

## Culture, Literature, and the History of Medicine

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## *Essay Review*

# Culture, Literature, and the History of Medicine

ERIN SULLIVAN\*

**Amanda Bailey and Roze Hentschell** (eds), *Masculinity and the Metropolis of Vice, 1550–1650*, Early Modern Cultural Studies, 1500–1700 (Basingstoke: Palgrave, 2010), pp. xi + 230, £52.50, hardback, ISBN: 978-0-230-62366-8.

**Richard C. Sha**, *Perverse Romanticism: Aesthetics and Sexuality in Britain, 1750–1832* (Baltimore, MD: Johns Hopkins, 2009), pp. xi + 359, £29.00, hardback, ISBN: 978-0-8018-9041-3.

**Sally Shuttleworth**, *The Mind of the Child: Child Development in Literature, Science and Medicine* (Oxford: Oxford University Press, 2010), pp. xii + 497, £32.00, hardback, ISBN: 978-0-19-958256-3.

Raymond Williams famously wrote that ‘culture’ was one of the two or three hardest words to define in the English language. That being true, it should come as little surprise to academics that defining ‘cultural history’, or the history of culture, isn’t much easier. Like ‘culture’, ‘cultural history’ can apply to many different kinds of things – the history of cultural production, the history of cultural representations, the history of cultural belief, the history of cultural processes – and the aims and methods for each of these potential areas of study are by no means clear. How, for instance, do you chart the progress of a cultural representation such as ‘The Leper’, attending to the social, moral, and political connotations that shape it, while avoiding the suggestion that such a representation was uniformly accepted across an entire group of people living in a particular time and place (an entity sometimes referred to as a ‘culture’)? Likewise, how might an historian investigate the history of a cultural process such as the rituals surrounding death and dying; what kinds of sources should be used, what kinds of assumptions avoided, what kinds of questions asked?

If we think about the kinds of books that have been written on leprosy or death, we realise very quickly that there is no single set of solutions to the problems raised here; compare, for instance, Michel Foucault’s *Madness and Civilization* [1961] (repr. London: Routledge, 2006), which begins with the leper before moving onto the madman in its analysis of social exclusion and political control in Western history, with Bernard

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Hamilton's *The Leper King and his Heirs* (Cambridge: Cambridge University Press, 2000), which offers a much more focused examination of the political career of King Baldwin IV of Jerusalem, who suffered from leprosy very publicly. Likewise, compare books like Philippe Ariès's *The Hour of Our Death*, Helen Weaver (trans.), (New York: Alfred A. Knopf, 1981); Vanessa Harding's *The Dead and the Living in Paris and London* (Cambridge: Cambridge University Press, 2002); or Ian Mortimer's *The Dying and the Doctors* (Woodbridge: Boydell Press, 2009); each is concerned with attitudes towards the body, religion, dying, and mourning, but the questions that are posed and the way they are pursued vary considerably. In fact, not all of these books would likely be catalogued as cultural history by readers – social history, sociology, and social demography would probably come first as descriptors for several of them. So, it seems, we're back to square one: what is cultural history?

The answer, I would suggest, lies more in the materials and methods of an historical study than its topic. A cultural history doesn't simply take culture, in all its complexity and ambiguity, as its subject, it also takes it as its source. Hence the large number of musicologists, art historians, and literary scholars who also go by the name of cultural historians – it is the one area of historical inquiry in which it may be accurate to say that the 'actual' historians (i.e. those working from a department called History) are outnumbered. The openness, even promiscuity, of cultural history can be spied from a glance at the subject descriptions (otherwise known as unit of assessment summaries) used in the 2008 Research Assessment Exercise (RAE), a UK-wide research review that scored university departments on a scale of 1\*-4\* for the perceived quality of their research outputs and awarded government funding accordingly. Cultural history is included as an explicit field of study in the subject descriptions for History, English, Italian, and Latin American studies, and if the term is opened up to 'cultural studies', then the list extends to History of Art, Classics, most languages and literatures, most area studies, or, to be more succinct, most humanities disciplines.<sup>1</sup>

