The English Malady
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INTRODUCTION*

GLEN COLBURN

In 1733, the famous nerve doctor George Cheyne published his book on a nervous disorder believed to be so prevalent among the English that he titled the treatise *The English Malady*. In literary circles, writers called it spleen, vapors, or hyp. In medical circles, it was called hysteria when it afflicted a woman, hypochondria when a man, or it was vaguely referred to as a nervous disorder.¹ The variety of names hints at the mysteriousness of the disease, so it is not surprising that physicians throughout the period complained about the protean nature of the English Malady. In 1682, the prominent physician Thomas Sydenham described it as “so strangely various, that it resembles almost all the Diseases poor Mortals are inclinable to.”² Some seventy years later, Sir Richard Manningham lamented that in trying to diagnose the disease, "both the Patient and the Physician are very liable to be deceived."³ One might therefore apply to the English Malady what Susan Sontag wrote about cancer thirty years ago: "diseases thought to be multi-determined (that is, mysterious) . . . have the widest possibilities as metaphors for what is felt to be socially, or morally, wrong."⁴ Given uncertainty about its causes and symptoms, as well as the belief that it had reached epidemic proportions, theorizing about the English Malady in the eighteenth century—whether medical or literary—almost inevitably turned toward discussions of the social and moral ills this mysterious disease was felt to represent, and medical diagnoses frequently implied social and moral prescriptions for English women and men.

The present collection of essays aims at elucidating the importance of the English Malady for eighteenth-century society and culture in ways that have not yet been thoroughly examined. It is not that the topic of hysteria has been neglected in either the eighteenth century or more recent times. A list of important figures, medical and otherwise, who wrote about the English Malady in the eighteenth century would be quite long, indeed,⁵ and Freudian theories of hysteria have generated a great deal of literary and psychoanalytic writing about the topic in our own time. Feminist scholarly attention of late has also gravitated toward the topic of hysteria, motivated by the intuition that the disorder and expressed anxieties about
it signify important gender issues. A multitude of books and articles written during the last few decades have explored the patriarchal ideology behind literary and medical representations of hysteria.\textsuperscript{6}

The essays collected here, however, expand on existing scholarly studies of the English Malady in three important ways. First, they show the significance of hysteria and hypochondria in contexts other than those with which the disorder is usually associated, late eighteenth-century literary sentimentalism and the history of psychoanalysis in the nineteenth and twentieth centuries.\textsuperscript{7} Taken together, the essays indicate that hysteria may have been just as important to early and mid eighteenth-century English culture as to later periods, and that hysteria mattered to professionals in a broad range of established and emerging disciplines, from sociology to music. Second, the essays by Eric Gidal and Nancy Isenberg show that the phenomenon of the English Malady extended beyond the national borders implied by the title of Cheyne’s treatise, so that the rise of interest in and concern about hysteria during the eighteenth century appears to be connected to broader developments associated with the European Enlightenment. Finally, whereas most discussions of hysteria have focused on afflicted women, George Grinnell’s essay offers a study of a hysterical male.\textsuperscript{8}

The present collection also highlights two important features in eighteenth-century discussions and representations of the English Malady. The first was the ambivalence with which the period’s writers typically approached the subject, hence the subtitle’s suggestion that depictions of the disorder might show it to be enabling as well as disabling. At times, writers lamented the disorder as the disabling affliction of a self-indulgent social elite obsessed with the consumption of luxuries; at other times they embraced (or at least tolerated) it as the unfortunate side-effect of a delicate constitution that enables aesthetic and intellectual refinement. A second feature was the tendency to make the English Malady a malleable cultural metaphor that could be adapted to a wide range of social diagnoses, a tendency anticipated in preceding centuries by writing about the body politic and carried into the twentieth century, as Susan Sontag has pointed out, in discussions of cancer and AIDS.\textsuperscript{9}

It is worth considering the concept of hysteria as a hermeneutic for understanding political and social life in eighteenth-century Britain. Historians of the period continue to debate whether the century was liberating and progressive or oppressive and reactionary. Does Habermas have it right, with his vision of a society in which the public sphere expanded the possibilities for democracy, or is the more accurate view Foucault’s portrait of a police state in which the political status quo is
preserved by psychological and discursive methods of discipline?  
Perhaps it is possible, as Frank Palmeri has recently suggested, to see both models working together in the period.

Though Foucault has claimed that in the Enlightenment, an analytical, disjunctive epistemology replaced the mystical, homological thinking of the late Middle Ages, one might argue instead that a new kind of mystical homology arose in the eighteenth century: the body social came to replace the body politic. The concern was with society more than government, or with society as the basis of government, a concern embodied in political history by Locke’s substituting the consent of the governed—that is, of society—for *jure divino*, the consent of God, as the warrant of government. The shift to a secular paradigm for questions of political authority becomes clear when, in the middle of the eighteenth century, Rousseau theorizes government as a social contract. The dominance of a secular paradigm for questions of moral authority becomes equally clear in the literary productions of the period, as when Pope has Clarissa advise Belinda to accept a domestic role not because religion demands it, but because this is the only way “well [her] power to use.”

