Eugenic Anxiety in Henry James's *Washington Square*," "Catherine's secret history, glimpses in the penumbra of the 'scientific' history that constitutes the story's main narrative, suggests the lacunae, the silences, the oppressions and suppressions, upon which epistemological certainty and narrative authority—both in science and the novel—are founded" (259). Dr. Sloper becomes a foil, representing the faulty "epistemological certainty and narrative authority" that James's own style of narration dismantles. Sloper interprets events, assuming that in "nineteen out of twenty" cases, his observations of external behavior correspond with the internal lives those he observes (162). He has the unfortunate role of a proponent of plot in a fiction by Henry James, who always transfers significance from plot to narration. His own daughter turns out to be the one case in twenty in which the data of plot does not reflect "the lacunae, the silences, the oppressions and suppressions" of consciousness that only narration can reveal.

The Self-Conscious Narrator

James and Freud are both highly self-conscious narrators. They foreground the relationship between narrator and reader, often interrupting the plot developments to address the reader—to trouble and guide interpretation. Their repeated references to the relationship between narrator and reader elicit the double gaze of clinical detachment and sympathy from readers. In *Daisy Miller*, James repeatedly presupposes readers' reactions to Winterbourne's reactions to Daisy: "At the risk of exciting a somewhat derisive smile on the reader's part, I may affirm that with regard to the women who had hitherto interested him it very often seemed to Winterbourne among the possibilities that, given certain contingencies, he should be afraid—literally afraid—of these ladies" (311). This statement is striking, given James's analogy between the literal and the vulgar in *The Turn of the Screw*. Winterbourne's fear of Daisy is ostensibly a reaction to her vulgarity, but the reader is invited to judge the fear itself as vulgar, literal, a symptom of his fear of anything

unconventional. Along similar lines, Freud makes the following remarks upon finally uncovering the content of the Rat Man's obsessional fantasy:

It would not surprise me to hear at this point the reader had ceased to follow. For even the detailed account which the patient gave me of the external events of these days and of his reactions to them was full of self-contradictions and sounded hopelessly confused. It was only when he told the story for the third time that I could get him to realize its obscurities and could lay bare the errors of memory and displacements in which he had become involved. (29)

Freud's invocation of the reader involves comprehension more than an emotional reaction. If he is concerned that the reader will have "ceased to follow," he attributes it to his patient rather than to his own narrative abilities. The Rat Man's narrative is "full of self-contradictions," is "hopelessly confused." Even Freud required three accounts of the story in order to help the patient "realize its obscurities" and "lay bare the errors of memory and displacements." As in *The Turn of the Screw*, though, literal information is less important than interpretation.

The development of Wolf Man's pathology is even more heavily fraught with confusions and contradictions. The patient's history begins with his primal scene—during which he witnessed "coitus" between his parents at the age of eighteen months—and quickly proceeds to his experience of sexual abuse at the hands of his sister at age three and to his fear of castration at the hands of his governess, Nanya, at age four. In Freud's words, the patient suddenly called to mind the fact that, when he was still very small, "upon the first estate," his sister had seduced him in to sexual practices. First came a recollection that in the watercloset, which the children used frequently to visit together, she had made this proposal: "Let's show one another our bottoms," and had proceeded from words to deeds. Subsequently the more essential part of the seduction came to light, with full particulars as to time and locality. It was in spring, at a time when his father was away; the children were in one room playing on the

floor, while their mother was working in the next. His sister had taken hold of his member and played with it, at the same time telling him incomprehensible stories about his Nanya, as though by way of explanation. His Nanya, she said, used to do the same thing with all kinds of people—for instance, with the gardener: she used to stand him upon his head, and then take hold of his genitals.

Here, then, was the explanation of the phantasies whose existence had already been divined. They were meant to efface the memory of an event which later on seemed offensive to the patient's masculine self-esteem, and they reached this end by putting an imaginary and desirable converse in the place of the historical truth. (202)

The Wolf Man's sister proceeds from words to deeds, but Freud proceeds from deeds to words, using events as place markers in a narrative that supports his theories: the ego and the id, the return of the repressed, the primal scene, wish fulfillment. The "imaginary and desirable converse"—the fear of wolves—replaces "the historical truth"—abuse at the hands of the sister, governess, or both.³ Several narrative filters—the patient's subconscious, the patient's memory, Freud's interpretation, Freud's memory, the translator's decisions—stand between readers and the Wolf Man's famous dream. It would be impossible to assess it on the basis of truth-value, but it is possible, as Freud demonstrates, to *interpret* the dream for both therapeutic and theoretical value:

"I dreamt that it was night and that I was lying in my bed. (My bed stood with its foot towards the window; in front of the window there was a row of old walnut trees. I know it was winter when I had the dream, and night-time.) Suddenly the

³ Freud's construction of narratives that illustrate multiple theories within them has met with skepticism among many modern readers and has caused a great deal of critical controversy about both the "truth" and efficacy of psychoanalysis. Freud does wield power and assert authority through his clinical detachment and through the role of narrator, but his analysis is always informed by his own theory that the analyst must forge a sympathetic relationship with the analysand. His narrative strategy is informed by a subtext common to psychoanalysis and the modern novel: that efficacy (in medicine, in therapy, in fiction, in life) is distinct from truth. For a particularly heated debate about truth and accuracy in the Wolf Man case, see Borch-Jacobsen and Brodsky-Lacour.

window opened of its own accord, and I was terrified to see that some white wolves were sitting on the big walnut tree in front of the window. There were six or seven of them. The wolves were quite white, and looked more like foxes or sheep-dogs, for they had big tails like foxes and they had their ears pricked like dogs when they are attending to something. In great terror, evidently of being eaten up by the wolves, I screamed and woke up. My nurse hurried to my bed, to see what had happened to me. It took quite a long while before I was convinced that it had only been a dream; I had such a clear and life-like picture of the window opening and the wolves sitting on the tree. At last I grew quieter, felt as though I had escaped some danger, and went to sleep again.

“The only piece of action in the dream was the opening of the window; for the wolves sat quite still and without any movement on the branches of the tree, to the right and left of the trunk, and looked at me. It seemed as though they had riveted their whole attention upon me.—I think this was my first anxiety dream. I was three, four, or at most five years old at the time. From then until my eleventh or twelfth year I was always afraid of seeing something terrible in my dreams.” (213-14)

This dream has been the subject of much critical debate: Did it actually occur? Were the wolves really dogs? The Wolf Man himself has published accounts of his treatment with Freud that cast doubt on the dream’s content.⁴ Freud interprets this first anxiety dream as the direct result of the Wolf Man’s primal scene and childhood abuse. What is certain is that Freud interprets the dream through the lens—or filter—of his theory of castration anxiety:

⁴ See *The Wolf Man by the Wolf Man* for the patient’s later reflections on this and other controversial details involving his analysis and its publication.

What sprang into activity that night out of the chaos of the dreamer's unconscious memory-traces was the picture of a coitus between his parents, a coitus in circumstances which were not entirely usual and were especially favourable to observation . . . if we suppose that his parents had retired, half undressed, for an afternoon *siesta*. When he woke up, he witnessed a coitus *a tergo*, three times repeated; he was able to see his mother's genitals as well as his father's member; and he understood the process as well as the significance. (222-23)

Whether or not the description of the dream is accurate—after all, no dream can ever be rendered into language accurately—it is clearly central to Freud's treatment of the Wolf Man. Critics who complain about a lack of accuracy in the dream can find ample evidence to support criticisms of Freud based on his creative reconstruction of his patient's narratives. Within the logic of the cases themselves, however, truth and accuracy are much less important than the intersubjective reconstruction of the patient's narrative. Freud must "suppose" the Wolf Man's primal scene, but he does so for a therapeutic effect upon the patient. Whether the events described are literally true or not, Freud claims the details of the case to support his theories of psychoanalysis.

As Kaja Silverman has argued about the Wolf Man's primal scene and several others she identifies in James's fiction, "to the degree to which the primal scene phantasy acknowledges castration it cannot help but generalize it by making it a consequence not of anatomy, but of subject position" (166). Castration anxiety constitutes the Wolf Man's pathology because it suffuses his subject position. It is Freud's contention that narrative work undertaken in the intersubjective arena of the therapy session, where doctor and patient share a compassionate rapport that allows them to reconstruct the patient's case, is the "ameliorative action" necessary to restore the patient's health. So the story serves two inextricable purposes: It proves several theories, including castration anxiety, and it is, at least in Freud's account, therapeutic. Any interpretation of the events at hand must be interpreted through the double gaze of clinical detachment and sympathy.

As if to mimic the narrative patterns of the patient's story, Freud proceeds to contradict himself: "The reader must not expect to hear at once what light I have to throw upon the patient's strange and senseless obsessions about the rats. The true technique of psychoanalysis requires the physician to suppress his curiosity and leave the patient complete freedom in choosing the order in which topics shall succeed each other during the treatment" (33). This, a few paragraphs after the declaration: "—Into his anus, I helped him out." The "true technique of psychoanalysis" Freud refers to may or may not, as he claims, require the physician to resist the temptation to impose his curiosity on the patient's story. It does, however, require patients (and readers) to accept a model of narrative that can accommodate inevitable contradictions and confusion.

James and Freud both ask readers to adopt an epistemological system based on the primacy of ambiguity, a fact that has led to a great deal of confusion and controversy among those who interpret their works. Not surprisingly, many of the books and essays that read the novelist and the psychoanalyst in relation to each other address the issue of self-conscious narration. In "Dora's Secrets, Freud's Techniques," for example, Neil Hertz has noted that both James and Freud anticipate readerly objections to the content of their narratives—specifically in "What Maisie Knew" and *Dora*:

James and Freud alike anticipate being reproached for both the nature of the stories they have to tell and for the manner of the telling. And both meet these imagined reproaches in ways that suggest that the two faults might be one, that they run the risk of being accused of a perverse and distasteful confusion, of not striking the right balance between the child's world and the adult's. There is, to begin with, the possibility that each is gratuitously dragging his heroine into more knowledge, more sordid knowledge, than girls of her age need to come to terms with. (222)

Freud and James both anticipate reproach, calling attention to the "sordid knowledge" their narratives uncover, but such anticipation is part of a larger self-consciousness about

narration and interpretation, about the transmission of knowledge, sordid or otherwise.⁵ In “Turning the Screw of Interpretation,” Felman links Freudian and Jamesian narrative self-consciousness, suggesting that both writers are interested in reformulating long-held assumptions about the “actions” of reading and interpretation:

Douglas’s performance as storyteller, as author-narrator . . . consists of a literal act of *reading*. And if the first-person narrator retransmits the story, communicates to us a reproduction and a reading of that reading, it is doubtless the result of the “immense effect” Douglas’s reading produced on him, and which he hopes in turn to produce on us. The very act of telling, of narration, proceeds then from the potentially infinite repercussion of an *effect of reading*; an effect that, once produced, seeks to reproduce itself as an effect to be produced—an effect whose *effect* is an effect to produce. Narrative as such turns out to be the trace of the *action* of a reading; it is, in fact, *reading as action*. (125-26)

In Felman’s scheme, reading is transference, the single element that Freud claims must be mastered for analysis to be successful. Transference must be mastered in order for interpretation to occur; the critical debate surrounding *The Turn of the Screw* results from readings that have not mastered “the effect of reading.”

In *Washington Square*, the narrator repeatedly uses the first-person plural *we* to comment upon Doctor Sloper’s failures, luring readers into complicity with a narrative model that can account for both the contents and the effects of reading and interpretation:

We know that she had been deeply and incurably wounded, but the Doctor had no means of knowing it. He was certainly curious about it, and would have given a good deal to discover the exact truth; but it was his punishment that he never knew—his punishment, I mean, for the abuse of sarcasm in his relations with his

⁵ Much of this anticipation is derived from their interest in female sexuality. As Nancy Armstrong has argued, the modernist making of the unconscious was a project arising out of studies of hysterical women. Such studies, by Charcot, Breuer, Freud, and others laid the foundation for twentieth-century theories of subjectivity.

daughter. There was a good deal of the effective sarcasm in her keeping him in the dark, and the rest of the world conspired with her, in this sense, to be sarcastic. (249)

In passages like these, the narrator turns the interpretative table on Sloper; Catherine's "effective sarcasm" is not literal, not vulgar, but it is powerful. In the end she gains narrative authority because she understands that reading is an action, not simply an objective gathering of data.

In "Freud's *Dora* and James's *The Turn of the Screw*: Two Treatments of the Female 'Case'," Paula Marantz makes a point that complements Felman's. Both Freud and James, she suggests, are "scrupulous about method" when it comes to interpretation, but both writers also undermine conventional narrative credibility because they are self-conscious about the role of sympathy and emotion:

If, like Freud in his preface, James's narrator exhibits a scrupulous attitude toward method, taking pains to explain how the manuscript we are about to read has been passed on and transcribed, his credibility is explicitly undermined by the suggestion of intimacy which colors his relationship to the storyteller Douglas and by the suggestion that Douglas himself was in love with the governess whose story he tells; finally, the governess herself, we are told, was in love with her employer—the "gallant" bachelor of Harley Street, who is responsible for setting the events of the story in motion. The presence of such emotional involvement at all three levels of storytelling discredits any pretense at objectivity. (78)

The "emotional involvement" that permeates each level of storytelling—the intimacies that color the relationships between the governess and her employer, between Douglas and the governess, and between readers and Douglas—forms the basis of the transference that both Freud and James incorporate as an explicit attribute of their narratives. Such transference may "discredit any pretense at objectivity," but it does not eliminate the possibility of interpretation; in fact, both writers see transference as necessary for any valid or successful interpretative act.

In their own ways both writers made explicit statements about the dynamics of interpretation, Freud in his case histories, particularly Dora and the Rat Man, and James in his prefaces to the New York edition. Freud saw transference as the key to mastery of a patient's narrative. In the Dora case both he and the patient failed to master transference, and so his treatments of the Rat Man and the Wolf Man focused heavily on acts of transference. As he states in an "Additional Note" appended to the Wolf Man case, "After a few months' work a piece of the transference which had not hitherto been overcome was successfully dealt with. Since then the patient has felt normal and has behaved unexceptionably, in spite of the war having robbed him of his home, his possessions, and all his family relationships. It may be that his very misery, by gratifying his sense of guilt, contributed to the consolidation of his recovery" (216). The "misery" that attends analysis is an effect of transference; the analysand projects his or her feelings onto the analyst and so reexperiences neurosis-causing traumas. In Freud's view, such transference must be "successfully dealt with" in order for adequate interpretation and successful treatment of the case to occur. Transference is a filter that regulates the economy of identification through which thoughts and feelings pass from one consciousness—father, mother, lover, analyst, patient, reader—to another.

James didn't use the word transference, but the concept of mediation that he returns to again and again in his prefaces is remarkable for its similarity to Freud's theory. As Scheiber has noted, allusions to this concept appear again and again in the prefaces; James's method, in his own words, involves "the idea of the particular attaching case plus some near individual view of it":

[T]he importance of presenting "particular cases" through the filter of the more or less subjective consciousness is a recurrent theme throughout James's writerly self-reflections. He speaks of the fictional enterprise as a "house" whose walls are pierced by a series of apertures; at each of these "stands a figure with a pair of eyes, or at least with a field-glass," which forms, again and again, for observation, a

unique instrument.” Thus the narrative interest in James’s writing is precariously balanced between the “particular case” at issue and the way that fate is shaped and determined by the “near individual view” through which it is strained.

There are three elements to this geometry: the perceiving consciousness (the “near individual view”); the person at the center of the action (“the “particular attaching case”); and the frame or aperture itself, that “unique instrument” that mediates, shapes, even determines, the relation between the other two. For both author and characters *ways of seeing* play as crucial a role as who is looking or who is seen. Instruments or modes of perception are inseparable from perceivers. (244)

The “geometry” Scheiber refers to is analogous to Freud’s “economy”: It is the intersubjective relations that make the transmission of a story possible. Throughout his fiction, James speculates on the reception and interpretation of his narratives. What Scheiber calls an aperture is similar to what narratologists refer to as filters, presences (characters, ideologies, or styles) that mediate between “the perceiving consciousness” and what James calls “the particular attaching case.” When the diagnostic gaze is the filter, or aperture, as it is in so much nineteenth-century fiction, a form of clinical sympathy is elicited from readers in response to “the person at the center of the action.” Freud and James both resolve the apparent contradiction between clinical detachment and sympathy by calling attention to the economy or geometry that structures any act of interpretation or narrative transmission. Interpreting narrative, in Freud’s cases as in James’s fiction, is foregrounded as an epistemological act that must accommodate contradiction and ambiguity. As such, narrative resolution becomes less important than it was in the narratives of their nineteenth-century predecessors, who still relied on medical and narrative models that called for epistemological certainty and narrative resolution—even when such certainty and resolution appeared contrived or simplistic.

“Only Connect”: The Passion in the Prose

In *Howards End*, Margaret yearns to advise Henry to connect what is prosaic with what is passionate in human existence, to connect his Jekyll with his Hyde, his ego with his id:

Mature as he was, she might yet be able to help him to the building of the rainbow bridge that should connect the prose in us with the passion. Without it we are meaningless fragments, half monks, half beasts, unconnected arches that have never joined into a man. With it love is born, and alights on the highest curve, glowing against the gray, sober against the fire. Only connect! That was the whole of her sermon. Only connect the prose and the passion, and both will be exalted, and human love will be seen at its height. Live in fragments no longer. Only connect, and the beast and the monk, robbed of the isolation that is life to either, will die. (147)

Margaret’s monk and beast must be integrated in order for love—one form of intersubjectivity—to be “born.” Margaret’s description of the ego as *prose* echoes Freud’s narrative model of subjectivity. In both models (as in Stevenson’s novel), subjectivity and interpretation impinge on each other. Psychological integration and valid interpretation both establish intersubjective relationships through engagements with narratives of one form or another. James wrote his shorter fiction before Freud had theorized transference and before Forster had written *Howards End*, but in these fictions he dramatized relationships between *the human condition* and *the condition of reading*, suggesting also that careful attention to the connections between interpretation and subjectivity had become imperative as the twentieth century approached, as selfhood and social relations were being transformed by new technologies, new discoveries, new forms of violence, new political developments.

Perhaps more than anything else, Freud and James were interested in rendering inner lives perceptible to audiences. In order to represent and transmit the consciousness of one subject, fictional or otherwise, to another, both relied on the dynamics of identification

that structure interpretation in nearly all realist fiction and medical case histories. In *Like Subjects, Love Objects*, Jessica Benjamin observes that in therapeutic situations, intersubjectivity disrupts simple subject-object relations, an observation that also holds true for reading situations:

Intersubjective theory postulates that the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other's presence. This means that we have a need for recognition and that we have a capacity to recognize others in return, thus making mutual recognition possible. But recognition is a capacity of individual development that is unevenly realized—in a sense, the point of a relational psychoanalysis is to explain this fact. (27)

Benjamin's model is the mirror image of Forster's: whereas Margaret is convinced that intersubjectivity is made possible by integrating the divergent aspects of an individual subject, Benjamin argues that it is only through the process of "mutual recognition" that the psychoanalytic subject can "fully experience his or her subjectivity." Benjamin's relational psychoanalysis is an effort to bring what she describes as the Freudian process of "recognizing the other 'within that distinctness which is no longer reflection but feeling'" to the foreground of psychoanalytic theory and practice. Hers is a psychoanalysis that, in the words of Dori Laub, "includes the listener" or through which, in the words of David Hume, perception is "so enlivened as to become the very *sentiment* or passion." *Only connect*: Forster's famous plea to alienated modern subjects contained an implicit recognition of the intersubjectivity involved in integrating our prose with our passion. Freud and James both suggested that the subjectivity is constituted through narrative, and intersubjectivity always involves the interpenetration of narratives. In their works, intersubjective connections are forged through readers' identifications with narrative subjects (generally a pathological one) whose inner and outer conflicts (passions) provide narrative impetus. In many instances, such identifications are elicited indirectly, through

descriptions of others' failures to understand or sympathize with a given character or patient.

As his sister points out, Doctor Sloper's inability to understand Catherine is just such a failure: "You have no sympathy . . . that was never your strong point. You have only to look at her to see that, right or wrong, and whether the rupture came from herself or from him, her heart is grievously bruised" (250). The rupture in Catherine's heart, a metaphor for consciousness, forms the basis of the story's plot, but Doctor Sloper's misdiagnosis of his own daughter provides the pathos that "sets in motion" the dynamics of interpretative intersubjectivity. Similarly, the pathos in "Daisy Miller" lies in Winterbourne's failure to grasp Daisy's consciousness, a failure for which he is indirectly punished in the form of a message conveyed through Daisy's mother: "Daisy spoke of you the other day. . . . Half the time she doesn't know what she's saying, but that time I think she did. She gave me a message; she told me to tell you. She told me to tell you that she never was engaged to that handsome Italian. I am sure I am very glad; Mr. Giovanelli hasn't been near us since she was taken ill" (320). Daisy is experiencing lapses in consciousness: She doesn't know what she's saying. The message for Winterbourne, however, is so important that it transcends Daisy's own rupture. The repetition, "she told me to tell you," is imbued with pathos because it carries an overdetermined message: Winterbourne is too late, Daisy is dead, he failed to understand her, she went to the grave with his rebuke but not his admiration, and she was more conscious of her motives than he thought. In such passages, readers are encouraged to sympathize with the pathological subject and with his or her adjudicator, with Sloper *and* Catherine, with Winterbourne *and* Daisy. Failures to sympathize become symptoms of pathologies more tragic than the ones that fuel the stories' plots.

In the case of *Washington Square*, Dr. Sloper's lack of sympathy—demonstrated repeatedly through narrated monologues that filter narrative voice—constructs Catherine as

a subject who deserves readerly sympathy precisely because she fails to get it from her father:

She was a healthy well-grown child, without a trace of her mother's beauty. She was not ugly; she had simply a plain, dull, gentle countenance. The most that had ever been said for her was that she had a "nice" face, and, though she was an heiress, no one had ever thought of regarding her as a belle. Her father's opinion of her moral purity was abundantly justified; she was excellently, imperturbably good; affectionate, docile, obedient, and much addicted to speaking the truth. . . . Catherine was decidedly not clever; she was not quick with her book, nor, indeed, with anything else. She was not abnormally deficient, and she mustered learning enough to acquit herself respectably in conversation with her contemporaries, among whom it must be avowed, however, that she occupied a secondary place. (113)

In Doctor Sloper's eyes Catherine is "plain, dull, gentle"; she is morally pure; she is not a good reader. In his equation, there is a direct relation between her dullness, her moral purity, and her poor reading skills. She is unable to deceive because she looks at the world uncritically. She cannot diagnose. James tears Sloper's equation to pieces, plainly—even dully, gently—developing the narrative of Catherine's consciousness along an inward trajectory. She keeps her thoughts secret from everyone, even Morris. Unlike Sloper's, her thoughts are much less available for narrated monologues. Ironically, Catherine's thoughts rarely filter the narrative voice because they are off limits entirely, finally imbuing the portrait of Catherine with a mystery that takes her unsuspecting father by surprise. While even readers have little means of "knowing" just how deeply Catherine is wounded by Morris's rejection of her, James excludes us from the punishment laid on Doctor Sloper. Using a medico-surgical metaphor that recalls the doctor's incisive glance, James is generous enough to include the reader in "the effective sarcasm" that keeps Sloper from discovering "the exact truth" about his daughter: "We know that she had been deeply and incurably wounded." Still, we don't know "the exact truth" either; the difference is that

sympathy dispels the need to know. “Right or wrong,” as Sloper’s sister suggests, Catherine’s heart is bruised, her consciousness ruptured, and the sympathetic reader doesn’t ask too many questions. We must be satisfied with an indirect and incomplete portrait of Catherine’s inner thoughts. We know they are there, but we don’t know exactly what they are.

The diagnostic skills of which Doctor Sloper is so proud distract him from the value of a sympathetic reading. Sloper is wholly concerned with controlling plot developments. James repeatedly casts characters in the role of the diagnostician. As Scheiber argues, such characters “position themselves as diagnosticians of human variety, whether of class, nationality, or gender, and . . . regard this self-assumed position as proof of their own evolutionary preferability. Their rationale leads them to regard those around them as inferior and to respond to any challenges to their authority as an affront to nature and reason” (245). This attitude leads Doctor Sloper to regard his daughter as a case history, as an inferior creature more the object of his study than his affections; he lacks sympathy to a degree that is itself pathological. Doctor Sloper’s failure to *see* Catherine calls attention to what he does not see: her power, her agency, her subjectivity. His failure is instructive. Because of it, readers learn to appreciate Catherine, to identify with her inward confusion.

In the end, the story offers a critique of any view of human subjectivity that is wholly clinical, but it also provides a model for synthesizing the clinical and the sympathetic. According to Scheiber,

Herein lies the quarrel that James, with his finely tuned awareness of the subjectivity of all human apertures, had with the claims made by the human sciences of his era: i.e., that such ways of seeing foreclose prematurely on one’s understanding of particular individual “cases.” But James’s critique, a key theme of his work of this period, applies as well to the novel’s complex and ironic narrative frame, which mimics the crisis of Austin Sloper’s own scientific perspective. James’s interrogation of the Doctor’s process of vision doubles as an act of authorial self-

reflection. The legitimacy of the artistic profession—like that of the doctor or the scientist—is underwritten by claims of discursive power, specifically, the power to represent human nature and experience in all its variety. Like doctors of the era, James clearly felt under pressure to dignify his literary vocation by formalizing both its theory and practice. James's 1884 essay "The Art of Fiction," frequently cited as an index of his thinking on the novel as praxis and profession, shows him both taking up and taking exception to the very scientific vocabularies of meaning employed by Sloper. Urging his reader and prospective novelist to be a supreme observer, "one of the people on whom nothing is lost," he defines the novelist's "genius" as "[t]he power to guess the unseen from the seen, to trance the implication of things, to judge the whole piece by the pattern." (258)

Constructing an implicit analogy between art and medicine, James yokes the novel and the case history, identifying their common subject: "the subjectivity of all human apertures." The novelist resembles the physician in his view of such human apertures, wielding the power to divine what is at first hidden, but his fiction proposes that simple observation is inadequate to explain the complexities of human consciousness. Persuading readers to adopt a sympathetic stance in relation to characters like Catherine Sloper (and even her father), he implies that sympathetic observation is the best method we have "to judge the whole piece by the pattern." Even then, James's famous ambiguity suggests that it would be hubris for even the most sympathetic reader to claim mastery over the text. Our sympathies, he suggests, can assuage the need to know everything, can help us, like Sloper's sister, to accept the fact that certain aspects of others' subjectivity escape representation.

Readers are seduced into similar patterns of identification with both Daisy Miller and *The Turn of the Screw's* governess, who end their stories with the questions the narrative raises about their inner lives unresolved. At the beginning of *Daisy Miller*, as at the end, we know along with Winterbourne that "Certainly she was very charming," but we

never learn the mysteries behind the behavior that lead him to exclaim in the next breath, “but how deucedly sociable!” (277). Daisy defies meaning more insistently than predecessors like Richardson’s Pamela or Eliot’s Gwendolyn, whose plots, for better or worse, resolved themselves. In this case, readers are left, like Winterbourne, with more questions than answers:

Was she simply a pretty girl from New York State—were they all like that, the pretty girls who had a good deal of gentlemen’s society? Or was she also a designing, an audacious, an unscrupulous young person. Winterbourne had lost his instinct in this matter, and his reason could not help him. Miss Daisy Miller looked extremely innocent. Some people had told him that, after all, American girls were exceedingly innocent; and others had told him that, after all, they were not. He was inclined to think Miss Daisy Miller was a flirt—a pretty American flirt. (277)

Is it extreme innocence or audacity that leads Daisy to exclaim, “in a little strange tone,” “I don’t care . . . whether I have Roman fever or not!”? (319). We’ll never know, but we do know that “the little American flirt” becomes “alarmingly ill” and dies of Roman fever, a fate that seems unjust no matter what her motives. Daisy, like Catherine Sloper, ends the story with her secrets intact, leaving readers two alternatives; we can weigh the evidence and attempt a diagnosis, or we can accept the aperture of her subjectivity in all its complexity and forego diagnosis in favor of sympathy.

Identification finds more direct routes in *The Turn of the Screw* because most of it is narrated by the governess herself; we have direct access to her thoughts and feelings. As she retraces the “strange steps” of her obsession, her words are delivered through the filter of Douglas, but they are at least ostensibly her words:

How can I retrace to-day the strange steps of my obsession? There were times of our being together when I would have been ready to swear that, literally, in my presence, but with my direct sense of it closed, they had visitors who were known and were welcome. Then it was that, had I not been deterred by the very chance that

such an injury might prove greater than the injury averted, my exaltation would have broken out. "They're here, they're here, you little wretches," I would have cried, "and you can't deny it now!" The little wretches denied it with all the added volume of their sociability and their tenderness, just in the crystal depths of which—like the flash of a fish in a stream—the mockery of their advantage peeped up. (53)

In this case, the children refuse (rather than fail) to sympathize with their governess. Because of the children's refusal, because of the complex portrait of the children's "sociability and their tenderness," because of the added layer of doubt the reader feels about the governess's apparition, the level of pathos is more extreme in *The Turn of the Screw* than it is in either *Washington Square* or *Daisy Miller*. The subject of this narrative is experiencing a rupture of consciousness far more severe than Daisy Miller's social transgressions or Catherine Sloper's lovesickness.

The governess herself makes an explicit bid for the reader's sympathy. She likens her experience with the apparition of Peter Quint to the act of reading:

We were too far apart to call to each other, but there was a moment at which, at shorter range, some challenge between us, breaking the hush, would have been the right result of our straight mutual stare. He was in one of the angles, the one away from the house, very erect, as it struck me, and with both hands on the ledge. So I saw him as I see the letters I form on this page; then, exactly, after a minute, as if to add to the spectacle, he slowly changed his place—passed, looking at me hard all the while, to the opposite corner of the platform. Yes, it was intense to me that during this transit he never took his eyes from me, and I can see at this moment the way his hand, as he went, moved from one of the crenellations to the next. He stopped at the other corner, but less long, and even as he turned away still markedly fixed me. He turned away; that was all I knew. (16)

She saw him "as I see the letters I form on this page," the letters transmitted now to readers, the letters that, however inadequately, represent her own consciousness. If we

follow the reasoning of the metaphor, those same letters are like a “straight mutual stare,” the eyes of one consciousness fixed on another—ours on hers. Like Quint, we never take our eyes off her, even as we move from one crenellation to the next, even as we pause at a corner, turn a page, or take a break—until, that is, we finish the book, turn away, and reconcile ourselves to the fact that what we’ve read is all we know. Felman argues that *The Turn of the Screw* sets a trap for readers, one that has fueled the bitter critical disputes that have attended it at least since Edmund Wilson’s 1934 essay “The Ambiguity of Henry James”:

The paradoxical trap set by *The Turn of the Screw* is therefore such that it is precisely by proclaiming that the governess is mad that Wilson inadvertently *imitates* the very madness he denounces, unwittingly participates in it. Whereas the diagnostic gesture aims to situate the madness in the other and to disassociate oneself from it, to exclude the diagnosis from the diagnosed, here, on the contrary, it is the very gesture of exclusion which includes: to exclude the governess—as mad—from the place of meaning and of truth is precisely to repeat her very gesture of exclusion, *to include oneself*, in other words, within her very madness. (196)

The governess is a crafty narrator; she “includes” readers in her madness. As Felman argues, interpretations are liable to imitate that madness unwittingly. To diagnose her, in this case, is to become like her. If we assume that she is mad and that madness excludes her from “meaning” and “truth,” we are repeating an equation between psychological health and transparent meaning that James continually disavows in his fiction. James avoids this trap himself, by dismissing notions of transparent truth or singular, stable subjectivity. In James’s fiction, to believe in the transparency of meaning or the singularity of subjectivity is to be deluded. Only by accepting the ambiguous terms of the governess’s consciousness can we begin to formulate an interpretation labile enough to accommodate the unbridgeable gap between the inner-workings of her mind and the letters on the page.

Good readers, unlike faulty adjudicators such as Sloper and Winterbourne, are self-conscious about the act of transference that structures interpretation, aware that the only bridge between minds and words is the emotion that circulates through acts of transference. Such self-consciousness, as Jane Gallop argues in “Keys to Dora,” is the vital element in therapeutic transference:

Psychoanalysis—Freud was discovering at the time of the Dora case but not “in time”—works because of the transference, because the patient transfers previous relations with others onto the psychoanalyst, reactivates the emotions, and can work them out in analysis. Later Freud will theorize that all relations to others merely repeat the child’s original relation to the mother, the first other. Transference is not peculiar to psychoanalysis but is actually the structure of all love. Even the relation to the father, Freud discovered, is already actually a transference of mother-love onto the father. What distinguishes psychoanalysis from other relations is the possibility of analyzing the transference, of being aware of the emotions as a repetition, as inappropriate to context. Whereas in other relationships both parties have an investment in seeing love not as a repetition but as unique and particular to the person loved, in psychoanalysis the analyst will want to point out the structure of repetition. (211-212)

The same is true of reading. The ideal reader of both Freud and James must be aware of the filters that govern the act of reading, to recognize the moments when the narrative positions the readers as clinical and detached or sympathetic and involved. In addition, this ideal reader must be aware of the emotional and intellectual biases that “mediate” his or her reception of the text, the transference that governs his or her position within the economy of exchange that structures narrative transmission. This reader is able to accept the ambiguity of the prose because he or she is “aware” of the emotional involvement that pathological subjects elicit. In his portrait of the Rat Man, Freud becomes the model of the sympathetic interpreter:

I told him I did not dispute the gravity of his case nor the significance of his pathological constructions; but at the same time his youth was very much in his favor as well as the intactness of his personality. In this connection I said a word or two upon the good opinion I had formed of him, and this gave him visible pleasure.

(37)

Freud acknowledges the “gravity” of the patient’s disorder but also communicates his strong hopes for his recovery. The description of the Rat Man’s “visible pleasure,” in a case so devoted to his suffering, is a bid for readerly identification with both doctor, as giver of pleasure, and patient, as the recipient of pleasure. Doctor Sloper failed to temper his diagnosis with sympathy, but Freud is more astute, more aware of the delicate balance of clinical detachment and sympathy that govern his diagnosis.

When Freud shifts to clinical or theoretical explanations of the patient’s progress, he does so with the sympathetic portrait of doctor and patient solidly established. In the Rat Man’s case, he claims more narrative closure than he does with either the Wolf Man or Dora, but this closure is based more on the therapeutic effects of analysis than on any synthesis or mastery of the patient’s narrative:

Obsessional ideas, as is well known, have an appearance of being either without motive or without meaning, just as dreams do. The first problem is how to give them a sense and status in the mental life of the individual, so as to make them comprehensible and even obvious. The problem of translating them may seem insoluble; but we must never let ourselves be misled by that illusion. The wildest and most eccentric obsessive impulses can be cleared up if they are investigated deeply enough. The solution is effected by bringing the obsessional ideas into temporal relationship with the patient’s experiences, that is to say, by inquiring when a particular obsessional idea made its first appearance and in what external circumstances it is apt to occur. When, as so often happens, an obsessional idea had not succeeded in establishing itself permanently, the task of cleaning it up is

correspondingly simplified. We can easily convince ourselves that, when once the interconnections between an obsessional idea and the patient's experiences have been discovered, there will be no difficulty in obtaining access to whatever else may be puzzling or worth knowing in the pathological structure of its origin, and its derivation from the preponderance motive forces of the patient's mind. (45)

Despite the severity of the Rat Man's obsessional disorder, Freud heralds narrative—bringing the obsessional ideas into temporal relationship with the patient's experiences—as the ultimate cure. The narrative quest for meaning, he suggests, can reconcile the gap between madness and meaning if the madness is “investigated deeply enough.” Freud seems to be suggesting that psychoanalysis can bridge the gap between consciousness and language, effecting a one-to-one correspondence between the mind and the word. Neither the details of his cases nor the thrust of his theories bears such a suggestion out. The narrative solution he advocates here aims to dissolve “the wildest and most eccentric obsessive impulses,” not to explain in full the mental mechanisms that led to either their inception or their cure.

The Rat Man's cure, in fact, comes not from a full understanding or even explication of the origin and development of his obsession but from learning to sympathize with his tormentors:

But rats cannot be sharp-toothed, greedy, and dirty with impunity: they are cruelly persecuted and mercilessly put to death by man, and the patient had often observed with horror. He had often pitied the poor creatures. But he himself had been just such a nasty, dirty little wretch, who was apt to bite people when he was in a rage, and had been fearfully punished for doing so. He could truly be said to find “a living likeness of himself” in the rat. (72)

If the rat is “a living likeness of himself,” he is his own tormentor. His torment, though, was experienced through several acts of transference; he transferred his feelings about himself onto his father, the woman he admired, his military colleagues, and onto Freud

himself. In this case the intersubjective relationship between the Rat Man and his intimates is sutured by the image of the menacing rats, creatures “he had often pitied.” In an ultimate turn to pathos, the patient learns to pity himself. If, as readers, we are also involved in the intersubjective relationships that constitute transmission of his story, we must also become both the subjects and objects of pity. Freud is not going to deliver us a definitive explanation of the neurological complexities of the Rat Man’s obsessions, but he does offer us a chance to identify with the patient and to replace our desire for knowledge with sympathy for the patient. The Rat Man, “who had wasted years, he told me, in fighting against these ideas of his, and in this way had lost much ground in the course of his life” may finally have found relief (19). That relief is the only denouement the narrative provides. The details of the Rat Man’s present and future life are vague, and Freud’s theoretical explanations may be incomplete, but the “course” of the patient’s narrative is restored; he need no longer fight against his obsessions.

The Wolf Man’s therapy, in Freud’s description, was for a long period of time prevented from developing to such a happy ending. The Wolf Man’s “unimpeachable intelligence,” Freud suggests, became a defense, forestalling the intersubjective rapport of doctor and patient:

The patient with whom I am here concerned remained for a long time unassailably entrenched behind an attitude of obliging apathy. He listened, understood, and remained unapproachable. His unimpeachable intelligence was, as it were, cut off from the instinctual forces which governed his behavior in the few relations of life that remained to him. It required a long education to induce him to take an independent share in the work; and when as a result of this exertion he began for the first time to feel relief, he immediately knocked off the work in order to avoid any further changes, and in order to remain comfortably in the situation which had been thus established. (91)

The patient's resistance becomes the source of narrative desire. Readers, expecting a cure, are led to wonder how Freud will effect it. Because the patient is resisting, the cure lies in establishing an intersubjective rapport. Freud models such a rapport for readers. As interpreter, he seeks a connection with the patient:

I was obliged to wait until his attachment to myself had become strong enough to counterbalance this shrinking, and then played off this one factor against the other. I determined—but not until trustworthy signs had led me to judge that the right moment had come—that the treatment must be brought to an end at a particular fixed date, no matter how far it had advanced. I was resolved to keep to the date; and eventually the patient came to see that I was in earnest. Under the inexorable pressure of this fixed limit his resistance and his fixation to the illness gave way, and in a disproportionately short time the analysis produced all the material which made it possible to clear up his inhibitions and remove his symptoms. All the information, too, which enabled me to understand his infantile neurosis is derived from this last period of work, during which resistance temporarily disappeared and the patient gave an impression of lucidity which is usually attainable only in hypnosis. (191-92)

Freud fixes the narrative's ending in order to force a resolution and reports that the ending compelled a cure. Freud needs readers to invest in the attachment between doctor and patient in order to make a convincing case. The threat of termination, then, is also a threat to the reader: This story, like all stories, must end. It seems tautological to suggest that the cure and the ending make each other possible, but that is exactly what Freud suggests. Readers invested in the reversal of the Wolf Man's narrative are forced also to invest in the parting of analyst and patient. The patient's extreme attachment to the analyst becomes a replacement for the total psychic merging with his mother that the patient craves. Freud's office becomes a surrogate womb, and it is only through birth and separation that the developmental process can begin:

It was not until just before taking leave of the treatment that he remembered having been told he was born with a caul. He had for that reason always looked on himself as a special child of fortune on whom no ill could befall. He did not lose that conviction until he was forced to realize that his gonorrhoeal infection constituted a serious injury to his body. The blow to his narcissism was too much for him and he collapsed. It may be said that in so doing he was repeating a mechanism that he had already brought into play once before. For his wolf phobia had broken out when he found himself faced by the fact that such a thing as castration was possible.

Thus the caul was the veil which hid him from the world and hid the world from him. The complaint that he made was in reality a wish-phantasy: it exhibited him as back once more in the womb, and was, in fact, a wish-phantasy of flight from the world. It can be translated as follows: "Life makes me so unhappy! I must get back to the womb!" (96)

The caul takes on a symbolic significance for the Wolf Man—much the way it does for David Copperfield. It makes him special, sets him apart. It instills in him a wish to invert his own developmental narrative, a wish that accounts for the intensity of his resistance. It is the work of psychoanalysis to provide a new narrative frame, one that will enable development. Freud's solution is, in a sense, to become the mother—to use transference to swerve the trajectory of the patient's desire from the past to the present or future. The ending is yet another reminder that what we have here is not a consciousness but a book—at best, the "sense" of a consciousness. Such a reminder intensifies the pathos of the representation; because it relies so much on a strong but ultimately unsustainable identification between the Wolf Man and readers of the case, the narrative generates yet another level of emotional response. Freud positions the Wolf Man as the object of narrative desire, resulting in an excess of identification, a memory of our engagement with his case, a trace of the connection we felt, instilling in us the sense that he was here and that we knew him.

