

**"SPLEEN SPREADS HIS DOMINION":
CULTURAL, LITERARY, AND MEDICAL REPRESENTATIONS OF HYSTERIA,
1670-1810**

by

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Abstract

This dissertation traces the elusive meanings, metaphors, and contexts of hysteria from approximately 1670 to 1810. It explores the centrality of hysteria to the eighteenth century and, more particularly, to the eighteenth-century woman writer. Hysteria, I argue, was a cultural, literary, and medical construct inextricably linked to changing views of women in the period. Though it was in many ways a real disease, it also operated as a powerful cultural metaphor, a catchall that explained everything that was wrong with women: it confirmed their inherent pathology, their weakness, their changeability, and their inferior reasoning. But, paradoxically, hysteria also resisted such strategies of containment. For literary women, it had liberating potential and served as a vehicle for emerging feminist ideologies. In order to explore these complex, often contradictory pathways, I take an interdisciplinary approach and examine two distinct strands of textual material. I look to the medical texts of Thomas Sydenham, Bernard Mandeville, Richard Blackmore, Nicholas Robinson, George Cheyne, Robert Whytt, and James Makittrick Adair. My primary focus, however, is on the oft-overlooked journals, letters, memoirs, and confessional poetry of Elizabeth Freke, Anne Finch, Lady Mary Wortley Montagu, Elizabeth Carter, Hester Thrale Piozzi, Charlotte Smith, Mary Wollstonecraft, and others. Exploring the ways these bodies of work intersect and diverge, I follow hysteria's varying diagnoses, symptoms, causes, and treatments. Structurally, the dissertation moves outward, from the relegation of hysteria to the pathological female body; to the recognition that physical and mental symptoms were, from one perspective, a female language of their own; to a study of hysteria's domestic, literary, political, and social causes; to an exploration of the ways women overcame and moved beyond hysteria by escaping their domestic confines, embracing unconventional roles, and fostering their identities as literary women. This movement does not occur along an easily traceable trajectory; it ebbs and flows and mimics the elusiveness of hysteria. It is within this uneven narrative that eighteenth-century women both suffer from hysteria and use it as a springboard for creativity and empowerment. Just as spleen spreads his dominion, I argue, so the woman writer spreads hers.

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CHAPTER ONE

INTRODUCTION

Part 1: Hysteria's Dominions

Virginia Woolf opens her essay *On Being Ill* (1930) with this observation:

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, what ancient and obdurate oaks are uprooted in us by the act of sickness, how we go down into the pit of death and feel the waters of annihilation close above our heads and wake thinking to find ourselves in the presence of the angels and the harpers when we have a tooth out and come to the surface in the dentist's arm-chair ... – when we think of this, as we are so frequently forced to think of it, it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature. (3-4)

Woolf's recognition of the pervasiveness of illness, her awe at the heightened powers of observation it incites, her conviction of the privileged position of the sufferer, and her confusion that illness has not emerged as one of literature's great themes, are issues central to this dissertation. Broadly speaking, I explore the centrality of hysteria to the eighteenth century, and, more particularly, to the eighteenth-century woman. I hope to demonstrate that viewing the eighteenth century through the lens of hysteria tells us much about the period and about the place of the woman writer within it.

This dissertation considers illness as a prime theme, not only in literature, but in wider culture. Eighteenth-century hysteria, I argue, was a cultural, literary, medical, and social construct inextricably linked to the changing views of women from approximately 1670 to 1810. Hysteria was in some ways a real disease; many women suffered from a condition that may be loosely equated with modern-day depression. But hysteria also operated as a powerful cultural metaphor legitimating male ideologies that served to limit women to conventional roles during a time of rapid change. Hysteria was, in the eighteenth century, a catchall that explained everything that was wrong with women: it confirmed their inherent pathology, their weakness, their changeability, and their inferior reasoning. It was a label applied to *all* women, to varying degrees, as a way of characterizing and controlling them. Paradoxically, though, hysteria, as disease and as metaphor, resisted strategies of containment. The expression of hysteria became in the eighteenth century a language of female resistance; women expressed their discontent with male ideologies that served to oppress them *through* hysteria's symptomatology, and they recognized that its causes were rooted in unsatisfactory social roles. They explored the diagnoses, symptoms, causes, and treatments of hysteria as both a real disease and as

a metaphor for their condition as women. Hysteria was a construct through which women writers were empowered, and, through its various discourses, they found a language in which female emotion, experience, and intellect were valued. In this respect, the roots of eighteenth-century feminism can be traced through the roots of hysteria.

One of the objectives of this project is to establish the importance of illness to eighteenth-century literature. As Woolf's remarks indicate, it is a theme that is not often explored or sought out, but it is vitally present, particularly in the marginal texts of the period. The oft-overlooked journals, letters, memoirs, and confessional poetry of eighteenth-century women, in their sophisticated and detailed discussions of hysteria, vindicate Woolf's remarks by potently demonstrating that the "act of sickness" does indeed bring insight. Because these women suffered from hysteria in its various forms, they are uniquely suited to illuminate our understanding of the condition, as well as the way it was understood in the eighteenth century. Among the texts I draw from are *The Remembrances of Elizabeth Freke* (1671-1714), a selection of Anne Finch's poems (1702-20), Lady Mary Wortley Montagu's *Complete Letters* (1708-62), *Letters from Mrs. Elizabeth Carter to Mrs. Montagu* (1755-1800), Charlotte Smith's *Elegiac Sonnets* (1784-1797), Mary Wollstonecraft's fictional autobiography, *The Wrongs of Woman; or Maria, A Fragment* (1798), and Hester Thrale Piozzi's diary, the *Thraliana* (1776-1809). All of these women suffered from, railed against, and triumphed over hysteria to some degree, and their texts offer great wisdom and insight – from the personal and communal to the public and political – into the condition's varying diagnoses, symptoms, causes, and treatments.

Just as the condition of hysteria is illuminated through these writings, so the women are brought to life. Indeed, another of my project's central aims is to provide information on these exceptional women, and in so doing, to serve yet another of Virginia Woolf's literary endeavours: to recover and narrate the lives and works of historical literary women. In *A Room of One's Own*, Woolf briefly sketches two of the women who are central to my thesis: Anne Finch, "whose mind was turned to nature and reflection" but was "forced to anger," "bitterness," and "melancholy" because of the power of men to "bar her way to what she want[ed] to do – which [was] to write" (2445-46); and Elizabeth Carter, "the valiant old woman who tied a bell to her bedstead in order that she might wake early and learn Greek" (2449). With my explorations of Finch, Carter, and others, I hope to validate an important body of eighteenth-century writing, to show why it is worth studying, and to add further texture to the faded portraits of these women that have come down to us in the ensuing centuries.

A secondary, yet crucial, purpose of the project relates to the study of eighteenth-century medical texts. Among those I study are Thomas Sydenham's *Epistolary Dissertation* (1682), Bernard Mandeville's *A Treatise of the Hypochondriack and Hysterick Passions* (1711), Richard Blackmore's *A Treatise of the Spleen and Vapours* (1725), Nicholas Robinson's *A New System of the Spleen, Vapours, and Hypochondriack Melancholy* (1729), George Cheyne's *The English Malady* (1733), Robert Whytt's *Observations on the Nature, Causes, and Cure of Those Disorders Which Are Commonly Called Nervous, Hypochondriac, or Hysterick* (1764), and James Makittrick Adair's *Medical Cautions, Chiefly for the Consideration of Invalids* (1787). Like the women's works, these are endlessly fascinating texts that remain largely unrecognized as valuable

works of literature. More important to my project, they serve a vital function in relation to the women's writing: they disseminate varying constructs of 'hysteria' and 'woman,' and in so doing stimulate a dialogue that persists throughout the century. In one regard, the doctors – patriarchy's "medical recruits," as Desiree Hellegers call them (208) – offer theories on the condition that produce and reinforce ideologies oppressive to women. But, I argue, the texts are more complex than this. Although the physicians' methods are often restrictive, the doctors also recognize and incorporate the experiences and views of female sufferers into their diagnoses and treatments. Placing the medical treatises alongside the women's writing, then, uncovers the ways the two bodies of work draw on, challenge, and redefine one another. The condition of hysteria, meanwhile, evolves through this exchange of ideas, which is dialectical in nature: just as the women and the doctors diverge, so they internalize each other's ideas. Taken together, these texts provide a window into the eighteenth-century woman, her writing, and her hysteria, while also bringing into view the understudied works of eighteenth-century women and physician-writers.

As I have been suggesting, and as my title implies, this dissertation examines a range of cultural, literary, and medical meanings and metaphors of hysteria in the eighteenth century. It is Lady Mary Wortley Montagu, in a 1759 letter, who suggests that "Spleen spreads his dominion" (*Complete* 3.208). She utters these words during a sojourn in Venice, where she recognizes a "fashion that has sprung up entirely new" in this part of the world: "Suicide" (*Complete* 3.208). The dominion of spleen, she concludes, has spread beyond the borders of Britain (*Complete* 3.208). My project explores hysteria's expansive dominion, not across Europe, but within eighteenth-century Britain. This

phenomenon is first evident in the condition's multiple shifting forms. Lady Mary chooses the term "spleen" from a lengthy list of synonyms, which also included hysteria, hypochondria, vapours, fits of the mother, melancholy, low spirits, the hyp, and nerves. These varying designations were mirrored in a plethora of diagnoses, symptoms, causes, and treatments. Anne Finch, in her ode, "The Spleen" (1702), called the disease "Proteus to abus'd Mankind," whose "real Cause" was yet to be found, and which refused to remain in "one continued shape" (2-4). As I argue in Chapter Two, the condition was constantly mutating and impossible to pin down, and it spread its dominion in this way. Lady Mary's words highlight the pervasiveness, centrality, popularity, and influence of hysteria in the eighteenth century, an issue I also explore more fully in Chapter Two. In this period, hysteria's meanings and metaphors proliferated. It was not merely a medical condition, but a network of complex, interweaving, contradictory, and complementary factors. While some discourses saw hysteria as a construct that contained and confined woman, others embraced it as an empowering force.

Because of its myriad incarnations, it is difficult to define the eighteenth-century cluster of mental illnesses among which hysteria was included. Nonetheless, Lady Mary evokes a very real, catastrophic, and recurring consequence of the condition: suicide. Similarly, the physicians of the age insisted on some operative distinctions in their attempts at diagnosis. The various names and categories used to designate spleen, hysteria, and its derivatives pointed to a condition that was, as Cecil Moore observes, "something more than a mere mood; it was a disease, a compound mixed malady of body and mind" (188). Though it is difficult for modern commentators to agree on a theory of what the modern equivalent of this "malady" might be, some conclusions may be drawn.

Eighteenth-century physicians recognized that neatly separating spleen from insanity was questionable; nonetheless, most insisted that spleen was *not* full-blown madness.¹ Rather, the affliction shared many characteristics with what we know as psychosis or depression. Frightful dreams, drowsiness, nightmares, peevishness, wandering thoughts, impaired memory, groundless fears, and disturbances of the imagination were some common manifestations. However, unlike psychosis or depression, physical symptoms were central diagnostic criteria, particularly with the branch of the condition known as “hysteria.” These symptoms ranged from headaches, salivation, and trembling, to paralysis, choking, and epileptic-like fits. Causes were also seen as primarily somatic. It was believed that idleness, extravagance, and debauchery could provoke hysteria, but the root cause, physicians insisted, was woman’s weak constitution and her mysterious susceptibility to disorder. Indeed, in the opinion of most eighteenth-century medical men, hysteria was a chronic disease that afflicted most women to some degree.

The doctors’ conjectures suggest that as soon as we attempt to define hysteria, we move away from the easily classifiable and into a more metaphorical realm. This complexity is reflected in Lady Mary’s wording. “Spreads” carries metaphorical value when considered alongside the personification of “spleen.” In her hands, the condition is not rooted in the unknown, mysterious, and pathological female body. Rather, it is a

¹ George Cheyne, in *The English Malady*, refused to enter into a discussion of “Lunacy and Madness,” noting that these disorders “are the Province of particular Physicians, or those appointed by the Publick for that Purpose” (175). Similarly, most eighteenth-century physicians saw spleen and madness as distinct disorders. However, the former could evolve into the latter if not properly treated. “In men of hypochondriacal constitutions,” Richard Blackmore observes, “the bright and active Disposition of animal Spirits, requisite to refined and elevated Parts, borders so close upon the Dominions of Lunacy, that an Excursion or Transition from the first to the last is by no means difficult” (166). Likewise, Nicholas Robinson notes that “melancholy Madness and Lunacy are only the Spleen and Vapours improv’d” (288).

living male entity that reaches across the cultural landscape, spreading *his* dominion. Lady Mary's phrase faintly suggests, then, that the disease is imposed, that it comes from a tangible source. "Spleen" is, of course, also a loaded word, and her choice to use it is somewhat ironic. Among a wide range of roughly synonymous terms, she chooses a word that is often associated with men, and that, unlike "hysteria," has connotations of heightened intellect. (Incidentally, she uses "spleen" to designate her own condition throughout her *Letters*). Lady Mary therefore appropriates patriarchal terminology and counters the metaphorical connotations of "hysteria." In her decision to gender the condition male, she effectively turns the tables by emphasizing the degree to which this disease – which came to be viewed as quintessentially female – was a male construct.

Together, the doctors' and women's various opinions, theories, ideologies, challenges, and renegotiations offer a fascinating portrait of hysteria, however unstable. Writers such as Lady Mary asked questions later raised by some modern critics: Was hysteria *really* "the single most common chronic disease of the period" (Williams 400)? Were its symptoms and causes firmly rooted in the female body, as the doctors often claimed? Were medical treatments effective, or did they worsen – even incite – symptoms? Did hysteria exist at all? In her study of seventeenth-century case records and unpublished manuscripts, Katherine E. Williams suggests that hysteria was probably not as prevalent as Sydenham and other "medical giants" claimed (400). She underscores common problems in misdiagnosis, evoking the remarkable similarities between scurvy and hysteria, for example (398). Likewise, Guenter Risse, in his exploration of hysteria in its late eighteenth-century incarnation, suggests that lower-class women who visited the Edinburgh Infirmary were often "subjected to 'hystericization,'" and that their "repeated

fainting spells and amenorrhoea” were probably the consequences of malnutrition (17).

Both critics question the very face of hysteria as it was described by the doctors.

Williams notes, for example, that “neurologic disturbances such as paralysis were very rare” in the case records of one relatively unknown doctor, Thomas King (398). In short, hysteria may have been misrepresented, even over-dramatized, by the period’s most influential medical voices.

The “hysteria” that emerges in the writings of eighteenth-century women – though it often reflects common medical views of the age – moves beyond the pathology of the female body. This is perhaps not surprising. As Hunter and MacAlpine recognize in their monumental *Three Hundred Years of Psychiatry, 1535-1860*, “[t]hrough much of the history of psychiatry, the importance of psychological factors in mental illness came more from enlightened outsiders than from within the profession” (233). Many eighteenth-century women experienced mental difficulties, but rarely in their explanations do they acknowledge inherent somatic pathology, weakness, or disorder. They describe a continuum of psychological states ranging from persistent sorrow, social isolation, and depression, to paranoia and anxiety, all of which have a range of complex causes often unrelated to the body. As exemplified in Lady Mary’s use of the word “spleen,” women writers of the period challenged conventional terminology. In fact, they often rejected the hysteria diagnosis altogether.

My decision to use the term “hysteria” must therefore be explained. In making this choice, I confront the same problems faced by psychiatrists and historians of medicine throughout the ages. “Psychiatry,” Jonathan Andrews observes, has always been “[p]lagued by difficulties in defining mental illness, yet required to impose its

diagnoses and treatments on patients” (125). The eighteenth century is a particularly challenging period in this regard, for the medical atmosphere was one of “nosological drift” (126); “Melancholy had merged into Vapours, Hyp into Spleen, and thenceforth into further sub-divisions,” Andrews writes (125). These complications aside, one could conclude that the word “depression” is most suitable. However, this term raises many problems. “[D]epression,” G. S. Rousseau observes, was not first coined until the 1750s, when Samuel Johnson “used it ... to describe low spirits” (“Genealogy” 72).

“Melancholy, spleen, vapours, bile, nerves, hypochondriasis, hysteria, fits, the entire vocabulary of being in ‘the dumps’,” Rousseau continues, “– these, and others, are among the relevant keywords and signposts, and all differ, however subtly, from modern notions of mental depression” (“Genealogy” 73). The word “depression” is therefore inadequate.

“Hysteria,” then, is the best in a series of imperfect words. And in any case, as Virginia Woolf recognizes, words are typically inadequate in discussions of illness (and mental illness in particular). She writes:

... [T]o hinder the description of illness in literature, there is the poverty of language. English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache. It has all grown one way. The merest school girl, she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. There is nothing ready made for him. He is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other (as perhaps the

people of Babel did in the beginning), so to crush them together that a brand new word in the end drops out. Probably it will be something laughable. (*On Being Ill* 6-7)

The eighteenth-century literature in question does indeed lack a fitting and consistent word to embody the affliction I attempt to capture. For one, the condition is neither fixed nor easily definable, and therefore finding a term to describe it is a particular challenge. I choose “hysteria” in part for the complicated, contradictory, and elusive meanings and metaphors it connotes. I choose it also because it was widely employed in eighteenth-century medical culture. But my use of the term inevitably differs slightly from the usage of that period. In contemporary contexts, “hysteria” designates a condition that has shifted throughout the ages and that has changed with its social, cultural, and historical contexts. The word has been both rejected and reclaimed by female sufferers, disappearing and resurfacing at random. Medicine itself has struggled endlessly with the word, for it describes a condition that the discipline cannot seem to pin down. I embrace the term “hysteria” for its malleable meanings and metaphors, and for the elusive, changing condition it embodies. Thus, I take the pain of eighteenth-century women in one hand, and the word “hysteria” in the other. The word is in many ways nothing more than a “lump of pure sound” – but it will have to do.

This dissertation explores the dominions of hysteria between 1670 and 1810, a period of remarkable change in the history of mental illness. The first diary entries of Elizabeth Freke mark the beginning of the period, while its end coincides with the last entry of Hester Thrale Piozzi’s *Thraliana*. In Freke’s *Remembrances*, we find a new, more secular and introspective form of writing which is absent in most contemporaneous

life-writing. Her memoirs reveal, Raymond A. Anselment observes, “none of the conventional seventeenth-century motives for a diary or personal narrative” (“Reconstructing” 57). Her “account,” he continues, “is neither a testament to a beneficent providence nor a meditation on divine purpose” (“Reconstructing” 57). Rather, “the essential preoccupation of the writing remains its author” (“Reconstructing” 57). Freke’s depressed state of mind is at the centre of her memoirs. She repeatedly explores the causes for this mental distress: chronic illness, a cold and indifferent husband, widowhood, and an isolated domestic existence. Ultimately, Freke portrays herself not only as a somewhat obsessive, contemplative diarist, but as a woman whose depressed mental state is the result of personal and social circumstances. Freke’s diary thus reflects the early stages of an enormous change that occurred in the eighteenth century. The mysteries of satanic possession, religious doubt, and wandering wombs began to disappear as primary causes of mental illness. Following Freke, in 1682, Thomas Sydenham was one of the first physicians to theorize this groundbreaking change. He and his early eighteenth-century followers asserted that “mania and melancholy ... originated not from transcendental powers but from the body” (Porter, *Flesh* 307). Their source, Roy Porter observes, was “not Satan but the *soma*” (*Flesh* 307). This shift away from religion anticipated yet another shift, and by around 1780, the focus moved away from the body and toward the patient’s mind, as is evident in the unprecedented “proliferation of detailed case histories taken and published in the late eighteenth and early nineteenth centuries” (*Flesh* 313). “The decline and fall of Burtonian religious melancholy transformed the anatomy of abnormality,” Porter writes, “[as] the damned soul of the Stuart age mutated into the Georgian hypochondriac” (*Mind-Forg’d*

81). In the eighteenth century, mental illness was increasingly viewed as both secular and psychological – a recognition reflected in the writings of women like Elizabeth Freke and Anne Finch, as well as those of Thomas Sydenham, Bernard Mandeville, and other physician-writers.²

These changes in understandings of mental processes brought similarly momentous changes in understandings of identity for men and women alike. “How should we interpret that flow of individualism, subjectivity, and sentiment which becomes so powerful a current through the eighteenth century?” Roy Porter asks (*Mind-Forg’d* 93). “In material terms, unparalleled political stability and prosperity probably permitted relaxation of old stern familial, moral and religious behaviour codes,” he answers, “thus permitting new freedoms of expression and choice” (*Mind-Forg’d* 93). He continues: “Changing lifestyles and domestic architecture encouraged greater privacy. Silent individual reading, letter-writing and diary-keeping nurtured reflection” (*Mind-Forg’d* 93). With these changes came new anxieties and fears, and, “many articulate men

² As I argue throughout this dissertation, there was not a clear trajectory from ignorance to enlightenment in understandings of eighteenth-century mental illness. Psychology emerged by fits and starts. Religious forms of mental derangement, for example, did not suddenly disappear; in fact, they were commonly diagnosed and described. Hannah Allen attributes her bouts of madness to the Devil’s scheming in her work, *Satan His Methods and Malice Baffled* (1683). In “The Spleen,” Anne Finch devotes a few lines to the subject of religious melancholy:

By Thee *Religion*, all we know,
That shou’d enlighten here below,
Is veil’d in Darkness, and perplex
With anxious Doubts, with endless Scruples vex’d. (116-19)

Some physician-writers dealt with the topic; Nicholas Robinson includes a chapter treating both “the natural, or religious melancholy Madness” (234) and “Atheistical madness” (239) in his 1729 treatise. In the second half of the century, William Cowper wrote of his intense terrors of damnation, while Christopher Smart described his religious mania. The infamous Joanna Southcott’s claim to disseminate the ‘Spirit of Truth’ through her writings was most certainly a form of religious frenzy. Nonetheless, the medical treatises, life-writings, and poems I explore are predominantly secular in tone.

and women struggling to make sense of self in an increasingly secular and unfamiliar world, truly hovered uneasily between pleasurable absorption in an enhanced, narcissistic state of self-awareness, and black, uncontrollable depression” (*Mind-Forg’d* 93-94). One consequence of this was “the dissolution of an assured sense of identity” (*Mind-Forg’d* 94). Ailing women in particular continued to be defined and restricted by supposedly discarded yet lingering notions that they were, at core, physically and emotionally flawed.

Nonetheless, this newfound introspection led to many progresses and freedoms, particularly in negotiations of female identity. From Freke, to Finch, Montagu, and Carter, and to Smith, Piozzi, and Wollstonecraft, women began to understand their selves and their miseries as they acknowledged and wrote about their own experiences and theories of hysteria. Consequently, by the century’s end, a feminist politics emerged. Recognizing the injustices of enforced, often restrictive, social roles and medical theories, women cultivated their identities as independent, literary women. Piozzi’s *Thraliana* ends in 1810, and its contents reveal confident medical, political, and literary opinions, all of which appear alongside her sophisticated analyses of her mental hardships. Piozzi was a contemporary of Wollstonecraft’s, whose feminism was perhaps the most powerful and influential of the period I examine. Though, as Porter recognizes, many paradoxes surface amidst the legacy of Wollstonecraft’s life and work, “[w]hat is abundantly clear ... from the musings and meditations of such women ... is that women had never before set their own agenda. The perennial and unquestioned despotism of men – in scripting women’s roles – must end. They must henceforth be the mistresses of their own destinies. Women could never control their bodies until they first took possession of their minds”

(*Flesh* 271). Wollstonecraft, because she suffered from depression, struggled to take possession of her own mind, but she also exercised her mind by fighting to overcome the intellectual, social, and psychological restrictions that incited hysteria, both for her own sake and for that of other women. The period I study, therefore, culminates in both the debilitating experience of illness, and the remarkable feminism and writing of Wollstonecraft and her contemporaries.

I have structured this thesis around the principle of tracing the dominions of eighteenth-century hysteria: it moves outward, from the relegation of hysteria to the pathological female body; to the recognition that physical and mental symptoms were, from one perspective, a female language of their own; to a study of hysteria's domestic, social, literary, and political causes; to an investigation of the ways women overcame and moved beyond their hysteria by escaping their domestic confines, embracing unconventional roles, and fostering their identities as literary women. This movement does not occur along an easily traceable trajectory; as I argue in Chapter Two, it ebbs and flows, and in so doing mimics the elusive, protean quality of hysteria. It is within this uneven narrative that eighteenth-century women both suffer from hysteria and use it as a springboard for creativity, empowerment, and feminism. Just as spleen spreads his dominion, I argue, so the woman writer spreads hers.

Part 2: A Multi-Tiered Methodology

My methodological framework mirrors the condition of hysteria. A recognition of the shifting meanings and metaphors of hysteria, of its varied contexts, and of its large dominion requires a critical approach that is similarly diverse. For this reason, and because little scholarly work has been done on eighteenth-century hysteria, I draw on an eclectic mélange of criticism that includes scholars of hysteria; medical, social, feminist, and eighteenth-century historians; genre critics; and literary scholars. The writers of historical surveys of hysteria have recognized the broad scope of the condition. Ilza Veith, in *Hysteria: The History of a Disease* (1965), writes that “[h]ysteria in particular has adapted its symptoms to the ideas and mores current in each society” (viii). In *Approaching Hysteria: Disease and Its Interpretations* (1995), Mark Micale takes a similar, but somewhat more radical, approach. He dismisses “linear” intellectual histories of hysteria (33), focuses on the “extreme, almost obscene, interpretability” of the condition (285), and recognizes its powerful force as metaphor. Like Veith, he looks at hysteria across the ages, but his emphasis is more squarely on its interpretability:

Throughout its long career, the disorder has been viewed as a manifestation of everything from divine poetic inspiration and satanic possession to female unreason, racial degeneration, and unconscious psychosexual conflict. It has inspired gynecological, humoral, neurological, psychological and sociological formulations, and it has been situated in the womb, the abdomen, the nerves, the ovaries, the mind, the brain, the psyche, and the soul. It has been construed as a physical disease,

a mental disorder, a spiritual malady, a behavioral maladjustment, a sociological communication, and as no illness at all ... As Gerard Wajeman has observed, "There doesn't seem to be anything that medicine hasn't said about hysteria." (285)

Hysteria, then, becomes a cultural construct that changes with the times. Its varied constructions and manifestations are perhaps more elusive and metaphorical than those of any other disease.

This view has been recognized by critics of eighteenth-century mental illness. G. S. Rousseau and Roy Porter, in their articles from the collection *Hysteria Beyond Freud* (1993), look at the shifting representations of hysteria before the nineteenth century. An investigation of the historical transformations of hysteria between 1500 and 1800 reveals its "protean ability to sustain the existence of a condition called hysteria," writes Rousseau ("Strange Pathology" 92). Its nature is ever-changing, he continues, and is always compelled to "imitate" some other disease ("Strange Pathology" 106). Roy Porter designates this phenomenon the "hysteria mystery" and emphasizes the difficulty of pinning down the so-called disease ("Body and the Mind" 230). The medical profession has tried to resolve the mystery of hysteria, he writes, "a disorder enigmatic because it hovered elusively between the organic and the psychological, or (transvaluating that ambivalence) because it muddled the medical and the moral, or (put yet another way) because it was ever discrediting its own credentials (were sufferers sick or shamming?)" ("Body and the Mind" 230). Doctors' attempts to understand the disease, Porter believes, have been largely futile; where there is no "secure somatic anchorage," the "terra incognita" of hysteria proves resistant to medicine's colonization ("Body and the Mind"

239). With so many culturally determinants at play, he writes, such diseases are particularly hard to define, for “mind and body are not themselves cast-iron categories, but best seen as representations negotiated between culture, medicine, and society” (“Body and the Mind” 242). He continues:

In the case of hysteria, disease formulations ... go with circumstances: doctors, patients, physical milieux, intellectual and cultural landscapes. My concern has been to argue that hysteria could be fashioned as a disorder, precisely because the culture-at-large sustained tense and ambiguous relations between representations of mind and body, which were, in turn reproduced in the hierarchical yet interactive ontologies of morality and medicine, and, yet again, reflected by the sociological interplay of clinical encounters ... Sometimes its mission is reductionist, resolving hysteria now into the womb, now into mere willfulness. In other circumstances, medicine seeks to render hysteria real, protecting its mysteries. (“Body and the Mind” 265-66)

Hysteria, in this formulation, is not a fixed set of symptoms, nor is it a medical diagnosis; indeed, it refuses to be contained by medicine. Rather, it is best viewed as a dynamic, changing, and culturally constructed category.

Hysteria’s shifting meanings across literature, medicine, and culture necessitate an interdisciplinary approach. My project fits, in part, within the body of scholarship that recognizes the reciprocity of literature and medicine, categories that inform and influence each other and that are not contained in neatly isolated vacuums. In their introduction to *Teaching Literature and Medicine* (2000), Anne Hunsaker Hawkins and Marilyn

Chandler McEntyre underscore the interconnectedness of the two disciplines, recognizing that “medicine, like much of literature, is concerned with persons and their stories and participates both tacitly and explicitly in cultural values, assumptions and ideologies” (3). “The field of literature and medicine is inherently comparative,” Bruce Clarke writes in his introductory remarks to *The Body and the Text: Comparative Essays in Literature and Medicine* (1990), and, looking to the age-old connection between art and medicine, he evokes the Greek god Apollo, “whose figure combined the art and science of poetry and healing” (1). This powerful connection between medicine and literature demands that the tools of literary analysis be used in the study of medical conditions. Roy Porter and Marie Mulvey Roberts, in *Literature and Medicine During the Eighteenth Century* (1993), assert that “[m]edicine is as much a cultural construct as literature, and [is] in need of scrutiny with the tools of literary criticism – or even of those of the surgeon, whether they be for the purposes of dissection or deconstruction” (13). Complex continua exist between medicine and a whole range of other fields. Suzanne Poirier acknowledges that “medical science both shapes and reflects the social biases of its day” (67); Roy Porter calls for an examination of the “socio-cultural construction of medical knowledge and medicine’s role within wider networks of ideology and power” (*Patients* 1); and G. S. Rousseau suggests that it is impossible to isolate the field of medicine, for “viewed as a social institution, discursive practice, and visual medium, [it] is an integral, even central, tile in the mosaic of *all* culture” (“Review Essay” 85). Together, Rousseau and Porter recognize that “[m]edical history has moved from a positivist to a critical phase”: there has been a shift from “a scientific history of disease to [a] cultural history of disease” (viii). Scholars have come to see “that what they study is not so much the history of

medicine as histories of medicine” (Porter, *Popularization* 1).

The expansive domain of mental illness, a condition that straddles the limits of body and mind, and resists the confines of logic, medicine, and even psychology, demands a more rigorously interdisciplinary approach than studies in other fields of medicine. Jennifer Radden, in *The Nature of Melancholy: From Aristotle to Kristeva* (2000), sees the academic disciplines as “artificial divisions” surrounded by a large range of cultural conceptions (viii). When we begin to accept and recognize this, we also begin to re-examine our habitual approaches – as either literary scholars or medical professionals – to the discourses we produce and investigate. “[M]elancholic states,” in particular, Radden observes, have “always strained the lineaments in which medicine attempted to clothe and contain them” (51). Over the centuries, she continues, mental disorder has been “the object of intense theorizing and dispute,” and doctors have often been left with “an overabundance of theories, explanations, categories, and runaway observations” (51). Porter and Rousseau observe that the *condition* of hysteria as “a state of mind” has been revived in studies of disease; “medical conditions,” “discursive practices,” and other factors have come into play (ix). Hysteria “has thus been fragmented”: “its grip is not confined to one field, its monopoly not limited to medicine. No longer, and perhaps never again, will it be the narrow province of medical doctors or a handful of medical historians” (ix). Following Radden, Porter, and Rousseau, I have embraced a methodological framework that is multi-tiered and patchwork in nature, mainly because such an approach offers the greatest possibilities of tracing the elusive pathways of the condition.

From a critical and theoretical perspective, my project functions in several different ways. In one regard, it operates as an eighteenth-century social and medical history. As Roy Porter points out, there is a notable gap in eighteenth-century medical history in particular; few “conceptual frameworks and patterns of interpretation” have been developed for this period, in stark contrast to nineteenth-century studies, which has “a rich choice of mappings to guide our thinking and research” (*Patients* 284). “[F]ar less research has been directed at the Georgian period than at its successor,” he claims, and the period is often seen as dull and uneventful, for many believe that “the real watersheds” occurred “before or after the eighteenth century” (*Patients* 285). There is a tendency to “back-[project] later developments into the Georgian period,” and there is “rather little sociologically informed analysis of eighteenth-century medical change which has been published” (*Patients* 286). Rousseau agrees, stating that the “retrieval and adequate documentation of medicine remains an untapped area for eighteenth-century studies” (“Review Essay” 85). Both Porter and Rousseau detect a further problem in the tendency to view Freud as the champion of hysteria. Following Micale’s suggestion that we must “unrivet our gaze from the figures of Freud and Charcot” (117), they observe that “Freud inherited a tradition surrounding hysteria” (xvii). “Freud came to hysteria,” they continue, “at the end of a three-thousand-year-old lineage: he was not its progenitor – a truth more easily stated than applied and a historical fact often forgotten” (xvii). They recognize the importance of replacing existing notions of psychology by more accurate and less mythologized and heroic notions than those of Freud, for, they write, “realism and representation, ideology and gender, have been kept too far apart in discussions about human bodies and their so-called pathological states” (xi). Like Porter and Rousseau, I

view the eighteenth century as more than a mere precursor to the nineteenth century's great strides in psychiatry that culminate in Freud's landmark discoveries. Interesting and important in its own right, hysteria in its eighteenth-century incarnation is deserving of close inspection.

My attempts to bring eighteenth-century hysteria to life are aided by a series of critics who have done work on mental illness in the period. Porter and Rousseau are the indisputable trailblazers in this area, and I draw on much of their work throughout this dissertation. Historical surveys of medicine and psychiatry, including Richard Hunter and Ida MacAlpine's *Three Hundred Years of Psychiatry, 1535-1860* (1963) and Stanley Jackson's *Melancholia and Depression: From Hippocratic to Modern Times* (1986), provide scant but important information on eighteenth-century hysteria, as do the aforementioned surveys of hysteria by Veith and Micale. Other works provide contexts for hysteria in their detailed discussions of eighteenth-century medicine and psychology. Among these are Christopher Fox's *Psychology and Literature in the Eighteenth Century* (1987), Andrew Cunningham and Roger French's *The Medical Enlightenment of the Eighteenth Century* (1990), and Graham Richards' *Mental Machinery: The Origins and Consequences of Psychological Ideas, 1600-1850* (1992). Madness in the eighteenth century has been a widely explored topic since the publication of Michel Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason* (1965). Porter's *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (1987), Allan Ingram's *The Madhouse of Language: Writing and Reading Madness in the Eighteenth Century* (1991), and Jonathan Andrews and Andrew Scull's *Customers and Patrons of the Mad-Trade. The Management of Lunacy in Eighteenth-*

Century London. With the Complete Text of John Monro's 1766 Case Book (2003) are a few examples. Some useful, if outdated, articles on eighteenth-century spleen should also be mentioned: Oswald Doughty's "The English Malady of the Eighteenth Century" (1926), Lawrence Babb's "The Cave of Spleen" (1936), a chapter from Cecil Moore's *Backgrounds of English Literature 1700-60* (1953), and William Ober's "Eighteenth-Century Spleen" (1987). More recently, John Sena's "Belinda's Hysteria: The Medical Context of *The Rape of the Lock*" (1987), Jeffrey Timmons' "A 'Fatal Remedy': Melancholy and Self-Murder in Eighteenth-Century England" (1999), and Eric Gidal's "Civic Melancholy: English Gloom and French Enlightenment" (2003) have examined this topic. Many of these works have been useful to my exploration of eighteenth-century hysteria, even though they are markedly void of any significant discussions of women.

Because my dissertation functions in part as a feminist, medical, and literary history of hysteria, I also turn to scholarship in which gender plays a more crucial role, and which foregrounds fictional and cultural representations of illness. G. S. Rousseau's work is pivotal in this area, most notably his "'A Strange Pathology': Hysteria in the Early Modern World, 1500-1800" (1993). John Sena's "Melancholy in Anne Finch and Elizabeth Carter: The Ambivalence of an Idea" (1971), John Mullan's "Hypochondria and Hysteria: Sensibility and the Physicians" (1984), Katharine Rogers' "Finch's 'Candid Account' vs. Eighteenth-Century Theories of the Spleen" (1989), and Desiree Hellegers' "'The Threatening Angel and the Speaking Ass': The Masculine Mismeasure of Madness in Anne Finch's 'The Spleen'" (1993) are also important articles that acknowledge, to differing degrees, the voices of eighteenth-century literary women. Barker-Benfield's *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (1992), Raymond

Stephanson's "Richardson's 'Nerves': The Physiology of Sensibility in *Clarissa*" (1998), and Helen Deutsch's "Symptomatic Correspondences. The Author's Case in Eighteenth-Century Britain" (1999) tackle the important and complex ties between gender, sensibility, and hysteria. Barker-Benfield's extensive exploration of these subjects has been particularly valuable, and I return to his work frequently over the course of this dissertation.

Also important to my project is scholarship that explores the many links between 'woman' and 'hysteria' in the eighteenth century. In his emphasis on the importance of a feminist historiography of hysteria, Mark Micale writes that the condition "may be read as a kind of metaphor both for women's position in past patriarchal societies and for the image of the feminine in the history of scientific discourses" (8). Throughout history, Micale suggests, medical men have described hysteria's symptoms in relation to all the traits they found "irritating or irascible, mysterious or unmanageable, in the opposite sex" (68). The condition has "represented, quite literally, an *embodiment* of female nature in the eyes and minds of male observers" (Micale 68). G. S. Rousseau translates Micale's claims into his study of the eighteenth century, writing that "before approximately 1800, ... discourses [of hysteria] were compiled by doctors who were themselves often terrified of their hysterical patients"; the history of hysteria "is the 'his-story' of male fear" – of "wandering wombs," and of "linguistic embodiments, rhetorics, and emplotments, many of which remain to be decoded and interpreted" ("Strange Pathology" 92). Some feminist criticism provides useful insight into this phenomenon through more general studies of images of women in science. Terry Castle touches on this in *The Female Thermometer: Eighteenth-Century Culture and the Invention of the Uncanny* (1995), and Ludmilla

Jordanova, in *Sexual Visions: Images of Gender and Science in Science and Medicine between the Eighteenth and Twentieth Centuries* (1989), suggests that “gender as a metaphor has had an exceptionally vigorous life in natural knowledge” (5) and highlights the “sense of female pathology about which eighteenth-century and nineteenth-century medical practitioners wrote so eloquently” (15). Ruth Salvaggio, meanwhile, in her *Enlightened Absence: Neoclassical Configurations of the Feminine* (1988), sees women in the age as “other” (8), as specimens of “unreason” (13), and as diseased. Although these explorations of gender in science and medicine are valuable, they do not make any thorough attempts to describe counter-voices to negative representations of women in the period.

Other scholars do underscore the importance of marginal voices of protest in discussions of medicine and hysteria – a fundamental concern of my project. Micale emphasizes the necessity of “de-dramatiz[ing]” hysteria and of looking to the individual sufferers, the “historical hysterics” (149, 116). Though medical histories focusing on the patients themselves are sparse for all historical periods, this is particularly true of the eighteenth century, of which, Porter observes, “we have histories of disease, but not of health, biographies of doctors but not of the sick” (*Patients* 1). Andrews and Scull’s publication, in 2003, of the physician John Monro’s 1766 Case Book addresses “a growing appreciation of the need to address individual cases in historical research on mental illness,” even though, as they claim, “historians (and their publishers) have sometimes been unwilling to reproduce case book and case history material” (24). A few articles explore the case records of lesser-known doctors from the seventeenth and eighteenth centuries, including Guenter B. Risse’s “Hysteria at the Edinburgh Infirmary:

The Construction and Treatment of a Disease, 1770-1800" (1988), Jonathan Andrews' "In her Vapours ... [or] indeed in her Madness'? Mrs. Clerke's Case: An Early Eighteenth-Century Psychiatry Controversy" (1990), and Katherine E. Williams' "Hysteria in Seventeenth-Century Case Records and Unpublished Manuscripts" (1990). Joan Lane takes a uniquely patient-centered approach in her article "'The Doctor Scolds Me': The Diaries and Correspondence of Patients in Eighteenth-Century England" (1985). Central to Lane's work is the conviction that life-writing can enhance our understanding of the medical world of the age. In this sense, her approach has been methodologically useful to my project, though hysteria and women are not among her central concerns.

To find doctors and scholars who have listened to and then attempted to reproduce the voices of hysterical women, I have had to look to studies that focus on the periods after 1800. Freud's work is important in this respect. Though my dissertation is by no means Freud-centered, his work on female mental illness and his attempts to recognize female experiences are, though at times unconvincing, remarkably innovative. Freud and Breuer's early work, Elaine Showalter observes, "seemed to lay the groundwork for a culturally aware therapy that took women's words and women's lives seriously, that respected the aspirations of New Women, and that allowed women a say in the management of hysterical symptoms" (*Female* 158). Freud was also among the first – at least within the medical profession – to recognize the external factors that contributed to female mental disorders, a notion that countered the view of the inherently unstable woman. Freud and Breuer, Showalter points out, went so far as to posit repetitious Victorian domestic routines, "including needlework, knitting, playing scales, and sickbed

nursing, to which bright women were frequently confined, as the causes of hysterical sickness" (*Female* 158).³ Freud did, in many regards, treat his female patients as mere specimens in his development of psychoanalytic theory; as Showalter recognizes, he ignored Dora's social circumstances, and "was eager to penetrate the sexual mysteries of [her] hysterical symptoms and to dictate their meaning to her" (*Female* 159).

Nonetheless, the narratives of Dora and Anna O have come to occupy a vital place in psychiatric and psychological discourse. In the constant re-telling of their stories, these women have developed identities apart from Freud. Dora, Showalter observes, has come to represent a "powerful form of rebellion against the rationality of the patriarchal order" and is the "first feminist critic of Freud" (*Female* 160, "Hysteria" 332). Anna O, by writing her own story after having been Freud's patient, is championed by some feminists for taking her illness and her treatment into her own hands. She refused to continue as a passive patient, and she effected her own cure by taking "complete control of language and subjectivity in her own writing" (Showalter, "Hysteria" 316). In Showalter's estimation, Charcot, Pinel, Freud, and Laing are "male liberators," but women will not break their chains until, like Anna O, they find their own voice (*Female* 250).

Showalter's work on women's mental illness in the nineteenth and twentieth centuries is, in fact, vital to my research. In *The Female Malady: Women, Madness and English Culture, 1830-1980* (1985), she, like Micale, Jordanova, Salvaggio, and

³ Freud and Breuer saw masculinity and femininity as "cultural constructs," and thus "hysterical symptoms [were] the product of unconscious conflicts beyond the person's control" (Showalter, *Female* 161). Freud's conversion syndrome – which shared some characteristics with hysteria – occurred when a psychological conflict was 'converted' into a bodily disturbance. Freud concluded that the disorder stemmed from an internalized emotion of anger, disgust, or unresolved conflict. Therefore, trauma or other outside forces brought about the condition.

Rousseau, argues that the hysteric woman as cultural icon shifts with the ages, thus revealing that her disease is culturally constructed (*Female* 10-11). In her essay "Hysteria, Feminism, and Gender" (1993), she observes that the condition is "invariably represented as feminine through the figures of medical and historical speech," implying that hysteria embraces not only medicine but wider culture; it follows women's roles and struggles throughout history ("Hysteria" 291-92).⁴ She emphasizes that we must be "sensitive to figurative language and to the inscriptions of gender ideology in medical texts," and that "literary criticism can show scientists and historians how to read the texts and gender subtexts of medicine, psychiatry, and history itself" ("Hysteria" 289). Showalter is perhaps most relevant to my approach in her focus on female voice. Recognizing that "the cultural connections between 'women' and 'madness' must be dismantled, that femininity must not be defined in terms of a male norm," she explains that her work "is intended as a contribution toward the feminist revolution in psychiatric history that not only speaks for women, but also allows women to speak for themselves" (*Female* 19-20). She commends women historians who participate in such narratives, and notes that, because of them, the stories of hysteria are not only told by men ("Hysteria" 287). These women recognize historical and ideological crosscurrents; they argue that "hysteria is caused by women's oppressive social roles rather than by their bodies or

⁴ The metaphors of hysteria contain double sexual messages, Showalter argues, for throughout history, "the category of feminine 'hysteria' has been constructed in opposition to the masculine nervous disorder whose name is always shifting" ("Hysteria" 292). "In the Renaissance," she continues, "these gendered binary oppositions were set up as hysteria/melancholy; by the seventeenth and eighteenth centuries, they had become hysteria/hypochondria; in the late nineteenth century they were transformed into hysteria/neurasthenia; during World War I, they changed yet again to hysteria/shell shock; and within Freudian psychoanalysis, they were coded as hysteria/obsessional neurosis" ("Hysteria" 292).

psyches, and they have sought its sources in cultural myths of femininity and in male domination" ("Hysteria" 287). Showalter recognizes, for example, that while nineteenth- and twentieth-century doctors "blamed menstrual problems or sexual abnormality, women writers suggested that it was the lack of meaningful work, hope, or companionship that led to depression or breakdown" (*Female* 61). She turns to the diaries and novels of Victorian women, which provide "a more subtle and complex way of understanding the crises of the female life-cycle than the explanations of Victorian psychiatric medicine" (*Female* 61).

Following Showalter, women's perspectives on hysteria and female mental illness in the nineteenth and twentieth centuries have received considerable attention. Articles and book-length works on the illness narratives of Charlotte Perkins Gilman, Virginia Woolf, and others have proliferated. Barbara Jeanette McLean's *Silence and Patients: Resisting Medical Discourse in Brontë, Woolf, and Drabble* (1993) examines how the nineteenth century woman's resistance to medical discourse is explored in novels by women. Her approach is in some ways akin to my own:

I detect women characters struggling against the definition and subjectivity that medical discourse imposes. Rather than concentrating just on their marginality, I look for ways in which these characters transcend their oppression and form a tradition of working against it. Through the act of writing, women authors resist their definition as dependent beings, for, as Myra Jehlen point out, the "proposal to be a writer in itself reveals that female identity is not naturally what it has been assumed to be." (18-19)

The counter-voices of women have much to tell us about illness and hysteria. Some scholars have gathered similar writings on illness – though often more marginal than those of Brontë, Woolf, and Drabble – into anthologies. Mary Elene Wood's *The Writing on the Wall: Women's Autobiography and the Asylum* (1994) provides one such example. The women writers featured in her text, she claims, "rupture the dominant narratives that deny their ability to speak from an 'I'" (12). "In the very act of telling their stories," she continues, "these autobiographers rupture a prescribed narrative, a narrative that says that they are insane, that they have no place from which to write, that writing will make them sicker, that they should live in institutions, and that they should give over control of their lives to husbands, fathers, and doctors" (12). Following scholars such as Wood, who highlight the importance of women's illness narratives post-1800, I move back to the eighteenth century, to uncover the voices of the hysterics of that age, and to examine medical and cultural representations of the condition. A knowledge of eighteenth-century hysteria, I contend, illuminates our understanding of feminist literary history, for so much of the women's literature from that period is defined by the writing subject's difficult struggles and experiences, among which hysteria is central.

An interdisciplinary project of this nature, that places literature alongside medicine and that explores life-writing, poetry, and medical texts, inevitably raises the question of genre. This is an issue I explore at length in Chapter Two, where I draw on the works of eighteenth-century critics like Bruce Clarke, Roy Porter, and G. S. Rousseau, as well as on Paul W. Child's "Teaching Restoration and Eighteenth-Century Medical Texts as Literature" (2000) and Serge Soupel's "Science and Medicine the the Mid-Eighteenth-Century Novel: Literature and the Language of Science" (1981). All of

these studies suggest that an examination of hysteria and/or medicine exceeds the limits of genre, particularly in the eighteenth century, when generic divisions were far less clear. I draw on Suzanne Poirier's "The History and Literature of Women's Health" (2000), and on the work of Mary Elene Wood and Joan Lane, to emphasize the importance of women's voices in medical contexts. Mary Eagleton and Anne Hunsaker Hawkins are other important figures in this regard; in "Genre and Gender" (1996), Eagleton points to the importance of "female forms" in countering the dominant discourses, while Hawkins, in *Reconstructing Illness: Studies in Pathography* (1993), theorizes the power of "pathography," by which she designates first-person illness narrative. Elizabeth Heckendorn Cook's *Epistolary Bodies* (1996) explores gender and genre in the eighteenth-century republic of letters. I have drawn on yet another group of critics to explore the place of poetry in discussions of hysteria. Isobel Armstrong's "The Gush of the Feminine. How Can We Read Women's Poetry of the Romantic Period?" (1995) identifies a particularly female strain of late eighteenth-century poetry, while Desiree Hellegers examines Finch's use of the Pindaric Ode within medical discourse. Linda Kauffman, whose *Discourses of Desire: Gender, Genre, and Epistolary Fictions* (1996) explores how women portray themselves as artists through poetry, has also been important to my investigations, as have Elizabeth Dolan's "British Romantic Melancholia: Charlotte Smith's *Elegiac Sonnets*, medical discourse and the problem of sensibility" (2003) and Kathryn Pratt's "Charlotte Smith's Melancholia on the Page and Stage" (2001), both of which provide useful examinations of Smith's innovative manipulations of melancholy, sensibility, and medical discourse.

In addition to being a medical and feminist history of hysteria that foregrounds

the voices of female sufferers, my project also brings marginal texts of eighteenth-century women writers and physician-writers to light, and is in this regard a literary historical endeavour. Though scholarship is scarce on most of the writers I examine, I draw on a range of literary critics and biographers throughout. Elizabeth Freke's *Remembrances* has received no critical attention beyond Raymond Anselment's articles; one introduces the memoir, another tackles Freke's attempts at "Reconstructing a Self" (1997), and the other, "The Wantt of health": An Early Eighteenth-Century Self-Portrait of Sickness" (1996), explores the importance of Freke's memoir as a medical document. In "'The Teares of Nature': Seventeenth-Century Parental Bereavement" (1993), Anselment looks at Katherine Philips' unique employment of the child elegy, and explores a variety of contemporaneous literary responses to grief. Myra Reynolds, and then Charles McGovern and Barbara Hinnant, in their respective turns as editors of Anne Finch's poems, have provided extensive biographical information as well as some critical commentary. Katharine Rogers and Desiree Hellegers explore Finch's "The Spleen" in the context of the medical ideas of the day, and Carol Barash's "The Political Origins of Anne Finch's Poetry" (1991) provides useful information on the poet's political and literary allegiances. Robert Halsband, as editor of Lady Mary Wortley Montagu's *Letters*, and Isobel Grundy, as writer of the 1999 biography of Montagu, offer important insights into Lady Mary's spleen. Piozzi's life has received a substantial amount of critical attention, and I look frequently to her biographers (James Clifford, A. Hayward and J. H. Lobban, Mary Hyde, and William McCarthy), to the editors of her letters (Moses Tyson and Henry Guppy, Edward Bloom, Lillian Bloom, and R. Brimley Johnson), and to the editor of her *Thraliana* (Katherine Balderston). Janice Thaddeus' "Hoards of Sorrow:

Hester Lynch Piozzi, Frances Burney d'Arblay, and *Intimate Death*" (1990) explores Piozzi's ways of coping with grief; Catherine Rodriguez's "A Story of Her Own: Hester Lynch Piozzi's Autobiography" (1999) looks at her struggles as an ageing woman; and Orianne Smith's "'Unlearned & ill-qualified Pokers into Prophecy': Hester Lynch Piozzi and the Female Prophetic Tradition" (2004) examines her unconventional philosophies and unusual responses to the upheavals of the late eighteenth century. Elizabeth Carter's hysteria receives attention in John Sena's aforementioned article, while her importance as a public intellectual is the subject of Deborah Heller's "Bluestocking Salons and the Public Sphere" (1998). Stuart Curran, editor of Charlotte Smith's poems, provides crucial biographical information on Smith, and Elizabeth Dolan and Kathryn Pratt, as well as Deborah Kennedy, in "'Thorns and Roses: The Sonnets of Charlotte Smith'" (1995), engage with the issue of Smith's melancholy. G. J. Barker-Benfield's discussion of the ties between sensibility and Wollstonecraft's feminism in *The Culture of Sensibility* has been vital to my research, as has his exploration of Wollstonecraft's hysteria in "Mary Wollstonecraft's Depression and Diagnosis: The Relation Between Sensibility and Women's Susceptibility to Nervous Disorders" (1985). Roger Lonsdale's 1989 Oxford anthology, *Eighteenth-Century Women Poets*, has proven crucial in the many ways as it reproduces the works of multiple understudied female poets. Together, these critics have helped me to explore the lives, writings, and illnesses of eighteenth-century literary women who lived with and suffered from hysteria.

The literary dimension of my project extends beyond studies of individual female authors to include physician-writers. Some of the works of Roy Porter and G. S. Rousseau explore the lives and works of these men. In addition, Stephen Good and

Daniel Robinson have edited and written on the treatises of Mandeville and Whytt respectively, while Thomas Sydenham's innovations in medicine are explored in essays by John Comrie, Kenneth Dewhurst, and R. G. Latham. Anita Guerrini explores Cheyne's constructions of femininity in "The Hungry Soul" (1999), while Steven Shapin's "Trusting George Cheyne: Scientific Expertise, Common Sense, and Moral Authority in Early Eighteenth-Century Dietetic Medicine" (2003) describes the fame and foibles of this fashionable physician. I also draw on criticism that puts forth theories of illness, culture, and literature, and that informs my investigations of primary writers. Among these is Arthur Kleinman's *Social Origins of Distress and Disease* (1986), which examines the ties between medical symptoms and society. Virginia Woolf's *On Being Ill* (1930), Arthur Frank's *The Wounded Storyteller: Body, Illness, and Ethics* (1995), Thomas G. Couser's *Recovering Bodies: Illness, Disability, and Life Writing* (1997), and Suzette Henke's *Shattered Subjects: Trauma and Testimony in Women's Life-Writing* (2000) in diverse ways all explore the therapeutic and empowering potentials of writing.

Together, this body of criticism – a range of work that covers medicine and literature, eighteenth-century history and culture, hysteria, medical history, feminist history, and illness narrative – has helped me to trace the shifting meanings of hysteria from 1670 to 1810. These critics justify my methodological decision to place the life-writing and confessional poetry of eighteenth-century women at the centre of this study, and to view the medical treatises as secondary yet crucial documents. My reasons for exploring these two strands of textual material are elaborated more fully in the section on "Generic Diagnoses" in Chapter Two, but some preliminary comments on this subject are in order. The medical treatises offer information on prevalent cultural, medical, and

social understandings of hysteria in the period, and they contextualize both the condition of hysteria and the women's writings on it. Studying them alongside contemporary critics who look at gender, culture, mental illness, and eighteenth-century hysteria in particular sheds light on the strong associations between 'woman' and 'hysteria' in the period. Moreover, the simultaneous study of medical treatises and women's writing results in a dialectical approach to both hysteria and genre that mimics, and perhaps even captures, the elusive nature of the condition I explore.

Why the decision to construct a version of hysteria that favours the words of eighteenth-century literary women? Certainly, we find hysterics in other contemporaneous documents; they appear in the popular and abundant eighteenth-century odes to melancholy, in the dramatic stories of suicide that appeared in the press, and in the more sensational accounts of insanity or religious madness from the period. My reasons for excluding these documents are in part explained by Mark Micale's suggestion that we "de-dramatiz[e]" hysteria. Studies of hysteria, he observes, "have given disproportional weight to a smattering of the most popular and picturesque sources" (154). "Generally speaking," he adds, "the history of hysteria is most likely to bring to mind the gross motor and sensory conversion of the Victorian invalid, the erotic exhibitionism of Charcot's *grandes hystériques*, and the elaborate and idiosyncratic neurotic of Freud's patients. Above all, it conjures up a picture of the female hysteria *en pleine crise*: hair disheveled, head tossed back, limbs contorted, eyes rolling, and body rigid and writing" (149). This, he suggests, "is providing a skewed historical picture and retarding the growth of scholarship on the subject" (154). In many ways, the personal, and relatively candid, texts I study offer a version of hysteria that is not artificial, overly

dramatized, sensational, or indulgent. My approach also respects the claims of Showalter and others to the importance of listening to the sufferers. This, to use Woolf's words, discloses "undiscovered" perspectives that, at least to a degree, place hysteria close to modern-day depression.

When I *do* explore fictional or overwrought representations of hysteria by women authors, these are supplemented by more 'sincere' accounts by these same authors. For instance, portions of Anne Finch's "The Spleen" are autobiographical, and the poet, who suffered from spleen throughout her life, may reasonably be aligned with the speaker. Elizabeth Carter's "Ode to Melancholy" is complemented by a collection of letters that attests to her struggles with melancholy, and Charlotte Smith, in the prefaces to her *Elegiac Sonnets*, insists that the pain she expresses in the poems is genuine. In all of these cases, there are ties between fictional representations and the ostensibly "real," lived experience of hysteria. Perhaps most importantly, viewed together, the poetry and life-writing enable an exploration of the association between illness and creativity in eighteenth-century women writers. In my study of the emerging literary woman, I explore the vital links between her mental hardships, her artistic production, and her dual identity as both woman and writer. The ambiguity between creative work and lived experience that these women purposefully create is a unique concern of this project.

This dissertation looks at a medical condition *through* literature. It can be viewed as a history of women's literary responses to hysteria, but its purposes and methodologies are multi-tiered. As Rousseau, Porter, and others claim, literature is a social and medical phenomenon, and to explore literary representations of disease necessarily brings us beyond the borders of any one discipline. This project is, therefore, a history of women's

literary responses to hysteria *and* a history of hysteria in the eighteenth century. The elusive nature of the condition demands such a multi-layered approach.

Part 3: Circuitous Symmetry: Capturing Hysteria's Elusive Narratives

The subsequent chapters explore the construct of eighteenth-century hysteria through its diagnoses, symptoms, causes, and treatments. These categories are both medical and metaphorical; as such, they invite cultural, feminist, and literary interrogations of the condition. Following the second chapter's survey of hysteria's varying contexts and discourses, the dissertation moves from the female body outward. Chapter Three focuses on the particular symptoms of hysteria and their interpretations; Chapter Four traces the multiple causes – most of them external – of the condition; and Chapter Five explores how varying treatments for hysteria enable the sufferer's liberation from both her illness and her oppressed condition as an eighteenth-century woman. Within each chapter, the subsections trace this movement outward on a smaller scale, beginning with the restrictions of the overarching theme I explore (symptoms, causes, and treatments, respectively), and ending with its liberating potential.

"Chapter Two: Diagnoses" is in large part a contextualization of the wide range of meanings of hysteria in the long eighteenth century. It is divided into three parts, each representing a distinct realm of diagnosis: "medical," "cultural," and "generic." Part 1 describes the evolution of medicine in the period as a series of crosscurrents and paradoxes, and of ebbs and flows. Beginning with a discussion of the eighteenth

century's medical enlightenment, I trace medical and psychological advances, and changing, ostensibly more progressive, theories on women and illness. Such progress, I go on to argue, was met with resistance. Despite an increased focus on observation and experience, for example, physicians continually returned, in their diagnoses of hysteria, to an inherent female pathology and to images of diseased uteri and wandering wombs. The view that women were a source of corruption and disorder, I suggest, served to legitimate medicine's efforts to control and contain them.

Part 2 first explores how the pathologization of women extended beyond the world of medicine and served to validate male ideologies limiting women to traditional roles. In this regard, the dialectical relationship between medicine, hysteria, and women's positions in larger culture is explored. I look at the complex intertwinement of medical and cultural ideas in the eighteenth century, and highlight the popularity of nervous disorders and the celebrity-like status of spleen doctors. I then move into a discussion of the ways women, in various discourses, were confirmed as fickle, unreasoned, predatory, and sexually unstable. Hysterical heroines abounded in the literature of the period, and metaphors of hysteria set female infirmity against male virility in the realms of science, commerce, trade, and colonial expansion. I discuss the ties between nervous disorders and the eighteenth-century culture of sensibility, arguing that women were often associated with the debilitating aspects of sensibility – weakness, delicacy, and disorder – and denied its privileges, among which, most notably, was a heightened intellectual acuteness. The culture of sensibility ensured the mental and physical degradation of woman and her relegation, through marriage, to the domestic sphere. More generally, I argue, woman's inherent hysteria was a powerful metaphor that served to contain,

control, and restrict her. This section goes on to explore eighteenth-century feminist crosscurrents to such constructions. Looking to Mary Wollstonecraft, I suggest that sensibility was in many ways synonymous with consciousness and awareness, and that its rise signified woman's independence and self-expression. Women found a more confident and public voice through the culture of sensibility, and so challenged medical discourses of hysteria that celebrated their inherent weakness. Lady Mary Wortley Montagu, for instance, exerted her knowledge as a medical authority, while Anne Finch's poem "The Spleen" was recognized in medical circles as an important document. These women serve as important counter-voices to the male containment of the female hysteric, and in crucial ways they anticipate the feminism of Wollstonecraft later in the century.

Having shown in Parts 1 and 2 that cultural, literary, and medical discourses of hysteria are inextricable, Part 3 goes on to broach the issue of genre. The vast scope of eighteenth-century hysteria, I argue, demands a dialectical approach to genre. With this in mind, I discuss the limitations and possibilities of the medical text. Eighteenth-century medical treatises straddle the borders of metaphor and science, and are in many ways innovative: they acknowledge the elusive nature of hysteria, recognize medicine's shortcomings and fallacies, and consider female experience. In other ways, however, they blindly uphold the infallibility of medicine and the weakness of woman. The medical texts alone cannot provide a fair representation of hysteria. Rather, I contend, a comprehensive study of the condition must embrace its mysteries and metaphors, listen to patients' voices, and recognize both male and female perspectives. I move from this position to a discussion of female life-writing and a theorization of the genre as "composite pathography." This form foregrounds the female voice, offers unique

personal insights, challenges official medical ones, and is in itself a medley of genres. In its ramblings, deviations, and uncertainties, it mimics the elusive nature of hysteria, and thus offers valuable information on the disorder. This leads to my formulation of a female poetics of hysteria. Some poems that take hysteria as a subject are autobiographical and confessional, while others uncover the public and constructed voice of the poet. Much of the poetry is uniquely female in its combination of feminine emotion, irrationality, and displays of hysteria, with masculine reason, science, and objectivity. I offer a detailed examination of Finch's "The Spleen" and I study Charlotte Smith's skilled manipulations of both poetic artifice and genuine experience. Together, in their unique diagnoses of the elusive and mysterious disease, women writers (and, to a degree, physicians) escape its medical and cultural confines.

"Chapter Three: Symptoms" opens with a discussion of the complexities of hysteria's vast network of physical symptoms. One set of symptoms, I argue, often invited a variety of interpretations – some confirming woman's inherent instability, others serving as a feminist language of protest. Doctors generally focused on physical symptoms and the dysfunctional female body. Women, for their part, internalized such interpretations, but they also countered them, and sometimes acknowledged, for example, that they suffered from the doctors' *mis*interpretation of their symptoms. Both the women and the doctors, I go on to argue, enable a view of eighteenth-century hysteria as a language of protest that serves as a revolt against the restrictions of sensibility and womanhood. This language is, of course, more powerful in the women's writing, in which self-consciousness becomes a defining characteristic. In the women's hands,

hysteria's symptoms represent a loss of control, but they also grant women lucidity, individuality, and self-awareness.

Part 2 explores interpretations of mental symptoms, first exploring the medical recognition of hysteria as, at least in part, a disease of the mind in which the patient experienced mental despair. As in Chapter Two, I explore the ebbs and flows of progress and emphasize varying approaches to eighteenth-century "psychology." Physicians often failed to disentangle mental suffering and physical debility; depression, delusions, and sadness were acknowledged, but they were often attributed to an inherently fickle female body. I explore how, in the women's writings, the weakened body recedes into the background while the suffering mind moves to the fore. Hysteria, in other words, emerges as a condition akin to modern-day depression. This is most apparent in the life-writings, which track its sporadic and unpredictable mental manifestations. The epistolary form in particular offers a unique portrayal of the psychological complexities of hysteria, as my discussion of Lady Mary Wortley Montagu's fascinating case makes clear: caught in and confused by the ebbs and flows of psychological innovation, Lady Mary nevertheless manages, paradoxically perhaps, to capture the essence of the disease. In her epistolary exchanges, hysteria is revealed as a dangerous, confusing, and largely inexplicable disease of the mind.

In Part 3, I turn to the woman writer's attainment of greater intellectual freedom through her metaphorical manipulations of hysterical symptoms. I first elaborate an intellectual woman of feeling – a woman who suffered from hysteria but displayed tremendous intellectual tenacity, who defied cultural stereotypes, and whose powers of interpretation were remarkable and empowering. I use three poems – by Carter, Finch,

and Smith – to reveal a female, dialectical engagement with hysteria that speaks to the vitality and variability of women’s intellectual culture. This leads to an elaboration of a female aesthetics of hysteria. Women in the period formulated uniquely female metaphors of nature. Weather patterns, for example, serve at times as sustained representational accounts of mental symptoms. The female imagination, as a site of control and sophistication, is reclaimed in these descriptions. Charlotte Smith, for example, challenged the naturalization of female sensibility (the unproblematic alignment of woman and nature) in her poems. I conclude the chapter by examining Piozzi’s startling view of nature; full of grandeur and sublimity, she casts herself as prophet, and her hysteria becomes synonymous with apocalypse. Like many other women writers, I suggest, she asserts her literary voice as she describes her hysterical symptoms.

Part 1 of “Chapter Four: Causes” broaches a discussion of nature versus nurture in causative models of hysteria. The doctors, I argue, often returned to female physiology to quell their confusion regarding the mysteries of the disorder, an approach internalized and endorsed by some women. However, women and doctors also began to recognize that perhaps the “mortal part” was not to blame, thus moving towards Wollstonecraft’s recognition at the century’s end that woman’s depression was the result of her depressed social condition. Women in particular refused to see their bodies as inherently disordered, and instead viewed them as sites of debilitating pain and sources of despair. Many recognized the social causes of the ageing woman, an oft-derided figure, and the difficulties stemming from the passage of time. Despite these innovative and empowering ideas, many women, torn between theories of nature and nurture, struggled with the complex, circulating web of ideas on hysteria’s causes.