If we adopt Raymond Williams’ view that every moment in history is fraught with conflicts and anxieties brought on by competing ideologies—emergent, residual, and dominant—then it might be suggested that a particular conflict marking the eighteenth century is between the residual metaphor of the body politic and the emergent one of the body social. According to the residual metaphor, the authority and truth vested in a divinely ordained hierarchy could be corrupted by ambition, as it often is in Shakespeare’s tragedies, or poisoned by venality, as it is in Webster’s *The Duchess of Malfi* and Jonson’s *Volpone*. The terms for diagnosing a diseased body politic are relatively determinate. When authority and truth are vested in the much wider sphere of society, however, competing views become so numerous and causes of disorder so overdetermined that diagnosis of the disorder becomes much more difficult. In other words, the body social becomes the body hysteric.

Once society became the touchstone of value and order, as Habermas has pointed out, it was necessary to forge a new kind of public sphere in which order and value were negotiated through rational debate. Complicating this debate, however, was the fear of imminent disorder—the fear of the body hysteric. Thus, there appeared a spate of medical, aesthetic, and literary texts aimed at maintaining order, or in other words, controlling hysteria. We see this effort in Pope’s attempts to diagnose and contain the disorders of polite society through a rational vision expressed in delicately balanced couplets. We see it in the writings of medical
diagnosticians from Sydenham to Whytt. We see it in Fielding’s novelistic “realism of assessment” and Richardson’s “realism of presentation,” to use Ian Watt’s phrases, as well as the picaresque satires of Smollett, the sentimental narratives of Sterne, and the novels of manners produced by Burney and Austen. We see it in periodical essays lamenting the depraved taste of the age for romances and novels, as well as Addison and Steele’s attempts to educate the tastes of a middle class threatening to lapse into an aesthetic license. We see it in the brutal enforcement of oppressive legislation, such as the Black Acts, aimed at imposing order on the incipient hysteria of the masses. Hysteria, therefore, became the English Malady precisely because it represented what politicians and writers perceived to be the threat of disorder posed by the emergence of autonomous individuals acting according to their own consciences and interests. Since hysteria and hypochondria caused various forms of disorderly behavior—among them depraved appetites, hallucinations, incoherent babble, and inexplicable bouts of crying and laughing—the victims became sites where writers explored the ambiguous boundaries between healthy liberty and destructive license.

The shifting metaphors of authority, the interplay of residual and emergent ideologies, and the consequent anxieties and ambivalences manifest themselves in physicians’ writing about the English Malady. On the one hand, complaints about the mysteriousness of the disease remain constant. Sydenham asserted in 1681 that hysteria is difficult to diagnose because it consists in a “disorderly Heap of Phaenomena . . . so irregular, that they cannot be contain’d under any uniform Type”; nearly thirty years later, John Purcell lamented that hysteria, “Proteus like, transforms itself into the Shape and representation of almost all Diseases.” On the other hand, the diagnostic and prescriptive imagery change. The tendency during the Restoration is to draw imagery from the tradition of the body politic, as in the title of an anonymous pamphlet published in 1660, *An Account of the Causes of some Particular Rebellious Distempers*. Printed at the end of a period of rebellion and instability, the pamphlet recommends a treatment that echoes the dominant political strategy of the time: “strike at the Root of the Disease, and never leave . . . till the whole Oeconomy of the Body is changed” (38); the goal is “restoring all wonted Evacuations to their former course.” The writer’s description of hysteria’s symptoms might even pass as a royalist’s description of rebellious puritans and the interregnum: “a degeneracy and austerity in the Spirits, hence Fear, melancholy, irregular Thoughts, and uncouth emotions” (40).

In contrast to the body politic imagery of this early pamphlet, Sir Richard Manningham’s treatise of 1750, *Symptoms, Nature, Causes, and
Cure of the . . . Nervous or Hysteric Fever, employs economic metaphors more in keeping with an emergent *doux commerce* theory. Writing in a politically stable but economically stagnant period, Manningham recommends a method to “expel [the] Lentor,” that is, the sluggishness in the circulatory system that causes hysteria. He claims that hypochondria will “vitiate or impoverish the blood” (58). The metaphors suggest that for the economy as well as the hysterics, circulation and enrichment, not the strict control recommended in 1660, is the appropriate goal. At the same time, the prescribed treatment of the individual hysterics in each case seems at odds with the political and economic theories implied in the metaphors. The 1660 tract recommends that the hypochondriac “be cheerful and use diversions, keeping in company that is mirthful and talkative, ride and take the fresh air” (41). Manningham advises that the physician “prevent any profuse Expence of the spirits”: “it is absolutely necessary,” Manningham urges, “that the Patient be kept still and quiet” (66). The paradoxes are startling: the 1660 regimen of free movement serves the goal of restoration and control; the 1750 regimen of restraint serves the goal of change and independence. These paradoxes betray uncertainty and ambivalence not only about the English Malady, but also about the political and social changes it had come to represent.

Cheyne’s *The English Malady* illustrates dramatically the way in which ambivalence makes the analyst’s narrative itself become hysterical. Cheyne acknowledges that contemporary economic and social changes foster disorder (medical and otherwise), but he also describes these changes in positive terms:

> Now since this present Age has made Efforts to go beyond former Times, in all the Arts of Ingenuity, Invention, Study, Learning, and all the contemplative and sedentary Professions, (I speak only here of our own Nation, our own Times, and of the better Sort, whose chief Employments and Studies these are) the Organs of these Faculties being thereby worn and spoil’d, must affect and deaden the whole System, and lay a Foundation for the Diseases of Lowness and Weakness. (37-38)