In Freud, as in James, narrative is fueled by what it can never accomplish: the will to represent subjectivity while recognizing that the unconscious mind defies linguistic and narrative models. In that sense the stories told by the psychoanalyst and the novelist use rhetorics and conventions established by their nineteenth-century medical and literary predecessors to address ancient epistemological questions about the obvious but often ineffable relationship between self and narrative. In the words of Thomas Laqueur,

It is doubtless no coincidence . . . that the myth of Oedipus—the psychoanalytical myth *par excellence*—should happen to recount not only the *drama of the symptom* but equally the very *drama of interpretation*. The tragedy of Oedipus is, after all, the story no less of the analyst than of the analysand: it is specifically, in fact, the story of the deconstruction, of the subversion of the polarity itself which distinguishes and which opposes these two functions. The very *murder* that Oedipus commits is indeed constitutive of the story, just as much of the impasse of the interpreter as of the tragedy of the interpreted. (197-98)

Because words cannot capture deeds, the interpreter will always remain at an impasse, but in the absence of narrative closure, both Freud and James offer an alternative. Both writers are keenly aware of the traces of consciousness that the intersubjective act of reading leaves behind once the story has ended. “Only connect” was Forster’s line, but it is also the concept that drives the works of the two writers who most powerfully influenced twentieth-century ways of reading. Again in Laqueur’s words,

The discovery of the unconscious is . . . Freud’s discovery, within the discourse of the other, of what was actively reading within himself: his discovery, in other words, of his reading, of what was reading—in what was being read. The gist of Freud’s discovery . . . consists not simply of the revelation of a new *meaning*—the unconscious—but of *the discovery of a new way of reading*. (118)

Freud’s discovery in the domain of medical science was James’s discovery in the domain of fiction. Medical science and literary realism both rested on the assumption that with

enough scrutiny to the particular, meaning could be divined in their subjects' stories. Individual narratives rarely bear this assumption out, which is why so many nineteenth-century texts are susceptible to deconstructive and post structuralist readings. By the end of the century, Freud and James both benefited from hindsight. The pursuit of meaning was inevitably impeded by the complexity of any given physician or writer's subjects—patients in Freud, characters in James; simple or unified diagnoses or interpretations elided excess narrative contents that made alternative readings possible. The conscious and subconscious lives of patients and characters made ideal subject matter for both writers. Because, in James's words, "the story won't tell," because subjectivity is both constituted by and defies representation, the psychoanalyst and the novelist developed a "new way of reading," a way of reading, not for the plot, but for the patient, for a sense of the subject under scrutiny, a memory of a connection, a trace of the passion in the prose.

AFTERWORD

Medical Agency and Human Remains

It is, after all, hard to feel like a normal person with normal emotions when one is about to boil human remains in what is essentially a large soup pot.

—Dr. Kay Scarpetta, *Point of Origin* by Patricia Cornwell

What is a normal person with normal emotions, after all? The question endures. Novels and case histories explored it throughout the nineteenth century. Perhaps the most comprehensive, nuanced attempt to answer it is neurobiologist Antonio Damasio's addresses recent book *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. In an eclectic, literary work of neuroscience, Damasio outlines two "problems" of consciousness that face modern science: thought, or the problem of knowing, and being, or the problem of self-awareness. He illustrates the second problem with a direct appeal to the reader, an appeal I will reproduce here:

You are looking at this page, reading the text and constructing the meaning of my words as you go along. But concern with text and meaning hardly describes all that goes on in your mind. In parallel with representing the printed words and displaying the conceptual knowledge required to understand what I wrote, your mind also displays something else, something sufficient to indicate, moment by moment, that you rather than anyone else are doing the reading and the understanding of the text. The sensory images of what you perceive externally, and the related images you recall, occupy most of the scope of your mind, but not all of it. Besides those images there is also this other presence that signifies you, as observer of the things imaged, owner of the things imaged, potential actor on the things imaged. There is a presence of you in a particular relationship with some object. If there were no such presence, how would your thoughts belong to you? Who could tell that they did? The

presence is quiet and subtle, and sometimes it is little more than “a hint half guessed,” a “gift half understood,” to borrow words from T. S. Eliot. (10)

Damasio asks readers to become the subjects of an experiment in reading. He illustrates his two-pronged theory of consciousness by asking readers to examine themselves in relation to his text, in relation to him. As we read his text, we have a sense of the text, of ourselves reading the text, and of him having written the text. Damasio’s experiment is telling, because it puts reading at the center of the relationship between a conscious self and the outside world. Reading forces us to engage in the mental patterns that “make” consciousness: the condition of reading is the human condition.

Based on this experiment, Damasio comes to the conclusion that consciousness is a mental pattern that governs the relationship between a self and all the objects perceived by that self:

[S]olving the second problem of consciousness consists in discovering the biological underpinnings for the curious ability we humans have been constructing, not just the mental patterns of an object—the images of persons, places, melodies, and of their relationships, in short, the temporally and spatially integrated mental images of something-to-be-known—but also the mental patterns which convey, automatically and naturally, the sense of a self in the act of knowing. Consciousness, as we commonly think of it, from its basic levels to its most complex, is the unified mental pattern that brings together the object and the self. (110)

Only connect. Damasio might have invoked Forster along with Eliot. If consciousness is a “unified mental pattern,” if it involves the bringing together of selves and objects, it seems ironic that the birth of consciousness—in science and literature—is so often attributed to modernist figures like Freud, Woolf, and Eliot? How can it be that chroniclers of alienation gave birth to the idea that to be human was to “connect”? The modernists represented extreme alienation in an effort to counter it, to find ways around or out of it. In a sense, they inherited their answer from the novels and case histories published in the century before

they wrote—they found it in the acceptance of ambiguity and intersubjectivity. Such acceptance, however, created a divide between medicine and literature. As literature developed conventions and forms for representing uncertainty and relational identities, medicine codified methods and theories based on a drive for certainty and a notion of the self as radically individuated, separate from others—particularly separate from attending physicians. Damasio and other physicians—Oliver Sacks, Arthur Kleinman, Jay Katz, Atul Gawande—are bridging that divide, taking narrative seriously and examining its role in medical science.

This brings me back to Dr. Kay Scarpetta, the detective-heroine of Patricia Cornwell's best-selling mystery series. A pathologist who spends much of her time with human remains, who spends most of her time alienated from her family, her lovers, and other living humans generally, Scarpetta longs to be "a normal person with normal emotions." Her job—boiling human remains, cutting them open, testing them, diagnosing them—requires her to distance herself, to quash her emotions and therefore her normalcy. In *Point of Origin*, an unsettling plot twist disturbs her alienation. Her lover, Benton Wesley, is murdered by the villains she is currently investigating. His remains become the object of her study. Urged by friends and co-workers to abandon the case and assume the work of grieving, Scarpetta refuses. She decides that her only hope for emotional well-being is to work as diligently as possible to solve the crime. When the human remains she spends so much time with become the remains of her lover, Scarpetta must give up alienation and acknowledge the subjectivity that once resided in the bodies she studies. Dr. Kay Scarpetta symbolizes a divide between medical science and literature that may be diminishing. She begins to see that her quest for knowledge is contingent upon the former identities of the bodies she diagnoses. More than this, Scarpetta finds an antidote to her alienation in grieving, which forces her to mend her personal relationships as she continues her professional quest. Still, *Point of Origin* is a best-selling mystery, and the search for the truth dominates. Scarpetta's work, though humanized, is still driven by the quest for

epistemological certainty. If it is representative of trends in medical theory and practice in the real world, it is a cautionary one. Medicine, as always, is evolving, and its current evolution is tending toward recognizing of epistemological uncertainties and the intersubjectivity that underscores diagnosis. That is not the whole story, however. Medical writing that advocates granting agency to patients, attention to patient's stories, and greater acknowledgment of doctor-patient relationships is a direct reaction to the fact that as a profession medicine still tends to undervalue such notions.

A survey of recent writing by real physicians illustrates the trend in popular medical writing to return to narrative, to focus on the stories of patients, and to accept the contingency of medical science. Arguing for the agency and subjectivity of the patient, such medical writers sometimes even romanticize the nineteenth century as a golden age of case reporting. In the words of Oliver Sacks, "the tradition of richly human clinical tales reached a high point in the nineteenth century, and then declined, with the advent of impersonal neurological science" (*Man* viii). The decline of the case history in biomedicine was also the rise of the psychoanalytic case history. What Sacks is lamenting is the disciplinary division between the study of the body and the study of consciousness. In his words,

"There is no 'subject' in a narrow case history; modern case histories allude to the subject in a cursory phrase ('a trisomic albino female of 21'), which could as well apply to a rat as a human being. To restore the human subject as the centre—the suffering, afflicted, fighting, human subject—we must deepen a case history to a narrative or tale; only then do we have a 'who' as well as a 'what', a real person, a patient, in relation to a disease." (*Man* viii)

Nineteenth-century case histories often have human subjects at their centers, but depictions of such subjects generally reflect cultural assumptions about gender and class, about the body, about sanity that startle most readers today. Such assumptions tend to objectify subjects: a Mrs. Craib becomes a helpless victim of her own ignorance; the ingenious imagination of a James Tilly Matthews is considered dangerous. In the process, they

reinforce the sense that the physician is the authority and the patient a passive recipient of his care. So while Sacks and others praise the narrative emphasis of the nineteenth-century case history, they are also seeking to reverse the radical break between doctor and patient that developed as medicine became more and more professionalized during the same period.

In Sacks's words, "any disease introduces a doubleness into life—an "it," with its own needs, demands, limitations" (*Anthropologist* 77). That doubleness has generally been ignored in twentieth-century medicine, which tends to focus myopically on the life of the disease. Sacks is calling for a return to patient care that involves the identity of the patient:

The study of disease, for the physician, demands the study of identity, the inner worlds that patients, under the spur of illness, create. But the realities of patients, the ways in which they and their brains conduct their own worlds, cannot be comprehended wholly from the observation of behavior, from the outside. In addition to the objective approach of the scientist, the naturalist, we must employ an intersubjective approach too, leaping, as Foucault writes, "in the interior of morbid consciousness, [trying] to see the pathological world with the eyes of the patient himself." (*Anthropologist* xix)

Seeing "the pathological world" the way a patient does may be impossible if you are not that patient. However, textual evidence of the patient's voice, thoughts, and feelings at least approximates such a vision. The intersubjective approach, in medicine as in literature, is as close to we can come to John Locke's notion that consciousness can be transferred between sentient beings.

The most influential book on the subject of doctor-patient intersubjectivity is Jay Katz's *The Silent World of Doctor and Patient* (1984). Katz argues that a patient's agency must be respecting, that he or she must participate in the decisions made about his or her care, that dialogue between doctor and patient is an essential part of good medical care. Katz's argument brings us again to the relationship between communication and subjectivity, between interpretation and intersubjectivity:

[P]hysicians and patients are united in the common pursuit of restoring to “healthy” life. Since that objective rarely can be fully achieved, however, it remains an ambiguous one. To the extent it can be achieved it is attainable by many different and uncertain routes, each with its own benefits and costs. In the absence of any one clear road to well-being, identity of interest cannot be assumed, and consensus on goals, let alone on which paths to follow, can only be accomplished through conversation. Two distinct and separate parties interact with one another—not one mind (the physician’s), not one body (the patient’s), but two minds and two bodies. Moreover, both parties bring conflicting motivations and interests to their encounters. (xvii-xviii)

Katz identifies the union between doctor and patient as a relationship forged in the ambiguous quest for the patient’s health. Because two minds and two bodies collaborate in this quest, conflict is bound to arise. Out of this conflict—or through communication about it—comes what Katz describes as good, responsible medical treatment. As James and Freud both suggested one hundred years ago, subjectivity and interpretation always impinge on each other. As Sacks argues, medical treatment always involves the inner life—or consciousness—of the suffering patient. And as Damasio argues, the study of consciousness is a mysterious enterprise. The relationship between uncertainty and intersubjectivity becomes particularly charged in medical encounters. In Katz’s words,

The practice of medicine is beset by great uncertainty. Indeed, advances in medical knowledge notwithstanding, for a long time to come, if not forever, its practice will be accompanied by considerable ignorance. It is the legacy of science that scientific activity produces not only new knowledge but also new ignorance. There is a bright side, however. Since doctors are now better situated than they ever have been to make distinctions between the known, the unknown, and the unknowable, they can be better aware of, and converse more knowledgeably with patients about,

medicine's uncertainties. Thus, the uncertainty and ignorance of knowledge are not inimical to shared decision making between physicians and patients.

The disregard of uncertainty defeats the sharing of the burden of decision. Its regard has made a significant contribution to the duplicities, evasions, and lies that have infiltrated conversations with patients and made meaningful disclosure and consent a charade. Patients rightfully have felt cheated; whether they will feel equally cheated by an acknowledgment of uncertainty remains to be seen. (205-206)

Again, epistemology and subjectivity impinge on each other—and decision is an intersubjective process. The most recent voice in this debate, *The New Yorker's* medical correspondent Atul Gawande published a response to the trend toward patient's rights to decide their own fate. Building on and reacting to Katz, Gawande argues that patients also need the right to forfeit control of their treatment, to put themselves in the capable hands of the well:

If both doctors and patients are fallible, who should decide? We want a rule. And so we've decided that patients should be the ultimate arbiter. But such a hard-and-fast rule seems ill-suited to both a caring relationship between doctor and patient and to the reality of medical care, where a hundred decisions have to be made quickly. (90)

The lesson we are still learning, the lesson implicit in so many novels and case histories of the previous century, is that there is no rule, no certainty. All we have is interpretation, decision and indecision, the rapport between doctor and patient, between text and reader.

Far from advocating a return to a time when patient's had little to say about their own care, Gawande's suggestion is the next logical step in the development of doctor-patient relations. Gawande is careful to distance himself from the old guard, from physicians dismissive of patients' needs and stories:

Only a decade ago, doctors made the decisions; patients did what they were told. Doctors did not consult patients about their desires and priorities, and routinely withheld information—sometimes crucial information, such as what drugs they were

on, what treatments they were being given, and what their diagnosis was. Patients were even forbidden to look at their own medical records: it wasn't their property, doctors said. They were regarded as children: too fragile and simpleminded to handle the truth, let alone decisions. And they suffered for it. People were put on machines, given drugs, and subjected to operations they would not have chosen. And missed out on treatments that they might have preferred. (84)

According to Gawande, much has changed in a decade. Yet, little has changed in two hundred years. The case history, with Freud, granted patients a great deal of subjectivity. But at the same historical moment, the narrative-driven case history disappeared from more conventional bio-medicine. Recent medical writers elicit readerly sympathy by using rhetorical ploys not far removed from those of their nineteenth-century predecessors. Presenting patients as infantilized and objectified both *other* doctors as inattentive, doctors like Gawande display their own sympathy and inspire confidence in readers. Nevertheless, the recent trend is for the recognition of the patient's subjectivity and, more than that, the complexity of the intersubjective relationship between doctor and suffering patient.

Such intersubjective relationships are the subject of physician Arthur Kleinman's *The Illness Narratives: Suffering, Healing, and the Human Condition*. Kleinman is optimistic about the power of narrative to forge the intersubjective rapport between a patient, his or her physician, and the world, to serve as a network that can bridge the social and symbolic gaps that separate us. Kleinman sees patienthood as almost an antidote to twentieth-century alienation:

We can envision in chronic illness and its therapy a symbolic bridge that connects body, self, and society. This network interconnects physiological processes, meanings, and relationships so that our social world is linked recursively to our inner experience. Here we are privileged to discover powers within and between us that can either amplify suffering and disability or dampen symptoms and therefore contribute to care. (xiii)

The relationships between physiology and meaning and between inner experience and the social world have remained the subject of fiction during the twentieth century, but their importance has been diminished in traditional medical science. Damasio, Sacks, Katz, Gawande, Kleinman, Kleinman are among a generation of physicians who are changing that. The popularity of their writing is reflected in the popularity of a recent literary phenomenon that has come to be known as the pathography, autobiography heavily inflected with the experience of physical and psychological illness, stories like Sylvia Plath's *The Bell Jar* (1971), John Edgar Wideman's *Brothers and Keepers* (1984), Audre Lorde's *The Cancer Journals* (1980), Paul Monette's *Borrowed Time* (1988) and *Becoming a Man* (1992), Susanna Kaysen's *Girl, Interrupted* (1993), and David B. Feinberg's *Queer and Loathing: Rants and Raves of a Raging AIDS Clone* (1994).¹

In the following passage, Kleinman's description of the patient's experience of illness, could just as easily be describing contemporary pathography:

The recurrent effect of narrative on physiology, and of pathology on story, is the source of the shape and weight of lived experience. That felt world combines feeling, thought, and bodily process into a single vital structure underlying continuity and change in illness. Coming to terms with this human dialectic transforms our understanding of the difficult life problems that issue from chronic illness and of how they are best treated; it also alters our appreciation of what medicine and health care are all about. (55)

Pathographies chronicle "the difficult life problems" that disease thrusts onto a life. Such narratives have become a staple of contemporary culture. The popular perception is that narratives about illness are somehow therapeutic. Read in relation to current medical writing and as a logical development of the linked traditions of the novel and the case history,

¹ Hunter uses the term pathography to refer to both autobiographical and biographical accounts of pathology; Couser distinguishes between pathography and autopathography.

however, it becomes clear that the real work of pathography is the establishment of an intersubjective rapport between doctor and patient, writer and reader.

The Bell Jar, a study in alienation, is an early example of pathography. Billed on its front cover as “the heartbreaking story of a talented young woman who descends into madness,” Plath’s “novel” enacts the paradox of identification that fuels so much nineteenth-century and medical writing. Esther, Plath’s heroine, is hardly likable, but her suffering makes her sympathetic, and her alienation is familiar. Early in the narrative, Plath stages a modern reenactment of Dorian Gray’s diagnostic reading of Basil Hallward’s portrait. Esther finds herself alone with herself in an elevator:

I slid into the self-service elevator and pushed the button for my floor. The doors folded shut like a noiseless accordion. Then my ears went funny, and I noticed a big, smudgy-eyed Chinese woman staring idiotically into my face. It was only me, of course. I was appalled to see how wrinkled and used up I looked. (14)

Like Dorian Gray, Plath both recognizes her likeness in the mirror and sees it as alien. Her racist response to her self alienated from herself is characteristic of her privileged malaise, the disorder that eventually lands her in an institution. As a pathography, *The Bell Jar* is far from a therapeutic document. There is no cure offered her, no happy ending. The author’s life ended in suicide; her novel ends in despair and ambiguity. Institutionalized, diagnosed, treated, and released, Esther still sees only uncertainty: “I had hoped, at my departure, I would feel sure and knowledgeable about everything that lay ahead—after all, I had been analyzed.” Instead, all I could see were question marks” (199). Her question marks bear witness to the uncertainty of medicine. Her pessimism, however, is not the only response. Even the existence of the novel, after Plath’s death, performs the intersubjective work of narrative, work that can be an antidote to the alienation from which both author and heroine suffered. The question marks, insufferable for the protagonist (and perhaps the author), are less troubling for readers.

David B. Feinberg's *Queer and Loathing* is a powerful representation of more current pathographies. Feinberg echoes the testimonial concerns of many such pathographies, AIDS memoirs in particular. Invoking Act Up's famous slogan, Silence = Death, he writes to stave off death:

Okay, if I wait eight to ten years for good science to approve a drug, I'll be dead.

That's simple enough, isn't it? It's tough being politically active from six feet under.

If I remain silent in the face of this epidemic and the government's unwillingness to act effectively, then I may just as well be dead. SILENCE = DEATH, get it? (7)

Feinberg presents his testimony as a kind of speech act, meant to sway government policy, rally AIDS communities, and make sense of an epidemic which defies explanation. On page 7, Feinberg insists, "If I remain silent . . . I may just as well be dead," that Silence = Death is *the* trope for AIDS testimony that just might give him his chance to restore his own singular subjectivity, but by page 214 his model shifts. The shift, not surprisingly, coincides with his declining health, because of which he has invested in an IV (and its unwieldy apparatus) to avoid hospitalization for treatments he can receive at home:

My very best friend in the entire world, John Palmer Weir, Jr., to whom my entire writing output is dedicated, came over to sit through the second pentamidine, which was a total of only forty-five minutes of drip. I always used to watch the needles; now I just avert my eyes. But John Weir was making a conscious effort to show me that nothing human offended him; he wanted to show me it was okay. I knew it was okay. I asked him, but noooooo, he had to stare in shock and horror and revulsion as Manny the nurse stuck me, and Manny wasn't that used to doing this sort of thing in the home environment because even though I have excellent veins—indeed, I've entered them in competitions and always gotten at least honorable mention—he was used to hospitals, Perry said, where the patient can be tied down with straps or something or other, and he stabbed me and I bled and John's eyes turned to saucers, and even though I didn't want to look it was as if his eyes were reflecting what was

going on, which I didn't want to know; one could see the depth of the sorrow and the pity; it was like watching a twenty-hour movie about the Holocaust in his eyes.

Manny tells me that he had a wonderful time skiing in Colorado last winter, and I stifle the impulse to tell him how politically incorrect it is of him to travel to

Colorado: Hasn't he heard of the boycott? What about the political ramifications?

Because he is the one sticking the needle into me. (214)

It's not "okay," not within the parameters of ordinary experience. Feinberg is very ill by this point in his narrative. His body has become increasingly less autonomous, relying more and more on drugs (oral and intravenous), blood tests, and medical machinery. Because of its progress, he "sees" his illness in an entirely new way, reflected in John Weir's eyes, and the trauma he sees there resembles a "twenty-hour movie about the Holocaust."

Despite Feinberg's decision to "avert his eyes," he is confronted with the "shock and horror" and "the depth of the sorrow" in his own sick self. He sees his own subjectivity, transformed by AIDS, constituted in the eyes of his friend, calling attention to the fact that the subject of testimony needs an audience to be effective. Feinberg and Weir were "unnatural" all along, but now their subjectivities are very consciously constructed by and through each other, via the mutual "shock and horror" AIDS elicits. Through the exegesis of Feinberg's body and the trauma it induces, they recognize their subjectivities as constructions produced out of corporeal and psychic ruptures, ruptures in the isolated bodies and selves promised by traditional autobiography. Along with the reader, they participate in an exegetical construction of their bodies and psyches in relation to AIDS, to each other, to the prophylactics used as "protection" against each other's infections, to AIDS drugs, medical devices, activism itself, and any other body "at risk" for AIDS. Like Feinberg, AIDS writers in general, characters in their narratives, and readers, taken as a collective, become subjects in a *community of risk*—each necessary to the others' survival, but each a source of "shock and horror" as well.

By the end, many AIDS testimonies close in upon themselves, re-evaluating the Silence = Death trope that had been the motivating force. When the community constituted through a memoir is fragile, the act of writing itself is precarious. When the body of the writer is losing strength, s/he lacks the agency required to keep writing. AIDS memoirists often quit writing because they're too sick, or because, as David Feinberg puts it, "I cannot write about being ill when I am ill"; "the subject ceases to be palatable" (273). Feinberg's use of the word "subject" suggests a double, even overdetermined, meaning. Ostensibly his "subject" is AIDS, but the "subject" of autobiography is always, of course, the self. What has ceased to be palatable may be the transformed subject of autobiography, the David Feinberg who has become a construction of his own testimony. Silence may equal death, but writing, by the end of Feinberg's narrative, means tackling a subjectivity suffused with the virus the writing itself was designed to exorcise:

Does writing actually help anything?

People die everyday. Eventually I will die.

I'm afraid of what the next year will bring.

I'm exhausted.

I don't want to think about it anymore. (Feinberg 274)

Writing himself with AIDS has exhausted Feinberg. Writing AIDS and living AIDS are incompatible. In part, the memoir has constructed Feinberg and AIDS as overlapping discourses that constitute each other. They exist only in relation to each other, two subjects in the very community Feinberg's narrative, as testimony, is intent on creating. The logical conclusion to a narrative in which "people die every day" is: "Eventually I will die." Silence = Death, and so does writing. Feinberg died from complications of AIDS in 1995. His writing did not keep him alive, but *it* survives, bearing witness to his experience.

Like so many pathographies, *Queer and Loathing* presents the reader with an experiment like the one Damasio asks his readers to undertake. Feinberg's representation of a self-in-crisis asks us to consider the status of our own selfhood and to do it through

reading. Diagnostic reading is never an objective or disembodied enterprise, but the fact of the bodies involved is what makes the reading condition, in Robert Scholes's words, the human condition. In her discussion of late-twentieth-century medical practice, *Doctors' Stories: The Medical Structure of Medical Knowledge*, Kathryn Montgomery Hunter makes the point that medicine must be distinguished from the hard sciences because it is "grounded in subjective knowledge":

Medicine is an interpretive activity, a learned inquiry that begins with the understanding of the patient and ends in therapeutic action on the patient's behalf. Far from being objective, a matter of hard facts, medicine is grounded in subjective knowledge—not of the generalized body in textbooks, which is scientific enough—but the physician's understanding of the particular patient. (xx)

Medicine, in other words, is never purely diagnostic. A medical reading must always be both diagnostic and sympathetic, based on empirical observation and on an "understanding of the particular patient." Anne Hunsaker Hawkins echoes this point in *Reconstructing Illness: Studies in Pathography*. Hawkins offers the pathography as a counter to post-structuralist theories of autobiography:

Pathography challenges the skepticism of critics and theorists about the self, making that skepticism seem artificial, mandarin, contrived. The self of pathological writing is the self-in-crisis: when confronted with serious and life-threatening illness, those possibilities, fictions, metaphors and versions of the self are contracted into "hard" defensive ontological reality—primed for action, readied for response to the threat of the body, alternatively resisting and inviting the eventual disintegration of the self that is death. (17)

Pathographies represent the "self-in-crisis," but the "'hard' defensive ontological reality" she describes is not necessarily at odds with post-structuralist and psychoanalytic theories that explore the myriad ways a self is shaped by language and narrative. Despite the always inadequate correspondence between the experience of illness and the diagnosis of illness,

any narrative that attempts to provide an explanatory frame for a sick person bridges the gap between experience and diagnosis.

The representation of selves in crisis—fictional or actual—presents the reader with the opportunity to confront the fact that subjectivity is never fixed, that consciousness is not a hard ontological reality but a “mental pattern” that performs itself. As G. Thomas Couser writes in *Recovering Bodies: Illness, Disability, and Life Writing*,

Bodily dysfunction may stimulate what I call *autopathography*—autobiographical narrative of illness or disability—by heightening one’s awareness of one’s mortality, threatening one’s sense of identity, and disrupting the apparent plot of one’s life. Whatever from it takes, bodily dysfunction tends to heighten consciousness of self and of contingency. (5)

Dr. Kay Scarpetta could not be more “normal,” more aware of her mortality, than when she boils human remains. Nineteenth-century novelists and case historians recognized power of disrupted plots and threatened identities to play upon their readers’ sense of mortality. The current popularity of the pathography suggests that the power of such disruptions and threats is still recognized. As the medical field begins to incorporate contingency into its practice, to recognize that diagnosis is always tentative, medical writers are bringing sympathy—or doctor-patient intersubjectivity—back into the therapeutic process. We still don’t have a biomedical explanation for consciousness, but we do know that Dorian Gray finds Dorian Gray in Basil Hallward’s portrait; that Plath’s Esther is Esther (and is Plath) when she sees that Chinese woman sizing her up; that David Feinberg is David Feinberg when he sees himself in John Weir’s eyes; that we readers confront ourselves when we size up—diagnose, and sympathize with—the subjects of fiction, of case histories, of pathographies. These narratives suggest that Damasio, like Freud and James before him, is onto something: the condition of reading is still the human condition.

APPENDIX A: Two Case Histories, One Curious, One Clinical

1. The History of a Glans Penis regenerated after Amputation by Mr. James Jamieson
2. Case of an extraordinary Enlargement of the Clitoris by Richard Simmons

1. The History of a Glans Penis Regenerated after Amputation by Mr. James Jamieson

The following case, an example of a curious case, was published in *Medical Essays and Observations* in 1742. Jamieson was a surgeon in Kelso.

In December 1736, A young Man about 19 or 20 Years old, who had been six or seven Weeks under Cure of *Gonorrhoea*, came to *Kelso* and asked my Advice. Upon viewing the Parts I found a Gangrene on the *Praeputium* and *Balanus*; the whole *Penis* was inflamed, and swelled so greatly as to be threatened with the same Fate, attended with most acute Pain, and a *Stillicidium* from the *Urethra* of an ichorous and fetid Matter, attended with a full, hard and frequent Pulse: Whereupon I desired him immediately to consult a Physician, as no Time was to be lost; and accordingly the ingenious Dr. *Gibson* was called.

We then reviewed the Parts affected, and agreed to try by Incisions how far the Gangrene had gone; whereby we discovered, that both the *Praeputium* and *Glans* were irretrievably mortified, and that nothing but Extirpation could give the Patient the smallest Chance for Life, therefore instantly determined to do the Operation, and I amputated the Parts affected, viz. the *Balamus*, *Praeputium*, with a small portion of the *Corpora cavernosa Penis*.

As the Hemorrhage was but inconsiderable, we dressed the Stump with dry Lint: Then applied a Bandage and Suspensory, took near a Pound of Blood from his Arm, laid him in Bed, and gave him an Anodyne; whereby he slept well through the Night, and was much refreshed.

Next Morning the Fever was much abated, and the Pains were less severe; but his Drought rather increased, and his belly was costive. We bled him again, and threw up an Injection; then gave him a lenitive Ptizan to drink through the Day with some Doses of the *Lapis prunellae*, and repeated the Anodyne at Night. All the Medicines performed to our Wish.

The third Morning he was much easier of the Pains, and his Pulse was less frequent: but still a little too hard, for which he was bled a third time, and got the Anodyne at Night. His greatest Complaints were now a smarting of this Thighs, *Scrotum* and *Perinaeum*, occasioned as we found next Day, by the diffused Urine and Matter of the *Gonorrhoea* that had excoriate [sic] these Parts, and proved very uneasy to him for several Days; which was cured by bathing with warm Milk, and the *Unguentum Saturninum* spread upon Linen Cloths that were kept on the Parts, after being well dried, to prevent the like Consequence.

On the fourth Day we removed the Dressings, and found the Parts look [sic] fresh and well, the Digestion begun, and the Pus of a mild Aspect from the Stump: but the Colour and Consistence of the *Gonorrhoea* had shewed a great Degree of Virulency, and gave Trouble to the Patient by the Ardor Urinae; both which were removed by several Doses of Calomel, gentle Purgatives, laxative Decoctions, cooling Diureticks, and at last was totally cured by proper Balsamics. The *Penis* was this Day dressed with Lint as before.

Upon the sixth Day we again removed the Dressings, upon account of a very large Discharge of Matter that was still good; but *Fungus* appeared to be growing fast, which we endeavored to suppress by the *lunar Caustick*: But such was the Consequence of the first Trial that, by the sharp Pain it occasioned, his Fever returned, and continued about 24 Hours, and was carried off by further bleeding and an Injection, Anodyne Medicines, proper Diet, and plenty of cooling and diluting Drink, such as Whey and Barley-water, with the Juice of Lemons.

At the next dressing, which was on the ninth Day we tried a little *red Precipitate* in fine Powder mixed with the *Linimentum Arcae*; which also created so acute Pains, that he was not able to bear it, and obliged us to renew the Dressings in less than a Hour after Application: However, we again tried both in the gentlest Way; but were obliged to quit them, and take to the dry Lint again, as the *dernier resort*, and the only Application he could suffer, which was continued without Alteration, till the Cure was completed unexpectedly in the following Manner.

The *Fungus* to Appearance still advancing and projecting forward in a direct Line, gave us much Uneasiness in Expectation it would at last obstruct the Discharge of Urine, and oblige a second Amputation: to our great Satisfaction, as well as Surprise, we discovered about the sixteenth Day after the Operation a thin Skin begin to advance upon the Part of the Fungus next to the *Penis*; and every Dressing we observed its Procedure, till by very slow Degrees the whole was covered, and formed a well shaped and proportioned *Glans*, with this Difference only from the natural, that the Orifice of the *Urethra* is a little larger.

The young Man was married in this Country about two Years after the Cure, has had two Children, and complains not either of Want or Defect, even in Sensation: And as the Case is quite new to me, either from Practice or Reading, I send it to put in the *Essays*, if worthy of a Place in that Collection.

Case of an extraordinary Enlargement of the Clitoris by Richard Simmons

This case was originally published in the *Medical and Physical Journal*, volume 5, number 23, 1801.

Simmons was a member of the Royal College of Surgeons and surgeon to the British Lying-in Hospital, Brownlow Street.

To. Dr. Batty.

Dear Sir,

As you did me the favour to make a drawing of the subject of the following case, and was present at the operation, I request you will insert the annexed account of it in your very useful Journal; and though it may not give rise to many new ideas on our mode of treating such cases, it will shew to what an uncommon extent such diseases may arrive at without being particularly detrimental to the constitution, independent of the pain and distress arising from their weight. I am,

Dear Sir,

Your obliged and humbles servant

Richard Simmons

On the 28th of Feb. 1800, Catherine Talbot, a healthy looking woman, about thirty years of age, was placed under my care, in the Parochial Infirmary of St. Martin in the Fields, where she had been admitted on account of her inability to follow her usual occupation, which was that of working in the brick fields, and other laborious employments, from a swelling of great magnitude, as she described it, hanging from her body; and which, upon examination, I found to be the clitoris enlarged to a most enormous size, gradually increasing in bulk from its stem at the pubis. The circumference of the largest part measured fourteen inches, the circumference of the stem five inches, and the length of the tumor nine inches. Its general appearance was smooth and fleshy, and its upper surface covered with cuticle, and not redder than the skin in general; round the bottom of the tumor, and all its under surface, it was very unequal, being made up of a cluster of swellings of a globular form, of different sizes, from those of large grapes to the smallest; the colour of these were redder, somewhat transparent and shining, but not inflamed or painful to the touch. When the tumor was held up, a detached lobe from the right side hung lower than the rest, having the same globular appearances at its most depending part. The nymphæ and labia on both sides,

especially near the perineum, appeared as if taking on the same uncommon action with the clitoris and felt more tender; which might arise from the weight and pressure of the tumor, as they were not much enlarged.

The most singular circumstance was, that her general health was not at all affected, her appetite was good, and she menstruated regularly; nor did this enormous mass produce any pain except from its weight, which gave her an uneasy sensation at the scrobiculus cordis, which was always relieved by suspending the tumor, but which she was either in general too careless to attend to, or the necessary support too inconvenient to her to apply constantly.

The account she gave of it was, that the part (clitoris) began to enlarge about four years ago, and without any apparent cause; and that it went on gradually increasing in size for near three years, and that during the last year it had enlarged very rapidly. On questioning her very particularly, she confessed having had a slight venereal complaint when she was about twenty years of age, but has not the least doubt of her having been perfectly cured of it, having suffered no interruption to her health in any way till the commencement of the swelling.

It will readily be granted that this was no common case; its extraordinary size and singular appearance necessarily rendered it an object of curiosity, and I occasionally took several of my medical friends to examine it; many of whom had seen instances of enlarged and diseased nymphae and clitoris, but never anything like the present. I saw no chance of relieving the poor woman without an operation; and she being also well convinced of her constantly remaining a burthen to herself and the world without its extirpation, she readily agreed to any plan I might propose.

I determined therefore on using the knife, and requested Dr. Batty, Mr. Ford, Mr. Blair, and Mr. Morris, to favour me with their attendance on the 26th of March, when the operation was performed in the following manner:—A circular incision was made round the base of the swelling near the pubis, beginning at the interior part on the right side, and ending on the opposite side, and afterwards continuing the dissection till the whole was removed. It was necessary to take up one vessel on each side; the three vessels of the clitoris were not materially enlarged, and were included in one ligature. The parts were dressed superficially, and thirty drops of laudanum given her. I saw her again in the evening, and the laudanum was repeated; she slept pretty well during the night, and was tolerably free from pain. On the 27th, some pain, tension, and inflammation of the labia came on, accompanied with fever; she took the saline mixture during

the day, and at night the opiate was repeated. She discharged her urine freely. On the 28th, the tension and pain were increased; and not having had a stool since the operation, she took the laxative medicine, which had effect. On the 29th, the dressings were removed, having been loosened by a beginning of suppuration; she passed the day rather better. On the 30th, the discharge from the sore was considerably increased, and the pain and tension diminished; one of the ligatures came away. From this time the sore continued to discharge freely for a few days. When both the other ligatures came off, the patient feeling extremely happy at the thoughts of having got rid of a disagreeable load, and with the prospect of the sore speedily healing; nor were her expectations disappointed, it gradually lessened in size, and, by expectations disappointed, it gradually lessened in size, and, by the 21st of April, was completely healed, the labia, &c. assuming their natural appearance. She was discharged the Infirmary before the end of the month.

It must have occurred to those who have extensive practice in midwifery, to have observed children born with a peculiar conformation of the clitoris; instances where it has appeared considerably elongated, and covered with a large praeputium, have given rise to mistakes of the sex of an infant, or have rendered it a doubt to which the child belonged. Specimens of this sort are to be seen in all anatomical collections, as well as examples of extraordinary enlargements of it in adults. And histories of such cases are to be met with in Riolanus, Bartholine, Schurigius, and others, some of whom believe the part endowed with a similar power to the penis in men. It would be of importance to discover whether any artificial means, or excess of venery, was capable of increasing its size; in the case above related I could not discover that at any period of its enlargement it had the power of erection, or was converted to any improper purpose.

It appears that an enlarged clitoris is almost endemial in some countries, particularly in Egypt and Darfur, where the excision of it is very commonly practiced, and the operation is performed a little before the period of puberty, or at about the age of eight or nine years. This custom is mentioned by Strabo, and also by Albucasis, in his 7th chapter, who observes, that every parent knows when a child has these parts longer than ordinary, and cut and burn them off while the girls are very young. De Graaf was also acquainted with this, and gives his approbation of the operation as highly necessary as well as decent, "*Eftque hujus partis chirurgia orientalibus tam necessaria quam decora.*" And Mr. Brown, our countryman, the celebrated traveller into Africa, tells us, that thirteen of fourteen young females underwent the operation

in a house where he was. It was performed by a woman, and some of them complained much of the pain both at and after it. They were prevented from locomotion, but permitted to eat meat; the parts were washed every twelve hours with warm water, which profuse suppuration rendered necessary; at the end of eight days the greater part were in a condition to walk, and liberated from their confinement; three or four of them remained under restraint till the thirteenth day. The reflection that naturally arises from this fact is, that there is no hazard in performing the operation at a very early period; and the success attending the extirpation of the prodigious one in the case I have related, is a sufficient evidence of the safety of an operation at a more advanced stage of the disease,

Explanation of the Plate

Fig. 1. The upper side of the tumor. Fig 2. The under part.

The weight of the tumor after extirpation was twenty-eight ounces.



APPENDIX I: BREAST CANCER CASES, 1752-1801

1. Histories of Collections of Bloody Lymph in Cancerous Breasts by Alexander Monro
2. An Account of the Effects of the Cicuta, and a Carrot Poultice upon a Cancer of the Breast by Arthur Nicolson, M.D.
3. Practical Observations on Cancers and Disorders of the Breast by Richard Guy
4. The Case of Mrs. Craib by William Nisbet and Isaac Oliphant

1. Histories of Collections of bloody Lymph in cancerous Breasts by Alexander Monro, P.A.

The following cases were originally published in *Medical Essays and Observations*, volume 5, 1742: 336-347. This version was published in the fourth edition, with an addendum, in 1770. The author, a well-known Edinburgh physician, has other cases in this volume, including: *The Effects of Peruvian Bark in Gangrenes, Ulcers, and Small-pox; A Skull uncommon for the Number and Size of the Offa triquetra; Remarks on the spermatic Vessels and Scrotum with its Contents; Remarks on inguinal Herniae in Men; Of the Tumors in the Scrotum, An Essay on the Caries of the Bones, Artificial Passages from Natural Liquors.*

XXXI.

No Mention being generally made by Chirurgical Writers of a Collection of *bloody Lymph* in the Breasts of Women, as a Consequence or Attendant of the schirrous or cancerous Tumors of those glandular Parts, I send you the following Histories of such Cases, which may at least teach Practisers to know when they meet with such a Disease, and may save them from being accused of destroying their Patients by Ignorance.

I. A woman about fifty Years of Age shewed me her Right Breast, in the exterior side of which there was a large very hard unequal Tumor, in which there frequently was sharp Pain. In the Hollow of the Arm-pit was such another hard Tumor: Both of them had increased very slowly.

I ordered her to be let Blood of, to take a cooling purgative Ptizan once a Week, and to live on a spare cooling Diet, which soon made the Pains easier. Some people however having promised to make a complete Cure of her Breast, prevailed on her to apply warm suppurative Cataplasms to her Breast; which brought a Fluctuation of Liquor that was believed to be a complete Suppuration, till it broke, when, as the Woman and her Relations informed me, about four Pound of bloody Water ran out: After which the Woman was in constant violent racking Pain, which made her again desire me to visit her. Near the Arm-pit there was then an Orifice, which could admit three Fingers at once, that was the Entry to a very large hollow Ulcer, from which there was a constant Discharge of abominably stinking watery *Sanies*. Upon pressing the Sac, I made several Spoonfuls of this Liquor to run out. The Woman was so weak she could not turn herself in her Bed, to which she was confined; her pulse was very quick and low; she had *Diarrhea*, Night Sweats and Cough, and was kept constantly awake by the sharp Pains of the Sore.

To make her somewhat easier the short Time she had to live, I made a tepid Rose-water with a little Vinegar, Brandy and *liquid Laudanum*, to be injected in to the Sac frequently; and gave her a cordial Julep, with some *Laudanum*, to be taken sometimes: By which the Pain was blunted during the two Days more she lived.

II. My Advice was asked for a middle-aged Woman living in the Country, who had been two Years sensible of a hard Tumor in the upper Part of her Left Breast, which was very small in the Beginning, but was increased gradually to a great Bulk, notwithstanding different Medicines she had taken, and the Application of mercurial and gummous Plaisters, &c. The cutaneous Veins of this Breast were turgid; the Skin was become red; lancinating Pains often pierced through the Tumor, which was very hard. At the Time of the menstrual Evacuation, the Tumor became so large as to appear to be fixed to the Ribs, upon plentiful bloodletting subsided, and was again moveable.

My Opinion was, that either the Breast should be extirpated; or, if that was not consented to, by general Evacuations and a low Diet the Increase of the Tumor should be retarded; and by a cooling Lotion, such as *Acet. Lethargyr.* diluted with Water, the Inflammation of the Skin would be prevented.

Some time after my Correspondent wrote to me, that the Tumor had suddenly increased to a very great Bulk, with an Increase of the Pain; that it then became soft in some Parts, with a Fluctuation of Liquor, while the hard Tubercles were felt at other Parts; that at length the whole Tumor became red, soft, and full of Liquor, and had been opened at the lower Part, when two Pounds of a bloody Water, which had no Smell, were evacuated.

Next day the Pain was much more violent than formerly; the Wound had a cadaverous Smell, and the superior Part of the Breast was still turgid with Liquor: To evacuate which another Incision was made; and four Pounds of the Bloody water being let out, the Breast became very flaccid. The Pain increased violently, a Gangrene appeared on all the Skin of the Breast, and next Morning their Patient died.