“Hysterical domesticity” is the subject of Part 2. Looking to Mary Wollstonecraft, I analyze the woman writer’s sophisticated awareness of the sources of eighteenth-century domestic misery. She recognized the inequities of marriage and the wrongdoings of husbands, for instance. She began to articulate the domestic roots of depression beyond her private writings, and, towards the century’s end, was voicing these miseries more boldly, more forcefully, and more openly. Her opinions, I argue, became part of an elaborate open exchange of ideas on hysteria’s causes. I also take up in this section what Wollstonecraft describes as woman’s “echo of grief” – the process by which domestic isolation incited rumination and aggravated feelings of depression. Women’s experiences with losing babies and young children are epitomized, and publicized, in the female elegy to the departed infant, a form that, along with certain kinds of life-writing, captures the personal circumstances and attachments of the grieving woman. I explore how women’s rejections of domesticity caused them to feel torn between duty and desire, and to experience fierce and relentless inner struggles (a phenomenon exemplified in Piozzi’s dual identity, as it is articulated in the *Thraliana*). I also explore the woman writer’s recognition that a literary culture hostile to the female pen and to ameliorations in female education were causes for depression.

Hysteria’s causes move further outward in Part 3, which looks at hysteria as a disease of culture. I explore the dialectal relationship between symptoms and society and the ways that hysteria was defined by social norms and expectations. The consequences of commerce, luxury, and fashion meant that female weakness was often aggrandized for the sake of male pleasure, and that ladies feigned the fashionable poses of hysteria (which sometimes resulted in *real* hysteria). In this way, I argue, hysteria served to narrow

woman's sphere and render her powerless. However, many women writers, such as Finch, Piozzi, and Carter, set themselves against the lures of fashion, luxury, and idleness; for them, the pursuit of pleasure was a futile endeavour that ultimately led to depression. In this climate, both the fashionable, hysterical coquette, and the intellectual female melancholic found themselves caught within hysteria's web, oppressed by the forces of a male commercial world. I theorize in this section a female civic melancholy in which women resisted their conventional roles by cleverly describing the more public origins of their conditions. Female personal grief becomes, from this perspective, a reflection of and response to national difficulties and upheavals. I look to Finch's melancholy of political exclusion, to Carter's view of public events as metaphors for private distress, and to Piozzi's immersion in a web of indistinguishable public and private frustrations. The convoluted layering of this causative model both highlights the vast and complex causes of hysteria, and places the eighteenth-century woman in a larger sphere.

Chapter Five explores the varying treatments – real and metaphorical – for hysteria, and begins with a discussion of the condition's "dialogic therapies." I first examine the exchange of ideas that occurred between physicians, women writers, and laypeople, all of whom embraced, criticized, and dismissed a wide range of curative theories and regimens. In one regard, the doctors' remedies were not therapeutic at all, because they did violence to women's minds and bodies and ensured their complacency and silence – a process that seems to have worsened as medicalization occurred over the course of the century. These treatments can be viewed as reactionary, I argue, and as the consequence of the vocal and rebellious tendencies of female patients. Women writers

resisted the doctors' restrictive diets, aggressive bleedings, and violent medicines, as well as their espousal of a domestic, sedentary lifestyle. Some women resisted domesticity and marriage altogether, while others rejected conventional marriage models and insisted on partnerships that satisfied the intellect, gratified them sexually, and brought them a degree of autonomy. The women and the doctors were not always at odds, however; their conversations, I suggest, led to more holistic remedies. Some doctors tamed their brutal methods and resorted to the soothing qualities of more natural medicines, cold baths, and opium, for example. Thus we find women capitalizing on the evolving character of medicine in the period and exerting their influence upon medical doctrine in a way that alleviated their depression. In fact, the remedies they embraced often led to an expansion of the domestic sphere. Women – and, to an extent, doctors – espoused treatments that exercised the mind and body.

The concluding section of Chapter Five explores some of the woman writer's more feminist therapies, and looks first at theories of "narrative recovery" and "scriptotherapy." Writing, I argue, enables both the projection and the alleviation of pain. This leads to a discussion of the more innovative and 'modern' cures promoted in the eighteenth century, including Bernard Mandeville's distinctive 'talking cure.' I identify a unique female culture of therapy in the incessant scribbling of many female life-writers. I first explore the women's acknowledgement of the healing nature of writing; then I examine the refashioning of self that occurs in the private works of Freke, and the curative effects of Piozzi's ramblings and digressions in the *Thraliana*. Epistolary exchanges demonstrate a tangibly therapeutic element, first because of the therapist/patient relationship sometimes established between correspondents, and second

because of the creative outlet the letters provide. Finch describes the healing nature of the verse letter, while Smith finds an outlet in poetry by granting her melancholy muse-like status. For Wollstonecraft, scriptotherapy is closely tied to the political, manifesto-like qualities of her writing; alleviating hysteria becomes synonymous with an improvement in the condition of woman. A discussion of women's "therapeutic retreats" follows my discussion of scriptotherapy. Many women writers describe how they find solace in escape from the "beasts" and the "wilderness" of society, to use Lady Mary's words. In fact, their writing becomes a sanctuary as they discover select literary worlds comprised of philosophers, intellectuals, and artists. These retreats, which are sometimes religious in nature, enable an uninhibited expansion of the mind. A heightened sense of existential phenomena, of creation's intricacies, and of supernatural forces inspire the women's art and creativity, I argue. My discussion circles back to Woolf's recognition of the uniquely creative visions that illness inspires. The hysteric state provokes a ravenous appetite for ideas, as exemplified in Wollstonecraft's fictional autobiography. Women sometimes formed utopian retreats and imagined literary communities of female writers and friends. In coping with their depression, and in overcoming their hysteria, they found a literary voice, expanded their traditional sphere, defied conventional roles, and achieved greater freedom.

CHAPTER TWO

DIAGNOSES

Part 1: Medical Diagnoses

a. Medical Advances

The eighteenth century saw the beginnings of psychological inquiry as we now know it. Scientists and physicians in this time began to replace archaic notions with more modern understandings of mental processes. During this “[medical] Enlightenment,” old authorities such as Galen were renounced, the “religious dimension of traditional medical theory came to be downplayed,” and “every man became his own authority” as “new medical ‘systems’” were offered (Cunningham and French 2). Thomas Sydenham’s 1682 *Epistolary Dissertation*, which focused on hysteria, was central to these changes. In it he supplanted humoral theories, rejected notions linking the condition to diseased or wandering wombs, and placed ‘observation’ above ‘theory’ in the practice of medicine. He abandoned the purely somatic theories that pervaded medical discourse before the eighteenth century, and moved towards more psychological understandings in which the actual *experience* of illness became central. Sydenham was, moreover, innovative in his fondness for experiment and observation. R. G. Latham calls him “the father of clinical medicine in Britain” and writes: “Sydenham, the British Hippocrates, following the

footsteps of the Father of Medicine, not only revived but put into practice the dictum that medicine depends on the observation of, not on hypotheses about, disease” (5).

Sydenham, Kenneth Dewhurst adds, “intended to show that clinical experience was of greater importance in the physician’s main task of treating the sick than experimenting in such basic sciences as anatomy, chemistry, and botany” (36). In the introduction to his *Epistolary Dissertation*, Sydenham announces his groundbreaking approach: “I now gird up my loins [...] to explain what I have as yet discovered by observation concerning the hysterical diseases” (84).¹ Gone are the abstract theories of his predecessors, and in their place is a newer, more empirical method of practicing medicine.

Following Sydenham, eighteenth-century physicians began to examine the body as an object of science rather than a mysterious entity governed by humours, passions, and the balance of four temperaments. Secularism and materialism became increasingly powerful medical forces, and the body came to be seen as “a machine operating according to natural laws” (Cunningham and French 2). In *A Treatise of the Hypochondriack and Hysterick Diseases* (1711), Bernard Mandeville emphasizes the importance of studying anatomy: he criticizes Galen’s lack of learning and knowledge in both “physick” and body dissection (77-79). Most physicians believed in the existence of bodily fluids labelled “animal spirits” which served as intermediaries between various organs, and between body, mind, and soul. In his 1725 *Treatise*, Richard Blackmore sees

¹ Sydenham’s ideas were based not only on the observation of his patients, but also on his personal case history. He discusses his own condition in his treatise, and candidly asserts in his prefatory letter to Dr. Cole that his explanation will be short, for “if I were to indulge in any very deep train of thought, I should bring on an attack of gout” (85). Comrie suggests that Sydenham’s ill health and consequent melancholy, as well as “the increasing professional opposition and disappointment he had to face, all tended to cause a gloomy cast of mind which was reflected in his writings” (27).

these animal spirits as the “immediate Ministers of the Soul in all her various Operations” which are responsible for the “reciprocal Contraction and Dilatation of the Brain,” and the “Motion of the Heart” (238-39). Mechanical philosophies – promoted by such thinkers as Descartes, Boyle, and Newton – saw the body as “a piece of machinery” (Porter, *Flesh* 50-51). In *The Spectator* (1711), Addison declared: “I consider the Body as a System of Tubes and Glands” (qtd. in Porter, *Flesh* 119). During the first half of the eighteenth century, spleen doctors similarly envisioned the body as an intricate network of canals. In *The English Malady* (1733), George Cheyne depicts the body as a sort of system of hydraulics, formed of “an infinite Number and Variety of different Channels and Pipes” through which “Liquids and Fluids perpetually [run], [glide], or [creep] forward” (3). In the works of Cheyne, Mandeville, Blackmore, and their contemporaries, we find a “physicalization” and “simple mechanization” of psychological discourse in which the “vicissitudes of the body” take precedence over the “soul’s destiny” (Richards 195).

Sydenham’s foregrounding of experience and observation influenced early eighteenth-century texts on hysteria, which increasingly focused on the primacy of the individual. In the preface to his treatise, Mandeville laments that the “silent Experience of Pains-taking Practitioners is ridicul’d, and nothing cried up but the witty speculations of hypothetic doctors” (iv). He believes we should embrace the “solid Observation of never erring Nature” (iii-iv).² Mandeville and others often listened to their patients and recorded their words and feelings, and the case study became an acceptable way of

² Stephen Good sees Mandeville’s *Treatise* as a critique of “the failings of rationalistic medical scientists” with the following primary message: “[it is] better to have an experienced apothecary than a vain, rationalist, inexperienced physician” (x, xiv).

documenting illness in medical texts.³ In *The English Malady*, Cheyne includes eighteen case histories, and the treatise concludes with his own lengthy personal case history. Mandeville's text is in a dialogue form in which the characters are doctors and patients, and while his illustrations and case histories are fictional, they nevertheless force an examination of "particular manifestations of the disorders of individuals as opposed to generalizations about the disease in the abstract" (Good ix). In their 2003 edition of the 1766 "Case Book" of John Munro, a prominent "mad doctor" at Bedlam, Andrews and Scull write,

A number of early modern treatises on madness, from that of Cheyne to that of Pargeter, underline how important individual case histories were for mad-doctors: they provided a means to assert the possession of medical knowledge and simultaneously to communicate aspects of that knowledge to professional colleagues and potential customers. Such sources demonstrate, furthermore, how much the practices of early modern mad-doctoring involved one-to-one negotiation with clients and accommodation to their perceived needs. (47)

The increasing importance of "individual case histories" and "one-to-one negotiation" between doctor and patient suggests that eighteenth-century medical advances embraced the patient's experience.

This focus on experience and experimentation led to more ostensibly 'psychological' theories in the second half of the century. Recalling his predecessors,

³ There are differing views surrounding the eighteenth-century case study. Hunter and MacAlpine note, for example, that the medium was not widely used until "the last quarter of the eighteenth century," and that John Woodward was one of the first to use detailed case histories in 1757 (338).

Robert Whytt rejects conjectural theories of the body, and his 1764 *Treatise*, as Daniel Robinson observes, reveals him to be a “true [pioneer] in experimental science” (xxiii). Whytt’s approach to mental illness is more psychological, even neurological, than the theories of Mandeville, Blackmore, Robinson, and Cheyne. He rejects the notion of the body as a hydraulic machine, and instead, sees “sympathy” between all nerves (44), describing them as “small cords ... distributed to every part of the body” (31).⁴ What is most groundbreaking in his treatise is the notion that the brain is always at the centre, directing and deciding. “[A]ll sympathy,” Whytt writes, “must be referred to the brain itself and spinal marrow, the source of all the nerves” (52). Whytt is perhaps one of the first “physiological psychologists” (Daniel Robinson xxi-xxiii). His strategy of focusing on the brain and nervous structures became prevalent in the second half of the century, when the terms “spleen” and “vapours” were gradually replaced by “nerves.” By 1780, Roy Porter writes, “the break with the essentially somatic understanding of madness was widespread” (*Flesh* 312). And by the end of the century, brains were regularly dissected and neuroscientists were assuming the roles previously occupied by intellectuals (Porter, *Flesh* 372). In this respect, the eighteenth century marks “a watershed” in the history of medicine as “[t]he workings of the soul, or mind, became the subject-matter of psychological inquiry” (*Flesh* 372).⁵

⁴ Whytt is the first to discard the notion of “animal spirits,” stating that he has had “no recourse to any imaginary *flight, repercussion, dispersion, confusion, or jarring contest* of the animal spirits; for whose existence we have only probability, and of whose peculiar nature and properties we are altogether ignorant” (24).

⁵ The roots of psychology are certainly to be found in the Restoration and eighteenth century, when the word “psychology” began to be used in a sense familiar to us. “‘Psychology,’” Cunningham and French observe, “a term whose old meaning was to do with the operations of the soul (*psyche*), came to be about the operations (and loss) of *reason*” (2). “[W]e have the appearance of similar issues and the existence of the same

The medical transition from physiology to psychology, theory to observation, and humours to nerves influenced understandings of women's nervous disorders. More detailed scientific investigations of physiology led to the emergence of the two-sex model, which saw women as physiologically and emotionally distinct from – rather than inferior to – men.⁶ Just as eighteenth-century doctors concurred that the cause of spleen was not the organ of the same name, they claimed to dismiss theories of wandering wombs and diseased uteri. Thomas Sydenham discards the view that hysteria is tied to “uterine suffocation” and “corrupt menstruation” (Dewhurst 46-47). Following Sydenham, Blackmore refers to the “gross Conception” of the “Antients” that “Hysterick Passions” derived from a “disordered Matrix” (249). Consequently, the doctors began to

term, psychology,” in a variety of seventeenth- and eighteenth-century texts, Christopher Fox contends (2). Moreover, many of these texts contain detailed studies of the human mind (Fox 5). Nonetheless, “nominal identity” does not imply “conceptual identity,” Fox asserts, and “psychology” did not mean “the same thing to eighteenth-century writers it does to us” (2). Fox goes on to explore the complex and varied meanings of the word in the period, and explains that it appeared in a wide range of contexts including physics, natural philosophy, moral philosophy, logic, pneumatology, physiology, medicine, literature, aesthetics and criticism (12-13).

⁶ In *Making Sex: Body and Gender from the Greeks to Freud*, Thomas Laqueur traces the complex emergence of the two-sex model. “Sometime in the eighteenth century, sex as we know it was invented,” writes Laqueur (149). In this period we find “not only an explicit repudiation of the old isomorphism, but also, and more important, a rejection of the idea that nuanced differences between organs, fluids, and physiological processes mirrored a transcendental order of perfection” (149). Laqueur goes on to describe the cultural ideas that emerged alongside this scientific discovery: “Aristotle and Galen were simply mistaken in holding that female organs are a lesser form of the male’s and by implication that woman is a lesser man. A woman is a woman, proclaimed the ‘moral anthropologist’ Moreau in one of the many new efforts to derive culture from the body, everywhere and in all things, moral and physical, not just in one set of organs” (149). Laqueur’s history, like mine, is not a simple trajectory, however. He goes on to argue for “the continued life of the one-sex model” into the nineteenth and twentieth centuries (21). Although, in the eighteenth century, “the truths of biology had replaced divinely ordained hierarchies or immemorial custom as the basis for the creation and distribution of power in relations between men and women[,] ... not all confrontations of sex and gender were fought on this ground, and one-sex thinking flourished” (193). “The play of difference never came to rest,” Laqueur observes (193).

suggest that the male and female strains of spleen were identical. Sydenham insists, for example, that hypochondria and hysteria are as alike “as one egg is to another” (85). Mandeville sees the two conditions as proceeding from the “same Original” (100), and Blackmore takes them to be “the same Malady, and not different in Specie” (96). This belief was carried into the second half of the century; Robert Whytt writes that “their symptoms are of so similar a nature, [that] the hypochondriac disease is not more unlike the hysteric, than this last is often unlike to itself” (75). And finally, the words and experiences of female hysterics began to be heeded. Polytheca, a fictional female character suffering from hysteria, figures centrally in Mandeville’s medical text, while Cheyne includes seven case studies of female patients in *The English Malady*. Together, advances in eighteenth-century medicine and the rise of psychology led to a newfound respect for women’s experiences of hysteria.

b. Gendered Crosscurrents

Despite an increased emphasis on psychology, the century did not see a steady transition into modern theories of mental illness. Rather, the process by which hysteria came to be understood is characterized by crosscurrents and paradoxes, and is best described as a series of ebbs and flows. Psychology was not suddenly born in the eighteenth century; the rise of specialist physicians occurred, but it was in the nineteenth century that psychiatry was finally “established as an organized sub-branch of medicine” (Richards 196). Though humoral, uterine, and physiological theories were officially being discarded, they continued to influence most physicians. In the eighteenth century, William Ober notes, humoral theory was “replaced by ideas of mental and emotional

disease that later evolved into nineteenth- and twentieth-century concepts and interpretations,” but, he adds, this change occurred “slowly, unevenly, and tentatively” (“Spleen” 225).⁷ In many ways, physicians continued to concentrate on the physical origins of mental disorders, and, as Christopher Fox observes, they often made little or no distinction between “psychology” and “physiology” (6). Dewhurst contends that Sydenham “deluded himself into believing that he had completely discarded theory” (60). In fact, his medical ideas were often based in abstraction.⁸ His *Epistolary Dissertation* consistently returns to the idea that mental disorders are caused by a physiological dysfunction:

The affection which I have characterised in females as *hysteria*, and in males as *hypochondriasis*, arises (in my mind) from a disorder (ataxy) of the animal spirits. This precipitates them on the different parts of the system; so that bearing down violently and multitudinously upon particular organs they excite spasm and pain wherever the sensations are

⁷ Humoural theory lingers in eighteenth-century medical explanations of nervous disorders. Blackmore insists that the spleen is *not* the seat of the disorder, but includes lengthy discussions on “the Structure of the Spleen” (2) and “the Use of the Spleen” (4). Similarly, Robinson dismisses the organ of spleen as cause, but outlines the four constitutions (“the hot, the dry, the moist, the cold”) and the ways they are linked to such things as genius, wit, melancholy, and nationality (17-23). He examines from whence arises that “Variety in Mens natural Capacities and Endowments” and goes on to link tendencies to genius to body types (106). For example, “Persons of a fine, thin Texture, whose Constitutions are little fleshy, are generally more agile, quick in their Apprehensions, and what we call witty, than any other Habit of Body” (107).

⁸ The very structure of many medical treatises reveals a continued reliance on theory (as opposed to observation). Nicholas Robinson devotes much of his text to philosophical abstraction, as is evident in many of his chosen topics, among which are: “the different Principles of human Bodies, in Relation to the different Constitution and Genius of Mankind”; “that Spiritual immaterial Principle we call the reasonable Soul”; the “natural Principles” of Wit, Genius, and Stupidity; “Of Sensation in General”; and a Newtonian discussion of Vision, Light, Colours, Hearing, Sounds, Harmony, Taste, Touch, and the Faculty of Feeling.

exquisitely acute; deranging and perverting the functions both of the parts they leave, and of the parts they fall on. (90)

The normal, functioning mind, in this view, is upset by “disordered” animal spirits, which cause hypochondria or hysteria. Though their models varied slightly, physicians throughout the century resorted to similar explanations. Porter observes that the deranged individual in this period was often seen as a “hydraulic machine in a state of disorder” (*Flesh* 308). Richard Blackmore explains that “it is reasonable to believe, that the Distempers that affect the Head, the System of the Nerves and the Animal Spirits, all proceed from depraved serous Streams, that irritate and provoke the nervous Fibres, and drive the Spirits into Disorder and Confusion” (xii), and for Robinson, the “Disease arises from a too great Relaxation of the nervose machinulae of the Brain and Nerves” (258). George Cheyne sees the cause of spleen as an improper state and distribution of nerves in the body (7), and, recalling humoural theory, envisions the stomach as the seat of the disorder.⁹ Even though Whytt rejects the idea of animal spirits and moves towards a more brain-centered view of hypochondria and hysteria, he grounds the affliction in the body, noting that those with “a too great delicacy of the whole nervous system” or “an uncommon weakness, or a depraved or unnatural feeling, in some of the organs of the body,” are most affected by disorders of the mind (79). Whytt merely replaces the term “animal spirits” with “nerves.” In this new scientific milieu, doctors “grounded virtually all their diseases in nervous structures” and thus “failed to see the sociological roots of

⁹ George Cheyne suggests that nervous distempers often arise from overly moist or dry nerves (7); obstructions then form which impede the vibrations and tremors of these nerves (8). But his treatise often returns to a discussion of the midsection of the body. He sees nervous disorders as “glandular” in nature, and victims of the English Malady generally have one or several organs in the region of the stomach “obstructed, knotted ... or spoil’d” (127).

numbness” (Rousseau, “Strange Pathology” 165). A longstanding focus on physiology, and endless theorization regarding the ways the spirits and nerves affected bodily organs, seemed to obscure the supposed rise of psychology.

The eighteenth-century case study epitomizes this simultaneous rejection and aggrandizement of observation and experience. Andrews and Scull see doctors both using and de-valuing the case history: “On the one hand, the amount of verbatim testimony ... reveals a significant space being accorded to the patients’ language and opinions within the case history narrative. On the other hand, rarely was such mad testimony seen as worth taking seriously, or as the grounds for any sort of ‘talking cure’” (60). Scrutiny of Freud’s profiles of Anna O and Dora have amply demonstrated that the case study can be a problematic medium in its tendency to distort and overlook patients’ words. When considering the eighteenth-century case history, one must remember that “it was more often patients’ families, rather than patients themselves, who predominated in [the doctor-patient] bargaining process” (Andrews and Scull 47). Also, instead of bending to their “patients’ desires and whims, physicians were more often prepared to contradict them” (Andrews and Scull 49). Though Nicholas Robinson’s *A New System of the Spleen* (1729) and George Cheyne’s *The English Malady* (1733) present numerous case studies, the experiences and feelings of the patients are treated as secondary – particularly when the patients are female.¹⁰ Robinson describes a “most remarkable instance of a woman

¹⁰ George Cheyne often uses case studies to confirm the correctness of his own medical theories and to advertise his skills as a physician. For example, he describes a “Young Lady from the Western Sea Coast” who suffers from “Sinking, Lowness ... frequent Rigors and Chills ... feverish Heats, Restlessness and Anxiety” (191). Medication proves ineffective; Cheyne thus modifies her diet – which he says is “too heavy” – and her symptoms disappear entirely (192). He also cures a “Gentleman’s Lady of Oxfordshire” of “Knots and Tumours in her Breast” through a diet of vegetables and milk (202).

who fell into hysteric fits” and explains that, “[u]pon Access of the Fit, she fell violently on the Floor, and all her Body was agitated, shaken, and distorted in a most cruel manner” (223). There is a “murmuring” in her bowels and a “swelling” in her belly, resulting in the emergence of a “round globe” (223). Next, all her limbs and body parts are “agitated into diverse bendings” (224). Though Robinson provides us with the portrait of a specific woman, we get nothing of her own voice and no recognition of her inner world; it is merely the outward visible manifestations of her illness that are recorded. This is underscored when we learn that the patient has no recollection of her fit: “when she restored the use of her senses she could remember nothing” (225). This woman’s experience of hysteria is dismissed as absent and thus irrelevant, and her ‘history’ is ultimately disregarded. In such cases, the eighteenth-century case history failed to present the patient as an individual with a unique set of symptoms and a specific psychological make-up. Rather, she was a generic collection of physical signs to be interpreted by the medical professional.

Eighteenth-century counter-voices to progressive explanations of nervous disorders were most often tied to gendered understandings of illness. Claims that hysteria and hypochondria were the same disease were continually undercut, and ideologies that saw women as physiologically inferior and weak permeated medical discussions. Gender identity in the eighteenth century, Ludmilla Jordanova contends, was constructed around a series of male/female polarities: active/passive, muscles/nerves, action/experience, public/private, self/other, seeing/seen, reason/passion (59). Body parts were frequently gendered and “metaphorical extensions” arose from this (Jordanova 58). For example, there was a “feminization of the nervous system” and a “masculinization of

musculature,” and “[the] idea of the nervous temperament of women and their heightened sensibility was a commonplace in medical writings” (Jordanova 58). Generally, a “sense of female pathology” pervaded the writing of eighteenth-century medical practitioners (Jordanova 15). An example of this tendency is found in the following passage from *A New System of the Spleen* (1729) in which Nicholas Robinson conflates hypochondria and hysteria, but feminizes the nerves:

The Nerves of Hypochondriacal, as well as Hysterick Patients, are from original Formation of their *Stamina Vitae*, of too fine and delicate a Constitution, and therefore apt to receive convulsive Impressions; and their animal Spirits are likewise by Nature of a tender and volatile Disposition, easily incited and scattered, till their violent and irregular Flights produce the Symptoms proper to this Disease. (52)

The patient’s constitution is described using words frequently associated with the female gender: “fine,” “delicate,” “tender,” and “volatile.” Patients are subject “to weak and unmanly Passions” expressed by way of various complaints and tears (187). Even when the patient is male, he is effeminized. As Rousseau notes, “women were described pathologically – in the language of sickness: men were assumed to be healthy ... and became deviant from that state only when veering into nervous effeminacy” (“Medicine and the Muses” 33). Though hysteria officially became a genderless affliction, metaphors of female pathology persisted into the eighteenth century.

In fact, the medical texts reveal that nervous patients were mostly female. Doctors concurred with Mandeville’s assertion that the number of “hysterick Women far exceeds that of hypochondriack Men” (166). Rousseau observes that confusion as to whether

hysteria, hypochondria, and melancholy were exclusively male or female diseases persisted into the eighteenth century (“Strange Pathology” 137). Hordes of male doctors “institutionalized female hysteria by saying that males could be afflicted but in actuality rarely were” (Rousseau, “Strange Pathology” 174). Terms such as “hysteria” and “vapours” were still strongly – and almost exclusively – associated with the female sex. Although “spleen” was used to designate both sexes, “hypochondria” was a male term while “hysteria” and “vapours” were female ones. In Mandeville’s treatise, for example, female patients have “vapours” or “attacks of the hystericks” while male patients suffer from the “hypo” or the “hypochondriack passion.”¹¹ Doctors claimed that women had weaker nervous systems, more derelict animal spirits, and stronger passions, all of which magnified the degree and frequency of hysteria relative to men. Richard Blackmore emphasizes that women’s nerves are “of a finer and more delicate Thread, and their Spirits more fugitive and apt to lose their Coherence than those of Men” (130). Later in the century, Whytt makes a similar claim, emphasizing the delicacy of womankind, whose nervous system “is generally more moveable than in men” (97). As Foucault notes, the male “corporeal constitution” was thought to possess a “natural firmness” which the female body lacked, and the spirits were believed to move less freely in men than in women (149). As a result, women experienced more violent symptoms.

Blackmore writes:

It is true, that convulsive Disorders and Agitations in the various Parts of the Body, as well as the Confusion and Dissipation of the animal Spirits,

¹¹ In Cheyne’s numerous case histories, many women have hysteria; for example, a “Lady of Great Fortune” suffers from “Hysteric paroxysms” (184), and a “young lady from the Western Sea Coast” experiences “feverish heats” and “hysterics” (191). Not once does Cheyne use “hysteria” or its derivative forms to describe a male patient.

are more conspicuous and violent in the Female Sex, than in Men: the Reason of which is, a more volatile, dissipable, and weak Constitution of the Spirits, and a more soft, tender and delicate Texture of Nerves in the last, than in the first ..." (96)

Whytt concurs, claiming that symptoms are generally more frequent and "much more sudden and violent" in women than in men (75). The doctors' theories of hysteria depended in part upon a belief in the inherent weakness of the female body.

The medical view that women were inherently pathological was made obvious in a continued reliance on metaphors of diseased uteri, corrupt menstrual blood, and animalistic wombs. Because women were thought to be governed by their reproductive systems, Porter and Porter observe, they were weaker, supersensitive, and highly nervous by nature, and, "[i]n the long run, mental and emotional diseases increasingly came to be associated with the female of the species" (178). Rousseau traces diseased uterine images back to Plato's belief that the womb was an "animal capable of wreaking destruction," a view which carried great weight for several centuries ("Strange Pathology" 104). William Harvey, discoverer of the circulation of blood, viewed women as slaves to their biology; he described the womb as "insatiable, ferocious, [and] animal-like," and "drew the parallel between bitches in heat and hysterical women" (Rousseau, "Strange Pathology" 132). Such ideas persisted into the Restoration and eighteenth century, where the "healthy woman was still seen as a walking womb" (Rousseau, "Strange Pathology" 149).¹² Of the

¹² Foucault agrees that uterine theory held weight throughout the century: "until the end of the eighteenth century, until Pinel, the uterus and the womb remained present in the pathology of hysteria, but as the result of a privileged diffusion of humours and nerves, and not by a special prestige of their nature" (144). However, Foucault ignores the more

late seventeenth century, John Sena observes that doctors such as Thomas Willis and Thomas Sydenham began to discard uterine theory and replace it with theories linked to cerebral function and animal spirits, but neither of these two men, nor their followers, “ruled out the womb entirely as a cause for the affliction” (“Belinda’s Hysteria” 131-32). Physicians continued to draw parallels between disease and the uterus. Having supposedly discarded the theory of the wandering womb, Sydenham describes the “*strangulation of the womb*,” in which the belly blows up to “the size of a vast globe” and the extremities become “as cold as death” (91). Bernard Mandeville attributes hysteria in part to the “Menstrual Flux, and the whole *Uterus*” (172). Like Sydenham, Blackmore describes a symptom in which the abdomen is elevated and the patient feels “a Globe or Bowl struggling and rolling upwards through [the abdomen]” (102). The terms of reference themselves were rooted in uterine theory: the etymology of “hysteria” is tied to the womb, while “vapours” originated from the idea that vapours rose from the womb and disturbed the brain.¹³

Theories of pathological reproductive organs persisted and in some ways increased in the second half of the century. Whytt’s 1764 treatise abounds with such images. Hysteria is sometimes caused by a “fault in the uterus,” he writes, and the disease is different in women than in men “in so far as the former sometimes proceed from the *uterus*” (76). He claims that the condition is linked to the “particular condition of the womb” (75), and provides the case history of a 44-year-old hysteric who is “irregular as

overt eighteenth-century references to diseased wombs, and fails to recognize that such images persisted into the nineteenth and twentieth centuries.

¹³ This is also apparent in non-medical texts. In Johnson’s *Dictionary*, his definition of “*hysterical* and *hysterick*” includes: “Troubled with fits; disordered in the region of the womb” and “Proceeding from disorders of the womb.”

to the *menses*” (129). Pregnancy, he felt, could cause an irritation of the “uterine nerves,” while the “suppression, diminution or irregularity of the *menses*” might bring about similar consequences (106). He points to a particular “sympathy” of the womb with the rest of the body, which results in increased and more violent manifestations. He writes:

The great variety of symptoms in the hysteric disease is the reason why a more extensive sympathy has been ascribed to the womb, than to any other part, except the brain. But, although these symptoms proceed from the womb much less frequently than has been imagined; yet the vomiting which generally accompanies an inflammation of the organ, the *nausea*, and depraved appetite after conception, the violent contraction of the diaphragm and abdominal muscles in delivery, the headache, and the heat and pain in the back and bowels about the time of menstruation, are sufficient proofs of the consent between the *uterus* and several other parts of the body. (42)

Strangely, Whytt conflates the symptoms of hysteria and the symptoms of pregnancy, childbirth, and menstruation – all of which are tied to the uterus. The natural operations of the female body, it seems, caused hysteria.

These perceptions of physical inferiority led medical men to propagate notions of women as creatures with infirm minds, governed by their passions. New definitions of female physiology meant that “over the course of the century ... the female changed from being primarily physical to being primarily emotional: from body to spirit” (Guerrini, “Hungry Soul” 279). And, the emotional nature of woman was viewed as flawed and irrational. Women, Terry Castle observes, were “usually considered the primary

embodiments of mercuriality – witnessed by their purported fickleness, emotional variability, and susceptibility to hysteria” (25). Jennifer Radden adds that “[t]he affective life of emotions, moods, and feelings was deemed unruly, unreliable, capricious, and beyond voluntary control; it was irrational and disordered, it was associated with the bodily, with subjectivity, and with the feminine,” while, the more “enduring passions” were associated with the masculine (40). In his 1711 *Treatise*, Bernard Mandeville writes that women lack not only the “robust Constitution” of men, but also male “Constancy, Resolution, and what we call firmness of Mind” (173-74). Nicholas Robinson emphasizes the irrationality of the hysterical woman: “These Sinkings of the Spirits, or Sadnesses, that oblige some vapourish Women to burst into sudden Fits of Crying, without any evident Cause, arise from great Depressions of the Mind, that damp the Passions, retard the motions of the Nerves, and make us low-spirited” (277-78). The inexplicable nature of woman’s behaviour imbued her with mystery and disorder. The female body, Foucault writes, was a “lawless whirlwind in a chaotic space ... riddled by obscure but strangely direct paths of sympathy” (150, 153-54). This lawlessness was further aggravated by an uncontrollable sexual appetite. Nicholas Robinson believed that the hysteric was notable for the “stronger Impulse of [her] Passions” (212). Foucault aligns the female body’s “spatial density” with a “*moral* density”: “the resistance of the organs to the disordered penetration of the spirits is perhaps one and the same thing as that strength of soul which keeps the thoughts and the desires in order” (149). In some ways, then, the two-sex model exaggerated beliefs that saw women as primarily emotional, fickle, and unstable. As Roy Porter observes, it “did not resolve the mystery of woman, but deepened it” as she became “radically *other* ... [and] bizarre” (“The Body and the Mind” 250).

The female body was thus envisioned as an inherently disruptive and pathological force that should be kept in check by male professionals. Eighteenth-century medical men suggested that in the most extreme forms of hysteria women became subhuman, even monstrous – a diagnosis that supports Ruth Salvaggio’s assertion that “the feminine was itself the substance of a dis-ease that plagued systems of order” (124). Medical men often described the dangerous, menacing, animal-like behavior of the female hysteric. In his 1725 treatise, Blackmore claims that symptoms in “the Female Sex” are “carried on to a higher degree,” and continues:

[In] Hysterick Fits, which often approach near to Epileptick, the Sufferer is thrown into violent convulsive Motions; while the Eyes are distorted, the Face disfigured, the Limbs agitated with involuntary Concussions, the Contraction and Distension of the Chest disturbed and interrupted, and the Exercise of Reason and Perception suspended; often the afflicted Person falls to the Ground, beats her Breast, sets her Teeth, bites her tongue, and struggles with such extraordinary Force, that she is scarcely to be held and restrained by those about her. (250-51)

The patient undergoes a process of dramatic degeneration. Her face becomes unrecognizable and she loses the faculties of “Reason” and “Perception,” important characteristics separating human from beast. She is a threatening and unpredictable figure as she loses control of her body (she is “thrown into” the fit, and experiences “involuntary” movements), and as she “sets her Teeth” and “bites her tongue” like a rabid animal. She is a menace to be brought under control and is consequently held down. Other doctors saw hysterics as threatening creatures to be contained by male

professionals. Whytt describes a woman who is seized, inexplicably and powerfully, “with such violent catchings, or convulsive motions of her legs, thighs, and almost her whole body, as not only to shake the bed, but the room in which she lay” (96). Patients such as this represented an uncontainable and mysterious force which threatened the outside (male) world. Consequently, eighteenth-century medical men restrained them both literally and figuratively – by physically holding them down, and by objectifying and fettering them within their case studies. Physicians, Salvaggio suggests, attempted to “purge” the “disorderly elements” of woman through science (124). The female body was a dangerous “object of diseased and contagious otherness”: in excluding woman, the science of the period sought to “contain” her (Salvaggio 16).

As eighteenth-century medicalization brought important innovations in understandings of hysteria (a newfound primacy in experience, more accurate notions of physiology, an acceptance of the unique qualities of both sexes), countercurrents emerged in the form of age-old concepts of female pathology. Formulating a teleological model concerning the evolution of hysteria in the eighteenth century is thus reductionist and misleading. Its history is circular and at times incoherent; women were at once liberated and pathologized by the physicians of the age. I have been arguing that, despite medical advances, resonances of female pathology were a constant in discussions of the eighteenth-century hysteric, from Sydenham – who claimed that “there is rarely one [woman] who is wholly free from” hysterical complaints (85) – to Whytt – who ties hysteria to woman’s “more delicate frame,” to her “sedentary life,” and to the “particular condition of [her] womb” (75). Throughout the century, as Rousseau observes, women were defined through a series of “incontrovertible universals”: an “innate propensity to

nervousness,” a “domestic situation in a private world conducive to hysterical excess,” an “insatiable sexual voracity granted from time immemorial” – all of which were viewed as “God given, inevitable, unchangeable conditions” (“Strange Pathology” 174).

Consequently, “‘woman’ ... naturally – almost preternaturally – seemed to lend itself to the hysteria diagnosis” (“Strange Pathology” 174). The medicalization of hysteria therefore, “caused a regression in woman’s lot rather than advancement and brought little understanding of the plight of women that had lain at the heart of the condition in the first place” (“Strange Pathology” 124).

But why this consistent return to female pathology, to an inherent hysteria? Porter and Porter observe that the all-male professions were “conscripted to underwrite patriarchalist hegemony, legitimating prejudices through the mystiques of science, reason, nature, law, etc.” (173). Desiree Hellegers, for her part, calls eighteenth-century medical men “patriarchy’s medical recruits” (208). She writes:

Recent feminist criticism in the history of science has demonstrated that the consolidation of medical practitioners within an exclusively male establishment has far-reaching cultural effects. In the seventeenth and eighteenth centuries, the bodies of women, like those of homosexuals, the lower classes, and the colonized, became ‘signs’ to be interpreted by the institutions of medicine, incorporated into medical narratives which naturalize and legitimize the privileged position of a masculine elite atop the hierarchies of gender, class, and race. (199)

As I will show, the medical pathologization of women through the construct of hysteria validated male ideologies (not just medical, but also social, political, and cultural) that

served to limit women to traditional roles during a time of rapid change. But there are countercurrents to this story as well.

Part 2: Cultural Diagnoses

a. Nervous Metaphors

The dialectical relationship between medicine, hysteria, and women's roles is best contextualized through a description of the fluid and borderless nature of the Georgian world. Roberts and Porter define Enlightenment society as "'one culture', or at least a plurality of cultures with multiple crossing-points" (6). Into this complex web, medicine was just beginning to emerge as a distinct and professional discipline.¹⁴ Trained practitioners, midwives, and domestic women schooled in home and self-help remedies all contributed to English health care, while the figure of the all-knowing doctor did not yet exist. Porter and Porter describe Enlightenment medical culture as "eclectic and

¹⁴ Foucault's exploration of confinement in the late seventeenth century reveals psychology and medicine not as distinct faculties but as deeply enmeshed in societal structures. He argues that the founding of the Parisian Hopital General in 1656 had nothing, "at its bottom, to do with medicine, and was more to symbolize an instance of monarchical and bourgeois order" (39-40). These new "houses of confinement," he suggests, were occupied by anyone violating the social norms of the age: "those condemned by common law, young men who disturbed their families' peace or who squandered their goods, people without profession, and the insane" (45). Foucault ties this "massive phenomenon" of confinement to an "imperative of labor" and a fear of idleness characteristic of the eighteenth century (46). These houses contained workhouses and factories, he adds, and one of their major uses was to reabsorb unemployment and to eliminate its most visible social effects (42-44, 54). "Confinement" in this age marks a "decisive event" in the history of unreason, for it was "the moment when madness was perceived on the social horizon of poverty, of incapacity for work, of inability to integrate with the group; the moment when madness began to rank among the problems of the city" (63-64).

open” and identify a democratization of medical information (208).¹⁵ They explain that from the mid-seventeenth to mid-nineteenth centuries – when “monopolistic professional control” over the medical system took place – the medical marketplace was “determined chiefly by ability to pay,” and, as such, “[d]octors would sink or swim” (208). “In the absence of revolutionary changes in medical knowledge ... (and in the absence of a radical transformation in the healing power of doctors),” they add, “practitioners needed to make their services marketable, palatable, and indispensable” (208-09). “[U]p-to-the-minute elite medical knowledge,” Porter argues, “[was] given a wide public airing” (*Patients* 15). Doctors shared their expertise, fostering a self-help culture that allowed them “to broadcast their medical knowledge and know-how to the literate ... public” (Porter and Porter 209), and “Georgian England experienced a ‘boom’ in popularized medicine” (Porter, “Spreading” 215). Consequently, lay attitudes towards sickness and medicine were in no way a “hermetically sealed subculture, somehow independent of, and even prior to, the medicine of the faculty” (Porter, *Patients* 19). Rather, in all realms of Enlightenment society, medical theories, metaphors, and misconceptions circulated freely.

The intertwinement of medicine and culture was particularly marked in understandings of the disease – known variously as *spleen*, *vapours*, *hysteria*, *hypochondria*, and *nerves* – as it became a prominent, even popular, social phenomenon. G. S. Rousseau has rightly noted that by the mid-eighteenth century “nerves seem to have run wild”; hysteria was “chronic among all those living in the fast lane, and it was

¹⁵ Roberts and Porter write that “the Enlightenment is an obvious starting-point for a study of literature and medicine, since it drew upon the Scientific Revolution but antedated the need felt by the Romantics and by Positivists to accentuate the gulf between the arts and sciences” (1).

endemic to the nation at large” (“Strange Pathology” 165). The criteria for diagnosis became *very* wide, he adds, and could be manipulated to suit any individual (“Strange Pathology” 165). In fact, the malady reached its height in the eighteenth century, which has been dubbed “The Age of Melancholy” (Sena, “Melancholy” 108; Moore 179). Spleen became a source of intrigue for the English population at large. Prominent eighteenth-century figures openly suffered from it: Queen Anne lived through bouts of depression, as did Pope, Swift, Sterne, Johnson, Fielding, and Richardson. In 1725, Richard Blackmore claimed that approximately one third of the “Natives of this Island” suffered from spleen (iii-iv). Eight years later, George Cheyne noted that the “English Malady” had soared to “fatal Heights ... scarce known to our Ancestors” (i). A flurry of medical texts appeared on the topic, and the physician-writers were far from “obscure or socially marginal individuals” (Mullan 143). George Cheyne, a celebrity doctor who weighed 32 stone (450 pounds) at his heaviest, includes his personal case study in the final pages of *The English Malady*. Cheyne was “physician to Samuel Richardson, [and] was sought for advice by Johnson and (almost certainly) David Hume” (Mullan 143). Blackmore treated Queen Anne, while Robert Whytt became a professor in the theory of medicine at Edinburgh University and was “appointed first physician to George III in Scotland in 1761” (Mullan 143). The doctors’ medical texts were directed primarily at laypeople, and Cheyne’s *The English Malady* “reached its sixth edition within two years of publication” (Mullan 143). Roy Porter refers to these eighteenth-century spleen doctors as “a clutch of fashionable psychiatric doctors, friends to the Hanoverian order” (qtd. in Mullan 144). The popularization of medicine, the fame of doctors, and the epidemic spread of nervous disorders meant that discourses of hysteria were widespread.

Hysteric heroines abounded in the literature of the period. In Alexander Pope's *Rape of the Lock* (1714), a gnome pours "Full o'er [Belinda's Head] the swelling Bag [of spleen]" whose contents include: "the Force of Female Lungs, / Sighs, Sobs, and Passions, and the War of Tongues ... fainting Fears, / Soft Sorrows, melting Grievs, and flowing Tears" (4.91, 4.83-86). The heroine of Samuel Richardson's *Clarissa* (1747-48) experiences copious tear-shedding, death-wishes, and nervous fits. Arabella of Charlotte Lennox's *The Female Quixote* (1752) is at times, most certainly, 'distracted,' and frequently suffers from crying fits and fainting spells. The medical formulation of the intrinsically hysteric woman was similarly popularized, and "virtually all women of quality" were thought to suffer from the disorder (Sena, "Melancholy" 108). The "symptoms and effects of hysteria ... helped to define ... the nature and character of women"; these traits were seen as "constituting the basic behavioral pattern of all [females]" (Sena, "Belinda's Hysteria" 142). In Pope's "Of the Characters of Women" (1735), the speaker concludes that woman's nature is evasive and forever changing: "How many Pictures of one Nymph we view, / All how unlike each other, all how true!" (5-6). He goes on to liken "Ladies" to "variegated Tulips": "'Tis to their Changes that their Charms we owe; / Their happy Spots the nice admirer take, / Fine by defect, and delicately weak" (41-44). Strangely, defect and weakness are described as "fine," and "delicate"; it is in woman's inherent flaws that we find her greatest charms. Other characterizations were not so generous, recalling the physicians' belief in the sexually voracious and animalistic nature of womankind. Horner of William Wycherley's *The Country Wife* (1675) declares in the opening lines of the play that any "Woman" is "consequently a Monster" (1.1.97-99). He later compares the "noble Creature Woman" to

the “noble Creature a Spaniel” who “has all their tricks, can fawn, lye down, suffer beating, and fawn the more; barks at your Friends, when they come to see you; makes your bed hard, gives you Fleas, and the mange sometimes: and all the difference is, the Spaniel’s the more faithful Animal, and fawns but upon one Master” (2.1.564-71).

Women were seen as predatory and sexually unstable, and the female body, as Mullan notes, was an “ever visible corpus of signs given over to their practice of interpretation, but also as that which might bespeak a dangerous opacity of passion and imagination” (157). More generally, “[t]he woman’s body, collapsing or beyond control, [was] the very register of disorder” (Mullan 153). Indeed, in eighteenth-century medicine, literature, and culture, hysteria finds its apotheosis in woman.

These discourses of hysteria radiated outward and served to limit women to traditional roles during a time of rapid change. The proliferation of nervous disorders was closely tied to the rise of commerce and the expansion of England as a world power – movements which epitomized male potency. The lawlessness and fragility of woman came to be measured against the power of man. The commercial force of nervous disorders, for example, depended upon the hysteria of women, who brought the doctors most of their business. And business was good. Treatments and cures for spleen – like tea cups, muslins, and white bread – became hot commodities in the new mass consumerism of the eighteenth century, and most physicians capitalized on the phenomenon. This led to the proliferation of quacks. A malady as “polymorphous” as spleen was, of course, an “ideal opportunity for all the arts of quackery,” even among “the best of the specialists” (Moore 197). In 1748, Lady Mary Wortley Montagu writes, “[t]he English are easier than any other Nation infatuated by the prospect of universal medicines, nor is there any

Country in the World where the Doctors raise such immense Fortunes" (*Complete* 2.397). Some of the physicians were critical of this fad, even while benefiting financially from it. Cheyne condemned doctors who prescribed medicines as a cure without also recommending changes in lifestyle, and he blamed commerce and trade for encouraging the use of medicines upon which patients and doctors then relied too much. But he also advocated the use of opiates, steel, bark, and numerous other medications, and he profited from his reputation as one of the greatest physicians of the day. In the period, being ill and taking medication almost became the norm, particularly among upper-class women. Roy Porter notes that the prominence of hypochondria and hysteria in the eighteenth century "registers a health culture amidst commercialization. Prescriptions, drugs, and self-medicating all proliferated" (*Flesh* 401). And he aptly labels late eighteenth-century England a "nervous society addicted to drugs" (*Flesh* 404). Women's inherent weakness, both physiologically (as hysterics) and morally (as mass consumers), was at the heart of the new economic models of the eighteenth century.

Metaphors that set female infirmity against male virility were central to the rise of Britain. "England's association with nervous diseases," Timmons observes, "was an implicit self-recognition of the country's status and power among the nations, and ... a signifier of its success" (260). Spleen was an "English" disease. Addison and Steele called it "a kind of Demon that haunts our Island" (qtd. in Ober, "Spleen" 236). Richard Blackmore felt that there was something particular to the "natives of this Island" that predisposed them to the disorder (258-59), and George Cheyne titled his treatise *The English Malady*. Cheyne aligned spleen with the "Ingenuity, Invention, Study, [and] Learning" of "our own Nation" (37). He thus connected spleen and Britain's role as a

European leader. He also recognized that it was something of an epidemic, as did Blackmore, who asserted that it had gained a “tyrannical Dominion over both Sexes, as incomparably exceeds its Power in other Nations” (v). On the one hand, nervous disorders were symbols of power and status; on the other, they represented debilitation and disease.

This ambiguity was gendered. Men were responsible for the increase in commerce, colonial expansion, trade, and scientific progress, and women came to represent the consequences of these advances: idleness, luxury, extravagance – all of which incited nervous disorder. Set against the worldly man of commerce, the powerful politician, and the hardy soldier, the hysteric had to be protected, preferably through domestic confinement. Hellegers observes that “the anatomically determined physical, intellectual, and moral perfection of the upper-class male” was measured against “the physical, intellectual, and moral weakness – and deviance – of the upper-class woman” (205). As Porter notes, “[m]edical opinion gave strong reasons, physical and moral, why the weaker vessel was designed for ... roles [of social subordination]” (*Mind Forg’d* 108). Women “were guardians of the home and private virtues” and “had to be protected as privileged inferiors, delicate ornaments or objects of pity excluded from, because spared, the more rational, robust and responsible realm of the men” (*Mind Forg’d* 108). A belief in the intrinsic weakness of woman, her instability, and her susceptibility to hysteria justified her exclusion and absence from the male world of affairs.

By the mid-century, the culture of sensibility and its aggrandizement of feeling were closely tied to “nervous” theories that relied in part on woman’s weakness. In *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain*, Barker-Benfield

argues that “sensibility,” though it was flexible in meaning, and was synonymous with “consciousness, with feeling,” also “denoted the receptivity of the senses and referred to the psychoperceptual scheme explained and systematized by Newton and Locke” (*Culture* xvii). In Locke’s scheme knowledge was attained through the senses: the nerves served as “conduits” which conveyed sensory impressions to the brain (*Culture* 4).¹⁶

Weaker, more refined nerves led to greater sensibility, and for this reason women were at the crux of a movement which was – at least in part – positive and empowering for them. Degrees of sensibility “betokened both social and moral status” (Barker-Benfield, *Culture* 9). As Barker-Benfield observes, “[t]he view that women’s nerves were normatively distinct from men’s, normatively making them creatures of greater sensibility, became a central convention of eighteenth-century literature” (*Culture* 27). Enlightenment notions of woman’s unique susceptibility were double-edged, however. By the end of the century, Mary Wollstonecraft warned of the dangers of identifying woman with “sensibility,” for it reduced her to “an entirely physiological system, albeit one that was ‘refined’ and ‘exquisitely polished’ into ‘delicacy’” (Barker-Benfield, *Culture* 2). “[A]n innate refinement of nerves,” Barker-Benfield adds, “was also identifiable with greater suffering, with weakness, and a susceptibility to disorder”

¹⁶ Raymond Stephanson notes that the medical and scientific backgrounds of sensibility are often overlooked. “[N]ervous sensibility,” he suggests, referred to an “intimate relationship of mind and body” with the nerves at the centre (268). As Mullan observes, Locke’s notion of the *tabula rasa* – central to the evolution of “sensibility” – was heavily influenced by the late seventeenth-century anatomist Thomas Willis (163). “Sympathy” (a central term in Robert Whytt’s medical treatise), Mullan continues, “was no more than the communication of feeling between different bodily organs, manifested by functional disturbance of one organ when another was stimulated” (163). “Physiology” and “sensibility,” then, were in some ways indistinguishable.

(*Culture* 9). He points to “the elevation of ambiguously susceptible nerves” (*Culture* 15), and elaborates as follows:

... [T]he ambiguous values of fine ‘sensitivity’ took on a particular meaning in relations between women and men. The aggrandizement of a certain kind of consciousness on the one hand was associated with the powers of intellect, imagination, the pursuit of pleasure, the exercise of moral superiority, and wished-for resistance to men. On the other, it betokened physical and mental inferiority, sickness, and inevitable victimization, circumstances throwing severe doubt on the effectiveness of the female will. (*Culture* 35-36)

The culture of sensibility offered possibilities for female empowerment, then, but it also helped propagate views of woman’s inherent tendency towards instability and disorder.

The female sex was often denied the privileges of sensibility – many of which were aligned with the privileges of nervous disorders. Despite its focus on the unique qualities of woman, the culture of sensibility – like eighteenth-century commercialism and nationalism – had at its core a gendered hierarchy. The hypochondriac, or the man of sensibility, had heightened intellectual powers. Male contemplations of melancholic states abounded in literature. Thomas Gray, Edward Young, Robert Blair, Joseph Warton, and Thomas Warton wrote popular poems on the pleasures of melancholy and the imagination. From 1777 to 1783, James Boswell published a monthly column in *The London Magazine* entitled “The Hypochondriack.” In their poetry, both Christopher

Smart and Williams Collins delved into the reasons for their mental suffering.¹⁷ The link between melancholy, creativity, and genius was also promoted in medical circles, and, as Cecil Moore observes, spleen was known as the “wise disease” (228). Thomas Sydenham held that the sufferers of hypochondriacal disorders were “persons of prudent judgment, persons who in the profundity of their meditations and the wisdom of their speech, far surpass those whose minds have never been excited by such stimuli” (89). He continues: “it is not without reason that Aristotle has observed, that melancholy men are the men of the greatest genius” (89). In Robinson’s chapter titled “Of the Symptoms of Spleen in Men,” he notes that “Splenetick People are observ’d to be naturally quick of Apprehension, vivacious, and of a Mind finely turn’d to contemplate their Ideas” (209). Richard Blackmore agreed:

‘Tis ... a general and just Observation, that those who are endow’d with a moderate Portion of the Spleen in their Complexion, are Persons of superior sense, and extraordinary Vivacity of Imagination; and while predominant Judgment holds the Reins, and keeps the Balance of Power equal and steady in the Soul, governs its Operations, and prevents the Excesses and Irregularities of the lighter Faculties, this happy Complication cannot but produce an excellent Genius. (258-59)

¹⁷ In a *Spectator* essay on melancholy, Addison attributes the English poets’ melancholy to their “lively representation of fairies, demons, ghosts, and other objects that raise ‘a pleasing horror in the mind of the reader’” (Moore 186). He encouraged indulging the mood, claiming that it was more likely to be cured in this way (Moore 186). Similarly, in 1709, Steele asserts: “that calm and elegant satisfaction which the vulgar call melancholy is the true and proper delight of men of knowledge and virtue” (qtd. in Harder 5). Samuel Johnson resisted such attitudes; he suffered from disturbances of mind, and, as Porter writes, criticized “the new men of feeling [who] prized self-absorbed melancholy as the poet’s genius or the spring of sensitivity” (*Flesh* 173). In fact, he “would have no truck with this ‘foolish notion that melancholy is a proof of acuteness’” (Porter, *Flesh* 173).

Hysteric women do not join the ranks of splenetic men in these discussions on the intellectual distinction of nervous disorders.¹⁸ As John Mullan observes, “[t]he afflicted and yet self-consciously privileged ‘Valetudinarian,’ armed with the fastidiously accumulated details of a specialized autobiography, never speaks with a woman’s voice” (152). Rather, women appeared as the incarnation of a disordered, weak, and bodily hysteria. In Robinson’s section on “the Symptoms of Vapours and Hysterick Fits in Women,” female sufferers are noted for their inconstancy, “wavering and unsteady in their Judgments, neither do they observe a Rectitude in any one Action of Life” (214). For Blackmore, “Men of splenetick Complexion ... are usually endowed with refined and elevated Parts, quick Apprehension, distinguishing Judgment, clear Reason, and great Vivacity of Imagination” (90). “Hysterick Women,” on the other hand, possess the more modest characteristics of “good Sense, ready Wit, and lively Fancy” (90), and they often experience symptoms in which “the Exercise of Reason and Perception [is] suspended” (251). Not only did female hysterics lack the heightened intelligence of male hypochondriacs, but they were to avoid cultivating their lesser understandings – for this could prove dangerous. Because of their weaker nervous systems, women were told, they should abstain from study, which could further weaken their constitutions and aggravate their symptoms. Mandeville warns, for instance, that “One Hour’s intense Thinking

¹⁸ George Cheyne notes that he has never seen a sufferer whose “genius” is not to some degree “most keen and penetrating” (180). In one sense, Cheyne acknowledges women in this generalization as he refers to the case studies of dignified and respectable – as opposed to weak and unreasoned – upper-class women, including “An Officer’s Lady of Fine Parts and Great Worth,” “A Lady of the First Quality, of Eminent Virtues,” “A Young Lady of an Honourable and Opulent Family,” and “A Gentleman’s Lady of Oxfordshire with Virtue, Piety, Charity, and good Sense” (187-202). Nonetheless, these women’s illnesses are tied not to intellectual prowess, but to either a sedentary lifestyle, a ‘heavy’ diet, or ‘strong’ foods.

wastes the Spirits more in a Woman, than six in a Man" (177). "There was," Helen Deutsch contends, "no space in the eighteenth-century British culture of sensibility, at least not in the flesh, for an embodied 'woman of feeling'" (35). Discourses of medicine and sensibility alike granted men the intellectual status that came with melancholy, while the instability and physiological weakness of nervous disorder was referred to women.

It was through the culture of sensibility that woman's hysteria – and by extension her inherent weakness – was popularized. Porter notes that hypochondria and hysteria "represent[ed] the faddish enculturation of sickly sensibility" (*Flesh* 401). Rousseau detects a "nervous self-fashioning" of Augustan society ("Strange Pathology" 158), in which "[n]ervous tension was ... domesticized for the first time in modern history," manifesting in "bodily motion, gait, affectation, gesture, even in the simple blush or tear" ("Strange Pathology" 163). The code was eventually "adopted as a universal *sine qua non* for those aspiring to succeed in the beau monde" ("Strange Pathology" 164). Female nervousness was upheld as particularly appealing.¹⁹ Not only did it mark a "superiority in status, ... a mysterious *je ne sais quoi*" (Porter, *Flesh* 401-02), but it became a defining trait of 'ladyhood.' Barker-Benfield elaborates, drawing on Lawrence Stone's *The Family, Sex and Marriage in England, 1500-1800*:

[Woman's] physiology was seen to give them special qualities, including the exquisite registering of feelings, even as it threatened them with a weakness and a sickness they were expected to display publicly in a variety of ways, for example, the vapours, fainting fits, "hystericks,"

¹⁹ The man of sensibility was also an enviable figure. He was often portrayed as solitary, somewhat delicate, and removed from business and commerce. However, as Barker-Benfield observes, "the weaker [these men] became, the weaker they required their women to be" ("Mary" 23) – thus further perpetuating female fragility.

pallor of complexion, and languor. In eighteenth-century England, the bridal ideal “was a pale, languid, and fainting belle” Delicacy and debility were “artificially induced in the interests of conformity to the current ideal of beauty.” Women, it was argued, were defective in mind and body and furthermore should be defective if they wanted to be married ... Of course, there was disparity between prescription and women’s reality, but the former was an ineluctable part of the latter. (“Mary” 21-22)

Weakness was perceived as attractive, and if women wanted to make themselves viable contenders on the marriage market, they were to assume airs of passivity and victimization. Richardson’s *Clarissa*, Watt observes, became the model female, the “exemplar of the sex” – “so delicate in physical and mental constitution that she faints at any sexual advance” (qtd. in Barker-Benfield, “Mary” 20). In this way, the culture of sensibility ensured the mental and physical degradation of woman, which then occasioned, through marriage, her relegation to the domestic sphere.

Just as the culture of sensibility encouraged woman to assume the pose of the soft, delicate hysteric, so it scorned her deviousness in ‘feigning’ hysteria. In *The Rape of the Lock*, Pope characterizes the supposed ‘victims’ of hysteria:

There *Affectation* with a sickly Mien
Shows in her Cheek the Roses of Eighteen,
Practis’d to Lisp, and hang the Head aside,
Faints into Airs, and languishes with Pride;
On the rich Quilt sinks with becoming Woe,
Wrapt in a Gown, for Sickness, and for Show.

The Fair-ones feel such Maladies as these,

When each new Night-Dress gives a new Disease. (4.31-38)

Satirical depictions such as this – of the woman of fashion feigning illness and exaggerating her fragility “for Show” – abounded in literary, artistic, and cultural discourses of the period. They are also found in medical texts. Blackmore points to the many women “who pretend to this reputable Distemper of the Spirits, with the same Vanity that others affect the Beauty of an unsanguine and sickly Countenance” (259). In his essay “On Fashionable Diseases,” included in his 1787 treatise, *Medical Cautions*, James Makittrick Adair writes: “*Fashion* has long influenced the great and opulent in the choice of their physicians, surgeons, apothecaries, and midwives; but it is not so obvious how it has influenced them also in the *choice* of their diseases” (12). He ties this to the female sex in particular. The typical “lady, having spent many hours at a rout,” he explains, awakes the next morning “perhaps not in a very good humour, from a bad run at cards the preceding night” (25-26). “Upon consulting her glass,” Adair continues, and finding “her complexion not so clear as the preceding day,” she is “unwilling to attribute it to the real cause,” and “finds in *the bile* a more convenient subject of blame” (26).²⁰ Beyond these relatively playful satires, posing as the soft and delicate hysteric had more severe consequences for women.²¹ Paradoxically, in assuming this pose – which was

²⁰ “Bilious” is synonymous with “nervous” or “hysterical.” Adair explains that “[i]n the latter end of the last and the beginning of this century, spleen, vapours, or hyp, was the fashionable disease” (13). But, he adds, in the second half of the eighteenth century these terms were replaced by “nervous,” and then “bilious” (14). Adair sarcastically observes that before the publication of Whytt’s treatise, which uses the term “nervous,” “people of fashion had not the least idea that they had nerves” (14).

²¹ One obvious consequence of this phenomenon was that hysteria was often not treated as serious among those truly afflicted. Consequently, the physicians did their utmost to establish spleen as a real and serious disease. Blackmore asserts that there are numerous

supposed to win them a husband – women inadvertently became deviant, deceitful, and lascivious. Even in Pope's portrait, "*Affectation*" is somewhat of a seductress: she wears a dressing gown, flirtatiously hangs her head to the side, and conveniently 'faints' onto her bed. In eighteenth-century medical texts, the female sexual predator emerges as a cause for *male* spleen. Nicholas Robinson refers to "the fatal effects of wenching" (265), Mandeville sees "excess of venery" as "the occasion of the Hypochondriack Passions" (146), and Cheyne warns against the pursuit of "sensual Pleasures" (14).²² Medical discourses of hysteria, alongside the ideologies of sensibility, offered limited possibilities for the female sex. They were weak, fragile hysterics, fit for nothing other than marriage,

people truly affected by spleen, writing that the sufferings of sick people are "without doubt real and unfeigned" (99). Similarly, George Cheyne writes that "the Vulgar and Unlearned" often dismiss "the Sex" as feigning spleen due to "Daintiness, Fantasticalness or Coquetry" (179-80). But, he adds, one must recognize these complaints are often real, and that "the Disease is as much a bodily Distemper ... as the Small-Pox or a Fever" (180). Nicholas Robinson affirms that he shall endeavour to remove "those vulgar Prejudices and Mistakes concerning the Nature of those Affections" (175). He warns against the "Danger of treating real Diseases as if imaginary" and gives some real examples of the possible fatal consequences of this (185). He blames the physicians who ignore splenetic complaints, noting that "when they cannot reasonably account for those surprizing Phaenomena that often arise in the Spleen, are so ready to resolve all into Whim, or a wrong Turn of the Fancy" (175). He concludes his treatise with the following statement: "the Spleen and Vapours ... are no imaginary Whims or Fancies, but real Affections of the Mind, arising from the real, mechanical Affections of Matter and Motion, whenever the Constitution of the Brain warps from its natural Standard" (407-08). Therefore, while the physicians acknowledge that some feign spleen, they also underline that others suffer from a serious and dangerous disease.

²² In Matthew Green's poem, *The Spleen* (1737), the speaker first suggests that women can "excommunicate Spleen" with their "speech" and "mien" so "sweet" (206-07). Speaking for all men, the speaker ascertains, "We look, we listen, and approve. / Your touch, which gives to feeling bliss, / Our nerves officious throng to kiss" (212-14). Engaging in trivial talk, or "romp[ing]" (217) with a woman can divert a man from his sorrows, Green suggests. However, the speaker also advises that men *not* use women as a remedy, for "Such beauties both of form and mind, / by modern breeding much debas'd / In half the female world at least" (235-37). He then launches into a misogynous digression on the downfall of women as he outlines their transition from devoted wives to affected, gambling, novel-devouring coquettes (242-79).

even as they were capricious, conniving, sexual monsters. Either way, their “domestic role [was] aggrandized,” and as Wollstonecraft recognized, their “reasoning power” degraded (Barker-Benfield, “Mary” 23). In eighteenth-century discourses of commerce, medicine, and sensibility, woman’s inherent hysteria was a powerful metaphor which served to contain, control, and restrict her.

b. Feminist Crosscurrents

The male ideologies that sought to contain woman through the construct of hysteria were met with voices of opposition. Sensibility was in many ways synonymous with consciousness, and its rise signified woman’s independence and self-expression. Barker-Benfield suggests that while women attempted to “purge” their naturalized gender characteristics of any “subversive sexual potentials,” they capitalized on “the moral authority of their putatively finer sensibility” (xxvii). Nowhere is this more powerfully articulated than in Mary Wollstonecraft’s *A Vindication of the Rights of Woman* (1792), the exemplary feminist text of the century. It is, Barker-Benfield observes, a “passionate and confessional [book], one in which [Wollstonecraft] said, ‘I myself ... shall certainly appear, head and heart’ ... [I]t combined the analytical with the romantic, the sociological with the individual voice” (*Culture* xxviii). Wollstonecraft embraced female passion, emotion, morality, and bodily weakness, and at the same time recognized that the aggrandizement of these qualities could be destructive to women. She was, as Barker-Benfield notes, “deeply ambivalent in her views of sensibility” (*Culture* xxviii). But this ambivalence was at the heart of her feminism. She recognized the dangers of celebrating female weakness, but she also used, criticized, and transformed ideas of woman’s

heightened sensibility for feminist purposes. In *A Vindication*, Wollstonecraft reiterates many commonplace ideologies of sensibility; she acknowledges that “[n]ature has given woman a weaker frame than man,” and she appeals to women to “purify their heart,” to “let the honest heart shew itself” (55, 54, 60). But she also points to the absurdity of such “heterogeneous associations as fair defects [or] amiable weaknesses,” and she dismisses the trend of feigning a “sickly delicacy in order to secure [a] husband’s affection” (*Vindication* 67, 55). She warns of the dangers of a culture that sees virtue in woman’s fragility, and criticizes “[Jean-Jacques] Rousseau, and most of the male writers who have followed his steps” (*Vindication* 51). “[They] have,” Wollstonecraft argues, “warmly inculcated that the whole tendency of female education ought to be directed to one point: – to render [women] pleasing” (*Vindication* 51). Her solution is to combine the charms of sensibility with the cultivation of reason and intellect. She declares that “*reason* [must] teach passion to submit to necessity” (*Vindication* 60). Women can only “endeavour to purify their heart” when they are not “entirely dependent on their senses for employment and amusement” (*Vindication* 54). They must find a “noble pursuit [to set] them above the little vanities of the day” (*Vindication* 54). Wollstonecraft gendered the nerves and embraced the tenets of sensibility, but she did so with the aim of furthering the position of women.