Even more striking is Cheyne’s belief that the condition responsible for the English Malady is also necessary to refinement, taste, and virtuous sentiments: “it is a Misfortune indeed, to be born with weak Nerves, but if right us’d and manag’d . . . it may be the Occasions of greater Felicity.” Weak nerves create a greater appreciation of “the innocent Enjoyments of life,” particularly “intellectual Pleasures” (14-15). The body of the text becomes hysterical to the degree that it is nervous, loquacious, self-contradictory, sometimes incoherent; it is fitting, then, that the text should
end with “The Author’s Case,” in which Cheyne describes his own struggles with the malady.\(^16\)

If Cheyne’s book epitomizes the physician’s hysterical diagnosis of the English Malady in the first half of the century, then his fellow Scot James Boswell’s *The Hypochondriack* demonstrates the hysterical diagnosis of English society in the second half.\(^17\) In this series of monthly essays written for the *London Magazine* between November 1777 and August 1783, Boswell makes hypochondria a metaphor for the difficulty of understanding the self and managing subjectivity in an age that has lost traditional means of comprehension and control. His essays repeatedly touch on the changes that have created this difficulty, changes that were the consequence of political, economic, scientific, religious, and social revolutions. As contract-government theory, consumer capitalism, and the conjugal bourgeois family replaced older political, economic, and social arrangements, and as pursuit of the experimental, mechanical science of Boyle and Newton shook the philosophical underpinnings of older religious and social ideals, British writers of the eighteenth century confronted the frightening necessity of redefining the subjects or selves who were to live in this new world. Reflecting the consequent anxiety and doubt, Boswell’s essays proposed a philosophically and personally meaningful solution to the problem of defining the potential and the appropriate limits of subjectivity. The problem is that for Boswell and his readers, happiness was not simply a matter of either following one’s instincts or accepting conventional wisdom. Happiness had become a problem to be addressed precisely because Boswell faced a dilemma in deciding how to respond to changes that both encouraged self-gratification and yet hindered comprehension of the self that was to be gratified. On the one hand, Boswell might advocate a solution that has been variously characterized by scholars as Tory, mercantilist, or republican: a moral, economic, and political vision emphasizing the limitation of the subject through the self-restraint of civic-mindedness and public virtue. On the other hand, Boswell might adopt a Whig, consumerist, *doux commerce* approach: a vision that embraces subjectivity as the source of benevolent self-interest and civilized progress. His solution was a compromise that his own contemporaries recognized. Captain James Francis Erskine called him “a Tory with Whig Principles,” and Burke claimed that he possessed “the art of reconciling contradictions beyond any man.”\(^18\)

In *The Hypochondriack*, Boswell seems at times to advocate the Tory model for self-definition. Claiming that "To be happy so far as mortality and human imperfection will allow, is the wisest study of man," Boswell counsels his readers to "adopt, in the general direction of life, the advice of Horace to writers, that they should be careful to suit their undertakings to their
powers." (146-47). His own method for overcoming the "languor" of hypochondria, Boswell says, is "the reading of lives," which "do me most good, by withdrawing my attention from myself to others, and entertaining me in the most satisfactory manner with real incidents in the varied course of human existence" (149). Thus, Boswell recommends that readers avoid excess, practice self-restraint, and divert themselves from self-absorption. He proposes that "there is in human nature a regard for permanency, and dislike of innovation" (242).

But Boswell also seems to accept the Whig vision when he denies that luxury is the cause of hypochondria and expresses doubt that an excess of wealth is always harmful. He rejects the conventional wisdom that the past is better than the present: "It is surely more agreeable to good notions of Providence, that the world should be in a progressive state of improvement; and I do sincerely think that this age is better than ancient times" (143). He makes it clear that his opinion is based on a belief in the superior refinement of the present: "I feel with peculiar fondness the advantage of this over ancient times in civility of manners" in the form of "such an habitual complacency and politeness as is intended only for the mutual happiness of social intercourse" (149).

The apparent self-contradictions resolve themselves into a compromise, and the hypochondriac becomes the figure in whom this compromise is embodied. Acknowledging that "Novelty and variety are doubtless agreeable" (242), Boswell nonetheless suggests that "in slighter matters change is natural and pleasing, but in matters of importance is dangerous and alarming" (242). Thus, changes in fashion and taste "are harmless and diverting" and afford "constant employment to the industrious" (242), whereas "Innovations in the laws or constitution" and in religion "are ever to be dreaded." (244). These reflections are then applied to conceptions of the self and to the hypochondriac: "Nothing is more disagreeable than for a man to find himself unstable and changeful. An Hypochondriack is very liable to this uneasy imperfection, in so much that sometimes there remains only a mere consciousness of identity . . . . This is owing to a want of firmness of mind" (245). Boswell both promotes and delimits the pursuit of happiness and subjectivity; he accepts that emotional and intellectual weakness are the inescapable effects of a refined, delicate constitution, while at the same time he advises that men struggle against this effeminate weakness by adopting a new kind of internal, private heroism. He calls upon conventional, masculinized heroic traits—courage, firmness of mind, resolution, strength, a sense of public duty—but these traits are now meant to combat an internal rather than external enemy, and thus he rationalizes sentimental self-preoccupation: "That some men are born with more steadiness of mind than
others cannot be denied," Boswell writes. "Yet, I believe, it is much in our power to cure inconstancy by resolutely watching its beginnings, and resisting them, till a habit of stability is formed" (246). Such a compromise certainly carries with it the period's ambivalence about the nature of the English Malady, and Boswell observes that "Too much sensibility or quickness of feeling . . . is doubtless a misfortune; and yet, without a good share of sensibility, how dull or insipid is life" (133).

