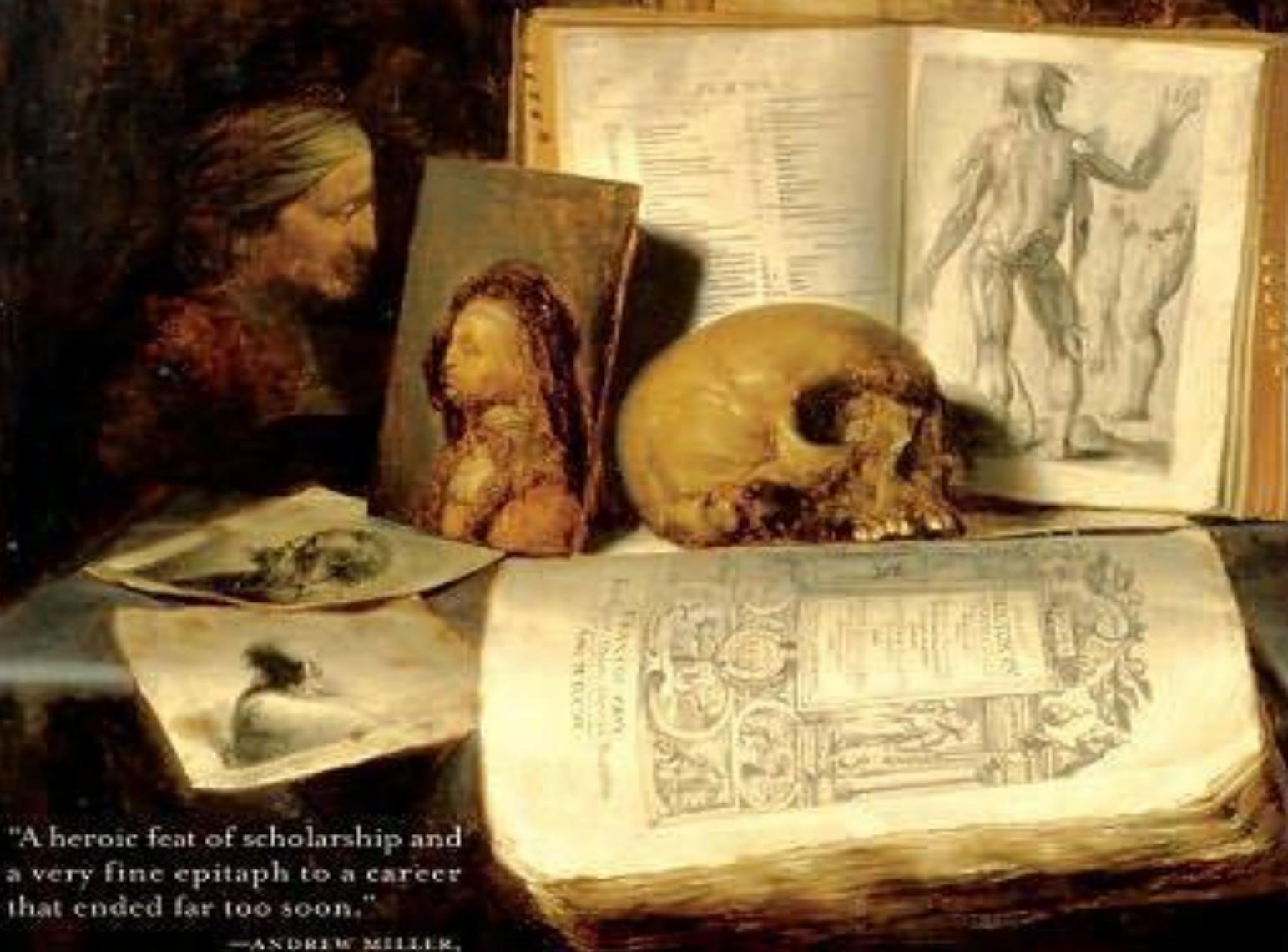


THE MODERN FOUNDATIONS OF BODY AND SOUL

FLESH

IN THE AGE OF REASON



"A heroic feat of scholarship and a very fine epitaph to a career that ended far too soon."

—ANDREW MILLER,
NEW YORK TIMES BOOK REVIEW

ROY PORTER

FOREWORD BY SIMON SCHAMA

PART I

SOULS AND BODIES

1

INTRODUCTION: KNOW YOURSELF

Who are we?

Our contemporary Western secular sense of identity stems directly from transformations occurring in the centuries since the Renaissance. These developments are often characterized as the ‘death of the soul’; but inseparable from such a process, and no less salient, has been the reappraisal of the body. The two have been symbiotic in the refiguring of the self.