In the study of the history of medicine, cultural and literary sources have emerged as significant in fits and spurts, flaring up in the works of many writers but never establishing a dominant presence in the discipline until relatively recently. Some of the first instances of literature making waves in the history of medicine came in the nineteenth century, when medical writers, such as John Charles Bucknill (1817–97) and later Sigmund Freud (1856–1939), used literary case studies from the works of authors such as Shakespeare to explore new ideas about mental pathology. Famous literary figures, like Hamlet, became rich fodder for writers, who used such material to demonstrate the comprehensiveness and universality of their own psychological theories (applicable not only to troubled patients in their own time but also the tricky case histories of the past).<sup>2</sup> In these instances, however, such writers used literature not so much to explore the *history* of medicine, as contextualised by cultural and social conditions, but more as a way of discussing medicine itself, be it past or present. A universal human

<sup>1</sup> Descriptions of the unit of assessments (UOAs) can be found at RAE 2008, <<http://www.rae.ac.uk/aboutus/uoas.asp>>, accessed 15 April 2011.

<sup>2</sup> For further detail see W.F. Bynum and Michael Neve, 'Hamlet on the Couch', in W.F. Bynum, Roy

Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry, Volume 1: People and Ideas* (London: Tavistock, 1985), 289–304.

experience (and pathology) was assumed, with the implication being that medicine had now come to the point where it could explain it.

An explicitly historical approach involving literature wasn't too long in the making, however; with the arrival of the *Annales* school in early twentieth-century France, the history of societies in all their complexity became a subject of interest, and literature became one of the many tools used to enter into not just the politics and wars of the elite of the past, but also the beliefs, daily struggles, and *mentalités* of the many other people who made up the greater fabric of human history. 'What sort of an idea can we form of an age', asked the Dutch historian Johan Huizinga (1872–1945), whose work would influence the *Annales* school, 'if we see no people in it? If we may only give generalised accounts we do but make a desert and call it history'.<sup>3</sup> This emphasis on *people* would prove of particular interest to those working in the emergent field of the history of medicine roughly half a century later. While histories of major medical discoveries and famous practitioners were already in existence, an historical understanding of the experience of health and illness from the perspective of the patient was less common. In an effort to address this, historians such as Roy Porter increasingly encouraged colleagues to focus on what they termed 'the patient's point of view', a shift in emphasis that involved looking to new and somewhat unconventional historical sources, such as literature and art. Porter himself explored the diaries of Samuel Pepys, the poetry of Alexander Pope, and the personal and creative writings of many asylum patients in an effort to make medical history more about 'the two-way encounters between doctors and patients', a task that meant prioritising 'the sufferers' role in the history of healing' alongside that of the healers' role.<sup>4</sup>

This shift in emphasis from a history of cures to a 'history from below' opened the doors to the increased use of literary sources across the board. The journal *Literature and Medicine* started printing in 1982, focusing on both the historical understanding that could be derived from studying literary sources, as well as a more presentist interest in the relationship between literature and healing in modern practice. At the same time, literary studies was undergoing an historical turn, largely initiated by the New Historicists of Renaissance and early modern literature (headed up by Stephen Greenblatt), with the overall result being that the study of history was starting to look more literary, and the study of literature more historical. As befitting any self-reflective institution operating in the wake of poststructuralism and postmodernism, the academy itself started dissolving its disciplinary borders, a move that would result in the rethinking of not just what constitutes an acceptable historical or literary source, but also what constitutes an appropriate method. A generation on, we are still working out that question.

The results of this mixed heritage can be seen in the three books collected by *Medical History* for this review. There are notable similarities among them, the most obvious being that they are all written or edited by scholars working within English departments. Even Amanda Bailey and Roze Hentschell's *Masculinity and the Metropolis of Vice*, an edited collection involving nine other scholars, features work exclusively by English

<sup>3</sup> Quoted in Peter Burke, *What Is Cultural History?* (Cambridge: Polity, 2008), 9–10.