Here again, the vacillation continues, as Boswell concludes that self-discipline and self-surveillance, what ever the loss of "sensibility," are necessary because of the danger in allowing individual happiness to be the measure of all things. As Boswell points out in Hypochondriack No. 3, the sight of men making weapons in the arsenal at Venice shows that "there are very few men whose minds are sufficiently enlarged to comprehend universal or even extensive good. The views of most individuals are limited to their own happiness" (119). Therefore, it is necessary that the men whose minds are "sufficiently enlarged" find ways to discourage self-interested behavior. These methods of discipline consist in teaching loyalty, respect, and subordination (248). They are summed up in the proclamation, "Subordination is in my mind not only necessary for order, but conducive to the felicity of society" (245). All very conventional—all supporting Foucault's belief that this is a period in which physical coercion is abandoned as the primary political tool of authority, and introduced in its place is a definition and disciplining of desire (an ostensibly non-political, even natural phenomenon) that encourages reproduction of workers, of bourgeois values, of the capitalist system itself.

Yet Boswell is also constantly qualifying his assertions, offering exceptions to his rules, countering conventional wisdom. Acknowledging the danger of excessive fear, he adds that "fear is a necessary passion" for religion and that "religious fear" is "not only rational, but truly agreeable" (114-15). He believes that "valuable as the applause of men is, it cannot come in competition with our own conscience" (154). Disputing conventional diatribes against luxury, he claims, "Every thing of which we can form an adequate opinion is considered by us comparatively with something else" (156); then he admits that "there may be an excess of luxury by which the more solid properties of man will be weakened" (158); then he qualifies himself yet again, "Yet when luxury is so managed by prudence and spirit that it is kept in its proper subordination, it is very beneficial even in a partial view: for in a general view we must all see that luxury is the greatest incitement of every thing great and elegant in society" (158-59). Interpreting reserve in speech as a means to gratify pride, he writes, "Although pride be in one sense a disagreeable and even a culpable quality, a decent attention to the
dignity of human nature is wise and laudable" (287). To sum up, his attitude seems generally to be that which he adopts in attacking the "very common notion, that every man should have a constant uniformity of character; whereas it is in the mingling of diversities that happiness consists" (300): "No general rule can be prescribed for the management of the human mind" because of "such varieties in our species" (301). The hypochondriac, the very emblem of inconsistency, has here become representative of human nature generally and thus evidence for the rejection of uniformity of character. By the time Boswell is done with it, the English Malady has become the Human Malady.

The essays contained in the present collection deal in various ways with the conflicts Boswell attempted to resolve between self and society. In Part One, "Fictions of Society," the essayists point out various ways in which the English Malady enabled a broader understanding of society, served the interests of particular social groups, or was used as a pretext for decrying social change. Eric Gidal, Nancy November, and Heather Beatty emphasize the enabling power of the English Malady for eighteenth-century sociologists, musicians, and physicians. Putting Madame de Staël in the context of the “social theorists of the Romantic age”—who made melancholy “a sign of moral integrity and a prerequisite to philosophical reflection, a necessary character for a free society that may help to liberate it from despotism”—Gidal argues that for Staël the English Malady is “a foundational perspective for the development of critical social theory.” In this view, the English Malady (or melancholy) is not merely an individual affliction that demands remedy, but a “hermeneutic model of social theory” that may itself be the remedy to social and political ills. Similarly, November argues that “by engaging melancholy’s dialectics (pleasure and pain; intellect and sensibility; and creativity and confinement), Haydn’s English songs can be understood to take part in a larger socio-cultural project ca. 1800, a probing of the nature and limits of emotional expression.” Beatty examines the social hierarchy of nerve doctors in late eighteenth-century England, arguing that their status influenced popular perceptions of the English Malady. Beatty also suggests that differences in medical treatises written by respected physicians and “second-tier” practitioners can be accounted for by the latter’s desire for public attention, wealthy clients, and greater social status.

Kelly McGuire and Dana Gliserman Kopans explore literary and medical fictions of the English Malady’s disabling effects on society. McGuire argues that John Shebbeare’s *Lydia; or, Filial Piety*, published in 1755, “reflects the trend of defining Englishness through pathological discourse that his fellow medical writers espoused in this period.”
McGuire shows that in Shebbeare’s novel, the English Malady becomes a nexus for “nervous disorders, venereal disease, femininity and class,” serving Shebbeare’s diagnosis of a diseased national identity in mid-century Britain. Gliserman Kopans is concerned with the way hysteria and hypochondria were often lumped together with other disorders under the general category of madness. Since hysteria was generally considered an affliction confined to upper-class women, it may be that hysteria was sometimes a polite diagnosis on which physicians relied in order to avoid offending members of the social elite, just as it may be that class prejudice led physicians to diagnose hysteria as madness in lower-class women. Through analysis of medical treatises concerned with madness, Gliserman Kopans argues that mad-doctors fashioned a new public ethos to mirror the “eighteenth-century redefinition of patriarchal authority as paternalistic and domestic.”