When the Breast was dissected afterwards, it was found to be an empty Bag without any tumefied Gland in it.

III. A middle-aged Woman, Mother of several Children, who had always been of a weak Habit, and subject to nervous Disorders, having accidentally bruised her right breast slightly, felt soon after a hard Tubercle toward the exterior side of that Breast, which, notwithstanding some purgatives and aperient Decoctions that were given to her, increased considerably. She was with Child when I first saw her along with several other Gentlemen, who thought

the Extirpation proper: but her Condition prevented its then being performed, and gentle Deobstruents, with mild Food, were recommended.

The Tumor grew bigger, a small hard Knot formed below the Edge of the pectoral Muscle, and the axillary Glands tumefied and became hard.

She aborted in the sixth Month of her Pregnancy, and had a very plentiful Discharge of *Lochia*, but without any Change being made on the Tumors. As soon as she had recovered from the Abortion, she took Rhubarb and other mild Purgatives frequently; her menses returned in sufficient Quantity at the regular Periods: she was more free of the nervous Disorders than she had been for a considerable Time; the Tumors however in her Breast and Arm-pit increased fast.

After the whole Breast seemed to be schirrous, a Fluctuation of Liquor was perceived in several Places toward the exterior and superior Part of the Tumor, and she complained of pricking pains in it. Soon after the Breast swelled fast, the Fluctuations was felt every where in it, and the Veins of the Skin became very large and vericous, and the Uneasiness from the Weight and Pain keeping the Patient almost entirely from Sleep.

The Teguments at last turning red, pointing, and so thin that they would soon have been opened by the Liquor, a very small Lancet was pushed into a depending Part of it free from large Veins, and three Pounds of a blackish red Lymph were allowed to run out; and the further Evacuation at that time was prevented by a Tent adapted to the small Orifice, secured by a Piece of adhesive Plaister.

The Liquor which was drawn off had no Smell; and, when exposed to Heat, coagulated as the Serum of the Blood does.

The Patient bore the Evacuation well, and was easier than ordinary all Day.

Next Morning, when the Dressings were removed, the Skin appeared of a natural Colour, and the Veins were all contracted; a Pound of the same sort of bloody Lymph flowed out of the Wound. After which the glandular Part in the Middle of that Breast could be distinctly felt, and did not seem larger than the glandular Part of the other Breast; but the Tubercle at the Edge of the Pectoral Muscle, and the hardened axillary Glands, were as large as ever.

After the second Dressing the Patient complained of a sharp Pain near the Wound; which being suspected to be occasioned by the Point of the Tent touching some of the glandular Parats, now when the Breast was collapsed, it was changed for one no longer than would go no deeper than the Thickness of the Lips of the Wound.

Between this third and fourth Dressing, the Lymph ouzed [sic] at the Sides of the Tent, and had somewhat of a putrid Smell.

On the fourth Day after the opening, the Teguments were so thin as to allow the original Tumor in the exterior Part of the Breast to be distinctly felt; and it seemed rather larger than when it began to be concealed by the Collection of Lymph.

On the fifth and sixth Day there was little Change, only the Lymph became more fetid, and more of an ashy Colour.

Seventh, the large Tumor of the Breast felt softer.

Eighth, the Quantity of Lymph was less, and some tolerably good Pus came out upon the Tent. The Smell and constant ouzing of the Lymph being uneasy to the Patient, a Sponge dipt in *Aq. Calc.* and *Aq. Regin. Hungar.* and afterwards press'd near dry, was laid over the Breast.

During the eleven following Days the Appearances mended; for the Quantity of Liquor flowing by the Orifice decreased, its Smell became less fetid, and its Consistence was nearer to that of Pus; at the same time the large Tumor became less and softer.

Afterwards frequent Suppurations came on in different Parts of the Teguments: The glandular Tumor increasing, the Pain deprived the Patient of Sleep, and with the Evacuation, wasted her, took away her Appetite, made her gradually weaker; so that, after suffering all the Uneasiness, which commonly attends ulcerated Cancers, two Months more, she died.

IV. A Woman who had born several Children, being again with Child in 1733, the 37th of her Age, observed the Nipple of her right Breast drawn inwards, so that, when she was brought to Bed, the Child could not catch hold of it to suck it.

When this child was a Year old, the Mother was suddenly frightened when her *Menses* were on her; which put them away, and she never had any return of them.

In March 1739, she recovered from a dangerous Fever; soon after which she was exposed to Cold, and was violently in Wrath, Fear and Grief, receiving at the same time a Bruise on her right Breast. This Shock confined her to her Bed three Months, and soon after it she perceived a small painful red Tumor in the interior exterior Part of the right Breast, which she neglected.

In the End of *July* 1740, when I saw her, the right Breast was very large and hard, with such sharp Pain that she slept none; the Veins of the Skin were varicous, and the Nipple was shrunk out of Sight; I however felt a Fluctuation in it, and judged it to be such a Case as the preceding.

Next Day, *July* 31st, I made a young Gentleman, my Pupil, put a small Lancet in the interior anterior Part, where it was thinnest and most prominent: he let out eight Ounces of a bloody Lymph, without Smell, but salt when tasted; which, held in a Spoon over a Candle, coagulated. A very short Tent was put into the orifice, secured from going into the Cavity by a Thread, and hindered to come out by adhesive Plaister. She slept better that Night, having less Pain.

August 1st, Four Ounces of the same Sort of Lymph ran out, the Tumor was less, the Skin was of a natural Colour, and the Veins were contracted. A little *Lime-water* and *Melrose* were injected tepid into the Cavity of the Ulcer.

August 3d, Two Ounces and a half of Liquor ran out of the Sore: This Liquor was more of a purple Colour, and less salt to the Taste. It was dressed as formerly.

4th, The Tumor felt as if divided in the Middle, and as if it were falling to pieces; her Appetite was better, the Pain less, an Ounce of Liquor ran out; the Dressings the same.

5th, she underwent what the Women call a *Weed*, which resembles a Paroxysm of an Ague. This Day the Liquor evacuated at the sore, was in greater Quantity, thinner, darker coloured, more fetid, and, when held in a Spoon over a Candle, did not coagulate. By drinking plentifully of thin warm Liqueur, she had a profuse Sweat which carried off the Weed.

6th, The Tumor was harder, the Pain greater, the Liquor fetid; a little Digestive was added to the Injection.

Two months, Attempts were made to melt down the Hardness; but so unsuccessfully, that it increased, became more painful, and wasted her: Yet she absolutely all the while refused to let it be cut off. Her left Breast, then inflamed, was soon brought to Suppuration by proper Applications, and cured in a few Days.

Soon after, five small Tubercles were observed in the right Arm-pit; which disappeared in a few Days, upon a fungous Excrescence thrusting out at the Orifice in the Breast of the same Side, and some long tough substances coming out with the matter.

Some days after, a soft equal Tumor, about the Size of a large Nutmeg, without Pain or discolouring, started up at the interior Side of the affected Breast, the *Fungus* in the Orifice having retired at the same time, and

the Lips retorting, with all the very bad Symptoms of an ulcerated Cancer; which in a short time made her her so miserable, that she was content to submit to the Amputation of the Breast; which was done successfully by the same young Gentleman, who, under my Directions, had taken care for her from the Beginning.

Some months after the Wound was firmly cicatrized, and she strong and well, some knots began to appear in the Arm-pit, and at the Edge of the pectoral Muscle: She was frightened for more cutting, and let them increase and spread, till now she seems to be in the Way of suffering all the Miseries of a Cancer that cannot be taken away. My Prognostic was too much verified in this Patient.

The quick return of the cancrus [sic] Knots, after the Extirpation of the Breast in this Case, calls to my Remembrance a Problem which I have often wished to have a Solution of, Whether ought cancrus [sic] Tumors to be extirpated, or ought the palliative Method only to be followed, when they cannot be resolved?

The Resolution of a Cancer I acknowledge to be very rare; but having seen two such Tumors at least what I judged to be such, cured, I would not exclude the Supposition altogether.

To encourage others to tell their Experience and Opinion, I shall give you mine.

Of near sixty Cancers, which I have been present at the Extirpation of, only four Patients remained free of the Disease for two Years. Three of these lucky People had occult Cancers in the Breasts, and the fourth had an ulcerated Cancer of the Lip.

The Disease does not return always to the Part where the former Tumor was taken away; but more frequently in the Neighborhood, and sometimes at a considerable Distance.

Upon a Relapse, the Disease in those I saw was more violent, and made a much quicker Progress than it did in others to whom no Operation had been performed.

When an ulcerated Cancer, that can be extirpated, is wasting the Patient so fast that it must bring Death in a short time, there seems little Doubt, that it ought to be taken away, as the only Means of prolonging Life.

If an occult Cancer is occasioned to a young healthy person by a Bruise or such other external Cause, the Hope of escaping a Relapse would persuade us to extirpate it.

In all other cancrus Cases, the earnest Entreaty of the Patients who have had the Danger of a Relapse fairly explained to them, and not the Surgeons Persuasions, should make the Extirpation undertaken.

My Practice since the former Editions continues to confirm what I have here said concerning the frequent Return of Cancers, notwithstanding many Attempts of different Kinds to prevent it. Courses of Mercury, drinking

the Decoction of *Guajac*, aperient Roots, Millepeds, and such other Attenuants and Deobstruents, did no good. What did most Service was the keeping a Part of the Wound, made in the Extirpation, open in the Form of a perpetual Issue; which retarded the Return so long in some Patients, that I flattered myself I had at last hit on the Preservative against a Relapse. But even in this I have been disappointed.

2. An Account of the Effects of the Cicuta, and a Carrot Poultice upon a Cancer of the Breast by Arthur Nicolson, M.D.

The following case was originally published as *An Account of the Effects of the Cicuta, and a Carrot Poultice upon a Cancer of the Breast, in a Letter from Arthur Nicolson, M.D. Physician at Berwick, to Richard Huck, M.D.F.R.S. and Physician to St. Thomas's Hospital, and by him communicated to the Society in Medical Observations and Enquiries*. (Volume IV) November 5, 1771.

XXXI.

Berwick, 28th August, 1770.

Dear Sir,

At your desire, I send the particulars of the cancer of the breast as nearly as I can collect them from the notes which I kept.

Mrs. ———, aged forty-four, of a tender delicate habit of body, much subject to nervous complaints, costiveness, flatulence, irregular menstruation, *fluor albus*, and to flying rheumatic pains. She is the mother of two children. the loss of the eldest nine or ten years ago, afflicted her very much. The youngest is now sixteen. Some of her family have died of a cancer. About twenty years ago, Mrs. ——— had a *schirrus* in her left breast, which, after some years, dispersed insensibly. She has been troubled for these five or six years with slight pains in the right breast, which were relieved by warmth and exasperated by cold. The last spring she was afflicted with a *sciatica*, and the rheumatic pains were severer than usual. She bathed in the sea for three or four summers with sensible benefit; but during the course of the sea-bathing in June 1769, the pains in the right breast grew more violent, when she discovered a hardness in it, and the skin seemed contracted, without any discolouration; for which reason she gave up the bathing. Her pains now increased to such a degree that she could no longer conceal her sufferings. I saw her first on the twenty-fourth of *August* 1769. The tumor was then hard, fixed to the ribs, and about four inches in diameter. The skin on the lower internal side of the breast, about three inches from the nipple, was of a deep purple, corrugated, but not ulcerated. I advised her to cover the breast with wool and a piece of oil-cloth; and having no confidence in any medicine I had seen used, determined to give the *cicuta* a fair trial. The breast was fomented twice a day with a decoction of it, and she took the extract in such doses as to affect her head. To relieve costiveness and flatulency, she was occasionally ordered small doses of the *tinctura sacra*, with a strong infusion of the *cicuta*. The pains grew less, and the colour of the skin changed to a lighter red.

I begged the friends to have more advice, and was desired to consult Drs. *Cullen* and *Gregory*. They approved of a continued use of the *cicuta*; but were afraid lest the heat of the fomentation and oil-cloth should hasten ulceration. However, we were under an absolute necessity of having recourse to the former to ease pain, and the patient would not give up the latter, of which indeed Dr. *Cullen* approved, when, on the twenty-eighth of *September*, he saw how it was applied. Dr. *Cullen*, as indeed every one would who had seen this deplorable case, concluded, that there was no chance for recovery. He directed a mild solution of *saccharum saturni* to be applied externally; but this increased the pain and inflammation to such a degree, that after once or twice trying it, we were obliged to desist from the use of it.

Besides the large tumor in the breast, there was now one of the size of a pigeon's egg in the *axilla*, and several smaller one between these two tumors, some of them no larger than a pea, and some cutaneous, prominent and red.

In the latter end of *September*, the large tumor ulcerated, when I took the liberty to consult you, and by your advice changed the extract for the powder of *cicuta*, and gradually increasing the dose to half a drachm, I brought her at last to take two hundred and ten grains in a day. This medicine generally relieved the excruciating pains. she likewise followed your direction in drinking plentifully of common cheese-whey, and new wort, in using the mildest diet, and in keeping her body open with megnesia and rhubarb.

Towards the end of *October*, the ulcer had spread very much, and the smell of it was so horrid, that she declared that all her other sufferings were trifling in comparison with what she felt from this cause; and though we were all convinced that the bare mention of amputation would kill her, yet she proposed it herself. When I consulted you a second time, you recommended a carrot poultice, which, to my great surprise, from the very first application, removed all the *soetor*. The poor lady often in the most pathetic terms expressed her gratitude to you for it. The ulcer had now spread almost round the nipple, so that we looked for its dropping off at every dressing. The discharge was of that nasty slimy kind which comes from sloughing tendons, and hanging out of the ulcer, adhered to it so firmly, that it was impossible to remove it without giving great pain. The lips of the sore were thick, livid, hard, and jagged. The shooting pains, which often returned with great violence, were generally relieved by an increased dose of the *cicuta*, though this medicine did not seem to make any change in the appearance or progress of the ulcer.

In *November*, she complained more of the flying pains about the thorax, and the sciatica increased to such a degree, that she lost the use of her left leg, and was confined to her bed. I tried bleeding, leeches, and blisters to the hip, an issue below the knee, and many other means, with very little advantage.

Things being in this situation about the middle of *December*, I resolved to make another trial of the external use of the *cicuta*. I injected a strong decoction of that plant to clean the sore, and then applied a poultice of the tops of the *cicuta* boiled, and of carrots; for I durst not drop the use of them. The smell of which this cataplasm contracted was not in the least disagreeable; for the carrots certainly change the smell of the *cicuta*, as well as that of the sore. In a few days the ulcer was quite clean and florid; the discharge perfectly good in colour and consistence; the lips gradually acquired their natural complexion, grew soft, thin, and even; the cavity filled up, and the *cicatrix* advanced so far, that from a sore four inches broad and two inches deep, in the space of six weeks would not receive an almond. The large tumor in the breast, as well as that in the axilla, lessened considerably, and divided into smaller ones. The pain went off entirely, soon after the first application of the hemlock with the carrots.

In the beginning of *February* 1770, she was seized with violent fits of anxiety, *orthopnoea*, *globus hystericus*, and the most horrid *stridor dentium* that I had ever heard; so that I really thought her teeth must have been ground to pieces. When she recovered from the fit, she said this grinding of her teeth was to keep down the lump in her throat. These fits were so severe, that we often thought her expiring. They lasted for a few hours at first, but increased gradually in length, till the fifteenth of *February*, when she died in one of them.

Wherever the *cicuta* touched the skin, there came out such a thick eruption, as to make one continued red inflamed surface. This really frightened me; but as the ulcer looked well, and the breast felt cooler and easier, (this was her own expression) than when the carrots were applied alone, and as I was encouraged to it by her brother, a very sensible worthy man, I continued the application. This appearance would go off in a few dressings, and return again in a few more; but no new ulceration followed, not even on the small prominent inflamed tumors before mentioned. both the cataplasm and the breast were often covered with a thick white crust. As first, I thought this nothing more than the cuticle dissolved by constant moisture; but I afterwards observed, that it appeared as much at the dressing immediately after the breast had been washed, and scraped with an ivory folder, which it very often was, as at any other dressing; and as it was frequently only over the tumors, and always thickest over them, I conclude that it arose from transudation. It appeared from the first application of the carrots to the end.

I know how little we ought to depend upon a single case, even where completely cured; but from the wonderful change which happened in this, I am inclined to give more credit to some of Stork's cases. I never saw, nor have I ever heard in Britain, of a painful, corroding, fetid, largely ulcerated cancer, brought so near to a perfect *cicatrix* as this was, where the knife had not been previously used. I shall, in future, be less afraid of the external use of the *cicuta*; nor indeed do I see any grounds of fear, when the matter produced is good; for then we may hope for a diminution of pain, and a resolution of the tumor. I have seen the *cicuta* do good in some indolent tumors on this side of the neck, one of which was suspected to have a cancerous disposition. It ulcerated, but got well.

The *cicuta*, though it gave giddiness, confusion in the head, and eased pain, yet it never occasioned drowsiness or costiveness.

I am, &c.

A r t h u r

N i c o l s o n

3. Practical Observations on Cancers and Disorders of the Breast by Richard Guy

The following introductory remarks and short cases are extracted from Guy's 1762 *Practical Observations on Cancers and Disorders of the Breast, Explaining Their Different Appearances and Events: to which are added One Hundred Cases Successfully Treated without Cutting.*

TO THE KING.

May it please your Majesty,

Tho' the Medical Art can never be advanced to that State of Perfection, which the various Infirmities and Diseases attending the human Frame naturally seems to call for; yet it becomes the Duty of every Professor of the Science to add whatever Improvements Observation and Practice may furnish him with, in order to alleviate those Sufferings, which more or less all Mankind are necessarily subject to. Induced by these Considerations, I have ventured to lay the following Sheets at Your Majesty's Feet, and with all Humility to request the Favour of that Indulgence and Protection, which Your Majesty is accustomed to bestow on every Occasion, where the Welfare of Mankind is in the least concerned.

The profound Veneration I cannot but entertain for Your Royal Person, had prevented this Presumption, was I not sensible of the great Goodness and Condescension with which you have been pleased to encourage every Branch of Science and the Liberal Arts, and the Tenderness with which Your Royal Breast constantly sympathizes, on all Occasions, in the Calamities of the lowest of your Subjects. That *Your Majesty* may long continue to make Them happy in a Life blessed with Health, uninterrupted by any of those Sufferings, that can allay the Enjoyment of it to Yourself, and must create Anxiety to a grateful People, is the ardent Prayer of one, who will ever retain the highest Sense of the Honour of being permitted by You on this Occasion, to subscribe himself,

Your Majesty's
Most dutiful and devoted,
Subject and Servant,
Mark-Lane, London,
August 16, 1762.
RICHARD GUY.

The Preface

In my former Essay on Schirrous Tumours and Cancers, I attempted to explain the general Nature of those Disorders; to give the various opinions of other Writers, as well ancient as modern, on them; and to consider the several Methods of Treatment, which hath, at different Times been adopted for their Relief by the most approved Practitioners: At the same Time I gave some Account of a Medicine of more certain Efficacy in the Cure of those dangerous and too frequently fatal Complaints; which an extensive Practice has fully manifested it to be not only safe, but also more agreeable to the Afflicted, than the usual method from the Knife. In that Publication I freely imparted the Means by which I came to the Knowledge of this truly valuable Medicine, through which such desirable Ends are obtained.

The very considerable Number of morbid Breasts, which hath been offered to my Inspection, could not fail of affording Opportunities of making many beneficial Remarks on their various Disorders, some of which I do not remember to have met with among other Writers, and as they are gathered from real Occurrences in Practice, I hope may prove serviceable; for as the general way of treating Cancers has so very rarely proved successful, it hath been the Means of almost universally decrying all Pretensions to cure them as fallacious and impracticable; by which Means the unhappy Sufferers have too frequently been resigned over to the merciless Rage of the Disease. From these Considerations I have been induced to offer some farther Testimonies of my Success; and, besides those Instances given in my first Essay, to still add a much greater Number of Cases; a Multiplicity, which I am afraid will prove rather tiresome to the Reader, as there cannot fail of appearing a too great Sameness in describing and relating them; however I hope it will not be imputed to Vanity, as my Motive therein was meerly by Facts to endeavour to remove old and sordid Prejudices; a Difficulty which requires many strong Evidences to surmount. At the same Time let me not be accused of arrogating myself to *Infallibility*; for notwithstanding the great Variety of cancerous Cases wherein I have proved successful, I willingly confess my best Endeavours have sometimes proved insufficient to the Calls of the Distressed; but chiefly among those, where the Disease had been of very long standing, or advanced to its latter State with accumulated Symptoms; for as our Constitutions differ so very materially, it is therefore impossible to determine precisely where the latent Seeds of Mischief are sown, when they are obscured from our Sight, as many Cancerous Affections are consequent to, or complicated with, other Disorders; in which Case it cannot be supposed, that the curing the one must in consequence dissipate the others. The greatest Security will thence appear to be in an early attention to the Disease in its primary State; for as the celebrated *Van Swieten* (in

his Commentaries on *Boerhaave*) justly observes, 'It is also apparent with how much Care a Schirrus ought to be treated, since it is the unhappy Rudiments of an incipient Cancer; and that it ought to be immediately extirpated, when there are no Hopes of procuring a Resolution, although it may seem innocent, and deceive the Patient by its Indolence.'

Hence I flatter myself that those necessary Cautions which I have added, in Hopes of preventing such Calamities befalling the Afflicted with cancerous Complaints, may not prove the least useful Part of my Labours.

And as Cancers so much differ in the Modes and Forms of Appearance, I have attempted to exhibit them, that thereby they may be more easily distinguished from other resembling disorders.

The Cases are deduced as short as possible, being designed only as a plain Narrative of the Symptoms as concisely as possible. To avoid tedious Prolixity, they were collected from the best Accounts I could gather from the Patients themselves; particularly what related to the Origin, Progress, and Methods that had been pursued previous to the Time of their coming under my Care. I have purposely omitted the names of those of the Profession, who had been concerned with them before me; for, although it might perhaps add some Luster to the Cures, I should be sorry thereby to give Offence to any one.

What is said respecting Hemlock in cancerous Disorders is founded not only on my own Experience, but from the Experiments of others, wherein I have been witness to its Effects. A very eminent Physician, who had taken extraordinary Pains in observing and collecting Accounts from his Correspondents both in Town and Country, desired me to insert the following very particular Extract of a letter, which he received from a Correspondent at *Manchester*, February the 13th, 1762, the which he published in the *London Evening Post* the 20th of the same Month: 'After reading Dr. *Andree*'s Treatise against the indiscreet Use of Hemlock, I have made Enquiry about it, and transmit to you the Result of it from one Quarter, and that a very ingenious one; it is from the *Manchester* Infirmary, and is as follows: It has been tried in some Hundred Cases in two Years past; it's [sic] Effects have been chiefly to stupefy; in some it has brought on Blindness, and nothing remarkably good was ever deduced from it, though the Extract has been made with the greatest Care and Accuracy. One of our Surgeons has at this Time procured a Pound of the Extract from Dr. *Stork* himself at the Price of Seven Guineas; he has tried it, and I cannot hear it has any better Effects than our own.'

Certainly no one endued with common Humanity would discourage the Use of it, had there been those salutary virtues found, as hath been assigned to it by Dr. *Stork*. On the other Hand, as it appears that many Persons

have been greatly injured by it, and some, I might venture to say, sacrificed to the Experiments, it would be highly culpable to remain silent.

For every improvement in Physic, that tends toward curing or mitigating a Disease of such Importance, deserves the highest Attention, more particularly when offered as a Substitute to the Knife; for the most resolute of Mankind rarely submit to cutting without the last Necessity, and even then with much Reluctance. Among the Tender Sex, who are more particularly subject to cancerous Complaints, their Timidity is often found to be so great, as to rather suffer them to undergo the Miseries attendant on the Disease, and almost Death itself, before they can be brought to Compliance with it; many Instances of which are among those Cases that I have related, who probably would have shared that Fate, had there been no milder Means of Cure: Nevertheless, as there have been many invidious and malevolent Insinuations spread concerning my Method of treating Cancers, particularly as to suing Caustics*¹, I think it but Justice to declare, that such Reports are wholly Suppositions and Invention of envious Minds, who possibly would never wish to see another more eminently useful than themselves; for no one hath ever been made acquainted with the Medicine in Question beside the original Author and myself; therefore those Reports are fairly begging the Question; the which at present I am not inclined to resolve them in, or perhaps shall be, until more Candour and Benevolence appears; yet as it may be satisfactory to the Afflicted to say something concerning it, I desire to acquaint them, that the Medicine which I use is outwardly applied to the Cancer in Form of a Poultice; and tho' in some Cases only, it is attended with Pain, nevertheless the Pain is not so considerable in the worst Instances, as to produce a Fever, or any Ways injure the Health of the Patient; and for the greater Part, seldom is so material as to render Confinement necessary. Those who desire further Information, are referred to the Persons who have experienced it.

¹Being sent for to a Patient, Mrs.--(then in Lodgings for the Air at Mr--. near the lower Ponds, Islington) who was languishing with a miserable Cancer in the Breast, she informed me, that about six Months before she had had a Schirrus, about the Size of a Hen's Egg, which was advised to be taken out with the Knife; but she absolutely refused undergoing the Operation; on which she was recommended by a Friend of hers to consult me. Her Surgeon then informed her, that I only made use of Caustics, and that if she preferred them, he could use the same Means; on which she consented to his applying them. The Schirrus soon afterwards became a most inveterate open Cancer, which destroyed the whole Breast to the Ribs, and her Pains were intolerable. The same Person then informed her he could do no more for her, and advised her sending for me. It was now too late for me to attempt relief, which obliged me to decline it. I heard she died a Fortnight after.

Case I

Mrs. *Emery*, at the Countess of *Carbery's*, then in *Dover-street*, when in *France* with her Ladyship, perceived a small hard Swelling of a Gland in the Breast towards the Arm, from which, when no larger than a Nutmeg, she felt almost unremitting Pain. She had recourse to several of the Faculty in *France*, without receiving any Benefit; the Pain and Swelling rather increased. Some Months after her Arrival in *England*, she advised with others of the Faculty in *London*, being then affected with strong nervous Tremors, as well as very acute Pains in the Breast; but still without Relief; in consequence of which she relinquished her Medicines.

March 19, 1760, Lady *Carbery* desired me to attend her; I found the Lump perfectly loose and moveable, without any Discoloration of the Skin, but so exceedingly sensible, that she could scarcely endure the tenderest Touch. She was very speedily relieved by the Applications I made to the Breast, and in about ten Weeks was perfectly cured; in the Hardness in the Part being dissolved, her Pains abated. She soon after returned with the Countess to *France*, and, according to repeated Accounts with which I have since been honoured, she has continued in perfect health.

Case II

Miss *S-- L--*, niece to the Hon. *Sir W-- B--y*, in *Upper Grovesnor-street*, after having been for some Years afflicted with a fettle Pain in her Breast, the Part began to grow hard towards the Arm, and a manifest Enlargement of the Glands appeared; she consulted an eminent Surgeon, from whom she received for some Time a considerable Relief as to her Pain; nevertheless the Swelling remained. At length, by a Return of almost constant Pain, it increased very much: She had the Assistance of others of the Faculty, but then found no Relief.—When the Lump had arrived at the size of a Pigeons Egg, I was desired to visit her, February the 8th, 1760. On an Examination of the Part the Gland appeared loose, yet hard and irregular in Shape, tho' no ways discoloured. The constant Pain she had felt for some Time past had brought her into a very indifferent State of Health; particularly nervous Tremblings, restless Nights, and great Dejection of Spirits. In about tow Months, by my Method of Treatment, she was entirely free form her Complaints, the swelled Gland in the Breast was totally reduced, the Pain left her, and she has ever since continued in good Health.

Case III

Miss *Barrett*, at Mr. *Waller's*, in *Red-Lion-Court, Fleet-street*, in consequence of having received a Blow from a Child in the Year 1759, was afflicted with great Pain in the Breast.—About a Year afterwards a Lump arose on the

Side of the Breast near the Arm-pit, which gradually increased to the Size of a Pullet's Egg, when the Pain became intolerable, and confined her to her bed for a long Time. Her Arm and Shoulder suffered as much as the Breast; and though several Applications had been made to the Parts, yet all proved ineffectual. On my examining the Case, I found the Patient greatly emaciated, and the Tumour had all the Appearance of an incipient Cancer; the Teguments were no ways discolored, but almost inflexibly indurated. I endeavoured by resolvent Methods to reduce the Swelling, but to no Purpose, for several Weeks: Through Perseverance the Hardness by Degrees began to submit, and the Pain gradually abating, her Cure was happily effected, and there remained no Appearance of the Lump or Sensation of Pain; she soon after recovered her former good state of Health.

Case X

About June, 1761, her Ladyship the Countess of *Clinarty* came over from *France*, recommended by the Countess of *Carbery*, to be under my Care, having a tumefied Gland seated very near the Arm-pit on the superior Part of the Breast. The Account her Ladyship gave was as follows: About two Years before she received a blow from a Child on the upper Part of her Breast, which soon after grew very painful, and affected the Arm down to her Fingers Ends. She had taken the Advice of many eminent Gentlemen of the Faculty in *France* without material Relief, whence she became extremely dejected. I endeavoured to reduce the Tumour by resolvent Applications, which almost immediately took Effect and gave her Ease; but finding her Ladyship greatly disposed to an hysterical Disposition, I desired the Assistance of a Physician to prescribe Remedies proper for those Complaints. Her Ladyship soon after was perfectly freed from Pain, and no Appearance of the Lump remained. In a short Time she returned to *France*, taking with her proper Directions to conduct herself.

Case XXI

Miss *A--y*, a Grand-daughter of the Right Honourable the Earl of *H--t*, after having been for some Time subject to nervous and hysterical Complaints, perceived a lump in her left Breast near the Nipple, the Surface of which was knotty and uneven; in a short Time it became painful and enlarged apace. Another Lump, less in Size, soon afterwards appeared nearer her Arm, which at Times was also painful. An eminent Physician was consulted on the Occasion, who endeavoured to dissolve these Swellings, but without Success; the Pain still increasing and extending itself to the neighboring *Axilla*, where was discovered another Gland enlarged to the Size of a Nutmeg. Her Physician giving Notice of the Danger which hastily threatened, she was recommended to my Care. April 1761 I first endeavoured, by the method I had very frequently found to be successful, to have resolved these Swellings, and

was so happy as to succeed effectually in one of them; also that under the Arm-pit became visibly more softened so much diminished in Size, as to promise its entirely subsiding. I left an Issue holding three peas just under the later morbid Gland, having sometimes² effected a perfect Resolution, when the axillary Gland has been recently infected, by keeping a Drain open for a considerable Time. The largest of the Lumps being confirmedly schirrous, would not in the least submit to the Methods which had succeeded with the other two; for which reason Extirpation became necessary, which was easily effected, and the Sore healed without Difficulty.

This Lady, though so very delicate in Constitution, as to have often suffered greatly from the Application of a common Blister was so well during the Operation of my Medicine, as to be entirely free from any feverish Symptoms or considerable Pain. It was left to her Physician to direct what he might think more conducive to the future Preservation of her Health.

P.S. By a Letter lately received am informed, continues perfectly well.

Case XXXII

Mrs. *Creighton*, at Mrs. *Deynr's*, in *Ruffel-Court, Covent-Garden*, being afflicted with a cancerous Tumour in the Breast, desired my Attendance *February* the 25th, 1760. She informed me it originally came by a Blow received, and had been growing for the Space of two years. It was situated above the Nipple, pretty high in the Breast toward the Clavicle, and was very painful from the Beginning,; its Surface was irregular, and knotty round the Circumference, the Size larger than a common Egg. Resolvent Applications were so far from abating the most troublesome Symptoms, that on the contrary the Pain increased, and extended to the Arm, Shoulder, &c. threatening the most fatal Consequences. It became thence necessary to remove the Cancer, before the axillary Glands became affected, which from Delay might reasonably be feared. The Medicine for this Purpose was thereupon applied, which effectually separated the Cancer with its roots; and though the Cure was more tedious than common, from a bad Habit of Body, the Breast healed, and she became perfectly well.

Case XLIV

The Honourable Lady *Hylton*, in *Sackvilel-street*, being afflicted with a retracted Cancer in the Breast, desired my Assistance in the Beginning of the Year 1761. Her Ladyship had been previously troubled with Pain in the Part for

² Candour obliges me to acknowledge, that though I have several Instances that have succeeded by this Method, I have been in others disappointed.

about a Twelvemonth before any Hardness was discovered; but afterwards several Glands appeared swollen, and as they gradually grew larger, at length united together into one solid Lump, which in the Space of a few Months became of the Size of a Hen's Egg; she was affected with severe darting and pricking Pains; the Surface of the Tumour was discoloured with a dark brown Complexion, and the Tumour itself was scarcely moveable from the Pectoral Muscle. Her Physician and Surgeon had been before consulted, and internal Medicines were ordered, which after some Continuance, she became my Patient, The Cancer was situated just under the Nipple, and now was retracted in the Center in the Form of a Seam. Her Ladyship being naturally of a very weak Constitution, and attended with nervous Tremblings, rendered the Extirpation of the Cancer necessary to be done as speedily as possible, as there were evident Appearances of its growing incurable by Delay; accordingly my Medicine was applied as in other Cases, and when the Cancer was dislodged, the Breast healed kindly in a short Time.

Her Ladyship being but indifferent in her Health, it was thought necessary to open an Issue near the Part, which afterward proved the salutary Means of recovering her to a better State than she had been for a long Time before, and has continued so ever since.

4. The Case of Mrs. Craib. by William Nisbet and Isaac Oliphant

The four versions of the case that follows were originally published in the *Medical and Physical Journal* during 1800 and 1801. Nisbet was a Fellow of the Royal College of Surgeons, Edinburgh, practicing in London at the time of this case. Oliphant was a Fellow of the Royal College of Surgeons, London. The case was published in the *Medical and Physical Journal* in 1800 and 1801.

A Case of the Cure of Cancer of Both Breasts, the One Ulcerated, the Other Schirrous (August-December, 1800)

To the Editors of the *Medical and Physical Journal*.

Gentlemen,

Having devoted my attention of late years to a particular line of medical practice, the subject of which has been deemed one of the chief opprobria of the profession; and from a conviction that this general opinion is by no means well founded, and that Cancer is equally curable as any other species of swelling or ulcer, it is incumbent on me, in entertaining such new sentiments, to support them by evidence of incontrovertible facts.—I shall therefore state the following case, one of the most melancholy that can occur, as an introduction to a number of others which shall be occasionally given to the public, through the medium of your useful Miscellany.

Mrs. G. the wife of Mr. G. a coal merchant in Tottenham Court Road, aged upwards of 40, about two years ago, felt a hardness and swelling of her left breast, with all the usual symptoms of schirrous or incipient cancer. For this complaint she first consulted Mr. Ford, who advised, in that stage of the disease, the application of leeches, which was not without effect. She then put herself under the care of Mr. Cline, and continued to follow his prescriptions for the space of two months, not only with equal inefficacy, but with a gradual aggravation and increase of the disease, which was attended with the most severe darting pains and burning heat. In this unhappy state, anxious to obtain relief, her next resort was to the advice of Sir James Earle, who told her that it was a stony cancer, and incurable, declining at the same time to prescribe any thing, but humanely offering (being ignorant of her real circumstances in life) to give her a letter of admission to the Middlesex Hospital. At the request of Fr. Budd, to whom her husband had been recommended, she was next seen by Mr. Cooper, who concurred in opinion with Sir J. Earle, that it was incurable, and declined any connexion with the case. Thus deserted by the Faculty, the patient was induced, by the over-persuasion of friends, to put herself into the hands of an ignorant empiric, under whose

applications the disease passed rapidly into the stage of ulceration, and made horrid progress. In consequence of the severity of her sufferings, she was soon again obliged to solicit the assistance of a regular practitioner, and she was accordingly visited by Mr. Andrews, surgeon, of Greek-street, along with another gentleman, whose name the patient does not know. On their concurring [in the] opinion that her case was incurable, and that nothing could be done for her relief, she at last had recourse to the advice of Mr. Oliphant, of Percy-street; who, with a proper anxiety for his patient, and a zeal at the same time directed by humanity, which every practitioner of medicine should profess, soon after visiting her, and finding that tho' her complaints were palliated, no progress was made towards a cure, advised to call in Dr. Nisbet, whose attention, he understood, had been particularly devoted to this malady.

On my first visit, I found the disease far advanced in its ultimate stage, a short description of which will be sufficient to convince every practitioner of its fatal and apparently speedy termination. An extensive foul spreading ulcer occupied the whole surface of the left breast with thick reverted edges covered with the particular fordes characterizing such sores, and occasionally pouring out quantities of blood from the eroded vessels. Besides the substance of the breast, itself totally diseased, the cuticular glands all round were hard and schirrous to a considerable extent. In the axilla, the glands were swelled to the size of a pigeon's egg, and the whole of that side as tight, contracted, and knotty, with clusters of swelled lymphatics in different parts of it. The patient could hardly use the left arm and was totally unable to lie on that side. An erysipelatous inflammation diffused itself for a considerable way beyond the actual limits of disease. On examining the right breast, I found a large schirrous formed in it, which had not yet arrived at an active state. The hectic fever was strongly formed, and the patient's health rapidly declining.

Mr. Oliphant was of opinion the disease was incurable, unless a complete sloughing of the whole breast took place; and I could not, in such a situation, flatter with strong hopes; determined, however, to follow the plan which I have generally found successful, I communicated my sentiments to him, who, with that liberality which every man of real science possesses, acquiesced, and gave every freedom in pursuing it.

The treatment was accordingly begun about the beginning of July, and continued upwards of six weeks. During its progress, the curative fever was raised to a height sufficient to subdue the morbid action in the diseased parts, and was even attended with some symptoms that required mitigation. Several of the swellings disappeared during the height of the fever; in its progress, the discharge became daily more bland, whitish, and purulent; and immediately on its decline, the sore assumed marks of healing, which have proceeded so rapidly, that it is now

within the size of a shilling of being completed. The structure of the breast, (at least what remains of it) is reduced to its natural state; the swellings of the arm-pit and the side are totally removed, and a complete cure in every part seems effected.

From the first applications that were made, the pain and burning heat from the disease gradually departed; no southing of any portion took place; but a gradual increased absorption removed the altered organizations, and reduced the breast to its proper form. This shrinking and absorption were very remarkable long before any marks of healing appeared, and this process seemed to be the last induced by the action of the remedy.

The above facts will be sufficient to show, that the principle of cure is different from any that has yet been attempted; but at present I shall enter into no further detail of it than say, that it consists in no secret remedy or specific, but proceeds on the general principles which apply every form and stage of the malady.

I have been particular in stating the medical advice this patient received, that the Gentlemen mentioned may themselves make the necessary enquiries concerning the issue of it.

I am, Gentlemen,

Your's, &c.

W. Nisbet

St. James Street

September 22, 1800

Untitled (volume 4, 1800)

To the Editors of the Medical and Physical Journal.

Gentlemen,

Be pleased to insert, if you think proper, the following Cases in your valuable periodical Journal. I am,

Your humble servant,

ISAAC OLIPHANT

Percy Street, Nov. 21, 1800.

Mrs. Osborn, now aged 57, wife of Mr. Osborn, breeches-maker, South-street, Manchester square, nineteen years ago received a push on her right breast, and soon after a violent pressure from an iron rail. Considerable pain was

felt from the last, and a hardness left, with tenderness to the touch. in some short time, there arose a puckering of the skin all around the hardness; in process the furrows became excessive, all concentric to the induration, and compared by her to *binding strings*.

Inflammation supervened, all the breast appeared comprized in it; suppuration came on, and separated the induration from its surrounding attachment to the breast. This process was accompanied with cold shivering, sickness, and vomiting, as happens ordinarily in suppuration and extensive sloughings. When the separation was complete, the indurated portion came out, according to her term, like a cork, leaving a gaping hole.

After the expulsion of the diseased portion, the puckering skin unfolded to pass into the cavity; the skin crept in, becoming inverted. The ulcerated surface was very little sensible, but the breast was very susceptible and tender. From the cavity, excessive hæmorrhage ensued, happening particularly in the night, so as to deluge the bed-cloaths, and reduced her to extreme weakness.

During the ulcerating process a cup full of cliver-juice was drank every morning, when it could be had; and malt infusion in the different stages of fermentation with yeast, made in a jar, to her victuals, and to an unlimited quantity.

The glands in the axilla were greatly enlarged during the process of induration and separation; and the band of communicating lymphatics was very sensibly increased. The arm was swelled, of a cumbrous weight, and rendered almost entirely useless.

Seven years ago I saw her; the communicating lymphatics between the breast and axilla were alone in a condition of ulcer; the breast was entirely absorbed, and gone, but axillary swelling continued considerable.

She had for some time used an ointment of oil, wax, and rosin, (the ointment in common use with the pretenders to cure cancers) which I wished her to continue, as well as her other plan. The swelling of the arm and in the axilla gradually lessened and disappeared, and the sore by degrees healed, and has been well for five years past.

There was some reason to believe, that the change which took place in her breast was owing to supervening febrile affection occurring two or three times in the autumn, attended with cholera morbus to a dangerous degree; her breast was in its worst state at this time; and since its cure, she has been free from such attacks.

Mrs. Craib, of Tottenham-court-road, aged 46, has had three children, the last fifteen years ago; was never able to suckle with the left breast, but had no great inconvenience from this circumstance. The menses hitherto regular, till pleurisy seized her; otherwise she was extremely healthy, and constantly employed in an active life.

Two years ago she got a violent bruise on the upper part of her left breast; the effects subsided as well as they usually do in common cases, only there was left some hardness with a little occasional pain.

Six months after she received another bruise on the same part, and all the consequences of contusion, swelling, livid colour, and pain, were greater than in the former accident; and the remaining pain was more severe, and the hardness of greater extent. In the recent state, repeated application of leeches were ordered; and when the active condition of the disease was supposed to be removed, some saponaceous camphorated embrocation was applied.