The history of the self is commonly told as the rise of modern individualism, the maturing self-consciousness of the self-determining individual. Here lies the fulfilment of the cherished ideals first of ‘knowing yourself’ – the *gnothi seauton* of the Delphic oracle – and then of ‘being yourself’: ‘this above all, to thine own self be true’, as Polonius puts it in *Hamlet*, wearying his son as ever with unwanted advice. In this triumphalist telling, the secret of selfhood is located in authenticity and individuality, and the story presented is one of the surmounting of intractable obstacles in the achievement of autonomy. This great labour of inner character-building typically involves breaking free from religious persecution, political tyranny and the shackles of hidebound convention. Such ideals of self-realization, nobly voiced a century and

a half ago in John Stuart Mill's *On Liberty*, still carry a strong appeal, and they square with other values – democracy, freedom of speech, equal opportunities, doing your own thing – which we all hold dear and to which the 'free world' at least pays lip-service.

Received ideas of identity in the West thus presuppose some real and essential 'inner self'. Favoured ways of imagining its realization include the metaphor of a seed maturing into a flower, or the growth-process from birth to adulthood, from dependency to self-sufficiency. These organic metaphors are reflected in popular narratives, or myths, of the historical evolution of the self through the rise of civilization.

It is a tale which begins with the fabled dawn of consciousness. 'Primitive societies' have been deemed to possess a 'tribal' mentality, with all thought-processes being collective and all activities communal. This 'savage mind' was supposedly so gripped by supernatural and magical outlooks, by group rituals and customs, as to preclude any genuine individuality.

It was the golden age of Greece, the story continues, which brought the first stirrings of true individual consciousness, asserted in defiance of clannish taboos and the inexorable decrees of the gods. Socrates and other philosophers began to give expression to ideals of inner goodness, truth and sacred conscience. So threatening to traditional values did such new convictions prove that even the advanced Athenians forced Socrates to drink the hemlock. For their part, Aeschylus, Sophocles and Euripides showed in their dramas how emergent conflicts between the individual and divine and dynastic order were fated to end in tragedy. In later centuries, under imperial despotism in Rome, Stoic philosophers like Seneca valued suicide as the only permitted expression of freedom and autonomy.

The age of faith brought partial advances towards realizing the sovereignty of the inner self. Christianity's core doctrine of a unique, eternal soul inspired those brave acts of personal integrity, modeled on

the Crucifixion, which were the making of martyrs; and St. Augustine's *Confessions* at the end of the fourth century gave a remarkable self portrait of the inner trials of the soul of a guilty sinner.

But the Catholic Church had no investment in self-exploration for its own sake. Egoism was anathema. The Church's mission was to teach how mankind's first parents, Adam and Eve, had been punished for disobedience. Did not the early theologian Tertullian insist that 'we have no need for curiosity, after Jesus Christ, nor for investigation after the Gospel'? It was idle curiosity that hankered after forbidden knowledge. The lesson of Original Sin was that the devout must obey the Commandments; self was the wellspring of sin, and Lucifer's fate showed how rebellion (*non serviam*) would be rightly and relentlessly crushed.

Self-denial was the supreme good, as expressed in monastic asceticism and celibacy; saints and mystics transcended their selves in divine love, St John of the Cross seeking the 'annihilation of the self'. All such Christian ideals of self-distrust, of trampling down pride and vanity through submission and selflessly serving in the *Corpus Christi*, the community of the faithful, squared with the medieval feudal principle that everyone had a preordained position in the divine Great Chain of Being, in the hierarchical order of lord and serf, master and man, husband and wife, parent and child; the whole was greater than the part. If the cause of individuality was advanced under medieval Christianity it was largely by those heretics who defied it.

In conventional accounts of the 'ascent of man', it was the age of the Renaissance and Reformation that brought truly decisive breakthroughs. Ever since Jacob Burckhardt, Darwin's contemporary, leading historians and art critics have acclaimed Renaissance Italy as the time and place when 'man' – for which read literate, gifted, élite males – began to break free from the chains of custom, conformity and the Church, taking fearless leaps forward into self-discovery and self-

fulfillment at the very time when Columbus was ‘discovering’ the New World.

As a literary and scholarly movement, humanism rejected the dogma of the miserable sinner required to abase himself before a jealous God, and began to take delight in man himself as the apex of creation, the master of nature, the wonder of the world. New cultural genres – the portrait (above all the *self*-portrait), the diary and the biography (especially the *autobiography*) – reveal heightened perceptions of individuality, the proud ego vaunting and flaunting his own being.

A new sense of personal singularity, and a bold impulse to explore that distinctiveness, radiates from the sixteenth-century French essayist Michel de Montaigne, who posed the fundamental question: *que sçais-je?* (what do I know?), and then humbly tried to answer it through scrupulous introspection. Infinitely curious, that great sceptic proposed that man possessed an *arrière boutique toute nostre* – a room behind the shop all our own: the individual’s mind was a unique storeroom of consciousness, a personal new world, ripe for discovery. Montaigne himself retired early from public life, not to commune with God but to scrutinize his own psyche. He might have appreciated Prince Hamlet, for such questions of identity are what Shakespeare’s moody, brooding hero soliloquizes upon: who precisely is this ‘paragon of animals’ who is yet the ‘quintessence of dust’? The key role of the soliloquy in Renaissance drama itself marks a new accent on the individual.