Leading up to Wollstonecraft’s politicization of sensibility in the 1790s, women began to cultivate an independent consciousness through the culture of sensibility. Throughout the eighteenth century, Barker-Benfield observes, “women would resist and even turn the gendering of the nerves to their own purposes” (*Culture* xviii). Ideas of intrinsic female weakness, intellectual inferiority, and capriciousness were being

“promulgated at precisely the time when women were beginning their most significant educational and literary gains in history” (“Mary” 21). Lockean environmental psychology meant that “humans were made, not born,” and, because “women’s equal mental development was recognized,” they could “capitalize on the ‘potentialities for mankind’” (*Culture* xvii). Their educational opportunities increased with the rise of female literacy, and by 1700 “women’s publications would enter a rapidly expanding domestic market” (*Culture* xix). Barker-Benfield goes on to suggest that women exploited a common figure of sensibility, “virtue in distress” – a figure that allowed them to highlight “their suffering at the hands of men,” their “felt oppression,” and their “victimization” (*Culture* xviii). In this way, women “publicize[d] their awakening to self-consciousness” (*Culture* xviii). They began to exert their moral superiority in the public sphere, and to challenge the traditional division of public and private. Barker-Benfield continues:

Women’s entering public space ... and men’s being attracted to more comfortable homes ... began to transform alignments of gender. This permeability contributed to the attempted clarification and hardening of new definitions of being female and male, and the spheres with which women and men were most usually identified. The transcendence of nature and of traditional categories in religion, politics, and philosophy was accompanied by a rethinking of sexual categories. From now on, increasing numbers of women would publicize the fact that they were conscious human beings, equal in that respect to men. (*Culture* xxviii)

Such avowals of female equality proliferated in the late eighteenth century and, paradoxically, they stemmed in part from a movement that celebrated the inherent weakness of woman and her tendency towards hysteria.

As women gradually began to find a confident public voice, medical discourses of female weakness were challenged. “Medical knowledge,” Porter observes, “was not yet a terrifying, esoteric specialism, the monopoly of medics, but rather part of a common, open, intellectual culture, to be weighted in the balance before the tribunal of the educated and opinion-makers in society at large” (*Patients* 287-88). And women were amongst these opinion-makers. From the mid to late century, the “lady doctor” emerged as a figure who straddled the divide between medical authority and educated layperson. In James Makittrick Adair’s 1786 treatise, we hear the predictable response to this trend from an eighteenth-century male physician. He is sceptical of “lady doctors,” writing that it is essentially impossible for them to attain any real medical knowledge (111). Nonetheless, he views them as “very much superior in every liberal and medical accomplishment” than the quacks – or “nostrum-mongers” – that abound in English society (105), and asserts that they can be useful with regards to advice and prescriptions that do not extend beyond “the [simple and intelligible] principles of regimen” (xxiv). Tied to women’s partial entrance into the medical establishment, many women who were not official doctors began to assert their medical opinions. Lady Mary Wortley Montagu wrote in mid-century that she had “no partiality to that profession” (*Complete* 2.445), and claimed that she “was misled in regard to [her] own Health,” even though she has always been on her “guard against the Information convey’d by the sense of Hearing” (*Complete* 3.10). In a 1749 letter to her husband, she writes:

When I recollect the vast Fortunes rais'd by Doctors amongst us, and the eager persuit after every new piece of Quackery that is introduc'd, I cannot help thinking there is a fund of Credulity in Mankind that must be employ'd some where, and the money formerly given to Monks for the health of the Soul is now thrown to doctors for the health of the Body, and gennerally with as little real prospect of Success. (*Complete* 2.423)

Montagu recognizes the social and economic realities of medicine, and criticizes doctors who pose as experts to dupe their patients. She sometimes displayed her medical expertise more publicly. While in Turkey, she learned of an inoculation for smallpox generally undertaken by old Turkish women: "thousands" underwent the "Operation," she observed, and "[t]here [was] no example of anyone who ha[d] dy'd in it" (*Complete* 1.339). Despite violent opposition from medical professionals, Montagu succeeded in popularizing the practice in her home country, where it was used widely until the discovery of the vaccine later in the century.²³ Asserting her own female expertise and countering the male medical community, Montagu became an important medical voice.

Women displayed their knowledge of hysteria in particular as they both used and rejected common medical knowledge in order to put forth their own theories of the affliction. Anne Finch's poem "The Spleen," first published in 1702 and again in William

²³ Montagu administered the inoculation herself, and in one letter she claimed the method had become so popular, and she was "so much solicited to visit people," that she was "forc'd to run into the country to hide [her] selfe" (*Complete* 2.26). By 1723, Montagu observed, the "Innoculation of small pox" by the Turkish method had become "almost a General practise, attended with great success" in England (*Complete* 2.15). She defended the practice in a letter regarding her nephew ("my Sister Gower's son") who died from smallpox. She laments that he had not been inoculated, asserting that she knows no one who has repented the operation "tho it has been very troublesome to some Fools who had rather be sick by the Doctors' Prescriptions than in Health In Rebellion to the College" (*Complete* 2.26-27).

Stukeley's medical treatise *Of the Spleen* in 1723, provides an early example of a uniquely female diagnosis of hysteria. In it, she denounces common misconceptions of the condition and offers her own medical wisdom. Lady Mary Wortley Montagu, likewise, sees the physicians as particularly incompetent in their treatment of hysteria and often places her own understanding of the illness above theirs, as when she writes in 1758: "I have seen so much of hysterical complaints [... and] know it is an obstinate and very uneasy distemper, tho' never fatal unless when Quacks undertake to cure it" (*Complete* 3.171). Montagu embraces the more progressive elements of Thomas Sydenham's *Epistolary Dissertation* and characterizes him as one of the rare competent spleen doctors of the age. She advises a male friend to "read Dr. Sydenham; you will find the analyses of [hysteria] and many other diseases, with a candor I never found in any other author. I confess I never had faith in any other physician, living or dead" (*Complete* 3.171). She goes on to note that "Mr. Locke places [Sydenham] in the same rank as Sir Isaac Newton, and the Italians call him the English Hippocrates" (*Complete* 3.171-72). She continues:

I own I am charmed with his taking off the reproach which you men so saucily throw on our sex, as if we alone were subject to vapours. He [Sydenham] clearly proves that your wise honourable spleen is the same disorder and arises from the same cause; but you vile usurpers do not only engross learning, power, and authority to yourselves, but will be our superiors even in constitution of mind, and fancy you are incapable of the woman's weakness of fear and tenderness. Ignorance! I could produce

such examples – Show me that man of wit in all your roll / Whom some
one woman has not made a fool. (*Complete* 3.171-72)

As Montagu confirms, the progressive medical view that established hysteria and hypochondria as the same disease continued to be disputed well into the eighteenth century. Men wrongly and “saucily” insist, she suggests, that women alone are subject to “vapours,” a version of the affliction that conveniently lacks the “wise” and “honourable” qualities of male spleen. Montagu thus uses Sydenham’s views only to move beyond them, to claim that it is unjust for men to deny women of “learning, power, and authority,” and to imply that women too suffer from the intellectual version of the illness. Similarly, she observes that men, too, display the “weakness” of the characteristically vapourish female, and she insists – though light-heartedly – that men are in some ways *weaker*, that women are often superior in understanding to “[men] of wit.” Montagu deconstructs the commonplace gendered hierarchy of hypochondria and hysteria, and, looking forward to the feminism of women like Wollstonecraft later in the century, serves as one of many counter-voices to the male containment of the female hysteric.

Part 3: Generic Diagnoses

a. The Limitations and Possibilities of the Medical Text

I have been arguing that eighteenth-century hysteria was more than a medical condition. Cultural meanings of the condition proliferated in medical texts, works of fiction, poetry, and political tracts. Hysteria was central to the formation of major

Enlightenment ideologies: it served as a metaphor for economic growth, it reinforced the inherent weakness of woman, and it was central to the development of the culture of sensibility. Paradoxically, hysteria was used both to legitimate the confinement of woman to the domestic sphere, and to grant her more educational, social, and sexual freedoms. When embarking on a project that purports to explore multiple versions of hysteria, contained in diverse cultural sources, the question of genre becomes crucial. We must “[emboss] hysteria” with “cultural meanings,” Roy Porter suggests, and create “histories of hysteria” and “scatters of occurrences,” as opposed to “a single, unbroken narrative” (“Body and Mind” 226). However, in seeking out these various “histories,” to what forms of discourse can we legitimately turn? Certainly, the eighteenth-century medical treatise is an important source, but because the scope of hysteria is vast, it exceeds the bounds of this genre. The historical dominance of medical texts must be challenged in studies of disease, for, as Roberts and Porter contend, “the works of doctors, scientists, and philosophers ... forg[e] ... languages, concepts, models, and symbols of a gendered world” (6-7). They are “socio-culturally constructed, the products of certain sorts of masculinist ideologies in a patriarchal society” (Roberts and Porter 6). The medical text provides important medical and ideological information on hysteria, but it by no means offers a comprehensive account of the condition. Elaine Showalter endorses the use of life-writing in new histories of medicine: “In order to supply the gender analysis and feminist critique missing from the history of madness, we must turn to a wholly different set of cultural sources: inmate narratives, diaries, women’s memoirs, and novels” (*Female* 6). We can also turn to imaginative literature, for, as G. S. Rousseau suggests, to combine it with “the developments in the history of medicine ... isolates the fantasies and

realities of an entire culture during a moment in history” (“Introduction” vi). The rest of this chapter explores the discourses of hysteria as they overlap and diverge in medical texts, life-writing, and poetry. In exploring this dialogue, I see genre categorization as restrictive. As I will show, a dialogic model of genre recognizes the complexities of hysteria as a cultural category, and allows for an exploration of what Rousseau calls hysteria’s “paradoxes [and] double binds” (“Strange Pathology” 174).

The study of eighteenth-century literature, medicine, and culture invites a defiance of generic partition, for there were, as Paul W. Child observes, no real “dividing lines between canonical works and ‘subliterary’ types,” and “everything [was] more or less literary” (208). Bernard Mandeville, Richard Blackmore, Oliver Goldsmith, and Tobias Smollett were a few among many prominent physician-writers. Indeed, “medical thinkers and imaginative writers were often ... the same people wearing different hats” (Roberts and Porter 3). Medical texts in all historical periods are shaped by social and cultural factors, but eighteenth-century medical documents were particularly subjective and non-scientific, even literary and fictional.²⁴ Although, as Serge Soupel writes, the “New Science” propounded a prose that was “free of metaphors and rhetorical effects,” and “the Royal Society ... announced quite clearly that the style of its papers must be

²⁴ This is perhaps one reason for which Cecil Moore has concluded that medical texts by physicians such as Cheyne and Blackmore ultimately “contributed ... little to the advancement of scientific knowledge” (181). The audience for their medical treatises was not what we might expect. Physicians published in different forms as they strove to disseminate their learning as widely as possible, writing in the language of lay people and publishing in popular magazines (Porter, *Patients* 290-91). In his treatise, Nicholas Robinson asserts that he will avoid jargon and theory and discard all “hard Words, puzzling Terms, and harsh Expressions” which serve only to embarrass and confuse the reader’s thoughts (12). “Entries [from the *Gentleman’s Magazine*] confirm,” Porter observes, “that in the Georgian era sophisticated medical awareness was not the exclusive preserve of the faculty; it involved a common language, which was shared, debated, criticized, and promoted by medics and polite laymen alike” (*Patients* 313).

plain and unadorned" (3), these guidelines did not manifest themselves in practice.

Rather, scientific writing in the late seventeenth and eighteenth centuries did not easily free itself from literary modes of expression, and the "New Science was regarded by many as more or less a type of 'fiction'" (Soupel 3). "Medical pamphlets and epistles, clinical and theoretical works, self-help manuals, quacks' bills, and practitioners' advertisements in popular periodicals," Child claims, "invite the same critical attention to rhetorical and aesthetic features that one might devote to imaginative works" (209). And, before approximately 1800, "medical writers did not commonly disown the literary text" (Roberts and Porter 1-2).²⁵ Many wrote in forms like John Armstrong's didactic poem *The Art of Preserving Health* (1744), which we would now recognize as fictional.²⁶

Eighteenth-century medical texts often included dedicatory epistles, case studies, even autobiographical sketches (Child 209-210, 214). Perhaps modeled upon Robert Burton's *Anatomy of Melancholy* (1621), some treatises on spleen were more a collection of essays

²⁵ Conversely, there are extensive amounts of medical lore in many of the more purely imaginative works of the period. Laurence Sterne's *Tristram Shandy* (1759-66) was written in part against the spleen – "to fence against the infirmities of ill health, and other evils of life, by mirth" (3) – and the rich layers of this novel tackle medical theories. There are countless pages of medical information in works such as Samuel Pepy's *Diary* (1660-69), Matthew Green's poem *The Spleen* (1737), Tobias Smollett's *The Expedition of Humphry Clinker* (1771), and in many journal and diary entries written by a variety of men and women. G. S. Rousseau explores the interdisciplinary elements of eighteenth-century imaginative literature, referring to Donald Davie's "shrewd" observation that the "creative writer" of the eighteenth century was "in some senses 'a marauder,' especially when cunningly absorbing – if not ruthlessly plundering from – other realms of printed literature: realms scientific, philosophical, medical and legal" ("Introduction" v).

²⁶ *The Art of Preserving Health*, which begins with an evocation of the Goddess Hygeia, is a didactic medical poem. The title is self-explanatory, and Armstrong neatly divides his poem into four books on "Air," "Diet," "Exercise" and "The Passions" respectively. Like Armstrong, eighteenth-century men commonly wrote and published poetry devoted entirely to medical issues. Matthew Green's 1737 poem *The Spleen* is an answer to a friend's question on how to "live serene" with "the spleen" (42); it lists causes and offers remedies for the disorder. Samuel Garth's *The Dispensary* (1697) is a mock heroic poem devoted to satirizing the College of Physicians.

upon several subjects than medical texts. The writers ostensibly limited themselves to a discussion of hysteria, but included numerous digressions. Robinson, for example, writes several chapters on such topics as the soul, science, wit, sensation, and perception.²⁷

James Makittick Adair's *Medical Cautions* contains essays on fashionable diseases, hot and overcrowded rooms, quacks, lady doctors, and more. The case studies in Cheyne's *The English Malady* assume the tone of fictional narratives featuring odd and intriguing characters such as: a "Lady of Great Fortune," "An Officer's Lady of Fine Parts and Great Worth," a "Knight Baronet of an Ancient Family," "A Worthy Merchant of the North of England," "A Young Lady of an Honourable and Opulent Family," and "A Gentleman of Fortune and an Officer of Distinction in the Army" (183-203). Bernard Mandeville's treatise is notably literary in its use of the dialogue form; the speakers are fictional characters, each presenting different perspectives. We learn as we read that "Philipirio" is usually Mandeville's spokesman, but viewpoints are constantly shifting and we can never be entirely certain as to the physician's stance. In this and other medical texts, rarely is there a sustained objective and authoritative presentation of medical information. Instead, the texts resist generic categorization; the line between 'medicine' and 'fiction' is indistinct.

²⁷ The complete title of Robinson's *Treatise* hints at its digressive, rambling quality: *A new system of the spleen, vapours, and hypochondriack melancholy: wherein all the decays of the nerves, and lownesses of the spirits, are mechanically accounted for. To which is subjoin'd a Discourse upon the nature, cause, and cure, of Melancholy, Madness, and Lunacy. With a particular Dissertation on the Origine of the Passions; the Structure, Mechanism, and Modulation of the Nerves, necessary to produce Sensation in Animal Bodies. To which is prefix'd a Philosophical Essay concerning the Principles of Thought, Sensation, and Reflection; and the Manner how those noble Endowments are disconcerted under the foregoing Diseases.*

Though the writers of medical texts on hysteria claimed to take the affliction as their primary subject, to describe it scientifically, and to neatly categorize and capture it, they also repeatedly revealed their bewilderment at hysteria's elusive, uncertain, and metaphorical nature. Intuitive and conjectural analyses permeated the medical texts, which, as Christopher Fox notes, were written by men who "had difficulty with their own terms" (14). One of the few attributes of hysteria the physicians agreed upon was its polymorphism, and the condition had a surprising number of synonyms. "[B]y 1720 or 1730," Rousseau observes, "[m]elancholy, madness, hysteria, hypochondria, dementia, spleen, vapors, nerves ... all were jumbled and confused with one another as they had never been before" ("Strange Pathology" 153). The "principle and pathways of [this] diverse, polymorphous disease" remained a mystery to most, Foucault contends, and because the body was seen as an "incoherent space of masses," the "chaotic movement of the spirits" could seize upon all of its available spaces (145, 147). Thomas Sydenham explains in his *Dissertation* that "[w]hatever part of the body [hysteria] attacks, it will create the proper symptom of that part" (85). Consequently, spleen perplexed patient and doctor alike. Its seemingly endless manifestations included absence of mind, lowness of spirits, ill-humour, diffidence, fidgeting, peevishness, yawning, inconstancy, paranoia, convulsive laughing, immoderate grief, violent coughing, and nervous fits. Sydenham writes: "The frequency of hysteria is no less remarkable than the multiformity of the shapes which it puts on. Few of the maladies of miserable mortality are not imitated by it" (85). Almost one hundred years later, Whytt concurs: "As the sagacious Sydenham has justly observed, ... the shapes of proteus, or the colours of the chamaeleon, are not more numerous and inconstant, than the variations of the hypochondriac and hysteric

disease” (72). Nicholas Robinson frankly admits that he is unable to pin down the mysteries of spleen (a striking admission given his characteristic boastfulness). In the preface to his work on hysteria, he elaborates upon the difficulties he has encountered in writing this treatise; his path was “beset with thorns” and the entrance itself “surrounded in darkness” (xiv). He raises similar issues later in his treatise:

... this Subject opens to my View such a perplexing Scene of Nature, that it's with the utmost Difficulty I can discover any sure Footing on which to rest. The Hugeness of the Motions in some, the Painfulness of the Symptoms in others, and the Diversity of the Fits in all, are Points most difficult to handle. Here it is my Philosophy fails; beyond this I cannot go with Certainty; hitherto the Grounds were probable, but now the Lights darken, my Thought's bewilder'd, and I am got to the utmost stretch of my Tither; what follows, therefore, in this Chapter is mostly conjectural.”

(299)

Hysteria defied the physician's understanding; it opened to his view such a “perplexing Scene” that his “philosophy” faltered. Robinson suggests that much of his treatise lacks “[c]ertainty” and “probab[ility]” – the characteristic strengths of science and medicine. The limits of hysteria escaped the confines of not only the physician's theories, but also the medical text itself. “Lights darken[ed],” “Thoughts” were “bewilder'd,” and the information presented was ultimately conjectural. Paradoxically, hysteria – in all its mystery – came to define the nature of the text that sought to contain it.

Just as hysteria eludes the grasp of Robinson's medical theory, so women escape hysteria's gender constraints in Mandeville's *Treatise* – which employs the dialogue

form. Mandeville's form is somewhat progressive, Stephen H. Good observes, for even if his "fictional subjects are composites, the presence of patients as ... interlocutors [in the dialogue] keeps remarks tied to specific illustrations ... or case histories" (ix). Because there are few interlocutors, each is granted a significant amount of dialogue, including Polytheca, a woman who suffers from "vapours." Upon her first entrance, she displays knowledge and eloquence as she describes the origins, symptoms, and causes of her illness. She repeatedly outwits her husband Misomedon. Philipirio – who is the voice of reason, and who may be most safely aligned with Mandeville himself – often takes her side. She reiterates the received wisdom of respected physicians of the age, as when she remarks, "the word *Hysterick* must be of a prodigious latitude to signifie so many different Evils, unless you mean by it Disease, that like the Sin Ingratitude includes all the rest" (196). Unlike the physicians' typical case histories, though, Mandeville's portrait of Polytheca offers some of her social and personal background. Her mind and body have been greatly strained, she explains, because she "Married at Seventeen," had "Ten Children before [she] was Thirty (197), and "buried Seven" of them (200). She attributes her intense grief and hysteria to these difficult events. She also insists upon the authenticity and severity of hysteria, challenging common representations of a feigned female version of the condition. Her disease, she claims, is often "counted a whimsey" by others (199). "I never dare speak of Vapours," she asserts, "the very name is become a Joke, and the general notion the Men have of them, is, that they are a malicious mood, and the contriv'd Sullenness of Willful, Extravagant, and Imperious Women, when they are denied or thwarted in their unreasonable desires" (199). She goes on to note "even Physicians, because they cannot Cure [female sufferers], are forc'd to ridicule them in

their own Defence” (199). Polytheca speaks out against the medical establishment and the cultural stereotypes it disseminates, and in so doing, comes to embody feminine speech and agency. By extension, the dialogue form grants the hysteric woman voice, liberating her from the restrictive confines of her condition.

Despite its recognition of medicine’s shortcomings and fallacies, its innovative approaches to hysteria, and its possibilities for female empowerment, the genre of the eighteenth-century medical text also upheld the authority of the doctor, the infallibility of medicine, and the weakness of woman. The literariness of the genre yielded many progressive representations of women and hysteria, but it simultaneously enabled the propagation of destructive gender myths and fictions. On this point, Bruce Clarke observes that “medical ideas have been produced by extra-empirical considerations and pressured by cultural structures” (2). “[A]s a cultural practice embedded in a broader history of discourse,” he adds, “[medicine] is not extratextual” (2). Elaine Showalter agrees, observing that the “language of psychiatric medicine ... is as culturally determined and revealing in its metaphors as the language of fiction” (*Female* 5). Child points to the careful “selection and manipulation of materials” in eighteenth-century medical texts, which he claims “carry with them certain cultural biases” (215). Indeed, as I have shown, these texts propagated metaphors of woman’s inherent pathology to an unusual degree. One must remember that these versions of hysteria are the doctors’ creations, constructed from medical observation, experiment, and theory, but also from cultural myths and ideologies. In his prefatory remarks, Mandeville admits that his interlocutors are “feign’d Patients of [his] own Contrivance” (x). And, despite the progressive elements of Polytheca’s portrait, she is a *fictional* hysteric, the creation of a

male physician. She exhibits many of the commonplace hysterical traits, assumes the fashionable pose of hysteria, and consults doctors and apothecaries for the most trivial symptoms. She and her daughter experience the habitual dehumanizing symptoms. Her daughter in particular behaves as one possessed during her fits: “great Quantities of a Yellowish Green Stuff” come from her mouth; she sweats; her stomach grumbles and “is very much blown up with Wind”; and she “shrieks out, mutters between her Teeth, and makes several strange Noises, ... like the Crowing of a Cock” (205-06). Polytheca is also robbed of her reasoning ability when she is forced to retire due to a sudden “Tormenting and Throbbing Pain ... in [her] Head” (233). And finally, she is silenced: Misomedon curses his vapourish wife, who does “nothing but [thwart] and [contradict] [him]” and gets the last word (234). Polytheca is at core Mandeville’s fantasy and, as hysterics commonly were, she is trivialized, stripped of intellectual ability, and defined by bodily symptoms.

The medical texts, then, are both valuable and insufficient to a study of eighteenth-century hysteria. On the one hand, physicians allowed the mysteries of the condition to escape medical and generic categorization as their texts embraced poetry, fiction, dialogue, experience, and uncertainty. The female sufferer – represented through a character like Polytheca – managed to articulate both the debilitating qualities of her disease and her disempowerment at the hands of the medical profession. The treatises thus productively embraced both the dialectical discourses of hysteria and the value of female experience. However, as soon as the physician-writer attempted to entrap hysteria and woman – refusing to admit that both eluded his grasp – he disregarded hysteria’s protean and erratic nature and failed to adequately describe the condition. Physicians

liberated female sufferers, but also silenced, misrepresented, and pathologized them.

Despite their scientific and literary merits, the medical texts abound with gender myths and lack a female perspective. They alone cannot offer a fair representation of hysteria in the eighteenth century and are better viewed as a complement to other genres than as the sole window into the condition.

b. Female Life-Writing, or the Composite Pathography

A comprehensive study of eighteenth-century hysteria must embrace its mysteries and metaphors, listen to patient voices, and recognize both male and female perspectives. To acknowledge the complex representations of the condition, traditional histories of medicine which privilege the physician's text must be challenged. We have a "flawed and incomplete medical history in need of revision," writes Rousseau, who summons "humanists of all types rather than doctors and medical professionals to construct a history of pain and suffering that retrieves patient's voices from the past" ("Medicine" 29, 23-24). This, he argues, will give us a better record of the "history of healing" than we presently have ("Medicine" 32-33). Porter agrees, writing that there are too few studies on "the objects of medicine, the recipients of the 'clinical gaze,' the sufferers" (*Patients* 1). "The sick ... constitute important objects of historical study," he continues, "[and] it is both possible and necessary to study them using techniques that differ from the standard practices current in the history of medicine" (*Patients* 3). In countering the version of events that focuses on official records, and looking at "the patient's perspective," Mary Elene Wood adds, we come to understand mental illness within the larger context of social forces that "work to perpetuate class, race, and gender

hierarchies” (3). Elaine Showalter recognizes the importance of women’s experiences of mental illness, and looks to Freud’s Dora as an example of a woman “who subverted the linear logic of male science” (*Malady* 5).²⁸ More generally, Suzanne Poirier asks that we consider the “meaning of women’s health and its history in the daily lives of women” by looking at the importance of “not only social history but also the achievements of particular women in the area of women’s health” (66). We must, she insists, dismiss the notion of “monolithic meaning[s]” of women’s health (69), of “one person or event” affecting social and scientific change, and turn instead to “a history of individual and collective politics” in which the voices and experiences of individual women may be heard (68).

In listening to female patients’ perspectives on hysteria, I turn to the literary record, to private and confessional genres, to diaries, memoirs, letters, and journals – a category I will broadly call life-writing. In the case of an elusive affliction like hysteria, combining these texts with medical ones results in a productive balance between art and medicine, experience and theory, life and myth, metaphor and cold science. “[F]ragments from diaries and letters,” Joan Lane contends, “may be considered alongside each other and in relation to other sources to provide a picture of eighteenth-century medicine from the recipient’s view” (204). Moreover, as a genre that challenges the assumed supremacy of dominant male forms, life-writing sheds light on eighteenth-century female disease in a way that the medical texts do not. Mary Eagleton elaborates on this issue:

²⁸ Foucault argues that Freud is central in his attempts to counter the patient’s silence (*Madness* 262). At the end of the nineteenth century, he contends, Freud reinstated a common language between madness and reason; he “abolished silence and observation,” and was the first to expose and interrogate the doctor-patient relationship, which he refused to hide in psychiatric theory (*Madness* 277).

In the area of sexual difference, feminist criticism has ... drawn attention to the tendency in literary history to privilege the male-dominated forms. High tragedy, epic poetry, sermons, the philosophical treatise, criticism carry more kudos than journals, letters, diaries, even, for the most part, fiction – forms in which women have proliferated. The female forms, we have been told, are less literary, less intellectual, less wide-ranging, less profound. Feminist criticism has insisted that such prioritizing does not happen by chance, that generic divisions are not neutral and impartial classifications, and that our aesthetic judgements are ideologically bound. Feminist criticism has been eager to rediscover the hidden women, like Dorothy Wordsworth or Alice James, who wrote their journals and diaries while their male relatives were producing ‘great literature’. Too frequently this has led to an invidious competition: is Dorothy’s journal really as good as *The Prelude*; would not Alice be as big a name as Henry if only ...? But to focus on the women’s work questions the prioritizing of genres, the definition of ‘literature’; it rescues the women’s work from being secondary source material, merely an interesting gloss on the primary male text; it raises again the matter of women’s restricted access to literary production, how they have turned so often to private forms never intended for public consumption; and it allows the female voice to speak its owner’s own experience. (252)

Eagleton’s words offer a few crucial insights into my approach to genre. She argues that “female forms” are unfairly overlooked or categorized as inferior genres because

“aesthetic judgements are ideologically bound.” By extension, eighteenth-century hysteria has been largely constructed by male ideas, and conveyed through male-dominated forms – philosophical treatises, medical texts, novels, poems, and essays by men. Such forms, Eagleton suggests, by virtue of their maleness, have been viewed as authoritative, as great literature, and women’s forms have been relegated to the margins. The potential “literary,” “intellectual,” “wide-ranging,” and “profound” qualities of the female text are quashed before they are even acknowledged. But Eagleton contends that feminist criticism can counter this process by viewing women’s forms as more than “secondary source material” or “an interesting gloss on the primary male text.” I foreground life-writing as a form to which eighteenth-century women sufferers often turned in their expressions of hysteria, and which consequently serves as an important source in its own right. Central to this approach, Eagleton would argue, is the ability of life-writing to enable “the female voice to speak its owner’s own experience.” Indeed, an exploration of private genres breaks the silence of women. Female hysterics challenge medical practices and ideological assumptions as they recreate themselves and retell their stories apart from medical discourse. Life-writing is a genre in which hysterics describe their versions of illness, their fears, and their dissatisfactions with medicine. In making woman’s experience central, the genre disrupts the authority of the medical text and serves as an important contribution to the complex intersecting and diverging discourses of hysteria.

Just as eighteenth-century women’s life-writing offers a valuable approach to hysteria, so studying hysteria through life-writing enriches and enlarges understandings of genre. Anne Hunsaker Hawkins’ analysis of the intersection of literature and medicine

provides useful terminology through which eighteenth-century hysteria can be better understood. Her term “pathography” describes a twentieth-century genre that emphasizes the value of patient voices. It is a form of biography or autobiography which describes a personal experience of illness, and it explores such issues as “what it is like to have cancer” or “what it means to have AIDS” (1). Pathographies differ from the case history or conventional biography because they are written either by the patient or by someone close to him/her (Hawkins 3). In these ways, the eighteenth-century life-writings I examine are pathographies. However, they lack one important criterion. A pathography, Hawkins stipulates, is a work in which the author’s experience of illness is the only subject (11). The genre has “emerged *ex nihilo*”; it was uncommon before 1950 and almost unheard of before 1900 (Hawkins 3). Because the mass of eighteenth-century letters, journals, and diaries I examine are rich in content and not exclusively concerned with medical matters, I term them “composite pathographies.” This body of writing shares many important characteristics with Hawkins’ genre: it contains anecdotes, observations, and detailed excerpts on personal health; it challenges dominant medical categories, posits alternative diagnoses, and sometimes presents information on the medical conditions of friends and family members; and it is a genre in which female wisdom and experience are foregrounded. However, unlike Hawkins’ category, the eighteenth-century composite pathography does not take illness as its only or even primary topic. The writers are not self-consciously writing about hysteria, and though they at times challenge conventional medical wisdom, they do not deliberately and systematically protest medical diagnoses and cultural ideologies. Rather, insights on hysteria pepper these detailed life narratives, which also contain information on a

plethora of other topics, resulting in a sort of patchwork structure. The composite pathography – in its ramblings, deviations, and uncertainties – imitates the elusive affliction it is describing.

At the heart of the genre are personal descriptions of illness that traditional medical texts lack. In her observations on eighteenth-century patient narratives, Joan Lane writes that personal accounts offer “facts and opinions about the patient’s illness and health not to be found anywhere else in eighteenth-century material” (205). “[T]he journals and letters of the eighteenth century, with all their limitations,” she adds, “[provide] a curiously immediate sense of the period, and its attitudes to health, disease and death” (246). The interest of these works lies in large part in their private nature, for, as Lane notes, they deliver “a substantial amount of material about patients, medical practitioners, and contemporary responses to illness and health in a particularly first-hand and immediate way” (205). Indeed, eighteenth-century women often limited declarations of psychological distress to the pages of their diaries and letters. In April 1761, Lady Mary Wortley Montagu tells her correspondent Sir James Steuart that she is “melancholy” and adds that “[she] would not communicate this weakness to any but your selfe” (*Complete* 3.268).²⁹ At times when Montagu’s condition escalates, she is even more insistent that her confessions remain private. In 1725, she writes to her sister:

I have such a complication of things both in my Head and Heart that I do not very well know what I do; and if I can’t settle my Brains, your next News of me will be that I am lock’d up by my Relations. In the mean time

²⁹ Hester Thrale Piozzi, like Montagu, often resisted physicians’ diagnoses and kept her illnesses under-cover. In 1800, upon discovering a tumour in her right breast, she insisted that “Silence is the best & wisest Measure,” adding that the “Agony is irremediable, for at my Age [59], cutting is Nonsense; the Complaint’s Hereditary” (*Thraliana* 1007-08).

I lock my selfe up and keep my distraction as private as possible. The most facetious part of the History is that my distemper is of such a Nature, I know not wither to laugh or cry at it. I am glad and sorry, and smiling and sad – but this is too long an account of so whimsical a being. I give my selfe sometimes admirable advice but I am incapable of taking it.

(Complete 2.51)

Despite the obvious severity of her condition, Montagu would rather act as her own doctor – “lock [her] selfe up,” and “keep [her] distraction as private as possible” – than make her illness known. Montagu did consult doctors for health concerns throughout her life, but she seems to have kept secret her hysterical symptoms. Later in the century, in her letters to Elizabeth Montagu (no relation to Lady Mary), Elizabeth Carter often describes her consultations with doctors, to whom she resorts for medicines or to be bled. She withholds psychological ailments from them, however, sharing these only with her friend (and then sometimes only indirectly). In a 1759 letter, Carter informs Elizabeth Montagu, that she has been suffering from a “strange languor of spirits” which she shares “only [with] you, for it is a secret with which very few people are to be entrusted, unless one would choose to be thought whimsical or discontented” (1.39). On one occasion, when her “spirits [are] low,” she decides to “pursue [her] own solitary walk” (1.107), and she tends to isolate herself from the world when she is depressed, preferring to find a “poetical shade” for her “peevisish [and] fretful ... disposition” (1.53). Carter and others describe hysteria as a condition only to be discussed in confidence, as a private illness whose mysteries should be confined to writings not intended for public view.

Composite pathographies are further characterized by their questioning of medical diagnoses. They disrupt depictions – medical and otherwise – of vapourish, weak, fainting hysterics who sometimes feign illness. Specifically, the women writers label their illnesses in ways that resist conventional medical categorization. By the mid century, rarely do we find sufferers such as Lady Mary Wortley Montagu or Hester Thrale Piozzi describing themselves as “vapourish” or “hysteric” – terms that connoted uterine pathology and inherent female weakness. Montagu, for instance, defines her illness in ways that she deems apt. In a 1752 letter, she notes similarities between herself and “Mrs. Qualmsick,” a hysteric character in a novel, *The History of Charlotte Summers, the Fortunate Parish Girl* (1749). “Our ressemblance is very strong,” she writes, “in the fancy’d loss of Appetite” (*Complete* 3.4). The only difference, she continues, is that this woman has “Vapours,” “low spirits,” and “weak nerves,” conditions that she has (supposedly) “never in [her] Life complain’d of” (*Complete* 3.4). Hester Thrale Piozzi often suffered from seizures and fainting spells, and at times referred to the horrible state of her nerves and spirits. But she too resisted official diagnosis, and claimed not to suffer from hysteria or vapours. In her diary, she often insists that she has strong spirits, as when she observes, “Few People [...] will bear a reverse of Fortune better than I shall; who have good Health, [and] good Spirits” (*Thraliana* 258). In another instance, she writes:

I have the best Health in the World; no Indigestions, no Head Achs, no Vapours: no Change of Weather affects me, nor did even the Loss of my only Son lay stronger hold on my Heart than it was utterly impossible to avoid. My Mind is an active whirling Mind, which few Things can stop to

disturb, & if disturbed, it soon recovers its Strength & its Activity.

(*Thraliana* 339)

In the context of her *oeuvre*, Piozzi's insistence that she is mentally healthy is unconvincing, but this passage is noteworthy in that she, like Montagu, discards the word "Vapours." Also, in focusing on the vigour of her "active whirling Mind" whose "Strength" and "Activity" are rarely disrupted, Piozzi suggests that, unlike more conventional hysterics, her mental faculties are not diminished. Such claims of intellectual competence were reinforced by the women's use of "spleen" and "melancholy" – words which, unlike "hysteria" and "vapours," had connotations of mental superiority. In one letter, Montagu writes: "I lose all taste of this World, and I suffer my selfe to be bewitch'd by the Charms of the Spleen, tho' I know and foresee all the irremediable mischeifs ariseing from it" (*Complete* 1.173). In the same letter, she refers to her effort to "preserve [her] selfe from Spleen and Melancholy" (*Complete* 1.173). In the rejection of certain terms, and the appropriation of others, Montagu and Piozzi rewrite the dominant narratives of hysteria to suit their experience.

The eighteenth-century composite pathography on hysteria, unlike a medical case study or a pathography on the same topic, is not a contained narrative that deliberately takes mental health as its central concern. Rather, it is a vast body of writing that deals with many topics and offers information on hysteria in fits and starts. However, though the author's experience of illness is not her *only* subject, it often comes to dominate her text. In *Remembrances* (1671-1714), for example, Elizabeth Freke inadvertently takes hysteria as her metaphorical frame. Her misery and despair structure her work, which she introduces as "some few remembrances of my misfortuns that have attended me in my

unhappy life since I were married, which was November the 14, 1671" (37). The work documents a succession of psychological hardships: an unhappy marriage, an ungrateful son, miscarriages, abusive tenants, her father's death, four and a half 'deplorable' years in Ireland, the horrible and sudden death of her grandson, and her own precarious state of health. Raymond Anselment, editor of the *Remembrances*, suggests that the work is "an extensive ledger of disappointment and bitterness" dominated by "suffering and sacrifice" ("Introduction" 2). Freke's "preoccupation with sickness, pain and loss ... increase as she ages," and conveys "with unsentimental immediacy the personal and practical realities of healing and death" ("Introduction" 3). Indeed, much of the diary can be read as what Freke herself calls the "hard and uncomfortable fate of Eliza Freke" (243). The experience of illness similarly moves to the forefront in Elizabeth Carter's *Letters* (1755-1800), which contain philosophical and intellectual digressions, observations on the weather, and neighbourhood gossip, but are primarily concerned with health in that there is rarely a letter that does not evoke Carter's "sad head" (1.266), "perverse temperament" (1.218), "poor shattered languid health" (1.196), or "melancholy situation" (1.6).³⁰ As in Freke's *Remembrances*, hysteria serves as an overarching frame.

The bulk and diversity of the information in the composite pathography are in part what make the genre appropriate to a study of hysteria. Montagu's *Complete Letters* fill

³⁰ The editorial interventions made to Carter's *Letters* in the 1817 edition (the edition I use) suggest that the original manuscripts contain even more information regarding health matters. The 1817 editor, Sir Egerton Brydges, privileges the "disquisitions upon moral and religious subjects, the politics of the day, and opinions upon books" (xii). "[T]hough a great deal of that continual reference to the health of the writer, which is pardonable, and indeed natural, in so intimate a correspondence, has been omitted," Brydges writes, "yet it may possibly be thought, that too much of it has still been allowed to remain" (xi). We can therefore assume that he has omitted a good deal of valuable medical commentary.

three volumes and span the years 1708-62, and along with the sixteen-hundred page *Thraliana*, Piozzi has left us with “[t]housands of her letters, as well as scores of her diaries and commonplace books” which span most of her eighty years (Clifford xvi-xvii). The volumes upon volumes of letters and journals provide scattered pieces of medical anecdotes, that, when put together, amount to a massive archive of female wisdom on hysteria. The writings contextualize hysteric symptoms, tying them to difficult circumstances and mental hardships, and removing them from inherent bodily abnormalities. The accounts follow women’s mental states through changes in husbands, homes, and political regimes. Montagu’s *Letters* trace her fluctuation in and out of depressive states. We are witness to her loneliness as an expatriate, the inevitable feelings of estrangement when she is separated from family, and the passionate extremes of her tumultuous romantic affair with Francesco Algarotti. In her letters, she frequently makes reference to such things as the “nothingness of the good things of this world, the Transitoryness of its Joys, [and] the pungency of its sorrows (*Complete* 2.73). Even as a young woman, in 1711, Montagu refers to the “Dark and Dismal prospects of Futurity” (*Complete* 1.111). The 1720s, Robert Halsband observes, “were a particularly difficult decade, filled with “disappointments and fears” (*Selected* 121).³¹ She left Italy in the 1760s, but found herself lonely and unhappy upon returning to England. The *Thraliana*

³¹ Robert Halsband summarizes this decade: “Her marriage had not been a success; Wortley was a cold, stolid man, unable to respond to her emotional warmth. The death of her father and sister Lady Gower increased her loneliness, and she fearfully entered ‘old age’ (when she was about thirty-five). Her son, whom she doted on, began his truant career; and her sister, Lady Mar, whose melancholy she tried to dispel with her brilliant letters, finally lost her sanity” (*Selected* 121). Moreover, “her friendship with Pope cooled,” and he “exposed his resentment with a succession of personal and literary attacks in his satires” (*Selected* 121). “[Montagu’s] daughter’s disobedience in marrying the impoverished Earl of Bute in 1736 added still another entry to her ample catalogue of dissatisfactions” (*Selected* 121).

similarly follows and contextualizes Piozzi's ups and downs over the course of several years. Her first marriage is miserable as her moody husband isolates her and cheats on her. Over the course of her life she has several miscarriages, loses children, struggles to maintain Thrall's brewery, and encounters many financial problems. She suffers through several hysteric episodes in the 1780s and 1790s, and as her affair with Piozzi becomes the object of public scandal, she is alienated from many people, including her daughters and her intimate friend Samuel Johnson. In a 1778 diary entry, she refers to her "pungent and corroding Sorrows" (*Thraliana* 314) – thus echoing Montagu's language of despair – and in a 1791 letter she writes: "Agitation of Spirits is the worst Illness, which of my present Situation is a Proof, and too much Love is good for nothing as I see except to make one wretched" (*Piozzi Letters* 1.375). When her second husband dies in 1809, she suffers a "loss beyond repair" (R. Brimley Johnson 12). Her later writings suggest that she was often lonely in her old age. Like Montagu's *Letters*, Piozzi's *Thraliana* describes life-long struggles with hysteria. Both texts show that hysteria is caused by a variety of factors that are sometimes not immediately apparent. Piozzi's "Agitation of Spirits" in the above letter is meaningless in the isolated moment of her utterance. The surrounding information in the diary, however, reveals that Piozzi feels tortured during this time because she is forced to choose between Johnson and her daughters, or her lover. These narratives also trace the sporadic and intermittent emergences and disappearances of hysteria over the course of years, and in doing so tell us something about the disease in all its elusiveness. They show us that hysteria makes its imprint on the text and that the composite pathography, in its indirections and digressions, resembles the mysteries of the condition.

The composite pathography is, moreover, a subversively feminine form. It challenges generic categories and at the same time blurs the boundaries between male and female, public and private, truth and fiction, and medicine and culture. In so doing, it both complements and destabilizes the dominant discourses of hysteria, which, as I have shown, generally sought to maintain these hierarchical divisions. The composite pathography shares characteristics with Suzette Henke's version of life-writing, which she calls an "expanded genre" that "embraces the flux and discontinuity" of "orts, scraps and fragments" (xiii). Composite pathography is also a sort of "écriture féminine," which is, as Mary Eagleton notes, "by turns poetry, philosophy, literary criticism, autobiography, utopian fantasy – and more" (253). Such a form disrupts the separation of gendered public and private spheres.³² Montagu, as I have shown, includes confidential information in her letters – information meant only for her correspondents – but to look at the manuscript history of the letters suggests that this was not always the case: some of them were revised for publication, her Turkish Embassy Letters were published one year after her death, and other letters served as sources for a travel book. Similarly, the diaries and journals are neither entirely private nor public. The first of two manuscripts of

³² In *Epistolary Bodies: Gender and Genre in the Eighteenth-Century Republic of Letters*, Elizabeth Heckendorn Cook makes some useful observations on the ways letters challenge the distinction between gendered public and private spheres. She claims that "feminist criticism and deconstruction made epistolary narratives legible again, [but] they sometimes did so by simply inverting the hierarchy of values" that first marginalized these narratives (23). She adds:

Specifically, when the epistolary genre is seen as limited to the sentimental epistolary plot of feminine passion, the exclusive identification of women and letters reaffirms essentialist concepts of gender and sexuality, as well as replicating an artificial division of human experience into separate and gendered public and private spheres. Such confusion of classificatory principles can only further obscure our understanding of the interrelation of gender and genre, and our awareness of the cultural construction of both. (24)

Elizabeth Freke's *Remembrances* reads as a traditional diary, but, as Anselment suggests, it was "written and re-written over a period of years" ("Reconstructing" 57), and the second manuscript reads as a memoir intended for a wider audience. In a discussion of the *Thraliana*, editor Katherine Balderston refers to "Mrs. Thrale-Piozzi's vacillating attitude toward the desirability of preserving its privacy" (xvi). "Sometimes," Balderston notes, "she wished for, almost took for granted, its eventual publication; at others times, when the intimate character of its revelations was uppermost in her mind, she felt a genuine horror at the thought that it might be seen even by a friend" (xvi). "'Never be printed! Oh never, never, never, *never!*,'" Piozzi exclaims in one entry (qtd. in Balderston xvi-xvii).

In a larger sense, this merging of public and private destabilizes the limits of genre, and challenges the existence of 'secret' diaries and 'intimate' letters. Piozzi's *Thraliana*, for example, is not a conventional diary. As Balderston explains, it was originally an anniversary present from Mr. Thrale of "six handsome quarto blank books ... with the title 'Thraliana'" already inscribed; "the books were not intended for diary-keeping in the strict sense, but for a 'repository'" (x). In her prefatory remark to the work, Piozzi vows to fill "repository" with "Nonsense new and old" (*Thraliana* 1).³³ The *Thraliana* has a "dual character," and is, as Balderston describes it, "at once a wit's

³³ Piozzi explains how the idea for this "repository" first came about:

It is many years since Doctor Samuel Johnson advised me to get a little book, and write in it all the little anecdotes which might come to my knowledge, all the observations I might make of here, all the verses never likely to be published, and in fine everything which struck me at the time. Mr. Thrale has now treated me with a repository – and provided it with the pompous title of *Thraliana* ... (*Thraliana* 1)

catch-all in the true ana manner, and a private record of her life" (xvi).³⁴ Balderston elaborates upon this "pot-pourri of curious bits, strung together without plan" (xi):

The anecdotes relate indifferently to the dead and the living, the great and the unnamed obscure. They are sometimes culled from books, sometimes from life at second or third hand, and sometimes from her own experience, and are consequently of unequal interest and authenticity. She sometimes groups her stories under headings such as "Odd medical stories", or under a common theme such as stupidity or avarice ... Her interest in word deviations, her frequent citation of literary parallels, and the numerous translations of witty verses from foreign languages into her own ... are all to be found in ... numerous models. The ana character of her book helps also to explain her inconsistency in entering dates, since there was no logical incentive for systematic dating in such a farrago. (xi-xii)

The *Thraliana* is a medley of genres and as such is typical of the body of life-writing I examine. The female authors include essays, personal confessions, anecdotes, fictional digressions, literary criticism, recipes, medical treatments, travel narratives, transcriptions of conversations, portraits of authors, narratives of miscarriage and childbirth, and more. The works are neither private nor public, neither authentic nor fictional. They merge the female realms of marriage, domesticity, and inaction with the male realms of politics,

³⁴ Balderston recognizes that the *Thraliana* is valuable as more than a record of Samuel Johnson. "Mrs. Thrale's wide and shifting circle of acquaintance, her powers of shrewd observation, her diverse interests and eclectic reading," she writes, "offer valuable clues, in many directions, to those who seek to understand English life and culture in the years from 1776-1809" (xviii).

literature, and travel. Together, they are best described as a fluid patchwork that disrupts the boundaries of gender and genre.

The composite pathography therefore lends itself well to diverse diagnoses of hysteria. The form mimics the sporadic and unpredictable manifestations of the female writer's condition, and at the same time provides a space for case studies which feature not only the writer herself, but also a varied cross-section of English hysterics. Some of these case studies are of the standard sort found in the physicians' texts. Lady Mary Wortley Montagu, for example, provides a portrait of the "melancholy Catastrophe" of Lady Lechmere, who has "play'd away her Reputation and fortune," and who has now "poison'd her selfe" in an attempt of suicide (*Complete* 2.58). Lady Lechmere is a superficial, vain, woman of fashion – much like the hysterics that appeared frequently in the pages of eighteenth-century medical and literary texts. In Piozzi's diary, we see variations on this portrait. Like the physicians, she sometimes offers case studies which objectify and animalize the patient, and whose authenticity is at times questionable, as in the case of the Katharine Gualters, the "young Maiden," who,

was exorcised of the Devil; when after violent Convulsive Throes, She evacuated a *live Eel*, (a Worm no doubt) which he himself measured a foot & a half long, and was well convinced it could be no other than a *Devil* or *Fiend* – this Evacuation was followed & attended with Paroxysms of *laughing weeping* – (Hysterick Affections). This exorcism was performed on the "Unhappy Wench" in the year 1571. (*Thraliana* 397)

Such conventional case studies were complemented by more exceptional ones, which, for example, portrayed hysteric *men*. These portraits tended to invert the usual male-doctor to

female-patient interactions. Piozzi assumes the voice of an expert as she depicts her father's sufferings: "His Sensibility – quickened by Vanity & Idleness, was *keen* beyond the *Affectation* of any other Mortal, and threw him into Hypochondriack Disorders in spite of a Manly Vigorous Person, & a Constitution eminently strong" (*Thraliana* 127). She also gives her authoritative opinions on the mental states of well-known male figures, discussing King George III's "*impulsive* Insanity," Samuel Johnson's "delusive" madness, and the astronomer's distracted state in Johnson's *Rasselas* (*Thraliana* 728).³⁵ Elizabeth Carter, in a similar vein, offers her diagnosis of Jonathan Swift's mental demise, asserting that the "concluding years" of his life were mere "proofs that his aberrations from decency ... did *not* proceed from a corrupted heart, or from scepticism; but from physical infirmity, which at last ended in complete imbecility of mind" (2.198). Carter, Piozzi, Montagu, and others subverted the arrangements of conventional medicine by taking on the role of female diagnostician.

The composite pathography also provides a space in which women articulated a closeness between writer and sufferer as they described the hysteric conditions of female intimates. In contrast to the cold and fabricated accounts of the physicians, the women's own physician-like accounts, and cultural ideas that hysteria was fake, fashionable, or even desirable, these accounts are permeated by warmth and love. The frequency of Montagu's correspondence with Lady Mar speaks to a sincere concern for the escalation of her sister's hysteria. The close bond between the sisters is emphasized by Montagu's

³⁵ In her case studies, Piozzi sometimes mocks medical interactions, and challenges the limits of authenticity. For example, she evokes the story of an "eminent surgeon tried for stabbing his Strumpet" (*Thraliana* 7), of a young lady "who had so violent a Haemorrhage at the Nose it could not be stopped," and of a "fine straight healthy girl [... who] accidentally swallowed a Brass button which produced a Train of dreadful Symptoms in Succession for 8 Years after" (*Thraliana* 28).

tender mode of address. In one instance, she writes: “I hope you will not let melancholy hurt your own Health, which is truly dear to your affectionate sister” (*Complete* 2.80). The letters between Elizabeth Carter and Elizabeth Montagu display a similar tenderness. The women frequently write of the mental state of their hysterical friend, Mrs. Vesey, whom they refer to as “our dear Sylph.” There is a genuine regard for Mrs. Vesey when she is “not in spirits” (2.82), and as her state worsens, Carter asserts: “my heart-achs while I write of her, for never can I forget what she has been” (3.300). This personal tone is also evident in Piozzi’s descriptions of her daughter Sophia, and her mode of address is particularly impassioned as she writes: “Heavens! a new Distress! my Child, my Sophia will dye: arrested by the hand of God – apparently so: She will die without a Disease – Fits, sudden, unaccountable, unprovoked; Apoplectic, lethargic, like her Father” (*Thraliana* 580).

Throughout the composite pathographies, impassioned exclamations were combined with descriptions of hysteria that could be either disruptive – in their inclusion of male hysterics – or conventional – in their use of cold science. They were sometimes affectionate and sincere, and at other times fictional and absurd. The remarkably varied nature of these case studies, and of the composite pathography as a whole, speaks to the value of the form in explorations of hysteria. The mixed form frees one to read illness in multiple contexts rather than in isolation, or according to one overarching theory. Physicians’ texts, as I have shown, have a varied and sometimes imaginative structure, but ultimately, though they seek to entrap hysteria and contain woman, the condition escapes their grasp. The women’s composite pathographies, on the other hand, embrace hysteria in all its mystery and complexity – acknowledging points of view personal and

objective, conjectural and medical, conventional and unusual – and thus inadvertently capture the essence of the condition. Rich and diverse diagnoses emerged from the composite pathography, a feminine patchwork that, in its employment of multiple genres, resists conventional generic categorization and embraces the multiplicity, inconsistency, and elusiveness of hysteria.

c. A Poetics of Hysteria

The centrality of hysteria to the eighteenth century is made further visible by the imprint that it makes on women's poetry. The poetry offers yet another feminine perspective on various perplexing aspects of the condition. Though a poetics of hysteria raises the problem of poetic sincerity (an issue I tackle later in this section), it also reveals poetry as a medium through which women articulated their personal struggles with the condition. Some of the poetry is clearly confessional and autobiographical. Critics recognize, for instance, that Anne Finch suffered from "isolation and intermittent bouts of depression, then termed melancholy or spleen" (McGovern and Hinnant xvii). Myra Reynolds writes that "Ardelia's peace of mind was assailed by ... [an] insidious foe ... She was, in fact, an unfortunate victim of the Spleen, a fashionable eighteenth century distemper, the protean woes of which had early cradled her into song" (xlii). The condition is a recurring theme in Finch's poetry, as in "The Spleen," where the speaker (who is usually aligned with Finch herself) exclaims: "O'er me alas! Thou [spleen] dost too much prevail: / I feel thy force, whilst I against thee rail" (74-75).³⁶ Similarly, much

³⁶ Finch depicts futile struggles against spleen throughout her work. In "Ardelia to Melancholy," the speaker explains that it is in vain that she attempts to guard herself from "thy Tyrant pow'r" for "Alas! In vain, for all agree / To yeild me Captive up to thee, /

of Elizabeth Singer Rowe's poetry describes the tragedy of her husband's death in 1710, an incident which prompted her mental breakdown and subsequent retirement (Lonsdale 46). "Upon the Death of her Husband" (1719) reflects these circumstances, as does "A Hymn" (1737), in which the speaker searches in vain for her lover. An autobiographical speaker emerges as well in the poetry of Laetitia Pilkington, who suffered through a trying marriage and scandalous separation, was imprisoned for debt, attempted suicide, and endured other "various tribulations" (Lonsdale 140-41). In her poem "Sorrow" (1737), the speaker's "deepest solitude and woe" (1), "streaming eyes" (2), and longing for death mirror those of Pilkington herself. This confessional mode persists into the second half of the century. An editor of the poetry of Christian Carstairs (fl. 1763-83) describes her work as "the ravings of a disordered imagination"; it is neither "prose nor verse, rhyme nor reason" (qtd. in Lonsdale 267). This reflects the mental state of the speaker herself, who seems to have "lost her senses" (qtd. in Lonsdale 267). Susanna Blamire, who suffered from ill health, wrote poetry that revealed the mental challenges stemming from her physical struggles.³⁷ In a poem entitled "Written on a Gloomy Day, in Sickness" (1786), the speaker's "wasting frame" (13) inhibits her enjoyment of the returning spring. Her body "droops" and "fades" like a dying flower (24), and nature can do nothing but "aid the melancholy hour" (12). Finally, in Charlotte Smith's *Elegiac Sonnets* (1784), speaker and poet are often aligned. Deborah Kennedy writes that, in the poems, Smith "mourned her own self and the loss that she felt in living a life she

And heav'n, alone, can sett me free" (31, 34-36). And, in "An Hymn of Thanksgiving after a Dangerous fit of sickness in the year 1715," the speaker writes that in death she will no more "fear the spleen" (53).

³⁷ Blamire's "poems indicate that her health had started to deteriorate by the mid-1780s," Lonsdale suggests (279).

regarded as a 'rugged path' she was 'doom'd to tread'" (43). Kennedy believes that Smith's reviewers and readers were aware of her difficult personal circumstances, and that "the reader simply must accept the speaker's assertion of discontent" (44). In fact, women poets throughout the century portrayed female speakers whose mental conditions mirrored their own. We can thus identify an eighteenth-century tradition of autobiographical melancholic poetry by women.

One must distinguish these personal expressions from those contained in the life-writing, however, for the public and constructed voice of the poet demands a nuanced examination of craft. Certainly, the poetry of Smith, Finch, Pilkington, and Blamire is valuable in its inclusion of female experience, but as Isobel Armstrong notes, female poetry is too often exclusively associated with "affect" and "domesticity" (15). This view is restrictive, she adds, and it is important to get away from "the gush of the feminine regarded simply as a consent to nonrational and emotional experience" (15). Indeed, the speakers in these poems are best viewed as autobiographical *personae*. The poets do not aimlessly and 'hysterically' pour out their inner thoughts. Rather, they carefully and skilfully construct speakers who embody female experiences of hysteria. Armstrong writes of late eighteenth-century female poets: "First, they used the customary 'feminine' forms and languages, but they turned them to *analytical* account and used them to *think* with. Second, they challenged the male philosophical traditions that led to a demeaning discourse of feminine experience and remade those experiences" (15-16). The female poets I examine employ a "customary 'feminine'" mode of experience in their portrayals of hysteria. But, this is complemented by a more "analytical" and critical approach. The speakers in the poems often point to the more practical medical concerns of hysteria such

as the inadequacies of conventional medicine. In Finch's "The Spleen," the speaker exposes the doctor's short-sightedness and corruption in reaping benefits from patients – particularly female ones – without offering any legitimate medical help:

Tho' the Physician's greatest Gains,

Altho' his growing Wealth he sees

Daily increas'd by Ladies' Fees,

Yet dost thou [spleen] baffle all his studious Pains. (138-41)

Similarly, in Susanna Blamire's "Epistle to her Friends at Gartmore" (1772) the speaker criticizes apothecaries who give "many a drug, and useless slop" (118). She distinguishes herself from these men by depicting herself as an unofficial caregiver for the sick, known for her skill in curing a variety of illnesses (Blamire herself had a local reputation in her Scottish town as a medical adviser). In Charlotte Smith's "Written at Bristol in the summer of 1794," the speaker highlights the ultimate failure of the Bristol waters to heal the "languid sufferer" (2). She asks:

Check they [the doctors] the torpid influence of Despair,

Or bid warm Health re-animate the breast;

Where Hope's soft vision have no longer part,

And whose sad inmate is – a broken heart? (10-14)

The physician's treatment is useless in healing "Despair" or the "broken heart" – the mental elements of illness. These speakers are indeed emotionally-tortured sufferers, caught in the trammels of hysteria, but they move outward from these experiences, positing themselves as diagnosticians who intelligently criticize conventional diagnoses and offer their own unique medical knowledge.

Eighteenth-century poetry by women that took hysteria as its subject was unique in its combination of 'female' emotion, irrationality, and displays of hysteria, and 'male' reason, science, and objectivity. Anne Finch's "The Spleen" is of particular interest as an example of this feminine form, for not only did it contain information sufficiently 'scientific' and 'male' to be included in a contemporary medical treatise, but it also employed a distinctly male poetic form: the Pindaric ode. Finch, Desiree Hellegers observes, "is not willing ... to speak only beyond the margins of the dominant masculine discourse but demands to speak within it and to transform it in the process" (213). The Pindaric ode, which was resurrected by Abraham Cowley in the latter half of the seventeenth century, was characterized by its "sinews"; it was hardy, difficult, rough, and inconstant, and Cowley himself noted that "[t]he digressions are many and sudden" (qtd. in Hellegers 210-11). For Thomas Sprat, Cowley's biographer, these traits were particularly "masculine" (Hellegers 210). Paradoxically, however, these "masculine" traits were also the qualities of hysteria. The verse form was "wand'ring," and "Pindarick" came to refer to an aesthetics of 'discontinuity' and randomness" (Hellegers 211). Finch thus uses it to follow the "perplexing Form" of hysteria ("The Spleen" 5). The speaker opens with the question, "What art thou, Spleen, which ev'ry thing dost ape?" (1), and for the rest of the poem seeks an answer. She describes the terrifying symptoms of spleen: the "gloomy Terrours" (12), the "antick Spectres" (17), and the "airy Phantoms" (19), as well as the religious uncertainties – the "anxious Doubts" and "endless Scruples" (119). She suggests that in each victim, the "Motions" and "Dress" of spleen are different (44-45). She depicts the "Imperious Wife," whose "o'erheated Passions" and "show'ring eyes" are put on in order to soften her husband (53-59); the

“Fool,” who “to imitate the Wits, / Complains of thy pretended Fits” (64-65); and the “Men of Thoughts refin’d” who gravitate to the “Shades” of spleen (70-73). She also paints the “Coquette” who reclines her head, holds herself in a “careless Posture,” and assumes “a soft, a melancholy air” in order to seduce the “Fop” (99-108). The speaker is unable to provide a definitive answer to her initial question. Like the Pindaric form, she wanders and digresses as she describes the varied manifestations of the affliction. In the midst of these portraits, the speaker describes her own personal struggle with spleen. She rails against it, but then succumbs to it: “I feel my Verse decay, and my cramped Numbers fail. / Thro’ thy black Jaundice, I all Objects see, / As Dark, and Terrible as Thee” (76-78). Her personal anecdote reinforces the unpredictability of hysteria as the condition overwhelms her mid-poem.

Despite this obstacle, the poem continues and Finch both masters the masculine form of the Pindaric ode and fetters hysteria in verse. In letting the condition overpower both the structure of her poem and her mental state, she manages to effectively capture and describe its protean quality. Finch’s poem, Hellegers suggests, illustrates “the possibility for subversion that lies in claiming the language of the oppressor and using it to demystify and subvert the hegemonic goals it has served” (214). She continues:

In the mouth of the ‘other,’ the language of the oppressor – the discourses of masculinist definition and control – is already transformed; the categories of subject and object, of hysteria and reason, of ‘science’ and literature ... collapse. The ‘spleen’ itself becomes, in effect, the topic, source and substance of Finch’s art; it is transformed, through the poem,

into a cure for the medical establishment that would prescribe for woman the limits of her artistic and intellectual capabilities. (214)

Finch posits an alternative diagnosis as she relinquishes the need for definition – in failing to answer her initial question – and control – in allowing hysteria to conquer both speaker and poem. She provides, as Hellegers notes, “an antidote to essentialist criticism that creates an opposition between an ostensibly fluid, feminine poetics, and rigid masculinist – and poetic – practice. Finch replaces this oppositional model with one that is both complex and dynamic” (200). And Finch’s feminine mode finally triumphs. At the close of the poem, she depicts the death of Richard Lower, who devoted himself to a study of spleen, but,

with unsuccessful Toil he wrought,
 ‘Till thinking Thee to’ve catched, Himself by thee was caught,
 Retain’d thy Pris’ner, thy acknowledg’d Slave,
 And sunk beneath thy Chain to a lamented Grave. (147-50)

Lower commits suicide, consumed by the very disease that he is studying and striving to understand. The male science that attempts to “catch” and contain hysteria fails. Finch, on the other hand, finishes her poem. In embracing the complex elusive qualities of hysteria, and submitting to its power, Finch’s distinctly feminine mode prevails over conventional medical discourse in its diagnoses of hysteria.

The question of sincerity is central to an examination of the poetic discourses of hysteria, particularly in the second half of the eighteenth century when the poetry of sensibility and melancholy became fashionable. In his article “Eighteenth-Century Spleen,” William Ober raises the “problem” of “[r]elating medical notions to their

literary expression,” and of distinguishing between “sincere sentiment” and “fashionable sentimentality” (234-35). In the case of hysteria, though – an illness that is at once authentic, feigned, scientific, and literary – Ober’s “problem” may be redundant. A number of critics have recognized that literary representations have much to offer to formulations of disease. Bruce Clarke looks at how “textual fictions” can illuminate the “hard facts of medical experience” (1), while Ludmilla Jordanova observes that “medical theories, illnesses and operations in fiction [do not] cease to be ‘medical’ merely because they are also ‘literary’” (18). G. S. Rousseau makes a claim for a “pre-1800” history of depression based on “representation rather than narrow medical models,” because, he believes, any “adequate sense” of the condition recognizes that there was not a simple “lineage of teachings passed down from medical teacher to medical student” (“Genealogy” 81). Hellegers, meanwhile, defends Anne Finch’s use of poetry (and of the Pindaric ode in particular) and notes that “the discourses of the spleen ... extend beyond medicine into theology, literature, and philosophy, [and serve] as an ironic commentary on the claims of the scientific – and in particular, the medical – establishment to ideological neutrality” (212). Some critics see “realism” as a particularly male form. Mary Eagleton, for example, points to the subversive potential in “feminism’s questioning of realist forms of writing. To query the truth, coherence, and resolution of realism is to undermine the symbolic order” (253). We find such a challenge in Mary Wollstonecraft’s quasi-fictional rendition of women’s psychological state in *The Wrongs of Woman; or, Maria, A Fragment* (1798). In her preface, Wollstonecraft states her intention to “[exhibit] the misery and oppression, peculiar to women, that arise out of the partial laws and customs of society” (73). Though the work is autobiographical fiction, it

describes a very *real* psycho-political situation. “[T]he history,” Wollstonecraft asserts, “ought rather to be considered, as of a woman, than of an individual” (73). The history of one woman comes to stand in for the condition of all women. *The Wrongs of Woman* is fictional, and yet it is true. When we begin to recognize the layers of truth in fiction, the problem of sincerity ceases to be a problem.