At this time the hardness was detached, and moveable from the general glandular structure of the breast, when she went under the care of a friend, not of the profession, but who was a close reader of medical books; he had culled from thence active applications, but of course applied them at random. The intention was to secure suppuration in the hardness, after means of discussion had failed; and one application was a poultice of pigeon's dung, that produced excessive burning and most excruciating pain; which, however, I believe, changed totally the diseased condition, but increased its extent. It now reached over much more of the breast, and made the whole consolidated mass of disease, and attended with an extended irritation to the axilla and other breast, wherein enlargements arose.

The next person under whose care Mrs. Craib fell, was a man who kept a chandler's shop in her neighborhood, and had been a porter to a surgeon. He had the boldness to pronounce his new patient curable in six weeks, and that he would set about it. He began his course by sprinkling it with a white powder, supposed burnt alum, which excited much pain, and covered the whole with a favourite ointment that he always carried away with him. This would not do, but he said, it was only preparatory to ripen for the knife.

Mrs. Craib now got a recommendation to an eminent and experienced surgeon, who directly saw the marks of bad treatment in her breast, and expressed astonishment, hearing her case, that she had had not had regular assistance, and offered his services of recommendation to a public institution, which, however, she declined accepting.

She was depressed with the prospect before her, and tormented with these shooting throbbing pains, particularly at the upper part of the breast, attended with an oozing, irritating sanies, that excoriated as it extended. There was an ulceration below the nipple, about the size of a shilling, and one above of about half the size, with

jagged edges, covered at the bottom with a fomentous slough, of a yellowish colour. the skin surrounding the ulcers was level with the rest of the breast.

In addition to the above, when she first applied to me, the whole breast was a dark red consolidated tense mass, much like a large carbuncle, firmly fixed to the chest, and she had a swelling in the arm-pit the size of a pullet's egg; chronic inflammation had seized several cuticular glands around, particularly between the breasts, and most in the upper part. There was an adventitious hardness in the other, which she said, arose from the painful applications to the ulcerated one: I dare say it would have weighed three-fourths of a pound.

In some places there were interstitial suppuration; a round hole with matter on the surface that could not be wiped away, resembling sea-scurvy, as happens in habits who have ulcers, particularly in the legs; there are often such ulcerations of the skin, at different distances.

Her hands were affected with slight rhagades, and her left arm was considerably swelled; her pulse was quick, but, I believe, not too frequent; her health constitutionally unimpaired, and perfectly regular. She slept well without anodyne; and, in short, had nothing to complain of but her ulcerated breast, and swelled weak arm, never feeling any affection from the other breast.

She put herself under my care the 8th of June last, and, to the allay the irritation arising from improper applications and want of dressing, a sedative opiate solution was applied to the ulcerations, and I covered the whole breast with soap cerate: She was directed to take a dose, and repeat it occasionally, of magnesia vitriolata, and daily, three times a day, four ounces of the aqua mephitical alkalina, and to bleed the most tense part with leeches. This had the desired effect in removing the superinduced irritation; and, on a subsidence of the swelling, there was a sloughing, and stench from the sore: but I was obliged to change this application of the fermenting poultice, and this application was continued to the 18th, with the intended effect. The sore was as easy as such a diseased surface almost in any case could be supposed to be. The tenderness in the axilla was reduced; from not being able to bring her arm to her side, for some time past, nor lay on that side, she could nearly do both; the choppings were much lessened, and she felt herself able to attend constantly to her shop, and had good nights rest. A favourable circumstance also was, that no bleeding attended this ulceration; as the whole breast, and its vessels, appeared enveloped in such disease, that I should have had little reason to expect their contracting to restraining haemorrhage if it had occurred.

Having received a circular letter, in common with others in the profession, from Dr. Nisbet, signifying he intended to confine his practice to the treatment of Cancer, Scrophula, and Phthific. I had the consent of Mr. Craib to have his advice on the 18th of June, and he prescribed a grain of opium every night, a common drink of a small portion of fixed vegetable alkali and sulphur, diffused in water, and a sulphurated opening electuary; the breast to be dressed with simple cerate; and he said that it was a hopeless case, and that nothing could be done but palliation.

However, he wished to give her an antimonial alternative pill, of his own preparation, which I admitted of, wishing to waive delicacy for the possible benefit of my patient; but she only lost strength. Hopes of suppuration in the principal part of the disease were entertained, but it did not happen.

She soon was obliged to keep to her bed-room, and spent much of her time in bed; indeed, working in her shop lessened the prospect of advantage from any treatment.

July 18th, in the evening, she was taken with a sever rigor, and I gave an opiate, and a dose of ipecac, in aq. ammon. acet. which brought on a profuse sweat; she had three such rigors in twenty days, which appeared to be owing to the sedative action of new-formed sloughs, and which, at this time, exhaled such a sœtor that Mr. Craib was obliged to part beds.

There was an ointment rubbed in, into the side of the ribs, similar to the pill, substituting sulphur for antimony, also of Dr. Nisbet's preparing. The applications were of my suggesting, and those I conceived the least suspicious of irritating, and divested of unctuousity, which quality is ever hurtful to such ulcers.

I was now sorry that the plan had been pursued so long, as no advantage had been got by it, either in the diseased appearance of the breast, or the sores; the last were greatly enlarged, and the breast had lessened in size in an equal proportion only to the general waste in the body. She as now pressed to go into the country as the only resource, but as her journey was to be to Nottingham, she wished for strength to bear such fatigue.

On the 16th of August, in the evening, she got out of bed to have it put to rights; thinking she would shortly return to it, she did not put on her stays; and in this state remained longer up than she at first intended, or thought herself able.

For want of her stays, as she thought, and in my opinion rightly, a pain seized her under the right breast, which she apprehended arose from flatulency, and drank some glasses of Madeira wine to dispel it; however, the pain increased, and I was called at five in the morning, when her pulse could be hardly felt; she as obliged to fit it up, was crying out continually with pain, at the same time pressing forcibly on her side for ease.

I bled her to nine or ten ounces, and applied aq. ammon. pur. with a little oil, to excite a sudden irritation, and save farther weakening by losing of more blood, and gave a dose of opium and ipecacuanha directly after.

However, the pain recurring from a fit of coughing, I was obliged to repeat the bleeding about four hours after the first, to about the same quantity, both of which were highly buffed and cupped. Her pulse rose, and I continued the opiate relaxant medicine with nitre and a little volatile alkali, and found, in the evening, signs of expectoration coming on, and which medicine now was considered competent for the treatment of this supervening diseased affection.

At this time the breast was not an object of attention, only the ordinary dressing and cleanliness were attended to; and when it again became necessary to be examined into, the ulcer was changed into a common sore, the breast shrunk, and considerably absorbed; and in a short time the whole was taken up as well as the swelling in the axilla, leaving for some little time after, a small discharge from the most deep-seated ulceration, which also, in defiance of stimulating application to keep up a discharge, closed.

Ever since her breath has been short, and checked with cough, and glary expectoration; the pulse, which before, I believe, never exceeded 80, was now upwards of 130, creeping and indistinct. She appeared exsanguinated, and very feeble; an issue was made in the opposite arm, but with no marked advantage.

On the 2d of October her oppressive breath in some degree increased, with teasing cough, for which she was ordered her former mixture, with the addition of the tincture of Digitalis, which moderated both; but from my enforcing the necessity of increasing the expectoration, she was afraid her medicine was mercurial, and did not pursue it properly.

Her breath and cough continuing troublesome, on the 21st anasarca swelling of the face, stuffing, and fullness in the bowels, came on, with a scarcity of urine, sometimes high coloured, and with copious sediment; sometimes the urina jumentosa secreting not more than four or six ounces in twenty-four hours. In addition other above mixture, she took 3iv. of the cream of tartar in an electuary, with some oil of aniseed, daily.

On the 24th the urine was a little increased; and afraid of her nauseating the medicine, I compressed them into one dose three times a day, or occasionally, as,

R. Pulv. Digital. gr. j. Crystal. tart. 3ij. Ipecac. gr. jß. Zinzib. gr. ij. Misce.

Under this plan, the secretion of urine was increased; her pulse, before hardly perceptible, became stronger; her cough less troublesome; expectoration easier, and more free, amounting to near a pint of glary mucus, some a little yellow, in twenty-four hours.

On the subsidence of the continued irritation in her breast, and no appropriate succedaneum being made, I introduced a seton into the side, ordering, over and above the powder, an infusion of cascarilla with parsley-seed, changed afterwards for quaffia and caraway-seeds.

The pulse being now 110, the secretion of urine plentiful, a little redness of health appeared again in the lips, and the pulmonic affection being the principle object, I give her the following pill three times a day, taking a dose of cream of tartar occasionally, with the infusion, constantly three times a day.

R. pulv. Digital. gr. j. Ipecac. gr. jß. Ext. papav. alb. g. ß. Ol. anisi. g. jv. c. syrup. fiat pilula.

With this the breath was expanded, and a purulent expectoration ensued; notwithstanding, much general relief was not felt till the 13th instant; in the night a most severe pain attacked the right temple, and over the eye, which, in the morning, terminated in an erysipelatous swelling.

On the 15th the swelling increased, and blindness ensued; the breath and cough were much improved, from, probably, the diseased irritation being determined to the face; this induced me to prescribe patience only; and on the 18th it totally disappeared, but with an evident aggravation of the complaint in the chest.

She now occasionally drinks to her meals, malt infusion in the different stages of fermentation, with yeast, in addition to her other plan.

In the reduced state Mrs. Craib was in, when the pleurisy took place, perhaps much of its violence might have been owing to a mercurial habit, but not a little to about a pint of madeira wine she drank from the commencement of it. The bleeding and relaxants employed, produced a quick absorption, and the general inflammation changed the ulceration to a common sore, which had such a tendency to heal, that it closed up in defiance of a stimulating ointment applied to keep it discharging.

I have confined myself to the statement of facts; and how far art had to do with the changes that took place, I leave the professional gentlemen to determine. What I now have to regret is that neither of them hold out hopes of remedy to suffering humanity afflicted with such a dreadful disease as cancer; and though I admit of the removal of

the diseased breast, and swelling in the axilla, by an effort of the constitution,³ it is my opinion that neither of the cases was cancer, certainly not idiopathic cancer; but Mr. Lewis, surgeon, in Half Moon Street, who examined it at this time, was of a different opinion; he had his reasons; and the result of the case satisfies me his decision was judicious. Mrs. Craib's was more equivocal.

**Reply to Mr. Oliphant's information on Mrs. Craib's Case of Cancer by William Nisbet
(volume 5, 1801)**

To the Editors of the Medical and Physical Journal,

Gentlemen,

In the Nineteenth Number of your Journal, was inserted a case of the cure of Mammary Cancer, as drawn up by Dr. Nisbet. The relation of that case has excited much attention, and much medical scepticism has been betrayed on the subject, to favour which, in your last number, a new statement has even appeared, under the title of information respecting the case of Mrs. Craib, by Mr. Oliphant the attending surgeon. As the title of this statement is clearly meant to imply a reflection on the former relation, it is my duty to reply to it fully; and to show, that the facts then advanced, and the principles of treatment then detailed, were equally just, and deserving the notice of the public.

In making this reply, I shall first examine the description of the disease presented by Mr. Oliphant; 2dly, the principles assumed by him as effecting a favourable termination of it, and 3dly, remark on the analogous cases cited by him in support of these principles.

With respect to the description of the disease, little difference occurs to be noticed in the two statements; indeed the morbid appearances were so strongly marked and characteristic, as not to admit of any. At the same time it will be apparent to every unprejudiced reader, how much, even in this part, Mr. Oliphant has endeavoured to strain every fact to favour his particular opinion: Every real cancer he considers as incurable, and no disease he regards as cancer that is curable. Laying down then this axiom, the malignity of the morbid appearances in the present instance, which could not admit denial, he ascribes less to the specific nature of the malady than to preceding errors in its treatment. But in this attempt, like most people who deviate from the fair and candid line of conduct, he has placed himself in a most awkward [sic] dilemma, and by setting up his single ipse dixit, has opposed the opinions of some

³ See the influence of febrile action in the Aphorisms of Hippocrates, "Febris morbum tollit." and Gaubius, "Licet enim commotio isto, perturbato circulationis systemate gravibusque symptomatis molesta, haud raro perniciem inferat, hinc merito morbus appelletur; faepe tamen et mirifice adeo alutaris est, ut certius aliud potentiusve cum ad sanandos, tum praevenandos morbus auxilium natura vel ars, vix agnoscat."

of the most respectable of the profession. He has found it necessary, therefore, to omit altogether the name of the gentlemen formerly concerned with the case, and whole sentiments he was made acquainted with by the patient, as well as Dr. Nisbet, sufficing himself with giving Mr. Cline the appellation of a competent surgeon, and Sir James Earle of an eminent and experienced one, but taking no farther notice of any other person. Whether these gentlemen will be more offended by their names being formerly noticed as having merely seen the case, or now being declared ignorant of its real nature, and as having passed an erroneous judgment upon it, it is not my business to determine: their names became introduced by me in consequence of the patient's own relation, and *that* with propriety, in order that they might have an opportunity of proving the authenticity of the statement. I consider them also, men of too much liberality and candour, and too much actuated by zeal for the improvement of science, to suppose them capable of taking offence on such grounds. The justice of their opinion I never could have a doubt of; for if ever there was a case of real idiopathic cancer, it was clearly exemplified in this instance: The disease had made its appearance at the cancerous, or critical period of life; it had occurred in a constitution subject to rheumatic complaints, the connection between which and future cancer is so well pointed out by the late Dr. Fothergrill; and it had attacked more than one part of the system, without any injury being urged as giving origin to it in this second instance; it possessed also, every pathognomic appearance of cancer to the examination of the surgeon, and every feeling of it to the patient herself; nor to this hour would any doubt have even arisen in Mr. Oliphant mind respecting its nature, had it remained incurable. How trifling must his remark appear, which ascribes its malignity to a cataplasm of pigeon's dung, applied by the patient's friend! Such an application could have no bad effect, without a primary inherent cancerous tendency in itself.

From these remarks on the description of the disease, I shall now examine the principle of cure, and on this principle no difference will of opinion can exist. That a constitutional disease will at one time suspend, and at another time entirely cure a local affection, is a fact which every tyro in medicine is acquainted with; but though acquainted with it as an acknowledged fact, much observation and experience are requisite where this exertion of the powers of nature is wished to be imitated with success. Indeed, the proper application of this circumstance, leads to a successful cure of most chronic diseases; but in order to this success, the means employed will require to be as varied as the nature of the disease, or chronic affection, which is to undergo the change. It is on this principle entirely, I conceive the cure of lues, or the constitutional venereal disease to proceed: the action of mercury is properly nothing more than changing it from a chronic to an acute form, similar to small-pox or measles, or exciting

and continuing a phlogistic action or pyrexia, till the expulsion of the disease. This opinion I suggested fifteen years ago, in a treatise on that subject; since that time I have found no reason to change my sentiments, in spite of the numerous chemical hypotheses and evanescent theories of the day. The operation of remedies, I am clear, can only be justly explained on principles consonant to the laws of the animal economy; and the subjecting an animated machine to the laws of inanimate matter is losing sight of the power of vitality, and the peculiar energies of life, its leading distinctions.

Agreeing thankfully with Mr. Oliphant in the general principle laid down, that the constitutional disease, in the present case, was the means of curing the local one, the only question betwixt us is, Whether this constitutional disease was the effect of accident or art? in order to make it the former, the same disingenuous attempt is shown on Mr. Oliphant's part, as in the description of the morbid appearances; to detect which, it is only necessary for me to detail the particular course I employed.

When I first called in to see Mrs. Craib, the case appeared, as Mr. Oliphant justly observes, a hopeless one, and palliation was all he relief to be expected: The opinion I then gave, will mark, at least, the formidable nature of the malady, and prove, that Mr. Oliphant had no *favourable* doubts at that period. I prescribed for her a diet drink and pill; the former, with a view to produce some change in the state of the fluids; the latter, for the particular purpose of exciting the action of the lymphatic system: an opiate was also enjoined to be occasionally used, as indicated by the urgency of pain to the sore itself, a dressing of common cerate was applied, and the fermenting poultice laid aside at my desire, from the pain and irritation it constantly produces in every case of cancer. In this course the patient proceeded. Every day, according to her own account, she felt greater ease and abatement of pain, till the latter entirely ceased; and, as she expressed herself, she would not have known from her feelings any difference betwixt the ulcerated and the other breast. She could now lie with ease on the affected side, and use the arm with freedom; circumstances to which, previous to the commencement of this course, she was a stranger. The breast itself showed an evident shrinking of size; and Mr. Oliphant at that period observed it was clear the progress of the disease was now *completely* checked. Reflecting on this favourable appearance, and desirous that it might proceed more speedily, I now suggested to Mr. Oliphant that propriety of employing frictions, so as to send the same remedies directly throughout the diseased part, without the circuitous course of the system at large. To this measure he objected, from the state of the weather and their supposed inefficacy; confident, however, in my own opinion, they were applied according to my direction by the person mentioned in this statement, as having formerly attended

the patient as a friend. This practice was continued for the space of six weeks, in the course of which time, not only was the regular shrinking of the breast conspicuous both to that person and the patient, but several of the smaller tumours surrounding the diseased mass were entirely absorbed; facts, for the truth of which I appeal to themselves.-- So completely satisfied was the patient of this, that not content with the friction at night, as employed by her friend, she had recourse to it herself in the day, and thus it was carried beyond what was necessary for the day, and thus it was carried beyond what was necessary for the actual cure of the disease. The subsequent pleuritic attack, therefore, may be considered in part, perhaps, as the consequence of her own imprudence, and it was attended with this farther mischief of interrupting the course too soon. During this time the schirrous breast shrunk in proportion to the other, but never showed those strong marks of yielding softness till the course was at its height at which period, even external symptoms of inflammation were conspicuous on its surface; and when examined some time after by the gentlemen who saw her, it was so soft as hardly to bear the name of schirrous, and in a daily decreasing state. From this period, the management of the case, at Mr. Oliphant's special desire, was left entirely to himself; not was I either consulted, nor, except from hearsay, knew what was employed. What I see of the practice, now sufficiently shows me the impropriety of the applications; but as it is his wish to claim all the merit of the case to himself, and for that purpose his statement was written, it is not my business to interfere with the subsequent treatment. From the detail of the prior course, it will be seen, that the progress of cure in this disease was gradual, regular, and bore a proportion to the activity of the means employed; that the relief experienced was from the commencement of this course, and that the constitutional disease was the consequence of the means employed, although aggravated by the imprudence of the patient herself, in a degree beyond what was necessary, and perhaps, also, by the accidental causes which Mr. Oliphant takes notice of: The termination, however, has been favourable, and would have been much more complete, but for the intervention of these causes. On the whole, neither the patient herself nor any person who saw her in her words, and apparently incurable state, will agree with the propriety of Mr. Oliphant's quotations from Amatus Lusitanus, that it is better to let the disease alone. In making this quotation, he might have gone even a good deal higher, for he will find the same observation a trite adage from the time of Hippocrates downwards, though, if it has any truth in it, it applies more properly to early than advanced stage of the affection.

After this view of the case, it remains that I should examine the analogous cases, cited by Mr. Oliphant, in support of his statement. All his cases are evidently of a scrophulous nature; they were cured, the worst of them, by bark and carbonic acid, medicines which will always, in real cancer, do harm. The only one that applies in any

degree to that of Mrs. Craib, from its occupying the same situation, is the case of Mrs. Osborn; but here the process of cure, when examined, is materially different.

In Mrs. Osborn's case, Nature, as it were, shrinking from itself, and unable to support a load, allows it first to lose its vitality, and then to separate; and on this separation such predominant weakness prevails, that the vessels are even unable to contract, or prevent, excessive hæmorrhages, which continue for a length of time. The skin also, in healing, becomes puckered in the same manner as in the healing of other scrophulous ulcers. Nor, during this process, is the axillary swelling removed, but it continues for a vast length of time in a diseased state. Where, then, is the comparison between this and Mrs. Craib's case? In the latter, a general increased action of the system appeared; and from the moment of its appearance, and the process of absorption was strong and complete over the disease. No sloughing or separation took place for the action of the absorbents was equal to the removal; and the time in which this process was accomplished, displayed the presence of an active and daily increasing cause, goading on Nature in her efforts, and threatening even injury to the system, in order to its success.

If inanition formed the principle cure in scrophula and cancer, as contended for by Mr. Oliphant, it is evident these diseases, among the lower classes at least, should be very readily cured; for Nature could never be at a loss to have abundance opportunities of employing her exertion on the enfeebled, worn-out, constitutions of such patients. but is there an instance of this sort to be met with? Do not these diseases make much more rapid progress amongst the lower classes? And aren't, also, the lower classes the most frequently attacked by them?

Before concluding, I shall only beg leave to mention, that when the statement of Mrs. Craib's case was to be made out, I mentioned the propriety of it to Mr. Oliphant, in which he readily acquiesced. When it was afterwards made out, it was read to him by me, and he suggested one alteration, which, at his desire, I adopted, viz. that the cure was effected "without sloughing by an increased absorption, in which it differed from any he had ever seen." According to every idea I could then form of a man's sentiments, the account drawn up by me, with this one alteration, had his unqualified approbation, and I even than told him it should go in our joint names. On this conduct I shall make no comment; that matter is before the public. Three more cases will be published by me in the course of a few weeks. These will sufficiently determine the point, and be the best answer to all the scepticism [sic] displayed on the subject.

In bringing Mrs. Craib's case into notice it was my wish to call the attention of practitioners, in a particular manner, to this disease; and in doing so, to show,

1st. That the general principle of exciting phlegmonic action to a certain degree, and continuing it, is sufficient to cure cancer, whether in the state of schirrous or ulceration.

2nd. That the preferable mode of exciting this action is through the medium of the lymphatic system.

3d. That the lymphatic system, once excited, is capable of producing absorption, equal to the removal of the most hardened mass of disease.

4th That the cure is to be sought for in a proper selection of those substances which are most powerful in exciting the lymphatic system, and which continue this excitement in a permanent manner. I am,

Gentlemen,

Your obedient servant,

W. NISBETT [sic]
St. James's Street,
Dec. 17, 1800

Further Information Respecting the Case of Mrs. Craib, Formerly Announced as Cured of a Cancer in Both Breasts by Dr. Nisbet (with Additional Cases) by Isaac Oliphant (volume 5, 1801)

To the Editors of the Medical and Physical Journal,

Gentlemen,

in the last Number of your Journal, there appears a "Reply to Mr. Oliphant's Account of Mrs. Craib's Case of Cancer," wherein it is stated, that my Communication was "clearly meant to imply a reflection on the former relation;" whereas my motive, I solemnly declare, was what I thought due myself and the public on this occasion, viz. solely to give a faithful detail of the case of Mrs. Craib; which I did, and sincerely console myself in so doing, for reasons hereafter mentioned.

I cannot help observing, in order to lessen the dependence on my authenticity, and to draw aside the public's notice from my report of the case, so essentially different from his, that much ingenuity has been employed by Dr. Nisbet to serve his purpose; this, with those who know me, will weigh nothing; and will weigh just as much with others when they are acquainted with the sequel.

The gentlemen advertised in his first communication had very little to do with the detail of Mrs. Craib's case; therefore I considered particular notice was irrelevant in my report; only two prescribed, the rest merely looked at it; they did not give an opinion: yet an effort has been made to degrade their professional abilities before the

public, under the specious pretence, merely to give them “an opportunity of proving the authenticity of the statement;” which, I believe, they did not give themselves the trouble to do; whereas, in fact, it was to enrich his own triumph and influence in the public opinion. When there were collected together, by private invitation, several other gentlemen of the profession, to handle this abortive technique, surely the like gentle motive might have been extended to the other respectable surgeons, if a simple opportunity had been alone in contemplation: Not, it could not here be so intended, though

“Inter se convenit urfis.”

My intention being a detail of facts, not controversy about imaginary points, however wished for, in the relative description of diseased appearances, the most essential difference will be seen: No reverted edges, no pouring out of quantities of blood; no rheumatic or erratic pains, except a few hours of pain from very hard labour; no violent pain in the breast, or large ulcer, ever happened: there were some alarming chronic inflammations in the miliary glands of the skin, and a red sublivid hue of the whole breast; the last was the consequence of accident and empirical treatment.

I did not object to the frictions in the first instance: Being responsible for the safe conduct of treatment, when my patient was listless and greatly reduced, with loss of appetite, and a sore mouth, in extremely hot weather, not favourable to the regaining of lost strength, by her solicitation, and my own opinion, I desired that the severe discipline might be laid aside. There was no shrinking of the breast perceptible, but what was in common to the rest of the body, except as far as arose from an extension of the ulcerations, till after the pleuritic attack.

The resolution of the upper and larger part of the diseased breast into matter, was often said to be at hand, and in actual state of suppuration, though it never happened; though felt, it was never seen.

Of the primary cause of the absorption of the breast, and the altered condition of the ulcerations, I have given an opinion in my statement; wherein I nether took the merit of a cure to myself, nor allowed it to the Doctor: though I admitted the breast was absorbed, and the ulcers healed, yet a constitutional diseased irritation subsisted from this absorption.

It is meant, by the “impropriety of the application,” (pronounced, I am sure, by no oracle in physic,) that my treatment of the patient in the latter week of October was improper, when I considered it useless to consult him, I must say, (by the violent interposition of Dr. Nisbet, who, unsolicited, called in another physician to give weight, and carry the patient by a coup de main) a decoction of Angustura bark, with vitriolic acid, was prescribed by him;

and though the practice was irregular, I made up this medicine, having alone a wish to benefit the patient, and to convince her that she should have all the assistance suggested for relief: I gave her, however, my opinion, on administering the first dose. By this treatment a stop was put to the plentiful glary expectoration; a most teasing cough came on; tightness and oppression across the chest, with short breath; so that I had the greatest difficulty to persuade her to repeat the dose, and only on the assurance that she should have a large relaxant portion of ipecacuanha, with opium, and some volatile alkali, to provide against serious consequences, should they ensue; a second portion was given, but might have proved fatal, (according to the account of her friends who attended, and Mrs. Craib herself, the following morning,) if she had not taken the provided medicine. Though the Doctor supposed he had cured the cancer, he pushed further here in the province of medicine.

Did I treat my cases "with bark and carbonic acid?" Has Dr. Nisbet compiled so much, and yet in a trifling statement is capable of making such a mistake? This error is of itself suspicious. However, I should not be surprised to find the greatest enemy to bark in detail, employ it in practice, and without restriction: such to me seems to be the case with opium.

I must take notice also, that the reflector on Mrs. Osborn's case has paid less attention to the circumstances of it, than to his own reveries: the skin was puckered before inflammation, suppuration, or sloughing; but after sloughing, the reserved skin extended smoothly over the formerly ulcerated surface, not healing a scrofulous sore, the appearance of which every tyro, nay, every old woman is acquainted with.

As to his making a comparison between the influence of sudden inanition and starvation, in removing morbid accumulation by absorption, it is only an interlude.

It is true, Dr. Nisbet asked me, if I had any objection to his giving Mrs. Craib's case to some periodical publication; and I said, none. When he had written it, he waited on me in his way to the receiver of communications, and read it over. To the best of my recollection nothing particular passed, except at our parting from my house, wherein I told him, his account, with regard to my opinion of Mrs. Craib, when I first saw her, was not true; and a proof of this he could have from herself. My opinion was, that I gave her hopes of a sloughing of the whole diseased breast, not "by absorption," as was afterwards inserted; and also an improbability of any of it being restored to health. Before he read me his account, as in other reports of opinions, it was represented, in the most unqualified pronouncement, to be incurable, and that he of himself had performed a perfect cure. Whether he would have made any alteration from what I said, I knew not: indeed, it was of no consequence.

Mr. Coe, Mrs. Craib's friend, and Dr. Nisbet's operator, a worthy man, though in a humble station of life, called upon me the same evening; and it was mentioned to him what his acquaintance Dr. Nisbet intended; the manner and precipitancy of which I disapproved of. He said he would go to the Doctor, as it struck him in the same way; and would talk to him about it. He called again, and told me the Doctor replied, "he would stop his publication."

What right has any one to judge another professional man's sentiments, who had not himself pursued "the candid line of conduct," and had broken off all communion by his empirical conduct, and reduced himself below the level of a regular practitioner?

With regard to joint names, was it likely I would make myself responsible for any thing Dr. Nisbet might have chosen to insert? For, in fact, I had not even the reading of it; yet I was to bear its fate for the Doctor's sake. this is a fac simile to his declaring, in a note to Dr. Bradley, that leave was given, by gentlemen who had seen the case, to attest the cure by the sue of their names: whereas, in truth, Mr. Blair, one of them, did afterwards publish a gentle rebuke and refutation of such a tender on his part.⁴

As far as hitherto concerns our statement of Mrs. Craib's case to the public, the patient herself had read both; and was asked, in Mr. Blair's presence, her opinion with regard to the justness: Her answer was, "If she had not been told Dr. Nisbet's statement was that of her disorder, she could not have thought it; but that, as far as she could judge, or know, Mr. Oliphant's account was just."

My statement in the London Medical Review and Magazine for December, so far from advancing that I had cured the patient, according to Dr. Nisbet's attack, will be found to contain these words: "However, subsisting still is a *schirrhus* [sic] in the right breast, which seems to enlarge with her repletion; and there is not the least doubt of morbid irritation existing in her habit, most likely the offspring of her absorbed diseased breasts, or that disposition which produces schirrus."

I am sorry my opinion has been realized. On the 1st of this month she sent for me, to shew me a few eruptions that had come out the preceding fortnight; and with considerable relief to her inside, she told me. When I saw her, I found there were innumerable affections of the miliary glands of the skin of both breasts, particularly under the absorbed one, extending a great way on the side under the arm. The last healed sore, where the absorbed one was, was re-opened; on several other parts of this surface considerable schirrous tubercles have arisen. The right

breast, from being left with a small pendulous schirrus, sustained by the flaccid integuments; the skin has not contracted, which draws up the increased schirrus; and the whole threatens to become one mass of disease, of much more serious consideration to Mrs. Craib than any former state of her malady that I have witnessed: also her present weakness, indifferent appetite, bad digestion, a disposition to anasarca, and her pulse upwards of 112, have disabled the constitution from sustaining such a grievous load for any great length of time.

Lest this farther account of my patient's case should be called into question, from sinister motives, as had already happened, I requested Mr. Blair to see the state of Mrs. Craib's health on the 8th instant; which he politely and obligingly did, and favoured me with his report of what he saw, as follows:

A Letter from Mr. Blair to Mr. Oliphant.

"Sir,

"As You have done me the honour to give me a sight of Mrs. Craib's case, I cannot reasonably decline writing (as you desire) a short statement of what I then witnessed.

"When I formerly saw the patient with Dr. Nisbet, appearances seemed very much in her favour, and there was even room to hope for a complete cure; but, yesterday, I observed the glandular enlargement and induration of the right breast had increased, the skin and integuments of the left side were irregular, tuberculated, and adhering to the pectoral muscle; besides which there were various hardened subcutaneous glands about the left breast, extending towards the armpit.

"I here beg leave to conclude my evidence. If it will serve to throw light on the truth, you are welcome to make use of this letter. I remain,

"Sir,

"Your obedient humble servant,

"William Blair."

Great Russell Street, Bloomsbury,

January 9, 1801

The following two cases, which I am afraid will be followed by several others, will further afford a reasonable justification for my giving the fair statement of Mrs. Craib's case.

⁴ *Medical and Physical Journal*, No. XXII, p. 569.

In February last Charlotte Logan, at Mr. Campbell's, Newcastle Street, Strand, aged 46, had her menstrua suddenly suppressed apparently by a violent emotion of the mind; and in the summer perceived a small scirrhous in her left breast, which became painful in August following.

About September 25th she was attacked with fever, said by the gentleman who attended her, to be independent of the condition of the breast; but on the incumbent skin of it, and to a great extent on the left side, a diffused redness appeared, attended with much pain, which was removed by repeated bleedings with leeches, and left the scirrhous in the same condition as before.

From the alarming state of the breast, she was advised to go into St. Bartholomew's Hospital, wherein she remained nearly a fortnight. After a consultation of the surgeons, excision of the diseased part was concluded on: Hearing, however, of Dr. Nisbet's cure of Mrs. Craib in the beginning of October, her friends removed her suddenly to be under his care, who pronounced "he would cure her, at farthest, in six weeks."

On the seventh week, it was said that the breast would suppurate and burst in eight days. But a few more days were passed; and suppuration did not follow.

After being nine weeks under his frictions, she was taken with a violent pain in her head, when she was desired to keep her bed. For a fortnight she was confined: The Doctor only saw her once, and never after returned, for reasons best known to himself, having attended her eleven weeks. There was great increase of the pain and disease in the breast, and an oozing from around the nipple, forming troublesome incrustations.

A week after this she applied to me, and I found the whole left breast schirrous, several cuticular glands inflamed, which appeared first under the Doctors' care, and an incrustation round the nipple; the whole attended with most excruciating pain, and vast agitation of mind. She now wanted me to pronounce whether it could possibly be cured: not being bold enough to satisfy her wishes, she was put upon a plan that was considered as too expensive in the purchase of malt.—Though the application soothed her breast, yet I did not see her after, till I met her on the 1st instant at Mrs. Craib's for a second time, and found she had an ointment spread on paper: I therefore conclude she is now under that direction of some old woman. During this interval several lymphatic glands behind the clavicle, and up the side of her neck, have become enlarged.

There is also the case of Mrs.—, who put herself under the care of Dr. Nisbet, in consequence of the first publication of Mrs. Craib's case; but the result of that can be "best related by the undertaker."

I have now, Gentlemen, laid before you and the public all the facts deserving their notice respecting Mrs. Craib's case. It was very much hoped for, that personality might have been avoided: However, unfortunately a spirit has shewn itself, lining and thriving on controversy, that has dragged me into measures I highly dislike, and I must, in future, leave to itself a spirit which wishes to substitute sophistry for plain facts, dishonourable insinuation for claim of rectitude, and scholastic reasoning for practical opinion. I am, &c.

ISAAC OLIPHANT.

Percy Street, Jan. 8, 1801

APPENDIX II: Hysteria and Hypochondria Cases, 1810-1818

1. Hysteria and Hypochondria cases Published in the London Medical and Physical Journal in 1818 and 1819
2. Illustrations of Madness: Exhibiting a Singular Case of Insanity by John Haslam
3. A Case of Hypochondriasis, or Tristimania; with remarks on this disease by Samuel Akerly
4. Of Partial Intellectual Derangement, and Particularly of Hypochondriasis, or Tristimania by Benjamin Rush

1. Hysteria and Hypochondria Cases, 1810-1818

The following cases were published in the *London Medical and Physical Journal*, volumes 39-42, in 1818 and 1819.

Volume 39

The following is an excerpt from "The Influence of the Atmosphere, more especially the Atmosphere of the British Isles, on the Health and Functions of the Human Frame" by Dr. James Johnson, M.D.

"Case.—A lady, arrived at the turn of life, became affected with *periodical* hypochondriasis; each fit of which commenced at sunrise, increased till noon, when it was at its acmè, and then declined as the sun approached the western horizon. The degree of hypochondriacal affection bore a relative proportion to the altitude of the sun.—The patient, at first merely a little low-spirited, became gradually more and more dejected and oppressed, till she appeared devoured by chagrin, or overwhelmed with despair. But, when the sun had attained its zenith, such a sentiment of terror took possession of her mind, that the least noise,—the lowest spoken word, seemed to her imagination the signal of some dreadful misfortune that was ready to burst over her, and destroy her! As the sun declined from the meridian, this morbid affection diminished; retracing its steps through the same grades of sadness which marked its development. To the state of terror succeeded a profound sense of chagrin, which, becoming weaker and weaker, took on various shades of sorrow, till it ended in a mild and no unpleasant state of melancholy. Such was the train of mental emotions; during which, other phenomena presented themselves. At the moment of accession, the patient felt a sensation of darting and quivering (*tiraillement*) in the region of the heart; which sensation radiated in all direction, but particularly towards the superior parts. Then the pulsations of the ear, the coeliac, and finally all the other arteries, became heard, strong, and greatly accelerated. She was the augmented propulsion of blood into the arteries, that we could see the fingers start involuntarily at each systole of the heart. This curious sensation (*tiraillement*) in the cardiac region, and which preceded the preternatural action of the heart and arteries, increased *pari passu* with that action, with the hypochondriacal paroxysm, and with the elevation of the sun above the horizon."

Volume 40

Cases of Hysteria from Indigestions by B., M.D.

The following cases may, perhaps, appear interesting enough to be recorded in your Journal. They are selected from many others, and are drawn up as concisely as the intention of the communication would allow.

November.—Miss G., tall, melancholic temperament, great sensibility, and who has experienced much mental distress, complains of violent palpitations of the heart, from whence she fancies her illness arises, and which she has perceived some six months back. She suffers much frequent head-ach [sic], particularly from pain and weight over her eyes, a constant gnawing sensation in the stomach, with pain darting between the shoulders, and a numbness of the right arm; her nights are very restless, has constant sickness in the morning, oppression and distension of the stomach after meals, more especially in the evening, at which time, she is much tormented with heart-burn. Pulse is weak and hurried; tongue very foul; bowels costive; the evacuations dark-coloured and offensive; urine scanty; catamenia regular and abundant; appetite has entirely deserted her, and she is never free from slight febrile symptoms. She is, what is called, very nervous, any surprise immediately producing a fit of hysteria. On examination, the liver felt enlarged, she could not bear the slightest pressure on the right hypochondrium; and, when made a little forcible, it immediately brought on the hysteric paroxysm,—the heart beating so as to be heard. Eight leeches were ordered to be applied to the right side, which was afterwards covered with a blister: she took a powder of calomel and jalap every other night, with some neutral salt and next morning; the common saline mixture in a state of effervescence, with gtt. x. sp. æther. sul. every six hours. This plan was pursued for a fortnight, the leeches and blister being twice repeated; by that time, the palpitations of the heart and dyspepsia were removed. A Course of bitters and steel would have completed the cure, if she could have recovered her serenity of mind.

January.—Miss J., aged 16, pale, delicate, and of sedentary habits, complains of violent palpitations of the heart, which was first perceived in March last; it had been pronounced an organic disease, and, in consequence, she has taken for some time back the Tr. digitalis, which has neither retarded the

palpitation nor appeased the cough, which is now very troublesome. On enquiry, I received the following account of herself. She feels excessively weak and overcome on the slightest exertion; has an occasional difficulty of breathing and sense of suffocation, a continual head-ach, especially across the forehead; pain in the stomach, darting between the shoulders and the right hypochondrium; constant sickness in a morning, with want of appetite for breakfast; a very unpleasant sense of fulness after meals; much feeling of weariness in an evening; but the moment she lies down, all desire for sleep goes off. Pulse is quick and irregular, but it does not synchronize with the motion of the heart, which is very rapid and powerful; tongue is very foul; the bowels costive; the stools the colour of pitch; the urine is laden with urea; catamenia more frequent than natural, and the discharge pale and scanty: her spirits are very good, but surprise brings on some strong symptoms of hysteria. There appeared a considerable congestion in the liver; a very acute pain was felt on pressure, "flying (to use her own terms) to the heart," and its motion was certainly very much accelerated. Eight leeches were applied to the right side, and a large blister after their operation; pills of ext. coloc. 60, with pulv. scammon. e hyd. submur. were given every other night, and a saline opening draught the next morning; the common saline mixture three times a day. For some time, she was considerably better in every respect, but, venturing (I suppose) too early on a course of tonics, all her symptoms returned, and the hysteria and palpitations were more violent than ever.—Death was not unfrequently deemed close at hand by her attendants: recourse was again had to her former medicines, and, after more copious discharges by stool than I have ever known, she gradually amended. I have little doubt now of her health being perfectly re-established by country air and diet, and attention to the alvine discharge.

I find I shall trespass too much upon your pages, and will, therefore, close this communication. I will continue the cases, or not, as you judge expedient.

May, 1818

Volume 42

Excerpted from *Observations on the Treatment of Hysteria* by J. Mahon, M.D.

I was, early in my practical career, led to relinquish the stimulating plan of treating hysteria in young females; but it was not until the case I am about to relate occurred to me, that I was led to pursue the method I shall presently describe.

I was called to visit a patient, an unmarried woman, 22 years of age, and of a spare habit of body, who had been about an hour in a severe hysterical paroxysm. I learned from the attendants, that she had complained of pain about the loins and hypogastric regions for two or three weeks previously; that menstruation had been effected irregularly, and somewhat profusely, for four or five months past; and that, within the last eight days, she had before experience three severe fits of hysteria, each of which continued four or five hours. On passing my hand over the abdomen, with a view of ascertaining if there were any tension or swelling in that part, I was somewhat surprised to feel a violent throbbing about the epigastrium, in the situation of the coeliac artery. This furnished an indication, which I immediately followed, and abstracted twelve ounces of blood. In five minutes the patient became perfectly sensible, and she experienced no return of the convulsions. Blood-letting and purging were afterwards employed.

Since then I have always examined the abdomen in patients in a fit of hysteria, and have very frequently, in thin and young persons, detected a similar pulsation of what I suppose to have been the coeliac artery: it is almost needless for me to say, that I have since then but rarely employed stimulating internal medicines in the treatment of this disorder.

The measures, then, on which I have placed most reliance, have been bleeding, cold air, cold drinks, and especially cold applications to the abdomen; and I have sometimes ordered one of the attendants to dash a vessel of cold water over the lower part of the belly and the thighs. The effect of the cold application to the region of the pubes, is often almost surprising: the patient utters a scream, starts up, and looks about with astonishment, like a person suddenly roused from sleep, enquiring what is the matter, and the cause of so many persons being about her.

In cases in which I have not employed blood-letting, and where the cold application to the pubes has produced only temporary relief, I have given an emetic of ipecacuanha, followed by nauseating doses of the same medicine, with the most advantageous results. On this point I find I am supported by the opinions of Dr. Smith, of New York, given in your Journal for October last. I should here observe, that, in

this and in other cases where the functions of the brain are much disturbed, ipecacuanha, not tartar emetic, sulphate of zinc, &c. should be employed: it is common to find the latter substances used, from the difficulty with which vomiting is then excited; but this practice is highly deleterious, causing severe injury to the stomach, from the large quantities of those substances often required: of this I have witnessed several instances. There is not this danger attendant on the use of ipecacuanha; and, where the system is so much disordered that this will not produce vomiting, I would strongly advise that the attempt to cause it should be desisted from. I have but rarely employed opium in the treatment of hysteria, and only after the paroxysm has subsided, with the view of procuring sleep and quieting the system; and, even with this intention, I have almost confined its use to patients of a weak and spare habit of body, or when the affection is habitual, or has been immediately caused by some sudden mortal emotion.