In Part Two, “Fictions of Self,” the essayists focus on individual writers or groups of writers concerned with the malady and its effects on individuals’ understanding of themselves. Nancy Isenberg and George Grinnell emphasize the enabling powers of the English Malady for two prominent individuals. Isenberg examines the interesting case of a woman well-known in Enlightenment Europe, Giustiniana Wynne, who was diagnosed a hypochondriac (a term usually reserved for men in England) and whose example therefore “challenges not only the conventions of gender identity associated with the disease, but those of national and cultural identity as well.” Isenberg argues that the diagnosis allowed Giustiniana as writer to overcome obstacles posed by class and gender biases. Examining the ways in which Coleridge’s writing on aesthetics intersects with his writing about his own body and its ailments, Grinnell argues that “Coleridge develops a figure of the hypochondriacal body that links together many of his disparate theorizations of the malady into an innovative understanding of the ways in which well-being is sustained by the energies of hypochondria.”

The English Malady becomes disabling as well as enabling in the essays by Ed Cameron, Heather Meek, Stephen Ahern, and Laura Engel. Pointing out that both hysteria and the genre of the novel conflate “a desire for bourgeois organization and a mode of complaint within the strictures of this very organization,” Cameron argues that in Evelina, Burney adopts a masculine voice—the only public one available to her in a patriarchal culture—in order to critique that culture. The result for both novelist and her heroine is a “hysterical romance” that can only indirectly, “somatically” gesture toward what is lacking in the symbolic order of patriarchal culture. Comparing male physicians’ writing about hysteria with women’s writing
about their own experiences, Meek demonstrates that although the women writers sometimes internalized medical claims about “woman’s physical infirmity and her inherent hysteria,” they also often implied that the symptoms of hysteria could be understood “as a feminine language of protest against the containment of female experience and the restrictions of sensibility.” Like Cameron, Meek shows that women who wrote about their own lives were ahead of the male medical establishment in emphasizing the psychological rather than somatic aspects of the English Malady. Ahern contends that there is not a literary consensus about the English Malady in the final decades of the English Enlightenment: “key male poets celebrate heightened sensibility as a means to transcend the commonplace, the everyday, to a plane of higher meaning and political potency, while by contrast female poets tend to show the problems of celebrating weakness and susceptibility.” As a consequence, writers such as Ann Yearsley and Mary Wollstonecraft “present a darker vision of the consequences of a model of aesthetic and moral agency that at once idealizes and pathologizes intense receptivity to the world of the senses.” Finally, Engel argues that “in the late eighteenth century the possibilities for female celebrity are linked to idealized narratives of female identity in the same way that madness is defined in opposition to constructions of ‘normal’ feminine behavior.” Engel’s test case for this view is the career of Mary Wells, who attained celebrity for her “eccentric” behavior on the late eighteenth- and early nineteenth- century stage but was pronounced mad when she “attempted to translate those performances off stage in order to promote her celebrity.”

The essays presented here demonstrate that much can be said and much remains to be said about the uneasy coexistence of the English Malady and the Enlightenment. As a psychosomatic disorder, hysteria compels the observer to confront the mysterious connection between body and mind, between the concrete and the immaterial, between the real and imagined—mysteries that Enlightenment thinkers sought to dispel through reasoned analysis. The English Malady forced Enlightenment physicians and writers to confront their own repressed desires and impulses. The sympathetic observer had to find a way to believe and explain that the English Malady was both true (a real disease) and not true (psychosomatic, indirect, and sometimes misleading expressions of repressed desires). Thus, the hysterical body could be seen as a poem or novel—its language, like literary language, is figurative; it expresses a truth that must be interpreted by a trained analyst. From another perspective, the hysterical body could be seen as the reality or truth of human experience that must be clarified through the act of narration; the author in this case is the physician or
psychoanalyst. The hysterical body becomes both subject and object, active and passive. The situation calls for Derridean analysis, because it involves the circular logic of a truth that is not immanent, not directly given, being explained by a narrative that also expresses this truth indirectly, through representation and figurative language. This explanation then requires the “supplement” of the critic’s commentary. In every case, hysteria is conceived of as a representation of something else, a something that is more true, more real, more important. But this something else is always being deferred, through the hysteric’s repressions and symptoms, through the therapist’s case histories, through the psychoanalytic theorist’s analysis of the case histories. We are confronted, then, with the “monstrous” (to use Derrida’s term) prospect that hysteria is the truth, the reality. We are all hysterical—not just women, not just those who have experienced sexual trauma, not just artists, but all of us. The human condition, in this view, is hysterical (a statement that brings us back to Boswell’s figuring of humanity as hypochondriacal).

The human condition may be considered hysterical in yet another sense, the sense implied by common usage of the adjective, by Bakhtin’s theory of the carnivalesque and grotesque, by Barthes’ theory of jouissance: it is hilariously funny, ludicrous, absurd, joyful. This sense of the English Malady becomes apparent in the comic energy that is also part of the period. It is an energy that informs not only the comic novels of writers such as Fielding and Sterne, but also the philosophy of Hume and even the medical writing of Bernard Mandeville. The English Malady, then, invites both serious and playful analysis of the Enlightenment.
* I wish to thank Morehead State University for granting a sabbatical leave that allowed me to complete the editing of the current collection and write the introduction for it. I also wish to thank my colleague at Morehead State, Layne Neeper, for helpful feedback on an earlier draft of this introduction. Finally, I owe a special debt of gratitude to my editorial assistant, Journey McAndrews, who carefully read and offered insightful comments on the various essays in the collection.

1 As G. S. Rousseau points out in his centrally important study of early-modern writing about hysteria, "Melancholy, madness, hysteria, hypochondria, dementia, spleen, vapors, nerves: by 1720 or 1730 all were jumbled and confused with one another as they had never been before" ("A Strange Pathology," 153). In bringing together the present collection of essays and writing an introduction for it, I have imitated this discursive conflation—without, it is hoped, reproducing the confusion—by using the terms English Malady, hysteria, hypochondria, vapors, and the spleen interchangeably.