A poetics of hysteria, then, moves beyond realism and genuine female experience to embrace women’s *representations* of the condition. The poetry of sensibility by women is based in real experience, but also in poetic affectation and posturing. Linda Kauffman describes the importance of allowing women to represent themselves as “artists”:

Some feminist critics insist that women’s writing must be ‘true-to-life,’ based on ‘the authority of experience.’ The danger of that approach lies in reducing the art to the life, as if women were incapable of writing about anything but themselves, and lacked aesthetic control and imagination... My aim is to examine the process and strategies by which these writing women transform themselves into artists, taking control of the production of writing to challenge not just men’s representation of them but – particularly as it relates to gender – the fundamental tenets of representation itself. (21)

We repeatedly find eighteenth-century ‘hysteric’ poets exhibiting “aesthetic control” over their work. Like the men of feeling and graveyard poets of the age, these female poets suffered from melancholy, but they were nonetheless able to step back, consider their despair philosophically, and relegate it to verse. A heightened and exaggerated

indulgence of emotion surfaces in much of this poetry – an indulgence that is often clearly fabricated. Some early eighteenth-century poets anticipated this tradition. The speaker in Elizabeth Singer Rowe's "A Hymn" (1704) writes of the "gloomy clouds" that "press [her] drooping soul" (14-16), and Elizabeth Tollett's "On Death's Head" (1724) envisions "am'rous Hopes and fancy'd Bliss" as "dear Delusions" (21-22). Most women of feeling wrote in the second half of the century, of course, as discourses of sensibility became more prominent and as the female poet's vocation gained credibility. In Mehetabel Wright's "An Epitaph on Herself" (1750) the speaker sees life as "a living death, a long despair" (6). Mary Latter writes of the "thorn-abounding Wilderness of Woe" in her "Miscellaneous Poetical Essay" (1761; qtd. in Lonsdale 254), and a speaker in the poetry of Priscilla Pointon (ca. 1740-1801) refers to "her desolate situation, and her irremediable calamity" (Lonsdale 273). The speaker of Charlotte Smith's *Elegiac Sonnets* repeatedly suggests that there is no cure for her grief except in death, as when she writes that she "finds in change of place but change of pain" ("Sonnet LXII. Written on passing" 2). The "pale Eye of Evening, thy soft light," she claims, "Leads to no happy home; my weary way / Ends but in sad vicissitudes of care: / I only fly from doubt – to meet despair" ("Sonnet LXII. Written on Passing" 11-14). Some female poets relied heavily on the nightmares, visions, and grisly spectres of graveyard poetry. Elizabeth Singer Rowe's poetry depicts phantoms and visions of horror. In a poem by 'the Amorous Lady' entitled "A Letter to my Love. – All alone, past 12, in the Dumps" (1734) the speaker is "devoured with spleen," plagued with "pallid ghosts," and "oppressed with woes" (12, 54, 47); she "burn[s] [her] pen" and "bite[s] [her] nails" (22). In her sonnet, "To a Poppy" (1799), Anna Seward describes a "love-craz'd Maid" (8) whose "tortur'd mind" is

cheated by “brain-sick visions” (11). The female tradition of sensibility was in part a poetry based in representation and artifice. These women poets came to embody more than mere experience. Rather, they escaped the stereotypical symptoms of hysteria imposed on them by a patriarchal medical establishment and produced poetry that is notable as much for its craft and control as for its emotional sincerity.

The combination of sensibility’s poetic artifice and the female poet’s genuine experience results in a distinctly female poetics of hysteria. Charlotte Smith, in her *Elegiac Sonnets*, offers more poems on melancholy than any other single late eighteenth-century female poet, and is thus a choice example for an exploration of this dual structure. Smith states explicitly that her poetic expressions of mental suffering are sincere – that her speaker’s “tortured breast,” “weary eyes,” and “baffled hope” are also her own (“Ode to Despair” 33, “Sleeping Woodman” 13, “April” 36). In the “Preface to Volume II” of her *Elegiac Sonnets*, she remarks of her “gloomy poems” that, “I am unhappily exempt from the suspicion of *feigning* sorrow for an opportunity of shewing the pathos with which it can be described – a suspicion that has given rise to much ridicule, and many invidious remarks ...” (11). She reiterates this view in the “Preface to the Sixth Edition” of the *Sonnets*, noting that “I first wrote mournfully because I was unhappy – And I have unfortunately no reason yet, though nine years have elapsed, to *change my tone*” (5). Though the modern reader is perhaps suspicious of Smith’s claims to authenticity, her contemporary readers may not have been. Overwrought emotion, swooning fits, and all-consuming despair would have seemed perfectly reasonable in the Age of Sensibility, a period when, Raymond Stephanson suggests, popular and medical thought envisioned emotional distress as a severe and sometimes life-threatening

condition. In his article “Richardson’s ‘Nerves’: The Physiology of Sensibility in *Clarissa*,” Stephanson argues that “Richardson’s first readers” would have seen “nothing mysterious, indeterminate, or un-diagnosable” about Clarissa’s death (267-68). “For Richardson and his readers,” Stephanson writes, “the physical implications of acute or excessive nervous sensibility are painfully clear” (272). Mental suffering could lead to dire physical consequences – even death. Stephanson therefore opposes the widespread critical emphasis on the puzzling and uncertain nature of Clarissa’s death, and concludes:

Clarissa dies because of her nervous sensibility, or that intimate relationship of mind and body (the nexus is the nerves) in which one’s mental state can have a direct effect on one’s bodily health (or *vice versa*). This interrelationship is not some fanciful aspect of folk-culture (a “broken” heart) but an integral part of mid eighteenth-century medical thought and physiological theory with a complex set of psychological, social, sexual, and even moral implications, all of which are embedded in *Clarissa* at a very deep level but in obvious ways. (268)

Though Smith’s *Sonnets* appear much later than Richardson’s novel, the culture of sensibility remained a powerful cultural and literary force. Smith’s readers would have viewed her “nervous sensibility” as more than a constructed, theatrical emotional state. Smith’s claims of sincerity, along with her readers’ familiarity with her difficult circumstances, could very well have resulted in a belief that her condition was not only serious, but potentially fatal.

Smith’s prefatory words on poetic sincerity are at odds with the decidedly crafted nature of the poems themselves. The constructed nature of Smith’s speaker is clear.

Stuart Curran expresses a reasonable wariness of the authenticity of Smith's poetic voice, writing that her "reiterated sorrows are somewhat numbing" (xxv). "Her own accent on [an] isolated sensibility," he suggests, "struck a responsive chord in her readers and her numerous followers, provoking a remarkable number of sorrowful sonnets in the ensuing decades" (xxvi). As a woman, Smith was perhaps hysterical, but as a poet, she was highly rational. She wrote about hysteria through the controlled form of the sonnet. Her "contemplation of a threatened and unfulfilled life," Curran contends, is, at least in part, grounded in "studied variations of Petrarchan themes" (xxv). Elizabeth Dolan adds that "Smith emphasizes her capacity for rational thought in the midst of [her] grief" by "modifying Goethe's version of Romantic melancholy" (246). But Smith's rationality is nonetheless framed by – even inseparable from – her real suffering. What Dolan calls the "generalized melancholic mood" in the poetry is accompanied by Smith's "details of her individual troubles" in the prefaces (245). Through this "dual structure," Dolan contends, "Smith simultaneously exhibits her enormous poetic facility and claims the feelings she expresses as authentic" (Dolan 245).

Taken as a whole, then, the *Elegiac Sonnets* leave us with a quandary: Smith's hysteria is both real *and* constructed. This quandary is at the heart of her poetics, for it enables a particularly *female* mode of sensibility. In the *Elegiac Sonnets*, Kathryn Pratt observes, Smith "creates a poetic persona who insists upon melancholia as the sign of her authentic literary production, which occurs in a representational dimension closer to 'real' experience than is the realm of masculine poetic convention" (564). Smith thus works within the tradition of sensibility because this is the only mode of expression available to her, but she also shows that this male mode is not adequate to an expression

of her grief. "By representing theatricality not as the illusory opposite of authentic experience but as the inescapable mode of experience," Pratt continues, "Smith carries her speaker's melancholia beyond poetic conventions of sensibility" (564). Smith's distinct structure allows her to depict herself as both a languishing hysteric, and as a speaking, thinking, intellectual subject. She challenges poetic conventions just as she rewrites the dominant ideologies of hysteria and puts forth a unique model in which both female experience and female craft are made prominent. Smith and other female writers – through their hysterical poetics, and their composite pathographies – use and reformulate the traditional discourses of hysteria. They are not merely irrational, mute sufferers – as cultural and medical representations would often have them – but intelligent subjects at once exploring, capturing, representing, overcoming, and succumbing to the condition. As life-writers and as poets, these women diagnose the elusive and mysterious disease, and in doing so, escape its medical and cultural confines.

CHAPTER THREE

SYMPTOMS

Part 1: Interpreting Physical Symptoms

a. The Complexities of Interpretation

In 1777, Hester Thrale Piozzi included a series of “Odd Medical Stories” in her diary, the *Thraliana*. This is one of them:

Doctor Jebb once told me the following remarkable Story. A young Lady subject to Epileptick Fits had taken every remedy and was at last advised to go abroad; Sir Clifton Wintringham & Adair the Surgeon met her at Cambray not designedly – She consulted ‘em however. When She had described her Case the Doctor made her no Answer but a contemptuous Smile – with a Whisper to Mr. Adair loud enough for her to hear – somewhat very indelicate and highly derogatory to her Sex & Character; She flew into the most sudden and violent Passion of Anger, and after many changes of Complexion and one burst of Tears left the Room with a Bounce – & never had a Fit more – Johnson was of Opinion that the Epilepsy was counterfeited and that Detection kindled her Rage; but the Dr & I believed the Fits were real, but that strong & deep Impression this

Insult made upon a Mind already weakened with Disease, was the true Cause of her Cure, by substituting something else for the Imagination to work upon. (29)

The relatively typical story of an unnamed and voiceless female subject who undergoes a “fit” is presented here. The woman’s history and the possible reasons for her condition are ignored, and, as in many eighteenth-century medical case studies, the authoritative male physician interprets the patient’s symptoms and mysteriously cures her ills. This account is unique, however, for the multiple perspectives that are offered by its narrative layers. On the one hand, the woman’s symptoms are trivialized by the treating physicians, Wintringham and Adair, who contemptuously undermine her health concerns. Johnson’s stance is to dismiss the patient’s condition as a whim, and to suggest that she is feigning spleen for show. Dr. Jebb and Piozzi provide yet another perspective; they express a common eighteenth-century belief that fear, surprise, shock, or insult could ‘trick’ patients into health. These differing views are complemented by the patient’s own. The doctor’s “contemptuous Smile” and his “indelicate” and “derogatory” words may be strategic, but his cold and unconcerned demeanour alienates, silences, and angers the woman. She protests against the doctor’s diagnosis through her body – using a language of tears, facial expressions, and bodily gaits.

Within Piozzi’s account, therefore, we find multiple interpretations of one set of symptoms. The medical “symptom,” Bruce Clarke observes, is a sort of “metaphorical expression,” in part because it is “a significant abnormality or deviation, a swerve away from the physiological norm” (2). “The meaning of the symptom,” moreover, “must be determined through the complexities of its context” (2). The above story provides an

example of how doctors, observers, patients, and even contemporary readers understood symptoms metaphorically as much as medically. As such, it demonstrates how eighteenth-century hysterical symptoms took on a variety of meanings, depending on their contexts. They confirm woman's physical infirmity and her inherent hysteria, but they also serve as a feminine language of protest against the containment of female experience and the restrictions of sensibility. The diverging and interweaving interpretations of hysterical symptoms offer insight into both the modes of oppression and the vehicles for expression of the Enlightenment woman.

Official eighteenth-century medical diagnoses of hysteria depended on the interpretation of an astonishingly vast array of symptoms. In their medical texts, physicians offered rambling and often undecipherable catalogues of symptoms which they themselves admitted were baffling. In 1682, Sydenham observes that the manifestations of hysteria are "multiform in type" and comprise a "farrago of disorderly and irregular phenomena" (90). "It is no wish of mine," he writes, "to recount the innumerable calamities which have befallen females when hysteria has been treated as bilious colic" (111). "In one word," he continues "the greatest caution must be used in the diagnosis of hysteria, lest the symptoms be confounded with those of some other disease like it" (111-12). Mandeville offers some incisive observations on this problem in his 1711 *Treatise*, where at one point he describes the unusual process by which hysteria is diagnosed: "[the] Disease manifests it self not so much by any particular Signs, in which it differs from other Distempers, as by the Complication of a great many, that are likewise observ'd in others; but to be Hysterick, it is sufficient to have four or five of them, otherwise the Catalogue of Symptoms belonging to it is so large, that it is

impossible one Woman should have them all" (210). Diagnosis is somewhat random, and this, Mandeville concedes, is aggravated because, "the Hysterick Passion" has few if any "*Pathognomonick* Signs, that is such as are peculiar to this Distemper and no other" (211-12). Half a century later, in 1764, Whytt's inventory of hysterical symptoms includes the following: "Hysterick faintings and convulsions," "A catalepsis and tetanus," "Wind in the stomach and bowels," "A great craving for food," "A black vomiting," "A sudden and great flux of pale urine," "A nervous cough," "Palpitations of the heart," "Periodical headaches," "A giddiness," and "A dimness of sight, without any visible fault in the eyes" (28). Though Whytt does not linger over the difficulties of diagnosis, the nature of the symptoms he lists reveal the same problem Sydenham and Mandeville had encountered: the manifestations of hysteria mimic those of other diseases. From Sydenham, to Mandeville, to Whytt diagnosing hysteria involved the interpretation of a massive collection of symptoms – a brand of interpretation that was not particularly 'scientific.'

In this way, physicians engaged in a sort of guessing game, and were at liberty to diagnose and define hysteria as they saw fit. Because, as they acknowledged, the symptomatology was diverse, the lists in their medical treatises were selective and focused almost exclusively on *physical* symptoms. The following passage from Mandeville's treatise, for example, reveals that he based his diagnoses on the observation of bodily signs:

Hysterick People are frequently troubled with an excessive Pain on the Top of the Head, in so small a compass, that a Shilling would more than cover it. Some have hard Swellings in the Face, Hands, Arms, Legs, and

Thighs; others spit as copiously as if they were in a Salivation for Weeks together. As to Fits, some are seiz'd with violent Coughs; others with Hickups; and abundance of Women are taken with Convulsive laughing. There are Fits that have short remissions, in which you would think the Woman was going to recover, and yet last many Hours. Some are so slight, that the Patients only lose nothing, but the Use of their Legs, and Tongue, and for the rest remain sensible; others again are so violent, that they foam at the Mouth, rave and beat their Heads against the Ground, but whether they resemble an Apoplex, or are only fainting, or seem to be Epileptick, they come under the denomination of Hysterick, if the Patients are ever afflicted with any of the other Symptoms already mention'd, especially the strangling in the Throat from which the Distemper has its *Latin* Name, and is call'd in *English* the Suffocation of the Womb, and the coldness in the back part of the Head; either of which or both ... I have always observ'd Hysterick Women complain'd of at one time or other.

(210-12)

Mandeville's primary focus is the dysfunctional female body. Rather than viewing the illness holistically, he describes disparate body parts, referring to pains on "the Top of the Head," "hard Swellings in the Face, Hands, Arms, Legs, and Thighs," and numbness in the "Legs and Tongue." The symptoms all suggest a loss of control: hysterics drool, beat their heads on the ground, spit copiously, rave, and laugh convulsively. The dominance of physical pathology is made clear in hysteria's determining criterion, "the Suffocation of the Womb," a symptom that was based in uterine disorder and that had supposedly

been rejected long before the appearance of this treatise. Mandeville's concentration on bodily dysfunctions and outdated theories therefore reveals a diagnosis that was based as much in myth, conjecture, and personal bias as in objective medical observation. He chose to list symptoms that *he* deemed important. But what about the patient's own interpretation of these signs? What might they have meant to her? Was 'hysteria' merely a catchall for the physical aberrations of an unruly female body, as doctors such as Mandeville suggested?

To a degree, women internalized this medical focus on physical symptoms and saw their health struggles as rooted in a disordered body. In her *Remembrances* (1671-1714), Elizabeth Freke constantly returns to her "colick and vapours," and ties her terrible headaches to "vapours in [the] head" (229, 130). She dwells on physical ills, and in her final years, "her rheumatism, pleurisy, and cholic" serve as expressions of her loneliness (Anselment, "Introduction" 17). Even Lady Mary Wortley Montagu, who was persistently critical of the medical profession, concurred with physicians in her recognition of the physical manifestations of hysteria. In a letter from the late 1750s, she observes of her own condition that, "fear, paltry fear, founded on vapours rising from the heat" has "debilitated my miserable nerves" (*Complete* 3.216). Like the doctors, she sometimes made diagnoses based exclusively on physical signs, as when, in a 1755 letter, she offered her medical expertise on the condition of Samuel Richardson's *Clarissa*. When the heroine is afflicted with hysteria/madness, Montagu observes, "she wisely desir'd to be carry'd to Bedlam, which is really all that is to be done in that Case" (*Complete* 3.96). The condition "is as much a corporal Distemper as the Gout or Asthma," and "is not to be cur'd by the Enjoyment of extravagant wishes" (*Complete*

3.96). She continues: "Passion may indeed bring on a Fit, but the Disease is lodg'd in the Blood, and it is not more ridiculous to attempt to releive the Gout by an embrodier'd Slipper than to restore Reason by the Gratification of wild Desires" (*Complete* 3.96). Into the late century, women took similar positions. Piozzi, in particular, came to dwell on her physical weaknesses as she aged. From the 1780s onwards, she encountered many hardships, and though James Clifford is perhaps harsh in his suggestion that she was reduced to a "listless, psychopathic bundle of nerves," she was indeed frustrated, self-pitying, and "afflicted by a host of imaginary physical ills" (222). In 1810, she describes her trouble as "Languor, Tremor, Diarrhoea, every Torment bad Nerves could bestow" (qtd. in Clifford 420). Mary Wollstonecraft also associates her nervous problems with physical symptoms, which included a "headache, a pain in the side, exhaustion, weakness, declining health, fits of trembling, a rising in the throat, nervous fever ..., spasms giddiness, and nervous complaints 'impossible to enumerate'" (Barker-Benfield, "Mary" 16). She showed, as Barker-Benfield observes, a "readiness to diagnose in terms of nerves" ("Mary" 16) – and this she shared with many women of the century.

Though women often mimicked the physician's focus on physical signs, they also challenged the medical and cultural interpretations of these signs. In the early 1780s, for example, Piozzi's daughter Sophia experienced so-called 'hysterical' symptoms. Piozzi diagnosed her daughter with a hereditary form of "apoplexy" (*Thraliana* 580), but physicians saw Sophia's attacks as hysterical, and Johnson agreed, ordering Piozzi "[not to] suffer yourself to sit forming comparisons between Sophy and her dead father; between whom there can be no other resemblance, than that of sickness to sickness. Hystericks and Apoplexies have no relation" (qtd. in Piozzi, *Thraliana* 580).

Nonetheless, Piozzi remained adamant in her diagnosis, and when, in 1783, her daughter was recovering and Piozzi's "fingers [were] grown more steady," she wrote to Johnson that Sophia had had "a severe illness; so severe, that few men wise or strong would have endured it with greater resolution" (*Letters of Mrs. Thrale* 79). "There is a good deal of body too in all this," she adds, "a good deal of this temper I mean seems connected with corporeal causes" (*Letters of Mrs. Thrale* 79). Piozzi maintained that her daughter's condition was bodily, and recognized the same physical markers as the doctors. However, her interpretation was unconventional. She diagnosed Sophia with an illness that freed her from the myths of an inherent female hysteria, aligning her instead with "wise" and "strong" male sufferers. In this way, Piozzi both recognized and countered medical and cultural biases that automatically associated female fits with hysteria.

The opposing tendency is found, of course, in the doctors' trivialization and dismissal of symptoms that female sufferers viewed as hysteric. In 1786, the physician James Makittrick Adair observed that "people of fashion claim an exclusive privilege of having always something to complain of," and, consequently, nervous diseases have become "completely fashionable" (12-13). In the early century, he continues, Queen Anne, "perplexed and harrassed" in her "station," was "frequently subject to depression of spirits" (13). Consequently, people with "the least pretensions to rank with persons of fashion" began to complain of "spleen, vapours, or hyp" (13). In the mid century, "nervous" became the fashionable malady among the ladies, Adair contends (14). "Bilious" is the latest popular term, he remarks, but "[w]ere the British Fair, especially the *Fashionable*" apprised of the fact that "[i]n the Greek language, the same term is used to express bile and anger," there would certainly be fewer bilious complaints (32). Many

female patients challenge such accusations, expressing their dismay at the frequent and misguided contempt for their symptoms. In a 1783 entry from the *Thraliana*, Piozzi describes an episode in “Argyll Street,” where “[she] was near losing [her] Existence from the Contention of [her] Mind, and was seized with a temporary Delirium” (562). Her daughters, who were with her, “laughed at [her] distress, and observed to dear Fanny Burney – that it was *monstrous droll*” (562). Piozzi’s daughters consistently doubted the sincerity of their mother’s hysteria and dismissed her avowals of anguish. The doctors’ trivialization spread outwards, then, and was embraced by many laypeople. Nonetheless, Piozzi continued to emphasize the reality of her illness, and in her diary, records Burney’s response to the daughters’ presumptuousness. “*She*,” Piozzi asserts, “could scarcely suppress her indignation” (*Thraliana* 562).

Such misinterpretations of hysterical symptoms became common practice in Piozzi’s day, when the tenets of sensibility infiltrated social and medical ideologies. “[R]eal symptoms,” Barker-Benfield observes, were often interpreted as the “signs for the other’s pleasure rather than the sufferer’s own distress” (“Mary” 17). Mary Wollstonecraft faced this dilemma, for her “real symptoms had to compete with other people’s affected ones, indeed with the feelings magnified by her own cultivation of her sensibility, and she found it difficult to gauge whether or not her disorders were all in the mind” (“Mary” 17).¹ There was yet another problem of interpretation, then, as women

¹ The heroine of Mary Wollstonecraft’s “Cave of Fancy” finds herself in a similar dilemma. The young woman, “known for her sensibility, but married to an insensible man whom she does not love, grows melancholy after her true love dies. She really is unhappy but her husband interprets that as sensibility. Consequently she pretends her real symptom is false” (Barker-Benfield, “Mary” 17). The heroine explains: “My melancholy, my uneven spirits he [my husband] attributed to my extreme sensibility, and

both affected the poses of sensibility, as they were told they should, and expressed sincere anguish through these very poses. Expressing distress with the signs of sensibility was socially viable, and it allowed women to make themselves understood, but it also risked misinterpretation – even by the sufferer herself. ‘Real’ and ‘fake’ became indistinguishable, as in the case of Piozzi, whose symptoms were both authentic and exaggerated. Such a dilemma, Barker-Benfield observes, was “in all likelihood a representative difficulty for women of Wollstonecraft’s class, bombarded as they were from early in the century with demands that they be ever more refined, a refinement that would itself be refined later as ‘the cult of sensibility’” (“Mary” 17). Together, the influences of sensibility, medicine, and feminism meant that women, doctors, and members of society at large both concurred and disagreed on the meanings of hysterical symptoms. In one regard, hysteria was a medical label forced upon a vast and disparate body of physical symptoms – symptoms which helped to reinforce the physical pathology of womankind. But it was through these very symptoms that female sufferers devised their own diagnoses and expressed their anguish.

b. A Language of Protest

The “young Lady subject to Epileptick Fits” who features in Piozzi’s case history speaks through her body; she flies “into the most sudden and violent Passion of Anger,” and, “after many changes of Complexion and one burst of Tears [leaves] the Room with a Bounce.” We observe her angered face, her streaming eyes, and her bouncy step, and yet, she does not utter a word. Rather, she expresses her distress in a non-verbal language of

loved me the better for possessing qualities he could not comprehend” (qtd. in Barker-Benfield, “Mary” 17).

the body. Elaine Showalter argues that the “linguistic symptoms” of hysteria (muteness, or jibberish) “have been read symbolically by feminist critics as the repression of women’s language or its impossibility within patriarchal discourse” (“Hysteria” 316). Similarly, Jennifer Radden points to the prevalence of women’s “mute suffering,” recognizing “[w]omen’s estrangement from language” – and thus also “from self” – in medical contexts (34-35). Traditional medicine, she suggests, tends to understand disease in terms of a “*sign*” (an observable “behavioral” or “bodily” manifestation) as opposed to a “*symptom*” (the patient’s voiced complaint), and this serves to silence sufferers (33). Just as these physical signs may be viewed as proof of women’s oppression, so may they be read as a language of protest. Mark Micale points to the importance of Dianne Hunter’s novel approach (in 1983) to the “familiar case of Anna O” (80). “Hunter,” Micale writes, “depicts hysteria as an alternate nonverbal body language used by women to address an uncomprehending, male-dominated society” (80). “Hysteria,” she observes, “is a self-repudiating form of feminine discourse in which the body signifies what social conditions make it impossible to state linguistically” (qtd. in Micale 80). In the eighteenth century, the language of sensibility was also a language of mute physical signs. “[The] ‘nervous system,’” John Mullan observes, “function[ed] as the guarantee of the body as, quite literally, a signifying system. Across the space of this body are pursued the traces of speechless excitement and delicate collapse” (167). More generally, Helen Deutsch suggests that, because of its pervasiveness, the eighteenth-century nervous disorder became “a form of self-expression” (45). Consequently, “much more remains to be said about the history – a history that can best be told through individual cases – of the complicated struggles between doctor, patient, and culture over how the body is made to

mean" (45). The symptoms of eighteenth-century hysteria, therefore, may be viewed as a non-verbal language and a viable means to female self-expression.

This feminine language surfaces with unique sharpness in eighteenth-century medical texts, where hysterical symptoms function as a revolt against the eighteenth-century aggrandizement of female delicacy and manners epitomized in the cult of sensibility. "Cleanliness," Barker-Benfield writes, "was another sign of the tendency toward 'civilization' with which women were particularly identified," and the "ladies" adopted a "special dialect of neatness and cleanliness" (*Culture* 290). The eighteenth-century clergyman and orator James Fordyce admired women's achievement of both "cleanliness and finery," and in 1766, exclaimed, "A dirty woman – I turn from the shocking idea" (qtd. in Barker-Benfield, *Culture* 290). The elevation of delicacy and cleanliness repressed the embodied nature of woman, however, and therefore, in hysteria, the body resisted this repression by speaking its bodily nature. Indeed, the refined characteristics of the 'lady' were often at odds with the hysteric woman's behavioural traits as they were described in contemporaneous medical treatises. The hysteric was anything but clean, refined, and delicate. In fact, she was in many ways the epitome of filth. Among her symptoms, Thomas Sydenham wrote, were the "rejection of the green matter" and "the salivation of hysteria" (92, 93). Richard Blackmore's patients experienced "Storms of ... Winds," "Ferments and flatulent Effluvia," and "crude and offensive Ejections from the Stomach" (17). "Acid" vomit and "heartburning" were other symptoms (20), as were "Vomitings of sowre and bilious Humours, changed from yellow to a deep Green, by the Mixture of acid Juices: Add to these ... a profuse Discharge of pale Urine like Rock-Water" (113-14). Such grotesque symptoms were listed more

frequently as the century progressed and 'sensibility' gained greater sway. Whytt's catalogue included:

Wind in the stomach and intestines, heart-burning, sour belchings, squeamishness, and vomiting of watery stuff, tough phlegm or a black liquor like the grounds of coffee; ... spasms in the bowels, and distensions of certain portions of them; violent cholic pains; a rumbling noise from wind passing through the intestines, ... a great discharge of limpid urine; at other times a frequent spitting ... (72-73)

Whytt's description avoids the tendency towards euphemism so prevalent in the latter part of the century. "A 1791 piece in *The Gentleman's Magazine*," Barker-Benfield observes, "suggest[ed] that only 'the lowest class' now used the word 'sweat'" (*Culture* 291). But the doctors' texts embraced this word. References to "cold Clammy sweats in [the] Legs and Thighs," "moist, cold, clammy Sweats," and "Sudden flushings of heat over the whole body" abound (Blackmore 22, Robinson 203-08, Whytt 73). Such descriptions countered images of an idealized pale and fainting lady of sensibility, and thus the doctors inadvertently and ironically aligned themselves with feminists like Mary Wollstonecraft, who recognized the dangers of aggrandizing delicacy and modesty, and as such helped women to escape the confines of this ideal.

There are possibilities for subversion in the medical texts, then, even when they seem to reinforce patriarchal values. Symptoms tied to the supposedly discarded theory of the wandering womb are among those listed most frequently. Robinson suggested that hysteria was still often "improperly call'd Fits of the Mother, or Womb" (214-15), and indeed, such designations surfaced in medical texts throughout the century. Sydenham, as

I have shown, referred to a symptom called the “strangulation of the womb” (91); Mandeville discussed “the strangling in the Throat from which the Distemper has its *Latin* Name, and is call’d in *English* the Suffocation of the Womb” (211); and Blackmore described the “enormous Convulsions” women experience as “Fits of the Mother,” “Suffocations of the Matrice,” or “Strangulations of the Throat” (113). Of course, such symptoms evoke notions of female pathology. However, they also suggest a cutting off of air, which Isobel Armstrong aligns with the seizing up of experience. In her discussion of Romantic poems by women, she writes:

[T]here is an insistent figuring of illness as paralysis, the obstruction or malfunction of the free movement of the body and in particular the inhibition of breathing and the circulation of air. Spasm or paralysis is both a response to and an exacerbation of an obstruction in breathing. This intense physiological figure inscribes the failure of access to circulation as bodily symptom. Yet I believe it figures something more: it suggests the constricting nature of exclusion. (23)

If paralysis and the inability to breathe are viewed as signs of protest, the interpretive possibilities increase significantly. In his discussion of hysterical symptoms, Robinson writes that in some “the Windpipe is so convuls’d from the ascending Spasms affecting the Thorax, and respiratory Organs, that the Patient is in the highest Danger of Suffocation, as appears from the Blackness of the Face in the severest Fits” (220). And Whytt describes symptoms similar to “the strangulation of the throat” as follows: “a dry cough, with difficulty of breathing, or a constriction of the lungs, sometimes returning periodically; yawning, the hiccup, frequent sighings, and a sense of suffocation, as if

from a ball or lump in the throat” (73). Armstrong’s approach encourages us to ask, from whence do these quasi-suffocations emerge? The doctors do not provide a clear answer (though they *do* claim that they are no longer the result of disordered wombs), and, consequently, we are made to wonder whether the dramatic choking, sighing, convulsing, and jibberish may be viewed as women’s attempts to be heard, as efforts to convey distress in a world that had silenced them.

The women’s life-writing offers contexts and interpretations which transform these signs into a more overt language of protest. Like the physicians, the women describe instances in which sufferers experience voiceless physical signs. In a letter to Elizabeth Montagu in 1790, Elizabeth Carter describes their friend Elizabeth Vesey, whose hysterical condition is quickly worsening. Upon receiving a visitor, Vesey exhibits the commonplace symptoms: “[she] did not speak, but wrung her hands, and burst into tears” (3.319-20). However, immediately following this description, Carter adds a distinctive detail: “This she frequently does, and probably it arises from a confused feeling of her own melancholy situation” (3.320). She here points to Vesey’s continued anguish, and suggests that there is an underlying reason for her strange behaviour. What distinguishes Carter from the average eighteenth-century physician, then, is her attempt to *interpret* the hysteric’s symptoms, an issue to which she and Montagu return constantly in discussions of their “dear Sylph.” Similarly, throughout the *Thraliana*, Piozzi offers explanations for the physical signs she exhibits. She complains of many ‘indelicate’ symptoms similar to those listed by the doctors. In 1788, for example, she describes “Yellow Complaints,” and a letter to Sophia Byron a short time later recalls an episode in which she was “suddenly seized ... in the Night with a Strange Obstruction in

the Stomach and Bowels [which] made me faint away" (*Piozzi Letters* 1.271, 1.276). As in the medical treatises, the symptoms may be read as physical signs of protest, but in analyzing them Piozzi counters the usual silencing of the female sufferer. She later realizes that the "Yellow Complaints" signified "melancholy, whose symptoms were jaundice (often called 'the yellows') and stomach disorder" (Bloom and Bloom 1.272). Moreover, her writings reveal that as she was experiencing these complaints, she was fighting with Johnson, who "stabbed [her] peace more than [she] thought him capable of doing," leaving her "very low-[spirited]" (*Piozzi Letters* 1.83). Of this difficult period, she writes, "my Nerves will not yet bear to recollect," for "my Sorrows were aggravated by a variety of concurring Circumstances – especially in the *Money way*, which entangled and embittered my Life" (*Piozzi Letters* 1.276). Piozzi's life-writings, like those of Carter, offer explanations for the sweating, flatulence, jibberish, and muteness of hysteria. The addition of context and interpretation gives potency to the language of anguish and voice to the female sufferer.

Differing degrees of self-awareness are what separate the doctors' and the women's interpretations of hysterical symptoms. Medical descriptions of symptoms and body parts have subversive potential, but in placing the symptom before the individual, the physician objectifies the female sufferer – confirming the claims of Showalter and Radden to the impossibility of female speech within medical discourse. In descriptions of hysteric fits in particular, the doctors tend to describe the female patient as a type rather than as an individual. Blackmore, for example, refers to the "Persons" who suffer from hysteria as a group who are often "[afflicted] by violent convulsions" (103). Similarly, Robinson tends to describe the disease as opposed to the patient, as in the following

statement: “the Vapours are incident to convulsive Motions of the whole nervose System, whereby, that oppressive Matter, crouded on the Organs of the Brain, Lungs, and inferior Bowels, is cast off in frequent Paroxysms” (211). He goes on to detail the “painful” and “excruciating” convulsions of female sufferers:

[T]he whole Body is most cruelly affected with convulsive Motions. In these Fits they immediately fall to the Earth, or are flung with great Violence, as in the Epilepsy: They sometimes lose the Use of all their Senses; the Exercise of Reason, Reflection, and memory, are at once disconcerted: The Eyes are either immovably fix'd, or swim and roll in a frightful Manner; by-and-by the Head itself is variously agitated and shaken with divers Motions; the Lips tremble, the Nose is contracted, and the Teeth chatter in the Jaws: Some People continually cough and bark in the Fit ... A little after the Stomach and Bowels work and heave to and fro in a very unnatural Manner; the Hands clinch, and Legs and Arms are affected with divers Bendings and irregular Motions. (220-21)

Like Blackmore, Robinson describes a generic group of indistinguishable hysterics. Together, these hysterics experience fits in which “*They* ... fall to the Earth, ... are flung with great Violence, ... or lose the Use of all their Senses” (emphasis mine). The unspecified patients are not described in terms of whole bodies but disparate pieces, as is evident in the use of the definite article “the” – as opposed to the possessive adjective “her” – to designate body parts. Moreover, the patients are oblivious to themselves and their surroundings and they lose all sense, reason, reflection, and memory. They are

unable to see as their eyes either “roll in a frightful Manner” or are “immovably fix’d.” In Robinson’s account, the hysteric victim lacks individuality as well as self-awareness.

Conversely, self-consciousness is the defining characteristic of the hysteric as she is portrayed in the women’s life-writing. Both Freke and Piozzi experienced and then narrated their own hysteric attacks. In one instance, Freke describes a “dreadful fall” in which her “head was taken” and she fell “from the topp allmost to the boottom” of “neer twenty high stairs” (78). Her “head and face” were “bruised to pieces, [her] back to all judgmentt allmost brok, and the cupp of [her] left knee brok”; moreover, nine teeth, “fell outt of [her] mout, roots and all, into [her] hand” (79). She confidently recognizes the fall as an “accident,” rather than a fit, and takes further control of the situation by claiming that she was “forewarn’d of itt in a dreame and told Mr Frek and my maid” (79). This self-confident declaration is constructed dialogically, then, heightened by Freke’s awareness that the doctors would probably have assumed her fall was the result of a hysteric-like fit. Piozzi, unlike Freke, admits to having fits, and yet her accounts differ from the physicians’ as she shows herself to be conscious and aware – even *as* she is experiencing them. “I actually groaned with Anguish,” she writes in a 1783 *Thraliana* entry, “[and] threw myself on the Bed in an Agony” (558). She shows an awareness of her surroundings as she both describes “[her] fair Daughter beh[olding] [her] with frigid Indifference,” and recalls spending the rest of this particular Sunday “in Torture not to be described” (*Thraliana* 558-59). Piozzi’s self-awareness is a dramatic departure from the physicians’ seeming inability to delve beyond the superficial meanings of observable physical signs. Certainly, the signs they describe can be read as expressions of protest, anguish, and frustration. The women’s accounts, however, provide a unique richness of

interpretation as they explore the context, the history, and the psychology surrounding the patient's bodily symptoms, so granting her lucidity, intelligence, individuality, and self-awareness.

Part 2: Interpreting Mental Symptoms

a. From Corporeality to Psychology

A recognition of mental symptoms occasionally surfaced in the physicians' discussions, for spleen was understood, Cecil Moore observes, as "a compound mixed malady of body and mind" (188). But, for the most part, physicians envisioned the psychological manifestations of hysteria as a direct consequence of bodily weakness and disorder. Mandeville, for example, felt that hysteric women lacked "Constancy," "Resolution," and "Firmness of the Mind" (174), but this, he explains, was because their Spirits were characterized by "tenderness" and "Imbecility" (175) and because they lacked the "robust constitution" of men (173-74). Mental symptoms, the doctors believed, often manifested themselves corporeally rather than psychologically. "[It] is known all over the world," Sydenham writes, "[that] hysterical women break out into immoderate fits, sometimes of laughing, sometimes of crying, and that without any manifest cause" (88). In rejecting the possibility of a "cause," Sydenham ignores psychological complexities. Similarly, Blackmore describes mental symptoms as physiological mechanisms unrelated to the mental state of the sufferer. He lists the "discontin[uation] of the Power of Speaking, ... Reasoning, Reflexion and Memory" (106), "an immoderate

Fit of Laughing,” and “a plentiful Effusion of Tears” (104) as common symptoms. Even Robert Whytt’s enumeration of “disturbed sleep, frightful dreams, [and] the night-mare” lacks psychological analysis (74), and again, there is no mention of how the patient actually *feels*. Sydenham is unique in that he does, at times, suggest that mental distress may be expressed *through* the body, rather than as a consequence *of* the body. “[A]ll the hysterical women that I have ever seen,” he writes, “complain of a dejection (a *sinking* as they call it) of the spirits; and, when they wish to show where this contraction (or *sinking*) exists, they point to the chest” (88). “[When] females consult me complaining of ... such bodily ailments as are difficult to be determined by the usual rules for diagnosis,” he explains, “I never fail to carefully enquire whether they are not worse sufferers when trouble, low-spirits, or any mental perturbation takes hold of them” (90). If this is the case, he adds, “I put down the symptoms for hysterical” (90). Sydenham reverses the cause and effect relationship of most contemporaneous medical treatises by placing a mental “*sinking*” at the heart of his diagnosis. He seems to recognize that his patients could be experiencing mental despair – what we might call depression.

This tentative recognition of feeling and anguish points to the uneven and contradictory approaches to “psychology” in the eighteenth century (recalling my discussion in Chapter Two). Clearly, the physician failed to disentangle mental suffering from physical debility. However, he also acknowledged certain mental symptoms that pointed to an increasingly psychological approach, and that we might associate with illnesses such as bipolar disorder, schizophrenia, or depression. Blackmore, for example, lists symptoms of paranoia and indecisiveness. The condition “embroils” the mind’s “Government and Operations,” he writes, “[from] whence proceed Diffidence, Suspicion,

Inconstancy, Timidity, Irresolution, Change of Temper, Judgment and Resolution; as likewise excessive Gaiety of Temper, or the contrary Extreme” (35). Patients also experience “Fluctuation of Judgment, and swift Turns in forming and reversing Opinions and Resolutions ... Absence of Mind, want of self-determining Power, Inattention, Incogitancy, Diffidence, Suspicion, and an Aptness to take well-meant Things amiss” (107). Similarly, Robinson describes the sufferer’s internal conflicts, contradictions, and changeability. As hysterics are “wavering and unsteady in their Judgments,” he observes, “neither do they observe a Rectitude in any one Action of Life: Now they love a Person to Excess, presently after they hate him in the other Extreme; anon they resolve to do such an Action, a Moment after they alter their purpose, and take directly contrary Measures” (214). Robinson hints at the larger psychological state of the victim, writing that “thro’ the whole Scene of their Lives you shall observe them constant to nothing but Inconstancy; always wavering, unsteady, and fearful of doing wrong, in the most trifling Concerns of Life” (214). Whytt describes a more severe condition, in which delusions and fancies are prevalent. “[F]ear, peevishness ... wandering thoughts, impaired memory, ridiculous fancies” and “strange persuasions that they are labouring under diseases of which they are quite free” are among the symptoms he lists (74). Without doubt, the physicians tied these anxieties, delusions, and contradictions to the inherent fickleness and inconstancy of women’s bodies, but they also, perhaps inadvertently, described symptoms that linked mental anguish in an integral way to hysteria.

In the women’s life-writing, this recognition is made prominent; the weakened body recedes into the background and the suffering mind moves to the fore. The body’s weakened state is often evoked, but as the result of mental suffering, as a *reflection* – as

opposed to the *root* – of the victim’s psychological state. Elizabeth Freke, for example, describes her “wearied carkas” alongside the miseries of “six and twenty” years of marriage (70). When, in September 1702, she experiences “greatt ... sickness,” her mental anguish is emphasized: she has not heard “a word from either” her neglectful son or husband, she writes (76). Similarly, Lady Mary Wortley Montagu’s “miserable nerves” serve as codewords for “the melancholy cast to [her] way of thinking” (*Complete* 3.216, 3.268). She frequently returns to the ways mental illness come to be expressed through the body. When, in 1721, she is blackmailed and scandalized by a deceitful acquaintance, she writes, “My health really suffers so much from my Fears that I have reason to apprehend the worst Consequences” (*Complete* 2.7). “I carry my distemper about me,” she continues, “in an Anguish of Mind that visibly decays my body every Day. I am too melancholy to talk of any other Subject” (*Complete* 2.8). In a 1761 letter to her daughter Lady Bute, she outlines her grief over her husband’s recent death:

My Health is a little mended, very little, God knows. I have in a great degree lost my sleep and appetite; what I most dreaded (the greatest part of my Life) has now happen’d. I never thought to survive your (ever honor’d) Father, and was perfectly persuaded I should [never] see my Family torn to pieces and my selfe involv’d in Difficulties very hard to struggle with at my Time of Life. I desire nothing but peace and Retirement. (*Complete* 3.261)

Montagu’s words make it clear that her mental distress wears on her body, and that her loss of sleep and appetite are consequences of grief. Her mental state, what she actually *feels*, becomes the central focus. She describes what she has always “dreaded,” what she

“never thought” could happen, what she was “perfectly persuaded” of, and finally what she now “desire[s].” The physical signs become secondary: sadness, grief, despair, and disbelief frame and define Montagu’s spleen.

b. A Disease of the Mind

One would expect that medical portraits of mental suffering would increase as psychological theories gained impetus throughout the period. But we must return to 1682, to Sydenham’s medical treatise, to find a convincing and sustained account of the hysteric’s anguish. In it, Sydenham allows mental symptoms to take precedence over bodily ones in a way that is not ever fully embraced in the eighteenth century:

[T]he unhappy sufferers from this disease [are not] affected and *shaken* in body only – shaken so, as like a ruined building, to appear upon the eve of falling – but their mind sickens more than the body. An incurable despair is so thoroughly the nature of this disease, that the very slightest word of hope creates anger. The patients believe that they have to suffer all the evils that can befall humanity, all the troubles that the world can supply. They have melancholy forebodings. They brood over trifles, cherishing them in their anxious and unquiet bosoms. Fear, anger, jealousy, suspicion, and the worst passions of the mind arise without cause. Joy, hope and cheerfulness, if they find place at all in their spirits, find it at intervals ‘few and far between,’ and then take leave quickly. In these, as in the painful feelings, there is no moderation. All is caprice. They love without measure those whom they will soon hate without reason. Now

they will do this, now that; ever receding from their purpose. That which the Roman orator remarks upon the superstitious, squares with the behavior of the melancholic: 'Sleep is naturally the refuge from all labour and anxiety; from the sleep of the superstitious, however, cares and fears originate.' So also here. All that they see in their dreams are funerals and the shadows of departed friends. Thus they are racked both in mind and body, even as if life were a purgatory wherein they expiated and paid the penalty of crimes committed in a previous state. (88-89)

Like the later doctors, Sydenham lists excessive distrust, paranoia, inconstancy, and superstition as manifestations of hysteria: but he moves beyond these particular symptoms to focus on the tortured existence of the sufferer herself, whose "mind sickens more than [her] body." She has "melancholy forebodings," she "brood[s]," and she "love[s] without measure." The acuteness of her condition is stressed; she experiences an "incurable despair" and is "racked both in mind and body." Sydenham describes a generic group of hysterics rather than an individual sufferer, and in this respect some degree of objectification occurs. Nonetheless, his description cultivates a sense of pity for the victim, whose psychological tortures supersede her bodily ones. His detailed and prolonged focus on mental despair is unmatched in the medical texts of the following century. Indeed, his innovative and progressive approach was only adopted tentatively by eighteenth-century physicians. In an age that has been thought to mark the rise of "psychology," the resistance to Sydenham's more psychologically-oriented approach demonstrates a more complex history to this trajectory.

Many *women* of the period embraced such mind-centered methods, however; their life-writings provide, in contrast to the medical texts, a version of hysteria whose primary symptom was depression. Doctors, Lady Mary Wortley Montagu suggested, were often ignorant with regards to this symptom. In a 1712 letter to her husband, she writes:

I hate complaining. Tis no sign I am easy, that I do not trouble you with my Headachs and my spleen. To be reasonable one should never complain but when one hopes redresse. Physicians should be the only Confidante of Bodily Pains, and for those of the Mind, they should never be spoke of but to them that can and will releive them. (*Complete* 1.176)

Montagu's words suggest that the "Pains ... of the Mind" were not the concern of medical doctors, who were, therefore, only privy to the "Bodily Pains" of illness. The pointed expression of psychological manifestations – such as Montagu's "melancholy apprehensions" (*Complete* 3.198), her feelings of isolation as an Englishwoman living in Italy, and the "low-spirit[s]" she experiences as a consequence of abusive expatriates in Venice (*Complete* 3.145) – was typically limited to private confessions, to personal writings, and to letters and diaries. Women writers such as Montagu formulated a distinctly psychological version of hysteria – a version that surfaces continually, perhaps even exclusively, in the life-writing of the period.

In female life-writing, hysteria is first and foremost a disease of the mind. In a variety of ways, this genre tracks its sporadic, unpredictable, serious, and sometimes life-threatening mental manifestations. Elizabeth Carter and Lady Mary Wortley Montagu, most notably, provide detailed accounts of hysteric sufferers. Both Carter's dear friend, Elizabeth Vesey, and Montagu's sister, Lady Mar, were diagnosed with hysteria, which is

described in their letters as a severe form of depression almost entirely devoid of physical symptoms. Beginning in the early 1770s and continuing for two decades, Carter paints a picture of Vesey's mental difficulties. In a 1771 letter, she laments that her friend does not experience the "tranquility and cheerfulness" that she would like (2.109). "Indeed," she writes, "her present state of health is terrifying, for it appears to me more eccentric than I ever knew it" (2.109). Five years later, Carter exclaims that the Sylph experiences many "vexations, imaginary and real," due to her "poetical imagination" (3.40). "Where the mind is [so] weakened," Carter observes, "[it is] rendered incapable of exerting itself by the application of those principles, which can alone enable it to submit with calmness and resignation to the condition and sufferings of mortality" (3.279). Carter's letters go on to trace Mrs. Vesey's descent into "mental imbecility" (Brydges 2.109). This focus on mental suffering is mirrored in Montagu's account of Lady Mar, who suffered from a form of melancholy that gradually worsened during the 1720s, and culminated in insanity in 1728. In their frequent correspondence, Lady Mary makes constant references to her sister's "melancholy ... way" (*Complete* 2.72), to her "melancholys," and to her "monstrous and shocking" words (*Complete* 2.76). The severity of her condition is underscored as Montagu urges her not to "let melancholy hurt your own Health," or to "continue grieving your self" (*Complete* 2.80-81).² Montagu offers details of a specifically *mental* illness, and offers little by way of bodily manifestations. "Nothing in the surviving papers about Lady Mar's madness," Isobel Grundy writes, "explains what

² Montagu's psychological understanding of hysteria also reveals itself in a letter to her daughter Lady Bute, who suffered from depression of the spirits. One must not "[regret] the past," Montagu writes, "or [disturb] our minds with Fear of what may be" (*Complete* 3.15). She reminds her daughter that she has "many Blessings" – that the "truest Wisdom is that which diminishes to us what is displeasing and turns our Thoughts to the advantages we possess" (*Complete* 3.15).

form it took ... she had long been subject to depression; presumably [her condition in the late 1720s] was something more. But whether she saw visions or heard voices, whether she was silent or raving, suicidal or amnesiac or apathetic, is not recorded" (275). Though there are numerous possible reasons for these omissions, Montagu's portrait, like Carter's, characterizes hysteria as a primarily mental condition.

The proximity of writer and sufferer in the women's accounts allows for a unique portrayal of the psychological complexities of hysteria. The immediacy and unpredictability of the composite pathography mimics hysteria's devious and contradictory mental symptoms. The chronicler's anxiety for her subject at times becomes in itself a form of hysteria. Carter repeatedly expresses her concern over the depleted spirits of Vesey, whose condition "grieves [her] beyond measure" (3.279). Similarly, in reference to her friend Lady Fanny's "hysterical complaints," Montagu writes: "I am extremely glad to hear Lady Fanny has overcome her disorder; I wish I had no apprehension of falling into it" (*Complete* 3. 171, 3.215). In the correspondence of Lady Mary and Lady Mar, there is a conspicuous moodiness, which reflects the mental dimension of their symptoms. Their respective complaints of anguish come to mirror each other. Understandably, Lady Mary is bothered by her sister's restlessness of mind. "I am heartily sorry," she writes, "to have the pleasure of hearing from you lessen'd by your Complaints of uneasiness, which I wish with all my soul I was capable of relieving ... either by my letters or any other way" (*Complete* 2.29-30). Her sympathy is clear when she tells her sister that she is "extremely sorry for [her] Indisposition" (*Complete* 2.44). However, as Lady Mar's condition worsens, a mood of tension and hostility emerges in their letters, highlighting their mutual distress. "[T]is an uncomfortable

thing,” Montagu writes to her sister, “to have precious time spent and one’s wit neglected in this manner” (*Complete* 2.36). Lady Mar responds to this affront: “You think me a strange creature I’m sure for being so long without writeing to you. All I can say is Lazyness, Stupidity and ill humour have taken such hold upon me that I write to nobody nor have Spirrits to go any where. Perhaps a letter from you may contribute to my Cure” (qtd. in Montagu, *Complete* 2.41). Lady Mar’s apology turns into a needy request, illustrating a desperate (and perhaps unhealthy) reliance on her sister. Similarly, Lady Mary’s attempts at comfort are extinguished by her own anxieties and frustrations. This epistolary correspondence, like that of Carter and Elizabeth Montagu, reveals fluctuating feelings of anxiety, irritability, moroseness, and depression that uniquely mimics the mental proportions of hysteria.

Despite this psychological sophistication, the views of Montagu and others were not wholly forward-thinking. They at times internalized the theories of physicians, and, like them, found themselves caught in a cycle of medical progresses and lapses. In the above examples, Lady Mary and Lady Mar view one another’s symptoms as petty affronts rather than signs of serious mental difficulties. Lady Mary’s letters to her sister in Paris were often “jok[ey],” “flippant,” and “brittle,” and this, Grundy believes, “may look like a serious error of judgement, an attempt at jolly along which must surely have been counter-productive” given that Lady Mar “was sliding gradually towards clinical depression” (223-24). Montagu seemed incapable of confronting the reality of her sister’s condition. On the one hand, there is a “subtle shift in tone” in the letters once she sees her sister in England (239); “[s]he took to opening regularly on concern for Lady Mar’s health and spirits,” Grundy observes, and, after 1725, “optimism about [her sister]

was becoming harder" (239, 247). But, though the letters offered comfort, Lady Mary avoided a detailed discussion of her sister's hysteria. "Perhaps," Grundy writes, "Lady Mary never plumbed the full frightfulness of Frances's life in Paris. Lady Mar lived under siege from creditors, while her turncoat husband (still scheming incessantly) was now shunned by his erstwhile associates" (224). "[O]ne suspects that either the letter genre or her relationship with her sister could not cope with an account, written to the moment, of such ungenteel struggle," Grundy continues (220-21). Indeed, as Lady Mar's illness progresses, we are privy to fewer and fewer details, and when, in March 1728, she loses her wits completely, Lady Mary is silent on the subject. A newspaper reported that she was "so disorder'd in her Head that it's believed she'll scarce ever recover her Senses" (qtd. in Montagu, *Complete* 2.86), and though Lord Mar wrote to Lady Mary of his wife's dangerous condition, there is a gap in Montagu's correspondence (Montagu, *Complete* 2.86). Even her last letter before this pronouncement of insanity avoids a discussion of Lady Mar's illness.³ The horror of her sister's illness, it seems, left her speechless. She had a sense of foreboding but was uncertain how to act; hence, she fell into a kind of dumb silence. In short, she flailed about in a vacuum of medical discourse that had no language to describe a mental disorder of this kind. Her choice to overlook details of Lady Mar's physical suffering, her silence, her inability to cope with her sister's condition, and even her "error in judgment" speak indirectly to the innovative

³ As Lady Mar's condition worsened, Lady Mary increasingly complained of her own depression, an emphasis that further reveals the mental dimension of hysteria. "I am quite satisfied," Lady Mary writes to her sister, that "I have been damn'd ever since I was born" (*Complete* 2.83). "[I have] a mind to cross the Water," to travel, "to try what effect a new Heaven and a new Earth will have upon my Spirit," she writes (*Complete* 2.83). "I grow very devout, as you see," she continues, "and place all my hopes in the next Life, being persuaded of the nothingness of this" (*Complete* 2.84). Lady Mar's hysteria, it appears, slowly morphs into Lady Mary's own.

nature of her understanding of hysteria. She moves into uncharted territory and is therefore incapable of identifying and diagnosing the disease in a clear and coherent fashion. Nonetheless, her disjointed and sometimes convoluted letters reveal the complex psychological contradictions and dysfunctions of hysteria. Women like Montagu were gradually and cautiously asserting a language of hysteria that described the disease not as a bodily disorder, but as an unpredictable, dangerous, and sometimes inexplicable disease of the mind.

Part 3: Interpreting Symptoms and their Metaphors

a. An Intellectual Woman of Feeling

I have been suggesting that while eighteenth-century women writers internalized medical theories, they also interpreted the symptoms associated with hysteria in their own unique ways. Their writings describe a version of hysteria that was evolving slowly and unevenly into a mental disease similar to modern depression. They focused on the mind, and in doing so countered medical views that centered the disease in the stomach, nerves, or reproductive organs. The divergence between medical and female lay interpretations of the disease is further apparent in the analysis of symptoms linked to the intellectual element of spleen. Varying eighteenth-century readings of the “familiar head-on-hand pose” serve as an enlightening example. This pose, as Laurinda S. Dixon observes, is “traditionally associated with portraits of scholars, students, and artist-geniuses, [and it] also occurs in paintings of female hysterics” (qtd. in Deutsch 47-48). However, it came to

represent entirely different meanings in men and women. "The physician Jacques Ferrand," Deutsch writes, "explained that women borrowed this gesture not because of any propensity for intellectual pursuits, but as the result of 'constantly thinking of desires,' which caused them to do the same thing as the scholar" (48). The differences between melancholy and hysteria were, Deutsch continues, based in "cultural interpretation," which led ultimately to the propagation of the belief that, "while the suffering body earns the hypochondriacal man the right to speak as a sensitive subject, as doctor or novelist, it makes the hysterical woman a sentimental spectacle, heroine or patient" (48, 58). The "embodied 'woman of feeling,'" Deutsch concludes, the woman who is at once hysterical and intellectual, becomes an impossibility in the eighteenth century (35).

Many eighteenth-century women would have disagreed. In a 1758 letter to a male correspondent, Lady Mary Wortley Montagu sceptically refers to "[man's] wise honourable spleen," and angrily dismisses men as "vile usurpers" who "engross learning, power, and authority to [themselves]" (*Complete* 3.171-72). Similarly, Elizabeth Carter points to the possibilities for intellectual speculation in both male and female invalids. In 1778, she writes a letter to Elizabeth Montagu detailing the complex connections between disorders of the body and those of the mind:

[T]he effect of the union between body and spirit, must ever be unaccountable to all human researches. ... In some the powers of body and mind sink gradually together in a gentle decay; and in others, the unimpaired spirit feels no abatement of its highest faculties, and enjoys a

cooler temperament of the passions, which make it sufficient amends for a diminuation of animal activity and strength. (3.87-88)

Carter suggests possibilities for mental enlightenment in spite of a languishing body and makes no gender distinctions, implying that both men and women could possess an “unimpaired spirit [that] feels no abatement.” But even if women could transcend the limitations of the body, was there in fact a place in the age for a woman of feeling? The bulk of writing on hysteria by eighteenth-century women suggests that there was. The works of Montagu, Carter, and other women are testaments to an intellectual energy that persists in spite of illness. Each of these women suffered from hysteria to some degree, wrote about it, and displayed tremendous intellectual tenacity. Carter was founder of the Bluestockings, a circle of female intellectuals. “She read and wrote from eight to twelve hours a day,” writes Brydges, editor of her *Letters*, “generally rising before five o’clock, and retiring to her bed between ten and eleven; and her studies were till much later in life, rarely of the light and ‘loitering’ kind” (*Letters* 1.218). Similarly, Piozzi was a poet, translator, and literary critic, as well as one of Samuel Johnson’s preferred intellectual companions. Charlotte Smith, widely known for her *Elegiac Sonnets*, was responsible for the revival of the sonnet form in the late century. Anne Finch’s “The Spleen” was admired as a work of literature, but also as a medical document, appearing in William Stukeley’s *Of the Spleen* in 1723. And Lady Mary Wortley Montagu was among the greatest thinkers of the age. Certainly these women, most of whom were public intellectuals, were unusually brilliant. But so too were the *men* of feeling of the period. As John Mullan asserts, “[t]he refined or studious hypochondriac is a necessarily exceptional figure, deriving both his status and his ‘Distemper’ from preoccupations and

proclivities which remove him from ‘the common People’” (149-50). The eighteenth-century woman of feeling was similarly exceptional. But she gathers even more importance for giving voice to the silenced hysterics of paintings, literary works, and medical case studies. As a rare spokesperson for the eighteenth-century hysteric, and through her defiance of cultural stereotypes, her powers of interpretation are invaluable.

The woman of feeling interprets symptoms metaphorically, giving substance and life to her hysteria. In Carter’s *Letters*, references to chronic headaches abound, while in Lady Mary Wortley Montagu’s correspondence, aching eyes are a recurring theme. These symptoms occurred in the head, and by extension were aligned with the mind; consequently they brought physical discomfort and frustration, but also feeling, thought, and vitality. Carter fully expected to live with her headaches to her death, and frequently refers to her “sad head” or her “philosophical head” (1.266, 1.54). The abstract adjectives she appends to the noun “head” tie physical debility to thought and reflection. Similarly, when Carter describes Mrs. Vesey’s dire condition, we are not privy to grumblings in her bowels or to elevated globes in her abdomen, but to “spasms in her head” and to “head and eyes [that] are both gone” (1.371, 3.176). Such signs of mental life are evident, as well, in Montagu’s letters, where comments such as “My Eyes are ... very bad,” or “My Eyes are too weak to say more” abound (*Complete* 3.252, 2.381). Montagu continued to write, however, allowing physical pain and mental creativity to coexist. “I write in pain,” she complains in an early letter, “for my eyes are not yet perfectly recover’d” (*Complete* 1.89-90). This connection between pain and thought is made acutely obvious as throbbing heads and aching eyes become metaphors for the suffering mind. In one letter, Carter aligns her “dreadfully bad head” with her anxiety over her “dear” friend Mrs. Pennington,

“who, after a long and severe suffering, is, I thank God, safe in bed, since the 21st, with a fine boy” (1.180). Montagu also describes emotional stress through bodily pain. “My eyes are much impair’d,” she writes to Wortley in January 1714, “by this long Absence and sitting at home in vain expecting you” (*Complete* 1.204). Lady Mary’s eyes were most certainly “impair’d,” but she also used them creatively and strategically. The metaphor of physical pain represents a troubled mood occasioned by her husband’s absence.

If, in women like Montagu and Carter, physical symptoms pointed to mental despair, they also became signs of an intellectual prowess so formidable that it wore on the body. Lady Mary’s chronic eye problems, for example, are tied to her voracious habits of reading and writing. “[M]y sight is so weak,” she writes to Wortley in 1711, “I am oblig’d [to] leave off” (*Complete* 1.88). In a later letter that she is forced to dictate, she laments that losing one’s sight is an “evil [...] of so horrid a nature, I own I feel no philosophy that could support me under it, and no mountain-girl ever trembled more at one of Whitfield’s pathetic lectures than I do at the word Blindness” (*Complete* 3.216). Montagu emphasizes the primacy of thought; her terror, we learn in her letters, lies not in the loss of sight per se, but in its potential to impede reading and writing. Carter also expresses deep frustration over the physical consequences of mental exertion. “[A]t this present time,” she writes in a letter to Elizabeth Montagu, “I can hardly hold up my head ... so I must say, adieu, my dear friend, for I am so good for nothing, I am not fit to hold converse with you today” (3.168). This, it seems, was a regular occurrence, for Carter was “two days in a week, and sometimes three ... in bed with the head-ache” (1.47). There were costs to scholarly exertion. A “perverse temperament,” Carter advises

Montagu, demands only “moderate degree of application” (1.218). She warns of the dangers of “a perpetual capacity for the pleasure of merely intellectual life,” and notes that “close application to study or business” can hurry the spirits (2.64, 2.37). This advice was not a mere reiteration of medical and cultural propaganda on the dangers of female study, for Carter accompanied her comments with praise for her friend’s intellectual capacities. Though she warns that these “powers are very dangerous edged tools, and are to be used with the utmost caution,” she also compliments the “great vivacity of [her] mind” (2.37-38). “Its a head which has nothing in it,” Carter writes in another letter, “but genius, talents, wit, judgment, four or five of the seven sciences, and all the Latin classics” (1.346). She adds: “It is hard to be sure, that such common furniture of a head should occasion the owner any kind of trouble” (1.346). Like the men of feeling of the age, Montagu was by no means stunted in intellectual capacity, Carter suggests. Rather, her heightened abilities were so impressive they threatened to overpower the body, a point broached from an even more fascinating angle in the *Thraliana*. “I am really not well; Nervous perhaps,” Piozzi writes in one letter “– by my Head and Ears strangely confused somehow – as Sir John Falstaff Says – a whorson *Tingling* which ariseth from much Study and Perturbation of the Brain – it is a kind of Deafness – as he tells Lord Chief Justice. Would it were gone!” (*Piozzi Letters* 2.193). In using intellectual allusion to bewail intellectual pains, Piozzi emphasizes the inescapability of overintellectualization. Physical symptoms for Piozzi, Carter, and Montagu, therefore, were aligned not with pathology, but with a boundless intellectual energy.

Indeed, in their writings, these women used the physical and mental debilities of hysteria as constructs through which to celebrate the powers of the female mind.

Alongside allusions to headaches and depression, Carter packs her letters with extensive commentary on writers, critics, and politics, as well as discussions of her own works and translations. In one letter, she announces her new “course of Roman history,” which, she adds, she will try not to “purchase at the expence of exercise” (2.67). Lady Mary’s *Letters* provide similar instances of intellectual persistence. “The decay of my sight,” she writes to Lady Bute in 1747, “will no longer suffer me to read by Candle light” (*Complete* 2.391). She forestalled this decay, however, and ten years later, was still reading. “I indulge, with all the art I can,” she writes, “my taste for reading,” adding that “valuable Books ... are almost rare as valuable men” (*Complete* 3.134). She goes on to criticize those who discourage women’s pursuits of reading and writing, and who force “strict abstinence or to take physic” (thus speaking back to Mandeville’s claim that one hour of “intense Thinking” in a woman “wastes the Spirits” more than “six in a Man” [177]). When she finally concedes to forsake reading to rest her eyes and hinder the onset of blindness, she is resentful: “Fear, paltry fear,” she writes, “is now excessive and has so far debilitated my miserable nerves that I submit to a present displeasure by way of precaution against a future evil that possibly may never happen” (*Complete* 3.216). She satirizes those who scoff at intellectual women, and imagines a dialogue between herself and her “wise monitors,” who ask in reference to her eye problems, ““Why then ... will you persist in reading or writing seven hours in a day?”” She answers,

I am happy while I read and write. — ‘Indeed one would suffer a great deal to be happy,’ say the men sneering; and the ladies wink at each other and hold up their fans. A fine lady of threescore had the goodness to add — ‘At least, Madam, you should use spectacles; I have used them my selfe these

twenty years I am really of opinion they have preserved my sight,
 notwithstanding the passion I always had both for reading and drawing.' –
 This good woman, you must know, is halfe blind, and never read a larger
 volume than a newspaper. (*Complete* 3.216)

Through the winking ladies and the illiterate “good woman,” Montagu ridicules the habitual aggrandizement of female superficiality and stupidity. To those who scorn her literary activities, she responds, plainly, “I am happy while I read and write.” Carter also recognizes the injustice of refusing to recognize women as intellectual beings when, at an evening gathering, she is excluded from the company of the men, “who rang[e] themselves on one side of the room ... discoursing on the old English poets” while she and the “poor ladies” are “left ... to twirl [their] shuttles” (3.68). Like Montagu, she suggests that it is the *lack* of intense thinking that provokes boredom and depression, challenging commonplace beliefs that the female body could not endure intense intellectual exertion. These women overcame the acute physical manifestations of hysteria, as well as its mental side effects of inconstancy, paranoia, and delusions. Thus, they proved the existence of a woman of feeling whose body and spirit suffered but endured, and whose heightened intellect ultimately prevailed.