The measures I have described have not only been found to be particularly efficacious in removing the paroxysm of hysteria; there is this advantage they also possess over the usual mode of treatment,—they are not followed by the head-ach and disorder of the stomach so commonly consequent on the use of violent stimulants, and they tend to prevent the recurrence of the disease. On the latter point I shall not now dwell. My object has been to prevent the use of the common deleterious modes of treating the hysterical paroxysm, by proposing that which I have myself found to be remarkably beneficial; and which, I trust, will be equally so in the hands of other practitioners, if employed with common judgment. My opinions on the pathology, and remarks on the general management of this disorder will be comprised in the essays to which I have alluded.

2. Illustrations of Madness: Exhibiting a Singular Case of Insanity by John Haslam

This case was first published in 1810 as a book-length study, under the title *Illustrations of Madness: Exhibiting a Singular Case of Insanity, and a No Less Remarkable Difference in Medical Opinion: Developing the Nature of Assailment, and the Manner of Working Events; with a Description of the Tortures Experienced by Bomb-Bursting, Lobster-Cracking, and Lengthening the Brain. Embellished with a Curious Plate.*

“Oh! Sir, there are, in this town, Mountebanks for the mind,
as well as the body.”—*Foote’s Devil upon Two Sticks; Scene the last.*

Preface

The publication of the following case is deemed as much an act of justice, as it may be regarded a matter of curiosity. It may possibly effect some good, by turning the attention of medical men to the subject of professional etiquette, and to a consideration of those nice feelings and reciprocal charities, which confer on the practitioners of medicine the amiable distinction of a fraternity.

If it should merely succeed in curbing the fond propensity to form hasty conclusions, or tend to moderate the mischief of privileged opinion, the purpose is sufficiently answered.

From the temperate exposure of facts which the Writer has adopted, it can never be supposed that his views are hostile. The Brethren are unknown to him, and probably may never condescend to notice him beyond an occasional recollection: but if, contrary to his expectation, the Reader, throughout this narrative, should suspect a sneer, the benevolence of the Writer allows him to soften and correct it by a smile.

Of the history and opinions of the Insane, much curious matter is dispersed, and might advantageously be collected from works of various descriptions: most authors (generally without design) have contributed something; and if such scattered materials were gleaned into a volume, the “Use and Improvement of Madness in a Commonwealth” might be sooner and more clearly ascertained.

In Germany, Mr. Spiess has published four volumes of the biography of insane persons*, which have been perused with much interest, and deserve to be rendered into English: and in our own country there exists a learned monument of madness, distinguished by abrupt transitions, a generous reconciliation of discordant circumstances, with a felicitous remembrance of transactions that never occurred, and which constitute the broad features of genuine insanity. That the reader may duly appreciate the labours of this gentleman, an extract is submitted to his candid consideration.²

"I conclude with offering an interpretation of a few lines from part of the 3d Aeneid, which, according to what is said in my former Notes, p. 140, to which Notes I again here refer, has a particular relation to the whole of this subject:

Corripio è stratis corpus, tendoque supinas
 Ad coelum cum voce manus, et munera libo
 Interemerata focus: perfecto laetus honore
 anchisen facio certum remque ordine pando.
 agnovit prolem ambiguam geminosque parentes
 Seque novo veterum deceptum errore locorum.
 Tum memorat—

the meaning of which I venture to unriddle as follows: supposing (to speak as Virgil does, in the first person) I have a patient attacked by a contagious pestilential disease (its contagion being implied by the litter of straw, e stratis, in which he lies), I take up his body from thence, without a moment's delay (corripio), and curry it (corripio), or tan it (tendo), form the back and spine (as implied perhaps by the French dos, tegum, in tendo, and by supinas) to the poll or hollow part of the head (that hollow part being pointed to by the , quod coelum), or, in other words, by administering the bark externally to those parts (the bark being implied in the word manus, by a reference to the Andes), as the patient lies supine,

* Biographen der Wahnsinnigen, von Krist. Henrich Spiess, Leipzig, 1795.

¹ Vide "A Supplement to Notes on the Ancient Method of Treating the Fever of Andalusia, now called the Yellow Fever, deduced from an Explanation of the Hieroglyphics painted upon the Cambridge Mummy, by Robert Deverell, Esq. M.P. May 19, 1806," page 38. It is a subject of great regret that these scarce and luminous pages were privately printed.

with his face turned to the skies, in a bath which comes level with his mouth (*cum voce*), the great heat of which bath is denoted by (*focis*), as its containing an infusion of purifying aromatic herbs may be by (*munera intemerata*), though these words, as coupled with (*libo*), should at the same time seem to imply the patient's drinking a quantity of hot tea (implied perhaps by *te*, in *intemerata*). After he has thus lain in the bath a full hour (*perfecto honore*) with the fires that heat it well lighted, or strongly burning (*laetus*); I produce the effect of ensuring (*facio certum*) the ague-fit (implied by Anchisen, near the ice, or a fit nearly allied to ice in its nature), and thus in due order acquire a key to the fever (*remque ordine pando*); or these last words may perhaps imply (and then in due order resort to the use of cathartics). Of the next two lines, the first seems to intimate that the patient, in consequence of such a process, shews the twofold nature of his complaint, cold and hot, ague and fever; and the second, when coupled with the context, that the disease is contracted by a change of climate, viz. that of Europe for that of the West Indies. The last words (*tum memorat*) intimate that, when that point of the process is attained, the bark (implied by a reference to the river Mamore, on which the tree producing it grows) is afterwards to be taken internally, in order to a completion of the cure."

That the author of the *Andalusia and Supplement* is a formidable rival to the specimen now to be produced, cannot in fairness be denied, but in the comparison some "partial fondness" induces me to think that "the superiority must, with some hesitation, be allowed to Mr. Matthews." "If the flights of Matthews, therefore, are higher, Deverell continues longer on the wing. Matthews often surpasses expectation, and Deverell never falls below it."

It only remains to mention that these opinions have been collected from the patient since the termination of the legal proceedings; and to inform the intelligent reader that, where inverted commas are used, the manuscript of Mr. Matthews has been faithfully copied; and that, for thus introducing his philosophic opinions to the notice of a discerning public, he feels "contented and grateful."

JOHN HASLAM.

Bethlem Hospital

Nov. 2, 1810.

ILLUSTRATIONS OF MADNESS.

JAMES TILLY MATTHEWS, whose opinions chiefly form the subject of the following pages, was admitted a patient into Bethlem Hospital, by a petition from the parish officers of Camberwell, on the 28th of January, 1797. Although his insanity was then most evident, yet his relatives did not possess the faculty of perceiving his disorder. They employed an attorney, and by a legal process he was ordered on the second of May following to be brought to the dwelling house of the late Lord Kenyon, in Lincoln's Inn Fields, who, after conversing with him, was perfectly satisfied that he was a mania, and desired him to be remanded to his former custody. On the 21st January 1798, he was placed on the incurable establishment. In this situation he continued for many years; sometimes, an automaton moved by the agency of persons, hereafter to be introduced to the notice of the reader; at others, the Emperor of the whole world, issuing proclamations to his disobedient subjects, and hurling from their thrones the usurpers of his dominions.

In the year 1809 his relatives again interfered, and confiding their own opinion, that he was of sound mind, and possessed the proper direction of his intellects, requested that he might be discharged. They also made application to the Church-wardens and Overseers of the parish of Camberwell, who, in the first instance, had been compelled to confine him in consequence of an order from the magistrates of Bow Street. These parish officers visited the lunatic, and being competent judges of the subject, demanded his release, on the pretence that he was perfectly recovered.

To confirm their opinion of the rational state of Mr. Matthews, the relatives employed two learned and conscientious Physicians, gentlemen deeply conversant with this disease, and doubtless instructed by copious experience to detect the finer shades and more delicate hues of intellectual disorder.

After repeated and wary examinations of the lunatic's mind, narrowly scrutinizing into his most recondite opinions, and delving into the recesses of his thoughts, they pronounced him to be perfectly in his senses, and sanctified such decisions by the following affidavit, and holy affirmation.

In the King's Bench.

*HENRY CLUTTERBUCK, of Bridge Street, Blackfirsars, in the City of London, Doctor of Medicine, maketh oath and saith, that he hath had four*³ interviews of considerable length with James Tilly Matthews; at one" of which Doctor Munro was present; that this deponent I could not discover any thing that indicated insanity in the said James Tilly Matthews, and he verily believes him to be perfectly sane.*

HENRY CLUTTERBUCK.

Sworn in Court, this

Twenty-seventh Day

of November, 1809.

By the Court.

**See (*) page 7.*

In the King's Bench.

GEORGE BIRKBECK, of Cateaton Street, in the City of London, Doctor of Medicine, upon his solemn affirmation saith, that he hath paid six visits professionally to James Tilly Matthews, now under confinement in Bethlem Hospital. That during these visits he has attempted by every mode of examination which he could devise, to discover the real state of his mind of the said James Tilly Matthews, and that the result of such repeated, careful, and unprejudiced examination, has been a conviction, that the said James Tilly Matthews is not insane. That in order to corroborate or to rectify this conclusion, he applied to Dr. Munro, the Physician to the Hospital aforesaid, for information, Whether, by his knowledge and observation of the said James Tilly Matthews, he had been put in possession of any particular subject or subjects, which, on being mentioned within his hearing, did produce maniacal hallucination, and which this affirmant might not have been enabled to discover in the course of these conferences with Mr. Matthews? to [sic] which question Doctor Munro replied, that he was not acquainted with any such subject, but that he believed him to be insane upon all. To render this investigation more satisfactory and conclusive to this

³ See (*) page 7.

affirmant, it was agreed, that on the following Saturday he should meet the said Doctor Munro together, to see and converse with Mr. Matthews. This meeting took place accordingly; Doctor Clutterbuck (who accompanied this affirmant professionally in four of the visits before mentioned)* being also present. That neither in this conference, nor in a conversation with Dr. Munro immediately subsequent thereto, (Mr. Matthews having left the room in which it took place) did any thing occur to alter the opinion of this affirmant as already expressed; but, on the contrary, that opinion was strengthened by these communications. And this affirmant further saith, that the said Dr. Munro, after finding the reasons advanced by him for the purpose of establishing the insanity of Mr. Matthews unsatisfactory to this affirmant's mind, did, near the conclusion of the interview above mentioned, declar, that although he might not succeed in convincing them, (Doctor Clutterbuck and this affirmant) or any other person, that Mr. Matthews was deranged, he had a feeling on which he could rely, that Mr. Matthews was insane, or words of the same import. And this affirmant further saith, that the most prominent circumstances adduced in proof of the insanity of Mr. Matthews, referred to parts of his protracted confinement, not including within the last six years, with the exception of his inflexible resistance to the admission of his alledged insanity, and to the customary expression of thanks for he benefits received in the hospital, together with his unabated antipathy against the physician and apothecary, to whose care he had been entrusted during his long confinement. That the circumstances stated were not, in this affirmant's judgment, sufficient proofs of insanity, and therefore it is still the opinion and belief of this affirmant, that the mind of the said James Tilly Matthews is sound.*

GEORGE BIRKBECK.

*Affirmed in Court, this
Twenty-seventh Day
of November, 1809.*

By the Court.

Thus armed, the relatives moved for a Habeas Corpus, in order that the said J.T.M. should be discharged.

It may be here proper to state that it had been the unvarying opinion of the Bethlem Hospital, that Mr. Matthews had been insane from the period of his admission to the present time. Such opinion was not the result of casual investigation; but a conclusion deduced from daily observations during thirteen years. But aware of the fallibility of human judgment, and suspecting that copious experience which sheds the blessings of light upon others, might have kept them in the dark: perhaps startled at the powerful talents, extensive learning, and subtle penetrations which had recorded in the face of day the sanity of a man whom they considered as an incurable lunatic: and flinching at an oath contradictory to such high testimony, the medical officers prudently referred the determination of the case to the constituted and best authorities in the kingdom. For this purpose they assembled a consultation of eminent medical practitioners, who, after a deliberate examination of the patient's mind, made oath in the following manner:

In the King's Bench.

SIR LUCAS PEPYS, of Upper Brook Street, Grosvenor Square, in the County of Middlesex, Bart. Doctor of Medicine, Physician to His Majesty, President of the College of Physicians, and one of the Commissioners for the visiting insane patients at private houses;

ROBERT DARLING WILLIS, of Tenderloin Street, Hanover Square, Doctor of Medicine, Fellow of the Royal College of Physicians;

SAMUEL FOART SIMMONS, of Poland Street, in the County of Middlesex, Doctor of Medicine, Physician to St. Luke's Hospital;

RICHARD BUDD, of Craven Street, in the Strand, Doctor of Medicine, Elect and Treasurer, and one of the Fellows of the Royal College of Physicians, and also one of the Commissioners for the visiting insane patients aforesaid;

HENRY AINSLEY, of Dover Street, Piccadilly, Doctor of Medicine, Fellow of the Royal College of Physicians, and one of the Commissioners aforesaid;

JAMES HAWORTH, of Bedford Row, in the County of Middlesex, Doctor of Medicine, Fellow of the Royal College of Physicians, and one of the Commissioners as aforesaid;

WILLIAM LAMBE, of the King's Road, Bedford Row, Doctor of Medicine, Fellow of the Royal College of Physicians, and one of the committee as aforesaid, (being the whole of the commissioners appointed by the Royal College of Physicians for visiting insane persons at private houses:)

RICHARD POWELL, of [ck.] Street, in the Strand, Doctor of Medicine, Fellow of the Royal College of Physicians, and Secretary of the said Commissioners;

Severally make oath and say, that they had, on Wednesday, the 29th of November instant, a long examination of the patient, James Tilley Matthews, at Bethlem Hospital, and that they took considerable pains in ascertaining the state of his mind, and that it is their positive and decided opinion, as a result of such examination, that the patient is in a most deranged state of intellect, and wholly unfit to be at large.

Sworn at my Chambers, Sergeant's Inn, by

SIR LUCAS PEPYS,

ROBERT DARLING WILLIS,

SAMUEL FOART SIMMONS,

RICHARD BUDD,

HENRY AINSLEY,

JAMES HAWORTH,

WILLIAM LAMBE,

RICHARD POWELL,

the above named Deponents, this 30th Day of November, 1809, before me,

S.L. BLANC.

This corroboration of Mr. Matthews' insanity, by the highest and most respectable testimony, gave a different complexion to the case, and also suggested some reflections.

Madness being the opposite of reason and good sense, as light is to darkness, straight to crooked, &c. it appears wonderful that two opposite opinions could be entertained on the subject: allowing each

party to possess the ordinary faculties common to human beings in a sound and healthy state, yet such is really the fact: and if one party be right, the other must me wrong: because a person cannot correctly be said to be *in* his senses and *out* of his senses at the same time.

But there is considerable difficulty and some danger in applying logic to facts. Every person who takes the degree of Doctor becomes, in consequence of taking such degree, a learned man; and it is libelous to pronounce him ignorant. It is true, a Doctor may be blind, deaf and dumb, stupid or mad, but still his Diploma shields him form imputation of ignorance.* It has also not unfrequently occurred, that a man who has been dubbed a Doctor of Medicine at Leyden, Aberdeen, or St. Andrews, and whose Diploma sets for the his profound learning, accomplishments, and competence to practise on the lives of his Majesty's good and faithful subjects, has been found incapable of satisfying the gentlemen in Warwick Lane that he possessed the common rudiments of his profession, and has been by them accordingly rejected: so that learning in many instances appears to be local.

Presuming Drs. Birkbeck and Clutterbuck to be very learned in their profession, and, if possible, still more learned out of it, uniting many rare talents, and distinguished by extrinsic acquisitions,

“Grammaticus, Rhetor, Geometres, Pictor, Aliptes

“Augur, Schoenobates, Medicus, Magus—”

Conceding so much, it should follow, that if Mr. Matthews were mad, Msrs. Birkbeck and Co. ought to have discovered it; but the admission of such an inference would be destructive of their veracity: for had they found him to be a madman, it is to be hoped they never would stiffly and point blank have sworn him to be in his senses. How they could fail to detect his insanity is inexplicable, as his disorder was evident to all who saw and conversed with him; even his fellow-*students*⁴ derided the absurdity of his doctrine:—however, it should be recollected that these gentlemen have much experience, and are competent judges of all systems of error but their own.

* The feeblest intellect I ever commiserated was a Doctor of Laws from the University of Glasgow.

⁴ Is any student tearing his straw in piece-meal, swearing and blaspheming, biting his grrate, foaming at the mouth, &c.—*Tale of a Tub*, page 178, edit. 1704.

It appears, these Doctors generally visited him in conjunctions: perhaps they might have succeeded better, if they had examined him separately; for it is within the range of possibility that the judgment may have been warped by the courtesy, or clouded by the formality of a consultation—

“As two spent swimmers,

“That do cling together, and choke their art.”

It may here be allowable to state, that if Drs. Birkbeck and Co. had, in the first instance, made applications to the medical officers of the hospital, and announced their object, they would have been received with the urbanity due to professional gentlemen, and furnished with every information; but they preferred a silent approach and secret inquisition.

In the ordinary language of our courts of law, the relatives took nothing by their motion; nor is it my intention to bestow a single sentence on their conduct—the practice of the two Doctors shall be left to the humane construction of the Christian reader; and to finish the paragraph, the churchwardens and overseers of the parish of Camberwell may be supposed to have acted most conscientiously; and that the convenience of being disburthened of a pauper lunatic never entered their thoughts.

I shall now proceed to develop the peculiar opinions of Mr. Matthews, and leave the reader to exercise his own judgment concerning them.

Mr. M. insists that in some apartment near London Wall, there is a gang of villains profoundly skilled in Pneumatic Chemistry, who assail him by means of an Air Loom. A description of this formidable instrument will be given hereafter; but he is persuaded that an account of it is to be found in Chambers's Dictionary, edited by Dr. Rees in 1783, under the article *Loom*, and that its figure is to be seen in one of the plates relating to Pneumatics.

It is unnecessary to tell the reader that he will fruitlessly search that work for such information.

The assailing gang consists of seven members, four of whom are men and three women. Of these persons four are commonly resident, and two have never stirred abroad since he has been the subject of their persecution. Of their general habits little is known; occasionally they appear in the streets, and by ordinary persons would be taken to be pick-pockets or private distillers. They leave home to correspond with others

of their profession; hire themselves out as spies, and discover the secrets of government to the enemy, or confederate to work events of the most atrocious nature. At home they lie together in promiscuous intercourse and filthy community.

The principal of this crew, is named Bill, or the King: he formerly surpassed the rest in skill, and in the dexterity with which he worked the machine: he is about 64 or 5 years of age, and in person resembles the late Dr. De Valangin, but his features are coarser; perhaps, he is a nearer likeness to the late Sir William Opuently, to whom is made a duplicate. It was on account of something worked by this wretch, that another, by the force of *assailment*⁵, actuated Rhynewick Williams to the commission of his monstrous practices. He also took Hadfield in tow, by means of magnetic impregnations, and compelled him to fire the Pistol at His Majesty in theatre: but on this subject there is a difference of opinion, as some of the female part of the gang attribute this event to *Blue-Mantle*, of whom nothing farther is known. In working the machine Bill exerts the most unrelenting and murderous villainy; and he has never been observed to smile.

The next in order, is a being called *Jack the Schoolmaster*, who is the short-handwriter to the gang: he styles himself the recorder; somewhat tall, and about 60 years of age. It is not well ascertained if he wear a wig, but he generally appears in the act of showing his wig back with his forefinger, and frequently says, "So you shall, when you ketch (catch) us at it." Sometimes he says, "I'm to see fair play," and makes a merriment of the business. Jack has very seldom worked the machine.

The third person is *Sir Archy*, who is about 55 years of age, wears a drab-coloured coat, and, according to the old fashion, his breeches button between the legs. Some of the gang assert that Sir Archy is a woman dressed in men's apparel; and whenever Mr. Matthews has endeavoured, by enquiry, to ascertain this fact, Sir Archy has answered in a manner so quaint and indelicate that I cannot venture to communicate his reply. He is considered as the common liar of the gang; a low-minded blackguard, always cracking obscene jokes and throwing out gibes and sarcasms. In his speech there is an affectation of a provincial

⁵ This term, which frequently occurs, and is not to be found in our dictionaries, either originates with Mr. M. or is extracted from the vocabulary of the pneumatic gang.

accent, so that when Mr. M. asserts the truth of any fact, Sir Archy replies yho (you) are mistaken (mistaken). He constantly stays in the apartment, and says he does not work the machine, but only uses a magnet. His mode of communicating with Mr. M. is principally by "*brain-sayings*," which term will be afterwards explained.

The last of the males is termed the *Middle Man*, who is about 57 years of age, of the middle stature, with a broad chest; has a twang of the hawk countenance, not pockfretten, and much resembling the last Mr. Smeaton the engineer. He is dressed in a blue coat, with a plain waistcoat. It is said that he is a manufacturer of air-looms, and possesses the first rate skill in working this instrument. Altho' he is unrelenting in his persecution of Mr. M. he appears to consider it as sport, and sits grinning, apparently delighted that he cannot be taken unawares. After his attacks, he generally observes that Mr. M. is the talisman; then Sir Archy replies, with a sneer, "Yes, he is the talisman."

Among the females who compose this establishment, *Augusta* may first be described. She is about 36 yeas of age, of the middle stature, and her countenance is distinguished by the sharpness of its features. In person she is not fleshy, nor can she be said to be a thin woman; she is not full-breasted. Ordinarily dressed, as a country tradesman's wife, in black, without powder. Augusta seldom works the machine, but frequently goes abroad to correspond with other gangs at the West end of the town. Of agreeable deportment, and at first seems very friendly and cajoling; but when she finds that she cannot influence and convince, becomes exceedingly spiteful and malignant. Her object is to influence women by her brain-sayings; and she states herself to be the chief in this department. Within the last seven years the virulence of her temper has been considerably exasperated.

Charlotte, the next in review, is about the same age as *Augusta*, and also of the middle stature, but more fleshy; has the appearance of a French woman, being a kind of ruddy brunette. She constantly stays at home with Sir Archy, and complains that she is forcibly confined to this situation. They keep her nearly naked, and poorly fed. Mr. Matthews is led to suppose that she is chained; for she has sometimes stated herself to be equally a prisoner with himself. Charlotte always speaks French, but her language and brain-sayings are conveyed in an English idiom. Her character is that of a steady, persevering sort of person, who

is convinced of the impropriety of her conduct, but cannot help herself. For several years she has not worked the machine, but is a fixed and established reporter.

A very extraordinary lady compleats this malicious group. She does not appear to have any Christian name, but by the gang is termed the *Glove Woman*, as she constantly wears cotton-mittens. Sir Archy dryly insinuates that she keeps her arms thus covered because she has to the itch. She is about 48 years of age, is above the middle height, and has a sharp face. On her chin and upper lip there is a considerable quantity of fine downy hair, and she is somewhat pockfretten. Always dressed in a common fawn-coloured Norwich gown, with a plain cream-coloured camblet shawl, and wears a chip hat covered with black silk. The glove woman is remarkable for her skill in managing the machine. She frequently goes abroad. The rest of the gang, but particularly Sir Archy, are constantly bantering and plucking at her, like a number of rocks at a strange jack-daw: she has never been known to speak.

Having described the *dramatis personae*, it is expedient to mention the different preparations which are employed in the air-loom, by these pneumatic adepts.

Seminal fluid, male and female—Effluvia of copper—ditto of sulphur—the vapours of vitriol and aqua fortis—ditto of nightshade and hellebore—effluvia of dogs—stinking human breath—putrid effluvia—ditto of mortification of the plague—stench of the sesspool—gaz from the anus of the horse's greasy heels—Egyptian snuff, (this is a dusty vapour, extremely nauseous, but its composition has not been hitherto ascertained⁶)—vapour and effluvia of arsenic—poison of toad—otto of roses and of carnation.

⁶ *This disgusting odour is exclusively employed during sleep, when, by their dream-workings, they have placed him, as a solitary wanderer, in the marshes near the mouth of the river Nile; not at that season when its waters bring joy and refreshment, but at its lowest ebb, when the heat is most oppressive, and the muddy and stagnant pools diffuse a putrid and suffocating stench;—the eye is likewise equally disgusted with the face of the country, which is made to assume a hateful tinge, resembling the dirty and cold blue of

The effects which are produced on Mr. Matthews by the skilfull manipulation of these ingredients are according to his relation dreadful in the extreme. He has stated them in the technical language of the assailing gang, and explained their operation on his intellect and person. Whoever peruses a work on Nosology will be painfully impressed with its formidable catalogue of human miseries; it therefore becomes exceedingly distressing to swell the volume with a list of calamities hitherto unheard of, and for which no remedy has been yet discovered.

Fluid Locking.—A locking or constriction of the fibres of the root of the tongue, laterally, by which the readiness of speech is impeded.

Cutting soul from sense.—A spreading of the magnetic warp, chilled in its expansion, from the root of the nose, diffused under the basis of the brain, as if a veil were interposed; so that the sentiments of the heart can have no communication with the operations of the intellect.

Stone-making.—The gang pretend they can at pleasure produce a precipitation in the bladder of any person impregnated, and form a calculus. they boast of having effected this in a very complete manner for the late Duke of Portland.

Thigh-talking.—To effect this, they contrive so to direct their voice-sayings on the external part of the thigh, that the person assailed is conscious that his organ of hearing, with all its sensibility, is lodged in that situation. The sensation is distinctly felt in the thigh, and the subject understood in the brain.

Kiteing.—This is a very singular and distressing mode of assailment, and much practiced by the gang. As boys raise a kite in the air, so these wretches, by means of the air-loom and magnetic impregnations, contrive to lift into the brain some particular idea, which floats and undulates in the intellect for hours together; and how much soever the person assailed may wish to direct his mind to other objects, and banish the idea forced upon him, he finds himself unable; as the idea which they have kited keeps

a scorbutic ulcer. From this cheerless scene they suddenly awake him, when he finds his nostrils stuffed, his mouth furred, and himself nearly choaked by the poisonous effects of their Egyptian snuff.

waving in his mind, and fixes his attention to the exclusion of other thoughts. He is, during the whole time, conscious that the kited idea is extraneous, and does not belong to the train of his own cogitations.

Sudden death-squeezing; by them termed Lobster-cracking.—This is an external pressure of the magnetic atmosphere surrounding the person assailed, so as to stagnate his circulation, impede his vital motions, and produce instant death.

“In short, I do not know any better way for a person to comprehend the general nature of such lobster-cracking operation, than by supposing himself in a sufficiently large pair of nut-crackers or lobster-crackers, with teeth, which should pierce as well s press him through every particle within and without; he experiencing the whole stress, torture, driving, oppressing, and crush all together.”

Stomach-skinning consists in rendering the stomach raw and sore, as if it had been scalded, and the internal coat stripped off.

Apoplexy-working with the nutmeg grater consists in violently forcing the fluids into the head; and where such effort does not suddenly destroy the person, producing small pimples on the temples, which are raised , and rough like the holes in a nutmeg-grater: in a day or two gradually die away.

Lengthening the brain.—As the cylindrical mirror lengthens the countenance of the person who views himself in such glass, so the assailants have a method by which they contrive to elongate the brain. The effect produced by this process is a distortion of any idea in the mind, whereby that which had been considered as most serious becomes the object of ridicule. All thoughts are made to assume a grotesque interpretation; and the person assailed is surprised that his fixed and solemn opinions should take a form which compels him to distrust their identity, and forces him to laugh at the most important subjects. It can cause good sense to appear as insanity, and convert truth into a libel; distort the wisest institutions of civilized society into the practices of barbarians, and strain the Bible into a jest book.

Thought-making.—While one of these villains is sucking at the brain of the person assailed, to extract existing sentiments, another of the gang, in order to lead astray the sucker (for deception is practised among themselves as part of their system; and there exists no honor, as amongst thieves, in the community of these rascals) will force into his mind a train of ideas very differently from the real subject of his

thoughts, and which seized upon as the desired information by the person sucking; whilst he of the gang who has forced the thought on the person assailed, laughs in his sleeve at the imposition he has practised.

Poking, or pushing up the quicksilver.—When the person assailed possesses an intellect sufficiently strong to be conscious of his impregnation, he naturally revolts at the atrocities practised upon him by the workers of this infernal machine, and becomes prompted to express his indignation at their perfidy. While in the act, as he supposes, of venting the burst of indignation, they contrive to push a seeming thread of fluid through his back diagonally in the direction of his vitals. Its operation is instantaneous, and the push appears to elevate the fluid about half an inch. This magic touch disarms the expression of his resentment, and leaves him an impotent prey to the malignity of their scorn and ridicule.

Bladder-filling is filling the nerves of the neck with gaz, and by continued distension, effecting a partial dislocation of the brain. This frequently repeated, produces weakness of intellect.

Tying-down; fettering the energy of the assailed's judgment on his thoughts.

Bomb-bursting is one of the most dreadful inflictions performed by the infernal agency of the air-loom. The fluid which resides in the brain and nerves, the vapor floating in the blood-vessels, and the gaz which occupies the stomach and intestines, become highly rarified and rendered inflammable, occasioning a very painful distension over the whole body. Whilst the assailed person is thus labouring, a powerful charge of the electrical battery (which they employ for this purpose) is let off, which produces a terrible explosion, and lacerates the whole system. A horrid crash is heard in the head, and if the shock do not prove instantly fatal, the party only recovers to express his astonishment that he has survived the murderous attempt.

Gaz-plucking is the extraction of magnetic fluid from a person assailed, such fluid having been rarified and sublimed by its continuance in the stomach and intestines. This gaz is in great request, and considered as the most valuable for the infernal purposes of these wretches. They contrive, in a very dexterous manner, to extract it from the anus of the person assailed, by the suction of the air-loom. This process is performed in a very gradual way, bubble by bubble.

The explanation of the aforementioned terms will enable the reader sufficiently to understand others which belong to the science of assaillment, as *foot-curving, lethargy-making, spark-exploding, knee-nailing, burning out, eye-screwing, sight-stopping, roof-stringing, vital-tearing, fibre-ripping, &c. &c. &c.*

The correspondence between Mr. M. and the members of this gang is kept up to a considerable extent by *brain-sayings*, which may be defined as sympathetic communication of thought, in consequence of both parties being impregnated with the magnetic fluid, which must be rarefied by frequent changing, and rendered more powerful by the action of the electrical machine. It is not hearing; but appears to be a silent conveyance of intelligence to the intellectual atmosphere of the brain, as subtilely as electricity to a delicate electrometer: but the person assailed (if he be sufficiently strong in intellect) is conscious that the perception is not in the regular succession of his own thoughts. The first hint Mr. M. received of the possibility of such sympathetic communication was in France, before the period of his confinement. He there, in one of the prisons, became acquainted with a Mr. Chavanay, whose father had been cook to Lord Lonsdale. One day, when they were sitting together, Mr. Charvanay said, "Mr. Matthews, are you acquainted with the art of talking with your brains?" Mr. M. replied in the negative. Mr. C. said, "It is effected by means of the magnet."

They likewise impart their thoughts to him by *voice-sayings*. This is an immediate conveyance of articulate sound to the auditory nerves, without producing the ordinary vibrations of air; so that the communication is intelligibly lodged in the cavity of the ear, whilst the bystander is not sensible of any impression.

Even during sleep they contrive to annoy him with their *dream-workings*, which consist in the power they exert of forcing their phantoms and grotesque images on his languid intellect. These assassins hold in their possession puppets of uncouth shape, and of various descriptions; by looking steadily at which they can throw the form into his brain, and thus render the perception more vivid to the dreamer; and the crafty solicitude with which they glean his waking opinions on the mysteries which, during the night, have danced in his imagination, is both wonderful and distressing.

On some occasions Mr. M. has been able to discern them; but whenever he has been watching their manoeuvres, and endeavouring to ascertain their persons minutely, they have appeared to *step back*, and eluded his search, so that a transient glimpse could only be obtained.

"Diffugient comites, et nocte tegentur opaca."

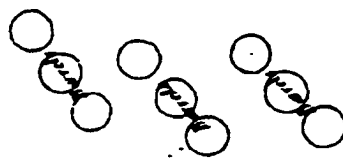
But the gang relate that they do not actually step back; but, at the moment when they are observed, that they grasp a metal which has the power of weakening the sympathy between them and the person assailed, and of benumbing his perception. This metal appears to be formed like a distaff or truncheon, and two such are fixed on the top of the machine. At other times, they have pretended that each member of the gang is furnished with a separate metal.

The annexed figure of the air-loom, sketched by Mr. Matthews, together with his explanations, will afford the necessary information concerning his curious and wonderful machine.

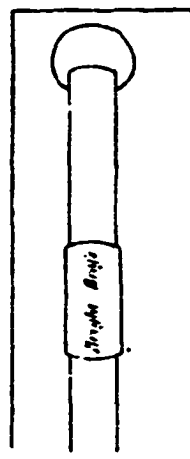
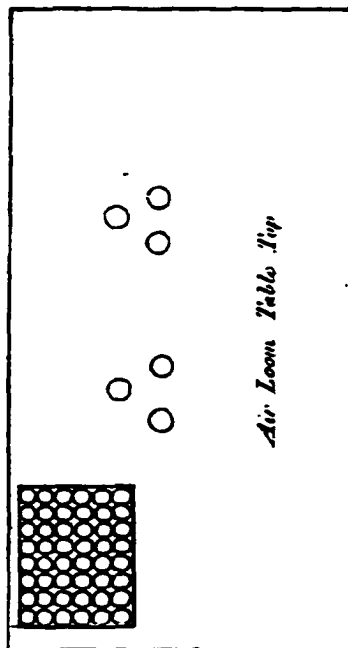
D I A G R A M, or Plan of the Cellar, or Place, where the Apycians Rendezvous and Work, showing their own, and their Apparatus's Relative Positions, as it has at all times appeared to Me by the Sympathetic Perception



And the
Sympathetic
always appear
Positions



Superior
Power
Position



The Ring
or Ball
Position
when not
actually working

Give them
when not
working

Table Top
Full Width
Position

Superior
Power
Position
when working

Position

Position

Position

are held in distance as when they
appear on the Loom Table, especially
the Middle Position

Superior
Power
Position

Superior
Power
Position

Position

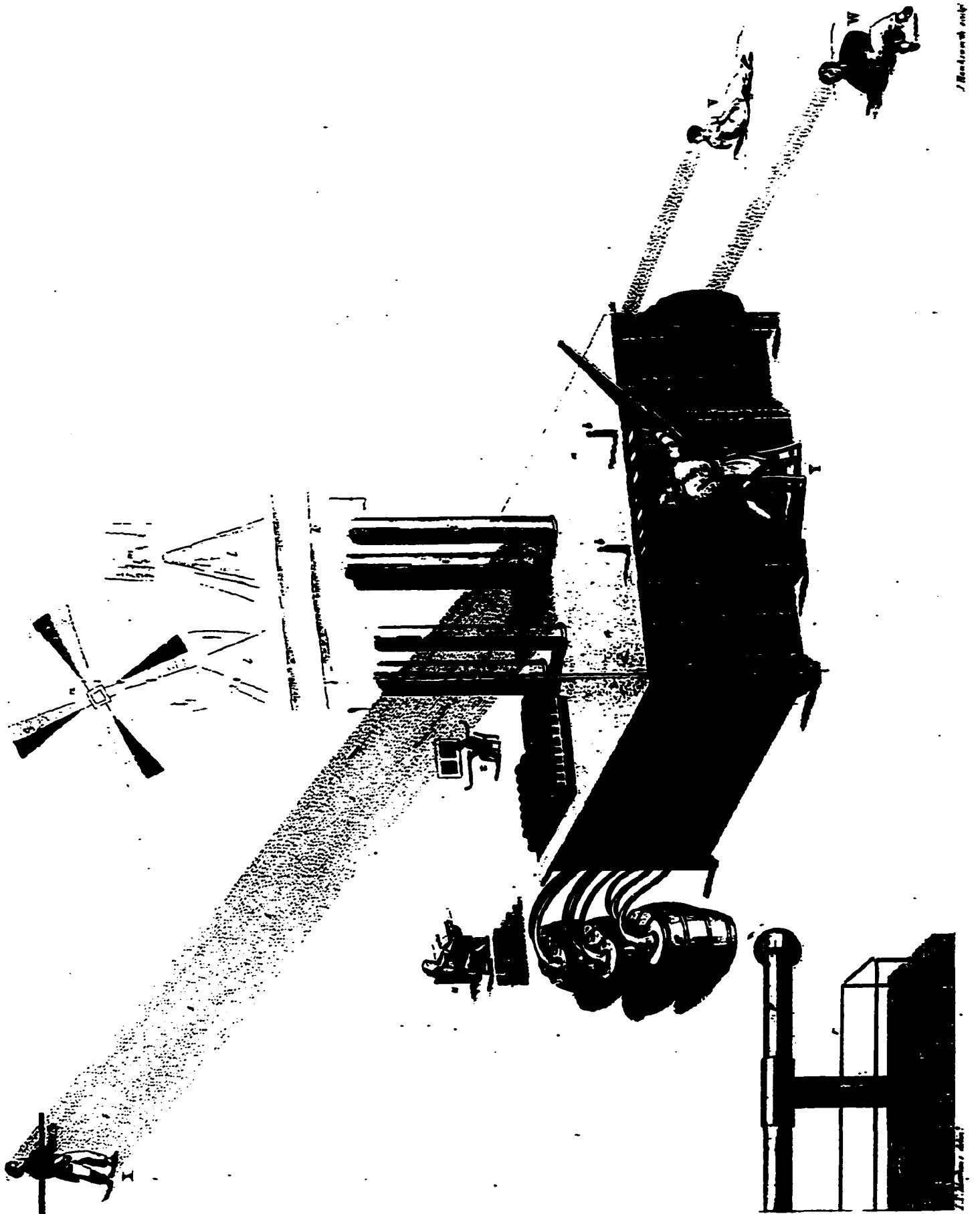
Position

are in distance as when
on the left

Position

Now into
Bright Room
where I have not
the Apparatus
then I find
the real Door

206
Ding
Hanging
Position



Key to Illustrations

"a a. The top of the apparatus, called by the assassins air-loom machine, pneumatic machine, &c. being as large as a table.

"b b. The metals which the workers grasp to deaden the sympathy.

"c. The place where the pneumaticians sit to work the loom.

"d. Something like piano-forte keys, which open the tube valves within the air-loom, to spread or feed the warp of magnetic fluid.

"e e. Levers, by the management of which the assailed is wrenched, stagnated, and the sudden-death efforts made upon him, &c. The levers are placed at those points of elevation, viz. the one nearly down, at which I begin to let go my breath, taking care to make it a regular, not in any way a hurried breathing. the other, the highest, is where it begins to strain the warp, and by which time it becomes necessary to have taken full breath, to hold till the lever was so far down again. This invariably is the vital-straining. But in that dreadful operation by them termed lobster-cracking, I always found it necessary to open my mouth somewhat sooner than I began to take in breath: I found great relief by so doing, and always imagined, that as soon as the lever was at the lowest, (by which time I had nearly let go my breath) the elasticity of the fluid about me made it recoil from the forcible suction of the loom, much in the manner as a wave recoils or shrinks back after it has been forced forward on the sands in the ebbing and flowing of the tide: and then remains solely upon its own gravity, till the general flux or stress again forces it forward in form of a wave. such appears to me the action of the fluid, which, from the time the lever being fully down, loses all suction-force upon it. I always thought that by so opening my mouth, which many strangers, and those familiar about me, called sometimes singularity, at others affectation and pretext, and at others asthmatic, &c. insanity let in such momentarily emancipated fluid about me and enabled me sooner, easier, and with more certainty, to fill my lungs without straining them, and this at every breathing.

"f. Things, apparently pedals, worked by the feet of the pneumaticians.

"g. Seemingly drawers, forming part of the apparatus as eudiometer, &c. &c.

"h. The cluster of upright open tubes or cylinders, and by the assassins termed their musical glasses, which I have so often mentioned, and perceived when they were endeavouring to burst my person, by exploding

the interior of the cavity of the trunk. I now find an exact likeness in the Cyclopedia, which, being in electricity, is termed a better.

“i. The apparatus mentioned as standing upon the air-loom, which the assassins were ever so watchful and active, by deadening the sympathy, to prevent my holding sight of; so that I could never ascertain what the bulky upper parts were, although the lower parts have appeared as distinct as the strength of the drawing shews. But I never had longer than the slow-glimpse-sight.

“k l m. The bulky upper parts, which, though always indistinct, appeared once or twice to be hid by an horizontal broad projections, and which has often made me query whether they rose through an aperture of the cellar ceiling into the room above, which the assassins’ brain-sayings have frequently seemed to acknowledge.

“n. The windmill kind of sails I have so often mentioned, only seen by the glimpse of sympathy; and to prevent my judging of which, the assassins would dash with full strong sympathy or brain-saying, ‘a whirligig,’ used by children for amusement. But such windmill ever appeared as standing on the table.

“o. The barrels, which I perceived so distinctly after such long watching, to catch the sight of the famous goose-neck-retorts, which, by the assassins, are asserted to be about their loom, for supplying it with the distilled gazes, as well poisoned as magnetic, but which are here giving, to shew the kind the assassins have, during ten years, some thousand times asserted they had: for while I was dwelling upon retorts themselves, which I had expected to find of metal, as stills, but which appeared distinctly hooped barrels standing on end on the floor, they cut the sympathy, and have ever since at all my attempts dashed or splashed the inward nerves of vision to bully and baffle me out of it.

“p q r. That part of the brass apparatus, so often seen distinctly of bright brass, standing on a one step-high boarded floor, having a bright iron railing around it, the part not here shewn was never distinct.

“s s. The warp of magnetic-fluid, reaching between the person impregnated with such fluid, and the air-loom magnets to which it is prepared; which being a multiplicity of fine wires of fluid, forms the sympathy, streams of attractions, repulsion, &c. as putting the different poles of the common magnet to objects operates; and by which sympathetic warp the assailed object is affected at pleasure: as by opening a vitriolic gaz valve he becomes tortured by the fluid within him; becoming agitated with the corrosion

through all his frame, and so on in all their various modes of attacking the human body and mind, whether to actuate or render inactive; to make ideas or steal others; to bewilder or to deceive; thence to the driving with rage to acts of desperation, or to the dropping dead with stagnation, &c. &c. &c. Though so distinct to me by sympathy I have never caught the inward vision thereof, not even by glimpse; but he assassins pretend, when heated, that it becomes luminous and visible to them for some yards from the loom, as a weakish rainbow, and shews the colours according to the nature of the gazes from which is formed, or wherewith the object is impregnated: as green for the copper streams or threads, red for the iron, white for the spermatic animal-seminal, &c.