2 Thomas Sydenham, *An Epistolary Discourse ... concerning ... Hysterick Diseases*, 302. Among the symptoms Sydenham lists are apoplexy, falling sickness ("commonly called Mother-Fits" and giving the woman "a Habit of Body almost like that of a Virago"), headache, consumption, green-sickness, chronic cough, "Iliack Passion," jaundice, kidney stone, "hydropical Tumours," back pain, "a notable Cold of the external Parts," "a Dejection and Sinking of the Spirits," and breathing difficulties (302-05). Sydenham adds that "Hysterick Women sometimes laugh excessively, and sometimes cry as much, without any real Cause for either" (305). Later physicians add such symptoms as disconnected and incessant speech, paralysis, and choking sensations. Interestingly, the incoherent loquaciousness associated with the English Malady is precisely the symptom Bernard Mandeville, writing as a physician, claims to be one of the central ills of “our sprightly talkative Age” (*Treatise*, v).


4 Susan Sontag, *Illness as Metaphor*, 60.

5 British literary artists on the list would include Anne Finch, Daniel Defoe, Matthew Green, Alexander Pope, Henry Fielding, Tobias Smollett, Frances Burney, and James Boswell. British physicians would include Sydenham, Thomas Willis, Jeremiah Wainewright, Francis Fuller, Bernard Mandeville, John Purcell, Richard Browne, Nicholas Robinson, Edward Strother, Cheyne, Peter Shaw, William Battie, John Munro, Manningham, Robert Whytt, and James Adair.

Eighteenth-Century Sensibility and the Novel, and Anne C. Vila, Enlightenment and Pathology.

For the connections to sentimentality or “sensibility,” see G. S. Rousseau, “Toward a Semiotics of the Nerve,” John Mullan, “Hypochondria and Hysteria,” and Ann Jesse Van Sant, Eighteenth-Century Sensibility and the Novel. For the idea that hysteria is really a malady of the nineteenth and twentieth centuries, and that this malady does not become important in English arts and society until these later centuries, see Elaine Showalter, Hystories, and Bronfen, The Knotted Subject. For one of the few arguments that hysteria is important in the earlier eighteenth century, see Rousseau, “‘A Strange Pathology.’”

Both Elaine Showalter (Hystories, 94) and Mark Micale (“Charcot and the Idea of Hysteria in the Male” and Approaching Hysteria, 161-169) have pointed out the need for more attention to male forms of hysteria, though again, the focus is predominantly on the nineteenth and twentieth centuries.

On the idea of hysteria as cultural metaphor, see Elaine Showalter, Hystories; Elisabeth Bronfen, The Knotted Subject; Mark Micale, Approaching Hysteria, chapter 3; and G. S. Rousseau, (“‘A Strange Pathology’”).

In Reading Sex in the Eighteenth Century, Karen Harvey’s argument about the cultural role of erotica in the period provides a useful analogy for thinking about the role of the English Malady. Harvey summarizes historians’ conflicting versions of the century as “a time of control and restraint” or “a time of freedom and licence” (1), then argues that erotica reconciled the opposing tendencies of the period because its use of metaphor and allusion, as well as its frequent deferral of the sexual act, combined license with restraint; whereas pornography’s graphic depiction of genitalia and coition nakedly appealed to readers’ prurient desires, erotica maintained at least the veneer of genteel self-restraint. Similarly, one might argue that the English Malady offered its diagnosticians, medical and otherwise, a conceptual site for examining the vexed relationship between liberation and restraint, progress and order.

The conflicting forces and attempts to accommodate the conflicts could also, of course, be framed in terms of J. G. A. Pocock’s account of civic republicanism and liberal progressivism (Virtue, Commerce, and History) or McKeon’s discussion of the moral and epistemological crises to which the novel provided a mediating response (The Origins of the English Novel).

Raymond Williams, Marxism and Literature.

For this view of the Black Acts, see E. P. Thompson’s Whigs and Hunters.


The concept of the analyst infected by hysteria has been a commonplace in writing about psychoanalysis and hysteria at least since Freud. See, for example, Elisabeth Bronfen’s assertion, incorporating a quotation from Mark Micale: “As the protean and resilient mimetic force of hysteria infects the very discourses meant to contain and explain it, ‘the standard distinction between scientific and fictional texts dissolves and the traditional division within the history of science and medicine between professional theory, enlightened lay opinion, and popular
belief is utterly untenable’” (The Knotted Subject, 104; qtd. phrase from Mark Micale, Approaching Hysteric, 180).

16 For more extended analyses of Cheyne’s treatise, see Deutsch and Guerrini.

17 Perhaps the shared nationality is not merely coincidence. Another important Scot, Robert Whytt, professor of medical theory at the University of Edinburg, published Observations on the Nature, Causes, and Cure of those Disorders which have been commonly called Nervous, Hypochondriac, or Hysteric in the 1760s. Other notable Scots of the period who wrote about or suffered from the English Malady include Tobias Smollett, David Hume, and Adam Smith. As Helen Deutsch points out in “Symptomatic Correspondences,” Cheyne and Smollett were “both professional authors and Scotsmen in ambivalent relation to an English literary marketplace” (48), and one might speculate that Scottish writers and thinkers of the time, torn as they often were between self-deprecation and pride on account of their nationality, were particularly susceptible to or interested in the English Malady.