This triumph of the female intellect is also apparent in the poetry of some eighteenth-century women of feeling, who describe their encounters and struggles with hysteria in ways that permit the free play of their formidable intellects and that distinguish them from the period's men of feeling. In one regard, these female poets worked within the conventions of sensibility, and, like the men of feeling of the age, constructed an artificial poetry that elevated the condition, transforming it into a gentle

melancholy. In Elizabeth Carter's "Ode to Melancholy" (1739), for example, the speaker indulges her splenetic mood in order to enable philosophic contemplation. In the opening lines, she summons melancholy as a muse:

Come Melancholy! silent Pow'r,
Companion of my lonely Hour,
To sober Thought confin'd;
Thou sweetly-sad ideal Guest,
In all thy soothing Charms confest,
Indulge my pensive Mind.

No longer wildly hurried thro'
The Tides of Mirth, that ebb and flow,
In Folly's noisy Stream:
I from the busy Croud retire,
To court the Objects that inspire
Thy philosophic Dream. (1-12)

Melancholy is here welcomed by the poet; it is described favourably – as both a “Companion” and an “ideal Guest.” It is unthreatening, even comforting in its sweet “sad[ness]” and its “soothing Charms.” Melancholy also calms. It allows the speaker to escape the wild “Tides of Mirth” and the silly “noisy Stream” of the day. Finally, it is synonymous with the intellect. It provokes “sober Thought,” “philosophic Dream[ing],” and fosters the indulgence of the “pensive Mind.” Unlike victims of hysteria, the speaker of the poem shows no signs of trembling, salivation, or capriciousness, and her condition is neither physically nor mentally debilitating. Rather, the indulgence of melancholy

allows her to both transcend the body and think more clearly. "Sublim'd by thee," the speaker exclaims, "the soul aspires / Beyond the range of low desires, / In nobler views elate" (67-69). Carter depicts a condition of privilege, whose primary symptom is philosophic and spiritual contemplation. Certainly, in the context of Carter's life-writings, where she depicts constant struggles with the headaches, fatigues, and intellectual obstacles of spleen, the notion of a disembodied poetic persona seems absurd, and the poem must be read somewhat ironically. Nonetheless, to view the letters alongside the poem reveals a woman capable of overcoming hysteria through representation. The intellectual control and sophisticated artifice of the poet are heightened by the suffering autobiographical persona of her letters. This suggests that attached to the artistic impulse is a therapeutic value, an issue I explore more fully in my discussion of "scriptotherapy" in Chapter Five. Carter presents a disembodied, intellectual, *and* hysteric woman, and in this way, she diverges in key ways from the men of feeling of the age.

Other eighteenth-century female poets devised a distinctly *female* woman of feeling who diverged more significantly from her male counterpart. She engaged in intellectual speculation and exhibited signs of creativity, but she did not transcend her body, which sometimes interrupted her poetic production and at other times contributed to it. The autobiographical persona in Anne Finch's poetry, who both struggles against the terrors of hysteria and uses them as poetic inspiration, is an example of this phenomenon. For Finch, spleen had inspirational potential, but in contrast to Carter (the poet), she did not see loneliness, isolation, and depression as unequivocally positive forces. Finch's own spleen inspired not only "The Spleen," but also "Ardelia to

Melancholy,” “A Song on Griefe,” “On Affliction,” “A Sigh,” “A Nocturnal Reverie,” and other poems by Finch from the first two decades of the eighteenth century. Her ode, “The Spleen,” is not, like Carter’s, a celebration of melancholy. In it, the speaker does not warmly invite spleen in the opening lines, but instead addresses it as predatory, deceitful, and unpredictable: “What art thou Spleen, which ev’ry thing dost ape? / Thou Proteus, to abus’d Mankind, / Who never yett, thy real Cause cou’d find” (1-3). Yet this unpredictable force can also stimulate creativity. “Whilst in the Muses’ paths I stray, / Whilst in their Groves, and by their secret Springs,” the speaker observes, “My Hand delights to trace unusual Things, / And deviates from the known, and common way” (81-84). Indeed, Finch’s poetry is not “known” or “common,” but rather “unusual”: the wandering, perplexing Pindaric is in sharp contrast to Carter’s more conventional and neatly structured ode. Finch also “deviates” in her refusal to indulge a gentle melancholy – a refusal that is explained in part by the fact that her poem predates the high point of the cult of sensibility, but which is nonetheless unusual in its acknowledgement of the severity of spleen. Finch’s autobiographical speaker describes her condition as destructive to her creative powers; it makes her “Verse decay, and [her] crampt Numbers fail” (76). In depicting hysteria’s ability to both inspire and paralyze, she made clear the difficulties faced by the woman of feeling. Female spleen, Finch insisted, was genuine, severe, incapacitating, and often detrimental to her creativity. Nonetheless, she continued to write poetry. She faced almost insuperable barriers, both physical and psychological, but her mind remained active.

In her *Elegiac Sonnets* (1784), Charlotte Smith, like Finch, employs an autobiographical persona who suffers intense and debilitating grief, and, like Carter, she

inhabits the role of the gloomy, pensive intellectual. Thus, she both uses and transforms the tenets of melancholic poetry; her vocation is at once elevated and transcendent, and excruciatingly painful. Smith's speaker continually describes self-representation as the road to despair. In "Sonnet I," she views herself as a "doom'd" poet, forced down a "rugged path" (2), adding that "the lot of those / Who never learn'd [the Muse's] dear delusive art" is "far, far happier" (5-6). Although the poet's head may be "deck[ed] ... with many a rose," "the thorn ... fester[s] in the heart" ("Sonnet I" 7-8). She is one of the "Children of Sentiment and Knowledge born," the speaker writes in another sonnet, who feels "cruel force" and is "Empoison'd by deceit" ("Sonnet IX" 12-14), hopelessly longing for the simple life of "yon shepherd" whose "vacant mind / Pours out some tale antique of rural love!" ("Sonnet IX" 1-4).⁴ This speaker, like the speakers in other poems of sensibility, asserts her privilege as an intellectual and a poet, but such privilege is "delusive," for melancholy persistently returns. Smith's speaker consistently finds signs of hope and promise only to have her despair burst forth in the poem's final lines. She is ecstatic in the opening of "Sonnet XXXVIII," for instance, when she meets "my Emmeline," a soulmate: "When welcome slumber sets my spirit free," she begins (4, 1). But this imaginative release is only temporary, and the poem's end jars us back to the grim reality of her melancholy. As she wakes, the "dear delusions leave [her] brain," and she is left "unpitied, unrelieved, unknown!" as the "truth recur[s] – with aggravated pain"

⁴ Smith's speaker frequently sets herself apart from the simplicity of the labourer. In "Sonnet LIV. The Sleeping Woodman," the speaker wishes she could be like the woodman, this "unthinking hind" who tastes the "sweet forgetfulness of human care" (11-12). But this is impossible, for "the last sleep these weary eyes shall close" will be "Death" (13-14). In "Sonnet LXII. Written on passing by moon-light through a village," she sets herself up in contrast to the village labourers, who find peace in repose: "For me, pale Eye of Evening, thy soft light, / Leads to no happy home; *my* weary way / Ends but in sad vicissitudes of care: / I only fly from doubt – to meet despair" (11-14).

("Sonnet XXXVIII" 12-14). Neither can memories of her youth offer solace, for "experience withers" hope ("Sonnet LXXXV" 13). Another sonnet opens with a pleasant description of a "woody vale" that is soon dismissed, for such "visions bright and warm / With which even here my sanguine youth begun, / Ye are obscured for ever!" ("Sonnet XCII. Written at Bignor" 1, 7-9). The insightful speaker's ability to see the "truth" dooms her to despair. In "Sonnet XLVII. To Fancy," the "sportive pencil" of the poet deceives (2-4), and "fancy" is a "false medium" (9). Smith uses an embellished and dramatic language of sensibility to describe her sense of being tortured by rumination, memory, wisdom, and experience. This gloom is not transcended, nor is it idealized as a source of poetic inspiration. Unlike the more traditional melancholic poets, and female poets like Carter who followed male convention, Smith depicts an eighteenth-century woman of feeling who rails against a condition that overwhelms her, and in doing so, she attests to both the severity of her condition and the survival of her intellectual powers. At the same time, she embraces convention in assuming the role of a "Child of Sentiment and Knowledge." In occupying a position both conventional and innovative, she sheds light on the sophisticated and varying intellectual engagement with spleen that can be observed in the women's poetry. Finch's poetic deflation of a sentimentalized spleen, Carter's elevated, idealized, male – and also perhaps ironic – approach to melancholy, and Smith's synthesis of these two approaches, capture the dialectical nature of the female engagement with the condition. Together, these works speak to the vitality and variability of women's intellectual culture as it relates to hysteria. Moreover, in describing a version of the condition that was at once inflated and exaggerated, and severe and paralyzing, the eighteenth-century woman of feeling, as she emerged in both poetry and life-writing, was

deeply intellectual but by no means disembodied; rather, genuine pain was at the heart of her craft.

b. A Female Aesthetics of Hysteria

The range of interpretations that greets hysteria's many symptoms is reflected in the way that the symptoms themselves are described using a variety of metaphors. Images of English commercial growth, urban expansion, and thriving trade proliferated in male articulations of nervous disorder, for example. England's inclement weather was enlisted to highlight the uniquely English characteristics of spleen. Richard Blackmore, for instance, takes pride in his claim that the English climate exposes its inhabitants to "disorders of the Mind" whilst "the *English Spleen*, as I have now named it ... is comparatively but seldom found among the Inhabitants of other countries (v-vi). Others satirized this patriotic tendency, as in a *Tatler*, where "Swift pokes fun at a coffeehouse habitué who spends his time in discussing the weather and complaining of 'the spleen'" (Moore 214). In one issue, *The Spectator* quotes "a French novelist who, instead of opening his story as most romancers do in the flowery spring season, begins, 'In the gloomy month of November, when the people of England hang and drown themselves'" (Moore 214). George Cheyne is unmatched in his equation of spleen and Englishness. He compares the English with the Greeks, who "in Proportion as they Advanced in Learning, and the Knowledge of the Sciences and distinguished themselves from other Nations by their Politeness and Refinement, ... sunk into *Effeminacy, Luxury, and Diseases*" (39). In the opening of *The English Malady*, his lamentation of spleen's prevalence is complemented by a forceful overtone of nationalism. He writes,

The title I have chosen for this Treatise, is a Reproach universally thrown on this Island by Foreigners, and all our Neighbours on the Continent, by whom nervous Distempers, Spleen, Vapours, and Lowness of Spirits, are in Derision, called the ENGLISH MALADY. And I wish there were not so good Grounds for this Reflection. 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, have brought forth a Class and Set of Distempers, with atrocious and frightful Symptoms, scarce known to our Ancestors, and never rising to such fatal Heights, nor afflicting such Numbers in any other known Nation. These nervous Disorders being computed to make almost one third of the Complaints of the People of Condition in England. (i-ii)

While Cheyne bemoans the “atrocious and frightful” nature of nervous distempers, he also extols England’s “universal Trade” and her “great, populous” towns. He praises her inhabitants’ “Wealth,” her soil’s “Fertility,” and her distinctively rich food. Even the disagreeable English weather is described favourably; it is not a nuisance but a geographic curiosity that arises from “our Situation amidst the Ocean.” Cheyne transforms “the English Malady” from a term of derision into one of patriotism. And the

extent of Cheyne's influence meant that images of urbanity, capitalism, and national prosperity were widespread in discussions of nervous disorders.

In contrast, some women writers used 'nature' in their formulations of a distinctly female aesthetics of hysteria.⁵ Barker-Benfield observes that, from the mid to late century, women writers of sentimental fiction "were particularly critical of selfishness, duplicity, and extravagant materialism" (*Culture* 220). "Their elevation of the 'tranquility of nature against the bustle of men of affairs'," he adds, "takes on a particular, gender-specific significance" (*Culture* 220). In many cases, women writers perceived the natural world as a metaphorical reflection of an inner state. Elizabeth Carter, for instance, pays scrupulous attention in her letters to weather patterns and the ways in which they reflect mood. In one letter, she describes "one of the most dreadful storms I ever saw," which "threw some people to the ground, and others into faintings and fits" (2.187). One would naturally infer that the violence of the weather prompted such reactions, but Carter concludes that these people "fell by the sudden start of their own terrors" (2.187). The storm itself did not cause the fits; it triggered pre-existing thoughts and fears, which the weather, in its violence, somehow mirrored. Carter employs meteorological metaphors to describe her own moods as well. "My poor atmospherical constitution," she writes in one

⁵ Other women resisted male images of English greatness. Rather than glorifying the "fogs and spleen" of England, Lady Mary Wortley Montagu expresses her joy at having escaped them. "[T]is necessary to have a very uncommon constitution," she writes in a 1738 letter to Lady Pomfret, "not to be tainted with the distempers of our climate. I confess myself very much infected with the epidemical dulness" (*Complete* 2.119). With characteristic wit, Lady Mary deflates the male elevation of her country's weather; for her, the "English Malady" is the result of "dulness" rather than national pride. Its epidemic proportions are not celebrated, but disparaged, for she herself has fallen victim to the condition. In another letter, she claims to "maintain [her Spirits] by every Art [she] can," and concedes that she has been held "Prisoner here some Months by the Weather" (*Complete* 2.483).

letter, “has indeed felt the effect of the late equinoctial bustle” (3.279). On another occasion, she evokes her hopes of recovery through images of pleasant weather, writing that she “trust[s] ... the sunshine of cheerfulness will, in due time, be restored to [her] heart” (3.59). In fact, mood and weather, for Carter, are intimately connected, as is evident in the following excerpt from a 1772 letter to Elizabeth Montagu detailing her anxiety over Mrs. Vesey:

A fearful, turbulent November indeed! Yesterday was so calm and pleasant, that I hoped the moon, which looked so sweet and smiling into my window, had brought peace and quietness to the elements in this quarter. But to-day all is storm and uproar. I am sitting in view of the dashing waves which make a most noble appearance. But, alas, where is our dear Sylph! I do not indulge myself with brooding over terrors, but I shall rejoice to hear that she has crost St. George’s Channel, and is safely fixed in Bolton row. I am sure you will not delay to give me as speedy an account as possible of her arrival; for, by a letter just received, there is every reason to fear she is now on her journey: God send she may be safe, I long much to be assured of it. (2.182-83)

When Carter has not yet received the letter informing her that Vesey is “now on her journey,” the weather reflects her calm, peaceful mood, epitomized in the personified moon, which is “sweet and smiling.” As Carter’s mood turns – presumably after receiving the letter – so too does her description of the weather: it is “fearful, turbulent,” and all “storm and uproar.” Most obviously, her feelings of awe at the “dashing waves” echo her fears of Mrs. Vesey’s channel crossing. As she searches for cosmological signs

to reflect her psychological state, the two often become inextricable. When she claims that, in the midst of the “gloom and confusion” of a “solemn and sublime” storm, the “sun arose in full splendour,” it is not clear whether she refers to actual atmospheric phenomena, or to the suns and storms of her mind (2.327). Such a distinction is similarly confused when she tells her friend that she must “beware” of the “sad rheumatic weather” which seizes her “by the neck and one arm,” and which the present “treacherous sunshine conceals” (1.214-15). Not only is the weather personified as “rheumatic” in order to suit Carter’s condition, but the shining sun, which most would consider a providential sign, is “treacherous” – like Carter’s present condition.

These metaphors of nature surface continually in the women’s descriptions of hysteria. In fact, tracing weather patterns in these works invariably results in the discovery of sustained representational accounts of mental symptoms. Elizabeth Freke’s memoirs provide a telling example of this parallel metaphorical relationship. “[S]ome few remembrances of my misfortuns have attended me in my unhappy life since I were married,” she announces at the outset (37), before proceeding to use the weather as a mirror for these sad events throughout. Her unfortunate and unhappy marriage to a second cousin, Percy Freke, for instance, is celebrated on “a most grievous rainny, wett day” which Freke, being somewhat superstitious, sees as a bad omen (37); it is also a reflection of her negative thoughts on the union, however. On another occasion, immediately after two of Freke’s “rog[ue]” tenants force their way into her house, “[spit] on [her],” “throw [her] down the staires,” and “stopp [her] breath” in an effort to get her to “subscribe [her] name” to a document (206), and immediately before she receives news from the Chancellor that she will be excommunicated (208), she records how the

“dreadfull’st storme and hurrycane of wind ... did an infinitt deal of damage to many people in this country and mee in perticuler” (209). The weather acts as a central structural device in Piozzi’s *Thraliana* as well, where it is used to chart her unpredictable and tumultuous mood swings over many years. Piozzi herself acknowledges this when, in 1794, she looks back at her diary as “if ‘twere only [...] a Register of the Weather” (920). A survey of the *Thraliana* in its entirety reveals its repeated use of atmospheric descriptions to illustrate the intensity of the writer’s emotional ups and downs. References to unpredictable and strange weather patterns surface repeatedly in times of distress. When she is grieved over the deaths of Mr. Hutton and Mr. James, she exclaims “The Death of two Friends! oh how unlike each other!” (926). Shortly thereafter, we learn that her youngest daughter has eloped; “Oh Lord! Oh Lord! Mostyn & Cecilia are run away to Scotland,” Piozzi laments (931). “I might sleep,” she adds, “if Nervous Complaints did not hinder me” (931). Both descriptions are, oddly, accompanied by a report documenting the “sudden, wonderful and violent changes” in the weather (929). We see a similar pattern at work when a report of a “dreadful” hurricane (946) coincides with Piozzi’s stress over her husband’s state of health (943), her pending departure from Streatham (938), and her knowledge that her “Companions drop off one by one” (938). At the end of *Thraliana*, as she watches her husband’s rapid decline and is herself in “very low spirits” (1002), she describes the terrible and cold weather of an “Unequaled – Unexampled Spring” (996). “These long Days,” she continues, “with Howling Winds like November & no Leaves out – no, not a Horse chestnut, – no, not an Apple Blossom – is so terrifying, my Courage begins to give way” (997). In the hands of these women, natural metaphors, particularly those associated with weather, become distinctly feminine

metaphors through which the symptoms of hysteria might be charted in ways that are otherwise inaccessible.

The female imagination is, of course, central to these metaphorical representations of mental states. Rather than inciting dangerous thoughts and “bring[ing] about peculiar and obscure patterns of disruption” (Mullan 159) – as the tenets of sensibility often warned it could – the female imagination displayed a sophisticated poetic quality in its ability to view moods as they were reflected in the natural world.⁶ Elizabeth Carter warns Elizabeth Montagu of the dangers of lengthy solitary contemplations of nature, but in no way associates these dangers with uncontrollable female passions. “[T]o a vacant heart and cheerful disposition,” she writes in one letter, “[the] soft melancholy of autumnal scenes is pleasing,” and yet, the “view of faded woods and falling leaves is not a remedy for the depression of grief” (3.16). She warns of the perils of spleen, and urges her friend to return to London (3.16), and, on another occasion, insists that “the equinoctial bustle is indeed very unfavourable for invalids” (2.218). These perils are not, however, linked to unmanageable female infatuations, for, according to Carter, the “powers of imagination are annihilated by the violence of ungoverned passions” (3.35). Rather, her friend risked descending into hysteria because of a heightened ability to identify with the transcendent beauties of nature. Carter sees the female imagination as a site of control and

⁶ Mullan discusses the ambivalence of the eighteenth-century female imagination. It can both “mark an elevated status,” and “bring about peculiar and obscure patterns of disruption” (159). The “distinction between the flush of an improper excitement and the virtuous blush of an entranced sensibility,” he argues, “is a difficult and shifting one” (160). The dangers of the imagination were tied to women’s susceptibility to the “persuasive powers of all forms of narration and imaginative or illustrative fabrication” (159). Pregnant women were at particular risk, for, as Robert James observes in his *Dictionary*, “the Desire ... of the pregnant Woman is capable of marking the tender Infant with the Thing desired” (qtd. in Mullan 159).

sophistication, a place where nature provokes philosophic meditation on one's position in the world. In one letter, the sublime natures of the "howling wind" and the "dashing rain" reflect her exhausted spirit (1.258). In another, she describes a walk at Deal, where "the white cliffs of the isle of Thanet [were] strongly illuminated by the sun, while the nearer object of Deal castle made a most solemn appearance under a dark cloud" (1.284). "There is no description I can give," she continues, "that will convey any idea equal to the beauty and sublimity of this scene, or of the effect it had on my spirits" (1.284). The scene affects her imagination profoundly, but not wildly, as is evident in her ability to describe various shades of light and colour, the positions of specific objects, and the particular sensations all create. Moreover, her reference to "beauty and sublimity" suggests not only her ability to observe from a distance, but also, with its reference to Edmund Burke's *A Philosophical Enquiry into the Origin of our Ideas of the Sublime and the Beautiful* (1757), her engagement with important ideas of her time. In her imaginative control and philosophic depth, Carter formulates her own sophisticated aesthetics of hysteria; she sees her mental condition mirrored in the natural world, and she challenges the age of sensibility's common refrain on the perils of the female imagination.

Women writers such as Carter do not offer a simple alignment of woman and nature. They did not associate themselves with a nature that was, like Burke's feminized "beauty," exclusively tranquil, attractive, smooth, and soft.⁷ Rather, their

⁷ For Burke, beautiful objects, like women, are "small" (97). "Smoothness" – as opposed to ruggedness or angularity – is also a requisite quality of beauty, and incidentally, the "smooth streams in the landscape" are much like the "smooth skins" of "fine women" (98). "Gradual variation" is another characteristic, and Burke refers to the "smoothness," "softness," and "insensible swell" about the female "neck and breasts" (100). "[T]he unsteady eye slides giddily," Burke writes, through "the deceitful maze ... without knowing where to fix, or whither it is carried" (100). Finally, "robustness and strength"

'nature' shifted from serene, to radiant, to tumultuous and threatening, depending on their moods and experiences. In *Elegiac Sonnets*, Charlotte Smith's speaker refuses quite vehemently to identify with an idyllic natural setting. She insists that the intensity of her melancholy overshadows all else, and that beautiful scenes of nature do nothing to alleviate her pain; not even the dreariest night scenes are dark enough to reflect her ruminations. In "Sonnet LXVIII. Written at Exmouth, midsummer, 1795," the speaker describes the "gentle Winds" and the "soft rippling tide" (3, 4) of the season only to note that, for her, the "fragrant hours" of "radiant June" (10-11) cannot be appreciated,

for hopeless pain

Darkens with sullen clouds the Sun of Noon,

And veil'd in shadows Nature's face appears

To hearts o'erwhelm'd with grief, to eyes suffused with tears. (11-14)

The sun fails to shine for the speaker of these sonnets – or in any case it does not warm her thoughts,

for never more the form

I loved – so fondly loved, shall bless my sight;

And nought thy rays illumine, *now* can charm

My misery, or to day convert my night. ("Sonnet LXXXIX" 11-14)

And so she expresses an affinity with the dreariness of the night:

I love thee, mournful, sober-suited night!

are "prejudicial" to beauty, which should have an appearance of delicacy and fragility (101). "The beauty of women is considerable," Burke continues, "owing to their weakness, or delicacy, and is even enhanced by their timidity, a quality of mind analogous to it" (101-02).

... In deep depression sunk, the enfeebled mind
 Will to the deaf cold elements complain,
 And tell the embosom'd grief, however vain,
 To sullen surges and the viewless wind. ("Sonnet XXXIX" 1, 5-8)

In fact, the speaker seems most at ease in the gloominess and tumultuousness of nature, as in "Sonnet LIX," titled "a remarkable thunder storm, in which the moon was perfectly clear, while the tempest gathered in various directions near the earth." In another instance, she writes of a "dreary tract of country, near the ruins of a deserted chapel, during a tempest," and notes that to "*my* heart congenial is the gloom / Which hides me from a World I wish to shun" ("Sonnet LXVII. On Passing" 9-10). Such a scene, she adds, "Suits with the sadness of a wretch undone" (12). Like Carter's epistolary descriptions, Smith's poems do not idealize melancholy. Her speaker refuses to describe her suffering in conventional terms, and insists that not even dreary scenes of nature can match her despair, for the deepest shade, and the keenest air, is not "Black as my fate, or cold as my despair" ("Sonnet LXVII. On Passing" 14). Smith refuses to naturalize her female sensibility. Country settings, dreams, night visions, memories, rustic peasants, and other objects of an idealized natural environment do not sufficiently embody her grief. For Smith, melancholy is inexpressible within the conventions of a feminine poetics.

This challenge to the naturalization of female sensibility was achieved by the women through their representations of hysteria in a variety of ways. They refashioned the metaphor of music – another image of sensibility – to define their individual experiences, for example. Well into the eighteenth century, the nerves were viewed as "strings," "vibrations," or "thrills" (Barker-Benfield, *Culture* 21-22). "[David] Hume

emphasized the harmonic possibilities of the nervous system,” Barker-Benfield observes, “comparing the affections generated among human creatures to the sounds transmitted by musical instruments” (*Culture* 22). By the late century, images of “[h]eroines’ and heroes’ listening to and playing of affecting melodies, absorbing them into their own nervous instrumentality” became frequent (*Culture* 22). Finch’s poetry of the early century anticipates this tendency and at the same time satirizes the belief that nerves were like strings that could be set in motion by music. “Now *Harmony*, in vain, we bring,” the speaker of “The Spleen” asserts, “Inspire the Flute, and touch the String. / From Harmony no help is had” (133-35). In Finch’s conception, melody “soothes ... if too sweetly sad,” while “light” music “but turns thee gayly Mad” (136-37). She rejects the notion that harmony affects physiology, and instead suggests that it can mirror a mental state. She reiterates this idea in her “Advertisement for the Gazette,” where the “soothing stroaks” of music “invite ... sedate and soft delight” in the mind (39-40).

The tendency to exploit music as a uniquely feminine metaphor figures prominently in a number of key eighteenth-century women’s texts. In Mary Wollstonecraft’s *The Wrongs of Woman*, the heroine, Maria, creates music herself, and fashions this feminine accomplishment to suit her tortured mental state. On one occasion, the harassing words of her scoundrel husband “excit[e] sensations” and leave her feeling as though “surrounded by a mephithical fog” (168). “I have wished to have a volley of cannon fired,” she continues, “to clear the incumbered atmosphere, and give me room to breathe and move” (168-69). Maria then goes to the “*piano forte*, and beg[ins] to play a favourite air” (168). This is, she claims, “to restore myself, as it were, to nature, and drive the sophisticated sentiments I had just been obliged to listen to, out of my soul” (168).

The music mimics her mental state: "My spirits were all in arms, and I played a kind of extemporary prelude. The cadence was probably wild and impassioned, while, lost in thought, I made the sounds a kind of echo to my train of thinking" (169). Further, the piano notes come to replace the voice that her husband stifles, as they "echo" her "train of thinking." In fact, she argues with Venables through her music. She plays a "sprightly lesson" with "uncommon vivacity," and the consciousness that he is listening only gives "more animation to [her] fingers" (169). Maria speaks her sorrow through music, which, as Barker-Benfield rightly observes, became a "new accessible mode for female self-expression" in the age of sensibility (*Culture* 22-23).

Piozzi's writings provide a particularly bold and striking example of a feminine aesthetics of hysteria. She blends the metaphors of nature with those of grandness and sublimity – thus taking her descriptions far beyond the safe tranquility of nature with which women were frequently identified. She elevates herself and her condition by depicting herself as a prophet and by aligning her hysteria with apocalypse. This inclination is most pronounced in her later years, when she begins to see the world of her immediate environment as a reflection of the larger turmoil in the universe. Indeed, in her later writings, she uses the weather to portray herself as a mystic of sorts. In a 1796 *Thraliana* entry, she claims to read the weather by observing a "strange Appearance in the Sky – a prismatic Halo round the Moon when She was full" (950). "Tis the sure presage of a desperate Storm," she writes, and, "accordingly, three Days after came such a Hurricane as *I* did ever see" (950). From this observation she senses a pending war, which she then aligns with a "horrible tempest" (952). Orianne Smith views the *Thraliana* as a catalogue of sorts, seen through Piozzi's repeated "speculat[ion]" about

the “significance of natural and supernatural phenomena” (96). For instance, she “catalogue[s] the extreme weather that surrounded the death of Louis [XVI]” in January 1793 (96). “After the French Revolution,” Smith writes, “her diary became something like a scientific log, in which she carefully recorded and catalogued natural catastrophes and supernatural occurrences alongside social and political upheavals, using numerology, chronology, and philology to test her theories linking sacred and secular history” (98). The compulsive recording was related to Piozzi’s premonition of apocalypse – a premonition that is in itself somewhat hysterical. Smith focuses on Piozzi’s critical failure *Retrospection*, “a history of the world from the birth of Christ to 1800” (88), and elaborates upon Piozzi’s belief that “atheism and the downfall of the ancient régime could mean only one thing – the imminent destruction of the world as predicted in Revelation” (95).

But beyond her role as prophet, her frequent prophecies of apocalypse seem to reflect her shifting views on her own life. Her choice to record her apocalyptic vision in her private journal suggests that she felt personally moved by this vision. “I do myself verily think,” Piozzi writes in the *Thraliana*, “that the World is drawing on to a Conclusion” (qtd. in Smith 87). Smith emphasizes the candour of this remark: “One might take this as hyperbole, but for the fact that Piozzi *did* believe the world was ending and that Christ’s reign on earth was imminent” (87). Piozzi’s sense of a coming apocalypse is tied to her own fears of this impressive event as they are narrated in her diary, and thus, her personal struggle with hysteria is described through a most grand metaphor. A more explicit link between her nervous tendencies and the pending doom of the nation emerges in a February 1798 letter to Penelope Sophia Pennington, in which

Piozzi elaborates upon the weak state of her nerves: "My Nerves are [...] terribly shaken, [...] and] my Stomack [...] is now grown so weak it rejects everything almost, and increases the Giddiness and Tinnitus which so perplex me" (*Piozzi Letters* 2.478).

Piozzi's comparison of her health to that of the nation is revealed as she moves into a discussion of England's despairing situation. "But we will not talk of *declining Health*," she writes, " – Individuals are now of less Consequence than ever, while the Nation, the Continent, the World itself seems in its last Convulsions. Can too many Efforts be made to keep these Marauders out? These Pests of Society who have shaken such a Fabric to its foundations?" (*Piozzi Letters* 2.478). Like Piozzi's "weak" stomach and "terribly shaken" nerves, the Nation itself, she believes, suffers from nervous disorder; it is weakened, experiences "Convulsions," and is "shaken ... to its foundations." Piozzi was not alone in this belief. Smith aligns her with figures like "Burke and Galloway," who also believed "the French Revolution signaled the beginning of Satan's reign" (95). "As a devout Anglican and staunch supporter of the monarchy," Smith continues, "Piozzi was appalled by the revolution" (95). And, in the late eighteenth century many Britons saw the revolution as "the unfolding of God's plans for his people in the Last Days" (Smith 93-94). Piozzi's apocalyptic vision, therefore, should not be dismissed as the ravings of a lunatic.

In one sense, Piozzi describes hysteria through the language of sensibility as she criticizes the rapid change, the military aggression, and the general duplicity of the increasingly modern world. However, she confronts this world head on, setting herself up as prophet and boldly predicting the approaching apocalypse. Her hysterical symptoms, then, are a reaction to this turmoil. As she desperately tries to gain control of her rapidly

changing surroundings, her nerves deteriorate. She, like her country, is “shaken.” Piozzi’s apocalyptic metaphors allow her to describe her hysteria in ways that exhibit the severity of her mental state in the midst of a male world that is exclusionary and dismissive. As the turn of the century approaches, she is not able to identify with a tranquil, natural landscape. Indeed, her environment, like her mind, is tormented, anxious, and fading. By extension, she explores how her environment *affects* her mental state and so raises the question of female “nature” – the central issue of the following chapter.

CHAPTER FOUR

CAUSES

Part 1: From Nature to Nurture

a. The Wandering Womb and the Wrongs of Woman

Anne Finch's ode to "The Spleen" opens with a question: "What art thou, Spleen?" (1). Much of what follows in the poem explores the many possible causes of the condition. In one passage, the speaker writes,

Whilst in the light, and vulgar Croud,
Thy Slaves, more clamorous and loud,
By Laughters unprovok'd, thy Influence too confess.
In the Imperious Wife thou Vapours art,
Which from o'er-heated Passions rise
In Clouds to the attractive Brain,
Until descending thence again,
Thro' the o'er-cast and show'ring Eyes,
Upon her Husband's softened Heart,
He the disputed Point must yield. (50-59)

With great economy, Finch manages here to capture several of the distinct and prevailing views of spleen's causes. The root source of its symptoms is believed to be mysterious and unknown: spleen's "Slaves" at times exhibit "Laughters unprovok'd" for no apparent reason. Spleen may also be caused by cultural expectations, though, as when the "Imperious Wife" capitalizes on the common pose of the distraught hysteric in order to manipulate her husband. Finally, a disappearing, yet lingering, medical view – that hysteria was based in woman's inherent bodily weakness – finds its way into Finch's poem. Female "Vapours" were thought to rise to the brain when women's already-excitabile passions became "o'erheated," resulting in hysterical symptoms such as vast effusions of tears. Although Finch identifies some prevalent theories, she does not endorse them. She satirizes the feigned attack of the above "Wife," and ultimately rejects physiological theories; "Falsly, the Mortal Part we blame," the speaker asserts in an earlier passage, "Of our deprest, and pond'rous Frame" (26-27). In concluding the poem with the death of a physician desperately and futilely attempting to discover the true cause of spleen, Finch brings us back to the initial conundrum of her poem. Spleen is a "*Proteus* to abus'd Mankind, / Who never yet thy real Cause cou'd find" (2-3).

In an age when spleen remained a mystery to most, physicians, writers, and laypeople continually returned to physiological understandings of the condition – almost by way of default. Doctors from Sydenham to Cheyne to Whytt reiterated theories of women's disordered animal spirits, weak nerves, corrupt menstrual blood, uncontrollable passions, and even wandering wombs. Literary men also embraced such views, as when, in *The Rape of the Lock* (1714), Pope describes – albeit satirically – Belinda's condition in terms of "the vapours." In the prelude to her fit, "A constant vapour o'er the palace

flies” and “Strange phantoms, ris[e] as the mists arise” (4.39-40). Meanwhile, physiological theories were internalized by female hysterics themselves. In her *Remembrances*, Elizabeth Freke, like Pope, evokes the “vapours” as cause. “I weer taken aboutt noon,” she writes in one entry, “allmost blind with mulltitude of blaks before my eyes, which I never had one in my life before, I being neer 68 years of age” (130). Her immediate conjecture is that this is “vapours in [her] head” (130) – a suspicion soon confirmed by her doctors (153). Freke foresees, and then unquestioningly accepts, the doctors’ diagnosis. She also adopts ideas of the uncertainties, dangers, and mysteries of vapours: “[I]ff this be vapours in my head,” she writes, “from them deliver me, good Lord” (130). Her body, she believes, is somehow disordered; it is prey to a mysterious force, and, therefore, the vapours are a sentence of death. Over half a century later, women such as Hester Thrale Piozzi continued to give credence to such ideas. Piozzi praises Dr. John Woodward in a *Thraliana* entry from the early 1780s, noting that the “vulgar Expression of Sorrow breaking hearts though it must not be taken literally, is true to a certain Degree: for the heart often gets Concretions or Watery Collections or various Causes of Decay from Grief, of which infinite numbers ultimately die” (*Thraliana* 567-68).¹ Piozzi’s confident scientific-sounding theory lacks the speculative tone of earlier

¹ In his discussion of *Clarissa*, Raymond Stephanson points to the eighteenth-century physiological theory that would in fact justify the heroine’s broken heart as the cause for her death. “Throughout the eighteenth century,” he observes, “it was believed that the mechanical power of an emotional or imaginative state could, *via* the nerves, cause physical breakdown” (271). “The apothecary and doctor who treat Clarissa,” Stephanson continues, “are ... fully aware that if unrelieved, her mental indisposition will (through its effects on the nerves) create a comparable decline in health, and both professional men would have no reason to contradict Clarissa’s own explanation of her worsening condition: ‘my bad state of health Must grow worse, as recollection of the past evils, and reflections upon them, grow heavier and heavier upon me’” (271-72).

wisdom that reinforced the mysteries of spleen. Nonetheless, she endorses a causative model that prioritizes physiological weakness.

Many women countered the naturalization of female bodily deficiency, however. Throughout the century, Finch's view that the "Mortal part" (which designated not only the body but also womankind) was *not* the cause of hysteria became more prevalent. Many women probed deeply into the causes of their seemingly mysterious hysteric attacks. Despite her belief in the baffling power of vapours over the female body, for instance, Freke also tied her headaches to stressful events. The above fit of the "blaks" is provoked by a letter she receives detailing her son's financial straits, and Freke's subsequent distrust of her son's claims of reform causes further aggravation and leads to more headaches and "vapours." Piozzi's theory of "breaking hearts" is similarly undermined, for she goes on to suggest that physiological manifestations are generally an effect – not a cause – of grief. The "Exit" of these grieving individuals, she writes, is "attributed to the immediate cause instead of a remote one"; therefore, outside circumstances are ignored, and wrongly so (*Thraliana* 568). A defunct physiology is not the origin, but a symptom of nervous disorder – an approach to which Piozzi continually returns. "Grief and Disappointment have so seized upon my heart," she writes in the early 1780s, "that the pulsation of the Arteries is terribly affected, and at every Season of periodical Plethora the nervous Cough torments me with a new Vigour" (*Thraliana* 568). "[T]he past agitations of my mind have turned my Blood scorbutical," she adds (*Thraliana* 569). In the late 1780s, Piozzi spoke more directly to physicians like Whytt who emphasized women's inherently weak "nerves." Piozzi's nerves were, quite clearly, not weak but worn. "[M]y Nerves now will bear no more Shocks –," she observes as she

watches her second husband spit blood, “they are too much worn, and *such* a Weight seems to oppress my heart as I have often felt – but do not like to feel” (*Thraliana* 767). At other times, women removed their theories from the body entirely. In their hands, the physiological mechanism of the animal spirits, for example, was transformed into metaphorical spirits that were synonymous with feelings or mood. In a 1759 letter, Carter attributes her “strange languor of spirits” not to her ailing body, but to the “events of last year” (1.39). Similarly, as Piozzi witnesses the slow death of her first husband Thrale, she writes, “My Spirits are really affected by the Sight of Horrors thus accumulated on horrors” (*Thraliana* 441). In recognizing that their conditions were affected by external factors, women such as Piozzi and Carter began to privilege nurture over nature in their explanations of nervous disorders.

The doctors also began to recognize the possibilities of nurture, albeit more tentatively than the women. In Mandeville’s 1711 treatise in dialogue form, *Polytheca*, the only female interlocutor, insists that her condition is something other than a physiological disorder:

Since [the birth of my last child] I have had abundance of Illness, which in tract of Time has so ruin’d my Constitution, that these Eight Years last past I have never been well for two Days together. The least Cold, which I am very apt to catch upon every Occasion, in Summer as well as in Winter, makes my Head ready to split; and any thing of Anger, Vexation, Disappointment, or sudden Noise, has the same Effect. ‘Tis incredible, how watchful I am forc’d to be over my Temper and Behaviour; for I am not only influenc’d by Sorrow and Surprize, but even Mirth will

discompose me; nay, I am so weak, or at least so sensibly touch'd by all that happens, that when any thing is said or done much to my satisfaction, it often sets my Back a working, and makes me tremble for a considerable time, and I am almost afraid of being pleas'd. I seldom have any Appetite, and what Nourishment I take is more out of a Sense I have Of my Duty to feed my Body, than any real Desire to eat ... (197-98)

Polytheca's claims recall those of Freke, Piozzi, and Carter in that she attributes her physical suffering to outside factors. Her headaches, she believes, are provoked by "Anger, Vexation, Disappointment, or sudden Noise," while her frequent discomposure is the result of "sorrow," "Surprize" and "Mirth." She is not inexplicably weak, but "sensibly touch'd by all that happens." Through the character of Polytheca, Mandeville offers additional layers to his causative model. The above passage is introduced by pointing to an underlying source of difficulty: the birth of Polytheca's last child, eight years before. Polytheca further explains that she married very young, gave birth to many children (197), buried several of these, and experienced many subsequent calamities (200). In cataloguing Polytheca's trials in this way, Mandeville introduces the difficulties of marriage, childbirth, childrearing – of womanhood generally – as possible causes of hysteria.

Progressive views of this kind were only gradually embraced in the eighteenth century (Mandeville himself goes on to undermine many of Polytheca's claims in his *Treatise*), but people began nevertheless to recognize the condition of woman as an underlying cause of hysteria. In the last decade of the century, Mary Wollstonecraft would vehemently make a case for the oppressiveness of women's social roles, and she

would use this emerging idea to challenge perceptions of hysteria. As Barker-Benfield observes, she “elevated her understanding of her own condition to a diagnosis of women’s depressed condition in late eighteenth-century England,” an insight that is reflected in the opening sentence of *A Vindication of the Rights of Woman* (1792), where Wollstonecraft “tells us that she was depressed” (“Mary” 15):

After considering the historic page, and viewing the living world with anxious solicitude, the most melancholy emotions of sorrowful indignation have depressed my spirits, and I have sighed when obliged to confess that either Nature has made a great difference between man and man, or that the civilization which has hitherto taken place in the world has been very partial. (qtd. in “Mary” 15)

Wollstonecraft, of course, goes on to assert her “profound conviction that the neglected education of my fellow-creatures is the grand source of the misery I deplore” (*Vindication* 1). “Women, in particular,” she continues, “are rendered weak and wretched by a variety of concurring causes” (*Vindication* 1). This splendid conclusion was the result of a progression that occurred slowly over the course of the eighteenth century, and the recognition that the “wrongs of woman” were the source of hysteria was made possible by Wollstonecraft’s many female predecessors, who struggled to recognize and overcome the dominant and restrictive cultural ideologies reinforcing the inherent weakness of woman. The next section begins to trace some of their efforts.

b. "Falsly, the Mortal Part we Blame"

Eighteenth-century women writers persistently challenged commonplace assertions that their bodies were by nature flawed, and that their supposedly deficient reproductive organs and dysfunctional uteruses made them more prone to "fits of the mother," or "suffocations of the womb." Their bodies were often the site of pain, but they did not see the pain as natural; instead, it was unexpected and often devastating. In the life-writings, physical ailments – such as Elizabeth Freke's confinement to a wheelchair, Elizabeth Carter's "perverse head," or Lady Mary Wortley Montagu's deteriorating eyesight – are a source of boredom and frustration. According to the women, the body did not disturb the mind through some mysterious physiological mechanism. Rather, the cause of depression was ultimately a debilitating and restrictive physical pain. This view surfaces in many eighteenth-century poems by women, where the languishing body is described as a psychological burden. Octavia Walsh, for example, who died from smallpox at the age of 29 (Lonsdale 52), laments in much of her gloomy verse how her body restricts her mental faculties. In "At length my soul the fatal union finds" (1705), the speaker's "tiresome carcase ... Crushes and overwhelms the sickly soul" as it moves towards its home (4, 8). Similarly, Mary Leapor, who was emaciated and gravely weak, produced poetic expressions of a misery that was rooted in her body. In "The Headache" (1748), the speaker is determined to "write on"; "Nor Cramps nor Head-achs shall prevail," she asserts (52-53). But, in "Epistle to a Lady," the poet's hopeful spirit is crushed as she describes a deteriorating body that strips her of pleasure, and from which she is ready to escape. Why "stretch the Line of Fate," the speaker asks, "That the dull Years may bear a longer Date[?]" (55-56). Her wish was granted when she died at age 24.

Such hints of depression surface frequently in the poetry of Mary Chandler, who suffered from a curvature of the spine. "My Own Epitaph" (1736) outlines a mediocre life plagued by physical disability: "Here lies a true Maid, deformed and old," it begins (1). The remainder of the poem paints the portrait of a wretched existence, plagued by discomfort and isolation. Though "much Friendship [she] had met" (3), the imagined writer of the epitaph observes, the Maid "never was handsome" and "ne'er had a Lover" (3). "[T]ime, and much Thought," she continues, "had all Passion extinguish'd / Tho' not fond of her Station, content with her lot" (8-9). Physical weakness, in this formulation, leads to a life of depression. The cause and effect relationship, in contrast to the medical views that held sway in the early part of the century, is quite clear; it does not rely on a speculative interpretation of the mysterious workings of the female body. Indeed, such poetry works within a convention where the body is not the inherent source of delusions, fits, mental deficits, or extravagant wishes. Rather, physical pain and debility provoke feelings of dullness, languor, mediocrity, and melancholy. The "Mortal part," was in fact to blame, but not in the way medical dogma suggested.

Not surprisingly, in light of these conflicting understandings of the body's relation to depression, misinterpretations and dismissals of women's physical pain were pervasive. In August 1800, Hester Thrale Piozzi found an "indurated gland" on her right breast and read it as a "Sentence of Death," exclaiming, "I shall then follow my poor Mother Step by Step: may I but arrive where She is in Bliss eternal!" (*Thraliana* 1007). The men around her did not take her complaint seriously, however. When she told "Mr. Piozzi," he "said it was a Joke – or Insanity – rather than an incipient Cancer" (*Thraliana* 1007-08). Piozzi decided "to tell nobody about it at all," and not to take her concerns to a

doctor (*Thraliana* 1008), presumably because she believed that she would be subjected to further scepticism. Lady Mary Wortley Montagu reacted similarly to the discovery of a “lump in her breast” in 1760 (Grundy 599). Although, as Isobel Grundy observes, she undoubtedly “knew about breast cancer” (599), she kept the affliction to herself, later claiming that she had “no distemper” and resolving to “[keep] her own counsel” (600).² Like Piozzi, she seemed to believe that the male world misunderstood her condition, and that, consequently, there was no outlet for her pain.

In fact, men’s inability to comprehend female difficulties was perceived by some women to compound physical and emotional distress. Piozzi blamed “Frights, Contests, Falls,” as well as the isolation of marriage and the “natural Roughness” of the male sex, for her mother’s frequent miscarriages (*Thraliana* 281). Piozzi, it turns out, inherited her mother’s difficulties with pregnancy, and in a 1789 *Thraliana* entry, she describes one of her own miscarriages in terms that convey the physically torturous nature of the experience: “[I] miscarried in the utmost Agony,” she writes, “before they could get me into Bed, after fainting five Times” (*Thraliana* 401). The psychological effects of this event are equally severe. Piozzi grieves, “Tis less a Miscarriage after all than a dead Child: a Boy quite formed & perfect” (*Thraliana* 400). “I go down Stairs,” she continues, “like the Ghost of her who was carried up Stairs a Week ago” (*Thraliana* 400). Piozzi’s depression, she believed, was further aggravated by her husband’s indifference. Looking back on the trauma of miscarriage, she notes that, in spite of her cry for help and her

² Breast cancer was not uncommon in the eighteenth century. Montagu knew Mary Astell, who died of the disease (Grundy 599). The two women, Grundy observes, “had talked about life, death, and the afterlife after that gallant old woman’s mastectomy and shortly before her death” (599). Piozzi also knew women who suffered from the disease, including her “poor dear friend Mrs. Cumyns,” whose spirits were “cruelly lower[ed]” as a result of it (*Thraliana* 363), and Fanny Burney, who underwent a mastectomy in 1811.

request that she be taken home, “[Thrale] would not be hurried” (*Thraliana* 401). His heart was never “run over with Tenderness towards me,” she laments, but on this occasion he lacked even “common Humanity” (*Thraliana* 401).³ Clearly, Thrale’s refusal to properly acknowledge his wife’s physical and mental pain was a central source of her despair. Her case, in this respect, usefully illustrates how, for eighteenth-century women writers, hysteria could be traced to a plethora of external causes.

A deep recognition of the effects of old age further complicated the sense of hysteria’s causes. A perception emerged among eighteenth-century women that hysteria was aggravated by what the poet Anna Seward called the “drear decays of Age” (“Sonnet. December Morning” 14). A rhetorical tactic often employed by women writers of the period was to draw attention to the devastating effects of the passage of time on both body and mind, and then to offer their own ageing selves as examples of this ravaging process. Indirectly, this strategy worked to prove that the female body was not inherently weak, but was rather susceptible to a natural process of decline. In a 1761 letter, Lady Mary Wortley Montagu insists that she has “naturally good Spirits” but that “a long series of vexations, added to a long series of years, has at length wore them out, and I am really weak both in Body and mind” (*Complete* 3.262).⁴ Piozzi’s obsessive self-

³ Piozzi blames a 1787 miscarriage on her daughters’ cruel attempts to keep her youngest daughter, “little Cecilia,” from her (*Thraliana* 685). “The Harrass” of their letters, she claims, “made me miscarry” (*Thraliana* 686). “We laid the Blame on a fall,” she continues, “but external Causes affect my health but little; if I *did* miscarry (and all the Doctors say I did,) the Letters caused the misfortune” (*Thraliana* 686).

⁴ Similarly, in her final years, Montagu writes in a letter to her friend Sir James Steuart: “[a] long series of disappointments have perhaps worn out my natural spirits and given a melancholy cast to my way of thinking” (*Complete* 3.268). Piozzi echoes Montagu’s observation in a *Thraliana* entry. “Nerves so shaken between the Years 1779 and 1784,” she writes, “cannot be expected to recover their Tone, and certain never *have* recover’d it” (*Thraliana* 801).

examination in the *Thraliana* provides abundant insight into the difficulties of ageing. "The Flight of Time," she writes in 1779, "is now so shocking to me, I can hardly bear to see the *Winter* going" (*Thraliana* 363). As she ages we often find her "regretting the loss of [her] Youth" (*Thraliana* 383). "It came into my Head," she tells Fanny Burney, "that Youth was the only thing that the more it was out of sight the less it was out of Mind" (*Thraliana* 383). In later *Thraliana* entries there is an underlying melancholy in most of Piozzi's observations. In 1802, she writes: "Blessed by God I see a New Year rise, tho' through strange Mists & Fogs which however he will in his own good Time disperse. – It is however difficult to fix our Eyes any Way with rational Hope – My Spirits are low indeed concerning public Matters. With regards to private affairs, Mr. Piozzi is certainly become quite a Cripple with the Gout" (*Thraliana* 1047). The cosmos here echoes Piozzi's lost hope as the "Mists" and "Fogs" rise with the New Year. Similarly, the deteriorating state of "public matters" mirrors her own deteriorating body and mind as she enters her sixties. The reference to her second husband's worsening illness and approaching end, meanwhile, reflects an increasing fixation with death. From this time forth, Piozzi's optimistic efforts at self-consolation often failed as she was surrounded by a host of deaths. In one *Thraliana* entry, she attests to keeping a list of the mortalities in her neighborhood for ten years (1047). "Piozzi & his Wife," she declares in another entry, "alive after so many Deaths dropping on every Side of us Oh Frightful times! Oh horrible Occurences!" (*Thraliana* 1071). Her own approaching death becomes a source of spleen, and she resolves to "study Hebrew to divert Ennui, ... pass the Summer Months away, and endeavour to rid myself of *Time*, who is so near ridding the World of

me" (*Thraliana* 1065). Depression, in this case, becomes the sensible, or natural, consequence of the withering body and tired mind.

Adding to the philosophical burdens of the ageing process, the figure of the eighteenth-century elderly woman – and the widow in particular – was a marginalized and overlooked one. This, of course, resulted in heightened feelings of isolation and depression amongst such figures. The difficulties of ageing are presented throughout the *Remembrances* of Elizabeth Freke, who, Anselment observes, became preoccupied with "sickness, pain, and loss," as well as the "unsentimental immediacy" of "healing and death" in her later years ("Introduction" 3). During her widowhood, her physical state became at times unbearable, and she was often forced to remain in a wheelchair. At one point we learn that she has been "confined now a prisoner neer eighteenth monthes with a rhumatisme and ... tissick" (157), and on her 70th "unhappy birthday," she "most humbly beg[s] of ... God from the bended knees of [her] hartt a more moderate health than [she] ha[s] had this six yeare past" (190). These physical ills are compounded with psychological difficulties as the diary progresses. "[T]he pattern of ill health and personal misfortune, increasingly obvious in the later years of Freke's marriage and widowhood," Anselment observes, "invites a correlation between physical illness and emotional stress" ("Wantt of Health" 237). Throughout her "unhappy widowhood," and as her bouts of vapours worsen, she comes to depend almost solely on "the hand of a mercyfull God" (*Remembrances* 264). She finds herself, quite clearly, alone, finding no "good in [the doctters] nor their watters" (*Remembrances* 262). Even her once-kind sister Austen seems unable to "bear" Freke's "malloncally" (*Remembrances* 268). "With the death of her husband and the financial burdens of administering his Irish properties," moreover, "the

bouts of tisick increased in severity” (Anselment, “Wantt of health” 238). “Freke seems compelled to exaggerate her misery in the revision [the second version of the *Remembrances*] for reasons further related to her plight after her husband died,” Anselment observes (“Reconstructing a Self” 65). The day of her husband’s death is underscored as the dismallest ever (“Reconstructing a Self” 65), and she often refers back to that “fattalles day of [her] unhappy life” (*Remembrances* 157). Freke was not fond of her husband in life, but when forced into widowhood, she seems to have entered into the state of a woman released from the role of wife and banished to a world where elderly women went unnoticed.

Certainly, cultural ideas of old age were gendered. “While the idea of prolongevity for a man was appealing, assuming medical advances could remedy physical decline,” Catherine Rodriguez writes in her discussion of an ageing Piozzi, “an aged woman had no attraction and became an object for derision or at best an unpleasant one to be ignored” (130). Women writers internalized such ideas, and Piozzi was no exception. Despite some critics’ claims to her vivacity in old age, it is clear from her diaries that her self-confidence eroded significantly. Indeed, there is disparity between outward signs of Piozzi’s energy and cheerfulness, and evidence of her inner, bodily state.⁵ In the 1780s, James Clifford observes, she was reduced to a “listless, psychopathic

⁵ In 1814, at age 73, Piozzi “had never ceased to be a show child” Hyde observes, “[and] in every gathering she found herself the center of attraction” (293). Hyde continues: “She did not actually seem old. She had none of the disabilities associated with age – defective faculties and ill temper. Her hearing was good, as was her eyesight ... She was agile as a young girl, ... and she still loved to dance. She was animated, witty, and extremely entertaining. She was attractive in appearance, [and] stylish in dress” (293-94). Hayward and Lobban agree, emphasizing her “charm of manner” and “kindness of heart” (xxxii). “There is entire agreement in all the records of her life,” they add, “as to the marvelous vivacity of her old age” (xxi).

bundle of nerves" (222). She experienced a host of "imaginary physical ills," and developed an "exaggerated case of self-pity" coupled with "a persecution complex" (Clifford 222). In 1809, Piozzi went to London and consulted Dr. Pepys to calm her "Languor, Tremor, Diarrhoea, [and] every Torment bad Nerves could bestow" (Clifford 426-27). Montagu similarly describes herself as a weakened, and sometimes laughable, figure as she ages. "'Tis a sad thing to grow old," she writes to her daughter Lady Bute in 1752, at the age of 63 (*Complete* 3.9). As she grows older, and becomes "Timerous and enclin'd to low Spirits" (*Complete* 3.239), she acknowledges the "Infirmitys incident to Age," which include a "natur[al] inclin[ation] to Fear" and a sensitivity to "the Impressions of Melancholy" (*Complete* 3.140). Montagu's self-awareness is indeed admirable, as she recognizes that "at [her] time of life one usually falls into those [whimsies] that are melancholy" (*Complete* 3.215). She distances herself from the process of ageing by philosophizing on it: "But alas! What can we do with all our endeavours? I am afraid we are little better than straws upon the water; we may flatter ourselves that we swim when the current carries us along" (*Complete* 3.215-16). Consequently, she often concludes that her time is now "better employ'd in reading the Adventures of imaginary people" (*Complete* 3.134). In fact, Montagu sometimes maintained a comic distance from her ageing condition: "My Health is so often disorder'd," she writes, "that I begin to be as weary of it as mending old Lace; when it is patch'd in one place it breaks in another" (*Complete* 2.490). In April 1757, she refers to herself as a "sentimental old woman" and "a monster" when she – to her surprise – "[bursts] into tears and [is] oblig'd to leave in order not to disturb the concert by my sobs" at a public music performance in Venice (*Selected* 273). Montagu's self-

deprecation is in some sense amusing and refreshing, but it is also representative of an eighteenth-century belief that “growing old ... hindered a woman’s sense of personal identity” (Rodriguez 131) – a process which provoked and aggravated hysteria.

Thus, we find Montagu, Piozzi, and others internalizing yet struggling against cultural ideas that saw old women as silly, delusional, unattractive, and lacking in wit and intelligence. Mary Wollstonecraft, Catherine Rodriguez observes, recognized the double standard surrounding gender, old age, and beauty. “It has been asserted by some naturalists that men do not attain their full growth and strength till thirty,” Wollstonecraft writes, “but that women arrive at maturity by twenty” (qtd. in Rodriguez 130). “I apprehend that they reason on false ground,” she continues, “led astray by the male prejudice, which deems beauty the perfection of women – mere beauty of features and complexion, the vulgar acceptance of the words, whilst male beauty is allowed to have some connection with the mind” (qtd. in Rodriguez 130). The general prevalence of the view Wollstonecraft identifies meant that aged women often endured feelings of worthlessness, alienation, and despair. Elizabeth Tollet provides a potent summary of the situation in her poem “Hypatia” (1724):

What cruel Laws depress the female Kind,
To humble Cares and servile Tasks confin’d!
In gilded Toys their florid Bloom to spend,
And empty Glories that in Age must end:
For am’rous Youth to spread the artful Snares;
And by their Triumphs to enlarge their Cares,
For, once engag’d in the domestic Chain,

Compare the Sorrows, and compute the Gain;

What Happiness can Servitude afford?

A Will resign'd to an imperious Lord. (34-43)

The “gilded Toys” and “empty Glories” of female youth necessarily end in age, Tollet suggests, and women are left with nothing but the “domestic Chain” – in itself, a cause of hysteria.

Part 2: Hysterical Domesticity

a. “Matrimonial Despotism”

Elizabeth Tollet’s recognition of the woes of domesticity reflect the situations of many eighteenth-century women who found themselves swept up in rapid social, economic, and political changes that affected their lives profoundly. “The transformation of the economy and the elaboration of a public male sphere was,” Barker-Benfield observes, “accompanied by the transformation of women’s lives in the household, their elaboration within a sphere already becoming what it would be for women in the nineteenth century, a ‘precinct of culture all their own’” (*Culture* xxv). And, of course, this elevation of women’s domestic roles had consequences. “Under the guise of gaining authority within the domestic sphere,” Rodriguez asserts, “the woman was safely secured from the public and political realms” (129). “Often, then as now,” she continues, “women found themselves caught between the expectations of their society, their own desires, and the circumstances of the life they lived” (129). The result was often misery and

depression, as Mary Wollstonecraft recognized, in 1798, in *The Wrongs of Woman*. “I have in view,” she writes in her preface, “to show the wrongs of different classes of women, equally oppressive, though, from the difference of education, necessarily various” (74). As we read on, we learn that Wollstonecraft’s heroine, Maria, is imprisoned in a mental institution, and yet, due to the marital and domestic hardships she has undergone, she is also a prisoner of her own mind:

Abodes of horror have frequently been described, and castles, filled with specters and chimeras, conjured up by the magic spell of genius to harrow the soul, and absorb the wondering mind. But, formed of such stuff as dreams are made of, what were they to the mansion of despair, in one corner of which Maria sat, endeavouring to recall her scattered thoughts.

(75)

The heroine’s “mansion of despair” (which, incidentally, surpasses the “abodes of horror” of most melancholic states), “scattered thoughts,” and “[s]urprise [and] astonishment that [border] on distraction” suggest that she is hysteric (75). Significantly, however, she “wak[es] by degrees to a keen sense of anguish, a whirlwind of rage and indignation,” and goes on to acknowledge the social and psychological causes for her confused and tormented mental state (75). She is “tortured by maternal apprehension,” and, as the “retreating shadows of former sorrows rushed back in a gloomy train [...] she mourned for her child, lamented she was a daughter, and anticipated the aggravated ills of life that her sex rendered almost inevitable” (75-76). Maria’s state is not merely “distract[ed],” for she finds herself in a contemplative mode in which she ponders the reasons for her despair.

In Wollstonecraft's account, we find not a passive acknowledgement of women's misery, but a sophisticated recognition of the causes for such misery. She acknowledged "cultural explanations," Barker Benfield observes, and criticized the "circumstances of middle-class females' rearing and education in general, [whose] sensibilities [were] developed at the expense of reason, [and whose] ambitions [were] confined to love and marriage, making them physical and psychological cripples" ("Mary" 18). Identifying the process by which women were disabled paradoxically enabled their enfranchisement, and, as Barker-Benfield writes, they did make many gains in the eighteenth century:

Women's entering public space for pleasure (making it heterosocial) and men's being attracted into more comfortable homes (promising pleasurable heterosociality there, too) began to transform previous alignments of gender. This permeability contributed to the attempted clarification and hardening of new definitions of being female and male, and the spheres with which women and men were most usually identified. The transcendence of nature and of traditional categories in religion, politics, and philosophy was accompanied by a rethinking of sexual categories. From now on, increasing numbers of women would publicize the fact that they were conscious human beings, equal in that respect to men. (*Culture* xxviii).

The "transcendence of nature," and the subsequent embracing of nurture, meant that women began to interrogate the causes of their misery. As is obvious from Wollstonecraft's writings, laments of the condition of woman are not mere complaints; rather, they are packed with meaning and a searching impulse that seeks to discover

explanations for women's unhappiness. Hysteria in this atmosphere began to be re-evaluated, and enduring natural notions like the wandering womb and the inherent weakness of woman began to lose their hold. In the hands of Wollstonecraft and her female predecessors, the category of nurture gained prominence, and hysteria began to transform into a condition something like modern depression.⁶

The predominant source of domestic tyranny was undoubtedly inequity in marriage – what Wollstonecraft called “matrimonial despotism of heart and conduct” (*Wrongs* 74). From the early eighteenth-century, many women began to outwardly criticize the legal injustices of marriage, often through poetry. In “To The Ladies” (1703), Lady Mary Chudleigh confidently exclaimed against the unfair process by which women's bodies were not their own in marriage; legally, they were incomplete beings who did not exist apart from their husbands. “Wife and servant are the same,” her poem opens,

But only differ in the Name:
For when that fatal Knot is ty'd,
Which nothing, nothing can divide:
When she the word *obey* has said,
And Man by Law supreme has made,
Then all that's kind is laid aside. (1-7)

Other female poets exploited the image of the master-servant relationship to describe the marital bond. In Anne Finch's “The Unequal Fetters” (1713), the speaker asserts that

⁶ In *The Wrongs of Woman*, Jemima, Maria's attendant, resists diagnosing her charge as merely hysteric. Maria asks if Jemima thinks her mad, and if “any thing but madness [could] produce such a disgust for food” (77). “Yes, grief,” Jemima replies, “you would not ask the question if you knew what it was” (77).

“Mariage does but slightly tye Men, / Whil’st close Pris’ners we remain” (16-17), and in “Hypatia” (1724), Elizabeth Tollet laments the misery that stems from a wife’s obligation to resign herself to the will of an “imperious Lord ... sow’r’d with Spleen” (42-44).

These power imbalances, women writers believed, resulted in many miserable wives.

Mehetabel Wright, who complained of “the neglect and unkindness, the unfeelingness, of a worthless [and drunken] husband,” and who remarked upon his inferiority of “mind and person” (qtd. in Lonsdale 110-11), addresses the issue of misery in marriage in

“Wedlock: A Satire” (1730). This invective describes marriage – which she calls variously the “plague peculiar to mankind,” the “lawful plague of human race,” and the “bane of freedom” (6, 18, 19) – as “vile and hateful,” and as the “source of discord, pain, and care” (12, 15). “Who hopes for happiness from [marriage],” the speaker concludes, “May search successfully as well / For truth in whores and ease in hell” (28-30).

Marriage, many women writers claimed, led not only to sadness, but to a more severe psychological disturbance, what Barker-Benfield calls “marriage trauma” (“Mary” 22). “For my part,” Wollstonecraft writes in her preface to *The Wrongs of Woman*, “I cannot suppose any situation more distressing, than for a woman of sensibility, with an improving mind, to be bound to [a tyrannical husband] for life; obliged to renounce all the humanizing affections, and to avoid cultivating her taste” (73). This conviction is powerfully confirmed in Maria’s narrative of her marriage to the predatory George Venables. Her despair is confirmed as she wonders, “why a woman should be expected to endure a sloven, with more patience than a man, and magnanimously govern herself, I cannot conceive” (147). Venables is a compulsive drinker, gambler, and womanizer who

completely disregards Maria – unless he is stalking her. Consequently, she is anxious, paranoid, and plagued by insomnia:

[S]o accustomed was I to pursuit and alarm, that I seldom closed my eyes without being haunted by Mr. Venables' image, who seemed to assume terrific or hateful forms to torment me, wherever I turned. – Sometimes a wild cat, or a roaring bull, or a hideous assassin, whom I vainly attempted to fly; at others he was a demon, hurrying me to the brink of a precipice, plunging me into dark waves, or horrid gulfs; and I woke, in violent fits of trembling anxiety, to assure myself that it was all a dream. (179)

In fact, Maria experiences common symptoms of hysteria. She has nightmares, fits of trembling, and delusions. As with typical hysteric profiles, she loses control of her body and mind; unlike them, however, the cause is clear. Her symptoms are tied directly to the terrifying and somewhat psychopathic behaviour of her husband. Maria's delusions – the "wild cat[s]," "roaring bull[s]," "hideous assassin[s]," and "demon[s]" – are all manifestations of Mr. Venables within her psyche.