“t. Shews the situation of the repeaters, or active worriers, when such were employed during the active exertions long made to worry me down.

“u. One of the assassins called by the rest Jack the Schoolmaster, who calls his exertions to prevent my writing or speaking correctly, *dictating*, he ever intruding his own style and endeavouring to force it upon me. He pretends to be the short-hand-writer, to register or record every thing which passes. He appears to have a seat with a desk some steps above the floor.

“V. The female of the gang called by the others Charlotte: she has always spoken French, even by her brain-sayings; but I yet doubt whether she be a French woman, though so much of that description of person, for frequently it is English-French: though this may be from *their* vocabulary being English and French combined.

“W. The one I call the common liar of the gang, by them termed Sir Archy, who often speaks in obscene language. There has never been any fire in the cellar where the machinery is places.

“X. Suppose the assailed person at the greater distance of several hundred feet, the warp must be so much longer directly towards him, but the farther he goes from the pneumatic machine, the weaker becomes its hold of him, till I should think at one thousand feet he would be out of danger. I incline to think that at such distance or little more, the warp would break, and that the part nearest his person would withdraw into him, and that next the loom would shrink into whatever there held it.

“Y. The middle man working the air-loom, and in the act of Lobster-cracking the person represented by the figure X.

"The assassins say they are not five hundred feet from me; but from the uncommon force of their operations, I think they are much nearer."

They have likewise related that many other gangs are stationed in different parts of the metropolis who work such instruments for the most detrimental purposes. Near every public office an air-loom is concealed, and if the police were sufficiently vigilant, they might detect a set of wretches at work near the Houses of Parliament, Admiralty, Treasury, &c. and there is a gang established near St. Luke's Hospital. The force of assailment is in proportion to the proximity of the machine; and it appears that the interposition of walls causes but a trifling difference: perhaps at the distance of 1000 feet a person might be considered out of the range of its influence. Independently of the operation of this complex and powerful machine termed an Air-loom, which requires the person assailed to be previously saturated with magnetic fluid, a number of emissaries, who are termed *novices*, are sent about in different directions to prepare those who may hereafter be employed in the craft and mystery of event-working. This is termed *Hand-impregnation*, and is effected in the following manner: an inferior member of the gang, (generally a novice,) is employed in this business. He is furnished with a bottle containing the magnetic fluid which issues from a valve on pressure. If the object to be assailed be sitting in a coffee-house, the pneumatic practitioner hovers about him, perhaps enters into conversation, and during such discourse, by opening the valve, sets at liberty the volatile magnetic fluid which is respired by the person intended to be assailed. So great is the attraction between the human body and this fluid, that he party becomes certainly impregnated, and is equally bound by the spell as the lady was fixed to the chair of Comus, or the harmless fly is enveloped in the shroud of the spider.

In order to ascertain whether a person be impregnated, let him, fasting, imitate the act of swallowing, and if he should perceive a grating noise in his ears, somewhat resembling the compression of a new wicker-basket he is certainly attained.

In consequence of the numerous gangs established in this metropolis, all the persons holding high situations in the government are held impregnated. An expert of the gang, who is magnetically prepared, contrives to place himself near the person of a minister of state also impregnated, and is thus enabled to

force any particular thought into his mind and obtain his reflections on the thought so forced.—Thus, for instance, when a Secretary at War is at church, in the theatre, or sitting in his office and thinking on indifferent subjects; the expert magnetist would suddenly throw into his mind the subject of exchange of prisoners. The Secretary would, perhaps, wonder how he became possessed of such a subject, as it was by no means connected with his thoughts; he would however turn the topic in his mind and conclude that such particular principle ought to form the basis of the negotiation. The expert magnetist, having, by watching and sucking, obtained his opinion, would immediately inform the French Minister of the sentiments of the English Secretary, and by such means become enabled to baffle him in the exchange.

The same process would take place with the other ministers of state, and their opinions would be communicated to the enemy on the subjects of peace, commercial intercourse, or the fitting out of armaments. Let the plan be ever so well devised, the magnetist would be certain to paralyze and bewilder the person chosen to command the expedition. this they effected in a very complete manner at Buenos Ayres, and still more recently in the Island of Walcheren.

Notwithstanding the dreadful sufferings which Mr. Matthews experiences from being assailed, he appears to derive some consolation from the sympathy which prevails between himself and the workers of the machine.—Perilous as his present situation may be, it would be rendered still more alarming if he could not watch the proceedings, and thus be prepared to avert the force of their engine. This reciprocal impregnation and continuity of warp enables him to perceive *their* motions and attain *their* thoughts. Such seems to be the law of this sympathy, that mutual intelligence is the result; nor can the assailants, with all their skill and dexterity, deprive him of this corresponding perception. In proportion as their scientific advancement has instructed them in new and ingenious arts of tormenting, the progression of his experience has taught him to diminish the force of their attacks.

These assassins are so superlatively skillful in every thing which relates to pneumatic chemistry, physiology, nervous influence sympathy, human kind, and the higher metaphysics, that whenever their persons shall be discovered, and their machine exhibited, the wisest professors will be astonished at their

progress, and feel ashamed at their own ignorance. The gang proudly boast of their contempt for the immature science of the present aera [sic].

Under all these persecutions and formidable assailments, it is the triumph of Mr. M. that he has been enabled to sustain himself; and this resistance has depended on the strength of his intellect and unremitting vigilance. Whenever he has perceived them about to make the wrench by suction, he has recoiled as one expecting to receive a blow shrinks back in order to avoid it. Without such ability and precaution he must long since have become the victim of bomb-bursting, lobster-cracking, or apoplexy-working with the nutmeg-grater.

Having described the machinery and the actors in this “insubstantial pageant” it now only remains to afford some idea of the nature of *Event-working*, a science formerly supposed to depend on certain positions of the planetary system, and regulated by heads of houses in the university of the stars. Although much attention and some valuable time have been lost in becoming acquainted with this novel philosophy, yet after repeated trials and painful efforts, the writer has been unable adequately to explain the manner of working an event, particularly as the event is commemorated before it occurs. From these embarrassments he has been kindly relieved by Mr. Matthews, who has written down his own ideas on the subject, and from whose manuscript the following pages are exhibited to the reader.

“The assassinations opened themselves by their voices to me about Michaelmas 1798, and for several years called their infamies, *working feats of arms*, but seldom using the term *Event-working*: though after four or five years, when I, by perseverance, had beat them out of their insolence of assumption, (for they assumed the right of interfering with every body having heraldic bearings particularly, and for this part of their villainies called themselves the *efficient* persons to all those having titles to colleges of arms), and by such titles also they used the term event-working for their actions.

“It is not an easy matter to define fully any regular instance of such, their called event-working, because they in every thing introduced the names of some, or other personages, as concerned therewith, but

who certainly, were not only ignorant of their very existence, but more or less victims to their abominations.

“However, to shew what nature of such event-working is, namely, how infamous human beings, making a profession of pneumatic chemistry, and pneumatic magnetism, hire themselves as spies; and by impregnating persons, singled out by them as objects for interfering with, obtaining their secrets, actuating them in various ways, in thought, word and deed, as well as they can, to model their conduct, ideas or measures to favour the ends of assassin spies or event-workers, or their employers, &c. in bringing about which ends they sometimes are years and many years, varying from mode to mode from stratagem to stratagem, and sometimes partially fail at last, according to the difficulty of getting near the object to operate upon, the strength of such person’s nerves, brain, and personal affectations, as well as the nature of soul, &c. &c.

“While I was detained in Paris by the then existing French Government, during the years 1793–4–5, and beginning of 1796, I had even in the early part thereof, sufficient information, to be certain that a regular plan existed, and was furthering by persons in France, connected with persons in England, as well as for surrendering to the French every secret of the British Government, as for the republicanizing Great Britain and Ireland, and particularly for disorganizing the British navy; to create such a confusion therein, as to admit the French armaments to move without danger.

“My sentiments having been resolutely hostile to every such plan, idea, and person assisting therein, proved, (as the assassins have ever avowed) the real cause of my having had Gens d’armes placed with me to prevent my return, and their having by such magnetic means of worker sin Paris ascertained, that my said sentiments were so determined for the counteracting such plans, as well as others more dreadful in their nature, that I should preserve even to the loss of my life in my efforts to expose them. They have ever avowed also; that my having immediately on my return set about exposing the quoted infamies, occasioned a magnetic spy to be appointed from each gang of event-workers in London, specially to watch and circumvent me: for that the chiefs of such gangs were the real persons who were cloaked under certain names and titles used in the information given me, and which I have for years found such vile spy-traitor-assassins called by among their fraternity.

“That person mentioned by me in my letters, narratives, &c. to each of the 1796 administration, and to the then Speaker of the House of commons as spies, whom I could not discover, but found, as it were, before me, behind me, and in every thing (as was my expression) were magnetic spy-workers coming from Paris, at the time I was trudging it from thence, and having the charge of circumventing me; and such were so appointed by each of the London gangs, event-working assassins: who having found my senses proof against their fluid and hand-working, as it is termed, were employed to actuate the proper persons to pretend I was insane, for the purpose of plunging me into a madhouse, to invalidate all I said, and for the purpose of confining me within the measure of the Bedlam-attaining-airloom-warp, making sure that by means thereof, and the poisonous effluvia they used, they would by such means keep me fully impregnated, and which impregnation could be renewable and aggravated at their pleasure, so as to overpower my reason and speech, and destroy me in their own way, while all should suppose it was insanity which produced my death.

That not only such appointed spies, but the whole phalanx of event workers, all the gangs rose up in arms against me; because all depended during that year (1796) on their disorganizing the British navy, which they had undertaken to effect, and had their experts at work to bring about; while my incessant and loud clamours, almost daily writing to, or calling at the houses of one or other of all the ministers in their turn, conjuring them to exert themselves to prevent wretches from disorganizing the British navy; this obliged such experts and gangs also, to have recourse to such caution till they could get rid of me; that in truth, they could not make any way therein while I was at large: and to this solely was owing their not having been able to fulfill their engagements with the French, to have the British fleet in confusion by the time stipulated; and which inability from such fear, more than the storm, forced General Hoche, whose armament was called the Avant-Garde of the intended French invasion to return as he came. And they have ever pretended that Hoche, having been exasperated against the workers, spoke bitterly of them, and was by one of their experts *put out*: (viz. destroyed by poisonous magnetic fluid, which kills by possessing itself of the hollows of the nerves, and does not affect the stomach, vital, &c. as poysons ins substance,) in order to prevent him from publishing the existence of the profession.

“That finding it much easier to actuate all the ministers, magistrates, &c. to the folly of pretending me mad, than to make me desist from exerting myself to expose the plots and pans of such assassins, they adopted this course, and at last contrived my being forced into Bedlam, where they have ever sworn, they will by hook or by crook hold me; and some thousand times during the last twelve years, sworn I should never get out of their clutches alive, unless I forgave them; but they know all compromise with me is impossible.

“That having me safely immured, the experts went to work again boldly, and then, in less than three months blew up that flame in the British navy, which threw the three great fleets into open mutiny, about Easter 1797: that this proving to the then ministry their danger, from their having mocked, and (by their tools, which as well as the ministers themselves, were tools in the hands of event-working assassins) imprisoned me; they then become so alarmed on the second mutiny of the Nore fleet, under Parker, a man actuated by magnetic-working experts, that they opened the Treasury doors, and instead of attending to me, cost the nation near one hundred thousand pounds in secret service money, to quell the mutiny at the Nore, and prevent its again bursting out at Portsmouth, Plymouth, &c. and that to avoid the expenditure being noticed, as such, means were contrived to work it into the accounts, as for other purposes at earlier periods.

“It has ever been their custom to actuate every one to insult or ill-treat me: they could give them time to actuate, and then to swear to avenge it, and make a merit of event-working, to bring disgrace or injury upon such persons: never indeed, to benefit me; but as pursuing their systems of villainy, calling my their Property and Talisman, brining persons under what they call their Fluid -balances against me; persecuting and making murderous efforts upon me: using the name or expression, or the presence of particular persons as their authority, and then pretending, because I withstood them, that they had a right against such persons, or whom they called such persons duplicates to.

“Hence they ever asserted that Mr. Pitt was not half able to withstand magnetic fluid in its operative effect but became actuated like a mere puppet by the expert-magnetists employed by such villainies: that every one of his colleagues and successors to the present moment, have proved equally actuatable, though some more, some less, Mr. Grey having proved the strongest, though not full proof: and pretending in their efforts to cajole *me*, that my having (though not acquainted with him, and

notwithstanding his refusing to attend to me in 1796,) entertained a sort of friendly opinion for him, was the sole means of preserving his life when first Lord of the Admiralty. They say, that having read in my jumbled narratives the facts of traitor efforts to disorganize the navy, and even after the meeting, not only left me to linger here under their incessant murdering efforts, but accepted the office of first Lord of the Admiralty; the die was cast against him in their system of event-working, and he was to be *put out*, a term they use for their murdering any one. In truth, they did frequently say to me, when he took him to the office, '*We have event-worked that; he is to be killed there.*' and I mentioned it to several: but as all despised me and said it was insanity, I did not waste so much breath, together with pen, ink and paper, as I had done to expose the assassin's assertions respecting their putting out Mr. Pitt, which they truly effected.

"That the final order having been given to *put out* Mr. Grey by the pneumatic magnetists in charge the Admiralty Department, for attaining its secrets, actuating its members, &c. the moment was determined on, and he actuated to be in a given place by the time. That this being well known as it proceeded, another magnetist contrived to puppet one of their prepared victims to be there also; and the fluid of this person (a Sir Michael La Fleming,) having been rendered more attractive than Mr. Grey's; the wrench took hold of Sir Michael instead of Mr. Grey, and killed him on the spot; while, they say, by the force, Mr. Grey would have escaped with a rupture like the late Duke of Bedford, or the bursting of some blood-vessels which would not have produced death. Then they cried '*It's yho (you) that presearved (preserved) him,*' in their affected provincial jargon; for provincial is not their real language. During some weeks previous to this, they had been ripping at my ventricles by their air-loom-force: a dreadful operation it is! They pretended they worked Mr. Grey into the foreign office, where he might have the means of knowing the reality of the advances made by France to the British Government through me in 1793, and the folly of his friend Lord Grenville, thereupon, and then they said an expert was preparing a puppet to be actuated commemoratively, as Lord Grenville and his friends were to be made to act politically. Every time I saw the Philanthropic Insurance advertisements signed William Ludlam, which was daily, they would cry '*Voila le Victime,*' then '*That's his Ludship, Erskine Grenville,*' and by brain-saying, refer to Mr. Erskines's mode of speech, for his Lordship pronouncing nearly Ludship, and say that William Ludlam mean William Lud Grenville, and touching the fluid in my vitals, would make me quite sorry. When Ludlam, pistol in hand, attempted to

tyrant it over the master as well as the waiter of the London Tavern, they said '*It's exact. C'est ainsi aussi,*' and '*Leighton, sir William, we puppeted yho, there to commemorate.*' Some time after, when Ludlam was taken, Lord Erskine ordered him under the care of Dr. Monro, and prohibited the Lord Mayor's warrant from being served against him. *There* they would cry '*his Ludship,*' and then brain-say the subject as before. Then, '*Ween (we will) puppet yho also,*' and brainsay, '*We will actuate Eerskine Monroish, yet.*' I mentioned their pretexts and sent out a memorandum thereupon, stating that, though they were active to prevent my perceiving all their drift, I feared they intended to make Lord Erskine mad; for they often asserted, that with but half stress on the fluid with which he was impregnated, he would become weak in intellect; and as it was to my wife, I could not help saying, '*Notwithstanding the readiness to act as Counsel for me in 1797, which Mr. Erskine professed, yet, when you called upon him to ask him from me to mention my case and imprisonment in Bedlam in the House of Commons, he would not do so; and for which the assassins boasted once they stagnated him in the House of Commons, by an air-loom warp, attaining from him no great distance; and would have killed him afterwards there as an example in their pretexts but for my exposing their infamous threats; he now cares no more for me than he does for the dogs in the street.*' '*Enough (they cried) we'll shew you.*' At a subsequent time when it was said that the Lord Chancellor, passing along Holborn, saw several persons pursuing and beating a dog in order to kill him, pretending he was mad; '*Aye, (they cried) that as you say we pursue you pelting you with our murdering efforts;*' but he not thinking any madness appeared about him, ran into the midst of them, and taking the dog up in his arms, rescued him from their fury, and ordered him to be conveyed to his stables and taken care of: '*Yes, (said they) that part is the derision of the even: we have commemorated your words; he does care about the dog, but you may lie in the stable (a term used by them for being placed on the incurable establishment in Bedlam) and be damned.*'

"When the change of Ministry came about, then they asked, '*Now where's poor Ludlom?*' He was actuated to a thought, that, with pistols pointed to them, he could force the parties to yield to him; but the good sense of the master of the tavern left him no alternative but to jump through the window and be off—brainsaying, that Lord Grenville and Co. were also endeavouring to establish their philanthropic assurance to the Catholics, thinking to make as much more than legal interest thereby, as Lud-lam and his

partizans did by their philanthropic assurance, to gain them 8 per cent. besides bonuses frequently; and as Lud-lam had first opponents in his own party or subscribers, and then from his pistolling was forced through the window, so Lord Grenville, after having endeavoured to force the *Master* to comply with his wishes, was in turn forced through the window into the street, a term among them for *turned out*. Lud Erskine and some others were Lord Grenville and Co's. opponents in the cabinet to the philanthropic efforts to make more than common interest. They pretended they worked Ludlam into Dr. Monro's hands, as completing the event of my being in them: asserting, that the working the former Administration out, and Lord Grenville in, the rendering all their measures abortive, and then pushing them on to be turned out, was to commemorate and retaliate upon them, for their parts in the persecution and imprisonment experienced."

Second Event-Working

"I ought not to omit mentioning, that about three or four years since, when the assassins so much boasted that a great deal of fluid prepared by them was sent to impregnate the *Mollys*, as the termed *Mollen-dorf*, Brunswick, Kamenskoi, &c. to make fools of them in the battles the event-workers were working to produce: they said Russia must be weighed by me, crying, '*We told you that you were Bonaparte's talisman, and that we would work him up to as high a pitch of grandeur by the possession of you, as we would fix you degraded below the common level of human nature,*' (an expression often indeed used by them in menacing me during the years they so threatened to murder my son and all my family, if I would not forgive them: and would not only counteract me in every thing, but make every person presenting himself mock and ridicule me, and kill me at last, either secretly or openly, for that I should never escape out of their clutches alive; and after having asserted they would bring Russia to the balances for a few months, they cried '*Yho are coming,*' brainsaying, that a magnetic fluid impregnated Russian was coming. Soon it was announced through Bedlam, that some of the Royal Family were coming—preparations were made to receive them, when lo! as the party entered the gallery, while the assassins were crying, '*Now for it, we will play you off,*' brain-saying, they should actuate him while they tortured me. One of the patients came to tell me that it was not any of the Royal Family, but the Duke of Somerset and the Russian Ambassador who were coming down. '*Aye aye!* (said the assassins) *we told you we would give you notice,*'

and began to torture me and fluid-lock me, viz. binding all the small nerves and fibres so numerous about the parts composing the root of the tongue, which prevents regularity of speech, and forces me to speak rather slower and to be guarded at every word to prevent stammering. When the party came to my cell, five or six of them, I began to explain to them the manner in which I was assailed, and describe to them the nature of it, enquiring if they understood Pneumatic Science, &c. His Grace was with his left arm on the corner of my bed, and the party generally, politely attentive; but one of them attracted my notice from his seeming to become a little restless, going out of the cell, and not attending to what I was stating. The assassins said, "*That's the victim.*" A few days after, I learned that this person was the Russian Count Pahlin; the assassins chuckling, often asked me if I remembered the Russian with arms too short for his person, and an impediment in his speech, saying '*It will be all over with the Mollys.*' Every thing was then quiet, but it was not long before Prussia began to get agitated, and this brought on the war which beat it and the Russians out of the field, and left the Count Pahlin dead upon it."

By this time it is probable that the curiosity of the reader is sufficiently satisfied concerning the mischievous and complicated science of event-working. Although the fable may be amusing, the moral is pernicious. The system of assailment and working events deprives man of that volition which constitutes him a being responsible for his actions, and persons not so responsible, in the humble of the opinion of the writer ought not to be at large. After the commission of murder or treason, it would be considered an inadequate defence of the perpetrator to alledge that he had been irresistibly actuated by the dexterous manoeuvres of Bill, or the Middle man; nor is it at all probably, that the accurate records of Jack the Schoolmaster would be admitted as evidence in a court of law.

There are already too many maniacs allowed to enjoy a dangerous liberty, and the Governors of Bethlem Hospital, confiding in the skill and integrity of their medical officers, were not disposed to liberate a mischievous lunatic to disturb the good order and peace of society. These gentlemen can have no advantage in detaining a person in confinement who has recovered his senses. Their interest consists in the numbers who are restored to the community and their friends; and their only reward the incense which Gratitude projects on the altar of Reason.

A Case of Hypochondriasis, or Tristimania; with remarks on this disease by Samuel Akerly,

This case was originally published in the *New York Medical Magazine*, in 1814-1815, a journal distributed in the U. S. and Great Britain. Akerly was a surgeon for the U.S. Army.

Communicated to the Editors of the N.Y. Med. Mag.

The life of our illustrious countryman, Dr. Benjamin Rush, was prolonged to a good old age, that posterity might profit by his manifold labors in medical science, particularly on the subject of mental diseases. After the publication of this last effort of his vigorous mind, his work was done,—he became sick and died. He has erected to himself a monument, “aere perennuis,” more durable than brass, and has left to his posterity a legacy of incalculable value. Such is his late work “Upon the Disease of the Mind.”⁷

The following case of tristimania accords so well with his observations, his arrangement, and his treatment of the disease, as to afford an inducement to its publication. But for a perusal of this great work of our medical sage, the history of this case would have been forgotten or remained in obscurity.

In the month of July, 1807, a man of small stature, a shoemaker by trade, and apparently about forty years of age, was attacked by that form of mental derangement denominated hypochondriasis, or, more properly termed by Dr. Rush, tristimania. Sad, indeed, was the state of his mind, and great were his sufferings. Corporeal pains and afflictions are borne with patience and resignation, but the pangs of a disordered mind are beyond endurance. Such was the state of this patient. The efforts to relieve himself from this plenum of misery were constant, violent, and ineffectual. Had he been left to himself, death alone would have relieved him from his wretched condition. Humanity prevented him from committing suicide, by restraining him in the use of his means, and thus his life was preserved that his health might be restored in the twinkling of an eye. The providence of god was never more strikingly displayed than in relieving this miserably wretched being from his torments.

⁷ This work was published in the Autumn of 1812, and he died on the 19th of April, 1813, in the 69th year of his age.

On the 6th of July, 1807, the mania was running at large in the city of New York, lacerating his flesh, and beating his head with violence against the sides of houses. Had he been a resident of Asia, this madman's exercises would have been taken for the exercises of some fanatic dervish, and death must have ensued. But when, from the appearance of blood and bruises, it became evident that he was deranged, he was taken up by the citizens and conveyed to the New-York Alms-House. There being no accommodation for maniacs in that institution, he was directed to the New-York Hospital. The Lunatic Asylum being unfinished, patients of this class remained in the cells of the old building under the care of the house physician, in the absence of the attending physician. Acting at that time in the former situation, the patient came to my charge.

In the afternoon of the 6th of July, a crowd attended the unhappy being to the Hospital gate. With his arms tied behind him and in the greatest agony, his face bruised and swollen, his lip torn to pieces and streaming with blood, his attendants ushered him into the Hospital. I met them at the door and inquired into the case. The poor maniac was eager to tell his own misery, but with difficulty collected words to convey it. His language was, indeed, copious, but his agitation was so great that he could hardly utter a sentence, being interrupted by constant efforts to tear his lip to pieces. His attendants knew nothing of the man, but that they prevented him from beating out his own brains. At length he conveyed the information where his distress was, and upon which his mind was deluded.

In his upper lip there was a worm gnawing his flesh and penetrating into his body, and unless he could tear him out he would soon be beyond his reach, and inevitably destroy him. This was the cause of his misery.

He was assured of the possibility of relief; and with a smiling countenance, I patted him on the shoulder, and bade him no longer be uneasy, for I would cut out the worm. His eyes sparkled, and in an instant he replied, "*will you? do it then: do it quick, for God's sake!!*" Previous to executing the promise, however, I determined to try the effect of a cold bath. He was immediately taken into the bathing room, stripped and made to sit down in the tub. He bore the effusion of seven or eight pails full of water from the

pump⁸ without stirring or complaining. He arose from the bath and commenced covering himself; but he dropped his clothes, and seized his lip. Thus, although for a few moments while he was in the bath, he was comparatively happy, yet he experienced no permanent relief; and when dressed, his horrors all returned. He as urged not to despair, for I was now ready to remove the insect preying upon his flesh. Accordingly, we proceeded to the cells of the maniacs, where, being seated, he fixed himself for the operation. I paraded six lancets on the table before him. By making a display of this and other preparations, and sending for assistance, he became composed, waiting with patience the result.

In the mean time I had sent in search for a worm. The person despatched for that purpose being unsuccessful, staid too long, and therefore I went in search of one myself. The worms or caterpillars which had infested the poplar-trees,⁹ and created in New-York so much alarm on account of their supposed poison, were at that time very plenty. One of these had fallen from the tree by the door, where one end of it had been trodden upon, and the insect nearly killed. This worm I had seen previous to the patient's admission; and now, while he was anxiously waiting an operation, I ran and brought it in a minute. On returning, I found his uneasiness again commencing, but seeing me take the instrument, he fixed himself in the chair, and requested my assistants, (the apothecary and the orderly-man,) to hold his hands, lest he should start while under the pain of the cutting instruments.

With a lancet the operation commenced. I pricked his lip pretty smartly with it, which made him flinch a little; he accordingly leaned back his head firmly against the person who stood behind him, and shut his eyes tightly, and thus fixed, he bore the repeated pricks of the instrument with steadiness and fortitude. After pinching his lip with one hand, and wounding it with the other, I cut off a portion of the upper lip, which he had torn with his nails, and was pendulous. I now assured him that the operation was nearly completed, for the head of the worm could be seen. The by-standers cried out, "*there it is, there it is!*" he raised his eyes to see. He was cautioned to be still one moment longer, when again shutting his eyes, I give

⁸ *Temperature of the water about 54° of Farenheit.

⁹ *For Mitchill and Schenck's account of this terrible creature, see Med. Rep. Vol. .x., p.98-100.

him a severe pinch, and drew the edge of the lancet across the lacerated lip, and exclaiming, I have got him! opened my hand, and exposed the great worm.

The maniac arose from his seat, and gazed at the worm with astonishment beyond utterance. At length he spoke and requested me to preserve it; for, he observed with tranquillity, that his friends had said he was crazy, but this would be evidence to the contrary. Crazy! Said I, it would be enough to make anyone crazy to have such a worm in his flesh: I shall preserve it because it is singular, never having seen the like before; and when you go home send your friends to me, and I will convince them, for you are no more crazy than I am. The result of this deceptive operation was a perfect cure; and this remarkable change was effected in less than fifteen minutes after the patient entered the hospital.

A general conversation now ensued, and the patient began to feel inconvenience from the swelling and soreness of his face and lips. He was invited to take some tea with bread and butter, which he swallowed with great satisfaction. Being thus composed, I inquired farther into the particulars of his case. The patient stated that he had been several days approaching to his late horrid condition, but was not constantly so wretched as he had been that day. A few days previous he was walking in the streets and saw an insect flying within two feet of him in a line above his head: when approached within two feet of him he suddenly settled down and flew into his mouth, and there depositing an egg, made his escape. It was this egg which lay there some days, rendering him uneasy, but not distressed till it was transformed into a living worm, preying upon his flesh.

The next morning I visited him early and found him composed, though he informed me that I had left a portion of the worm behind in the operation of yesterday: but, said he, I put my finger in the hole last night and removed the shell in which the worm was enclosed, and now I am perfectly well and wish to go home. He was persuaded to remain a few days till the swelling of his face abated, and being removed from the cells to a sick ward, he shewed no signs of returning derangement during his continuance in the hospital; and after taking some cathartic medicine he was discharged, cured.

We find in the history of this case that the patient had obtained an obscure idea of the transformation which insects undergo in passing from the egg to the *larva* or caterpillar state, from that into the *chrysalis*, and then into the imago or perfect insect which first produced the egg. Where or how he

procured this idea I am not informed, but he was in other respects an ignorant man, apart from his calling. The impression of this idea, which was probably new and unaccountable to him, might have been fixed in his mind, when on the 4th of July, (the national jubilee of the United States,) he had indulged himself too freely in *devotion* to Bacchus. While in this state of excitement, a fly, a gnat, or some other insect might have entered his mouth, and hence the train of reasoning on that idea, produced the effects above related, by the increased flow of blood to the brain, and particularly that portion upon which the impression was first made.

"It is worthy of notice (says Dr. Rush) in all these cases of erroneous judgment, the patients reason correctly; that is, draw just inferences from their errors. Thus the Prince of Bourbon, when he supposed himself to be a plan, reasoned justly, when he insisted upon being watered. In a like manner they hypochondriac who supposes himself to be dead, reasons with the same correctness when he stretches his body and limbs upon a bed, or a board, and assumes the stillness and silence of the shroud." Thus, too, the patient in the case above related, reasoned properly upon an error. He passed over, however, the intermediate stage between the hatching of the egg, and its conversion into a chrysalis. The insect deposits its eggs upon a plant, a tree, or other substance capable of affording nourishment to its young, which when hatched are sometimes many days or weeks in acquiring their growth; they are then changed into the chrysaline state, and then, only, enveloped in a covering, and lay nearly torpid without locomotion. The patient confounded two states together, and supposed the larva to be confined in its chrysaline covering in his lip, and yet be actively feeding, which could not be the case.

Samuel Akerly.

4. Of Partial Intellectual Derangement, and Particularly of Hypochondriasis, or Tristimania by Benjamin Rush

The following excerpt is Chapter Three from Rush's treatise, *Medical Inquiries and Observations, Upon the Diseases of the Mind*, published in 1812 in Philadelphia. Rush was a professor of Medicine at the University of Pennsylvania.

Partial derangement consists in error in opinion, and conduct, upon some one subject only, with soundness of mind upon all, or nearly all other subjects. The error in this case is two-fold. It is directly contrary to truth, or it is disproportioned in its effects, or expected consequences, to the causes which induced them. It has been divided by nosologists according to its object. When it relates to persons, affairs, or conditions of the patient only, and is attended with distress, it has been called hypochondriasis. When it extends to objects external to the patient, and is attended with pleasure, or the absence of distress, it has been called melancholia. They are different grades only, of the same morbid actions in the brain, and they now and then blend their symptoms with each other.

I wish I could substitute a better term than hypochondriasis, for the lowest grade of derangement. It is true the hypochondriac region is diseased in it; so it is after autumnal fevers, and yet we do not designate the obstructions induced by those fevers by that name. It would be equally proper to call every other form of madness hypochondriasm, for they are all attended with more or less disease or disorder in the liver, spleen, stomach and bowels, from which the name hypochondriasm is derived. But I have another objection to that name, and that is, it has unfortunately been supposed to imply an imaginary disease only, and when given to the disease in question is always offensive to patients who are affected with it. It is true, it is seated in the mind; but it is as much the effect of corporeal causes as a pleurisy, or a bilious fever. Perhaps the term TRISTIMANIA might be used to express this form of madness when erroneous opinions respecting a man's person, affairs, or condition, are the subjects of his distress.

I object likewise to the term melancholia, when used, as it is by Dr. Cullen, to express partial madness from external causes.

1. Because it is sometimes induced by causes that are not external to the patient, but connected with the person, his affairs, or condition in life; and,

2. Because it conveys an idea of its being seated in the liver, and derived from vitiated or obstructed bile. Now the seat of the disease, from facts formerly mentioned, appears to be in the brain, and morbid or obstructed bile is evidently an accidental symptom of it. Perhaps it would be more proper to call it AMENOMANIA, from the errors that constitute it, being generally attended with pleasure, or the absence of distress.

The hypochondriasis, or tristimania, has sometimes been confounded with hysteria, but differs from it,

1. In being induced chiefly by mental causes, and particularly by such of them as act upon the understanding, through the medium of passions and moral difficulties. Hysteria is produced chiefly by corporeal causes. Its paroxysms only are excited by such as are mental. The chronic operation of the passions, so far from inducing it, sometimes cures it, or changes it into hypochondriacism.

2. In affecting men more than women.

3. In afflicting chiefly persons of sedentary employments.

4. In the absence of globus hystericus.

5. In affecting the blood-vessels of the brain as well as the nerves. Hysteria affects the nerves and muscles only, and never the blood-vessels, so as to produce derangement, except for a short time, and only during its paroxysms.

6. The nerves in hypochondriasis are in a reverse state from that which takes place in hysteria. In the former, they are torpid, or in what Themison calls a *strictum* state. In the latter disease they are in a highly excitable, or what the same author has called a *laxum* state. These terms correspond with what Dr. Boerhaave has since denominated a *rigid* and *lax* state of fibres.

7. Hypochondriasis is generally attended with costiveness or diarrhoea, and durable distress of mind, which are transient affections only in hysteria; and,

8. Hypochondriasis is relieved by warm weather, and warm drinks. Hysteria is made worse by each of them.

Hypochondriasis, or tristimania, is to hysteria what a typhus fever is to inflammatory fever. It is often combined with it, and sometimes alternates with it, and, when cured, it passes out of the system with symptoms of hysteria, in all those cases in which it was preceded by them. I beg the attention of the reader to his view of these two forms of disease. It is intended to destroy the nosological distinctions between them. As well might we divide the first and last states of a fever by specific characters, as divide those two grades of morbid excitement by specific names.

I shall now deliver a history of the most characteristic symptoms of the two different forms of partial derangement that have been mentioned, and afterwards take notice of the remedies proper for each of them. I shall begin with *hypochondriasis*, or *tristimania*.

The symptoms of this form of derangement as they appear in the body are, dyspepsia; costiveness or diarrhoea, with slimy stools; flatulency pervading the whole alimentary canal, and called in the bowels borborigmi; a tumid abdomen, especially on the right side; deficient or preternatural appetite; strong venereal desires, accompanied with nocturnal emissions of semen; or an absence of venereal desires, and sometimes impotence; insensibility to cold; pains in the limbs at times, resembling rheumatism; cough; cold feet; palpitation of the heart; head-ache; vertigo; tenitus aurium; a thumping like a hammer in the temples, and sometimes withing the brain; a disposition to faint; wakefulness, or starting in sleep; indisposition to rise out of bed, and a disposition to lie in it for days, and even weeks; a cool and dry skin, and frequently a sallow colour, from the want of a regular discharge of bile from the liver, and its absorption into the blood.

While the alimentary canal is thus depressed, and the blood-vessels, nerves and muscles, robbed of nearly all their excitement, or possess it in parts of the body only, the lymphatic system is often preternaturally excited; hence we frequently observe in this disease a constant and increased discharge of urine.

The characteristic symptom of this form of derangement, as it appears in the mind, is *distress*, the causes of which are numerous, and of a personal nature. I shall enumerate some of them, as they have appeared in different people. They relate, 1, to the patient's body. He erroneously believes himself to be afflicted with various diseases, particularly with consumption, cancer, stone, and above all, with impotence,

and the venereal disease. Sometimes he supposes himself to be poisoned, or that his constitution has been ruined by mercury, or that the seeds of the hydrophobia are floating in his system.

2. He believes he has a living animal in his body. A sea captain, formerly of this city, believed for many years that he had a wolf in his liver. Many persons have fancied they were gradually dying, from animals of other kinds preying upon different parts of their bodies. 3. He imagines himself to be converted in to an animal of another species, such as a goose, a cock, a dog, a cat, a hare, a cow, and the like. In this case he adopts the noises and gestures of the animals into which he supposes himself to be transformed.

4. He believes he inherits, by transmigration, the soul of some fellow creature, but much oftener of a brute animal. There is now a madman in the Pennsylvania Hospital who believes that he was once a calf, and who mentions the name of the butcher that killed him, and the stall in the Philadelphia market on which his flesh was sold previously to his animating his present body.

5. He believes he has no soul. The late Dr. Percival communicated to me, many years ago, an account of a dissenting minister in England who believed that God himself had annihilated his soul as a punishment for his having killed a high-way man by grasping him by the throat, who attempted to rob him. His mind was correct upon all other subjects.

6. He believes he is transformed into a plant. In the Memoirs of the Count de Maurepas we are told this error took possession of the mind of one of the princes of Bourbon to such a degree, that he often went and stood in his garden, where he insisted upon being watered in common with all the plants around him.

7. The patient afflicted with this disease sometimes fancies he is transformed into glass.

8. He believes, that be discharging the contents of his bladder, he shall drown the world.

9. He believes himself to be dead.

It is worthy of notice, in all these cases of erroneous judgment, the patients reason correctly, that is, draw just inferences from their errors. Thus the prince of Bourbon, when he supposed himself to be a plant, reasoned justly when he insisted upon being watered. In like manner, thy hypochondriac who supposes himself to be dead, reasons with the same correctness when he stretches his body and limbs upon a bed, or board, and assumes the stillness and silence of the shroud.

It is remarkable further, that all the erroneous opinions persons affected with this form of derangement entertain of themselves are of a degrading nature.

But again. The distress of a hypochondriac is derived from errors respecting, 1, his outward circumstances as they relate to his property.

2. The conduct of his friends, relations, or a mistress.
3. His birth place, and the society of his family, when absent from them.
4. The state of his country.
5. His spiritual state.

The mind, in its distress from all the above causes, is in a reverse state from that which was just now mentioned, in drawing erroneous, or disproportionate, conclusions from just premises. Thus the hypochondriac who possesses an income which he admits to be equal to all the exigencies of his family, reasons unjustly when he anticipates ending his days in a poor-house. In like manner the deranged penitent judges correctly when he believes he has offended his Maker, but he reasons incorrectly when he supposes he has excluded himself from mercy.

In the hypochondriasis from all the causes that have been mentioned, the patients are for a while peevish and sometimes irascible. The lightest noises, such as the grating of a door upon its hinges, or its being opened and shut suddenly, produce in them anger or terror. They quarrel with their friends and relations. They change their physicians and remedies, and sometimes they discover the instability of their tempers by settling and unsettling themselves half a dozen times in different parts of their native country, or different foreign countries, in the course of a few years, leaving each of them with complaints of their climate, provisions, and the manners of their inhabitants.

The hypochondriasis, or tristimania, like most other diseases, has paroxysms, and remissions or intermissions, all of which are influenced by many circumstances, particularly by company, wine, exercise, and, above all, weather.

A pleasant season, a fine day, and even the morning sun, often suspend the disease. Mr. Cowper who knew all its symptoms by sad experience, bears witness to the truth of this remark, in one of his letters to Mr. Haley. "I rise," says he, "cheerless and distressed, and brighten as the sun goes on." Its

paroxysms are sometimes denominated "low spirits." They continue from a day, a week, a month, a season, to a year, and sometimes longer. The intervals differ, 1, in being accompanied with preternatural high spirits. 2. In being attended with remissions only; and, 3, with intermissions, or, in other words, with correctness and equanimity of mind.

The extremes of low and high spirits which occur in the same person, at different times, are happily illustrated by the following case. A physician in one of the cities of Italy was once consulted by a gentleman who was much distressed with a paroxysm of this intermitting state of hypochondriasm. He advised him to seek relief in convivial company, and recommended to him in particular to find out a gentleman of the name of Cardini, who kept all the tables in the city to which he was occasionally invited in a roar with laughter. "Alas! Sir," said the patient, with a heavy sigh, "I am that Cardini." Many such characters, alternately marked by high and low spirits, are to be found in all the cities of the world.

But there are sometimes flashes of apparent cheerfulness, and even of mirth, in the intervals of this disease, which are accompanied with latent depression of mind. This appears to have been the case in Mr. Cowper: hence, in one of his letters to Mr. Mayley, he says, "I am cheerful upon paper, but the most distressed of all creatures." It was probably in one of these opposite states of mind that he wrote his humorous ballad of John Gilpin.

In the history of hypochondriasm, as far as it has been given, there is a combination of some of the symptoms of hysteria from the nervous system being partially or alternately in a strictum or laxum, or, in other words, in an inirritable or irritable state, and from the blood-vessels being alternately in a diseased and sound state.

The mixtures of the symptoms of hypochondriasis and hysteria, in those two opposite states of the system, is described with great accuracy in the following letter from a gentleman in Virginia, which I received a few years ago, containing the history of his own case.

January 25, 1808

Sir,

"I write to you to seek relief in a case of disease of the most inveterate, though not uncommon, nature. It is a nervous affection of the most obstinate kind. An apathy and torpor of the bowels and stomach, and a susceptibility of the mind exceeding all description: loss of sleep to an alarming degree at times, and the consequent debility, despair, susultus tendinum, and paralytic sensations in many parts of my body, are the principal evils I suffer. My mind is liable to be excited by trifling and unsubstantial causes; disposed to cleave to unpleasant usages, to dwell on dreadful consequences from really trifling circumstances, to be appalled with vain apprehensions, and to cherish disgusts and disagreeable associations; indeed, to labour under a fixidity of ideas which causes my misery. I was attacked in the winter of 1800 and 1801, and since that time have suffered an immensity of distress, with long intervals, however, of capacity for enjoyment. Moral causes are the sources of my afflictions. The barriers of reason are cobwebs to oppose to the intrusion of this host of enemies. Am I in a convivial company? I think of some unpleasant circumstance. Do I eat heartily? I still think; my mind cannot rise above its customary state of feebleness. When I lie down, this fixed image presents itself. I am distressed, alarmed, my blood circulates rapidly, my brain is fired, a train of distressing ideas enter, and seize my mind: I am, as it were, all nerve; the least noise is like a shock of thunder, so that for seven years I have been in the constant habit of stopping both ears with wax; with intervals, however, of strength to bear noise, and sometimes even I am, as I think, almost well. I am within a few days of forty-four years of age; my appetite is always good; I eat everything; drank moderately of wine, have found no good from any regimen, though I have not pursued any regimen but for a short time.