18 Frank Brady, Boswell’s Political Career, 14.

19 James Boswell, The Hypochondriack, 146-47.


21 In The Knotted Subject, Elisabeth Bronfen offers a brilliant analysis of this movement of deferral in Freudian and post-Freudian psychoanalytic theories about hysteria.
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PART I

THE ENGLISH MALADY AND SOCIETY
MME DE STAËL AND THE SOCIOLOGY OF MELANCHOLY

ERIC GIDAL

In the preface to The English Malady (1733), George Cheyne defends his titular combination of nation and illness as deriving from “a Reproach universally thrown on this island by foreigners, and all our Neighbours on the Continent, by whom nervous Distempers, Spleen, Vapours, and Lowness of Spirits, are in Derision, called the English Malady.” Cheyne converts this derision into a symptomatic elucidation of a modern commercial society, considering a range of environmental, dietary, and occupational causes for “a Class and Set of Distempers…being computed to make almost one third of the Complaints of the People of Condition in England,” namely,

the moisture of our air, the variableness of our weather, (from our situation amidst the ocean) the rankness and fertility of our soil, the richness and heaviness of our food, the wealth and abundance of our inhabitants (from their universal trade), the inactivity and sedentary occupations of the better sort (among whom this evil mostly rages) and the humour of living in great, populous and consequently unhealthy towns (Cheyne, English Malady, i-ii).

Roy Porter understood the diagnostic and confessional rhetoric of Cheyne’s treatise alongside contemporary medical expositions of Richard Blackmore, Bernard de Mandeville, and William Stukeley as offering not only a clinical purgation of physical ailments but also an apologia for commercial and political liberty. In Porter’s reading, Cheyne’s aggressively material account of intellectual and spiritual malaise rehabilitates the destructive and agitating passions of the decades following the Exclusion Crisis and Glorious Revolution into manageable nervous components of a free society. Recasting older humoral models of the black disease within a nationally demarcated nervous system, Cheyne figuratively incorporates crises of ecclesiastical and dynastic authority within an isolated body whose symptomatic disorders may be addressed
through elaborate regimens of diet and purgation. But Cheyne’s allusion to England’s foreign reputation to authorize his subsequent diagnostics suggests an additional origin of the English malady as such, one found not only in the climatic, dietary, economic, and urban factors he cites in his opening pages, but also in a reflexive discourse of comparative mores and national characters emerging from the broader religious, intellectual, and cultural crises motivating continental social theory throughout the century.

Following the revocation of the Edict of Nantes in 1685 and the subsequent influx of Huguenot exiles into London, French writers in increasing numbers both valorized the liberties of English society and deplored their prevarications towards morbidity and self-destruction, frequently connecting the pathologies of national character with the strengths of civic institutions. For French republican critics of the ancien régime, the English malady offered a compelling if ambivalent counterpoint to the légèreté and politesse of their own society, qualities that David A. Bell has argued served both to articulate national character as an alternative basis for political authority and to critique that very character as symptomatic of monarchical government and aristocratic norms. For English Whigs, intent on offering a defense of commercial and political liberty, the English malady provided an ironic boon insofar as it served to naturalize in the language of national character their distinction from the servility of French manners and mores. While in many cases these characterizations served purely polemical purposes—one sees a flurry of such representations, for example, during the Seven Years’ War—they led many writers beyond exclusively corporeal or climatic accounts towards increasingly sophisticated speculations on the relation between temperamental pathologies, political institutions, and cultural practices. In his Letters Concerning the English Nation, published in the same year as Cheyne’s treatise, Voltaire eschews the common material explanations for the English proclivity towards regidical apoplexies and suicidal rage, forwarding in their place bewildered reflections on the cultural idiosyncrasies of their scientific, religious, philosophical, and literary productions. “The French are of so flexible a Disposition,” he observes, “may be moulded into such a Variety of Shapes, that the Monarch needs but command and he is immediately obey’d. The English generally think, and Learning is had in greater Honour among them than in our Country; an Advantage that results naturally from the Form of their Government.” Rather than reaffirming the popular continental view of England as a nation of hypochondriacs whose civil and religious liberties produce only mental anxiety and physical pain, Voltaire’s counter discourse of ironic cultural comparison
aims to provoke the very disruption of political and ecclesiastical authority that Cheyne’s language of climatic and digestive pathologies seeks to contain.