The wrongdoings of husbands were perceived as the root of most cases of marriage trauma. In *The Wrongs of Woman*, Maria's fellow prisoner is a "poor wretch" who "had been married, against her inclination, to a rich old man, extremely jealous (no wonder, for she was a charming creature); and that, in consequence of his treatment, or something which hung on her mind, she had, during her first lying-in, lost her senses" (88). Wollstonecraft's fictional account reflects the condition of many women in the eighteenth century, for similar examples abound in the period's life-writing. Lady Mary Wortley Montagu, for instance, blames her sister's descent into hysteria on Lord Mar.

When rumours of Lady Mar's hysteria spread in 1728, Montagu "exclaim'd against Mar's ill treatment and unkindness as being to blame for his wife's condition" (Grundy 276).⁷ And Elizabeth Carter (who chose not to marry) attributed her friend Vesey's hysteria in large part to a miserable husband who "underst[ood] her not" (3.40). Signs of hysteria first emerged as her adventurous husband inconsiderately dragged her around the continent, forcing her to remain abroad, isolated from friends and family. However, it was when Mr. Vesey died in the mid 1780s, and left, in Carter's view, an "execrable will" with a "very inadequate provision" for his wife, that Mrs. Vesey's decline became most acute (3.241). Carter describes her state: "The painted glass particularly attracts Mrs. Vesey's notice, and when she sees it, her admiration, her flights of fancy and brilliancy of expression are almost equal to her best days, but then she again sinks into despondency, and will scarce utter a word; my heart-achs while I write of her, for never can I forget what she has been" (3.300). Following this, as her condition worsened, Carter repeatedly censured the deceased husband's "base treatment of our amiable and dear friend" (3.244). As the Sylph's grief became perilous, Carter's censures of Mr. Vesey became accordingly vicious. Mrs. Vesey, she claims, "weep[s] so immoderately for what so little deserves her tears" (3.250). In Carter's view, Mr. Vesey was largely to blame for

⁷ Isobel Grundy confirms that Lady Mar's "turncoat husband" (224) and his financial scheming, as well as his frequent absence (due to his political exploits in Scotland as a Jacobite supporter) caused much distress for Lady Mar (96). Among other things, "Lady Mar was driven mad in her role as an object of exchange between the conflicting forces of England and Scotland, Whigs and Jacobites" (Grundy xxi). In a lengthy and complicated legal battle over how to handle Lady Mar's condition, Lady Mary and her husband managed to get "possession" of Lady Mar's "person" and "goods," and to strip Lord Mar of his "rights" over his wife (Grundy 283). But "Lord Mar's discontent ... rumbled on for months and years" (Grundy 283). Lord Mar and his supporters deplored Lady Mary's "barbarous" decision to stick her sister in a "poor little house with scarce cloth's to her back or any thing that was fit for her" (Grundy 291).

his wife's legal and social destitution, and for her descent into hysteria. As in many eighteenth-century private accounts, the husband stands in for the patriarchal forces that perpetuated woman's subordinate marital state. The roots of woman's hysteria could be found, these women believed, in the hierarchies and injustices of the eighteenth-century household.

The life-writings trace the emergence of the women's shrewd and complex awareness of these roots – an awareness that slowly began to seep beyond the borders of their private accounts. Mary Wollstonecraft's pioneering conclusions emerged, in part, because of the grievances voiced by her predecessors. So, for instance, in the early century, Elizabeth Freke's tone is markedly different from the typical seventeenth-century female life-writer. Her *Remembrances* is uniquely secular, and, as Anselment observes, she does not display "the patient fortitude conventionally affirmed in other contemporary lives; ... suffering and sacrifice become in her accounting part of an extensive ledger of disappointment and bitterness" ("Reconstructing" 59). For Freke, "[m]arriage brought disappointment, while age and widowhood brought isolation and vulnerability" which added to her "long-suffering and unappreciated life" (Anselment, "Self-Portrait" 239). Freke does not see marriage as a fate to be endured; for her, suffering is not a virtue, and in her memoir her relationship with her husband is a continuous source of strife which she does not hesitate to complain about. She makes frequent references to the neglectful and mean Percy Freke, an "unkin[d] husband," she claims, "[who] never in his life took any care for me or whatt I did" (53). He forces her to spend five years in Rathbary, Ireland – a "miserable place," where his family uses her "ill," and where she "staide allmost frightned outt of [her] witts for above three years and

a halfe ... sick all the time with the colick and vapours" (61, 49, 229). She complains further that he has abandoned her several times in England, usually for long stretches, and often penniless (49). Freke's complaints are clear, yet unformed; she flails about somewhat, unable to look beyond her own situation and place herself within a community of suffering women.

As the century progressed, women began both to delve into the more complex reasons for their domestic miseries, and to voice these miseries more forcefully. They did not simply pit the tyrannical husband against the helpless wife; rather, they often recognized the isolation of domesticity as a more significant source of depression. Lady Mary Wortley Montagu demonstrates this sort of nuanced understanding of marital woe repeatedly in her letters. In her early twenties, she eloped with Wortley Montagu, and her "first reported impressions of marriage were rapturous" (Grundy 58).⁸ However, she soon found herself pregnant and – because of Wortley's extreme jealousy – terribly isolated. He demanded her removal from the social world and, as a result, she grew melancholic, noting in one letter that, "I am alone without any Amusements" (*Complete* 1.176). Between 1712 and 1715, in her new life of domesticity, Montagu's "spleen" became progressively worse. She was anxious, Grundy suggests, in part because Wortley "left her in dire need of cash, hardly ever wrote, [and] never asked after his son" (79). "Matters came to a head" when she was in an accident in which a coach was overturned;

⁸ Isobel Grundy notes that Montagu and her sisters hoped for a marital "Paradise" (their "playful secret code" for "marriage for love") and all were disappointed (25). By 1711, Montagu's father had picked out a "Hell" (or "marriage with reluctance and detestation" [Grundy 25]) for each of them (Grundy 43). Montagu called herself a "poor distracted Wretch of wretches," convinced that her father's choice would end in full-blown misery (qtd. Grundy 43). Therefore, she eloped, but found herself miserable nonetheless.

afterward, she “became nervous, stayed indoors, suffered from insomnia, and ran a fever accompanied by ‘prodigious’ swelling of her face, which she had to have lanced” (Grundy 79). Wortley displayed little sympathy throughout these hardships, and Lady Mary soon became sceptical of marriage, referring to the “forlorn state of Matrimony” by the early 1720s (*Complete* 2.32). As early as 1712, though, she had developed much insight into her own hysterical domesticity. During a pregnancy, she writes to her husband, “I continue indifferently well, and endeavor as much as I can to preserve my selfe from Spleen and Melancholy, not for my own sake – I think that of little importance – but in the condition I am, I believe it may be of very ill consequence; yet passing whole days alone, as I do, I do not allways find it possible, and my constitution will sometimes get the better of my Reason” (*Complete* 1.173). Montagu here recognizes the dangers of solitariness. The “idle mind,” she claims, “fall[s] into contemplations that serve for nothing but to ruine the Health, destroy good Humour, hasten old Age and wrinkles, and bring on an Habitual Melancholy” (*Complete* 1.173). “I lose all taste of this World,” she continues, “and I suffer my selfe to be bewitch’d by the Charms of the Spleen, tho’ I know and foresee all the irremediable mischeifs ariseing from it” (*Complete* 1.173). Montagu desperately yet assertively points to her need for a life that extends beyond the solitariness of domesticity. “I cannot forbear any longer telling you,” she writes, “I think you use me very unkindly” (*Complete* 1.236). “You should consider solitude and spleen (the consequence of Solitude) is apt to give the most melancholy Ideas, and there needs at least tender Letters and kind expressions to hinder uneasynesses almost inseparable from absence” (*Complete* 1.236). “[A] little kindnesse will cost you nothing,” she concludes (*Complete* 1.236). Montagu was indeed harsh with her husband, and blamed him in part

for her spleen. But her letters are not merely angry and reactionary, for, in their continued insistence that domestic sequestration was detrimental to her health, Montagu informed her husband of the complex causes of her grief, thus marking an important point in the progression of eighteenth-century women's increasing freedoms.

Hester Thrale Piozzi's diaries and letters suggest that by the mid to late century, the psychological consequences of marital inequity were being voiced more frequently, more boldly, and more openly. In one regard, her life-writing is much like Freke's memoir in that it operates as a ledger of the miseries of her first marriage. "[F]ew men can have been so cold and insolently indifferent as Thrale," R. Brimley Johnson observes of her letters (*Letters of Mrs. Thrale* 8). In her diary she complains that on the rare occasions he resides at their Streatham home, he is at "his Counting house all Morning" and at "the Opera, or some public Place all Evening" (*Thraliana* 308). Referring to herself as "poor me," Piozzi suggests that "he might visit my Chamber two or Three Times a Week" (*Thraliana* 308).⁹ Thrale also had mistresses, including Miss Hetty Cotton and Sophie Streatfield; he was "passionately fond" of the first, and "pine[d]" for the second when she was gone (*Thraliana* 307, 356).¹⁰ When Thrale dies, Piozzi

⁹ Piozzi's ambivalence regarding her husband's character is described with particular sharpness in a 1777 *Thraliana* entry. Thrale is neither "caressive nor repulsive" in his address, she writes, and neither "soft nor severe" in his look (*Thraliana* 52). His "Servants do not much love him," his "Children" do not "feel much Affection for him," and "low People almost all indeed agree to abhor him" (*Thraliana* 53). Piozzi describes one occasion, when, upon hearing that "the house of his favourite Sister was on Fire," Thrale refused to get out of bed, preferring to "sle[ep] to his usual hour" (*Thraliana* 53). She concludes her cold, somewhat biting, portrait of Thrale by noting: "This appears to me to be as just a character as can be given of the man with whom I have now lived thirteen years, and though he is extremely reserved and uncommunicative, yet one *Must* know something of him after so long Acquaintance" (*Thraliana* 53).

¹⁰ "I was never a fond Wife," Piozzi writes, "so I certainly never was a Jealous one" (*Thraliana* 307). Nonetheless, subsequent entries reveal that she is at the very least

emphasizes the toll that her husband's final bouts of illness and the marriage as a whole have taken on her: "I verily think that my Health, which has stood so many Storms, is now going to sink in the harbour" (*Thraliana* 503). Piozzi, like Freke and Montagu, identifies her isolation and her husband's mistreatment as causes for her depression.

Piozzi's views on marriage can be located within a larger context, however. Though she paints her personal suffering within a specific marriage, she also moves outside of this situation to describe herself as part of a community of suffering women. She wonders, for example, why women bother to "Contest" their husbands, "when they know beforehand they shall be defeated" (*Thraliana* 369). "[F]ine Men of this age use their Wives very ill," she writes in 1779, "& then wonder at their Infidelity – when all things are considered, their Wonder is unjust" (*Thraliana* 373). Women's marital condition is so wretched, and the state of matrimony so corrupted, Piozzi suggests, that it is natural for them to seek happiness elsewhere. She here occupies the role of social critic, and positions herself in the midst of a dialogue – a dialogue that included men. Piozzi describes, for example, how she and Samuel Johnson consider the case of "Lady Tavistock," who ostensibly "died for Grief at the loss of her Husband" (*Thraliana* 179-80). The real causes, they decide, were idleness and riches: "She was rich and wanted Employment, so She cried till She lost the Power of restraining her tears" (*Thraliana* 180). "Busy people are never strongly affected by Grief," they conclude (*Thraliana* 180). Solitariness is dangerous, for "the solitary Mortal, is certainly luxurious, probably

embarrassed and humiliated by her husband's promiscuity. "When writing in her journals," Clifford observes, "Mrs. Thrale often showed surprising traits of jealousy and spite which seldom appeared in her letters" (177). For instance, she admits that Thrale grew "so fond indeed" of Miss Hetty Cotton "that I was not much pleased with the partiality" (*Thaliana* 307).

superstitious, and possibly mad: the mind stagnates for want of Employment; grows morbid, & is extinguished like a Candle in foul Air" (*Thraliana* 180).¹¹ Piozzi's influence, it seems, prompted Johnson to include women as well as men in his innovative ideas on depression, and to recognize that female isolation and inactivity somehow incited the condition. Moreover, Johnson applied his theories to a situation much closer to him, recognizing that, as Thrale's wife, Piozzi lived as her "husband's kept mistress, – shut from the world, its pleasures, or its cares" (qtd. in Piozzi, *Dr. Johnson's Mrs. Thrale* 19). Therefore, just as Piozzi stepped outside the isolation of her own marriage, beyond a critique of her husband, and into a more public dialogue, so Johnson, a man on the outside, took hold of this social commentary and applied it to an individual woman, bringing it back to a personal level. The complaints of Freke, Montagu, and others, then, led to dialogic exchanges such as this in which women made it possible for outsiders to recognize the tyrannies of domesticity. As such, they made an imprint on the way the condition was described and understood, and drove an exchange of ideas that would be carried on with increased force by Wollstonecraft and others at the end of the century.

¹¹ In the *Thraliana*, Piozzi describes many Johnsonian views of depression. His theory on the "vacuity of Life," she writes, says that "all was done to fill up the Time"; one must keep busy to avoid depression, he suggests (*Thraliana* 179). She also elaborates on his belief that dissipation is the natural refuge for those who suffer from spleen. "As Idleness is apt to give opportunities for the Cultivation of that Sensibility which is always blunted by Employment," she writes, "so says he it nurses all evil and prurient Passions" (*Thraliana* 180). And it is upon this principle that Johnson supports dissipation to those who lack opportunities for intellectual entertainment. "Mr. Johnson is of opinion," Piozzi continues, "that Melancholy & otherwise insane People are always Sensual; the misery of their Minds naturally enough forces them to recur for Comfort to their Bodies" (*Thraliana* 199).

b. The "Very Echo of their Grief"

Yet another brand of grief in the eighteenth century was unique to the condition of women. In the preface to *The Female Reader: or Miscellaneous pieces in Prose and Verse: Selected from the Best Writers, and Disposed under Proper Heads: for the Improvement of Young Women* (1789), Mary Wollstonecraft recognizes that women are "very frequently involved" in "scenes of silent unobserved distress" (vii). "They cannot, when oppressed by sorrow, or harassed by worldly cares," she writes, "fly to business or those tumultuous pleasures which dissipate, if they do not calm, the mind" (vii). Rather, they are "condemned to fight on even ground and listen to the very echo of their grief" (vii). Eighteenth-century women were, of course, subjected to this echo in their daily lives of domestic sequestration, but it seems that the echo reverberated even more powerfully as they dealt with particularly feminine traumatic events of domesticity. Difficult childbirths, miscarriages, the loss of infants or children, were common occurrences in eighteenth-century Britain, but they were deeply distressing to suffering mothers nonetheless. "[T]he history of [Piozzi's] children," for example, "is simply grim" (McCarthy 26). "[F]or fifteen years Hester was almost constantly pregnant," William McCarthy observes; she experienced several miscarriages, and, of "twelve born, eight died, a high mortality even for the eighteenth century" (26). Of these eight, "one lived a few hours, one lived ten days, one lived seven months, two others lived under two years, another two lived under five years, and their elder son, Harry, died suddenly when nine years old" (Tyson and Guppy 19). Though Piozzi is rather stoic in the face of these troubles, the cumulative effect is depression. "The seemingly endless series of births, illnesses, and deaths," Clifford observes, "gradually affected her character" (xix). We can

also detect a “cold fury” in her phrases, McCarthy adds, as “she deliver[ed] over to the only ‘profession’ women were allowed: pregnancy” (21). In one letter, she quite candidly expresses her distress. “I am perpetually bringing or losing babies,” she writes, “both very dreadful operations to me, and which tear mind and body both in pieces very cruelly I will learn to be as gaily miserable and as airily discontented as I can” (*Letters of Mrs. Thrale* 2-3).

Piozzi’s depression over these events often escalated into a hysterical paranoia. Her “echo of grief,” Janice Thaddeus suggests, “drove her wild” (115). “In [Piozzi’s] case,” Thaddeus adds, “the suppression of grief seems to have erupted in the apprehension that she would lose her other children. She fell into near-hysteria whenever one of them had a headache, for fear it would develop into a mastoid infection like the one that killed her favourite child, Lucy” (115).¹² Furthermore, when pregnant, she was in constant fear of miscarrying or dying. As she awaited the birth of her eleventh child, she was “oppressed by vague forebodings ... that she would finally bear another son, but would not survive the ordeal” (Clifford 149). “She tortured herself,” Clifford observes, “with wondering how brief would be the mourning and who Thrale would choose as a second wife” (149). Her twelfth and last pregnancy was also stressful. “All this time, Mrs. Thrale was far from well,” Clifford writes, “again *enceinte*, but not progressing as well as usual” (177). In the *Thraliana*, she voices severe apprehensions of “a Miscarriage that will probably kill me” (399). She recognizes – not unreasonably – that “Abortions and Profluvia are not easily got through at my Age, & after having had twelve Children”

¹² It is believed that two or three of Piozzi’s children died of “brain disorders,” and therefore, over time, she began to feel “superstitious horror whenever a child complained of a headache” (McCarthy 28).

(*Thraliana* 399). Though she does not miscarry or die, she does give birth to a “dead Child: a Boy quite formed & Perfect” (*Thraliana* 400). Thrale was unsupportive and indifferent throughout the ordeal, but Piozzi appeared to find an outlet for her grief. Her “distress is revealed in several letters to Johnson” (Tyson and Guppy 19), and, as the testimony of the Thrales’ friend Baretti indicates, others were witness to her sorrow: “Count Manucci and a female servant, both as pale as ashes, and as if panting for breath, were evidently spent with keeping Madam from going frantic (and well she might) every time she recovered from her fainting-fits, that followed each other in a very quick succession” (qtd. in Thaddeus 112). Piozzi’s outward expressions of grief naturally provoked interpretations of their underlying cause. In response to Boswell’s suggestion, for instance, that Harry’s death “would be very distressing to [Mr.] Thrale” but would soon be forgotten by Piozzi because “she had so many things to think of,” Johnson declared: “No, Sir, Thrale will forget it first. *She* has many things that she *may* think of. *He* has many things that he *must* think of” (qtd. in Thaddeus 114). In Johnson’s estimation, Piozzi’s despair and “fainting-fits” were tied not only to the death of her son, but also to an isolated domestic existence that fostered endless and harmful rumination.

Johnson’s interpretation of Piozzi’s sorrow suggests that her “echo of grief” was heard beyond the walls of her private chambers. Such echoes reverberated elsewhere in the eighteenth century. The public expression of sorrow was epitomized in a poetic tradition: the elegy to the departed infant. This tradition can be traced back to the seventeenth century, when, as Raymond Anselment observes, poets began to reformulate the “well-established conventions of elegiac verse [that] dictated a pattern of praise, lament, and comfort designed to accommodate the classical and Christian traditions of

consolation" ("Teares" 38). Many poets embraced this traditional comfort, saw "Life [as] a loan paid in death," and recognized "the promise of triumphant fulfillment" ("Teares" 39-40). However, they "were not always willing or able to restrain their grief," Anselment observes ("Teares" 39). In fact, "most of the poems written by parents," he continues, "do not easily contain the grief or resolve the bereavement" ("Teares" 42). John Beaumont, Ben Jonson, and others wrote poems to departed infants that reveal a tension between "conventional expectations and natural feelings" ("Teares" 48).

Despite the powerful sincerity of some child elegies by male poets, there is a uniquely female strand of this tradition. In the late seventeenth century, Katherine Philips, most notably, wrote several poems on the death of her infant son, Hector. Many of these elegies are markedly candid in nature. "Among the poems of maternal bereavement," Anselment observes, "the tension between the immediate sorrow and the conventional resolve is most unmistakable in Katherine Philips' poems on the death of her only child" ("Teares" 46). "Epitaph: on Her Son H. P." (1667) begins with the arresting couplet, "What on Earth deserves our Trust? / Youth and Beauty both are Dust" (1-2) and confronts the speaker's own despair as much as it elegizes her son. Philips' grief over the loss of Hector is also expressed in "Orinda Upon Little Hector Philips" (1667) as the speaker asserts:

And now (sweet Babe!) what can my trembling Heart
Suggest, to right my doleful Fate or thee?
Tears are my Muse, and Sorrow all my Art,
So piercing Groans must be thy Elogy. (9-12)

The speaker goes on to suggest that the mother's loss is something that the outside world cannot understand: "no Eye is witness of my Moan," she laments, and the "unconcerned World [...] neither will nor can Refreshment give" (13, 15-16). Anselment suggests that "Philips's need to reach out and her desire to give are not merely instinctive maternal gestures," and that women "are not alone in their attempts to bridge the inseparable and to accept the absolute" ("Teares" 47). Nonetheless, he concedes, Philips "and other grieving mothers have nurturing bonds with their children that their husbands can never experience; they must bear the loss of self with particularly heavy hearts" ("Teares" 47). Philips' belief that the loss of a child is a particularly female sorrow, misunderstood and oversimplified by the world of men, is a view that is frequently expressed into the eighteenth century. Elizabeth Boyd's "On the Death of an Infant of Five Days Old, being a Beautiful but Abortive Birth" (1733) opens with relatively conventional beliefs regarding the frailty of human life. However, the speaker moves into an intensely personal expression of her loss, suggesting that the father does not share the "soft mother's agonies," and that the "stern-souled sex" cannot "know [her] pain" (19-20). Mehetabel Wright's "To an Infant Expiring the Second Day of Its Birth" (1733) also focuses on maternal grief. "Ah, regard a mother's moan," the speaker laments (9), thus accentuating a distinctly female dimension of the elegy to the departed infant.

By the end of the century, women were finding a language that more effectively and descriptively captured their grief – a discovery that was in part due to sensibility's elevation of female emotion and feeling. Philippe Ariès detects a shift in "affectivity" in the eighteenth century. Before this time, "[it] was distributed among a greater number of individuals rather than limited to the members of the conjugal family. It was extended to

ever-widening circles, and diluted” (qtd. in Thaddeus 110). “Beginning in the eighteenth century,” he writes, “affectivity was, from childhood, entirely concentrated on a few individuals, who became exceptional, irreplaceable, and inseparable” (qtd. in Thaddeus 110). The public and dramatic expressions of sorrow of Piozzi and the female elegiac poets can, in one respect anyway, be viewed as a carry over of an older tradition, when people expressed grief publicly and dramatically, but not necessarily with sincerity. Thaddeus suggests that though “[i]ntensity of feeling” was Piozzi’s “personal forte ... she always held back something” (112). Whether restrained or overwrought with drama, though, her expressions of sorrow were crucial in bringing about an awareness of female grief, as is evident in Johnson’s above comments. Moreover, though perhaps “diluted,” the public nature of such articulations allowed women like Mary Wollstonecraft to follow their lead, and to describe female sorrow in a way that was also public – but that perhaps embraced a sorrow more “exceptional, irreplaceable, and inseparable.” In *The Wrongs of Woman*, for example, we learn that the heroine is tormented by the remembrance of her infant daughter, torn from her by a tyrant husband and father:

Her infant’s image was continually floating on Maria’s sight, and the first smile of intelligence remembered, as none but a mother, an unhappy mother, can conceive. She heard her speaking half cooing, and felt her little twinkling fingers on her burning bosom – a bosom bursting with the nutriment for which this cherished child might now be pining in vain. From a stranger she could indeed receive the maternal aliment, Maria was grieved at the thought – but who would watch her with a mother’s tenderness, a mother’s self-denial? (75)

Maria expresses her sorrow in ways similar to the female elegiac poets as she emphasizes the extraordinary bond between mother and child, which “none but a mother” can understand. The repeated emphasis on grief and unhappiness recalls Piozzi’s insistence on speaking her sorrow. The descriptive details of Maria’s account, however, are in contrast to Piozzi’s articulation of a more generalized grief. Maria describes the intimate physical details of the mother-child bond, remembering her daughter’s “half cooing,” and even recalling the sensation of her “little twinkling fingers on her burning bosom.” She concludes that no one can mimic her “tenderness” and “self-denial” as a mother. The primal attachment between mother and child, and the unfathomable despair that results from their separation, is an example of the eighteenth-century shift in “affectivity.” But it also serves to illustrate the recognition of a particularly female kind of grief that, unlike typical medical portrayals of hysteria, acknowledged the personal circumstances and attachments of the grieving woman.¹³

c. Rejections of Domesticity

Despite a growing dialogue that recognized the traditional circumstances of womanhood as causes of hysteria, domestic roles continued to be elevated. Women were expected to aspire first and foremost to marriage; as a consequence, writers, doctors, and others were both threatened and confused by the unmarried woman. The widow was a

¹³ The story of Jemima, a subplot in *The Wrongs of Woman*, illustrates the distress that arises when the mother-child bond is undervalued. Not only is the infant Jemima separated from her mother, who dies nine days after her birth, but she is “consigned to the care of the cheapest nurse” her father could find (102). This woman, we learn, was so “hardened” by poverty and “the habit of seeing children die off her hands” that “the office of a mother did not awaken the tenderness of a woman; nor were the feminine caresses which seem a part of the rearing of a child, ever bestowed on [Jemima]” (102-03). Such narratives of thwarted motherhood abound in Wollstonecraft’s text.

figure of derision, even disgust, and the adolescent, “caught in the difficult area between childhood and marriage,” was “palpitating, sensitized,” and therefore, dangerous (Mullan 163). Despite these obstacles, though, exceptional women in the eighteenth century increasingly spoke up for themselves and made unconventional choices. For example, Anne Finch described the dismal educational opportunities of women, Mary Astell criticized the inequities of marriage, Lady Mary Wortley Montagu travelled extensively, Hester Thrale Piozzi made a scandalous choice in her second husband, Elizabeth Carter chose not to marry, and Charlotte Smith obtained a divorce from an abusive husband. All of them wrote for money, and thus embodied the new and controversial figure of the publishing literary woman. But, none of these choices was without difficulty, for, just as the women embraced new opportunities, so many of them internalized voices that elevated female domesticity and attempted to deny women’s entrance into more public, male realms. Many women, therefore, saw themselves both as dutiful, dependent wives and mothers, and as adventurous, independent, and sometimes radical, intellectuals. Torn between duty and desire, tradition and innovation, they experienced fierce and relentless inner struggles.

Piozzi certainly occupied such a dual role – as the contradictions of the *Thraliana* make clear. On the one hand, she was a conventional domestic woman. She was a dutiful wife who called both of her husbands “Master,” and who claimed “never [to have] disputed with [her first] Husband in her Life” (*Thraliana* 222). She had many children, for whom she frequently expressed her affection and admiration – particularly in the years before Thrale’s death. She praised her daughters’ beauty and intelligence, and in a 1779 diary entry calls them “dear Creatures” upon whom she “earnestly ... wish[es]

...Success" (*Thraliana* 393). She notes proudly in another *Thraliana* entry that "Susan has a surprising turn for Letter-writing" and "delights in reading," while "Sophia works hard at her Needle, and Harpsichord" (468). She fretted about her girls' health, and worried about them in their travels, even though, from the time of Thrale's death onward, she was almost constantly at battle with them, and became estranged from the eldest, Hester Maria (or "Queeney") for over half a decade. Piozzi longed to love her daughters as a mother should, and, at times, made sincere efforts to forgive their coldness and insolence. In a 1779 entry, she dejectedly recognizes that Queeney hates her and would see "her Mother's Death as a Riddance from Company she cannot like" (*Thraliana* 321). A few years later, she resolved "not to be rigid, & fright my Daughters by too much Severity" (*Thraliana* 523).

Piozzi had trouble maintaining the role of a dutiful, patient, and self-sacrificing mother, however, and her feelings tended more to criticism, anger, and resentment as time passed. Her daughters' mean and malicious behaviour is a prominent theme in her life-writings from the late 1770s onwards. On one occasion, she expressed deep disappointment when, "instead of accepting their mother's invitation" to her party, the girls "insultingly drove by the door on their way to another affair" (Clifford 303). During a vigorous walk with her daughters, Piozzi explains in a 1773 *Thraliana* entry, she "intreated their Assistance" to the top of an incline only to have them respond with a "vehement & unmanageable fit of Laughter" (*Thraliana* 572). From her perspective, they did not show "*one Spark of Tenderness*" towards her (*Thraliana* 619). By the late 1780s, Piozzi's antipathy towards the girls had escalated significantly, and, at times, her maternal instincts faded entirely. In fact, she seems to have considered abandoning her

relationships with them. Her friend, Mrs. Lewis, Piozzi writes in a *Thraliana* entry, thought her “exceedingly foolish” to be “hanging & whimpering after my ungrateful Daughters who have treated me & my Husband so ill, & who still continue their truly unaccountable Behaviour in spite of others Example, & I should suppose – their own Disapprobation” (683-84). Piozzi’s doting became noticeably muted and less frequent as she hardened herself to her daughters’ coldness. “Well! never mind,” she exclaims in her diary, “my heart is vastly more impenetrable to their unmerited Cruelty than it was when last in England” (*Thraliana* 680). Nonetheless, she concedes to her regret that “we never do see them here” (*Thraliana* 679). Piozzi appeared torn; she would like to have severed ties with the girls, but could not manage to reject them altogether, and, therefore, continued both to resent and repudiate, and to “han[g]” and “whimp[er].”

Piozzi was criticized on all sides for her unconventional behavior. The three eldest daughters, Bloom and Bloom observe, saw Piozzi as an “unmotherly mother” (3.13). And indeed, Piozzi’s refusal to be dutiful and self-effacing was at the heart of their criticism. The girls felt overshadowed and “pushed into an undefined background by [their mother’s] sparkling chatter with great men, her flamboyant but precise dress, her innumerable pregnancies, or her disciplined arrogance” (Bloom and Bloom 3.13-14). Piozzi sometimes “cajoled and badgered” her children, and thus “she was barred from the weddings of Sophia and Queeney” and from “Cecilia’s lying-in” (Bloom and Bloom 1.22). Her “buoyant egoism” and “self-dramatization” in her disagreements with Queeney, William McCarthy observes, led to “what can only be called a sublime

disregard for [her daughter's] feelings" (255).¹⁴ Piozzi's choices in marriage were criticized with equal vehemence. Her decision in 1784 to marry Gabriel Piozzi, an eccentric foreigner below her in social standing, and this shortly after Thrale's death, was the source of unending and biting criticisms – both public and private. Her daughters aggressively disapproved of the choice. Her decision also incited Samuel Johnson to renounce their longstanding friendship. When she finally “mustered up resolution to tell [Johnson]” of her planned marriage and of “the Necessity of changing a Way of Life [she] had long been displeased with” (*Thraliana* 540), he ended their eighteen-year companionship by means of a “rough Letter” (*Thraliana* 615). Even the progressive Bluestockings were critical of her decision. Piozzi's choice to marry the Italian count was “shameful,” Elizabeth Montagu wrote to Elizabeth Vesey in 1784 (qtd. in *Piozzi Letters* 1.99). In fact, she claimed, Piozzi “has lost her wits,” for if “she is not considered in that light she must [throw] a disgrace on her sex” (qtd. in *Piozzi Letters* 1.100). “I am myself convinced that the poor Woman is mad,” Montagu continues, “and indeed have long suspected her mind was disordered ... I bring in my verdict of lunacy in this affair” (qtd. in *Piozzi Letters* 1.99).

Remarkably, just as she was labelled as hysteric, Piozzi actually began to exhibit symptoms of the disease. While wavering on her decision to marry Gabriel, she experienced two notable bouts of “fits” – first in her home, when she “threw [her]self on the Bed in an Agony,” and then in London, on Argyle Street (*Thraliana* 558, 562). Her

¹⁴ Like McCarthy, some contemporary scholars assume a judgmental tone in their discussions of Piozzi's lack of maternal instincts. Hayward and Lobban, for example, suggest that “the references to her daughters are the most unpleasing pages of her memoirs,” and we must therefore “conclude that to the children of her loveless marriage Mrs. Thrale was a cold and unsympathetic mother” (xvii).

daughters took to continually “ridiculing” and “despising” her, and, consequently, she “burst out into an Erisypelas too frightful to look on without horror” and awaited a “Train of Nervous Symptoms” (*Thraliana* 570). In fact, her illness led to a despair that almost killed her. Her doctor finally ‘prescribed’ Gabriel Piozzi, exclaiming to the daughters, “We have no time to lose: Call the Man [Piozzi] home, or see your Mother die” (qtd. in *Thraliana* 584). Despite these dramatic occurrences, Piozzi’s diary reveals that she was mostly made depressed and sad – not insane – by the derision and alienation she experienced. “[M]y residence was a wretched one,” Piozzi writes in her autobiographical memoirs, “[as] insults at home, and spiteful expressions ... broke my spirits quite down; and letters from my grieving lover, when they *did* come, helped to render my life miserable” (*Dr. Johnson’s Mrs. Thrale* 50). In a 1782 diary entry, she describes her mental state:

These objections would increase in Strength too, if my present State was a happy one. but it really is not: I live a quiet Life, but not a pleasant one: My Children govern without loving me, my Servants devour & despise me, my Friends caress and censure me, my Money wastes in Expences I do not enjoy, and my Time in Trifles I do not approve. every one is made Insolent, & no one Comfortable. my Reputation unprotected, my Heart unsatisfied, my Health unsettled. (*Thraliana* 546)

Piozzi’s depression did not dissipate following her final and controversial decision to marry Gabriel Piozzi. She remained devastated over Johnson’s coldness, and when he passed away in 1784 and they had not yet reconciled, she was shattered. “I have recovered myself sufficiently,” she writes three weeks later, “to think what will be the

Consequence to me of Johnson's Death, but must wait the Event as all Thoughts on the future in this World are vain" (*Thraliana* 625). She moved to Italy with Piozzi, but continued to be plagued by criticism, and became the object of scandal in many of her former circles. Baretti, for example, sent her a letter "full of the most flagrant and bitter Insults" (*Thraliana* 615). Her relationship with her daughters remained strained, and from 1800 onwards, she was harassed by a legal squabble over the girls' inheritance (Bloom and Bloom 3.13), which in turn provoked her conviction that they wished her dead "that they may enjoy [her House]" (*Thraliana* 768). In many respects, the age was not ready for a woman like Piozzi. Torn between the roles of dutiful mother and passionate lover, she was rejected and derided by those around her, and, as a consequence, was plagued by psychological anguish.

Women such as Piozzi therefore offer important insight into the complex causes of hysteria, not only as domestic women but as public female figures. In the latter capacity, they shed light on the exceptional woman's efforts and struggles to establish herself in the literary culture of the period. The writing woman was often viewed as hysterical, out of control, and overwhelmed by her craft, as is evident in the many satires, libels, and rebukes of the pen-wielding woman in the period. Finch, for her part, was given "bitter preeminence" in the Drury Lane farce *Three Hours After Marriage*, written by Pope, Arbuthnot, and Gay (Reynolds lxii). She was "Phoebe Clinket," a prude and a pedant, who appeared on stage with "an ink-stained dress, and pens ... stuck in her hair," and who was, in Reynolds' view, "made not merely ridiculous, but odious" (lxiv-lxv). Similarly, in Pope's "The First Satire of the Second Book of Horace, Imitated" (1733), Lady Mary Wortley Montagu has an enraged mind and a body infected by venereal

disease; she is “furious *Sappho* ... Pox’d by her Love” (83-84). This type of libelling continued throughout the century. Mary Wollstonecraft was frequently described as mad, hysteric, and even inhuman, as when Horace Walpole famously called her a “hyena in petticoats.” In these portrayals, the woman’s disordered body comes to intrude on her literary practice; Finch’s stained dress and tangled hair, Montagu’s soiled body, and Wollstonecraft’s inhuman form all point to unreason and an inability to write. The women also pose a threat: Montagu is both mad and contagious, while Wollstonecraft is a carnivorous and predatory trickster. Much like the hysterics of contemporaneous medical texts, the woman writer is constructed as diseased, excessively corporeal, and dangerous, and is therefore a threat to be contained.

Eighteenth-century women writers interrogated this tendency to relegate the woman writer to the realm of hysteria. Anne Finch, for instance, recognized both the consequences of and the reasons for this occurrence. In the preface to her *Miscellany Poems, On Several Occasions* (1713), she speculates on what would have happened had she written and shared her poems while at court: she would have been greeted by “remarks upon a Versifying Maid of Honour; and far the greater number with prejudice, if not contempt” (7-8). She confronts a similar issue in her poem, “The Introduction” (1701):

Alas! a woman that attempts the pen,
Such an intruder on the rights of men,
Such a presumptuous Creature, is esteem’d,
The fault, can by no vertue be redeem’d.
They tell us, we mistake our sex and way;

Good breeding, fashion, dancing, dressing, play
 Are the accomplishments we shou'd desire;
 To write, or read, or think or to enquire
 Wou'd cloud our beauty and exhaust our prime;
 Whilst the dull mannage of a servile house
 Is held by some, our utmost art, and use. (9-20)

The woman writer, Finch here suggests, is criticized for relinquishing the prescribed female "accomplishments" and daring not only to "attempt the pen," but also to "write," "read," "think," or "enquire." Finch's critique of this process is, of course, implicit in her ironic tone. She well knew that resistance to the female poet was deeply engrained, however, and here, as in her preface, she "anticipates the public censure which her own writing will elicit" (Hellegers 209). She also recognized the reasons for such censure: in escaping the traditional confines of domestic servitude, the woman writer boldly infringed on male territory and the "rights of men." "Writing, for Finch and her contemporaries," Hellegers observes, "is explicitly equated with challenging the political power of men" (209). "Its exclusion from the range of activities deemed 'natural' to woman," she continues, "guarantees her silence and submission" (209). Characterizations of the writing woman as hysterical, therefore, served to relegate her to the domestic sphere.

The women's responses to the attacks of Pope, Arbuthnot, Gay, Walpole, and others, prove that their literary endeavours in no way induced hysteria. For one, they were not hysterical, they claimed, but depressed. This depression stemmed in part from the piercing criticism they faced as writing women. Though men as well as women of the

period found themselves the victims of much – to use Anna Seward’s term – “venom-mouthed railing” (qtd. in Clifford 324), these libels were particularly biting for the eighteenth-century woman as she desperately tried to find her niche in the literary culture of the age. “The ‘black jaundice’ through which Finch views the world,” Hellegers observes of “The Spleen,” “is equated with the harsh valuations imposed upon her work by a society which has no place for a woman poet, which ‘decr[ies]’ her lines and reduces her ‘employment’ to an ‘Useless folly, or presumptuous fault’” (209). Montagu published a scathing response to Pope, but she also wrote to Arbuthnot that she was hurt by Pope’s attack (*Complete* 2.91-92).¹⁵ As a marginal member of Johnson’s circle, Piozzi also contended with much abuse. Baretti’s “flagrant and bitter Insults” concerning her second marriage extended into a public realm (*Thraliana* 615), and, after his death, Piozzi lamented that his “Enmity towards [her] outlived his Powers of exertion,” for “he had left a Libel behind him desiring it might be printed to vex [her]” (*Thraliana* 752). In another instance (before her estrangement from Johnson), some nasty words from Boswell “went so to [her] Heart” that she “ran out of the Room to cry” (*Thraliana* 415). She also endured attacks in “[t]he English Newspapers, [which were] full of gross Insolence for [her]” (*Thraliana* 629). Piozzi “could see the humour in the libels against her,” and she was, Hayward and Lobban observe, “generous in her estimate of her assailants” (xvi), but her reactions, as she records them in her diary, suggest that she was also stung by public criticism of her work and character. Like many of her fellow woman writers in the

¹⁵ Montagu answers Pope’s libel with cutting vehemence in “Verses addressed to an Imitator of Horace, by a Lady” (1733). She attacks him for “stab[bing] a Name” with “Coward Hand” (105-06) and ends the poem with a curse: “as thou hate’st be hated by Mankind / And with the Emblem of thy crooked Mind , / Mark’d on thy Back, like *Cain*, by God’s own Hand; / Wander like him, accursed through the Land” (109-12).

period, she was not immune to the insults that accompanied attempts to enter an unwelcoming literary marketplace.

The woman writer delved deeper than the superficiality of these petty criticisms, however, recognizing that the roots of her depression lay in man's persistent refusal to allow the cultivation of her intellect. In the early part of the century, many female poets lamented the systematic male oppression of the female mind, as in Lady Mary Chudleigh's "The Ladies' Defence" (1701):

'Tis hard we should be by the Men despised,
Yet kept from knowing what wou'd make us priz'd;
Debarr'd from Knowledge, banished from the Schools,
And with the utmost Industry bred Fools.
Laugh'd out of Reason, jested out of Sense,
And nothing left but Native Innocence:
Then told we are incapable of Wit,
And only for the meanest Drudgeries fit. (511-18)

Chudleigh here expresses many of the concerns that are raised in Finch's "The Introduction," foremost among these the bleak educational opportunities available to women, who are "debarred from knowledge," "banished from the schools," and ultimately relegated to the domestic sphere. Because women must endure the "meanest Drudgeries," Chudleigh suggests, the wife's existence is one of misery and gloom. As Hellegers recognizes in her discussion of Finch, the "upper-class woman, whose household function is purely ornamental, is left in a state of debilitating self-absorption, preyed upon by spleen" (209). "[T]he narrow range of activities prescribed for a woman

by a patriarchal culture,” Hellegers observes, “disabuses her of hopes for intellectual and artistic achievement and relegates her to a state of socio-political impotence and dependence” (209). Women writers such as Finch and Chudleigh traced woman’s misery to patriarchal injustices that denied her ability to think.

Moreover, they lashed out at such injustices by suggesting that if women *were* unreasoned, superficial, and hysteric, they were not necessarily to blame. In the above passage, Chudleigh suggests that women are “bred Fools” – “Laugh’d out of Reason, jested out of Sense.” In this way, she argues, poor education is detrimental to the interaction of the sexes, for it ultimately makes women into simpletons whom men “despise.” But, more significantly, when their access to knowledge is restricted, women are deprived of “reason” and “sense,” making them hysterical. Like Chudleigh, women writers throughout the eighteenth century described the splenetic/hysteric consequences of an uncultivated female mind. In “Hypatia” (1733), Elizabeth Tollet suggests that “[t]he cultivated Mind, a fertile Soil, / With rich Increase rewards the useful Toil” (65-66). The neglect of this mind is disastrous, though, for when “sallow left, an hateful Crop succeeds / Of tangling Brambles, and pernicious Weeds” (67-68). The impetus of this rhetorical arrangement was indeed powerful, and was voiced with increasing strength towards the end of the century. In a chapter from Wollstonecraft’s *Vindication* titled “Observations on the State of Degradation to Which Woman Is Reduced by Various Causes” (109), she takes up many of the themes of her predecessors. She asserts that misery and hysteria are the consequences of women’s dismal education, that there are detrimental consequences to fostering sensibility at the expense of reason. “This overstretched sensibility naturally relaxes the other powers of the mind,” she writes, “and prevents intellect from attaining

that sovereignty which it ought to attain to render a rational creature useful to others, and content with its own station: for the exercise of the understanding, as life advances, is the only method pointed out by nature to calm the passions" (*Vindication* 131). "Miserable, indeed," she exclaims, "must be that being whose cultivation of mind has only tended to inflame its passions!" (*Vindication* 130). Wollstonecraft and her predecessors positioned hysteria (or ungoverned passions) as a consequence of bad education. As these women promoted the notion that hysteria was the result of nurture, not nature, they mobilized to advance women's educational opportunities. "Let [women] have a chance to become intelligent," Wollstonecraft declared (*Vindication* 146). Indeed, as eighteenth-century women writers described a constellation of hysterical causes associated with both the ordinary and the exceptional woman's condition, and found themselves caught in the ebbs and flows of eighteenth-century medical and cultural ideologies (torn between duty and desire, and between wife, mother, lover, and poet), they discovered a more confident voice through which to express these many causes – all of which, according to them, were rooted in the social conditions of the eighteenth-century woman.

Part 3: A Disease of Culture

a. A "Sociosomatic Reticulum" of Hysteria

The eighteenth-century woman's recognition that hysteria stemmed from a complex web of social causes is a view shared by Arthur Kleinman in his discussion of modern depression. He recognizes a "dialectal relationship" between symptoms and

society. In his prologue to *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China*, he writes,

In the following chapters depression is viewed as a disease characterized by psychobiological dysfunctions which appear to be universal, but which is best regarded as a relationship between a person and society. Depressive illness not only reveals the relationship a person establishes with society; it also illumines the influence of society on individuals. This social influence extends to the person's cognitions, emotions, even physiology. Analyzing the relationship of depression (or any disorder) to society offers a glimpse of a sociosomatic reticulum (a symbolic bridge) that ties individuals to each other and to the local systems within which they live. Depression is thus a social affect and disorder: the origins of depression are meanings and relations in the social world, and these in turn are its consequences. The social world is affective; it is embodied in the individual and his or her disorders. (1-2)

This view of depression shares much with the condition as it was experienced by the eighteenth-century woman, whose struggles with difficult social circumstances prompted and then aggravated her illness. As I have been arguing, her depression "reveals" her "relationship with society," as well as her efforts to negotiate socially determined gender roles within this society. But hysteria was also defined by means of social norms and expectations. The "sociosomatic reticulum" of the condition was the result of a broad range of cultural definitions and expectations which circulated freely in the period, and which individuals internalized and then exhibited in the form of hysterical symptoms.

Moreover, the particular popularity of the eighteenth-century nervous disorder heightens its status as “social affect and disorder.”

The very title of George Cheyne’s treatise highlights the powerful relationship between disease and culture in this period. “The English Malady,” he suggests, is so named because it is a condition particular to British natives (i-ii). The epidemic proportions of the disorder in England are due to the country’s variable weather, geographic position, rapid progresses in trade and commerce, and “Wealth *and* Abundance” Cheyne suggests (i). Though he aligns personal virtue with good health, suggesting that “[i]t is the miserable man himself who creates his miseries, and begets his Torture,” and that people bring “all their Wretchedness on themselves, by constantly over-loading, bursting and cramming the poor passive Machine” (20, 203), Cheyne does not wholly blame individuals for provoking their own illnesses. He also blames a rapidly changing culture in which the lures of fashion and luxury have become difficult, even impossible to resist.¹⁶ The “Rich, the Lazy, the Luxurious, and the Unactive,” he writes, “those who fare daintily and live voluptuously, those who are furnished with the rarest Delicacies, the richest Foods, and the most generous Wines” are susceptible to the English Malady (20).¹⁷ Over-consumption, he implies, is not merely the result of

¹⁶ In fact, Cheyne himself admits to having been seduced by these lures. In his final chapter, titled, “The Case of the Author,” he explains that he engaged in a temperate (yet sedentary) lifestyle until he moved to London, where he “all of a sudden changed [his] whole Manner of Living” and “found the Bottle Companions, the younger Gentry, and Free-livers” (222). This led to a flurry of symptoms, including “giddiness, lowness, anxiety and terror,” fits of the gout, and asthma (224). He also suffered from obesity, and at one point “swell’d to such an enormous Size” that his weight “exceeded thirty two *Stone*” (450 pounds) (235).

¹⁷ Cheyne suggested that nervous disorder was caused by an overindulgence that wore on the body and disturbed the natural “Ballance between the Force or Elasticity of the Solids, or the moving Organs and Channels, and the Resistance of the Fluids mov’d in

individual weakness or moral depravity, for it is an accepted lifestyle among the English upper-classes. Indeed, those “inhabiting barren, and uncultivated Countries, Desarts, Forests, under the Poles of the Line, or those who are rude and destitute of the Arts of Ingenuity and Invention” are rarely plagued with the condition (20). The English, Cheyne concludes, are splenetic as a result of their social, economic, intellectual, and political advances. He evokes a variety of these so-called advances. “Coffee, Tea, Chocolate, and Snuff” (34), “Assemblies, Musick Meetings, Plays, Cards and Dice,” as well as new inventions such as “Coaches ... improv’d with Spring horses” (36) are all listed as possible causes for nervous disorder.¹⁸ As consumerism, commerce, trade, urban expansion, and consumption boomed, physicians continued to recognize culture as the origin of nervous disorder. James Makittrick Adair, in his 1786 treatise, praises England’s rapid advances, but acknowledges that “Fashion, like its companion Luxury ... may be occasionally injurious” (9). Fashion advances “civilization” and yet also “creat[es] artificial wants” (10) that are to blame for the present spread of nervous disease – an indisputably social disorder.¹⁹

them” (21). When an individual “tak[es] down more than the Supplies of Action and Living require in Quantity,” he suggests, “[they] must suffer Diseases, Pains, and Miseries, in Proportion to the Greatness of the Overballance” (21).

¹⁸ Barker-Benfield discusses “the permeation of ‘groceries’ in the English diet” in the eighteenth century, and identifies “a connection between nervous susceptibility and nervous disorders and the new, mass consumption of tea and coffee, their caffeine compounded with lashings of sugar, as well as tobacco in its various forms” (*Culture* 26). He finds an example in Samuel Johnson’s “relish” for tea, of which Boswell wrote: “The quantities that he drank of it at all hours were so great, that his nerves must have been uncommonly strong, not to have been extremely relaxed by such an intemperate use of it, he assured me, that he never felt the least inconvenience from it; which is a proof that the fault of this constitution was rather a too great tension of fibres than the contrary” (qtd. in Barker-Benfield, *Culture* 26).

¹⁹ The notion that overindulgence led to nervous disorder was a prominent theme in most of the medical treatises of the period. Blackmore sees the “Intemperate drinking of Wine

The consequences of eighteenth-century luxury and fashion were particularly insidious for women. "Following the same logic as that which associated hypochondria with reclusiveness or scholarly obsession," John Mullan observes, "women are declared to be more prone than men to nervous disorder because they are supposed to lead sedentary lives uninvolved in the business of acquisition and yet rich in the experience of luxury" (156). Moreover, women were both "consuming *and* consumable objects" (emphasis mine, Deutsch 35), and the woman of fashion was encouraged to assume the symptoms of nervous disorder. In "The Spleen," Anne Finch describes a brand of hysteria common to the "weaker sort" (114):

When the Coquette whom ev'ry Fool admires,
 Wou'd in Variety be Fair,
 And, changing hastily the Scene,
 From Light, Impertinent, and Vain,
 Assumes a soft, a melancholy Air,
 And of her Eyes rebates the wand'ring Fires,
 The careless Posture, and the Head reclin'd,
 The thoughtful, and composed Face,

and strong cordial Waters" as "destroy[ing] the Appetite" and eventually "introduc[ing] a Palsy into the Stomach" (206), and Nicholas Robinson discusses the dangers of "overcharg[ing] the Blood with unfriendly Juices" (265). John Armstrong, in his didactic *The Art of Preserving Health: A Poem* (1744), blames alcohol (1.211), debauchery (1.213), bad diet, and the "abominable growth / Of rest and gluttony" (2.73-74) for nervous disorders. He criticizes the people of Albion, who "consecrate" the "silent hours" to "mirth and wine" (3.421-22) and "sleep till noon" (3.423). This behavior, he suggests, inevitably leads to illness.

Proclaiming the withdrawn, the Absent Mind,
 Allows the Fop more liberty to gaze,
 Who gently for the tender Cause inquires. (99-109)

Finch, of course, satirizes such “Coquette[s].” She highlights the artificiality of their spleen in the “hast[y]” shift from an air “Impertinent, and Vain” to one “soft [and] melancholy.” The coquette’s elaborate affectation is for the benefit of her male onlookers, Finch claims. The “careless Posture,” the “Head reclin’d,” and the “thoughtful, and composed face” are all to capture the attention of the Fop. Paradoxically, there is nothing “thoughtful” about the lady; she merely wants the Fop to “gaze,” to admire her fairness, and to be lured by her physical wiles and won over by the “wand’ring Fires” of seduction. To assume the pose of hysteria, it seems, was to attract men.

These ladies were not necessarily to blame for feigning illness, for their posturing was deeply ingrained in contemporaneous understandings of the condition. In “The Spleen,” Finch claims that before the fad of “spleen” we find man in his “fertile Garden in the fragrant East” (34-35):

No armed Sweets, until thy Reign,
 Cou’d shock the Sense, or in the Face
 A flusht, unhandsom Colour place.
 Now the *Jonquille* o’ercomes the feeble Brain;
 We faint beneath the Aromatick Pain,
 Till some offensive scent thy Pow’rs appease,
 And Pleasure we resign for short, and nauseous Ease. (37-43)

The speaker here implies that fashion determines the manifestations of illness. Sweet perfumes, and the “*Jonquille*,” a fragrant flower, did not commonly overwhelm the ladies’ spirits before the fashionable “Reign” of spleen. Now, they incite physiological changes; they “shock the sense,” overcome “the feeble Brain,” and cause the ladies to faint. Fashion and medicine have become indistinguishable, Finch suggests, and her paradoxical word pairings – “armed Sweets,” “Aromatick Pain,” and “nauseous Ease” – reinforce this, revealing a condition that is both painful and fashionable, both real and artificial, both “social affect and disorder.”

With “The Spleen,” Finch anticipates a trend in the second half of the eighteenth century, when female weakness was aggrandized for the sake of male pleasure, and when, as Barker-Benfield notes, “[a] high value was placed” on “women’s greater sensibility,” which “men said they found ... a source of attraction” (*Culture* 28). In 1774, John Gregory informed his female readers that “extreme sensibility which blushing indicates, may be a weakness and encumbrance in our sex ... but in yours it is peculiarly engaging” (qtd. in Barker-Benfield, *Culture* 28). Mary Wollstonecraft vehemently criticized such views, and in her *Vindication* provides the example of a “woman of fashion” she had once known, “who was more than commonly proud of her delicacy and sensibility”; she “thought a distinguishing taste and puny appetite the height of all human perfection, and acted accordingly” (qtd. in Barker-Benfield, “Mary” 27). “I have seen this weak sophisticated being neglect all the duties of life, yet recline with self-complacency on a sofa,” Wollstonecraft continues, “and boast of her want of appetite as a proof of delicacy that extended to, or, perhaps arose from, her exquisite sensibility; for it is difficult to render intelligible such ridiculous jargon” (qtd. in Barker-Benfield, “Mary”

27). In assuming the poses of delicacy and sensibility, as this woman believed she should, she actually *became* weak and delicate. Wollstonecraft here recognizes the thin line between feigned illness and genuine illness, and suggests that the former eventually transforms into the latter. As a result of this encouraged indolence, Barker-Benfield observes, women's "bodies were weak and their understandings narrowed ("Mary" 27). Indeed, "[w]omen were trained to affect a weakness which eventually became real" ("Mary" 27). The "sociosomatic reticulum" of hysteria, then, served as an oppressive force for eighteenth-century women. Dominant masculine ideologies celebrated women as luxurious, weak, and hysterical, ultimately consumed by the eighteenth-century male world of commerce. Understood in these terms, hysteria was a culturally determined category that served to narrow woman's sphere and render her powerless.

b. The Fatigues of Fashion

Even as women of the "weaker sort" were seduced and rendered ill by fashion, luxury, and idleness, others strove to resist these lures. In much of her poetry, Finch exposes the absurdity of the hysteric coquette who feigns spleen for show. She counters what Myra Reynolds calls "the true apostolic succession of poetical heroines who abhorred the country" (cxxi). Reynolds provides a partial list of these Restoration and eighteenth-century heroines: Isabella in John Dryden's *Wild Gallant*, who "cannot abide to be in the country like a wild beast in the wilderness"; Harriet in George Etherege's *The Man of Mode*, who "counted all beyond Hyde Park a desert"; Alexander Pope's "fond virgin," whose "unhappy fate compelled her to seek wholesome country air"; and [Edward] Young's Fulvia, "who preferred 'smoke and dust and noise and crowds' to

'odious larks and nightingales'" (cxxi-cxxii). "The attitude of these ladies toward the country," Reynolds observes, "was but the attitude of their time" (cxxii). Finch rejects this attitude and offers an alternative in her poetry. In "A Nocturnal Reverie" and "The Petition for an Absolute Retreat," for example, she juxtaposes the tranquility of the country with the bustle and vice of the town. Criticism of London as a source of strife is also apparent in "A Ballad to Mrs Catherine Fleming in London from Malshanger farm in Hampshire" in which the speaker laments the "hurry, smoke and drums" of the city (4). Likewise, "Ardelia's Answer to Ephelia, who had invited her to come to her in town – reflecting on the Coquettrie and detracting humour of the Age" is a satirical portrait of fashionable London life. Her characterization of the vain Almeria, "the gay thing, light as her feather'd dresse" who "discerns all failings but her own" (45, 27) sets up the city as a site of frivolity and boredom. Almeria takes Ardelia on a "tedious" ramble about the streets of London, "To see this Monster, or that waxwork show" (39-40). While Ardelia escapes into a church to avoid the uproar, Almeria,

Flyes round the Coach, and does each cusheon presse,
Through ev'ry glasse, her sev'ral graces shows,
This, does her face, and that, her shape expose,
To envying beautys, and admiring beaux. (46-49)

After strolling through Hyde Park, for an "hour of finding fault" (106), Ardelia longs for her "groves, [her] Country walks, and bow'rs," where "Trees blast not trees, nor flow'rs envenom flow'rs, / As beauty here, all beautys praise devours" (130-32). For all of these reasons, Ardelia tenaciously refuses Ephelia's invitation to "resort / To that great Town" (2-3). Reynolds notes that "Ardelia's feeling toward the city and country becomes novel

in the extreme,” and that the “antithesis between the town and the country was not so sharply defined by any succeeding poet before Cowper” (cxxii). Finch’s employment of this “antithesis” is uniquely female in the way that she highlights the particular hurdles women faced in the new booming consumerism of the century. There were many frivolous, mean-spirited “Almerias” who served to keep women in positions of servitude. Finch, however, posits an alternative in the form of the female social outcast, Ardelia, who, according to the satirized coquette Almeria, “does on books her rural hours bestow, / And is so rustick in her cloaths and meen, / ‘Tis with her ungenteel but to be seen” (66-68).

As the century progressed, and the economy grew, many Ardelia-like figures lamented the limited opportunities for women and the consequent proliferation of “Almerias.” “Increasingly, during the eighteenth century,” Barker-Benfield observes, “men could express their expectations and appetites in new kinds of paid work and economic organization, in politics, and in new kinds of professionalization,” but this newfound prosperity meant something very different for eighteenth-century women, who could only aspire to lives of leisure and idleness (“Mary” 19). “Such a change would give rise,” Barker-Benfield suggests, “to a persistent, two hundred year lamentation over the declension in the activity and health of women” (“Mary” 19). Many women writers expressed an awareness of the lures and dangers of fashionable life, and were not easily seduced by it. They distanced themselves from easily corrupted, deceitful, and frivolous coquettes, and asserted their status as intellectual women, aware of both the commercial advances of eighteenth-century England and the consequent superficiality, apathy, and boredom of modish life. In a 1787 *Thraliana* entry, Piozzi marvels at the growth of

London, noting that the city is “larger & more lovely than ever, the increasing population, Riches, & Splendour are scarce credible; and its Superiority to all other Capital cities very striking” (682). But, in another entry she exhibits a wariness of the “Distress, Fraud, [and] Folly” inherent to these progresses and worries that London is “but a poor thing” that leaves “a void in the mind” (486). Elizabeth Carter also recognizes the destructive quality of the gay urban world and in a 1772 letter highlights “what fatigues we fine ladies are fated to endure in the exercise of a London life” (2.135). Carter contends that the headaches and faintings of London ladies were not always feigned, and that the annoyances of the town did indeed provoke hysteric symptoms. The “highly perfumed powder” of some ladies, for example, “poisons the atmosphere,” “disgust[s],” and prompts her headaches (3.255-56), while the hot, crowded assembly rooms of the town both “[heat] and confus[e]” her (1.274). In fact, she blames her friend Elizabeth Vesey’s illness in part on the “joyless hurry and heat of London” (2.195), and notes on one occasion that the “fatigues of the town” have played on her “health and spirits” (1.373).

Much like their experiences of domesticity, women found their desire to escape the fashionable world to be at odds with cultural expectations. They were to entertain visitors, indulge in the luxuries of London, and enjoy the pleasures of the period’s commercial boom. But, for many, the pursuit of pleasure was a futile endeavour that ultimately led to depression. Lady Mary Wortley Montagu, for example, recognized the dangers of the conventionally monotonous education and lifestyle of upper-class women. “People that do not read or work for a Livelihood,” she writes to her daughter Lady Bute mid-century, “have many hours they know not how to imploy, especially Women, who commonly fall into Vapours or something worse” (*Complete* 2.450). Lady Mary was ever

suspicious of fashionable society and often referred to “pleasures” as “transitory” (*Complete* 2.30). In another letter to Lady Bute on the topic of the “many [uneasynesses] attach’d to Humanity,” she suggests that the “the persuit of pleasure will be ever attended with Pain” (*Complete* 2.446). Montagu and her contemporaries often depicted themselves as solitary outsiders, scornful of fashion, superficial conversation, and company. In a 1711 letter to her husband, she outlines her “Schemes of Happyness”: “the way I now live in is intirely disagreeable to me, from the same reasons most women would be pleas’d with it. I detest the croud I am oblig’d to live in, and wish it in my power to be retir’d” (*Complete* 1.73). In the second half of the century, women writers continued to describe themselves as social outcasts. Elizabeth Carter frequently expresses a dislike for the “general hurry” of “balls, assemblies, concerts, plays, card-tables, &c. &c. &c.,” which she believed was bad for the nerves (1.98). Guests and company are also a source of unhappiness, as is evident when she describes the aftermath of a dinner she has hosted, which leaves her with a terrible headache: “all this bustle and heat was too much for me, and I was confined to my pillow in consequence” (3.45). Carter’s poor spirits, which she claims are “as good as any body’s spirits can be who lives in this worky-day world,” are the result of an aversion to the social world and to “any set of human creatures assembled together” (1.222, 2.168). Piozzi similarly expresses her hatred of “Visitants,” who “do nothing for me,” she writes, “but at best keep my Mind in Exercise, my Spirits in Motion; & make me lash myself up – As Astley does his Horses – to find *them* Amusement” (*Thraliana* 976).

Montagu, Carter, and Piozzi are, therefore, not weak victims of luxury and fashion, unable to resist its pleasures and its lures. Rather, like the melancholic men of

the age, they are drawn away from the bustle of the commercial world, and towards solitariness and study. The unique hurdle for them as women was that they were constrained by gendered expectations that required them to participate in the fashionable social world, to entertain visitors, and to visit the city. The divide between their desires and cultural expectations was thus a distressing difficulty that ultimately led to vapours, uneasiness, headaches, and agitated spirits. The social forces of hysteria created, on the one hand, a coquette whose aspirations to weakness made her hysterical. On the other, a woman of the “stronger sort” emerged, one who recognized the dangers by which the coquette was made hysterical, but who was not unaffected by the social world, whose fatigues – in all their frivolity and absurdity – made her quite depressed. Both types of women found themselves caught in hysteria’s web and oppressed by the forces of a male commercial world.

c. A Female Civic Melancholy

The complex network of causes of eighteenth-century hysteria consists of a series of layers that circle outward, from the body, to the home, to the literary marketplace, to fashionable society. In exhibiting a continued awareness of these causes in their writing, women of the eighteenth century reveal themselves as assertive, intelligent beings negotiating their place in a rapidly changing world. They both challenge the dogma that confines hysteria to the pathological female body, and stretch the limits of their accepted sphere. Moreover, they resist their conventional roles by articulating the more civic origins of the condition. As I have shown in my discussions of George Cheyne and “The English Malady,” conversations on the public and political nature of spleen depended on

both male power and female weakness. The notorious, and oftentimes celebrated, gloominess of the English temperament was viewed as predominantly male.

“[P]hilosophy, liberty, and climate,” Voltaire asserted, “are productive of misanthropy: London has scarcely any Tartuffes, while it abounds with Timons” (qtd. in Gidal 24).

Eric Gidal elaborates on an eighteenth-century “civic melancholy” in which “English melancholy” became “inextricable” from English “civic culture” (24). Considering “the disposition of the autonomous self *par excellence*,” he writes, “melancholy would seem to belong more to the realm of the private spirit than to the public sphere, [and] the conjunction of civic harmony and melancholy gloom may seem counterintuitive” (25).

Nonetheless, a tradition exists that,

unites the sceptical peevishness of the melancholy soul with the civic virtue of the magnanimous hero to articulate what we may call a *civic melancholy*. Grounded in classical and medieval humoral theory, yet aligned with the methods and aspirations of the Enlightenment, this tradition understands melancholy as the dark undercurrent of political identification, removing the individual from vain aspirations and luxurious self-indulgence while simultaneously promoting civic ideals and public engagement. (25-26)

“The union of melancholy and civic virtue in the English character,” Gidal continues, “recasts in the language of temperament and sensibility the traditional stoic advocacy of public service as a rational response to the hardships and vicissitudes of life” (26). The “magnanimous hero” and “English character” here referenced are of course male figures;

women did not have the luxury of an outlet like “public service” to counter the particular “hardships and vicissitudes” of their lives.

Nonetheless, women writers described their own “civic melancholy” – one in which they became part of a community of suffering individuals. Elizabeth Carter, for example, makes a distinction between the French and the English temperaments (2.322), as does Lady Mary Wortley Montagu when she expresses her happiness that her friend Lady Pomfret “enjoy[s] a purer air” in France, lamenting “to what state we are fallen” in England (*Complete* 2.126). Montagu describes her experience of personal distress in terms that align it with a sort of national hysteria. In February 1738, she writes to Algarotti that “we have a complication of everything in London that is contrary to my Inclination: Noise, croud, Division ... Faction and Nonsense” (*Complete* 2.114-15). “[M]y Ears are daily wounded with epidemic madness,” she complains, “and my person expos’d to the Rheumes and disorders incident to this watry climate” (*Complete* 2.115). As women such as Montagu began to articulate their troubles in the relation to the nation at large, they carved a unique place for themselves in the public, male world of affairs – a world they insisted adversely affected their personal lives.