"I go to bed, my mind is distressed, I get a little quiet, and perhaps I am disposed to rest; at the moment of forgetfulness, which produces sound sleep, this image strikes my mind; I know what I am to suffer, am alarmed; my blood rushes through the jugular vessels; I hear my heart beat, and feel it thumping the whole night; my mind on fire, able to pursue no train of pleasant thought a moment; I get worse; despair; think of nothing but my wretched condition, till at last I lose several nights sleep; my pulse is low and threaded, and at last nature makes an effort and gradually restores me. Such is always my course.

"I can assure you that no cause of distress vexes my mind in which my conscience or my honour is implicated, or which would even be noticed by others. If I could indulge in religious duties and

contemplations, to which my heart, my judgment, and natural disposition would lead me, it would, I really believe, cure me; but previous to my first attack, near eight years ago, in a previous state of debility and nervous affection, which pressed hard on my spirits, I wished to read on religious subjects, until all at once impious and profane ideas struck my mind: my soul recoiled, was shocked; I tried to banish them; nothing would do; not a moment were those ideas absent; at least they seized so fast, that I lost many nights and days sleep; and I was brought near the grave. I got better, and overcome, in some sort, this immoral influence; but shall never be able to indulge as I wish in religious duties. My heart often expands with enthusiasm, and then I taste the joys of heaven. Now, Sir, can this dreadful state of mind be cured? Can I be made to possess less feeling, and more resolutions to resist moral influences on the mind; to bear vexations or distressing incidents; and to break this association, this *fixidity* of ideas?

My feet, particularly my left foot, are always cold; and when I labour under great anxiety, both feet have, when warm in bed, a sensation as if they were asleep (as we say) which is very distressing. My whole left side is affected more than the other; the auditory nerve of my left ear is affected curiously, and unpleasantly, with sharp sounds, as if a body touched the nerve: I cannot well describe it.

If I could be tranquil, I should be well. Whenever I can be moved by ambitious prospects, or entertain a desire for distinction, or any such passion, I am well. This is sometimes the case. When hopes or wishes of this sort take possession of my mind, they drive out other impressions; then I feel well. Active employment, If I could get in it, would cure me, but I know of none. When I feel well, I am uncommonly cheerful, playful, and happy.

Now, Sir, I beg you, in consideration of suffering humanity, to take my case into your serious consideration, and extend to me the benefit of your advice."

In proportion as the hypochondriac disease advances, the symptoms of hysteria, which are generally combined with it in its first stage, disappear, and all the systems in which the disease is seated acquire a uniformly torpid or irritable state. The remissions and intermissions which have been described, cease, and event be transient blaze of cheerfulness is seen no more. The distress now becomes constant. "Clouds return after every rain." Not a ray of comfort glimmers upon the soul in any of the prospects or

retrospects of life. "All is now darness without and within." These poignant words were once uttered by a patient of mine with peculiar emphasis, while labouring under this stage of the disease. Neither nature nor art now possess a single beauty, nor music or poetry a single charm. The two latter often give pain, and sometimes offence. In vain do love and friendship, and domestic affection, offer sympathy or relief to the mind in this awful situations. Even the consolations of religion are rejected, or heard with silence and indifference. Night no longer affords a respite from misery. It is passed in distracting wakefulness, or in dreams more terrible than waking thoughts; nor does the light of the sun chase away a single distressing idea. "I rise in the morning," says Mr. Cowper, in a letter to Mr. Haley, "like an infernal frog out of Acheraon, covered with ooze and mud and melancholy." No change of place is wished for that promises nay alleviation of suffering. "Could I be translated to paradise," says the same elegant historian of his own sorrows, in a letter to Lady Hesketh, "unless I could leave my body behind me, my melancholy wold cleave me there."

But the last and worst stage of this form of derangement remains yet to be described. After it has completely put off all its hysterical symptoms, the patients fly for relief to such stimuli upon the body, in order to counteract the insupportable pressure of distress upon their minds. They take snuff, or chew tobacco. They eat voraciously, and drink wine and spirits, or take laudanum, in large quantities, when they are able to procure them. Sometimes the pain of a bodily disease suspends for a short time their mental distress. Mr. Boswell, in his life of Dr. Johnson, relates a story of a London tradeswoman, who, after making a large fortune, retired into the country to enjoy it. Here he became deranged with hypochondriasis, from the want of employment. His existence became finally a burden to him. At length he was afflicted with the stone. In a severe paroxysm of this disease, a friend sympathised with him. "No, no," said he, "don't pity me, for what I now feel is ease, compared with that torture of find from which it relieves me." A woman in this city bore a child while she was afflicted with this disease. She declared, immediately afterwards, that she felt no more pain from parturition, than from a trifling of the colic. Where counteracting pains of the body are not induced by nature or accident, to relieve anguish of mind, patients often inflict them upon themselves. Walking barefooted over ground covered with frost and snow was resorted to by a clergyman of great worth in England for this purpose. Carden, an eminent physician of the

fifteenth century, made it a practice to bite his lips and one of his arms, also to whip his legs with rods, in order to ease the distress of his mind. Kempfer tells us that prisoners in Japan, who often become partially deranged from distress, used to divest their mental anguish by burning their bodies with moxa. The same degree of pain, and for the same purpose, is often inflicted upon the body, by cutting or mangling it in parts not intimately connected with life. But bodily pain, whether from an accidental disease, or inflicted by the patients upon themselves, is sometimes insufficient to predominate over the distress of their minds. Dr. Heberden mentions an instance of a man who was naturally so much afraid of pain that he dreaded even being bled, who in a fit of low spirits cut off his penis and scrotum with a razor, and declared, after he recovered the natural and healthy state of his mind, that he felt not the least pain from that severe operation. A similar instance of insensibility to bodily pain is related by Dr. Ruggieri, an Italian physician, of a hypochondriac madman of the name of Loyal, who fixed himself upon a cross, and inflicted the same wounds upon himself, as far as he was able, that had been inflicted upon our Savior. He was discovered in this situation, and taken down alive. During the paroxysms of his madness, he felt no pain from dressing his wounds, but complained as soon as they were touched, in the intervals of his disease. But this is not all. Hypochondriac distress seeks relief in an evil still greater than bodily pain. Can anything be anticipated more dreadful than universal madness? and yet I once attended a lady in this city, whose suffering from low spirits were of such a nature, that she ardently wished she might lose her reason, in order thereby to be relieved from the horror of her thoughts. This state of mind was not new in this disease. Shakespeare has described it in the following lines, in his inimitable history of all the forms of derangement, in the tragedy of King Lear. They are as truly philosophical, as they are poetical.

—"Better I were distract;
So should my thoughts be sever'd from my griefs,
And woes, by wrong imaginations, lose
The knowledge of themselves."

But the most awful symptom of this disease remains yet to be mentioned, and that is DESPAIR. The marks of extreme misery included in this word are sometimes to be seen in the countenances and gestures of hypochondriacs in a Hospital; but as it is difficult to obtain from such person a history of their

feelings, I shall endeavour to give some idea of them in the following account, communicated to me by a clergyman who passed four years and a half in that state of mind.

He said, "he felt the bodily pains and mental anguish of the damned; that he slumbered only, but never slept soundly, during the long period that has been mentioned; that he lost his appetites, and passions, so as to desire and relish nothing, and to love and hate no one; that his feet were constantly cold, and the upper part of his body warm; that he lost all sense of years, months, weeks, days, and nights, and even of morning and evening; that in this respect, time was to him, no more." During the whole period of his misery, he kept his hands in constant motion towards his head and thighs, and ceased not constantly to cry out, "wretched man that I am! I am damned; oh, I am damned everlastingly."

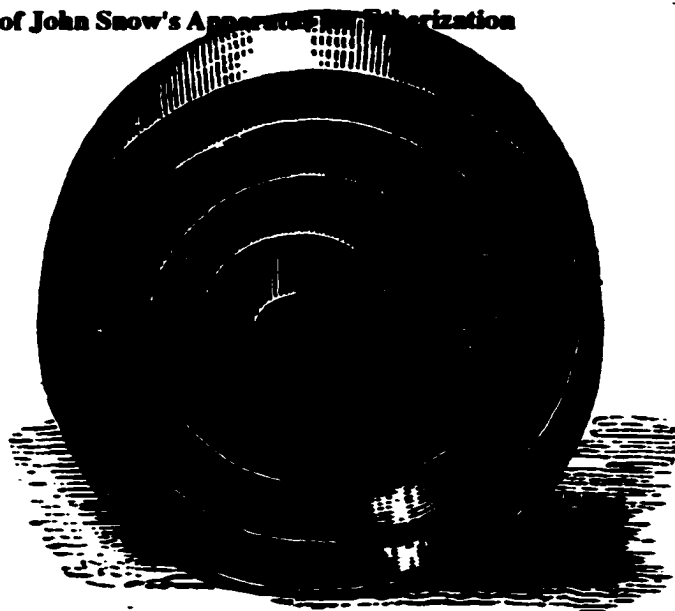
Terrible as this picture of despair is, the disease has symptoms which mark a still greater degree of misery. It sometimes creates such a disgust of life, as to make the subjects of it wish to die. How undescribable, and even incomprehensible, must be that state of mind, which thus extinguishes the deep seated principle of the love of life! In the exquisite tortures of the stone, and colic, and even under the progress of an excruciating and mortal cancer, men are willing, nay anxious, to live; of course the sufferings from the anguish of mind I have described, exceed the sufferings from those diseases. But there is a symptom of despair which places its horrors beyond a mere wish to die. It often drives the distracted subject of it to precipitate the slow approaches of death with his own hand. A pistol, a razor, a river, a mill-dam, a halter, or laudanum, are the means usually resorted to for this purpose. sometimes the instruments of death are of a more painful nature. I have once seen the body of a Russian officer mangled with thirteen wounds inflicted by himself. He had fallen into despair in consequence of debuts contracted in a foreign country. Sometimes a horror is entertained by persons in this situation at the crime of suicide, but, in order to escape from life, they provoke death from the hands of government by committing murder; many instances of this kind are to be met with, not only in the records of medicine, but in our public newspapers. Dreadful as this state of mind is, there is one still more distressing, and that is the desire, and fear of death operating alternately upon the mind. I have seen this state of hypochondriasm. It was in the lady who wished to be relieved from the horror of her thoughts by the complete loss of her reason.

After the history that has been given of the distress, despair, and voluntary death, which are induced by that partial derangement which has been described, I should lay down my pen, and bedew my paper with my tears, did I not know that the science and medicine has furnished a remedy for it, and that hundreds are now alive, and happy, who were once afflicted with it. Blessed science! which thus extends its friendly empire, not only over the evil's bodies, but over those of the minds, of the children of men!

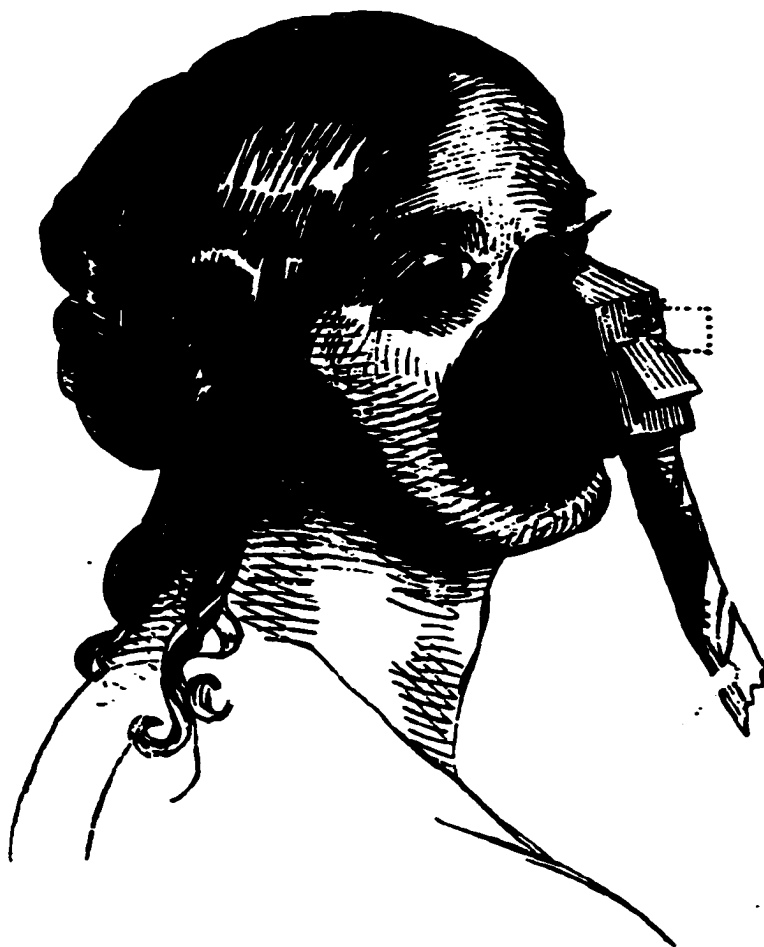
APPENDIX III: John Snow and James Young Simpson on Ether and Chloroform

1. Illustrations of John Snow's Apparatus for Etherization
2. Two Cases of Etherization by John Snow
3. A Letter to the Right Honourable Lord Campbell, Lord Chief Justice of the Court of Queen's Bench, on the Clause Respecting Chloroform in the Proposed Prevention of Offences Bill by John Snow
4. Account of a New Anaesthetic Agent, as a Substitute for Sulphuric Ether in Surgery and Midwifery by James Young Simpson
5. Remarks on the Superinduction of Anesthesia in Natural and Morbid Parturition: with Cases Illustrative of the Use and Effects of Chloroform in Obstetric Practice by James Young Simpson

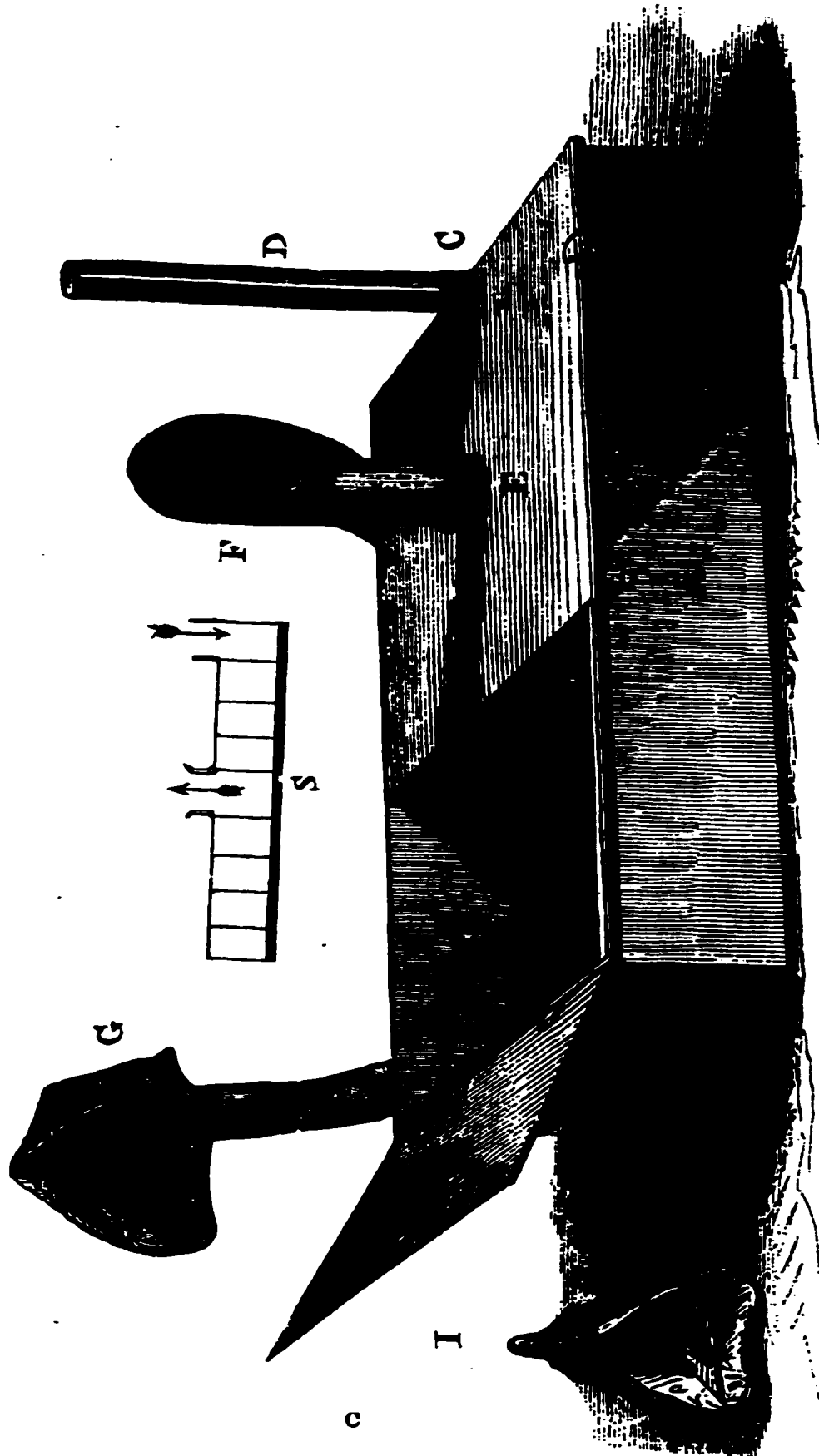
1. Illustrations of John Snow's Apparatus for Etherization



Drawing of ether chamber, with the bottom removed to shew the interior. The volute, of the same metal as the chamber, is soldered to the top, and reaches to one-sixteenth of an inch from the bottom.



The dotted lines indicate the position of the expiratory valve when turned aside for the admission of unvaporized air.



2. Two Cases of Etherization

by John Snow

The following cases were published in Snow's 1847 treatise, *On the Inhalation of Ether in Surgical Operations: Containing a Description of the Various Stages of Etherization, and a Statement of the Result of Nearly Eighty Operations in which Ether Has Been Employed in St. George's and University College Hospitals*. Snow was a fellow of the Royal Medical and Chirurgical Society and a lecturer on forensic medicine at the University of London.

Case E.

Mr. Keate, assisted by Mr. H.C. Johnson, operated on Sir—, for two sinuses by the side of the rectum. The patient was rather nervous about the ether, but when he had commenced inhaled very well. In two minutes the eyes were turned quite up, the lids however being directly closed, and they were briskly closed for a moment, the features were observed to be unaltered in expression. At this moment, the expiratory valve was opened a little, to dilute the vapour further; the water in the bath being 64°, and consequently, the patient having been breathing equal parts of air and vapour. At the end of another minute—the third from the commencement of inhalation—there was no further alteration in the patient, except, perhaps, that the eyelids did not close again so briskly on being lifted by the finger; but I observed that Mr. Keate had got a probe introduced into one of the sinuses unknown to me, and with this proof of the patient's insensibility, I requested that the operation might be performed, although otherwise I should have thought the patient held his breath, and moved one hand a little, but not so as to interfere in any way with the operation; and he did not move his body or utter the least sound. The inhalation was discontinued just as the operation was concluded; and half a minute afterwards, as Mr. Keate was thrusting a pledget of lint into the wound, the patient flinched and uttered an angry expression; and directly afterwards he tried to raise himself up from the sofa, but was easily prevented. In less than a minute, he said that he had been in Lancashire disputing with some people; and on Mr. Keate informing him that the operation was concluded, he expressed surprise and satisfaction, and seemed to have recovered his faculties completely, having been unconscious only three or four minutes altogether. The pulse was counted between the operation and the introduction of the ling, and it was at the rate of 88 in the minute. 3vijss. of ether were expended.

The attitude of respiration of this patient, and the slight movement of his limbs during the operation, were precisely the same as those of a person suppressing the usual indications of pain, and I have noticed the same thing in some other cases. The dream about the conversation probably occurred at the moment when he first spoke.

Case F.

In the following case the difficulties in the way of etherization were greater than in any other instance I have seen, but would have been much lessened, and the patient could have been kept steadier during the operation, if I had at that time the experience and precaution to recommend a semi-recumbent posture on a table or couch, instead of sitting in a common chair.

Miss R. had a tumor of the lower jaw, which commenced fourteen or fifteen years ago, at the symphysis, and extended laterally till it reached nearly the size of the fist, producing great deformity. On May 28, Mr. Liston removed the tumor; Mr. Morton, Mr. Cadge, and some other surgeons, being present and assisting. The patient, who appeared to be between twenty and thirty years of age, was in good general health, but had suffered occasionally from epilepsy. The inhaler was prepared with the water-bath at 65°—the temperature of the water in the room. She was with difficulty got to inhale, even whilst she preserved her consciousness, and in the course of a minute or two, when she passed into the second degree, and had lost the knowledge of where she was, and what was being done, the difficulty was still greater; she sobbed and screamed very much, and stamped with her feet, and pushed the face-piece off with her hands. She was, however, held by those present; and when the face-piece was pushed away it was put on again directly, and in two or three minutes the screaming and all the efforts of a voluntary character ceased, and she passed into the third degree, but became, at the same time, extended in a state of great rigidity, so that she could not be kept seated, and appeared to be in epileptic convulsions with frothing at the mouth. The exhibition of the ether was preserved in, and the patient became suddenly quiet, going into the fourth degree of etherization about five minutes after the inhalation was commenced. She was placed again in the chair; the breathing became slow, deep, and regular, and the eyelids were observed to have lost their sensibility. The inhalation having been continued a little longer, was left off about six minutes after it was begun, and the operation was immediately commenced. An incision was made along the inferior edge of

the jaw, and a second crossing it over the chin, from below the middle of the free border of the lip; the flaps were dissected off, and the bone exposed: during this part of the operation, the patient sat breathing quietly, and not moving or uttering a sound. Mr. Liston then extracted two or three molar teeth with the forceps, and at this time the patient uttered a sound expressive of pain, and struggled. The struggling and demonstrations of pain continued as the bone was being cut through far back on each side. At this time I dipped a small sponge in ether, and held it to the patient's nostrils, standing beside her. Although her mouth was, of course widely open, she was breathing in some measure by the nostrils, and in a little time became quiet, being apparently perfectly insensible. The bone having been divided, the tumor was depressed, and removed by dividing the mucous membrane and hyoid muscles, the tongue being held forward by a strong ligature drawn through it. The sponge was wetted occasionally, and kept applied to the nostrils, but without the effect of keeping up complete insensibility; for, apparently, the breathing was sometimes performed entirely by the mouth, where, of course, the sponge could not be placed, and the patient struggled again now and then during the tying of arteries. The pulse was very good, though frequent, at the end of the operation, notwithstanding the loss of blood necessarily attendant on it. She was put into bed ten or twelve minutes after the operation began, and some small arterial branches were secured afterwards. At the time she seemed to have recovered her consciousness (the nature of the operation, however, preventing her from speaking for some time). The wound healed by the first intention, and the patient was able to walk out within a fortnight. She said that she felt nothing of the removal of the tumor, and she was much satisfied with the ether; but for which, indeed, she could not have been prevailed on to submit to the operation. Her appearance was much improved, the deformity caused by the want of the jaw being much less than that which the tumor produced.

3. A Letter to the Right Honourable Lord Campbell, Lord Chief Justice of the Court of Queen's Bench, on the Clause Respecting Chloroform in the Proposed Prevention of Offences Bill
by John Snow

Snow published the following pamphlet in 1851.

To the Right Hon. Lord Campbell.

My Lord,

More than four years have elapsed since a discovery was made in a great nation, descended, though now separated, from our own—a discovery, which, from the benefits it has conferred on humanity, is second only to that made by Jenner, in this country, nearly half a century ago. Your Lordship must be aware that I allude to the inhalation of Ether, for the prevention of pain, discovered by Dr. Jackson and Mr. Morton, of Boston, in America. No acknowledgment has been made to these gentlemen by this kingdom, or its government, and perhaps the consciousness of having conferred a great benefit on mankind is its own reward: but it would be truly unfortunate if the first notice of this great discovery by the British Legislature should be in a new penal law for crimes supposed to be committed though the means which it supplies, even though the law should not point to Sulphuric Ether itself, but to that medicine which, on account of certain slight advantages, has, in a great measure, superseded it.

The prominent mention of Chloroform, in the fourth clause of the Bill presented by your Lordship to the House of Lords, on the 24th ult., is to be regretted on other grounds. It ill becomes the gravity of law, and is, I feel assured, far from your Lordship's intention, that a legal enactment should be made on a false alarm, or to meet a trivial and unsuccessful innovation in the mode of attempting a crime: to legislate on this matter would revive the groundless fears of the public, which have subsided, or been allayed; and might even cause evil-disposed persons to make trial of a means, which they would conclude to be not without efficiency, when it had given rise to a law for its suppression. There is no reason to believe that Chloroform has been employed in more than two instances with criminal intent; and so far from aiding the perpetration of crime, it has led to the immediate detection of the offender, on both occasions. The knowledge of these two cases is more calculated to deter from similar attempts, than any increase of the punishment, which a culprit might expect to escape altogether, by avoiding detection.

When administered gradually, Chloroform can be breathed easily enough, by a person willing and anxious to take it; but he has to draw his breath many times before he becomes unconscious. During all this interval he has a perfect perception of the impression of the vapour on his nose, mouth, and throat, as well of other sensation which it causes; and every person who has inhaled Chloroform retains a perfect recollection of these impression and sensations. If Chloroform be given to a child whilst asleep, the child awakes, in nearly every instance, before being made insensible, however gently the vapour may be insinuated. No animal, either wild or tame, can be made insensible, without being first secured; the Chloroform may, it is true, be suddenly applied on a handkerchief to the nose of an animal, but the creature turns its head aside, or runs away, without breathing any of the vapour. If a handkerchief, wetted with sufficient Chloroform to cause insensibility, is suddenly applied close to a person's face, the pungency of the vapour is so great as immediately to interrupt the breathing, and the individual could not inhale it, even if he should wish. From all these facts it is evident that Chloroform cannot be given to a person in his sober senses, without his knowledge and full consent, except by main force. It is certain, therefore, that this agent cannot be employed in a public street or thoroughfare; and as the force that would be required to make a person take it against his will, would be more than sufficient to effect a robbery, and enough to effect any other felony, by ordinary means, it would afford no help to the criminal, in more secluded situations. Supposing that the felon or felons could succeed in keeping a handkerchief closely applied to the face, the person attacked would only being to breathe the Chloroform when thoroughly exhausted by resistance or want of breath, and when, in fact, the culprits could effect their purpose without it.

Many people who read brief and imperfect accounts of the exhibition of Chloroform on a handkerchief, soon after its introduction into use, formed the opinion that it was capable of being employed to cause stupefaction, for felonious purposes. After a time, persons who fell down in a fit, and others who were overtaken by the effects of drink, whilst in disreputable company, were reported to have been the victims of Chloroform; but the first cases which, as far as I am aware, came in a definite form before a Court of Justice, occurred at the beginning of last year, and require a brief notice.

On January 10th, a robbery was committed in Thrall Street, Spitafields, for which two women, named respectively Elizabeth Smith and Margaret Higgins, were examined three or four times at Worship Street, tried at the Central Criminal Court on February 18th, convicted and sentenced to be transported for

fifteen years. The following is the evidence given by the prosecutor, at one of the examinations before Mr. Hamill. He was proceeding along the Whitechapel Road, between 9 and 10 o'clock in the evening, "when he felt some one, whom he believed to be a woman, touch his left side, and at the same time felt a rag or handkerchief pressed over the lower part of his face. He instantly become insensible, and was conscious of nothing that occurred to him, until about day-light the following morning, when he slowly revived, and upon recovering sufficiently, found himself lying in a very dirty bed, in a wretched apartment*."

It will be observed by your Lordship that the witness gives no account of either the local or general sensations which Chloroform causes. He felt a handkerchief or rag applied to his face, and instantly became insensible. This circumstance alone indicates that Chloroform was not the agent employed. But there are other reasons which prove the view I entertain of the matter. Whitechapel Road is a very busy thoroughfare between 9 and 10 in the evening, and admitting that a gentleman could be made insensible in the instantaneous manner alledged, without the opportunity of making he least resistance, or calling for assistance, it is impossible that he could be dragged, or otherwise conveyed, in that state to another street, without attracting the attention of passers by, and even causing the collection of such a crowd as would ensure the interference of the Police. As the effects of Chloroform subside very rapidly when quickly induced, the dose would, moreover, require to be repeated, before the victim could be conveyed a distance of two or three hundred yards.

If the transaction occurred at the time and place alledged, the prosecutor, however insensible he might be, must have appeared to accompany the woman voluntarily; but I know no drug which can be administered on a handkerchief to produce effects of this kind, and am inclined to believe that the agent which could cause such results must be more subtle than anything that can be contained in an apothecary's phial. Whether it was witchcraft, animal magnetism, or some other invisible kind of attraction, I shall not attempt to decide.

The long continuance of insensibility (ten hours) in this case, shows that it was not caused by Chloroform, the effects of which pass off in a few minutes, or at the longest, in half an hour; and this remark applies to every substance that will quickly cause insensibility, when breathed from a handkerchief; for the volatility which enable it to be taken in this way, causes its ready elimination from the blood, in its passage through the lungs. It must be concluded, therefore, that the insensibility, in this instance, was

caused by something which can be swallowed. Laudanum, ardent spirits, and fermented liquors, are articles which are capable, amongst others, of causing prolonged stupor, but there are no means of ascertaining now what might have been used.

After the examination of the prisoners in the case had been two or three times adjourned, a woman came forward and gave evidence that, on an occasion previous to the robbery, the prisoner Higgins "had told her that a man named Gallagher, with whom she cohabited, had undergone an operation at the London Hospital, where they had given him some stuff to send him to sleep, and that he had contrived to bring some of it away with him from that institution*." The medical officers of the London Hospital have no knowledge of any Chloroform having been taken away by the patient, and it must occur to your Lordship that the statement of a person who alledged that she had been in confidence of the thief, and had kept her unlawful secrets for a long time, carries with it no great weight.

Whilst the alleged action of Chloroform in the above instance was too instantaneous, in the other case of alleged robbery by means of this agent its reputed action was so long deferred as to prove clearly that it proceeded from a different cause.

Charlotte Wilson was tried at the Surrey Adjourned Sessions, on February 9th, 1850, for a robbery committed on a man in the beginning of the previous month. The prosecutor stated that he was walking along the Borough, towards London Bridge, when he accosted by the prisoner, who passed a handkerchief across his face, and he became very unwell. Not suspecting that any narcotic was contained in the handkerchief, (a circumstance which alone is sufficient to prove that no Chloroform was used), he ran into a public-house hard by, and called for a glass of brandy. A police constable stated that he saw the prisoner accost the prosecutor, and pass something across his face. He then saw them enter the public-house, when he saw the woman drinking with the prosecutor. About ten minutes afterwards he saw the prisoner run out of the house with a hat and scarf. The prosecutor was at that time insensible.

The effects of Chloroform are induced whilst a person is breathing it, and attain their greatest intensity within twenty seconds after the inhalation has ceased; it is consequently impossible for a person to go into a public-house, and be seen drinking there, between the time of taking the Chloroform and the insensibility induced by it.

The man was a considerable time before he recovered his senses; another circumstance which proves that the stupor had not been caused by Chloroform.

A non-medical witness, who gave evidence before the Magistrate, was confident that the stupor or insensibility was not caused by liquor, but by some deleterious article such as Chloroform. The Court and Jury who tried the prisoner were of the same opinion, and she was sentenced to be transported for ten years, although a student from any hospital in London could have informed the Court that Chloroform had not been employed.

The landlord of the public-house in which the robbery was committed, said that the prosecutor appeared to be in liquor when he entered. the evidence may be safely received; for a publican could not be deficient in experience on this point, and could hardly be influenced by prejudices that would lead him to consider a customer intoxicated who was not so. This evidence being admitted, the case is perfectly clear; for nothing is more common, when a person in liquor goes on drinking, than for him shortly afterwards to be lying insensible.

Some remarks of mine on the two cases just alluded to appeared, soon after their occurrence, in the *Medical Gazette*, and were quoted by the *Times* newspaper. Two or three robberies were alleged to have been used, but the Counsel ridiculed the idea, and the part of the cases having reference to Chloroform broke down on a cross-examination. There have been, however, two cases, in which it was attempted to administer this article with felonious intent; and to these it is necessary to infer.

On April 30, 1850, a young man, named Charles Joplin, was placed at the bar, before Mr. Broughton, at the Marylebone Police Court, charged with having attempted to administer Chloroform, with intent to violate a young woman, to whom he had been paying his addresses for nine months. It was proved that whilst returning from a concert at a public-house, about one o'clock the same morning, the prisoner induced the complainant to accompany him down a yard, when he uncorked a phial, pouted the contents on a handkerchief, and called out so loudly that she obtained the assistance of a policeman from the neighbouring street, who took her assailant into custody. When asked by the Magistrate if she felt any ill effect from the application of the handkerchief, the complainant replied as follows: "I did not, your Worship, as I pulled it away from my face instantly; it was completely saturated with wet, and had a remarkably strong smell."

The prisoner was remanded, and bail was accepted for his appearance on a future day. During this interval he married the young woman, and at the next examination she begged for his discharge. After a further remand, and a severe lecture, the worthy Magistrate reluctantly surrendered the prisoner to his wife, who, if she does not remain of the same forgiving disposition, doubtless finds means of punishment as severe as any which the law had in store for him.

The other instance of felonious attempt to administer Chloroform was of a more serious character; but it equally illustrates the inapplicability of this medicine for aiding the plans of a criminal.

In October last, a man named Charles Venn contrived to secrete himself under a bed, in an hotel at Kendal, and attempted to give Chloroform, at midnight, to an elderly gentleman in his sleep. The effect of this attempt was to awake the gentleman; and although the robber used such violence that the night-dress of his victim was covered with blood, and the bedding fell on the floor in the scuffle, he did not succeed in his purpose. The people in the house were disturbed, and he was taken into custody, and ultimately sentenced, at the Westmoreland Michaelmas Session, to eighteen months imprisonment with hard labour, including one month's solitary confinement.

A crime was committed in France on a person under the influence of Chloroform, but not by the agency of that article. The Chloroform was voluntarily inhaled by a female, for the lawful purpose of having a tooth withdrawn without pain, and the dentist took advantage of the stupor so induced, as he might have done of a fainting fit, or any other kind of insensibility, to effect violation. The clause in your Lordship's Act, being directed against the application of stupefying drugs with criminal intent, would not apply to such a case, nor is it necessary to frame a law for that purpose: for should such a crime unhappily be perpetrated in this country, it could be dealt with by existing laws, as it has been in France.

I trust that I have said sufficient to induce your Lordship to consider whether it would not be advisable to withdraw the word Chloroform, the presence of which can only be alarming to the public, suggestive to the criminal, and little creditable to the sagacity and gravity of the law; whilst its removal would not affect the operation of the Act, even in a case, should such a one again occur, in which it might be foolishly attempted to exhibit the article.

In conclusion, I will venture to make a few additional remarks on the operation of the fourth clause of the bill presented by your Lordship*. All the diatetic and medicinal, as well as other narcotics, are

capable of causing stupor when taken in sufficient quantity. The stupifying or overpowering matters in most frequent use in this country, are ardent spirits, wine, and beer. I conclude that the clause under consideration does not apply to spiritous and fermented liquors, when openly given, with whatever intent, but to the fraudulent administration of other substances, similar in action, but more powerful. It cannot be denied that opiates are sometimes exhibited, with felonious intent, in malt liquor, the bitterness of which disguises their taste, and such a crime cannot be too severely punished; but it would be a great error to conclude that the offence called hoccussing is so common as the statements of prosecutors at the Police Courts would imply. Persons who have been dead drunk are very unwilling to admit, even to themselves, that the result was the consequence of their own voluntary potations, and still less willing to admit it to the world, when they have to complain of having been robbed whilst in bad company. Therefore, before such evidence is received as conclusive, it should be confirmed by chemical analysis, or in some other way; otherwise errors may occur, such as that at the Surrey Adjourned Sessions, alluded to above.

The rapid supervention of stupor ought not to be accepted as proof that it was not occasioned by spiritous or fermented liquors, for these articles sometimes produce their effects with great velocity. Ardent spirits, indeed, under some circumstances, act with greater rapidity than almost any thing else except Prussic Acid, and on some occasions are not even surpassed by that poison. In the instance of a child lately killed by gin, for administering which, a woman named Maria Ewens is now awaiting her trial, the little girl was carried out of the woman's room in a state of insensibility, a few minutes after she entered; and there are cases on record in which a man has dropped down insensible the instant after swallowing a large draught of ardent spirits.

At the trial of Johanna Driscoll at the Central Criminal Court in December last, for a robbery committed in a house of ill fame, it was alleged that Chloroform might have been put into some gin taken by the prosecutor. Chloroform, however, although very soluble in rectified spirit of wine, does not mix easily with potable spirits, and when dissolved imparts to them such a very hot and sweet taste, that no one could take them without being aware of the adulteration. It would, moreover, be very difficult to make a person insensible by giving such a solution of Chloroform as a drink, even were he disposed to take it.

I have the honour to be, My Lord,
Your obedient Servant,
John Snow.

54 Frith Street, Soho, March 5, 1851

***Times, January 25, 1850.**

***Times, January 25, 1850.**

***The clause runs as follows. "And whereas it is expedient to make further provision for the punishment of persons using Chloroform, or other stupifying things, in order the better to enable them to commit felonies: be it enacted, that if any person shall unlawfully apply or administer, to any other person, any Chloroform, Laudanum, or other stupifying or overpowering drug, matter, or thing, with intent thereby to enable such offender or any other person to commit any felony upon the person to whom the same may be applied or administered, or attempted to be applied or administered, or upon any other person's property, every such offender shall be guilty of felony, and being convicted thereof shall be liable, at the discretion of the Court, to be transported for life, or for any term not less than seven years."**

4. Account of a New Anaesthetic Agent, as a Substitute for Sulphuric Ether in Surgery and Midwifery

by James Young Simpson

The following are excerpts from Simpson's 1848 treatise on the use of chloroform during childbirth.

Simpson, a fellow of the Edinburgh Royal Society of Surgeons and professor of midwifery at the University of Edinburgh, was in favor of using anesthetics in such procedures.

Prefatory Remarks

From the time at which I first saw Ether-Inhalation successfully practised in January last, I have had the convictions impressed upon my mind, that we would ultimately find that other therapeutic agents were capable of being introduced with equal rapidity and success into the system, through the same extensive and powerful channel of pulmonary absorption. In some observations, which I wrote and published in the February last, relative to the inhalations of sulphuric ether in midwifery, I stated that, in several obstetric cases, I had used ergot of rye in this way, along with ether.

With various professional friends, more conversant with chemistry than I am, I have, since that time, taken opportunities of talking over the idea which I entertained of the probable existence or discovery of new therapeutic agents, capable of being introduced into the system by respiration, and the possibility of producing for inhalation vaporizable or volatile preparations of some of our more active and old established medicines: and I have had, during the summer and autumn, ethereal tinctures, &c., of several potent drugs, manufactured for me, for experiment, by Messrs. Duncan, Flockhart, & Co., the excellent chemists and druggists of this city.

Latterly, in order to avoid, if possible, some of the inconveniences and objections pertaining to sulphuric ether,—(particularly its disagreeable and very persistent smell, its occasional tendency to irritation of the bronchi during its inspirations, and the large quantity of it occasionally required to be used, more especially in protracted cases of labour.)—I have tried upon myself and others the inhalation of different other volatile fluids, with the hope that some one of them might be found to possess the advantages of ether, without its disadvantages. For this purpose, I selected for experiment and have inhaled several chemical liquids of a more fragrant or agreeable odour, such as the chloride of hydro-carbon (or Dutch

liquid), acetone, nitrate of oxide of ethyl (nitric ether), benzin, the vapour of iodoform, &c.* I have found, however, one infinitely more efficacious than any of the others, viz., Chloroform, or the Perchloride of Formyle, and I am enabled to speak most confidently of its superior anaesthetic properties, having now tried it upon upwards of thirty individuals. The liquid I have used has been manufactured for me by Mr Hunter, in the laboratory of Messrs Duncan, Flockhart, & Co.

Chloroform was first discovered and described at nearly the same time by Souberian (1831), and Libig, (1832); its composition was first accurately ascertained by the distinguished French chemist, Dumas, in 1835.—See *the Annales de Chimie et Physique*, vols. xlviii. xlix, and lviii. But no person, so far as I am aware, has used it by inhalation, or discovered its remarkable anaesthetic properties till the date of my own experiments.

It is a dense, limpid, colourless liquid, readily evaporating, and possessing an agreeable, fragrant, fruit-like odour, and a saccharine pleasant taste.

As an inhaled anaesthetic agent, it possesses over sulphuric Ether the following advantages:—

1. A greatly less quantity of Chloroform than of Ether is requisite to produce the anaesthetic effect; usually from a hundred to a hundred and twenty drops of Chloroform only being sufficient; and with some patients much less. I have seen a strong person rendered completely insensible by six or seven inspirations of thirty drops of the liquid.

2. Its action is much more rapid and complete, and generally more persistent. I have almost always seen from ten to twenty full inspirations suffice. Hence the time of the surgeon is saved; and that preliminary stage of excitement, which pertains to all narcotizing agents, being curtailed, or indeed practically abolished, the patient has not the same degree of tendency to exhilaration and talking.”*

3. Most of those who know from previous experience the sensations produced by ether inhalation, and who have subsequently breathed the Chloroform, have strongly declared the inhalation and influence of Chloroform to be far more agreeable and pleasant than those of Ether.

4. I believe, that considering the small quantity requisite, as compared with Ether, the use of Chloroform will be less expensive than that of Ether; more especially, as there is every prospect that the means of forming it may be simplified and cheapened.

5. Its perfume is not unpleasant, but the reverse; and the odour of it does not remain, for any length of time, obstinately attached to the clothes of the attendant,--or exhaling in a disagreeable form from the lungs of the patient, as so generally happens with Sulphuric Ether.