Voltaire’s satire in the *Letters Concerning the English Nation*—his reflexive observations of social institutions and cultural practice—exemplify what Piet Strydom has elucidated as the “crisis discourse of modernity” formative of Enlightenment sociology, a discourse both responsive to and constitutive of the undermining of traditional orders of moral and social legitimacy.7 The crux of Voltaire’s subversive irony is to present religion, philosophy, and the arts as relative modes of cultural practice rather than as universal and normative expressions of divine and monarchical authority. The melancholy of the English character—dramatized by Voltaire in the somber Deism of an interrogative Quaker and the subversive despondency of Hamlet’s soliloquies—provides an ironic counterpoint to the servile conformity of Catholic communion or the slavish obedience of neoclassical *vraisemblance* while the epistolary and episodic structure of the work as a whole suggests a more ambitiously extensive critique (Voltaire, *Letters Concerning the English Nation*, 9-13, 87-92). Systematized into a method of comparative jurisprudence by Montesquieu and propagated by a multitude of social theorists in the later part of the century, the increasingly sociological discourse of comparative cultural analysis no longer located a uniquely English malady exclusively in the body or in the climatic environment, but in the cultural productions, social customs, and political institutions of an idealized republic.8 Yet in the wake of the French Revolution, melancholy emerges from an object of diagnostic or cultural reflection into the subjective precondition and model for social and historical analysis. Peter Fritzsche, in his recent study of the melancholic cast of the nineteenth-century historical imagination, has emphasized the radical disruption of the revolutionary moment and the subsequently elegiac constructions of various communities around lost customs, broken legacies, and absent locales. Understanding the revolution as “discontinuous, explosive time,” whose traumatic assault on religious and political tradition paradoxically called into being a new consciousness of localized communities, Fritzsche characterizes the nineteenth century as “stranded in the present,” isolated in time both from a newly recognizable historical past and from an alternatively dreaded or utopian future.9 Where Cheyne’s medical ruminations on melancholy displace social and political anxieties into a language of environmental degradation and dietary irregularities, social theorists of the Romantic age, seeking to recuperate ideals from a fallen vision of social reformation,
increasingly turn to melancholy itself for a compensatory reconstitution of cultural and ethical authority.

Thus we may consider Anne-Louise-Germaine, Mme de Staël who provides her own variation on Cheyne’s conjunction of nation and disease when she asks, in her treatise *On Literature* (1800): “why the English, who are so happy in their government, and their customs and manners, should have so much more melancholy in their disposition than the French?” The contrast in reasoning is telling. Cheyne considered trade and urbanization alongside the effects of climate and diet as explanations for the national distemper. Insofar as habits, customs, and the organization and institutions of society produce splenetic agitations they do so by way of purely material causes. Even Cheyne’s confessional treatment of his loss of religious faith and eventual return to the wisdom of Christianity—a traditional theme for the exposition of a melancholic soul—is bracketed by extensive accounts of his recourse to excessive modifications of diet and violent expulsions of bodily fluids. Staël’s connection of the English malady to philosophical values on the one hand and social institutions on the other follows Voltaire in bypassing the body altogether, reasoning that “liberty and virtue, the greatest result of the human reason, require meditation, and that meditation naturally conducts the mind to serious objects.”

Where Cheyne and earlier medical writers understood environmental conditions primarily in causal terms—reasonably fixed if deleterious features of a modern commercial society—Staël elevates melancholy to a more philosophical condition and thereby suggests a more dynamic relationship between the ailment and the social institutions of a national culture. Though Staël, like Cheyne, utilizes her own subjective experiences as the basis for general hypotheses, she locates the causes for her ailments neither in the body nor in the mind but in the historical and social circumstances of a traumatically modern era. Hence rather than deploiring its prevalence among the English as a sign of decay and malaise, Staël valorizes the English malady as a necessary temperament for the reflexive advance of political morality, a disposition rooted in the English soil, but capable of being transplanted to a more broadly conceived cosmopolitan totality. Inheriting the clinical environmentalism articulated by Cheyne, Mandeville, Blackmore, and other writers in the English tradition, the conjectural historiographies of the Scottish and French Enlightenments, and the revolutionary sensibilities of Rousseauvian confession, Staël elevates melancholy not simply as a proper subject of sociological reflection, but as a foundational perspective for the development of critical social theory.
Staël produced a body of essays, treatises, and novels in the wake of the French Revolution that mark her as an antagonistic witness to the rise of Napoleon, a center of intellectual and romantic attention in her exiled salon at Coppet, an emotive advocate of female expression, and an early theorist of literary Romanticism. A true disciple of the French Enlightenment, her fictional, theoretical, autobiographical, and historical writings all profess a faith in rational progress guided by moral sentiments as means for overcoming political repression and spiritual degradation. The role of the artist and the philosopher in Staël’s thinking is to cultivate the emotional and intellectual dispositions most conducive to such progress and to thereby aid in the expansion of political liberty and moral justice. No small order, and one for which melancholy—understood both as a temperament and a philosophical disposition—plays an essential role. For Staël, melancholy is a sign of moral integrity and a prerequisite to philosophical reflection, a necessary character for a free society that may help to liberate it from despotism, be it the ancien régime, the Committee for Public Safety, or the Napoleonic Code. Staël’s treatises—both her early The Influence of the Passions on the Happiness of Individuals and Nations (1796) and On Literature (1800) as well as her defining masterpiece Germany (1813)—warrant attention not only for their particularly eloquent explorations of the political dimensions of melancholy in the Romantic period, but for their ambitious application of nascent sociological methods to the understanding of emotional states, literary productions, social institutions, and historical events. Enamored of the statistical and descriptive ambitions of Condorcet, and clearly sharing many sympathies with the efforts of the Idéologues to redeem the revolution and steer French society back towards a path of sustainable reform, Staël nevertheless deploys a more hermeneutic model of social theory to argue for melancholy as a virtue and catalyst of social progress.

Staël’s sociological approach to melancholy is apparent in her first major treatise The Influence of the Passions upon the Happiness of Individuals and Nations (1796). Written in the immediate aftermath of the Terror—“amidst the crisis of a wide desolating Revolution, the effects of which no condition has escaped”—her treatise realizes only prospectively its titular ambition to consider both the individual and the nation, a theme which awaits its more complete statement in her treatise on literature of four years later. But though her treatise on the passions focuses primarily on the individual soul, the connection between philosophical introspection,