Indeed, a distinctly *female* civic melancholy emerges in works by Finch, Carter, Montagu, Piozzi, and other eighteenth-century women as they express personal grief as a reflection of and response to national difficulties and upheavals. In Anne Finch’s poetry, for example, grief serves as a metaphor for political exclusion and alienation. The Glorious Revolution of 1688 profoundly affected Finch, who, with her husband Heneage, “[was] steadfastly loyal to the Jacobite cause” and “refus[ed] to take the oaths of allegiance to William and Mary” (McGovern and Hinnant xvii). The years following the

revolution were “trying ones” as the Finchs found themselves “in various places of temporary refuge, but with no fixed home” (Reynolds xxviii). Consequently, McGovern and Hinnant observe, Finch experienced “two decades of isolation and intermittent bouts of depression” (xvii). This disillusionment is expressed in Finch’s poems from this period, which, Myra Reynolds observes, “are dominated by a melancholy born of the disasters of that unhappy house” (xxix). McGovern and Hinnant agree, viewing a number of poems in the Wellesley manuscript as illustrations of Finch’s “longstanding commitment to the exiled Stuart family and their cause” (xviii).²⁰ Though Finch’s poetry is not inflamed with “Jacobite rhetoric,” it includes allusions to prominent political and military figures of the era (McGovern and Hinnant xix-xx). These “allusions,” McGovern and Hinnant continue, “are unmistakable in their implication” and are “buttressed ... by many standard images and motifs that were standard in the Jacobite iconography of the age” (xxii). The poem “Upon an improbable undertaking,” for instance, laments James II’s abdication using the motif of an uprooted oak tree. The speaker aligns the grief of a country with the grief of individual Britons: when the “tree fairest in the wood / That long in Majesty had stood” is uprooted (1-2), the “Country” feels “sorrow” while the “tenants of the Land” also feel “general grief” (9-10). The personal and the political become inextricable.

Finch’s melancholy of political exclusion was most often linked to the plight of Jacobite women in particular. The distress expressed in her poetry is often private, and, as Hinnant and McGovern note, Finch sometimes “denot[es] her identity as a [suffering]

²⁰ McGovern and Hinnant view Finch’s religious poetry as political, observing that her “political dispossession” led to poems “devoted ... to prayer and contemplation of the joys of Heaven” (xxvii).

countess” and is “symbolically ... join[ed] with the crown of the martyred Charles I” (xxviii). In “The Petition for an Absolute Retreat,” the splenetic state of Ardelia (Finch’s literary name) mirrors the sad state of the nation as a whole. “So the sad *Ardelia* lay,” the speaker asserts,

Blasted by a Storm of Fate,
Felt, thro’ all the *British* State;
Fall’n, neglected, lost, forgot,
Dark Oblivion all her Lot. (159-63)

Ardelia is here tied to the symbolic female figure of Britannia as the spirit of the nation. Similar comparisons, in which female personal losses come to represent the tragic demise of Britain, are standard in Finch’s poetry. A series of poems in this vein lament the loss of “Urania” (the literary name for Mary of Modena). The queen’s dethroning is indisputably a monumental political event, but “the affection and admiration that Finch developed for the future queen consort,” Hinnant and McGovern argue, “clearly transcended simple political allegiance” (xx).²¹ Her feelings are at once deeply personal and intensely political. “The Losse” and “On the Death of the Queen,” for example, depict Ardelia’s inconsolable grief over the death of Urania. In the latter poem, the “tears [of] sad Ardelia ... cou’d not give relief / but seem’d to propagate renewing grief” (7, 11-12) – a grief which is then aligned with the loss that Britain suffers in 1688 (114-15). Similarly, in “A Letter to Mrs. Arabella Marrow,” Finch aligns the Jacobite rebels with

²¹ Mary of Modena (1658-1718) was the second wife of James, Duke of York (who reigned as James II from 1685-88). “After the invasion of William of Orange and Mary [in 1688],” McGovern and Hinnant explain, “Mary of Modena joined James II in exile in France” (152).

her own friends. As is customary, she recalls a time before 1688, when the Stuarts ruled and all was peaceful:

When will such times as we have seen
 Claim their alternate round,
 When Golden-Square allowed no Spleen
 And but one sort of wound. (26-29)

The speaker goes on to describe the death of her friend in relation to a national catastrophe. Her sadness over the death is one and the same with the grief of those saddened by war:

Thus Arrabella's loss we feel
 Dejected and opprest
 Whilst but the noise of war and steel
 Can other minds molest. (50-53)

Finch takes us into “the larger socio-political world,” McGovern and Hinnant observe, “and imagine[s] the abolition of the differences between self and other in a circle of friends whose harmony of interests exposes the obstacles – the barriers of prejudice, factionalism, and ambition – that stand in the way of achieving a just and rational polity” (xxxix). Just as Finch expresses her feelings of loss, grief, and spleen, she implicates herself and her women friends in the public happenings of the day and offers a particularly female perspective that blends public and private disillusionment.

Such expressions of female civic melancholy surface throughout the eighteenth century in accounts of hysteria that envision public events as metaphors for private distress. This becomes particularly marked towards the end of the century as women

seemed to align themselves increasingly with massive upheavals such as the French Revolution and the subsequent wars with France. From approximately 1787 onwards, Carter is very much affected by the unstable political situation in England and the pending war, “hop[ing] that all this bustle will end in peace” (3.284). She worries at length about the “violent proceedings” of the “savage” French. (3.316). Her “spirits” are described as inextricable from national ones, as when she writes of the English celebration of Bastille Day in France on July 18, 1791: “I felt a very great horror of the general spirits that gave rise to that absurd celebration” (3.327). Her despair at the political situation only increases as the century draws to an end, and in one letter she expresses her sadness and surprise: “I never was so much alarmed by any circumstance of our political situation, as by the horrid mutiny of our sailors” (3.350). She goes on to emphasize the importance of “a certain degree of dependence ... on the Creator” amidst all this corruption and mayhem (3.354). In 1799, we learn that Carter’s spirits are already down due to her deteriorating eyesight; however, the news of war “in the paper ... [does] not help to raise [her] spirits on this subject” (3.355). “It ma[kes] me melancholy to reflect,” she writes, “how many would probably never return to their families, and their country” (3.355). Carter both depicts a sort of communal grief, and describes the ways in which war affects women and their families. She shows how large-scale public change contributes to her personal suffering as a woman. Her private grief is articulated through – and intimately connected to – political instability, national crisis, and war. This grief is further aggravated, and made distinctly female in that she does not have the male outlet of “public service.” It was an affront to her nature to sit and watch, and to repress the

impulse to act: Carter could only observe as the horrors of the French Revolution were carried out, and she found herself unable to prevent the havoc of the changing times.

Women, however, through their writing, made strides in envisioning their own type of “public service.” They were indeed largely barred from public life, but found ways to engage in the events of the day. In Piozzi’s diaries and letters, for example, personal and political distresses bounce off each other; we find a woman immersed in a web of private and public frustrations, and as such, the precise causes of her hysteria become impossible to isolate. Her second husband’s gout worsens between 1798 and 1801, a time when tensions in France are also escalating, and fear of instability in England is a very real concern. Piozzi is distressed over her husband’s health, but she is also troubled by the state of her country, and both situations – which are often described alongside each other – spark personal anxieties. In a 1799 letter to the Reverend Leonard Chappelow, she explains that Gabriel Piozzi is constantly tormented by his illness (*Piozzi Letters* 3.148). These comments are followed abruptly by a passage detailing her anxiety regarding affairs in England: “Things do run very cross and You are afraid of Famine and Insurrection, while my Terrors are chiefly of the Plague” (*Piozzi Letters* 3.148). Piozzi describes herself as “anxious and fatigued,” and observes, “I write from the Bedside in some faint Hope of getting a little Sleep. For the last 50 hours none has visited” (*Piozzi Letters* 3.148). We can only conclude that her insomnia is the result of an array of complicated fears. We find a similar instance in Piozzi’s descriptions of her first husband’s illness. As she watches him deteriorate, she writes: “How all the World is rushing on its own Ruin! nations & individuals, & all!” (*Thraliana* 440). “Mr. Thrale is eating *himself* into an Apoplexy,” she continues, “spite of Friends, Physicians, &

common Sense; one Man is drinking himself into Madness, and another engaging in Party Feuds, till he is in danger of violent death. My Spirits are really affected ... & the Country hastening so to Bankruptcy & Demolition" (*Thraliana* 441). Piozzi here depicts a confusing network of splenetic causes. The "World" is degenerating; this in turn affects "nations & individuals," and, on a more intimate level, England, Thrale (who is much like other men "drinking [themselves] into Madness" or "engaging in Party Feuds"), and Piozzi herself are suffering. In her articulation of a "civic melancholy," therefore, Piozzi's personal suffering becomes indistinguishable from the public and political distresses she observes around her.

Piozzi, however, places herself at the centre of these national troubles. In the late 1770s, for example, the *Thraliana* describes the growing tensions between England and France, and Piozzi refers to "the great Talk about the Town of a War with France" (226). She uses the public world as a measure of her own private distress, noting that "[t]he Ladies would not be perfuming their Persons, nor the Confectioner puffing his Wares, if there were any *real* Consternation or Distress" (*Thraliana* 242). In 1781, we again find her aligning public and private difficulties:

Here is the New Year begun amidst publick & private Calamities – a Dutch War added to our Original Enemies; a Hurricane which has almost depopulated Barbadoes, a Nobleman going to be hanged for Promoting such a Spirit of Riot as half ruined the City of London itself, & which evil May-day in Henry the 8th's Reign was only a faint Sketch. In our own Family, the death of its Principal hourly expected from a Repetition of dangerous Fits; the Trade going – as ev'ry Trade is – most rapidly to

decay - & I! writing in Thraliana! I do not do it often tho', & am always
ashamed when I do. (*Thraliana* 468)

Piozzi's comments circle inward, moving from global, to local, to familial conflicts. Her observations culminate in a very personal diary entry; the repetition of "I," as well as her frantic use of hyphens and exclamation marks, underscore both her heightened stress about the difficult times, and a guilt about writing in the midst of these difficulties (a guilt that recalls my earlier discussion on the contradictory nature of her dual role). Similarly, in the 1790s, as she watches the situation worsen in France, fearing its effects in England, her dramatic use of punctuation and exclamations suggests that she is profoundly affected by the events: "What times! What Wonders! What Horrors! [...] Dreadful Moments! Dreadful Moments!" (*Thraliana* 963). Piozzi thus places herself at the centre of an intricate network of circumstances and events, ranging from the deeply personal to the more broadly socio-political, which contributes – though it is not clear *how* exactly – to her mental state. The convoluted layering of this causative model does not by any means resolve the mystery of hysteria, but it does place woman within a larger sphere, allowing her to escape the supposedly restrictive and pathological confines of her body. The elusive causes of hysteria can be traced to the changing, difficult, and perplexing world in which women like Piozzi were trying to find their place. In escaping the bodily limits of their condition, and viewing their distress as shared, even communal, women also envisioned ways of overcoming hysteria, as I demonstrate in the following chapter.

CHAPTER FIVE

TREATMENTS

Part 1: Dialogic Therapies

a. Prescriptions Both Restrictive and Therapeutic

In a 1789 journal entry, Hester Thrale Piozzi confidently proposes a remedy for George III's madness, asserting that if the King were to be "well-nigh drown[ed]," or "[held] forcibly under Water till all Sensation & nearly all Pulsation was lost," he would "recover to a State of regular & sound Health" (*Thraliana* 727). "[L]et his Majesty be set without previous Information under an exceedingly capacious Shower Bath," she explains, "& then as suddenly plunged into the Cold fluid, from whence *let him find his own Way out*, & be rubbed till a kindly Glow comes over him, & strengthens the Tone of his poor shattered Nerves" (*Thraliana* 727). Piozzi defends her theory by referring to a case of Dr. Mead's in which "accidental drowning" was used to bring about "[a] certain Cure" (*Thraliana* 727). "[A] Cold Bath," she asserts in another entry, "[is] an extremely beneficial Thing to general Health" (*Thraliana* 367). "The Lax fibred Ladies who are seized with a Purging whenever they are vex'd, or cry whenever they are contradicted,"

she continues, “should certainly be often plunged in to the coldest Water, – and Women who are subject to miscarry would doubtless be greatly strengthened by its use” (367).¹

These are two among many instances in which Piozzi positions herself as an eighteenth-century medical authority and suggests treatments for mental illness. Though her suggestions are strikingly violent, and somewhat absurd, her confident voice and obvious awareness of the medicine of the age establish her as a female healer of sorts. Piozzi’s considerable medical know-how would not have been unusual in eighteenth-century medicine, when patients and practitioners were both agents – even equals – in the healing process, and when, as Porter and Porter observe, “self-medication and professional medicine complemented and supplemented each other” (214). Patients often treated themselves, using home remedies as well as philosophy, religion, and even versions of modern psychotherapy. Moreover, eighteenth-century physicians respected the “considerable medical familiarity” of the “literate laity,” often acknowledging in their writings that they “were not just passive uncomprehending recipients of medical treatment” (Porter, *Patients* 313). The layperson, Porter observes, was “in a position to exercise some therapeutic judgement” (*Patients* 313). “[T]he clinical encounter,” he adds, “might be largely stage-managed by the patient, [and] it certainly required negotiation and consensus between physician and the sick person” (*Patients* 287). This emphasis on “negotiation” and “consensus” suggests that the healing process was not a private affair, but a dialogue of sorts. The progresses and setbacks in the treatments of eighteenth-

¹ Piozzi’s proposed treatments recall Robinson’s views on “melancholy madness” as they are expressed in his 1729 medical treatise. Upon the “Failure of all other Remedies,” he observes, “we must have recourse to the Cold Bath instituted in a particular Manner. In this Case, let the Patient be flung from a considerable Height into the Water; or let the Water fall from a considerable Height upon his Head, and Parts affected” (398).

century mental illness, and hysteria in particular, came about as a result of a conversation between doctors, writers, and laypeople such as Piozzi, who exchanged, embraced, criticized, and dismissed a plethora of theories ranging from aggressive bloodlettings, diets, and beatings, to exercise, fresh air, and talking cures.

Of course, this dialogue was not purely democratic, and, in many ways, the medical treatment of eighteenth-century hysteria did violence to women's minds and bodies. "[The] medicalization of hysteria caused a regression in woman's lot rather than advancement," Rousseau suggests, "and brought little understanding of the plight of women that had lain at the heart of the condition in the first place" ("Strange Pathology" 124). "Once medicalized," he continues, "hysteria became the deviant sport of Renaissance and Enlightenment doctors who justified any therapy in the name of calming female fits and faints" ("Strange Pathology" 124). The physicians professed to advocate moderation in therapeutics, but often resorted to violent treatments nonetheless. Richard Blackmore, in his 1725 treatise, makes claims to caution and care, but he is excessive, even reckless, in his use of medication and surgery. He encourages repeated purging, and warns that recommended "Pill[s] or Tincture[s]" should not be taken only once or twice: "there will be just Reason," he asserts, "for their frequent Repetition" (63). He uses quick and copious bloodletting whenever possible, "for when a Vein is speedily opened e'er yet the Distemper has by delay taken deep Root, and entered far into the Cells and Pores of the Brain, the Disease is usually removed" (196). He criticizes doctors who take mercy on their subjects, who "forbid Bleeding in this Distemper, because of the Weakness of the Patient" (196). "[F]or what if the Limbs are weak," he writes, "the Pulse is not so, but will bear the Evacuation, and that to great Advantage, as I have found by repeated Trials"

(196). Four years later, Nicholas Robinson similarly declares that weak patients merited ferocious treatments. In his chapter on “The Cure of the Vapours and Hysterick Fits,” he rejects “antiquated Fooleries” such as “strict and painful Ligatures to divers Parts of the Body, the violent opening of the Hands, twisting or twining of the Fingers, [and] holding stinking Things to the Nose” (374). His preferred treatments are, nonetheless, quite aggressive. He condones, for instance, the excessive use of “Vomits,” “Laxatives” (377), and “Opiates” (380). If these do not relieve the pain, he advises, “let Leaches be apply’d to the Veins, as near the Parts affected as possible,” adding that “sometimes Cupping with Scarification avails very much” (382). George Cheyne treated his weakest patients in a similar fashion and assured one patient, Lady Huntingdon, that “Extreme cases must have extreme cures” (qtd. in Shapin 285). “[His] medical counsel,” Steve Shapin observes, “definitely included aggressive drugging, bleeding, and the active management of all the non-naturals” (281).² He notes in 1733, for instance, that the “*Fits of grown Persons, Hysterical or Hypochondriacal*” are “obstinate and difficult to be remov’d,” and, consequently, “all the great Evacuations are to be attempted, especially *Bleeding, Vomiting, Glysters*, and the like; and then the *Spasms* and *Convulsions* are to be quieted by *Opiates*, with warm and *volatile* Medicines and *Foetid Gums*” (154). “If these Evacuations cannot be conveniently made, or do not soon enough take effect,” he continues, “there is nothing else to be done under the Fits,” but to give more medicines

² “The six non-naturals [not innate], or the six things non-natural,” Jackson explains, “were usually air, exercise and rest, sleep and wakefulness, food and drink, excretion and retention of superfluities, and the passions or perturbations of the soul” (11). “These were distinguished from the seven *naturals* [innate],” Jackson continues, “which were the factors of normal function and constituted the basic science of ancient medicine: the elements, the temperaments, the humors, the parts of the body, the faculties, the functions, and the spirits” (11)

(154). Once the fits have subsided, “rouzing *Vomits* are to be thrown down, and after that sharp *Glysters* (with *Emetick Wine*, and *volatile Spirits* in them)” (154). For Cheyne, the more intense and perplexing the disease, the more violent the remedy. Indeed, confounded by hysteria’s unfamiliar symptoms, Cheyne and other physicians fell back on the familiar in their strategies of treatment; when they failed to cure their patients, they were compelled to “bleed” more vigorously or to “throw down” more medicines.

Such treatments suggest that the dialogue between physician and patient was somewhat one-sided. “[T]herapeutic regimens,” Hellegers observes, “[were] designed to keep women silent ... neutralizing any threat they might pose to masculine autonomy” (213). As the above examples illustrate, doctors not only silenced but also punished their patients, while at the same time committing violence to that which they could neither contain nor understand. The doctors’ confusion is made evident in a further contradiction: their treatments violate the very gender ideologies they seek to maintain. Though they see woman as naturally weak and delicate, they treat her illness harshly in order to bring her back to the norm. This web of confusion and contradiction suggests the doctors constructed both hysteria and its treatments as they saw fit. Finch recognizes such a process in the conclusion of “The Spleen,” Hellegers suggests, when she describes the suicide of Richard Lower, the respected spleen doctor. “[Finch] implies,” writes Hellegers, “that the medical terminology which fosters a view of women as inherently pathological reflects man’s frustrated attempt to at once dominate and root out the source of his own desire ... This frustration is enacted in violence against the bodies of women, which though ‘well,’ are nevertheless symbolically and literally dismembered by the medical establishment” (215).

In fact, some surviving case records attest to instances in which conventional treatments aggravated, or even incited, hysteria. Jonathan Andrews describes the “early eighteenth century psychiatric controversy” of Sarah Clerke, an aged widow deemed hysteric by her physicians and her brothers, and then forcefully confined to her bedroom. Clerke was not a conventionally dutiful woman: her “extravagant demonstrations of piety,” her “extremely bothersome” behaviour, and her refusal to cooperate with the expected “requirements of propriety” frustrated her brothers, the Turnors, who “emerge ... as people with little tolerance for deviance” (135). Andrews’ analysis suggests that Clerke’s refusal to adhere to her prescribed social role was in part the reason for the diagnosis, and for her subsequent punishment. Moreover, Sarah’s treatments may have provoked symptoms of delusion and paranoia. Her “anxieties about being poisoned and defiled, about ‘ravishing’ and the presence of thieves in the house,” he writes, “[may] represent the authentic and reasonable experience of betrayal and invasion of an old woman whose house had been taken over by strangers; whose goods and estates had been impounded by her own family; and whose person had been subject to the forcible application of medicine” (142). “There is no doubt, on any reading of the case,” Andrews continues, “that the meat of the evidence concerning Sarah’s delusions post-dates her actual confinement” (142). Half a century later, as we learn in Guenter Risse’s study of Edinburgh case records, some “actual [hysteric] attacks occurred solely in response to the therapeutic measures instituted to control the disease” (10). “One of John Gregory’s charges,” Risse writes, “was ‘seized with a fit when the blood was flowing from her arm’ following a venesection” (10). Others reacted negatively to the physicians’ “blisters” and “evil-tasting draughts” (10). “[B]loodletting was perceived to be an ineffective remedy in

hysteria,” Risse recognizes, “since in eighteenth-century terms it tended to weaken patients whose entire symptomatology was already thought to be caused by debility” (13). Nonetheless, in practice, this so-called remedy continued to be used.

Medical texts from the period often reveal more a compulsion to control than a deliberate impairment of female patients. George Cheyne’s treatise operates in large part as a demonstration of his supposed ability to master the mysteries of female hysteria. In one instance, he describes the case of a “Young Lady,” who had

fallen into *Hysterick* Disorders of all the Forms and Shapes ever observ’d or describ’d; sometimes *Laughing, Dancing,* and all *Jollity*; at other times *Weeping, Crying, Sighing,* and *Melancholy*; often she was taken with *Fainting Fits* and *Convulsions*; now in great *Chills*, again *Hot* and *Feverish*; sometimes great Quantities of *pale*, at other times but a little *high-colour’d* Water; sometimes *Costiveness* to an Extremity, at other times purging and *slippery* Bowels; and most, if not all these Symptoms, sometimes three or four times in twenty-four Hours, insomuch that ignorant People thought it *Witchcraft* and *Intchantment*. (194)

In announcing that the “Lady” experiences symptoms “of all the Forms and Shapes ever observed or described,” Cheyne underscores the severity of her case. She experiences the common symptoms to such a degree that it is suspected she is under the influence of “*Witchcraft*” or “*Intchantment*” and, therefore, her condition is mysterious, unknown, threatening, and not easily cured. Cheyne goes on to provide a history of her treatment, and asserts that after trying many remedies, he resolved to put her “upon an entire *Vegetable Diet*, without *Flesh, Fish,* or *fermented Liquors*” (194-95). “[I]n less than two

Years,” he asserts, “[she] was perfectly cured of all her complaints” (195). He assures his readers that this remedy of last resort will almost unfailingly make patients “perfectly *Well, Chearful, and Healthy*” (195). Cheyne advertises his ability to cure all such patients, nullifying the menacing, incomprehensible elements of the female hysteric. But why did this treatment work? How did it cure woman of her ills? As Shapin points out, the diet “fl[ies] in the face of tradition, appetite, and common sense” (297). Although Cheyne claimed to respect the Golden Mean in treatment, he “wound up ordering [many of] his patients to adopt a radically lowering milk-and-seed diet” (Shapin 283). The torturous regimen ostensibly ‘cured’ female hysterics of their enigmatic and bizarre symptoms, but, in reality, it starved them into complacency and silence.

Robert Whytt’s 1764 treatise suggests that there was no clear progression towards a more humane therapeutics as the century progressed. Medical treatments continued to render the hysteric woman weak, forestalling her possible protests. In fact, as medicalization occurred, and the mysteries of the female body remained unsolved, there were increasing attempts to control this body. Like his predecessors, Whytt sometimes bled his patients “by applying leeches to the temples” (146), or “painfully affect[ed] the nerves of some part of the body” using “blisters, acrid cataplasms, dry cupping, friction and the cold bath” (121). But Whytt more often feminizes the menacing qualities of the disorder, as when he describes “a young woman liable to a periodic hiccup, which returned regularly about the same time once a-year,” always during a time when “the *menses* flow[ed] plentifully” (445-46). This, of course, justifies his treatment of “bleeding [her] largely at the arm” (446). Whytt’s treatments of female patients were decidedly brutal. He believed that “Fear, surprise, attention, or other strong affections of the mind,

[would] frequently put a stop to convulsive motions and spasms" (123). As proof, he provides the account of an eight-year-old girl who is cured of her affliction when "her father went to fetch a horse-whip to beat her" (123). The fear of this affected her so strongly that the convulsions "instantly ceased; and have never returned since" (124). Whytt also endorsed the use of tight bandages as a means of controlling patients; he relates the case of a "young Lady, whose legs, thighs and belly, were kept tight with rollers for several months, in order to prevent convulsions, which, from an uncommon delicacy of her nerves, she was frequently subject to" (124-25). Whytt seems to embrace violent "archaic Fooleries" even more enthusiastically than his predecessors.

The increasingly reactionary treatments of the doctors can be explained in large part by the progressively more vocal and rebellious tendencies of their female patients. Nevertheless, tracing the women's engagement with medical ideas also reveals a process of acceptance and internalization, as is evident in Piozzi's suggestions for George III and the "Lax fibred Ladies." The women were products of their time and viewed many of the doctors' remedies as necessary and effective. Moreover, they turned to the treatments that were available to them. Many did not have access to alternative models of hysteria. In her study of the cookery books of late seventeenth-century women, Katherine Williams finds that hysteria "was indeed widely recognized among women themselves" (390). Many of these women continued to endorse the "Hippocratic theory of the wandering womb," as is reflected in the titles of their treatments: "To bring the mother in her place wheresoever," "To make the mother sinke," "an especialle medicine for fitts of ye mother to put it clean away," and "A Medicine for the Rysinge of the Mother" are a few examples (qtd. in Williams 390-91). Other women, like Elizabeth Freke, seem to have had no choice but to

place their trust in doctors. Freke expresses faith in the efficacy of bloodletting, and, as she relates in her memoir, is surprised on one occasion when she remains ill despite being “bloued twenty ounces” (75). When she returns to Billney in 1708 “weary and very ill” she orders her doctor, “Mr. Smith of Winch to lett me bloude and to cutt off all my haire, both for my head and tissick” (97). In the second half of the eighteenth century, Guenter Risse observes, conventional treatments were “widely disseminated and even accepted by the women themselves, regardless of social position or income” (16). Risse focuses on labouring class women, but this phenomenon extended into other social sets. Like Freke, Piozzi endorsed the practice of bloodletting; she mentions in the *Thraliana* that her “Tortures” following Thrale’s death required that she be bled “Six times in Six months” (521). She likewise attributes her daughter Cecilia’s recovery from a violent illness to Dr. John Haygarth’s decision to “bl[eed] her copiously” (*Thraliana* 847). As these examples indicate, some women found the doctors’ recommendations to be effective and did not unequivocally reject conventional treatments.

Nonetheless, many women life-writers displayed insights and recognitions that were at odds with medical practices. Elizabeth Carter saw the physicians’ medicines as “weaken[ing] the spring of the mind, and fret[ting] the temper by the teasing exercise of perpetually disappointed hopes” (1.34), and Lady Mary Wortley Montagu resisted the practice of bloodletting, claiming in one letter that she had submitted to being bled, but only after “long contestation” (*Complete* 1.113-14). There are instances in which women denounce the brutality of physicians in their treatments of female patients. Freke, despite her professed faith in the medical practices of the period, includes in a description of her lying-in a livid reference to a male doctor’s barbarous suggestion that her stillborn be

“taken in peices from [her]” – a procedure that is not carried out thanks to the objection of a “good woman midwife” who comes in just as the doctor “[is] putting on his butchers’ habitt to come aboutt [her]” (41). Similarly, Piozzi describes her daughter’s delivery of a stillbirth as “a horrid business altogether” (*Thraliana* 974). This provokes an invective against midwives: “I hate these Country Accoucheurs – these *Demi Savans*,” who are “so forward to produce their *Instruments* ... a skillful Practitioner might have brought the Baby forward with the *Forceps* at worst” (*Thraliana* 974). “[M]any & many a Life has been flung away” by such incompetence, she concludes (*Thraliana* 975).

Women’s knowledge of medical treatments led not only to a wariness of doctors, but to a recognition that aggressive treatments did little more than incite physical and psychological trauma, thus confirming the above conclusions of Jonathan Andrews and Guenter Risse. On one occasion, when Freke asks “Mr. Smith” to bleed her, he makes “the orrifice soe wide thatt I bleed above threescors ounces before itt could be stoped. Which tho itt gave me some ease, yett for many months I lay very weaked ever since with a most violentt cough, now eight monthes, expecting my last sumons and noe frind neer mee” (191). Piozzi, for her part, recognized the dangers of medicines and medical diets for women, even though she continued to subscribe to them. In a 1794 letter, she resisted the doctors’ remedies and actually attributed her “lowness of Spirits” to their “Physick, and starving, and rough Exercise and strong Perspiration” (*Piozzi Letters* 2.197). In challenging the doctors’ aggressive and debilitating treatments, which served to silence and subdue female patients, the women began to recognize in the doctors’ brutality and inhumanity, evidence of hysteria.

Eighteenth-century women reacted against other, less 'medical,' practices that sought to contain their threatening elements. Doctors encouraged women to remain within the domestic sphere, and to occupy themselves with traditionally female accomplishments – a view criticized by Anne Finch in "The Spleen" when the speaker expresses her reluctance to,

in fading Silks compose

Faintly th' inimitable *Rose*,

Fill up an ill-drawn *Bird*, or paint on Glass

The *Sov'reign's* blurred and indistinguish'd Face. (85-88)

Finch chooses her unconventional desire to write instead of producing, as Katharine Rogers observes, the "needlework and amateurish painting with which women were supposed to divert their spleen" ("Candid Account" 24). The "most popular prescription" for hysteria, and one which was harder to resist, was marriage (Mullan 161). Medicinal practices into the eighteenth century saw widows, virgins, and nuns as most prone to hysteria, and there was a lingering belief that male semen somehow kept the womb in order. Robert James, in his *Medicinal Dictionary* (1743-45), writes that "Women fit for Marriage, and as yet strangers to Matrimonial State" often experience "the most violent Delirium" (qtd. in Mullan 161-62). In his 1771 treatise, John Ball concurs, writing that, "if the patient be single and of a proper age, the advice of Hippocrates should be followed, who wisely says, that *a woman's best remedy is to marry, and bear children*" (qtd. in Mullan 161).³ Such "recommendations," Risse

³ Marriage did not always cure hysteria, of course, as is evident in one of Nicholas Robinson's case histories:

observes, were often simply a “blueprint for matrimonial living that tended to justify and support the prevailing social and biological notions of womanhood” (16). He continues:

According to the conventional medical wisdom, hysteria was a chronic, quintessentially feminine, disease resulting from the peculiar constitution and physiology of women. Accordingly, symptoms were triggered when females failed to follow detailed prescriptions for a lifestyle that shunned all excesses and allowed for a limited expression of sexuality within marriage, consonant with prevailing mores and social roles.

Transgressions, real or surmised, could create ‘liability to globus’. In the eyes of eighteenth-century practitioners, women afflicted by hysteria had only themselves to blame for not paying enough attention to the advice of experts. From this professional perspective, at least, ‘hystericization’ was a just punishment for non-conforming females who dared weaken their already fragile nerves or flaunted their sexuality. (17)

In order to either avoid or control hysteria, women were to find a husband and to obey him silently and unquestioningly.

I am my self acquainted with a Gentleman who had one only Daughter, that was melancholy mad for Love of a young Gentleman: Her Father, by Advice of friends, was prevail’d on to admit him to marry her, in Hopes of her Recovery; because though she talk’d greatly out of the way, yet was she always much better in his Presence. But Marriage did not abate the Lunacy, nor remove the Impediment of her Brain; for she attempted several Times to murder him: So that at last they were oblig’d to confine her to a Mad-House, for fear of further Mischief. (492-93)

Lady Mary Wortley Montagu confronts this issue in "A Receipt to Cure the Vapours, Written to Lady I[rwi]n" (1748)⁴:

Why will Delia thus retire,
 And languish life away?
 While the sighing crowd admire,
 'Tis too soon for hartshorn tea.
 All those dismal looks and fretting,
 Cannot Damon's life restore;
 Long ago the worms have eat him,
 You can never see him more.
 Once again consult your toilet,
 In the glass your face review:
 So much weeping soon will spoil it,
 And no spring your charms renew.
 I like you was born a woman,
 Well I know what vapours mean:
 The disease, alas! Is common,
 Single, we have all the spleen.
 All the morals that they tell us,
 Never cur'd the sorrow yet:
 Choose, among the pretty fellows,
 One of honour, youth, and wit.

⁴ This poem is addressed to Lady Anne Howard. In 1717 she married Lord Irwin, who died in 1721. In 1737 she found a second husband in William Douglas (Fullard 488).

Prithee hear him every morning,
 At the least an hour or two;
 Once again at night returning,
 I believe the dose will do.

The speaker admonishes "Delia" for languishing "life away" and urges her to remarry in an effort to dispel spleen – recalling the doctors' prescriptions. Montagu's poem teems with irony, however, and there are many reasons to hesitate before taking the speaker's words at face value. Her suggestion in the third stanza, for instance, that Delia's "face" is the primary source of her "charm," is surely ironic in that it is uncharacteristic of Montagu, who was herself scarred by smallpox and frequently lamented the tendency to privilege female beauty above wit and intelligence. The fourth stanza ridicules the view that women are somehow innately vapourish. "I like you was born a woman," the speaker asserts, "Well I know what vapours mean: / The disease, alas! Is common; / Single, we have all the spleen." The speaker suggests that no traditional remedies have "cur'd the sorrow yet," but goes on, in the final lines, to posit her own prescription for spleen. "Prithee hear him [your husband] every morning," she advises her friend, "At the least an hour or two; / Once again at night returning, / I believe the dose will do." The speaker's professed certainty in the effectiveness of this treatment satirically mirrors the doctors' arrogant attitudes in the administration of what Montagu calls – in a letter – their "filthy doses" (*Complete* 2.76). Listening to a husband's supposed wisdom, then, is not a cure at all; rather, living with a dreadful bore does anything but alleviate a wife's blues. In these ways, the poem may be read as a satire on short-sighted and offensive medical views which pretended to cure vapourish women, but really sought to contain and confine them.

An alternative reading of the poem suggests that women *could* find fulfillment in marriage, but only when it included intellectual satisfaction. From this perspective, the speaker's advice is in some ways apt. A widow, who is beyond her prime, is urged to find a companion to soothe her. She is urged to "Choose" her man prudently. He is to possess good looks and youthfulness, as well as "honour" and "wit," so that he might satisfy Delia's needs – both sexual and intellectual. Montagu gestures towards the notion of marriage as a joining of equals; companionship, when approached wisely, can cure the vapours – a view shared by many other eighteenth-century women writers. Anne Finch seems to have been fulfilled in her marriage to Heneage Finch, who satisfies her desire – as it is expressed in "A Petition for an Absolute Retreat" – for,

A Partner suited to my Mind,
Solitary, pleas'd, and kind;
Who, partially, may something see
Preferr'd to all the World in Me. (106-09)

Myra Reynolds suggests that Anne and Heneage experienced "[d]omestic felicity," and that their marriage marks "the beginning of Anne Finch's real and permanent happiness" (xxvii, xxvi). Finch expresses this in her poems on "Flavio," or "Daphnis" (literary names for Heneage). In "A Letter to Dafnis, April 2nd, 1685," the speaker explains that Dafnis won her heart through his "constant passion" and in spite of her "stubborn and ungratefull heart" (3, 4). Their love ultimately brings her joy: "Daphnis I love, Daphnis my thoughts persue, / Daphnis, my hopes, my joys, are bounded all in you" (8-9). The root of this joy is in her husband's respect for his wife's intelligence and *métier* as a poet. Myra Reynolds notes that Heneage "not only indulged her verse, but even now and then

‘requir’d her rhymes’” (xxvi), as is evident in the title of one of her poems: “To Mr. F. Now Earl of W., *Who going abroad, had desired Ardelia to write some Verses upon whatever Subject she thought fit, against his Return in the Evening.*” Given Finch’s many detractors, she would have been relieved and inspired by Heneage’s interest in her writing, and in this poem she describes her immediate and enthusiastic wielding of the pen upon his departure: “No sooner, Flavio, was you gone, / But your Injunction thought upon, / Ardelia took the Pen” (1-3). Crucially, as Reynolds points out, the liberty within the union is at the core of its success. “Ardelia had come into a new freedom,” she writes (xxvi). Marriage in Finch’s case did not amount to a surrender of autonomy.

Freedom – intellectual and otherwise – is also at the root of Piozzi’s happiness in her second marriage. In some ways, she depicts herself as a conventionally devoted and selfless wife, as when she returns from their wedding and describes her new husband as “Subject of my Prayers, Object of my Wishes, my Sighs, my Reverence, my Esteem” (*Thraliana* 611). But Piozzi is also elated and relieved that her second husband shares her love of travel, literature, and conversation in a way that her first husband did not. Bloom and Bloom write that Thrale’s death marks the commencement of “freedom” for Piozzi as she erases “the humiliations imposed on her by her first marriage” and achieves “spatial and emotional distance from Samuel Johnson,” refusing “ever again to be overrun by his creative superiority” (2.9). Piozzi became far more “natural and spontaneous” with her second husband, R. Brimley Johnson observes, as “the genuine excellences of her nature were given full play” (10). Their relationship is defined by an equality of sorts from which, Bloom and Bloom note, Piozzi emerges as “a companion and a friend,” who is able to “cast ... aside” the “mannered proprieties of ... feminine

self-effacement" (3.9). "She was," moreover, "released from the obligation of childbearing and the need to watch children die" (1.15). Piozzi, like Montagu and Finch, reworked the conventional terms of marriage so that the institution actually brought emotional and intellectual satisfaction.

"A Receipt to Cure the Vapours" contains yet another, more subversive message. In its praise of the possible sexual fulfillment that can come with marriage, "Lady Mary's poem," as Hellegers recognizes, "demystifies the attempts of the medical establishment to contain and neutralize women's sexuality" (206). For Hellegers, the lines, "All the morals that they tell us / Never cured the sorrow yet," suggest that "cures for the spleen operate to repress feminine desire" (206). Eighteenth-century medical dogma viewed the sexual body of the single woman as dangerous and menacing, and marriage was believed to contain this threat. In this context, Hellegers believes, the speaker's "euphemistic references to the benefits of heavy 'doses' of daily conversation, or intercourse, constitute a poetic act of sexual transgression" (206). "Lady Mary reasserts the excesses of feminine desire," she continues, and, "rather than the repression of desire, she prescribes its exhaustion" (206). There is evidence in other women's writings of the therapeutic value of sex. Piozzi describes her second husband, Gabriel Piozzi, as antidote to her hysteria, and she chooses him in spite of warnings from "my Daughters & my Friends" that this "*formidable* Foreigner ... was to ruin my Fortune, & change my Religion, and use me I know not how ill besides" (1039). This second marriage "summoned an inner strength," Bloom and Bloom observe, "that fortified her against the notoriety imposed by would-be censors" (3.9). Piozzi refused to repress her sexual desires and so found peace and fulfillment in marriage.

In some regards, Lady Mary's experiences, as they are described in her letters, reflect the concerns of her poem. She emerged as a passionate and happy woman once she disregarded the conventional obligations of marriage and embraced her passionate side. In her mid-forties, and still married, she fervently pursued the Italian author Francesco Algarotti, who was twenty years her junior. Robert Halsband remarks on the exceptional nature of her correspondence and relationship with Algarotti, writing that the letters to him are "unique for her in their extravagant passion and rhetoric" and "reveal new aspects of her personality and epistolary art" (*Complete* 2.x). Indeed, this affair unleashed a sincere and raw emotion in Lady Mary unseen in her other correspondence. In one 1736 letter, she goes so far as to place her love for Algarotti alongside religious adoration: "j'ai une devotion pour vous plus zelé qu'aucun des adorateurs de la Vierge a jamais eu pour elle" (*Complete* 2.105). "[J]e passe des heures entière en mon Cabinet," she continues, "absorbé dans la contemplation de vos perfections" (*Complete* 2.105). Sadly, her 1741 "rendezvous with Algarotti in Italy" put an end to her romantic fantasy" (Halsband, *Complete* 2.x). Nonetheless, the affair granted her a sort of freedom as she subsequently lived abroad as a single woman, not seeing her husband for twenty years. She seems to have found peace, and writes candidly to Algarotti – soon after he abandons her – of the contentment she feels in Italy: "Enfin je me trouve miraculeusement beaucoup plus a mon aise qu'à Londres" (*Complete* 2.175). In contrast to most eighteenth-century physicians, who used hysteria's treatments to limit women to their conventional roles and silence or subdue them, women such as Montagu found treatments that granted them intellectual freedoms and liberated them from the tedium and triviality of the domestic sphere and the confines of marriage – treatments, in other words, that

were better suited to, and that engendered, independent, free-thinking, and sexually aware women.

b. Some Progressive Common Ground

The tensions described above fairly characterize the ambivalent tone of the dialogue between medical texts and women's writing in the eighteenth century, but between these opposing camps a surprising degree of accord can also be detected. The two bodies of work were, after all, not always at odds. They were often mutually influential: women and doctors, by exchanging ideas over the course of the century, arrived at new therapeutic innovations that were based on holistic principles. Because women writers and laypeople were part of the world of medical ideas, they exerted their influence upon these ideas. Many doctors adjusted their treatments accordingly, by taming their brutal methods and by promoting treatments that could be carried out by the patients themselves. In fact, physicians had no choice but to consider their patients in a competitive marketplace where, as Roy Porter notes, "traditional strategies, surgical and drug therapies for mental disorders multiplied," and where the range of cures – offered by "[journalists], unorthodox healers, astrologers, cunning-men, wise-women, [and] quacks" – was "quite staggering" (*Mind Forg'd* 184, 173, 170). The excessive use of bloodlettings and medicines was dismissed by some physicians. Sydenham, always the trailblazer, listened to his patients, and, in his 1682 treatise, notes that certain "females" exhibit an "absolute repugnance to all the so-called *hysterical* medicines," which should, therefore, be "omit[ted] ... entirely" (103). Blackmore, despite his occasional tendency towards brutality, also considered his patients' reactions, claiming that treatments should cause

the least possible “Dejection of Spirit and Expence of Strength” (64). Bernard Mandeville rejected purging and bleeding altogether. In his *Treatise*, Philipirio claims that an excessive and misguided use of such treatments (by “Learned *Galenist[s]*”) can aggravate symptoms, for “great and preposterous Evacuation[s] ... [destroy] the Tone of [the] Blood and Spirits” and “complet[e] their Ruin” (146). “[L]arge Bleedings,” he continues, can rob a person of their “vital Heat,” while “strong Catharticks” risk “benumb[ing] [the] Stomach and Bowels after working” (146). Many doctors turned to milder, more natural remedies. Sydenham observes, for example, that “medical skill is less shown in the preparation of remedies than in the appropriate selection of those which Nature elaborates single-handed, and supplies liberally” (98). He suggested a preparation of “steel” (a common cure for hysteria, which was said to revive the animal spirits) in the form of a syrup (98). His remedies could often be administered in a regular kitchen, and his treatise includes detailed lists of medicinal ingredients and instructions on their use. He talks of boiling substances comprised of such things as “St. John’s wort,” “mint,” “sage,” “chamomile,” and “lily of the valley” (100). He also suggests a treatment that would strike many modern readers as effective: a “free draught of sherry at night” (105).⁵ Blackmore also encouraged the use of natural medicines, asserting that the “purging Medicine” that agrees with patients above all others “is Aloes; for it is of such a Nature, when given in a just Proportion, that it operates without diminishing the Strength, or wasting the Spirits of the Patient, and rather exhilarates and enlivens, than depresses Nature” (61). Cheyne’s treatise includes long lists of natural medicines such as: “*Myrrh*,”

⁵ Similarly, Robert Whytt endorses the use of alcohol in relieving epileptic-like fits. “A dram of brandy,” he notes, “by stimulating the nerves of the stomach, will almost instantly lessen a tremor of the hands, and in some cases make the pulse slower” (444). He also endorses drinking “a glass or warm wine with cinnamon and nutmeg” (444).

"Castor," "Amber," "Raw Silk," "Castile Soap," "Saffron," "Garlick," "Horse-Radish, and the like" (97), as well as "Syrup of Mulberries" (99), "Snakeweed," "Cinamon," "Chamomile Flowers" (100), and, rather surprisingly, the "Salt and Spirit of Human Skulls" (97).

The continual exchange of ideas between women and doctors meant that they adopted each other's theories. Susanna Blamire, who was known in her community as a caretaker of the sick, writes "Epistle to her Friends at Gartmore" (c. 1776) in which the speaker declares that she is "famed for skill / In the nice compound of a pill" (91-92). She offers remedies for nervous disorders, which, much like the doctors, "purify [the] blood," do the "stomach good," and treat "vapours when splenetic" (119-21). Even in the early part of the century, holistic remedies were extolled by doctors and patients alike. In her memoirs, Elizabeth Freke praises the use of opium, which circulated amongst her female acquaintances, and which she describes as a secret remedy, unknown to all but their exclusive circle. Her "deer sister Austen" sends her a simple "recipe for laudanum": two ounces of the "best opium and once ounce of fine saffron" are cut into small pieces and infused in a "deep earthen pott," which is then set in a kettle of boiling water, infused, and strained (329). Austen had received the "receitt" from Lady Powell, who claimed to have "bin dead many years since butt for itt – shee haveing tryed all the conciderable phisitions in London and by them brought to a skellitoon in weakness and to noe effect" (330). Freke was praising opium early in the early 1700s, and as the century progressed, opium became one of the most popular treatments for mental disease. In this web of circulating ideas, women's ideas found their way into mainstream medical wisdom.

Consequently, remedies were embraced that, rather than torturing the body, were truly therapeutic; they soothed the mind and allayed anxiety. The negative side effects of opium were acknowledged, of course. Freke's sister warns that it "sometimes flies to the head [...] and to the frightening of you" (330), Sydenham recognizes its addictive qualities and notes that one can become "accustomed" to it (109), and Cheyne points to the "Lowness and Depression" it can leave behind (97).⁶ As Freke observes, though, this "is butt a small penance to purchase to our selves a little ease whilst we live in this world" (330). The drug promotes "a moderatte degree of ease" and sustained sleep for "six or eightt howers together," she continues (330). The doctors also expounded upon the drug's psychological benefits, as is evident in a passage from Blackmore's treatise (which suggests he has perhaps been personally seduced by its charms):

This Medicine is of singular Advantage ... in several Respects: First, as it calms and soothes the Disorders and Perturbations of the animal Spirits; which, when lulled and charmed by this soporiferous Drug, cease their Tumults, and settle into a State of Tranquility: Wonderful it is, how soon the Hurry and Tempest in the Nerves is composed by the Sollicitation and Intervention of this prevailing Medicine. (83)

⁶ In Mandeville's *Treatise*, Misomedon defends Thomas Willis' claim that opium "kills and destroys" the spirits as "its Particles ent[er] the Brain" like "a flying Army that surprises a Frontier Country" (162). Willis' military metaphor continues:

[Particles of opium,] meeting in the Cortex of the Brain, with the first Party of the Animal Spirits, ... defeat, or rather destroy a great many of them, that are in the forlorn hope; by which means afterwards the remaining Spirits of the same Troop being now grown weaker, retreat, and seeing their Emanation is stopt, fly back toward the Middle of the Brain; and that, whilst they are withdrawing themselves from the Battle, and marching off; the rest that are lodg'd in the Organs of Sense, as in so many Watch-Towers, having lost their Recruits, immediately follow them, and leaving their Guard retire to take their rest. (162-63)

Though Blackmore evokes physiological mechanisms – “animal Spirits” and “Nerves” – what emerges most powerfully in his description is the psychotherapeutic elements of this “soporiferous” drug that soothes perturbations, lulls and charms, and settles the mind into tranquility.⁷ Mandeville promotes a similar view, calling opium that “divine Medicine” and “wonderful Charmer of the Spirits” which occasions “sedate and agreeable Dreams” (162), while Cheyne suggests that it offers the “kindly Effects of quieting *Anxiety* and *Oppression*, procuring Rest” (97). The dangers of addiction aside, laypeople like Freke made their mark on accepted medical practices as doctors embraced their ideas. The result was a therapeutics that, in the short term, at least, relieved, rather than abused, the mind and body.

In this open culture of medical ideas, doctors were pressed to provide remedies that both relieved (rather than oppressed) patients’ mental states and were simple enough that patients could administer them on their own. Indeed, some healing regimens were

⁷ Richard Blackmore unequivocally defends opium use. He refutes charges that opiates “lock up the Humours of the Body” (85). This, he remarks, is a “Cant of Words without a Meaning, the dark Production of a cloudy Imagination, and therefore to be exposed and disregarded” (85). He concedes that opium, like “Wine and Strong Liquors,” can make people “sottish and stupid”; however, this happens only when taken “wantonly,” for “no such pernicious Effects attend the use of it in a moderate Proportion” (85). He has known “several Hypochondriacal and Hysterick Patients, that took opiate Medicines for many Years [...] without the loss of Appetite, or the contracting any Dulness of Understanding; but on the contrary, they enjoyed a comfortable State of Health and Ease” (86). In one instance, he responds rather poetically to allegations that opium offers only temporary relief:

[S]hould any man argue thus against the use of meat and Drink, and say, To what purpose should I dine and sup to Day? This does not totally remove my Hunger and Thirst, but only eases them for the present; to-morrow they will be renewed, and I shall be obliged to dine and sup again, which will make it so habitual, that I must be every Day eating and drinking for Health’s Sake; and this will prove an unsufferable Burden. And the like may be urged against sleeping this Night, because it will be wanted again the next ... (87)

based around holistic ideas of balance and moderation. For instance, Cheyne's rigid milk and seed diet was complemented by a more sustainable, "common" and "temperate" one (183), which recognized the benefits of healthy eating and the importance of checking excess. Patients were to alternate a "*Maigre*" day of eating with a more "*Gaudy*" one – and that for a lifetime (193). People have "arrived at a confirm'd State of Health, noble Spirits, and great Age, by this *Trick* alone," Cheyne writes, "so that Fasting and Abstinence in this Manner, might seem not more a *religious* than it ought to be reckon'd a *medical* Institution" (193). Nicholas Robinson also suggests that patients "abridge the Quantity" of food intake, and "change those rich, poignant Sauces, and hot, spicy Ragoos, for a plain, simple, innocent Diet upon white Meats, and such as may assist the Restoration of the nervous Solids, without laying any great Stress upon the Digestions" (324-25). Bernard Mandeville also advises patients to be reasonable and moderate in their food choices, to be "content with one Dish at every Meal" (245). "Let your Diet be nutritious and inoffensive," Philipirio observes, "and your Cookery be simple, [and] natural [...]" As for Example, Let your Fish be neither stew'd nor fry'd, nor your Flesh be otherwise than boil'd or roasted; and neither of them be previously salted. If you love Mustard, the keenest, as well as most innocent, is that which being baked and pulveriz'd and well-sifted, is made up with fair Water instead of Vinegar" (245). This is sound advice for healthy eating. Moreover, Mandeville recognized the psychological satisfaction that food could bring and encouraged patients to "consult [their] Palate" (245). Finally, Mandeville wisely points out that in a society increasingly governed by consumerism, the "golden Rules of diet" are often either overlooked or viewed as "inconsiderable trifles" (254). "Thousands, and ten thousands of Pounds are yearly

thrown away upon Apothecary-ware, in this City alone,” he writes, “to remove what might be more effectually cured by Diet” (254-55). Laypeople embraced such cures, which were relatively painless and easily managed, and whose psychological benefits were indisputable.

Responses to such dietary advice provide occasion to examine the intersection of accepted medical wisdom, as espoused by doctors, and the ongoing evolution of treatment in the eighteenth century. Piozzi’s qualified praise of George Cheyne’s recommendations for a healthy diet are illuminating:

Few Books carry so irresistible a Power of Perswasion with them as Cheyne’s do; when I read Cheyne I feel disposed to retire to *Arruchar* in the Highlands of Scotland – live on Oat bread & Milk, and bathe in the Frith of Clyde for seven Years; and I do partly believe that was I to take up that impracticable Resolution that I would live to a hundred years. Absence of passions, and a diet of fish, seeds, milk, bark, rhubarb.
(*Thraliana* 778)

Certainly, Piozzi admired Cheyne’s philosophy, and believed, at least “partly” that it was beneficial to the health of the mind and body; however, she recognized that there were shortcomings to his regimen, and thus showed her critical ability to challenge and modify medical therapeutics – a common occurrence in an age when medical ideas circulated freely. The above passage praises Cheyne’s “Power of Perswasion” above all else, suggesting that the actual regimen is perhaps not as effective as he claims. She only “partly believe[s]” that it would prolong her life, and calls it “impracticable.”

Indeed, women were selective in their use of even the most seemingly reasonable

medical treatments, in part because they knew that physicians were, at bottom, trying to sell their services. Health resorts were famed for relieving spleen, and doctors promoted them vigorously. They were very particular in the ways that “waters” should be drunk. Blackmore explains that the right waters must be prescribed depending on a particular patient’s constitution, and one must be careful in choosing between Tunbridge, Hampsted, Islington, Piermont, Bath, or Aix la Chappelle (81). “The *Bath* Waters and those of *Tunbridge* [are] to be drunk on the Place,” he observes, “otherwise their volatile Virtue will much evaporate; tho’ the first will be serviceable in a considerable degree, when taken at a Distance from the Spring” (177). Many ladies followed this advice, and flocked to resorts to take the waters and consult physicians like Blackmore; others were more sceptical, and criticized such promotions. When Freke went to Bath to take the waters and “try for help of the doctters there,” she left after a fortnight “finding noe good in them nor their watters” (262). Similarly, Finch’s many “visits to various health resorts,” including the fashionable Tunbridge Wells (famed for its “quick spring of spiriteous water” and for “cur[ing] ... the Spleen”), were “ineffectual” (Reynolds xlii). In one letter, Carter advises Montagu “not [to] harass your Health” – to be “flesh and blood” rather than “iron and steel” (1.375). And in 1751, when Lady Mary was feeling very “infirm” and was diagnosed with “Vapours,” the doctors told her that “Steel Waters are the only remedy for it,” but she was wary, noting that “[h]itherto I have found little benefit from them” (*Complete* 2.491).⁸

⁸ In other instances, however, Montagu praises the practice, following Thomas Sydenham, who claimed that “all Women at a certain time of Life” take to drinking “Steel Waters” (*Complete* 2.442). She tells Lady Oxford that she has “receiv’d great Benefit” from them, and believes that they “would be usefull to you” (*Complete* 2.442).

Recognizing the commercial impetus of the doctors, and the absurdity of flocking to fashionable and crowded resorts as a way of curing mental ills, some women adjusted the tradition to suit them. Piozzi embraced a less stressful and expensive “bath,” one that she believed was more effective than the elaborate pilgrimages urged by the doctors. She sings the merits of simple cold baths and their supposed mild, soothing therapeutic quality. She suggests that the cold bath offers “so many Temptations! Tis such a Friend to Beauty & to Love! Smoothing the Skin, illuminating the Complexion, exciting Ideas of such perfect Cleanliness, bracing up everything that frequent Pregnancy relaxes – I only wonder the Women use it so little & that the Men can be pleased with those who never use it at all” (*Thraliana* 367). The self-prescribed cold bath was one of the many ways that eighteenth-century women took control of their treatments for hysteria, and so began to achieve contentment and empowerment. They rejected medical treatments that silenced and controlled them, embraced ones that helped them, and modified ones that did not quite fit their experience. They overcame the restrictive therapeutic regimens that sought to keep them in their place, and moved forward by capitalizing on the evolving character of medicine in the period. They challenged doctors and exerted their influence upon medical doctrine in search of ways that they deemed beneficial to the health of their minds and bodies.

c. An Expansion of the Domestic Sphere

The remedies that women embraced often led to greater freedom. Thomas Sydenham, who Lady Mary Wortley Montagu called her “Oracle in Physic” (*Complete* 2.442), promoted an “expectant treatment” in which the patient was often left to her own

devices (Comrie 26). "I do no more than my duty as an honest and conscientious physician," Sydenham writes, "when I just do nothing at all – simply visiting the patient from day to day, to see that he be no worse to-day than he was yesterday, nor yet likely to become worse by to-morrow" (115). "If, however, on the contrary," he continues, "I try remedies whose efficacy is equivocal, there will be as much danger in the experiment as ever there was in the disease; the perils being just double to what they would have been otherwise, and the changes of escaping them just half" (115). Sydenham influenced his successors with his rejection of drastic treatments that were not certain to do any good, and with his recognition that no two conditions were alike and should therefore be explored on an individual basis. This meant that women could pick and choose from the doctors' suggestions. Consequently, they often welcomed restorative regimens that expanded the conventionally limited female sphere, and that were not restricted to the pursuit of tedious female accomplishments. They turned to the more psychological forms of therapy offered by the doctors. Sydenham, Mandeville, Robinson, and Whytt all promoted horseback riding, for instance, or riding in carriages, as cures for hysteria. In a rather poetic passage from his 1729 treatise, Nicholas Robinson puts aside his typically aggressive approach to describe the calming effects of riding:

[The] intellectual principle, under the Spleen, is fast chain'd down to a particular Way of Thinking: All its Ideas are dark, gloomy, and dejecting; which depress our Thoughts, and keep them too long attentive to the same Objects. Now Riding takes the Mind off from that too long and anxious Attention to the same Ideas, by soliciting our Senses with different Objects, that arise from the various Scenes of Nature, through which we

pass; and which must enlarge our Thoughts, and consequently make them less attentive to those particular Views, to which before they were habituated during their State of Inaction. (334)

“Riding” was seen as beneficial because it distracted patients from their depression and anxiety, allowing them to look outward and observe the world around them. This was true, as well, the doctors claimed, of walking, experiencing the outdoors, travelling, and socializing. Robinson expounded upon the benefits of music, evoking Plato’s belief that “the Charms of Musick” have a great “Influence over the Mind” as they “[purge] the Soul of those gloomy Thoughts or Passions” (344). The “Records of Antiquity,” he continues, “confirm that “Musick has that powerful Influence over the Passions, as well as [over the] intellectual Faculties, of the Soul” (348).⁹ Such therapies focused on the health, and even the exercise of the “soul,” the “mind,” and “the intellect.”

Women whole-heartedly embraced many of these therapies, even as they rejected other medical recommendations. Lady Mary Wortley Montagu, for example, was critical of approaches that sought to constrict women’s bodies and make them, she felt, sedentary, foolish, and sluggish. “Physic and Retirement,” she believed, “[were] good for nothing but to break Hearts and spoil Constitutions” (*Complete* 2.77). In a 1727 letter to Lady Mar, Lady Mary sets forth what she calls “[m]y cure for lowness of Spirits”: “[It] is

⁹ For the physicians, the calming effects of these activities are ultimately rooted in the body – confirming a continued focus on physiology. Sydenham explains that riding strengthens the spirits and the blood, for “[h]ere all the exercise falls upon the lower belly, and in the lower belly lie all the excretories which Nature keeps up for eliminating the feculent lodgements of the blood” (106). Similarly, Robinson elaborates upon the specific mechanisms that act upon and soothe the brain when music is heard. He talks of how music produces a vibration in the “Tympanum of the Ear, by whose Motion these finest Fibres of the auditory Nerve are affected”; these fibres in turn affect the “Fibres of the Brain” (346).

not drinking nasty Water but galloping all day, and [taking] a moderate Glass of Champaign at Night in good Company; [...] I beleive this regimen closely follow'd is one of the most wholsom that can be prescrib'd, and may save one a world of filthy doses and more filthy Doctors' fees at the Year's end" (*Complete* 2.76). Lady Mary encouraged treatments that expanded the mind. In her next letter to her sister, she reiterates that "upon the whole my Sense is right, that Air, Exercise and Company are the best med'cines" (*Complete* 2.77). Elizabeth Carter agreed. In a 1773 letter, she expresses confidence that the health and spirits of her friend Mrs. Underdown will "get much better when she gets into the air, and uses exercise, which she has promised to do next week" (2.197). Carter self-prescribes air and exercise for her own low spirits, and writes to Montagu that "I look upon that [exercise] as a regular duty, to be performed at all times when I am able" (2.67). In 1770, she tells her friend that, as a "principle of health," she has "contrived to get out for a short excursion [of walking] at least almost every day" (2.69). Carter was particularly dejected upon losing her father in 1774, and admits to having suffered from many "anxieties [...] for so many weeks" (2.286). She tells Montagu that she has a "sad desolate feeling at my heart, and an oppressive weight upon my spirits" (2.286). To alleviate her grief, she resolves "[to] walk," and is "persuaded [she will] be the better for air and exercise" (2.286). Indeed, by endorsing air and exercise as an efficient remedy that could divert the mind from cares and anxieties, these women make clear that an escape from expected domestic sequestration and home duties is conducive to their mental health. Not surprisingly, they embraced any therapy that would enable their rejection of eighteenth-century mores that elevated domestic restrictions.

This attraction to therapeutic escape is further apparent in women's enthusiasm

for travel. A common refrain in Elizabeth Carter's writings is a call for a "change of air," which she believed had the power to lift the spirits. Piozzi is likewise comforted by the prospect of travel. In early July 1806, she attributes her anxiety to "a clamorous Up roar [...] about the Prince and Princess of Wales" (*Thraliana* 1077). A "change of air" is, for her, cause for excitement: "Well! Notwithstanding these Cold Thoughts, we are going to Llun; – to revisit my native Soil; after an Absence of 32 Years since I visited it with my first Husband" (*Thraliana* 1078). Upon her return, Piozzi's spirits are high, and in August 1806 she writes: "The Tour is over, it was a very pleasant one; I had forgotten much of the romantic Scenery; & found it superior to my Expectations" (*Thraliana* 1078). Here, travel offers more than frivolous diversion; it sparks rich memories of her "native Soil," and even makes her think fondly of her first marriage.

Of course, that Piozzi's travelling impulse was channelled towards a return to home provides some indication of the ambivalence that necessarily accompanied the prospect of escape for the eighteenth-century woman. To leave, to be free of constraint, was also to abandon, to surrender the comforts of familiar culture. Lady Mary Wortley Montagu, who spent most of her adult life away from England, provides a unique insight into the often mixed feelings that the eighteenth-century woman harboured when faced with the opportunity to escape the domestic limitations of 'home.' When she returns to England in September 1718, she tells the Abbé Conti that "Rambling" is:

an Ambitious thirst after knowledge which we are not form'd to Enjoy.

All we get by it is a fruitless Desire of mixing the different pleasures and conveniences which are given to Different parts of the World and cannot meet in any one of them. After having read all that is to be found in the

Languages I am mistress of, and having decaid my sight by midnight
 studys, I envy the easy peace of mind of a ruddy milk maid who,
 undisturb'd by doubt, hears the Sermon with humility every Sunday,
 having not confus'd the sentiments of Natural Duty in her head by the vain
 Enquirys of the Schools, who may be more Learned, yet after all must
 remain as ignorant. And, after having seen part of Asia and Africa and
 almost made the tour of Europe, I think the honest English Squire more
 happy who verily believes the Greek wines less delicious than March beer,
 that the African fruits have not so fine a flavour as golden Pipins, and the
 Becafiguas of Italy are not so well tasted as a rump of Beef, and that, in
 short, there is no perfect Enjoyment of this Life out of Old England. I pray
 God I may think so for the rest of my Life, and since I must be contented
 with our scanty allowance of Daylight, that I may forget the enlivening
 sun of Constantinople. (*Complete* 1.444)

Lady Mary's ostensible endorsement of an ignorance-is-bliss philosophy suggests that travel ultimately destroys the spirits, and that intellectual women suffer from exploring foreign lands and cultures. She observes that "there is no perfect Enjoyment of this Life out of Old England," and that the "English Squire" and the "ruddy milk maid" are the happiest of people. But, ironically, these realizations are the results of her journey. It is only through her tasting of "Greek wines," "African fruits," and Italian "Becafiguas" that she has come to appreciate England's "golden Pipins" and "rump[s] of Beef." The passage concludes with an expression of her continued yearning for travel as she remembers the "enlivening sun of Constantinople." As her decision to journey

extensively in the ensuing decades amply demonstrates, she succumbed fully to this yearning to escape and could not quell her “Ambitious thirst after knowledge.” In July 1746, almost thirty years after she had decided to remain in England, Lady Mary finds her health “much mended” by “a little journey ... into the high Languedoc,” and writes: “I have seen Tholouse, Montpellier, and several other Towns in my Way, and met with great civillitys every where” (*Complete* 2.373). “[N]othing is so conducive to Health,” she observes in 1759, “and absolutely necessary to some Constitutions,” as travel (*Complete* 3.210). Similarly, in 1761, she asserts that the Naples air is one of “the best Remedys for the distemper’d Head and Heart” (*Complete* 3.262).

Neither did Lady Mary put an end to her intensive “midnight studys.” Indeed, like many women writers, she prescribed an expansion of the female realm beyond the domestic – in a way that exercised not only the body and mind, but the intellect. In fact, keeping busy was considered by women and doctors alike to be of prime importance. “[A]void Idleness,” Philipirio declared in Mandeville’s treatise, “and never suffer a Moment’s time to lie upon your hands” (245). Robert Whytt prescribed “agreeable company, daily exercise, especially travelling, and a variety of amusements” (147). Lady Mary recognized that boredom and brooding were unhealthy, and informs her sister of “one rule that I have found very conducive to Health of Body and Mind”: “As soon as you wake in the morning, lift up your Eyes and consider seriously what will best divert you that Day. Your Imagination being then refresh’d by sleep will certainly put in your mind some party of pleasure, which if you execute with prudence will disperse those melancholy vapours which are the foundation of all Distempers” (*Complete* 2.82). Montagu did not encourage mere frivolous diversion, however, and so her advice

necessarily departed from the doctors' prescriptions somewhat. She emphasizes that the indulgence of "pleasure" – which can "dispers[e] ... melancholy vapours" – must be "execute[d] with prudence," and that the intellect must never be neglected (*Complete* 2.82). One must uphold an ironic and critical distance from "part[ies] of pleasure," she suggests, and she tells her sister that there are "Fools and Coxcombs in all Ages, who are the greatest preservatives against the Spleen that I ever could find out" (*Complete* 2.82). Similarly, Carter takes a somewhat intellectual approach to diversion in the town, telling Montagu that "[t]he wisest and best of the human race, must sometimes stand in need of occasions to withdraw them from their own thoughts, at least from their own feelings; and in town these occasions are every hour at hand" (3.48).