6. Being required in much less quantity, it is much more probably and transmissible than Sulphuric Ether.

7. No special kind of inhaler or instrument is necessary for its exhibition. A little of the liquid diffused upon the interior of a hollow-shaped sponge, or a pocket-handkerchief, or a piece of linen or paper, and held over the mouth and nostrils, so as to be fully inhaled, generally suffices in about a minute or two to produce the desired effect.*

I have not yet had an opportunity of using Chloroform in any capital surgical operation, but have exhibited it with perfect success, in tooth-drawing,* opening abscesses, for annulling the pain of dysmenorrhoea and of neuralgia, and in two or three cases where I was using deep, and otherwise very painful galvano-puncture for the treatment of ovarian dropsy, &c. I have employed it also in obstetric practice with entire success. The lady to whom it was first exhibited during parturition, had been previously delivered in the country by perforation of the head of the infant, after a labour of a three days' duration. In this, her second confinement, pains supervened a fortnight before the full time. Three hours and a-half after they commenced, and, ere, the first stage of the labour was completed, placed her under the influence of the Chloroform, by moistening, with half a tea-spoonful of the liquid, a pocket handkerchief, rolled up into a funnel shape, and with the broad or open end of the funnel placed over her mouth and nostrils. In consequence of the evaporation of the fluid, it was once more renewed in about twenty-five minutes after the inhalation was begun. The mother subsequently remained longer soporose than commonly happens after Ether. The squalling of the child did not, as usual, rouse her; and some minutes elapsed after the placenta was expelled, and after the child was removed by the nurse into another room, before the patient awoke. She then turned round and observed to me that she had "enjoyed very comfortable sleep, and indeed required it, as she was so tired," but would now be more able for the work before her." I evaded entering into conversation with her, believing, as I have already stated, that the most complete possible quietude forms one of the principle secrets for the successful employment of Chloroform. In a little time she again remarked that she was afraid her "sleep had stopped the pains." Shortly afterwards, her infant was brought

n by the nurse from the adjoining room, and it was a matter of no small difficulty to convince the astonished mother that the labour was entirely over, and that the child presented to her was really her “own living baby.”

Perhaps I may be excused from adding that since publishing on the subject of Ether Inhalation in Midwifery, seven or eight months ago,* and then for the first time directing the attention of the medical profession to its great use and importance in natural and morbid parturition, I have employed it, with few and rare exceptions, in every case of labour that I have attended; and with the most delightful results. And I have no doubt whatever, that some years hence the practice will be general. Obstetricians may oppose it, but I believe our patients themselves will force the use of it upon the profession.* I have never had the pleasure of watching over a series of better and more rapid recoveries; nor once witnessed any disagreeable result follow to either mother or child; whilst I have now seen an immense amount of maternal pain and agony saved by its employment. And I most conscientiously believe that the proud mission of the physician is distinctly twofold--namely, to alleviate human suffering, as well as preserve human life.

Postscript: Cases

Since the above observation were sent to the press, I have--through the great kindness of Professor Miller and Duncan--had an opportunity of trying the effects of the inhalation of Chloroform, to-day, in three cases of operation in the Royal Infirmary of Edinburgh. A great collection of professional gentlemen and students witnessed the results, and among the number was Professor Dumas of Paris, the chemist who first ascertained and established the chemical composition of Chloroform. He happened to be passing through Edinburgh, engaged along with Dr. Milne Edwards, who accompanied him, in an official investigation for the French Government,--and was, in no small degree, rejoiced to witness the wonderful physiological effects of a substance with whose chemical history his own name was so intimately connected.

I append notes, obligingly furnished to me by Professor Miller and Dr Duncan, of the three cases of operation. The two first cases were operated on by Professor Miller; the third by Dr Duncan. In applying the Chloroform in the first case, I used a pocket-handkerchief as the inhaling instrument; in the two last I employed a hollow sponge.

Case I. "A Boy, four or five years old, with necrosis of the bones of the fore-arm. Could speak nothing but Gaelic. No means, consequently, of explaining to him what he was required to do. On holding a handkerchief, on which some Chloroform had been sprinkled, to his face, he became frightened, and wrestled to be away. He was held gently, however, by Dr Simpson, and obliged to inhale. After a few inspirations he ceased to cry or move, and fell into a sound snoring sleep. A deep incision was now made down to the diseased bone; and, by the use of the forceps, nearly the whole of the radius, in the state of sequestrum, was extracted. During this operation, and the subsequent examination of the wound by the finger, not the slightest evidence of the suffering of pain was given. He still slept on soundly, and was carried back to his ward in that state. Half an hour afterwards, he was found in bed, like a child newly awakened from a refreshing sleep, with a clear merry eye, and placid expression of countenance, wholly unlike what is found to obtain after an ordinary etherization. On being questioned by a Gaelic interpreter who was found among the students, he stated that he had never felt any pain, and that he felt none now. On being shown his wounded arm, he looked much surprised, but neither cried nor otherwise expressed the slightest alarm."

Case II.—"A soldier who had an opening in the cheek--the result of exfoliation of the jaw--was next made to inhale. At first he showed some signs of moving his hands too freely; but soon also fell into a state of sleep and snoring. A free incision was made across the lower jaw, and from this the dense adhering integuments were freely dissected all round, so as to raise the soft parts of the cheek. The edges of the opening were then made raw, and the whole line of incision was brought together by several points of suture. This patient had previously undergone two minor operations of a somewhat similar kind; both of them had proved unsuccessful, and he bore them very ill--proving unusually un-steady, and complaining bitterly of severe pain. On the present occasion, he did not wince or moan in the slightest degree; and, on the return of consciousness, said that he had felt nothing. His first act, when apparently half awake, was suddenly to clutch up the sponge with which the Chloroform was used, and re-adjust it to his mouth, obviously implying that he had found the inhalation from it any thing but a disagreeable duty.

"This case was further interesting as being one of those operations in the region of the mouth, in which it has been deemed impossible to have performed the operation with any complicated inhaling apparatus applied to the mouth of the patient."

Case III.--"A young man, of about twenty-two years of age, having necrosis of the first phalanx of the great toe, and ulceration of the integuments, the consequence of injury. The ulcerated surface was exceedingly tender to the touch--so much so, that he winced whenever the finger was brought to near to it; and the slightest pressure made him cry out. After the removal of the dressings, which caused some pain and fretting, the inhalation was commenced, and the patient almost immediately* became insensible, and lay perfectly still, while the diseased mass was being removed by amputation of the toe through the middle of the second phalanx. The inhalation was now stopped. The edges of the wound were then brought together with three stitches, and the wound dressed. The patient shortly afterwards awoke, looked round him, and gratefully declared his entire and perfect freedom from all pain and uneasiness during the operation."

The whole quantity of Chloroform used in these three operations did not exceed half an ounce,--and, as Professor Miller afterwards observed to the students who were present, if ether had been used, several ounces of it would have been requisite to produce the same amount of anaesthetic effect.

The following case occurred also to-day, to Mr Miller, in private practice. The notes of it and the subsequent remark are in his own words.

Case IV.--"A young lady wished to have a tumour (encysted) dissected out from beneath the angle of the jaw. The Chloroform was used in small quantity (about a drachm), sprinkled on a piece of operation sponge. In considerably less than a minute she was sound asleep, sitting easily in a chair, with her eyes shut, and with her ordinary expression of countenance. The tumour was extirpated, and a stitch inserted, without any pain having been either shown or felt. Her sensations, throughout, as she subsequently stated, had been of the most pleasing nature; and her manageableness during the operation was as perfect as if she had been a wax doll or a lay figure.

"No sickness, vomiting, headache, salivation, uneasiness of chest, in any of the cases. Once or twice a tickling cough took place in the first breathings."

I have, up to this date, exhibited the Chloroform to about fifty individuals. IN not a single instance has the slightest bad result of any kind whatever occurred from its employment.

Edinburgh, *15th November* 1847.

FINIS

Notes

*In talking over, with different chemists, what fluids might be sufficiently volatile to be respirable, and hence deserving of being experimented upon, Mr. Waldie first named to me the Perchloride of Formyle as worthy, among others, of a trial;--Dr. Gregory suggested a trial of the chloride of hydrocarbon, &c. I have been deeply indebted to Dr Gregory and Anderson, for their kindness in furnishing me with the requisite chemical agents for these experiments;--and also to my assistants, Dr Keith and Dr Duncan, for the great and hearty zeal with which they have constantly aided me in conducting the inquiry.

*In practice I have found that any such tendency, even with ether, is avoided by, 1st, giving the patient from the first a large dose of the vapour, and 2ndly, by keeping him perfectly quiet and still, and preventing all noise and talking around him. I have elsewhere insisted on the importance of these points. (See the numbers of the Monthly Journal of Medical Science for March, 1847, p. 726, and for September, p. 154). In the paper last referred to, I took occasion, when discussing the conditions requisite for insuring successful etherization, to observe, "*First*, The patient ought to be left, as far as possible, in a state of absolute quietude and freedom from mental excitement, both during the induction of etherization, and during its recovery from it. All talking and all questioning should be strictly prohibited. In this way any tendency to excitement is eschewed, and the proper effect of the ether inhalation more speedily and certainly induced. And *Secondly*, with the same view, the primary stage of exhaliration should be entirely avoided, or at least reduced to the shortest possible limit, by impregnating the respired air as fully with the ether vapour as the patient can bear, and by allowing it to pass into the lungs by the mouth and nostrils, so as rapidly and at

once to superinduce its complete and anaesthetic effect;**** a very common but certainly a very unpardonable error being to exhibit an imperfect and exciting, instead of a perfect and narcotizing dose of the vapour. Many of the alleged failures and misadventures are doubtless entirely attributable to the neglect of this simple rule;—not the principle of etherization, but the mode of putting it in practice being altogether to blame. But, *Thirdly*, whatever means or mode of etherization is adopted, the most important of the conditions required for procuring a satisfactory and successful result from its employment in surgery, consists in obstinately determining to avoid commencement of the operation itself, and never venturing to apply the knife *until* the patient is under the full influence of the ether-vapour, and *thoroughly and indubitably soporized by it.* In fulfilling these indications, the employment of Chloroform evidently offers great and decided advantages, in facility and efficiency, over the employment of Ether.

*When used for surgical purposes, perhaps it will be found to be most easily given upon a handkerchief, gathered up into a cup-like form in the hand of the exhibitor, and with the open end of the cup placed over the nose and mouth of the patient. For the first inspiration or two, it should be held at the distance of half an inch or so from the face, and then more and more closely applied to it. To insure a rapid and perfect anaesthetic effect—more especially where the operations is to be severe—one or two teaspoonfuls of the Chloroform should be at once placed upon the hollow of the handkerchief, and immediately held to the face of the patient. Generally a snoring sleep speedily supervenes; and when it does so, it is a perfect test of the superinductions of complete insensibility. But a patient may be quite anaesthetic without this symptom intervening.

*A young dentist who has himself had two teeth extracted lately,—one under the influence of Ether, and the other under the influence of Chloroform,—writes me the following statement of the results:—"About six months ago I had an upper molar tooth extracted whilst under the influence of Ether, by Mr Imlach. The inhalation was continued for several minutes before I presented the usual appearance of complete etherization; the tooth was then extracted; and, although I did not feel the least pain, yet I was conscious of the operation being performed, and was quite aware when the crash took place. Some days ago I required another molar extracted on account of tooth-ache, and this operation was again performed by the same

gentleman. I inhaled the vapour of Chloroform, half a drachm being poured upon a handkerchief for that purpose, and held to my nose and mouth. Insensibility took place in a few seconds; but I was so completely dead this time, that I was not in the slightest degree aware of anything that took place. The subsequent stupifying effects of the Chloroform went off more rapidly than those of the Ether; and I was perfectly well and able again for my work in a few minutes."

*In consequence of extreme anxiety at the unfortunate result of her previous confinement, she had slept little or none for one or two nights preceding the commencement of her present accouchement.

*See *Monthly Journal of Medical Science* for February, p. 639; for March, p. 718 and 721; and Paril, p. 794. &c.

*I am told that the London physicians, with two or three exceptions only, have never yet employed ether-inhalation in their Midwifery practice. Three weeks ago, I was informed by a letter from Professor Montgomery of Dublin, that he believed that in that city, up to that date, it had not been used in a single case of labour.

*Dr Christison, who was watching the result, informs me that this patient was affected in half a minute.

5. Remarks on the Superinduction of Anesthesia in Natural and Morbid Parturition: with Cases Illustrative of the Use and Effects of Chloroform in Obstetric Practice

by James Young Simpson

The following cases are bound in the same volume as *Account of a New Anaesthetic Agent*.

Case I.--The patient to whom it was first exhibited had been previously delivered in the country by craniotomy after a very long labour. Her second confinement took place a fortnight before the full time. Chloroform was begun to be inhaled when the os uteri was becoming well expanded, and the pains very severe. In twenty-five minutes the child was born. The crying of the infant did not rouse the mother, nor did she awake till after the placenta was removed. She was then perfectly unaware that her child was born. She stated her sensations to be those of awaking from "a very comfortable sleep." It was, for a time, a matter of no small difficulty to persuade her that the labour was over, and that the living child presented to her was her own.

Case II.--I exhibited it, with Mr Carmichael, to a patient who had, at her preceding confinement, been in severe labour for twenty hours--followed by flooding. She began the inhalation when the dilation of the os uteri was half completed. The child was born in fifty minutes afterwards. She was kept under its influence for a quarter of an hour longer, till the placenta was removed, and the binder, body, and bed-clothes, all adjusted. On awaking, she declared she had been sleeping refreshingly; and was quite unconscious that the child was born, till she suddenly heard it squalling at its first toilet in the next room. No flooding. An hour afterwards, she declared she felt perfectly unfatigued, and not as if she had borne a child at all.

Case III.--Patient unmarried. A first labour. Twins. The first child presented by the pelvis, the second with the hand and head. The chloroform was exhibited when the os uteri was nearly fully dilated. The passages speedily became greatly relaxed (as has happened in other cases placed under its full influence); and in a few pains the first child was born, assisted by some traction. I broke the membranes of the second, pushed up the hand, and secured the more complete presentation of the head. Three pains expelled the child. The mother was then bound up; her clothes were changed; and she was lifted into another bed. During all this time she slept on soundly, and for a full hour afterwards; the chloroform acting

in this, as in other cases of its prolonged employment, as a soporific. The patient recollected nothing from the time of the first inhalations; and was in no small degree distressed when not one—but two—living children were brought by the nurse to her. Dr Christison accompanied me to this case.

Case IV.—Primipara of full habit. When the first examination was made, the passages were rigid, and the os uteri difficult to reach. Between six and seven hours after labour began, the patient, who was complaining much, was apathized with the chloroform. In about two hours afterwards, the os uteri was fully dilated, and in four hours and a half after the inhalation was begun, a large child was expelled. The placenta was removed, and the patient bound up and dressed before she was allowed to awake. This patient required an unusual quantity of chloroform; and Dr Williamson, who remained beside her, states to me in his notes of the case, “the handkerchief was moistened often in order to keep up the soporific effect. On one occasion, I allowed her to emerge from this state for a short time; but on the accession of the first pain she called out so for the chloroform, that it was necessary to pacify her by giving her some immediately. In all, four ounces of chloroform were used.” Like the others, she was quite unconscious of what had gone on during her anaesthetic state; and awoke altogether unaware that her child was born.

Case X.—In the Maternity Hospital; first child. Labour began at ten P.M. (21st Nov.) I was desired to see her at six A.M. (22d). The os uteri was well dilated, but it was evident that the pelvic canal was contracted throughout, and the head was passing with unusual difficulty through the brim. The patient was complaining much of her sufferings. It was clear that it would be a very tedious and probably at last an instrumental case, and one therefore calculated to test the length of time during which chloroform might be used. She began to inhale it at a quarter past six A.M., and was kept under its influence till a quarter past seven P.M., the date of her delivery; thirteen hours in all. From the time it was begun to the time delivery was completed, her cries and complaints ceased, and she slept soundly on throughout the day. The bladder required to be emptied several times with a catheter. The head passed the os uteri at ten A.M.; and, during the day, gradually descended through the pelvis. At seven A.M. I at last deemed it proper to deliver her by the forceps; the head, which was now elongated and oedematous, having by that time rested for some hours against the contracted pelvic outlet with little or no evidence of advancement, the bones of the foetal cranium overlapping each other, and the foetal heart becoming less strong and distinct in its pulsations. A warm bath, irritation of the chest, &c., were necessary to excite full and perfect respiration in the infant.

Whilst we were all busied with the infant the mother lost some blood; contracted perfectly. On afterwards measuring the quantity of blood lost, it was calculated to amount to 15 or 18 ounces. The mother's clothes were changed; she was bound up and removed to a dry bed before she awoke. She had at first no idea that the child was born, and was in no respect conscious of being delivered. In fact she had been "sleeping," according to her own account, from the time she had begun the inhalation, and only thought she once or twice remembered or dreamed that she heard Dr Williamson, the house surgeon, speak near her. Dr Beibly, Dr Zeigler, &c., saw the case with me. The mother and child have continued perfectly well.

In this, as in other cases, I have watched and noted the effects of the chloroform upon the duration of the pains and of the intervals, the rate of the foetal and maternal pulse, &c.

Case XI.--Patient with a deformed spine and contracted pelvic outlet. At her first confinement two different medical gentlemen had failed in effecting delivery by the forceps. At this her second confinement, she placed herself under the care of Dr Paterson of Leith. After being ver long in labour, and the symptoms of the case becoming urgent, I saw her with Dr Paterson. The head was low down in the pelvis; but it was placed in the right occipito-posterior position (the third of Naegele), and the forehead instead of the vertex was presenting, one orbit being easily felt behind the symphysis pubis. It had been lodged in nearly the same position for many hours. The foetal heart was still distinct, but weak. I applied the forceps--turned the head round with them a quarter of a circle, into an occipito-anterior position (the second of Naegele); and, after being so adjusted, it still required considerable force to extract it. Before applying the forceps the patient was sent into a state of deep anaesthesia by the inhalation of chloroform; and subsequently, when she wakened out of it, she was in no small degree surprised to find that she had really been delivered while she had was sleeping and resting so soundly. The placenta separated, and the uterus contracted firmly. The child, which was large, lived for eight hours after delivery; but, despite of all the measures tried, full and perfect respiration was never established in it, apparently in consequence of some effusion or injury about the base of the brain. Unfortunately a post-mortem examination was not obtained. The mother made an excellent recovery.

I quote the following instance of craniotomy under chloroform from a letter (dated 29th November), which I have received from my friend, Professor Murphy of London. I give the case in Dr Murphy's own words:--

Case XII.--"I have tried the chloroform with great success in a case of distorted pelvis. It was the ovate deformity, the conjugate measurement being only 2 1/2 inches; the head of the child could not enter the brim: and I was obliged to perforate. I got Dr Snow to assist me in bringing her under the influence of chloroform. She made some resistance, and struggled a good deal at first, chiefly I think from apprehension that we were going to do something dreadful; however she soon began to inhale quietly, and gradually fell into a kind of dreamy sleep. I perforated the head, and laboured with the crochet (sometimes with craniotomy forceps) for three quarters of an hour before I could get the head through the brim. She was at length delivered; the placenta was separated in about ten minutes; the bandage applied, soiled clothes removed, and she was made 'clean and comfortable,' as the midwives say. My patient was perfectly unconscious all this time, and did not awake for about a quarter of an hour after the operation; she did not so then quite quietly, and was greatly surprised to find that all her miseries were over. There was no hemorrhage, but the uterus felt rather spongy and large. She is now recovering most favorably. I never had a case recover so far, so well."

Other cases, both of natural and morbid labour, in which the patients were delivered in an anaesthetic state from the inhalation of chloroform, have been reported to me by Dr Protheroe Smith, Dr Imlach, Dr Robertson of Birkenhead, Dr Malcollm, Dr Buchanan, &c.; but as these, and some other instances which I have myself seen, presented nothing new or different in their phenomena from the cases which I have already detailed, I have thought it unnecessary to overload the present communication by the details of them.

THE END

¹Read to the Medico-Chirurgical Society of Edinburgh, at their meeting on the 1st December 1847.

¹All writers on surgical history give more or less full details upon this opposition to the practice of Pare.

Thus, for example, Professor Cooper observes, "By many surgeons, however, the tying of arteries continued to be deemed too troublesome, and hence they persisted in the barbarous use of the actual cautery; of this number were Pigras, F. Plazconi, and P.M. Rossi. Nay, so difficult was it to eradicate the blind attachment shown to the ancients, that Theodorus Baronius, a professor at Cremona, publicly declared, in 1609, that he would rather err with Galen than follow the advice of any other person I shall not here expatiate upon the ill-treatment which Pare experienced from the base and ignorant Gourmelin, president of the Parisian college of physicians; nor upon the slowness and reluctance with which the generality of surgeons renounced the cautery for the ligatur. . . . Almost 100 years after Pare, a button of vitriol was ordinarily employed in the Hotel Dieu at Paris for the stoppage of hemorrhage after amputations; Dionis was the first French surgeon who taught and recommended Pare's method. This happened toward the close of the 17th century, while Pare lived towards the end of the 16th."—*Cooper's Dictionary of Practical Surgery*, 7th Edit. pp. 46, 47. See also Sprengels's *Histoire de Medicine*, Vol. III. p. 315; *Bell's Surgery*, Vol. I. p. 226, &c.

²Principles of Surgery, Vol. I. p. 212.

¹"Inditus est, ab ipsa Natura, homini, misericordiae affectus nobilis et excellens." Bacon—"De Augmentis Scient.," Lib. viii. cap ii.

Works Cited

- Akerly, Samuel. "A Case of Hypochondriasis, or Tristimania; with Remarks on this Disease." *New York Medical Magazine*, v. 1, 1814-1815. 303-308.
- Altick, Richard. *Evil Encounters*. London: John Murray, 1987.
- . *Victorian People and Ideas: A Companion for the Modern Reader of Victorian Literature*. New York: Norton, 1973.
- Anonymous. [B, M.D.]. "Cases of Hysteria from Indigestions." *The London Medical and Physical Journal*. V. 40: July to December 1818.
- Aristotle. *The Poetics*. Mineola, NY: Dover, 1997.
- Armstrong, Nancy. *Desire and Domestic Fiction: A Political History of the Novel*. New York: Oxford University Press, 1987.
- Arnold, Matthew. *Selected Prose*. New York: Penguin, 1987.
- Atkinson, Colin B. and Jo. "Maria Edgeworth and Women's Rights." *Eire-Ireland*. Winter 1984: 95-118.
- Austen, Jane. *Emma*. Oxford: Oxford University Press, 1995.
- . *Persuasion*. Oxford: Oxford University Press, 1998.
- . *Pride and Prejudice*. New York: Knopf, 1994.
- . *Sanditon and Other Stories*. New York: Knopf, 1996.
- . *Selected Letters*. Oxford: Oxford University Press, 1985.
- . *Sense and Sensibility*. New York: Knopf, 1996.
- Avni, Ora. "Beyond Psychoanalysis: Elie Wiesel's *Night* in Historical Perspective." *Auschwitz and After*, Lawrence Kritzman, ed. New York: Routledge, 1995.
- Bailin, Miriam. *The Sickroom in Victorian Fiction: The Art of Being Ill*. Cambridge, England: Cambridge University Press, 1994.
- Banfield, Ann. *Unspeakable Sentences: Narration and Representation in the Language of Fiction*. Boston: Routledge and Kegan Paul, 1982.
- Barker-Benfield, G.J. *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain*. Chicago: University of Chicago Press, 1992.

Barthes, Roland. "Introduction to the Structural Analysis of Narrative." *The Semiotic Challenge*. Berkeley: University of California Press, 1994.

—. "Semiology and Medicine." *Ibid.*

—. *S/Z*. New York: Hill and Wang, 1974.

Batty, R., T. Bradley, A. A. Hoehden, eds. Preface. *The Medical and Physical Journal; Containing the Earliest Information of Medicine, Surgery, Pharmacy, Chemistry, and Natural History, and a Critical Analysis of all New Books in those Departments of Literature*. Eds. R. Batty, T. Bradley, and A.A. Hoehden. London. 3 (January-June 1800).

Beddoes, Thomas. "A Letter to Erasmus Darwin, M.D. on A New Method of Treating Pulmonary Consumption, and Some Other Diseases hitherto Found Incurable." Bristol: Bulgin and Rosser, 1793.

Benjamin, Walter. "The Storyteller." *Illuminations: Essays and Reflections*. New York: Schocken Books, 1968. 83-110.

Beverly, John. "The Margin at the Center: On *Testimonio* (Testimonial Narrative)." In *De-Colonizing the Subject*, Sidonie Smith and Julia Watson, eds. Minneapolis: University of Minnesota, 1992.

Borch-Jacobsen, Mikkel. "Is Psychoanalysis a Fairy Tale?" *Narrative7*: 1 (January 1999) 56-70.

—. "Much Ado about Nothing: A Reply to Claudia Brodsky Lacour's Reply." *Ibid.*

Brodsky Lacour, Claudia. "All and Nothing: A Reply to Mikkel Borch-Jacobsen." *Ibid.*

Boyle, Thomas. *Black Swine and the Sewers of Hampstead*. New York: Viking, 1989.

Bradbury, Malcolm. *The Social Context of Modern English Literature*. New York: Schocken Books, 1971.

Brooks, Peter. *Body Work: Objects of Desire in Modern Narrative*. Cambridge, MA: Harvard University Press, 1993.

—. *Reading for the Plot: Design and Intention in Narrative*. New York: Knopf, 1984.

Buchan, William. *Domestic Medicine: or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*.

- Burney, Fanny. Cecilia. Oxford: Oxford World's Classics, 1988.
- .*Evelina*. New York: Norton, 1998.
- .*The Journals and Letters of Fanny Burney (Madame D'Arblay)*. Joyce Hemlow, ed. 12 vols. Oxford: Oxford UP, 1972-1984.
- Butler, Marilyn. *Jane Austen and the War of Ideas*. New York: Oxford University Press, 1990.
- Bynum W. F., and Roy Porter, eds. *Medical Fringe and Medical Orthodoxy: 1750-1850*. London: Croom Helm, 1987.
- Cheyne, George. *The English Malady*. London, 1733; Delmar, NY: Scholar's Facsimiles, 1976.
- Cohn, Dorrit. *Transparent Minds: Narrative Modes for Presenting Consciousness in Fiction*. Princeton: Princeton University Press, 1978.
- Cornwell, Patricia. *Point of Origin*. New York: Berkeley Books, 1998.
- Couser, G. Thomas. *Recovering Bodies: Illness, Disability, and Life Writing*. Madison: University of Wisconsin Press, 1997.
- Cox, C.B., and A. E. Dyson, eds. *The Twentieth-Century Mind: History, Literature and Ideas in Britain*, vol. I: 1900-1918. London: Oxford University Press, 1972.
- Collins, Wilkie. *The Moonstone*. Oxford: Oxford World's Classics, 1998.
- Cvetkovich, Ann. *Mixed Feelings: Feminism, Mass Culture, and Victorian Sensationalism*. New Brunswick, NJ: Rutgers University Press, 1993.
- Damasio, Antonio R. *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. New York: Harcourt Brace, 1999.
- Defoe, Daniel. *The Fortunes and Misfortunes of Miss Moll Flanders*. New York: Modern Library, 1950.
- .*Roxana*. Oxford: Oxford World's Classics, 1986.
- Derrida, Jacques. "Différance." *Theorie d'ensemble*. Paris: Editions Seuil, 1968.
- Edgeworth, Maria. *Belinda*. Oxford: Oxford UP, 1994.

- Ellis, Havelock. *Studies in the Psychology of Sex*, Volume 2. New York: Random House, 1936.
- Epstein, Julia L. *Altered Conditions: Disease, Medicine, and Storytelling*. New York: Routledge, 1995.
- . "Writing the Unspeakable: Fanny Burney's Mastectomy and the Fictive Body." *Representations*. 16 (Fall 1986): 131-165.
- Evans, Oliver. "James's Air of Evil: *The Turn of the Screw*." *A Casebook on Henry James's The Turn of the Screw*, ed. Gerald Willen. New York: Thomas Y. Crowell Company, 1969.
- Fagan, Nathan Bryllion. "Another Reading of *The Turn of the Screw*." *A Casebook on Henry James's The Turn of the Screw*, ed. Gerald Willen. New York: Thomas Y. Crowell Company, 1969.
- Feinberg, David B. *Queer and Loathing: Rants and Raves of a Raging AIDS Clone*. New York: Vintage, 1994.
- Felman, Shoshana. "Turning the Screw of Interpretation." *Literature and Psychoanalysis: The Question of Reading: Otherwise*, ed. Shoshana Felman. Baltimore: Johns Hopkins University, 1977.
- . *Writing and Madness (Literature/Philosophy/Psychoanalysis)*. Trans. Martha Noel Evans and Shoshanna Felman. Ithaca, NY: Cornell University Press, 1985.
- Fielding, Henry. *Tom Jones*. New York: Penguin, 1989.
- Flaubert, Gustave. *Madame Bovary*.
- Freud, Sigmund. *Beyond the Pleasure Principle*. New York: Norton, 1989.
- . *Dora: An Analysis of a Case of Hysteria*. New York: Collier Books, 1963.
- . *Three Case Histories: The "Wolf Man," The "Rat Man," and The Psychotic Doctor Schreber*. New York: Collier Books, 1963.
- Forster, E. M. *Howards End*. New York: Bantam Books, 1985.
- Fuss, Diana. *Identification Papers*. New York: Routledge, 1995.
- Guy, Richard. *Practical Observations on Cancers and Disorders of the Breast*. London: Owen, Bristow, and Willock, 1762.

- Gallagher, Catherine. *Nobody's Story: The Vanishing Acts of Women Writers in the Marketplace, 1670-1820*. Berkeley: University of California Press, 1995.
- Gallop, Jane. "Keys to Dora." *In Dora's Case: Freud-Hysteria-Feminism*. New York: Columbia University Press, 1985.
- Gawande, Atul. "Whose Body Is It Anyway?: When Doctors Need to Save Patients from Themselves." *The New Yorker*. (October 4, 1999) 84-91.
- Gay, Peter. *The Enlightenment: An Interpretation (Volume 2: The Science of Freedom)*. New York: Norton, 1969.
- Genette, Gérard. *Narrative Discourse: An Essay in Method*. Ithaca: Cornell University Press, 1980.
- Hampson, Norman. *The Enlightenment*. New York: Penguin, 1990.
- Haslam, John. *Illustrations of Madness: Exhibiting a Singular Case of Insanity, and a No Less Remarkable Difference in Medical Opinion: Developing the Nature of Assailment, and the Manner of Working Events; with a Description of the Tortures Experienced by Bomb-Bursting, Lobster-Cracking, and Lengthening the Brain*. London: Printed by G. Hayden, Brydges-Street, 1810.
- . *Observations on Madness and Melancholy: Including Practical Remarks on Those Diseases; Together with Cases: and an Account of the Morbid Appearances on Dissection*. London: J. Callow, 1809.
- Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*. West Lafayette, IN: University of Indiana Press, 1993.
- Heilman, Robert. "The Freudian Reading of The Turn of the Screw." *Modern Language Notes* 63: 7 (November 1947) 433.
- Hertz, Neil. "Dora's Secrets, Freud's Techniques." *In Dora's Case: Freud-Hysteria-Feminism*. New York: Columbia University Press, 1985.
- Hill, John. *Hypochondriasis: A Practical Treatise*. Los Angeles: William Andrews Clark Memorial Library, 1969.
- Howe, Irving. *Literary Modernism*. Greenwich, Conn.: Fawcett, 1967.
- Hunter, Kathryn Montgomery. *Doctors's Stories: The Narrative Structure of Medical Knowledge*. Princeton: Princeton University Press, 1991.
- James, Henry. "Daisy Miller: A Study." *The Turn of the Screw and Other Stories*. New York: Bantam, 1981.

—.*The Turn of the Screw*. New York: Norton. 1966.

—.“Washington Square.” *The Turn of the Screw and Other Stories*. New York: Bantam, 1981.

Jamieson, James. “XXXVI. The History of a Glans Penis Regenerated after Amputation.” *Medical Essays and Observations*. 5: 1 (1770): 356-359.

Johnson, Claudia. *Jane Austen: Women, Politics, and the Novel*. Chicago: University of Chicago Press, 1988.

Jordonova, Ludmilla. *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries*. Madison: University of Wisconsin Press, 1989.

Kaplan, Fred. *Dickens and Mesmerism: The Hidden Springs of Fiction*. Princeton: Princeton UP, 1975.

Katz, Jay. *The Silent World of Doctor and Patient*. New York: The Free Press, 1984.

Kaysen, Susanna. *Girl, Interrupted*. New York: Turtle Bay Books, 1993.

Lacan, Jacques. *Ecrits: A Selection*. London: Tavistock, 1977.

Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, 1988.

Lane, Christopher. *The Burdens of Intimacy: Psychoanalysis and Victorian Masculinity*. Chicago: Chicago UP, 1998.

Langer, Lawrence L. *Holocaust Testimonies: The Ruins of Memory*. New Haven: Yale University Press, 1991.

Laqueur, Thomas W. “Bodies, Details, and the Humanitarian Narrative.” *The New Cultural History*. Ed. Lynn Hunt. Berkeley: University of California Press, 1989: 176-204.

—.*Making Sex: The Body and Gender from the Greeks to Freud*. Cambridge, Mass.: Harvard University Press, 1990.

Laub, Dori. “Truth and Testimony: The Process and the Struggle.” *Trauma: Explorations in Memory*, ed. Cathy Caruth. Baltimore: John Hopkins UP, 1995. 61-75.

- . "Bearing Witness or the Vicissitudes of Listening." *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*, eds. Shoshanna Felman and Dori Laub. New York: Routledge, 1992.
- Lawrence, Christopher. "Ornate Physicians and Learned Artisans: Edinburgh Medical Men, 1726-1776." *William Hunter and the Eighteenth-Century Medical World*, ed. W.F. Bynum and Roy Porter. Cambridge: Cambridge UP, 1985.
- Lawrence, Susan. *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London*. Cambridge: Cambridge UP, 1996.
- Le Fanu, Sheridan. *In a Glass Darkly*. Hertfordshire, UK: Wordsworth Classics, 1996.
- Lennox, Charlotte. *The Female Quixote*. Oxford: Oxford University Press, 1988.
- Locke, John. *Essay Concerning Human Understanding. Great Books of the Western World: 35: Locke, Berkeley, Hume*. Chicago: University of Chicago Press, 1952.
- Logan, Peter Melville. *Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose*. Berkeley: University of California Press, 1997.
- Lorde, Audre. *The Cancer Journals*. San Francisco: Aunt Lute Books, 1980.
- Luis, William. "The Politics of Memory and Miguel Barnet's *The Autobiography of a Run Away Slave*." *MLN* 104: 2 (1989): 475-491.
- Macfayden, Heather. "Lady Delacour's Library: Maria Edgeworth's *Belinda* and Fashionable Reading." *Nineteenth-Century Literature*. 48: 4 (1994): 423-439.
- Mandeville, Bernard. *A Treatise on the Hypochondriack and Hysterick Diseases*. Delmar, New York: Scholars' Facsimiles & Reprints, 1976.
- Marantz-Cohen, Paula. "Freud's Dora and James's Turn of the Screw: Two Treatments of a Female 'Case'." *Criticism* 28-2 (Winter 1986) 73-87.
- Marcus, Steven. "Freud and Dora: Story, History, Case History." *In Dora's Case: Freud, Hysteria, Feminism*. New York: Columbia University Press, 1985.
- Mayhew, Henry. *London Labour and the London Poor*. New York: Penguin, 1985.
- McKeon, Michael. *The Origins of the English Novel, 1600-1740*. Baltimore: The Johns Hopkins University Press, 1987.
- Micale, Mark S. *Approaching Hysteria: Disease and Its Interpretations*. Princeton: Princeton University Press, 1995.

Miller, D. A. *The Novel and the Police*. Berkeley and Los Angeles: University of California Press, 1983.

Moi, Toril. "Freud's Dora." *In Dora's Case: Freud, Hysteria, Feminism*. New York: Columbia University Press, 1985.

Monette, Paul. *Becoming a Man: Half a Life Story*. San Francisco: Harper San Francisco, 1992.

—. *Borrowed Tim: An AIDS Memoir*. New York: Harcourt Brace, 1988.

Monro, Guy. "XXXII: Histories of Collections of Bloody Lymph in Cancerous Breasts." *Medical Essays and Observations*. 5 (1770): 336-347.

Moore, John. Edward: *Various Views of Human Nature, Taken from Life and Manners, Chiefly in England*. 2 vols. London: Strahan, Cadell, and Davies, 1796.

—. *Medical Sketches; in Two Parts*. London: Strahan and Cadell, 1786.

—. *Sketches of Life, Characters, and Manners, in Various Countries; including the Memoirs of a French Lady of Quality*. 2 vols. London: Robinson and Hamilton, 1800.

Nesbit, William. "A Case of the Cure of Cancer of both Breasts, the One Ulcerated, the Other Schirrous." *The Medical and Physical Journal; Containing the Earliest Information of Medicine, Surgery, Pharmacy, Chemistry, and Natural History, and a Critical Analysis of all New Books in those Departments of Literature*. Eds. R. Batty, T. Bradley. and A.A. Hoehden. London. 4 (August-December 1800): 296-298.

—. Case History. *The Medical and Physical Journal; Containing the Earliest Information of Medicine, Surgery, Pharmacy, Chemistry, and Natural History, and a Critical Analysis of all New Books in those Departments of Literature*. Eds. R. Batty, T. Bradley. and A.A. Hoehden. London. 5 (August-December 1801): 76-81.

Nicolson, Arthur. "XXXI: An Account of the Effects of the Cicuta, and a Carrot Poultice, upon a Cancer of the Breast." *Medical Observations and Enquiries*. 4 (1770): 358-365).

Oliphant, Isaac. Case History. *The Medical and Physical Journal; Containing the Earliest Information of Medicine, Surgery, Pharmacy, Chemistry, and Natural History, and a Critical Analysis of all New Books in those Departments of Literature*. Eds. R. Batty, T. Bradley. and A.A. Hoehden. London. 4 (August-December 1800): 296-298.

—Case History. *The Medical and Physical Journal; Containing the Earliest Information of Medicine, Surgery, Pharmacy, Chemistry, and Natural History, and a Critical Analysis of all New Books in those Departments of Literature*. Eds. R. Batty, T. Bradley, and A.A. Hoehden. London. 5 (January-June 1801): 188-193.

Plath, Sylvia. *The Bell Jar*. New York: Bantam Books, 1971.

Poovey, Mary. *Making of a Social Body: British Cultural Formation, 1830-1864*. Chicago: University of Chicago Press, 1995.

—*The Proper Lady and the Woman Writer: Ideology as Style in the Works of Mary Wollstonecraft, Mary Shelley, and Jane Austen*. Chicago: University of Chicago Press, 1984.

Porter, Roy, ed. *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*. Cambridge: Cambridge UP, 1985.

—“Medical Science and Human Science in the Enlightenment.” *Inventing Human Science: Eighteenth-Century Domains*.,” Fox, Porter, and Robert Wokler, eds. Berkeley: University of California Press, 1995.

—“The Patient’s View: Doing Medical History from Below.” *Theory and Society*. 14 (1985): 167-174.

Rather, L.J. *The Genesis of Cancer: A Study in the History of Ideas*. Baltimore: Johns Hopkins UP, 1978.

Reid, John, M.D. *Essays on Hypochondriacal and Other Nervous Affections*. Philadelphia: Printed and Published by Carey & Son, 1817.

Richardson, Samuel. *Pamela*. New York: Viking, 1985.

Rothfield, Lawrence. *Vital Signs: Medical Realism in Nineteenth-Century Fiction*. Princeton: Princeton University Press, 1992.

Rush, Benjamin. *Medical Inquiries and Observations, Upon the Diseases of the Mind*. Philadelphia: Kimber and Richardson, 1812.

Sacks, Oliver. *Anthropologist on Mars*. New York: Vintage, 1995.

—*The Man Who Mistook His Wife for a Hat: Seven Paradoxical Tales*. New York: Touchtone, 1970.

Saussure, Ferdinand de. *A Course in General Linguistics*. New York: Philosophical Library, 1959.

- Scheiber, Andrew. "The Doctor's Order: Eugenic Anxiety in Henry James's *Washington Square*." *Literature and Medicine* 15-2 (Fall 1996) 244-262.
- Scholes, Robert. *Protocols of Reading*. New Haven: Yale University Press, 1989.
- Sedgwick, Eve Kosofsky. "Jane Austen and the Masturbating Girl." *Tendencies*. Durham, NC: Duke University Press, 1993. 109-129.
- Sheridan, Frances Mary. *Memoirs of Miss Sidney Bidulph*. Oxford: Oxford University Press, 1995.
- Silver, John. "A Note on the Freudian Reading of *The Turn of the Screw*." *A Casebook on Henry James's The Turn of the Screw*, ed. Gerald Willen. New York: Thomas Y. Crowell Company, 1969.
- Silverman, Kaja. "Too Early/Too Late: Subjectivity and the Primal Scene in Henry James." *Novel* (Winter/Spring 1998) 147-173.
- Simmons, Richard Medical and Physical Journal. "Case of an extraordinary Enlargement of the Clitoris." 5: 23 (1801) 1-3.
- Simpson, J[ames]. Y[oung]. *Account of a New Anaesthetic Agent, as a Substitute for Sulphuric Ether in Surgery and Midwifery*. Edinburgh and London: Sutherland and Knox and Samuel Highley, 1848.
- Smith, Roger. "The Language of Human Nature." *Inventing Human Science: Eighteenth-Century Domains*., ed. Fox, Porter, and Robert Wokler, eds. Berkeley: University of California Press, 1995.
- Snow, John. "A Letter to the Right Honourable Lord Campbell, Lord Chief Justice of the Court of Queen's Bench, on the Clause Respecting Chloroform in the Proposed Prevention of Offences Bill." London: John Churchill, 1851.
- Spilka, Mark. "Turning the Freudian Screw: How Not to Do It." *The Turn of the Screw*. New York: Norton. 1966.
- Stampfl, Barry. "Filtering Rimmon-Kenan, Chatman, Black, Freud, and James: Focalization and the Divided Self in 'The Beast in the Jungle'." *Style* 26-3 (Fall 1992) 388-399.
- Stevenson, Robert Louis. *The Strange Case of Dr. Jekyll and Mr. Hyde*. New York: Penguin, 1995.
- Stoker, Bram. *Dracula*. New York: Penguin, 1993.