<sup>4</sup> Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 4, 2 (1985), 175–6.

scholars, save one contribution from a professor of drama. Another common feature is their focus on aspects of medicine that, even today, remain relatively contested and resistant to ontological description, including the nature of the mind, imagination, morality, hygiene, and sexuality. Beyond that, however, similarities begin to fade from view. Bailey and Hentschell's collection brings together a variety of work relating in different ways to gender, place, and culture, describing itself as attempting to stage 'a productive encounter between Cultural Geography and Masculinity Studies' (p. 12). Though the articles collected veer in several directions, variously looking at specific vices (drinking, gambling, whoring, uncleanness) and social spaces (the barbershop, university haunts, St Paul's walkways, markets), they often connect in their focus on young men of the middling to upper classes, who being second and third sons in a system of primogeniture (and therefore not the inheritors of their family's land and wealth) came to London for education, employment, and entertainment.

The result is a rich and engaging study of the seamy side of sixteenth- and seventeenth-century London life. Like any edited collection emerging from a conference panel, different authors pursue not only diverse subjects but also apply different approaches and methods. Much of the volume reflects a strong theoretical and cross-disciplinary orientation, with theorists such as Bourdieu, Elias, Barthes, and Žižek popping up from time to time to give shape and outward reach to dense and detailed historical arguments. Close reading and discourse analysis predominate methodologically, and religious treatises and streetwise literary works make up the bulk of the primary evidence under examination, but the mixture between theory, attention to language, and historical grounding varies from chapter to chapter. In most, if not all, of them medical history is vaguely present, underlying discussions of bodily self-fashioning and lurking at the periphery of analyses of hygiene and the body politic. Only rarely, however, does it take centre stage, marking this collection out as the least explicitly medical historical of the three books under discussion.

That said, medicine is certainly present, especially in Mark Albert Johnston's chapter "'To What Bawdy House Doth Your Maister Belong?': Barbers, Bawds, and Vice in the Early Modern London Barbershop'. Johnston takes as his starting point the economic-historical concept of the 'medical marketplace', pursuing it into the barbershop and exploring the kinds of wares on offer to savvy consumers there. Johnston positions barbershops as ambiguous, complex social spaces in which corruption and cleanliness were for sale side-by-side, arguing from various literary accounts that barbers often augmented their medical and hygienic services with sexual ones, acting as panders between clients and local prostitutes (giving new meaning to that offer of 'something for the weekend'). Johnston highlights the potential double meanings present in the standard services offered in the barbershop (shaving, trimming, plucking), exploring as well the perceptions that arose around a profession linked with the handling of bodily waste (hair, blood, and perhaps more). Through these close readings he concludes that barbershops were 'intimately homosocial spaces' in which 'masculinity [could] . . . be either fashioned or undone' (p. 117), and this emphasis on the links between place, behaviour, and self-fashioning hold true for much of the rest of the volume. As a work of literature, medicine, and cultural history it is indicative of where much scholarly attention is now

focused: on the ways in which meaning (personal, social, historical) is made through the control and display of the embodied self.

Slightly more unusual is Richard Sha's *Perverse Romanticism: Aesthetics and Sexuality in Britain, 1750–1832*, which looks first and foremost at how aesthetic sensibility (as opposed to socially constructed notions of self and society) has been forged through the lens of the body and perceptions about its proper functioning. Unlike many New Historicist/Cultural Material studies rooted in early modern literature and history, Sha does not delve into the back catalogues of literary production in his period, looking for new kinds of texts to claim as appropriate material for formal, aesthetic, and cultural analysis. Rather, the main writers under consideration in his study are noticeably canonical – Byron, Blake, Shelley, Coleridge – and his surrounding arguments are focused on exploring how these writers both influenced and were influenced by emerging scientific ideas about the body, particularly in relation to sexuality. Sha directs his attention to the study of function and purpose in science and the arts, showing how the study of ‘pleasure without function’ (most often meaning sexual pleasure without biological reproduction) became an important discussion point for scientists, philosophers, and poets alike (p. 2), fuelling debates about mutuality and hierarchy among the sexes, the existence of ‘natural’ or ‘normal’ forms of sexual desire, the legitimacy of social institutions such as marriage, and the status of cultural taboos such as pederasty.