Alleviating depression, then, involved developing the intellect and taking control of the mind. Montagu tells her daughter Lady Bute that, although humans are generally powerless, we have one thing that is within our control: "the disposition of our own Minds" (*Complete* 2.480). "Do not give way to melancholy," she writes, "[but] seek amusements ... Weak people only place a merit in affliction ... My Dear Child, endeavor to raise your Spirits, and believe this advice comes from the tenderness of your most affectionate Mother" (*Complete* 2.480-81). In her correspondence with her daughter, she speaks of properly educating young ladies in order to stimulate the mind's activity as a way of ensuring future happiness. She criticizes governesses, who breed young girls badly, and she encourages Lady Bute to cultivate her daughters' learning. In a 1757 letter, she emphasizes the therapeutic effects of study: "[T]here is no Remedy [for uneasiness] so easy as Books, which if they do not give chearfullness at least restore quiet to the most trouble'd Mind. Those that fly to Cards or Company for releife generally find

they only exchange one misfortune for another" (*Complete* 3.144). Piozzi shared Montagu's view, and, during the "backward melancholy spring" of 1805, resolved to "study Hebrew" both "to divert Ennui & pass the Summer Months away" (*Thraliana* 1065). The quest for knowledge, these women felt, alleviated melancholy. Indeed, for them, controlling hysteria was aligned with managing, mastering, expanding, and cultivating one's mind. It is a philosophy that was embraced later in the century by Mary Wollstonecraft, who discovered that "the best medicine for her conflict, her depression and the nervous disorders she knew were related to those feelings, was the development of her intellectual life" (Barker-Benfield, "Mary" 17). Wollstonecraft would translate this belief into political action as she wrote, in her *Vindication*, of the importance of women cultivating the "head" over the "heart."

Part 2: Feminist Therapies

a. "Narrative Recovery"

An exploration of the eighteenth-century dialogic therapeutics of hysteria finds women gaining independence, confidence, and voice. Women dismissed medical treatments that punished or restricted them, and embraced ones that both relieved them of their ills and expanded their typically small, domestic, restrictive existences. Their minds and bodies were therefore literally and metaphorically liberated. This process is relevant to the woman writer in particular, whose *métier* began to gain legitimacy as both an activity and a profession, and for whom writing became a means of alleviating depression

and attaining greater freedom. Modern critics have recognized writing as an empowering medium in the way that it enables both the projection and the alleviation of pain. "Even when it does cure," Thomas Couser suggests, "[the medical establishment] alienates us from our bodies" as "patients submit their bodies to tests, [and] their life histories to scrutiny" (9-10). Consequently, Couser continues, illness narratives "reflect ... an urge for self-exploration" (15). Arthur Frank views ill people as "wounded storytellers." "I hope to shift the dominant cultural conception of illness," Frank observes, "away from passivity – the ill person as 'victim of' disease and then recipient of care – toward activity" (xi). He continues: "The ill person who turns illness into story, transforms fate into experience; the disease that sets the body apart from others becomes, in the story, the common bond of suffering that joins bodies to their shared vulnerability" (xi).

Though perhaps not as sophisticated in their understanding of the doctor-patient power dynamic, some eighteenth-century physicians recognized the effectiveness of listening to their patients' words and thoughts. Bernard Mandeville was notable in this regard, and for this reason Roy Porter places his *Treatise of the Hypochondriack and Hysterick Passions* at the centre of what he sees as an emerging eighteenth-century "self-help" culture. "In this fascinating fictional dialogue," Porter writes, "Mandeville depicts a nuclear family effectively curing itself of 'nervous disorders' simply through 'now let's talk about me' sessions with their sagely taciturn physicians" (*Mind Forg'd* 172). In Mandeville's treatise, Philipirio suggests that his "Secret" in curing spleen is to "allow my self time to hear and weigh the Complaints of my Patients" (258). "You can't imagine," Misomedon tells Philipirio, "how a pertinent lively Discourse, or any thing that is sprightly, revives my Spirits" (41). "[T]alking together," he continues, is one reason

why he enjoys such “abundance of Pleasure” (45). As Stephen Good recognizes, though, “Mandeville’s emphasis upon the importance of the conversation of the physician with the patient is extraordinary for his time” (xiii), and there is little evidence that eighteenth-century doctors listened extensively to the words of their female subjects. It is certainly true that Mandeville was a trailblazer in most respects, and that doctors in the eighteenth century often substituted a reactionary approach to medicine in place of Mandeville’s progressive one; nonetheless, his attention to the importance of dialogue did eventually take hold, however incrementally.

A more powerful strain of psychotherapy emerges in the life-writings of the period, where women elaborate a talking cure of their own. The incessant scribbling of Freke, Piozzi, Montagu, and Carter, and the many poems of Finch, Smith, and others, reveal a uniquely female culture of therapy. For them, writing offered cathartic possibilities, and allowed them to defy cultural forces that were oppressive and that incited hysteria. Modern feminist critics have looked at the particular value of female life-writing in this regard. “[T]he authorial effort to reconstruct a story of psychological debilitation,” Suzette Henke writes in *Shattered Subjects: Trauma and Testimony in Women’s Life-Writing* (1999), “could offer potential for mental healing and begin to alleviate persistent symptoms of numbing, dysphoria, and uncontrollable flashbacks” (xii). Henke calls this process “scriptotherapy,” and though she overstates her point somewhat, in part because of her jargon laden rhetoric, she nevertheless relates this process to feminist life-writing in particular:

What I would like to suggest in *Shattered Subjects* is that autobiography is, or at least has the potential to be, a powerful form of scriptotherapy –

and that, as such, it lends itself well to the evolution of twentieth-century women's life-writing. Autobiography has always offered the tantalizing possibility of reinventing the self and reconstructing the subject ideologically inflected by language, history, and social imbrication. As a genre, life-writing encourages the author/narrator to reassess the past and to reinterpret the intertextual codes inscribed on personal consciousness by society and culture. Because the author can instantiate the alienated or marginal self into the pliable body of a protean text, the newly revised subject, emerging as the semifictive protagonist of an enabling counternarrative, is free to rebel against the values and practices of a dominant culture and to assume an empowered position of political agency in the world. (xv-xvi)

Scriptotherapy, Henke goes on to observe, can lead to an event she labels "*narrative recovery*," which is, in part, "the psychological reintegration of a ... shattered subject" (xxii). Though she refers to this process as a twentieth-century phenomenon, it is applicable in every respect to the eighteenth-century woman's experience of writing and healing.

Narrative therapy in its most effective form minimizes, even eliminates, the need for official medical treatments. "[T]he very process of articulating painful experiences, especially in written form," Henke observes, "can itself prove therapeutic," and, as a result, the therapist's role becomes potentially redundant (xi). Moreover, a sufferer can, Shoshana Felman argues, "envisage a sympathetic audience and ... imagine a public validation of his or her life testimony" through the writing process (qtd. in Henke xii).

Many eighteenth-century life-writings show that the sufferer herself is best able to grapple with her mental ills. In an August 1774 letter, Carter tells Montagu,

[N]o one human creature can judge what will form the happiness of another. There are some determined species of pleasure and pain which are pretty equally felt by the general sense of mankind; but the number of these is small, and what constitutes the happiness of each individual, with regard to the situation of things in this world, is made up of innumerable little circumstances, often imperceptible and incommunicable to any other mind. (2.256)

Not only is the road to happiness difficult to understand, Carter implies, it is downright “imperceptible” and “incommunicable” to others. If no one but the victim of depression can understand “what will form [her] happiness,” then consulting a medical professional is not likely to help. Carter displays her abilities as healer here, wisely recognizing limitations of universal “pleasure” and “pain,” and seeing that each situation is distinct and consists of “innumerable little circumstances” which none but the sufferer can comprehend. Significantly, this philosophy of healing stems from her own struggles with depression, and is articulated in her writing. As such, she, like many eighteenth-century life-writers, undergoes a process of self-healing and engages in a sort of scriptotherapy.

As a woman of the early eighteenth century who had no outlet to protest the oppression she felt as a wife, a mother, and a victim of the law, Elizabeth Freke, in her *Remembrances*, inhabits the role of self-therapist and at the same time exercises a kind of narrative recovery. Her memoir offers – to return to Henke’s terms – a “reinvention” and “reconstruction” of the subject and a “reassessment of the past.” It is in part a deliberate

re-writing of history, and, as the two significantly different versions of the work suggest, a moulding of events. Her manuscripts, Raymond Anselment observes, reveal a “refashioning of [the] self,” and show, “with considerable complexity[,] the fascinating image of a woman intent upon asserting herself against the daily suffering and disappointments of [...] an increasingly isolated gentry life” (“Reconstructing a Self” 58). They “form a distinct and valuable attempt to refashion and perhaps reclaim the past,” Anselment believes (“Introduction” 31), and they read as a series of frustrations, complaints, anxieties, and fears – all with her at the centre. Freke portrays herself as a prisoner in her marriage and in her home. She writes of her husband’s mean and neglectful behaviour, of the “unspecified cruelty of [his] mother,” of “the grasping behavior of [his] sister,” and of his sudden warmth when her father dies – a warmth that is “possibly in anticipation of her father’s legacy” (Anselment, “Introduction” 11). She complains of her son’s repeated coldness, and of his numerous debts, some of which she is forced to pay herself (93-94). Finally, she expresses her frustrations as a widow burdened with financial and familial responsibilities, yet denied any legal guarantees. The memoir includes a detailed narrative of her efforts to have a parish minister reinstated, which led to a battle with the Bishop of Norwich – a battle that she finally lost and that almost caused her excommunication. Throughout the process, Freke worries that the Bishop is “endeavouring to molest [her] of [her] just rightt” (204). In her diary, she becomes the protagonist of a tragic narrative, and thus rewards her efforts in a way her community does not.

Indeed, justice is often served within the pages of Freke’s memoir. This is evident in her descriptions of the fates of the “villians Turner and Towrs,” two difficult tenants

(107). Shortly after testifying against her, “Turners eyes dropt outt of his head; and aboutt three month affter his wiffe dyed raveing ...; and his son in law, ... thatt maryed his only daughter, run away to the West Indies with another wife” (107). Meanwhile, “Towrs, my other perjuered oath man,” she explains, “dyed sudenly and sencelessly” (107). “[T]hese things looked to me like somthing of a judgmentt,” she declares (107). Similarly, Freke’s obsessive documentation – most often found in the form of lists – gives the memoir a lasting quality, as though it were a testament to her struggles. It includes pages upon pages of tenants’ names, the dates of their offences, balances, credits, and sums owed. Upon a trip to London, she declares that she will never return alive. “I doe think fitt and proper,” she writes, “to make an inventory of some of the best things I leave in my house att Billney” (164). The inventory meticulously lists and describes hundreds of possessions, including tea kettles, stools, gold seals, pictures of her father, petticoats, Indian silks, china jars, fire grates, feather beds, curtains, napkins, cheese racks, her husband’s clothes, fire tongs, history books, syrups, wines, and cordial waters (164-88). In listing virtually everything she owns, Freke announces that these belongings, which are integral to her identity, are unequivocally *hers*; even if they are taken from her, as she fears they will be, she is their rightful owner within the pages of the memoir. Oppressed by her surroundings, Freke’s diary does for her what Henke claims life-writing does for many twentieth-century women: it gives her the freedom “to rebel against the values and practices of a dominant culture and to assume an empowered position of political agency in the world.”

Later in the century, Piozzi’s *Thraliana* provides an example of how the particular style and form of female life-writing can be therapeutic for the writing subject.

Understood as composite pathography, Piozzi's writings can be read through Henke's formulation, which sees life-writing as a medium through which the writer uses the "pliable body a protean text" to create a "counternarrative." In pathography, Hawkins contends, a similar process is at work; one text gathers together "the separate meanings, the moments of illumination and understanding, the cycles of hope and despair, and weaves them into a fabric, one wherein a temporal sequence of events takes on narrative form" (24-25). The rambling, digressive quality of the *Thraliana* is in part what enables its therapeutic qualities. After "Mr. Thrale's first stroke of palsy [in 1779]," Katherine Balderston writes, "momentous events and emotional conflicts thickened around [Piozzi]" (xiv). The *Thraliana* became a medium through which she could "keep her own counsel" and release "the confidential outpourings of an overburdened mind and heart" (Balderston xv). Piozzi confronts, among other things, "her own dangerous miscarriage, Mr. Thrale's progressive illness and death, the pressing demands of the brewery and her financial troubles with Lady Salusbury, the torment of the public curiosity of her choice of a second husband, her growing and thwarted love for Mr. Piozzi, the struggle with Queeney and Fanny Burney, and her isolation and illness at Bath" (Balderston xiv). A discernible healing impulse can be detected in much of Piozzi's life-writing. When, in 1783, she struggles with both Johnson's illness and her scandalous love for Gabriel Piozzi, a *Thraliana* entry demonstrates her awareness of the potentially therapeutic value of writing: "I will endeavour to divert Care & Thought to write out some stuff" (*Thraliana* 574-75).

More specifically, Piozzi's body of work is therapeutic in its unique "pliable," "protean," and "feminine" form. It counters the male logocentric text in defying linearity

and following the ebb and flow of the writer's experience. When Piozzi opens up the second volume of *Thraliana*, she is pleased to be "Writing as I do a large loose hand" (158). "[M]y Nonsense takes a prodigious deal of Room up," she continues, "but my Master has provided me with a good Repository if I can but fill it to my heart's Content" (158). It is a welcome prospect to scribble indiscriminately without fear of censure or judgment, and Piozzi often unloads secret, shameful, or even prohibited information in her diary. In the following passage from November 1782, she reflects upon her daughter's refusal to move to Italy with her and her Italian lover:

I have been contented to reverse the Laws of Nature, and request of my Child that Concurrence which at my Age (and a Widow) I am not required either by divine or human Institutions to ask even of a Parent: the Life I gave her She may now more than repay, only by agreeing to what She will with difficulty prevent; & which if She does prevent, will give her lasting remorse – for those who stab *me* shall hear me groan – whereas if She will – but how can she? – gracefully, or even compassionately consent; if She will go abroad with me upon the Chance of his Death of mine preventing our Union; & live with me till She is of Age. (*Thraliana* 550).

Piozzi here vehemently criticizes her daughter in a way that is at once heated and spontaneous, and cathartic. She feels gravely mistreated, and notes that her daughter's behaviour goes against the laws of religion and morality. The immediacy of the language, the use of dashes, and the fact that this is merely one part of a rambling sentence, suggest that Piozzi is distressed and anxious as she writes. She dramatizes the injustices done against her, exclaiming, for example, that "those who stab *me* shall hear me groan." Her

uncertainty indicates both spontaneity of thought and inner struggle; she imagines Queeney “stabbing” her, but then hesitates, asking, “but how can she?” In her next diary entry, Piozzi admits to the therapeutic value of her ramble. “What is above written,” she observes, “[was] intended only to unload my heart by writing it” (550). The *Thraliana* offers such possibilities of “unloading” because it mimics Piozzi’s fluctuating mental processes – both in specific instances (as above), and as it tracks her struggles over the course of time.

For eighteenth-century women, narrative recovery was not always solitary, and the sense of extreme isolation apparent in Freke’s text dissipated somewhat as the century progressed and women began to share their struggles with more frequency. Lady Mary Wortley Montagu, for example, copes with her depression in her letters. The letters span several decades and track, among other difficult events, her early elopement, her continental loneliness, her deteriorating eyesight, her son’s scandalous behaviour, and her final struggle with breast cancer. Similarly, throughout her letters, Elizabeth Carter confides in Elizabeth Montagu about her chronic headaches and her struggles with melancholy, and expresses her devastation at their “dear Sylph[’s]” descent into madness and her father’s illness and death. It is not merely the act of writing letters, but also the act of receiving them that alleviates depression. In the midst of the “melancholy spring” of 1749, Lady Mary writes to her friend Lady Oxford: “I can never thank you enough for the Happyness I receive from your kind Letters, the continuation of your unwearied Freindship being the consolation of my Life” (*Complete* 2.429). Carter also identifies a healing quality in the act of exchanging letters: “I scarcely ever receive a letter from any of my friends in which I do not find some sentiment of their own, or some description of

others, that gladdens, and I hope tends to improve my heart" (2.211). These women provide comfort to others in their epistolary exchanges, and occupy alternately the roles of patient and therapist/listener. During her sister's battle with hysteria, for instance, Lady Mary "spiced her letters with wit to amuse and cynicism to console" (Halsband, *Complete* 2.ix). "'Tis to be hop'd that my Letter will entertain you," she observes in one exchange (*Complete* 2.31). "If my Letters could be any Consolation to you," she writes as her sister's condition worsens, "I should think my time best spent in writeing" (*Complete* 2.48). Lady Mary's letters are frequent, and include detailed accounts of travel and gossip, often in an effort to divert her sister from her sorrows. In one letter, after recounting a young woman's death by smallpox, Lady Mary worries that she has given her sister "Melancholy by this Tragedy," and remarks, "'tis but reasonable I should conclude with a farce, that I may not leave you in ill humour" (*Complete* 2.67). The writing, sending, and receiving of letters provided comfort for Lady Mary, Lady Mar, and other women. Their correspondences reveal an intricate, dialogic, and distinctly female therapeutics.

These epistolary interactions are soothing in yet another way: because the letters are in part meant to entertain and divert, they are calculated, creative, witty, and ultimately, literary. In this regard, they comprise a medium through which the woman writer can exercise her creative flair. This is most obvious when the letter is in verse form. In Anne Finch's poem "To a Friend In praise of the invention of writing letters," the speaker suggests that letter-writing should "baffle Absence, and secure Delight" (5). In another poem, "To the Honorable the Lady Worsley," she suggests that her "melancholly" (5), "Woe," "discontent" (6), "grief" (8), and "clouded Brain" (16) will be

relieved by her friend, "Utresia," who, with her "fresh and smiling bloom," will take her pen and "sooth a sinking heart" (23-24). But it is not only the diversionary quality of Utresia's letters that pacifies; the artful letters inspire Finch's own art, as we see in the following lines:

Cou'd but the Witt that on her paper flows
Affect my Verse and tune itt to her Prose
Through every Line a kindly warmth inspire
And raise my Art equal to my desire. (37-40)

The letters arouse both "warmth" and poetic "Art" in Finch, and this combination contributes to their therapeutic effectiveness. Finch's example demonstrates the degree to which female epistolary communities in the eighteenth century offered comfort, both in their cathartic value and in their ability to enable woman's creative production. This dual purpose is exemplified by the fact that the epistolary exchange is in verse form.

Charlotte Smith's *Elegiac Sonnets* further demonstrates the therapeutic qualities of poetry. In "To My Lyre," the speaker suggests that when, "in cheerless solitude, bereft," "thy plaintive voice relieved me" (37, 42). Her "lyre," or her poetic voice, remains by her side. She continues:

And as the time ere long must come
When I lie silent in the tomb,
Thou wilt preserve these mournful pages;
For gentle minds will love my verse,
And Pity shall my strains rehearse,

And tell my name to distant ages. (43-48)

The poet creates here a fictional space in which her poetry is read and admired by future generations. In this way, Smith's poetry offers yet another therapeutic possibility; she uses it to describe and capture her depression, and to release it toward the future. Like Finch's "The Spleen" earlier in the century, much of Smith's poetry is fuelled by her melancholy. Throughout the sonnets, the speaker laments the deplorable nature of her mental state. In the opening lines of "Sonnet VI. To Hope," she lures "hope" – "soother sweet of human woes" – to her "haunts forlorn" (1-2) in an attempt to clear her "painful path of pointed thorns" (4). But "hope" is soon revealed as a deceptive "Enchantress" who charms and flatters (7-8). "Hope" then abandons the speaker, who is left forlorn amidst a "sad existence" where "the flowers fade, but all the thorns remain" (10-11). The poem's final couplet presents a turn: the speaker forsakes "hope" and embraces melancholy. "Come then, 'pale Misery's love!' be thou my cure," she exclaims, "And I will bless thee, who, tho' slow, art sure" (13-14). The exclamatory nature of these lines, along with words like "cure" and "bless," suggests an optimistic realization in the speaker. Expressions like "Come then," "I will," and "art sure" point to an enthusiastic acceptance of "Pale Misery's love," which operates as the antidote to her creative stagnation. The abandonment of hope and the embracing of melancholy grant the speaker inspiration, and also allow her poem to come to a satisfying conclusion. Paradoxically, embracing the constancy of "misery" allows her reliable muse to resurface; the indulgence of melancholy engenders the flowering of Smith's poetic voice, thus inciting both her "cure" and her contentment. Her poetry enables her to transform melancholy from a debilitating disease into a powerful creative force.

Smith's poetry was widely read, and her message achieved some degree of influence, but it was not until the publication, at the century's end, of Mary Wollstonecraft's *Maria, or The Wrongs of Woman* that a truly public and political healing therapeutics was articulated. Wollstonecraft takes much from her predecessors, but she adds a communal dimension to the therapeutic impetus of writing, a strong sense that its value rests in passing on information to subsequent generations (a belief also nascent in Charlotte Smith). Wollstonecraft anticipates Thomas Couser's notion that illness narratives not only satisfy a desire for self-exploration, but also "serve those with the same condition" (15). In *The Wrongs of Woman*, writing becomes an obvious outlet for the heroine, who otherwise has few political, legal, or social freedoms. "[T]he events of her past life pressing on her," the narrator observes, "[Maria] resolved circumstantially to relate them, with the sentiments that experience, and more matured reason, would naturally suggest" (82). Though, in one regard, this relation of events does nothing to soothe Maria, for there is no way of escaping the "tyranny" she has experienced, there are suggestions that the writing process offers relief. Writing promises to free her of "tears of maternal tenderness," "various phantoms of misery," "cruel remembrances," "gloomy reveries," and "the dark horizon of futurity" (81). And so, she begins composing "some rhapsodies descriptive of the state of her mind," which are, significantly, intended to "instruct her daughter, and shield her from misery, the tyranny her mother knew not how to avoid" (82). Because *The Wrongs of Woman* is a fictional autobiography, we can conclude that Wollstonecraft herself was, in a sense, purging her own mental ills and using her story as a warning for other women. Her text thus serves many purposes, and engages in various forms of scriptotherapy explored by women throughout the eighteenth

century. It points to the comforts of literature and creativity; it alleviates the “phantoms” and “maternal tears” of her pain; and it becomes a manifesto of sorts, warning both her contemporaries and subsequent generations of women of the “wrongs of woman.”

Wollstonecraft embraced the therapeutic innovations of her predecessors to articulate and promote them in her overtly public, political, and feminist fashion. Alleviating hysteria, as the example of Wollstonecraft makes clear, becomes synonymous with improving the condition of woman.

b. Therapeutic Retreats

As my examination of women’s life-writing makes clear, it is the solitary nature of writing that initially enables its therapeutic qualities, but a poem like Smith’s, or a fictional autobiography like Wollstonecraft’s, allows for outward movement where the private voice of the writer is transformed into a more public and political one. In this way, the healing process of the individual translates into a kind of communal therapy. Paradoxically, in their intellectual isolation, eighteenth-century women formed real and imagined communities that allowed them to feel part of something larger. Unlike an imposed and restrictive domestic confinement, this type of seclusion was chosen and was often the result of a collective decision; thus, it soothed and consoled.

Many female poets and life-writers of the period describe how they find liberty and freedom in isolation. Escape from the court, the city, and the general busyness of the world is repeatedly equated with a more fulfilling and peaceful existence. The country is upheld as a place of healing throughout Anne Finch’s poetry, for instance. It is only when she and her husband moved from London to Eastwell in approximately 1690 that she

learned to live somewhat peacefully with her splenetic condition. There, Myra Reynolds observes, she found “a more serene and deeply satisfying life than could have opened before her had the highest court honours been hers” (xxx-xxxi). The speaker in “Petition for an Absolute Retreat,” who also finds happiness and liberty in her rural home, exclaims: “The World may ne’er invade, / Through such Windings and such Shade, / My unshaken Liberty” (5-7). Lady Mary’s unwavering philosophy is much like Finch’s; in her early twenties, she proposes a “Retirement” to her soon-to-be husband Wortley, and in 1761, one year before her death – when she finds her “selfe involv’d in Difficulties very hard to struggle with” – she expresses her desire “for Nothing but peace and Retirement” (*Complete* 3.261). Carter also chose to live removed from the world whenever possible, and, in one letter, enjoys “this finest of all fine autumnal weather in the country” (3.86). She raves about the “the serenity of the air, the beauty of the landscapes, and the unclouded colouring of the morning and evening sky,” which, she observes, “are quite enchanting here” (3.86).

Such retreats were empowering for women, who, as they separated themselves from the masses to find solace, often managed to place themselves above the superficiality and frivolity of the world. In Finch’s imaginative creation of an “Absolute Retreat,” the speaker distances herself from “Intruders,” who “visit, but to be from home” and whose “vain Moments pass, / Only studious of their Glass” (8-11). In “The Misanthrope,” the speaker laments “convers[ing] with men” and “tedious fools,” who “to fly, / Retired I lye” (13, 15, 19-20). “Humans” were perceived as destructive to high spirits, a view endorsed by Elizabeth Carter when she indulges Elizabeth Montagu’s “present misanthropic state” by telling her friend that, in her new “rural solitude ... the

birds of the air, and the flowers of the field, will repair all the fatigues which you endured from the interruption of human creatures at Tunbridge” (2.150). Carter thus places her friend above the “creatures” of humanity. Lady Mary envisions humanity in similar terms in a 1740 letter to Lady Pomfret when she aligns the English with “frogs and lice” who “skip about [her] house from morning till night” (*Complete* 2.196). In 1736, she expresses a similar sentiment to Algarotti:

I shall go to morrow (late as it is in the year) to my Country House, where I intend to bury my selfe for at least 3 months. People tell me that I am going to a Wilderness, because they don't know that I am leaveing one, and 'tis all one to me whether I see Beasts cover'd with their natural Hides, or Embrodierys; they are equally unconvertible. You have taken from me not only the taste but the sufferance of those I see, but in recompence you have made me very entertaining to my selfe, and there are some moments when I am happy enough to think over the past till I totally forget the present. (2.108-09)

Lady Mary reiterates a steadfast relief in the country retirement cure here. Her intention is to “bury” herself for several months, and, recalling Carter’s use of animal metaphor, she characterizes humans as “Beasts” and society as a “Wilderness.” She places herself above these “beasts,” of course, and even accuses them of being “unconvertible.” Her venomous tone provides a potent outlet for her intellectual gifts, and her witty alignment of the beasts of nature and the beasts of London – covered in their “hides” and “embrodierys” respectively – in a sense justifies her misanthropy. She is not an

unreasoned hysteric, but an intellectual woman removed from the irrational beasts of humanity.

Although women like Montagu, Finch, and Carter set themselves apart from the more frivolous and restricting elements of eighteenth-century culture, they were not completely isolated. In their writings, and through their writings, they emerge as a select and extraordinary group of philosophers, intellectuals, and artists who distinguish themselves from the banalities and reject the injustices of the world they live in. In a 1722 letter, Lady Mary tells her sister, "I pass my time in a small snug set of dear Intimates, and go very little into the Grand Monde, which has allways had my heart's contempt" (*Complete* 2.15). "Mr. Congreve" and "Mr. Pope" are among the few she sees, we are told, indicating that her circle is literary in nature (*Complete* 2.15). Piozzi, for her part, spent some of her happiest days in Italy, where she was surrounded by a choice group of thinkers in a "beautiful Country," where, she informs us, "my little Talents have been respected much beyond their Deserts: my conduct extolled far above its Merit, & my Conversation sought from the mere Prevalence of true Admiration and Esteem" (*Thraliana* 676). Occasionally, fanciful retreats are described where women poets convene with great historical figures, as when the speaker of Anne Finch's "A Ballad to Mrs. Catherine Flemming" imagines how the "shelter of the grove; / The flowring shrub the rusling brake, / The solitude I love" had once been shared with "Emperours" who also "fixt their lot" there, "[a]nd greatly chose to be forgot" (58-62). In a world that did not value female intellectual prowess and poetic ability, women like Finch often placed themselves imaginatively in the works of famous men. The speaker of Susanne Centlivre's "From the Country, to Mr. Rowe in town. MDCCXVIII" expresses her

sadness at being in a “lonesome old house,” removed from the “voice,” “verse,” and “wit” of Nicholas Rowe, the playwright (1, 15, 20, 25). In Jane Brereton’s “To Mr. Thomas Griffith, at the University of Glasgow,” the speaker satirizes the “highflown lady[’s] ... scandal, treason, coffee, tea” (65, 68), and laments that she is denied the company of intellectuals. Her only relief from her “gloomy thoughts” is to “pay my visits to the dead” (82-83), to seek the “monuments of famous men” (85), and to read the great bards of history. The speaker of Elizabeth Tollett’s “To my Brother at St. John’s College in Cambridge” spends her days “pensive ... but not alone,” for books are her “best Companions when I’ve none” (7, 8). In aligning themselves with great male writers, the women also imagine a place where their poetry is valued. Finch’s “An Elegy on the Death of King James,” Carol Barash observes, ends with the speaker’s creation of a “‘Safe Retreat’ ... where she and her writings will be protected from political turmoil, where she will have the same access to poetic language as political oppositional male poets” (341). Women’s poetry – the poetry they created and the poetry they admired – became a sanctuary where they were welcome to think, read, and write.

These retreats were most empowering in the way that they enabled an uninhibited expansion of the mind – an expansion that was often religious in nature. In many of Finch’s later poems, solace can only be found in the afterlife, as we see in the following lines from “A Supplication for the Joys of Heaven”:

Bring me my God in my accomplish’t time
 From weakness freed and from degrading crime
 Fast by the Tree of life be my retreat
 Whose leaves are Med’cin and whose fruit is meat

Heal'd by the first and by the last renew'd

With all perfections be my Soul endued. (33-37)

In "Fragment," the speaker is anxious to experience the peace of the afterlife, and attempts to calm her soul: "Rest then content, my too impatient Soul; / Observe but here the easie Precepts given, / Then wait with cheerful hope, till Heaven be known in Heaven" (37-39). Though the speaker here employs a kind of self-persuasion to fend off her anxiety, and is frustrated that she must "wait," she nevertheless finds comfort in the thought that heaven will be wonderful. But religion also becomes an imaginative retreat in the temporal world. "[T]he private retreat which Finch creates for Ardelia in *Miscellany Poems*," Carol Barash writes, "allows her protagonist to pursue God as both palpable and ideal ... Ardelia's 'absolute retreat' is similarly an idealized place from which Finch can mock the customs of the world around her and plead the special case of the individual believer" (345). Indeed, Finch's religious musings seem to take on a pantheistic quality; and her spiritual focus is nature as much as it is heaven. In "A Petition for an Absolute Retreat," the speaker leaves behind "the Fair, the gay, the Vain" to focus on religious "Contemplations of the Mind" (282-83). She continues:

my Transports I employ

On that more extensive Joy,

When all Heaven shall be survey'd

From those Windings and that Shade. (289-92)

The speaker escapes into her religious musings just as she finds solace in the "windings" and "shade" of her natural retreat. Similarly, Carter writes that "every striking view of nature is always accompanied" by "sentiments of religion" (3.35). When we are aware of

this, she tells us, our pleasure is “inexpressibly heighten[ed]” and “the extravagances into which we are so apt to wander” are corrected (3.35-36). It is then that we feel “the inexpressible delight which arises from a consciousness, that our heart is in its best disposition ... with regard to the Supreme Being, ... and that we are in a state of all others, perhaps, the least liable to temptation to ill” (3.36). In nature, these women found communion with a supreme being and with their natural surroundings, and so alleviated their depression.

The power of God or nature to soothe does not fully explain the complex and positive effects that these existential phenomena had on the women’s lives, however. More accurately, one could say, a heightened sense of creation’s intricacies and of supernatural forces at work serve these women as sources of inspiration that stimulated their own art and creativity. Eighteenth-century women writers found a healing quality in aligning themselves with the infinite whole of nature, and this process granted them both escape and creative authority. Of her home at Eastwell, Finch writes:

A pleasing wonder through my fancy roves,
Smooth as her lawns, and lofty as her Groves.
Boundless my Genius seems, when my free sight,
Finds only distant skys to stop her flight. (qtd. in Reynolds xxxiv)

Finch aligns the “pleasing wonder” of her mind with the grounds at her home; both are “Smooth” and “lofty.” Her genius, like nature, is “Boundless,” restricted only by “distant skys.” The escape described in Finch’s “A Nocturnal Reverie” also allows for intellectual freedom; the “Spirit” feels a “sedate content” as “silent Musings urge the Mind to seek / Something, too high for Syllables to speak” (39-42). Elizabeth Carter similarly aligns the

powers of her mind with the beauties of nature in her description of a view “near West Wycombe,” where “there is something very remarkable in the situation of the Church” (3.265). It is, she marvels, “one of the most romantic views I ever saw” (3.265). “The impression it ma[kes] on my fancy,” she suggests, allows “my thoughts [to] run delightfully” (3.265). She places her powers of observation above those of society at large on this occasion. One must, she writes, “diversify every scene by placing it in more numerous points of view,” for this “encreases its effect by new combinations of adventitious ideas” (3.266). “[A]ll the powers of fancy are chained while one is engaged,” she continues, “by civil attention, to a society which considers all objects in no farther extent than merely as they strike the senses, and have no notion of any difference between the ruins of a fine Gothic castle, and a square brick house, the solemn music of a water fall, and the whetting of a saw” (3.266). The acute powers of observation are enabled by natural surroundings and religious musings. When the “powers of fancy” are set free, the female mind begins to be liberated.

In her essay, *On Being Ill*, Virginia Woolf usefully elaborates on the healing qualities of nature and religion, and points to the unusual powers of perception and distinct creative potential of the invalid. “It is only the recumbent,” she writes, “who know what, after all, nature is at no pains to conceal – that she in the end will conquer” (16). In Woolf’s view, the debilitated state, the state of being ill, by its nature forces us to perceive the world in a different light. “[W]ith the heroism of the ant or the bee,” she observes, “however indifferent the sky or disdainful the flowers, the army of the upright marches to battle. Mrs. Jones catches her train. Mr. Smith mends his motor. The cows are driven home to be milked. Men thatch the roof. The dogs bark” (16). The heightened

faculties of observation that stem from the taste of illness explain in part why “poets have found religion in nature” (15). “The wave of life flings itself out indefatigably,” she adds (16). In another passage, she notes how, “staring straight up, the sky is discovered to be something so different from this that really it is a little shocking. This then has been going on all the time without our knowing it!” (13). Woolf’s own experiences with illness, of course, add potency to her observations on the distinctive imagination of the invalid.

Mary Wollstonecraft provides an earlier, fictive example of this phenomenon in *The Wrongs of Woman*, where the heroine’s hysteric state inspires a ravenous appetite for ideas. Maria’s thoughts “wander from the subject she was led to discuss,” the narrator informs us, “[and] her imagination was continually employed” (81). We learn that the “books she had obtained, were soon devoured, by one who had no other resource to escape from sorrow, and the feverish dreams of ideal wretchedness or felicity” (82). From her window, she would frequently “contemplat[e] the most terrific ruins – that of a human soul” (83). Indeed, her philosophical digressions at times recall Hamlet’s existential musings:

What is the view of the fallen column, the mouldering arch, of the most exquisite workmanship, when compared with this living memento of the fragility, the instability, of reason, and the wild luxuriancy of noxious passions? Enthusiasm turned adrift, like some rich stream overflowing its banks, rushes forward with destructive velocity, inspiring a sublime concentration of thought. Thus thought Maria – These are the ravages over which humanity must ever mournfully ponder, with a degree of anguish

not excited by crumbling marble, or cankering brass, unfaithful to the trust of monumental fame. It is not over the decaying productions of the mind, embodied with the happiest art, we grieve most bitterly. The view of what has been done by man, produces a melancholy, yet aggrandizing, sense of what remains to be achieved by human intellect; but a mental convulsion, which, like the devastation of an earthquake, throws all the elements of thought and imagination into confusion, makes contemplation giddy, and we fearfully ask on what ground we ourselves stand. (83-84)

In this passage, hysterical states and intellectual superiority are repeatedly aligned. It opens, for example, with a paradoxical word pairing: “terrific ruins.” “Enthusiasm” is both “destructive” and “inspiring,” provoking a “sublime concentration of thought.” The narrator associates the “decaying productions of the mind” with the “happiest art,” and the prospects of the human intellect are at once “melancholy” and “aggrandizing.” It is when one is in the most confused and “giddy” state, Maria believes, that their thoughts become most refined, for it is then that we are compelled to “fearfully ask on what ground we ourselves stand.”

For both Woolf and Wollstonecraft, the elevated powers of observation should not be slave to the quest for a transcendent intellectual state; rather, they should be directed towards a more elaborate and sophisticated expression of the senses. In Woolf’s view, the invalid is uniquely suited to grasp the power of the senses, and this ability should be harnessed for the purposes of literature. It is “a new language that we need,” Woolf writes, “more primitive, more sensual, more obscene” (7). She continues: “In illness words seem to possess a mystic quality. We grasp what is beyond their surface meaning,

gather instinctively this, that, and the other – a sound, a colour, here a stress, there a pause” (21). Although Woolf finds a notable absence of such descriptions in the literary tradition, we have an example in Wollstonecraft’s heroine, whose heightened sensual acuteness in the midst of her psychological distress offers her imaginative insight. When Maria returns to her “native village” for “the first time since [her] marriage” to Venables, she feels the “heavy weight of experience benumbing [her] imagination” (151). Nonetheless, she acknowledges that she is visiting a place “that whispered recollections of joy and hope most eloquently to [her] heart” (151). She writes:

The first scent of the wild flowers from the heath, thrilled through my veins, awakening every sense to pleasure. The icy hand of despair seemed to be removed from my bosom; and – forgetting my husband – the nurtured visions of a romantic mind, bursting on me with all their original wildness and gay exuberance, were again hailed as sweet realities. I forgot, with equal facility, that I ever felt sorrow, or knew care in the country; while a transient rainbow stole athwart the cloudy sky of despondency. The picturesque form of several favourite trees, and the porches of rude cottages, with their smiling hedges, were recognized with the gladsome playfulness of childish vivacity. (151)

The natural setting allows Maria to escape her despondency. She forgets her husband and the “icy hand of despair” disappears as she “nurture[s] visions of a romantic mind” and embraces the “original wildness of gay exuberance.” Significantly, this “romantic mind” is described in terms of, and enabled by, the senses. A description of the inspirational potential of the “scent of wild flowers” opens the passage; this “thrill[s] through [her]

veins, awakening every sense to pleasure.” Her visions are also described in terms of the senses; they are “sweet.” She describes her thoughts in terms of what she *sees*; she remarks upon the “picturesque form” of the trees, the porches of cottages, and the “smiling hedges.” As she observes soon afterwards, her “active soul” experiences “varying sensations” (151). Maria’s sensual experience of the world is heightened by the distressing situation in which she finds herself, and her intellect is correspondingly distinctively keen, which ultimately offers her solace.

c. Feminine Communities

Eighteenth-century women writers thus found ways to stimulate the healing process by embracing their isolation and treating their illnesses in creative ways. They viewed their removal from the world not always as a restriction or an obligation but instead as a collective choice of sorts, one that enabled them to use their imaginations (religious and otherwise) and their intellects to bring contentment. In their hands, hysteria could be empowering. They found further freedom in engaging in therapeutic retreats that were distinctly feminine. Removing themselves from the oppressive hum-drum of the world, they created select groups of female companions. When in distress, women writers of the period often describe how they turned to female friends. Elizabeth Freke attributes the recovery of her spirits to a visit from her sister: “My deerst sister the Lady Norton came downe to me to Billney outt of her pittty and charity to doe penance with me, who had kept bed and chamber for seven months beforre. [The] very sight [of her] soe revived me thatt I were in a little time most sencible of this her indullgentt kindness to mee” (242). Seven months of doctors’ treatments do nothing to relieve Freke’s condition, and

yet, the mere “sight” and “kindness” of Lady Norton revives her. Similarly, Carter “heartily wish[es]” for the company of Elizabeth Montagu to relieve her “confusion” and “languor” (2.63-64). Moreover, she encouraged her female friends to remove themselves, to retreat, from the world as she did. She aligns good health with rural retreat, and begs Montagu “to enjoy all the beauties of the country in the luxury of perfect health and good spirits” (2.149). “I do most sincerely rejoice,” she writes to Montagu on another occasion, “that you are returned from the smoke and heat, and business of London, to fresh air and tranquillity, to basking on the lawn, or sitting under the shade of your groves at Sandlesford” (3.137). She is also pleased when her “very old friend,” Mrs. Talbot, is cured of an illness because she has moved to a “quiet cheerful retreat,” where Carter hopes she will be “happily fixed ... for the remainder of her days” (3.101).

These female retreats are often utopian in quality. The speaker of Finch’s “Nocturnal Reverie” escapes “Our Cares, our Toils, our Clamours” (49), and the evils of “Tyrant-*Man*” (38), to enter an idyllic world of night which she shares only with “creatures” and her dear “*Salisb’ry*,” a female friend (19). Carter similarly describes a supreme tranquility in female friendship. Having just returned from a solitary excursion on the sea-shore where she was “soothed by the murmurs of the ebbing tide, and the glimmerings of moon-light on the waves” (3.35), Carter writes to Montagu:

The pleasures of solitude have almost always a reference to society, and often mean no more than that we retire from the companions whom we do not like to those whom we do. The views of nature aid us in this ideal commerce, as they then strike us only with universal objects, and general participation, and exclude all the particular and distinguishing

circumstances, which separate us from those who so agreeably engage our thoughts. (3.35)

Solitary settings engender companionship of the most idyllic sort, where all “particular and distinguishing circumstances” vanish, and where one is surrounded exclusively by companions who “agreeably engage our thoughts.” Both Finch’s “nocturnal reverie” and Carter’s “ideal commerce” present instances of an eighteenth-century incarnation of female utopia in which women escape social and domestic pressures, commune exclusively with “universal objects” and “agreeabl[e]” companions, and create societies in which they triumph over hysteria.

These constructions of utopia were not merely private. Indeed, they often spiralled outward as women created more tangible communities within their writings. In the late seventeenth and early eighteenth centuries, women writers found solace in poetic coteries. As Barbara McGovern and Charles Hinnant recognize, Finch “held in high regard” two “female literary predecessors ... Katherine Phillips and Aphra Behn” (xxxiv), and should be considered, along with Jane Barker, Elizabeth Thomas, Mary Chudleigh, and Elizabeth Singer Rowe, as one of many “daughters of Behn” (xxxv). A survey of Anne Finch’s body of work uncovers a dialogue of women writers reading and reacting to each other’s poetry – and being soothed in this way.¹⁰ In “To the Right

¹⁰ The following poems are one of many examples confirming the elaborate poetic dialogue that occurred between Finch and her female correspondents: “To Flavia, By whose perswasion I undertook the following Paraphrase”; “To the Right Honourable Frances Countess of Hertford who engaged Mr Eusden to write upon a wood enjoining him to mention no tree but the Aspin and no flower but the King-cup”; “An Epistle to Mrs Catherine Flemming at Coleshill in Warwickshire but hastily performed and not corrected. London October the 18th. 1718”; “A letter to Mrs Arrabella Marow”; “A Letter to the Honourable Lady Worsley at Long-Leat Lewston August the 10th, 1704”; “A Ballad to Mrs Catherine Fleming in London from Malshanger farm in Hampshire”;

Honourable the Countess of Hartford, with her volume of Poems,” Finch humbly offers a selection of her poetry to the countess, asking her to “forgive the errors of a friend” (11). A correspondence so elaborate occurs between Finch and her friend Catherine Fleming that McGovern and Hinnant thought it appropriate to include one of Fleming’s poems, “To the Right Honourable The Countess of Winchilsea On her obliging compliance with my request, to paraphrase the last chapter in Ecclesiastes,” in their 1998 volume of Finch’s poetry. Finch uses this dialogue to celebrate and defend women’s poetry. In “An Epistle. From Ardelia to Mrs. Randolph in Answer to her Poem upon Her Verses,” Finch refers to talented “Women, that have ventur’d on the Pen (4), and praises Mrs. Randolph, who endows “the Age” with “such a genius, in a Female Breast” (9-10). But this panegyric serves another purpose. Finch writes: “To Poetry renew our Ancient Claime; / Through itt retirement, we’ll your worth persue, / And led itt into Public Rule and View” (14-16). The speaker uses her friend’s talent to establish and bring fame to women’s poetry. Similarly, in “The Circuit of Appollo,” the great God of poetry comes to Kent “resolv’d to encourage, the few [women] that he found” who “pretended to Verse” (4-5). He goes on to commend Aphra Behn (11) and Katherine Philips (“Orinda”; 31). Much praise is also devoted to lesser-known writers in Finch’s immediate circle: “Alinda” (20), “Laura” (who is possibly the above Mrs. Randolph; 30), and “Valeria” (36). The grandness of fame and success is accompanied by the very domestic exchange of verse letters between

“These verses were inserted in a letter to the Right Honourable The Lady Viscountess Weymouth written from Lewston the next day after my parting with her at Long Leat”; “The Petition for an Absolute Retreat. Inscribed to the Right Honorable Catharine Countess of Thanet, mention’d in the Poem under the Name of Arminda”; “To the Right Honorable the Lady C. Tufton. Upon Addressing to me the first letter that ever she writt at the age of —”; and “A Poem for the Birth-Day of the Right Honorable the Lady Catharine Tufton. Occasion’d by sight of some Verses upon that Subject for the preceding Year, compos’d by no Eminent Hand.”

women. Poetry is brought into a more female world, making it uniquely worthy. In fact, female poets are as venerable as “the best Monarks, which the Romans made,” who “Were Forc’d to Thrones, from some beloved shade” (17-18). Moreover, the “lofty Witt” of poetry (“Epistle” 33), combined with warm-hearted wishes, results in a healing effect, for “Friendship, like Devotion clears the mind, Where every thought, is heighten’d and refin’d” (“Epistle” 39-40). In “A Ballad to Mrs Catherine Fleming in London from Malshanger farm in Hampshire,” the speaker expresses her dismay at having to return to the “hurry, smoke, and drums” of London (4). To ease her pain, she asks her friend,

to her sweet harmonious art,
Unto these shades extend:
And like old Orpheus’ powerfull song,
Draw me and all my woods along. (66-69)

The speaker’s city-induced spleen will be soothed by her friend’s verse letter.

A larger communal retreat surfaces in the elaborate (and sometimes imaginary) dialogues between women writers in their diaries and letters. These women frequently analyze and praise literature by other women, as when Piozzi calls “the new edited Works of Lady Mary Wortley Montagu” a “fascinating Creature!!” (*Thraliana* 1041), or when a friend sends Carter Charlotte Smith’s “very beautiful ... ‘Ode to a Poppy,’” a poem which, incidentally, perhaps struck a chord for Carter in its celebration of the curative effects of opium (3.333).¹¹ At other times, the women expressly point to the healing qualities of reading women’s literature. In October 1789, Carter writes to

¹¹ This friend goes on to call the poem the “best thing in her [Smith’s] new novel” (3.333). Her harshness with Smith’s book incites Carter to add: “[...] perhaps my informant is prejudiced against it, from its being too favourable to democratical principles” (3.333).

Montagu, "Have you, my dear friend, read Mrs. Piozzi's Travels? The book did not fall in my way till very lately. It was particularly pleasant to me during my illness" (2.314). Carter goes on to engage in a detailed critique of the work, a pastime that clearly brings her joy. She treats her fellow writer as an equal as she both compliments Piozzi – noting that the work "is writ with spirit, acuteness, and much sensible observation" – and respectfully criticizes her – asserting that "[t]he style is sometimes elegant, sometimes colloquial and vulgar, and strangely careless in the grammatical part, which one should not expect from the writer's classical knowledge, which is very considerable, and which she applies very happily in many parts of her work" (3.314). Carter is excited to engage in a conversation about this work with her correspondent, asking, "Do tell me if you have read this book, and whether you agree with me about it?" (3.315).

Women writers also used life-writing to persuade themselves of their own literary worth. In Piozzi's discussion of Lady Mary's works, she writes, "I had no notion She was not gone *out* of the living World when I first open'd my Eyes on it, yet we were certainly in some Sort Contemporaries – in 1760. One letter of hers mentions the Death of George the 2nd which I remember *so* well" (*Thraliana* 1041). Piozzi basks in the thought that she and the great Lady Mary lived in the same age. In another instance, Piozzi writes, "How the women do shine of late! Miss Williams's Ode on Otaheite, Madam Krumpholtz' Tasteful Performance on the Harp, Madame Gautherot's wonderful Execution on the Fiddle; – but say the Critics a Violin is not an Instrument for *Ladies* to manage, very likely! I remember when they said the same Thing of a *Pen*" (*Thraliana* 748). Ostensibly, Piozzi is selflessly propping up these women artists. Following her praise of Williams, Krumpholtz, and Gautherot, however, her tone becomes more personal: first in her

defensive dismissal of the critics, and then in her discussion of women's abilities with a "*Pen*" – which is clearly *her* instrument. Her thoughts then turn explicitly personal as she worries whether her "Executors will burn the Thraliana!" (*Thraliana* 748). In joining forces with other great women who have been unfairly dismissed as lesser artists, Piozzi alleviates her anxiety that her art will go unrecognized.

Piozzi, Carter, Finch, and others found comfort in circles of writing women and in the communities – imaginary and real – they formed within their writings. And they also began to find more public forms of comfort. Throughout the eighteenth century, women gained new prominence as writers, and as a consequence found a new purpose, a *métier* beyond the domestic. The Bluestocking salons of the later century, for example, allowed women who valued literature, writing, conversation, and intellectual pursuits to come together in "an atmosphere of genial raillery or argumentative skirmishing" (Heller 63), and they were sometimes joined by the likes of Johnson, Burke, Sheridan, Walpole, and Garrick. Women writers learned to cope with depression as they gained confidence and voice as writers, and in so doing, they also established themselves as thinking, intellectual beings, who could convincingly defy the hysteric representations to which they were often confined.

CHAPTER SIX

CONCLUSION

Part 1: Definitions of Hysteria

In her introduction to Woolf's *On Being Ill*, Hermione Lee observes:

Illness is one of the main stories of Virginia Woolf's life. The breakdowns and suicide attempts in her early years, which can be read as evidence of manic depression (though that diagnosis has been hotly contested) led, in the thirty years of her adult writing life, to persistent, periodical illnesses, in which mental and physical symptoms seemed inextricably entwined. In her fictional versions of illness, there is an overlap between her accounts of the delirium of raging fever, the terrors of deep depression, ... and the hallucinations and euphoria of suicidal mania ... All her life, severe physical symptoms – fevers, faints, headaches, jumping pulse, insomnia – signalled and accompanied phases of agitation or depression ... Chloral was one of the sedatives she was regularly given, alongside digitalis and veronal, sometimes mixed with potassium and bromide – which could have affected her mental state adversely. With the drugs went a regime of restraint: avoidance of “overexcitement,” rest cures, milk and

meat diets, no work allowed. All her life, she had to do battle with tormenting, terrifying mental states, agonising and debilitating physical symptoms, and infuriating restrictions. But, in her writings about illness – as here – there is also a repeated emphasis on its creative and liberating effects. “I believe these illnesses are in my case – how shall I express it? Partly mystical. Something happens in my mind.” *On Being Ill* tracks that “something” in the “undiscovered countries,” the “virgin forest,” of the experience of the solitary invalid. (xii-xiv)

Lee’s description of Woolf’s illness provides an eloquent summary of a tension that lies at the heart of this dissertation. First, it recalls hysteria as it was experienced by many eighteenth-century women writers. The melancholic, headache-plagued Elizabeth Carter, the anxious, fainting, unpredictable Hester Thrale Piozzi, the chronically depressed Anne Finch, the at times suicidal Mary Wollstonecraft, and the splenetic Lady Mary were all women who experienced recurring, “tormenting, terrifying, ... agonising and debilitating” symptoms. As with Woolf, the physical and mental symptoms of these women were often “inextricably entwined,” and this ambiguity led to difficulties in diagnosis amongst women and doctors alike. Consequently, sufferers often struggled in vain to gain control of their bodies and minds, while medical “regimes of restraint” were sometimes more debilitating than helpful. Nonetheless, there was a distinctive creative element to illness for these women. In the “versions of illness” recorded in their poetry and life-writing, the “creative and liberating” qualities of hysteria are repeatedly made apparent. With the experience of illness, “something happens” in their minds; hysteria comes to be closely connected with their literary *oeuvre*.

Women in the eighteenth century were, like Woolf, “affected ... adversely” by conventional medical treatments. “[I]nfuriating restrictions” were imposed in a more general sense: male ideologies – propagated by physicians and others – put forth notions that women were somehow *naturally* hysteric and needed to be controlled and contained. Archaic notions of female pathology, wandering wombs, intrinsic fragility, and bodily disorder were prevalent in medical texts and society at large, and, as I argue throughout this dissertation, dominant social forces constructed a disease called “hysteria.” This disease, intrinsic to the female sex, was defined by a seemingly endless range of symptoms, resulting in diagnoses that the physicians themselves recognized as somewhat arbitrary. Many of the symptoms pointed to a body out of control: victims swooned, were temporarily paralyzed or blinded, raved, beat their chests, foamed at the mouth, and experienced dramatic seizures. These medical and cultural diagnoses of hysteria beg important questions. Was hysteria merely a catchall for the physical aberrations of an unruly female body? Was it in fact a *real* disease?

It was, in fact, a protean category open to constant reformulation and redefinition. “Hysteria” was not even a stable designation, and synonyms for the condition proliferated. Katherine Williams suggests that hysteria was over-diagnosed. Although the condition was “widely recognized in seventeenth-century England,” she writes, “and not confined to the theoretical rhetoric of famous writers such as Harvey, Willis and Sydenham ... the question of whether hysteria was as prevalent as these medical giants described remains unclear” (400). “[M]any cases of hysteria were probably the misdiagnosis of organic disease,” she adds (401). Indeed, “casebooks” from the period “provide images of the natural history and symptomatology of hysteria that are very

different from those presented in the more famous [... medical] texts" (400). Such contradictions persisted into the eighteenth century. Looking beyond official medical documents and doctors' casebooks to other cultural sources – such as women's private writings and poetry – brings to light a complex, contradictory array of ideas on hysteria. The condition was, by its nature, elusive.

Viewed against the medical texts and other articulations of the condition, women's writings on hysteria reveal a complex understanding of the disease, one that embraces its protean qualities by simultaneously rejecting and affirming conventional interpretations. Women writers could be critical of physicians but reiterate their theories nevertheless. Lady Mary admired Thomas Sydenham, for example, while Piozzi proudly demonstrated her familiarity with the medical wisdom of the day. Some women exhibited the expected symptoms, perhaps by unknowingly internalizing definitions of a largely socially constructed disease. Elizabeth Freke believed that she suffered from attacks of the vapours and hysterics, and Piozzi sometimes attributed her fainting fits to weak nerves. Women also adamantly resisted the hysteria diagnosis. Anne Finch and Lady Mary, for example, saw themselves as "splenetic" rather than "hysterical," thus rejecting the conventional gendering of the disease's symptoms to embrace its male designation. For the most part, the more sensational physical manifestations of hysteria – found throughout the medical texts – are scarce in the women's descriptions of the disease. Their writings instead offer varied and sophisticated interpretations of symptoms: they communicate a language of protest against a world that sought to contain female experience, and express a refined intellectual and aesthetic sense of that world. Moreover, the dialogue between women and doctors traces the disappearance of "hysteria" *per se*,

that is, of a disease based in somatic pathology. What emerges in its place is a condition that is the result of a complex network of social, domestic, and cultural causes. It is not a bodily disorder, but an unpredictable, dangerous, and sometimes inexplicable disease of the mind.

How, then, in the present moment, should we understand this eighteenth-century condition? The impulse is perhaps to detect, in this period of early modernity, the disappearance of "hysteria" and the emergence of a psychological condition called "depression." Hermione Lee rightly points out the difficulties of diagnosing historical disease. Although some have read Virginia Woolf's condition as "manic depression" this diagnosis has "been hotly contested." Indeed, to assert that the symptoms of these eighteenth-century women writers constitute "hysteria" or "depression" is equally problematic. It is also dubious, and perhaps downright erroneous, to suggest that the woman writers I examine were so progressive as to reject "hysteria" entirely and embrace "depression." Charlotte Smith's gloomy visions or Anne Finch's chosen isolation share characteristics with what we know as depression, but they are something different. Indeed, the symptoms of Finch and Smith are the result of eighteenth-century cultural, literary, and medical factors that we moderns cannot fully grasp.

Our definitions of eighteenth-century mental disease, are, therefore, inevitably somewhat flawed. "[T]he borders of these words [spleen, vapours, hysteria etc.] and the things they designate are perilous: too difficult for most students of this subject," Rousseau concedes ("Genealogy" 73). We impose our modern understandings of depression on the eighteenth century, a problem compounded by the fact that this

historical period marks a transition from a “pre-medicalized category (*melancholia*)” to a “post-medicalized [one] (*depression*)” (“Genealogy” 74). Rousseau explains:

[A] vast edifice of ideas has attached to the newer category – *depression* – since it was first medicalized. And in our generation crossing over in to the twenty-first century the newer category – depression – has additionally, swollen to epidemic proportions as the result of causes different from the causes of the earlier melancholia. Therefore, whenever we reinterpret the older *melancholia* we do so with *both* these accretions somewhere in our minds, even if not consciously aware that we do so. No matter how perfectly we toil as historians we cannot deprogramme ourselves sufficiently to pretend that we have assumed the genuine mindset of the older category, i.e. melancholia, without the traces of the newer medicalized depression. Hence, whenever simultaneously discussing the history of *both* categories we necessarily do so under the influence of the newer one. (“Genealogy” 74)

A firm definition of eighteenth-century hysteria escapes our grasp. The disease (and histories of the disease) are wrought with contradictions, misinterpretations, and confusions.

My methodology is guided by the notion that to best understand the eighteenth-century incarnation of hysteria, one must, like the women writers I have studied, embrace its elusiveness. “Hysteria” has been my term of choice – despite its obvious inadequacies and its myriad connotations and metaphors. In this respect, I share a methodological affinity with Rousseau, whose choice of “depression” poses a number of obvious

problems; it is a “single, continuous category despite its obvious *discontinuity*” (“Genealogy” 74). Rousseau, for his part, follows Starobinski, who recognizes that “the older version [melancholia] contained a sufficient quantity of the characteristics of the newer to permit the conceptualization of a ‘history of depression’” (“Genealogy” 74). Part of my task in this dissertation has been to find continuity in discontinuity. I have resisted the impulse to seek a continuous progression from ignorance to enlightenment, and to trace a grand narrative of hysteria. Instead, I have attempted to ground my examination of hysteria firmly in the period, tracking the ebbs and flows of change and imposing as little as possible the powerful, pervasive post-Freudian views of mental processes. I offer a range of sub-narratives and explore varying, often conflicting, cultural, literary, and medical voices – an approach enabled by a dialogic approach to genre in which medical texts, women’s private writings, and poetry all offer unique insights into hysteria, while at once countering, complementing, and transforming ideas relating to condition. My structure mimics hysteria’s shifting forms. The sections on diagnoses, symptoms, causes, and treatments both intersect and diverge, and they do not offer a clear forward movement. Each looks at hysteria from a different angle and moves outward, beginning with the restrictive qualities of the disorder and moving toward its liberating potential, not as a teleology, but as a staggered trajectory whose progress moves in fits and starts. My approach traces a dialectical exchange of ideas, respects the shifting cultural, literary, and medical complexities of hysteria as a cultural category, and, in so doing, describes a complex, unstable, and unique eighteenth-century condition.

Part 2: Hysteria and Creativity

This dissertation works from the premise that eighteenth-century women writers offer crucial insights into the disease known as hysteria that was so central to the period. Their own experiences complement and counter the more conventional medical accounts, as well as dominant ideologies that, through the construct of hysteria, saw women as weak, fragile, and irrational. Conversely, hysteria also tells us something about women's literature and creativity, recalling Hermione Lee's recognition that in Woolf's "writings about illness" there is "a repeated emphasis on its creative and liberating effects." For Woolf, illness was "partly mystical," and, as Lee notes of *On Being Ill*, it tracks "the 'undiscovered countries,' the 'virgin forest,' of the experience of the solitary invalid." In Woolf's words:

Incomprehensibility has an enormous power over us in illness, more legitimately perhaps than the upright will allow. In health meaning has encroached upon sound. Our intelligence domineers over our senses. But in illness, with the police off duty, we creep beneath some obscure poems by Mallarmé or Donne, some phrase in Latin or Greek, and the words give out their scent and distil their flavour, and then, if at last we grasp the meaning, it is all the richer for having come to us sensually first, by way of the palate and the nostrils, like some queer odour. (21-22)

Illness is not merely debilitating for Woolf. She undoubtedly struggled with restrictive therapeutic regimens and assumptions that she was weak, irrational, and hysterical – much like many eighteenth-century women writers – but she resists these strategies of

containment. She communes with Mallarmé and Donne, and, as she suggests in a later passage, the “kingly sublimity” of illness “sweeps all aside and leaves nothing but Shakespeare and oneself [T]he barriers go down, the knots run smooth, the brain rings and resounds with *Lear* or *Macbeth*, and even Coleridge himself squeaks like a distant mouse” (23). For Woolf, illness brings an alternative, more precise vision – one that women as well as men have the ability to experience.

I have attempted here to uncover, through an examination of women writers in the eighteenth century, the creative potential of hysteria as it was exhibited in the period. It is a potential that has been typically denied female authors. As Rousseau explains, eighteenth-century women were rarely granted the intellectual privileges of melancholy:

Whereas post-1700 male madness continued to be portrayed as strong in mind despite its depravities, all versions of feminine hysteria and melancholy were represented in the language and images of *weakness*: weak spirits, weak nerves, weak fibres, frail and passive physiology wrapped into one flawed female creature no matter how lovely and beautiful. The woman who transcended these frailties was the exception rather than the norm. When she rose above her depressive state she did so out of strength by transcending inherent, almost preternatural weakness. The normative male required no such transformation from weak to strong. He remained strong and noble despite cracking, like Hamlet in 1600 and Werther in 1774. (“Genealogy” 100)

Women’s melancholic insights exist, Rousseau insists, but they are habitually ignored. He goes on to suggest that “a depressive state of mind is the basic alloy for the novel

itself" from the 1780s and 1790s onwards – from Frances Burney, to Elizabeth Inchbald, to Mary Shelley, to Mary Wollstonecraft, to Jane Austen – something that has been recognized by "literary critics of our time ... with exquisite finesse" ("Genealogy" 99). Nevertheless, we traditionally avoid tying the woman writer's genius explicitly to her depression. We often hear of how Jonathan Swift's fears of madness, Samuel Johnson's dark thoughts, James Boswell's painful self-analysis, William Cowper's terrors of damnation, and Christopher Smart's religious mania spark their creativity and enrich their art. But scant attention is given to the ways the woman writer's mental ills are tied to her literary creativity.

In my attempt to describe the intricate dance of creativity and mental illness in *female* authors, Woolf has been a crucial figure, for she both incorporates her experience of illness into her fiction, and, in *On Being Ill*, writes of how the experience of illness has the power to inspire creativity and aesthetic appreciation. Woolf maintains that illness holds a central but unacknowledged position in lived experience and that it should therefore occupy a similar place in literary history. Her own experiences with mental illness make her uniquely attentive to literary expressions of illness in her precursors. In her discussion of Mary Wollstonecraft, for instance, Woolf's interpretive lens is trained on those elements of Wollstonecraft's writing that reflect an intersection of life and art. In her essay on Mary Wollstonecraft in *The Common Reader*, for instance, she explains how illness inspires art by making the more broad claim that experience defines the creative impulse of the artist. The "glaring discords among [highly] intelligent people," Woolf writes, can be accounted for in part by their diverse backgrounds; and differences between "Charles Lamb and William Godwin, Jane Austen and Mary Wollstonecraft ...

suggest how much influence circumstances have upon opinions” (157). “If,” Woolf continues, “Jane Austen had lain as a child on the landing to prevent her father from thrashing her mother, her soul might have burnt with such a passion against tyranny that all her novels might have been consumed in one cry for justice” (157). In other words, the experience of mental distress acutely defines one’s creative impulse, so that in the case of Wollstonecraft, “The Revolution ... was not merely an event that had happened outside her; it was an active agent in her own blood” (158). She continues:

She had been in revolt all her life – against tyranny, against law, against convention. The reformer’s love of humanity, which has so much of hatred in it as well as love, fermented within her. The outbreak of revolution in France expressed some of her deepest theories and convictions, and she dashed off in the heat of that extraordinary moment those two eloquent and daring books – the *Reply to Burke* and the *Vindication of the Rights of Woman*, which are so true that they seem now to contain nothing new in them – their originality has become our commonplace. (158)

In Woolf’s opinion, Wollstonecraft’s writings on the revolution are not merely detached political documents; they are deeply personal, the fruit of her mental distress.

Though perhaps not as consciously as Woolf or Wollstonecraft, the women writers I examine use their illness, real or feigned, as a means to enter into a creative state of mind. My dissertation has attempted to uncover the powerful relationship between the eighteenth-century woman’s experience of hysteria and her literary work. Through articulations of illness, the vitality and variability of women’s intellectual culture in the

eighteenth century is made apparent. From Finch, to Montagu, to Piozzi, to Smith, to Wollstonecraft, we find women at once struggling with hysteria and using it to inspire their literary endeavours. Charlotte Smith's *Elegiac Sonnets* are purportedly inspired by her melancholy, a process she explicitly points to in the prefatory remarks to the second volume of the sonnets. She claims that the succession of calamities she has experienced – including her financial difficulties, the maiming of a son, and the loss of her loveliest daughter (7) – powerfully define her world view. “The injuries I have so long suffered under,” she writes, “are not mitigated; the aggressors are not removed” (9). A similar relationship between suffering and creative output is present in the works of all the women I have focused on in this dissertation. Though hysteria constricts and debilitates, it also incites a challenge to dominant ideologies, inspires creativity, and expands the mental horizon, thus permitting the cultivation of alternative viewpoints. In her memoir, Elizabeth Freke reformulates an identity in spite of an ailing body and an indifferent husband; Mary Wollstonecraft, in her fictional autobiography, explores how laws and customs produce a society of depressed women; Anne Finch's brilliant ode to “The Spleen” depicts her intense, often futile, struggle against her affliction; Lady Mary Wortley Montagu writes to friends and family of her loneliness on the continent and of her painful love affair with Algarotti; Hester Thrale Piozzi uses her diary to put forth an impressive array of intellectual, social, and medical insights that the outside world often belittled or ignored; and Carter's correspondence uncovers the incredible imaginative and intellectual growth of a sickly and isolated woman of letters. These accounts of hysteria present a rich and previously untapped genre of writing, which I have attempted to highlight in this dissertation. Undoubtedly, these women endured mental hardships. But

their writing reveals that these hardships do not comprise hysteria *per se*. The eighteenth-century literary woman redefines the limits of the condition, and, to borrow Lady Mary's words, uses hysteria to spread *her* dominion.

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