Sha's study is at once dense and wide-ranging, offering detailed readings of how the Romantic writers under consideration looked to contemporary science to help develop their stances on ‘perversion’ – again ‘sex without reproduction’ – as a pathway to social, personal, and aesthetic liberation (p. 53). As a work of medicine and literature, it is notable for the way in which it launches a major claim for the indebtedness of a literary movement to the medico-scientific developments of its time; Sha suggests not simply that the science of function is important in helping us better understand the likes of Blake and Byron, but rather that it fundamentally enabled their work, as did the philosophical writings of Kant that emerged at roughly the same time. In this sense, the kind of argument Sha develops resembles those that have been made about the relationship between anatomy, dissection, and Renaissance literature or industrial technology and modernism.<sup>5</sup> It is an intensely scholarly book, and one very well versed in the medical and scientific work of the period, but it keeps literary and artistic production in view at all times, an emphasis that situates it further from the field of cultural studies than Bailey and Hentschell's collection.

It is also a rather difficult book, especially in sections that are unmoored from specific literary or historical examples, as Sha's pursuit of paradox and analogy within Romantic discourse can sometimes result in labyrinthine, self-reflexive prose. The Kantian idea of ‘purposiveness without purpose’ features prominently, and the somewhat tautologous linguistic idiom catches on with Sha, as in this extract about a cross-dressing Italian woman whose body was dissected and studied for any signs of physiological abnormality:

<sup>5</sup> See for instance Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture* (Abingdon: Routledge, 2007); or

Sara Danius, *The Senses of Modernism: Technology, Perception, and Aesthetics* (Ithaca: Cornell University Press, 2002).

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The imagination thus allows Bianchi [her dissector] to promise yet defer ocular proof of the legibility of perverse desire upon the body, to afford his audience a locus that is an idea, not an actual locus. At the same time, the fact that it is his imagination of her imagination that allows the imagination to embody perversion mandates that the surgeon Giovanni discover the truth behind the other Giovanni [the male name used by the woman] (p. 71).

Of course, any complex idea is difficult to understand when divorced from its context, but I think it's fair to say that Sha's writing is the most challenging to follow of the three books under consideration, all of which address complex issues. At the best of times, this allusive style acts as a formal realisation of the densely engrafted ideas being examined (distinctions in the eighteenth century between kind – male/female, self/other, purpose/perversion – are shown to be increasingly unmanageable, resulting in a breakdown of classification as well as signification), but this does mean that Sha's already big book is even more of an undertaking, especially for potentially cross-disciplinary audiences that may not be used to the kinds of theoretical argumentation deployed here.

In contrast is our final book, Sally Shuttleworth's *The Mind of the Child*, which is notable for its accessibility throughout. Shuttleworth says herself in her acknowledgements that she regards it as 'an "old-fashioned" book in a fairly literal sense', highlighting how the time-consuming archival research she undertook for it is quickly becoming 'a thing of the past' in the digital age – a move that she has helped facilitate herself through her co-directorship of the Science in the Nineteenth-Century Periodical online database (pp. vii–viii). It might also be considered an old-fashioned book in a methodological sense, as of the three under discussion here it is the most empirically oriented and presented: on picking up the book, one is immediately struck by the amount of material that has gone into its almost five-hundred pages, and on reading it, one is likewise taken by the force of the historical narrative that develops (in this way the national contexts in which Shuttleworth and Sha write seem relevant, as Shuttleworth's book reflects a more typically British, empirical method, and Sha's a more American, theoretical one). Ideas are worked through chronologically, with a focus on how the scientific and literary space occupied by the child reflects changing ideas about society and selfhood, from Rousseau to Darwin to Freud, resulting in a story of the child as a site of increasing subjectivity, interiority, and – inevitably – anxiety in the long nineteenth century.

At the same time, Shuttleworth avoids suggesting that the bigger narrative she outlines is in any way monolithic; throughout she emphasises that 'there was no unanimity, no single Victorian construction of the inner child' (p. 3), arguing instead that 'shared pre-occupations' in science, literature, and popular culture resulted in a proliferation of theories about childhood and mental life (p. 361). Differences between approaches and conclusions in evolutionary psychology and the emerging field of medical psychiatry are helpfully explored, as is the interplay between literary and medical discourses. At times, the links between some of the canonical literature under discussion and the medico-scientific context remain open and suggestive: in the case of *Jane Eyre* and childhood fears Shuttleworth admits that 'It is impossible at this distance to establish precise lines of influence', but in many other cases she is able to identify interesting, specific connections, such as Dickens's ownership and quotation of a treatise on dreams and his subsequent interest in the 'dark corners' of the adult mind, which he posited

were rooted in the childhood terrors that took shape once the lights went out each night (pp. 43–52).

What is perhaps most interesting of all, however, is Shuttleworth's examination of the ways in which literary and medical writings in this period were mutually constitutive, a point that links us back to the early history of medicine and literature sketched out at the start of this essay. She shows how Eliot's *Mill on the Floss* and its portrait of Maggie Tulliver becomes the guiding context for Leonard Guthrie's *Functional Nervous Disorders in Childhood* [1907] (London: Henry Frowde, 1909), how James Sully's *Studies of Childhood* (London: Longmans, Green, 1895) draws openly on literary autobiographies chronicling childhood experiences, and how John Crichton Browne's reading of and friendship with Thomas Hardy shapes his medical theories about unhappiness and degeneration in children. By intertwining the intellectual work of key literary, medical, and scientific writers in the period, Shuttleworth paints a convincing picture of how ideas about childhood experience – be it imagination, passion, fear, or cognition – evolved out of a richly constellated cultural network of psychological enquiry. As is the case with all of the books under consideration, I found Shuttleworth's analysis most engaging when directed towards close reading of literary texts, for in these sections the vividness of the primary material brings the historical context and interpretive ambiguities of their respective research questions into sharper view. It also facilitates some sense of shared experience, albeit at a significant distance, between the cultural formulations of the past and those familiar to us today. Such sentiments can (and will) be seen, of course, as highly problematic, as any suggestion of recognition between past and present calls into question the analytical approach of the reader, never mind the writer. They are also probably why the bulk of the scholarly work interlinking medicine, history, literature, and culture remains primarily the province of literary studies, a field that generally speaking is still more inclined than others, I think, to encourage a sense of connectedness between past and present modes of experience – acknowledging all the potential differences between now and then, us and them, there remains the fact that works like *Jane Eyre*, Wordsworth's 'The Prelude', or Shakespeare's *Coriolanus* still speak to and have meaning for readers in our own time.

The potential implications of such disciplinary assumptions are important. Although English and History have come considerably closer to one another in the past few decades, they still have distinctive perspectives on what constitutes an appropriate research question, evidence base, or conclusion. Concerning the use of literature in the exploration of medical history, it seems likely, I think, that such methods will remain largely linked to English, although there are examples of important cross-over works from historians, such as Michael MacDonald's work on madness and Shakespeare or Natalie Zemon Davis's work on, well, anything. The key point of intersection may not ultimately be what kinds of sources scholars use or in what proportion, but the extent to which they are interested in analysing the stories these sources tell, and thinking about what the greater cultural ramifications of these stories might be. Although such scholars very often insist, quite rightly, that the specific stories cultures tell about themselves are historically contingent and socially situated, they often simultaneously suggest that the impulse to tell stories, and to use them to make sense of aspects of mental, bodily, and

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human experience, is more or less unchanging. As we can see above in the three literary studies reviewed, aims, sources, and approaches can vary significantly within the realm of medicine and literature, but common throughout is an interest in how fictional, scientific, and historical narratives intertwine to give shape to cultural understandings of body and self, not to mention our scholarly appraisal today of what all this means for the past, present, and future.