Yet, like Socrates and the Christian martyrs, Hamlet too has to die, as do all the other great overreachers portrayed by Renaissance playwrights, such as Marlowe’s Dr. Faustus and Tamburlaine. Evidently, the triumph of the autonomous individual was still a long way off. Highly significant in this respect is the radical ambivalence of Protestantism. Together with other pioneering sociologists of modernization, Max Weber argued in his *The Protestant Ethic and the*

Spirit of Capitalism (1904–5) that the Reformation spurred a new individuality, thanks to the reformers' doctrine of the priesthood of all believers: salvation must be a personal pilgrimage, a matter of faith alone (solifidianism); it could not be parcelled out by priests in pardons and other papist bribes. Hence, Protestantism forced believers into soul-searching: Puritans became noted for their breast-beating spiritual diaries. Guilt, sin and submission remained central. Calvin taught predestination and burned heretics, and arguably it was not until Nietzsche proclaimed 'God is dead' late in the nineteenth century that man could fully come into his own as a truly liberated autonomous being.

Ancestor-seeking philosophers have nevertheless identified the seventeenth century as the great divide, the point from which secular rationality served as the foundation of the self-determining individual. According to this reading of Psyche's Progress, it was René Descartes (1596–1650) who staked out a new role for the individual by making the basis of his *Discourse on Method* (1637) the proposition *cogito ergo sum* (I am thinking, therefore I am): my own consciousness is the one thing of which I can be sure, the sole Archimedean point in the human universe. Neither God nor nature, but the ego or consciousness is the spring of human self-understanding.

In medieval thought, as Dante's early fourteenth-century *Divine Comedy* makes clear, the human condition had been conceived through a conspectus of the whole compass of Creation and its macrocosmic-microcosmic correspondences. That cosmological perspective on man's estate was now reversed by an act of self-reflective thought – literally, so Descartes relates, while meditating alone in a small room with a stove, in what seems a licence for solipsism. Indeed, in an astonishingly daring stroke, Cartesian dualism claimed that reason reveals that man is perfectly unique beneath the heavens: he alone, under God, has a conscious mind (*res cogitans*), he alone can *know*

himself and so understand the meaning of things. Everything else, the entire animal kingdom included, is mere 'extension' (*res extensa*), that is, inert matter in motion governed by the iron laws of mechanics.

Descartes's dream of the uniqueness of human interiority (self-aware thinking) provoked later introspective philosophers further to probe the mechanisms of the mind. The question *who am I?* was turned into a matter of how our cognitive processes operate: identity resides within the house of intellect. In his highly influential *Essay concerning Human Understanding* (1690), John Locke argued that the mind is not like a furnished flat, prestocked before occupation with innate ideas, but like a home put together piecemeal from mental acquisitions picked up bit by bit. The self is thus the bit-by-bit product of experience and education: we are what we become – or, in Wordsworth's later phrase, the child is father of the man. Particular parents, surroundings and stimuli produce individuated selves. Identity is thus unique because contingent, the cumulative product of ceaseless occurrences. By implication, Locke thus gave his philosophical blessing to change, progress and even diversity, and hence championed freedom of speech and religious toleration.

Critics judged this Lockean psychology to be disturbingly relativistic; for supporters, however, it promoted a heroic vision of man making himself – man viewed both as the *producer* but also as the *product* of social development and the civilizing process. Man was no longer to be pictured as an Adam, created by God in His own image, with all his faculties, for good and ill, fully implanted. Rather, the coming myths of the Enlightenment promoted self-made (and Godusurping) man, and thus they made their mark on Marx and the Victorian prophets of progress.

Drawing on Francis Bacon's championing of science as the key to human progress, enlightened *philosophes* modelled man as *faber suae fortunae*, the author of his own destiny. Building upon Locke's

suggestion that the mind begins as 'white paper, or wax, to be moulded and fashioned as one pleases', attention was now paid to dynamic notions of consciousness-forming. Interaction with nature, and the restless dialectic of needs and wants, latent potential and aspirations, gave man the capacity to progress towards perfectibility, proclaimed the sunny new theories advanced by such thinkers as Condillac, Turgot and Condorcet in France, Priestley, Erasmus Darwin and Godwin in England, and Fichte, Herder and Hegel in Germany.

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The individual moved centre-stage in many other domains of eighteenth-century thinking. Cast as the autonomous bearer of rights, he (women were rarely yet part of the equation) became the basic building-block in a political liberalism which rebutted old Divine Right and absolutist theories with the declaration that the sovereign individual was prior to the state – indeed, was its sole reason for existing. Society was the product of free men coming together to set up a political society to protect fundamental rights to life, liberty and property. Such were the foundations of the new American republic.

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Through the nineteenth century, the Romantic drive to self-understanding and realization ventured into ever more intense expression. Schopenhauer, Nietzsche and the novelists and artists of the *fin de siècle* centred their anguished visions on the solitary individual, solipsistically enduring or enjoying utter isolation from society and the universe. Often stimulated (or wrecked) by dreams, drugs or drink, decadent poets dwelt upon their inner experiences. Academic psychology meanwhile turned subjectivity into an object for

scientific investigation and, through the invention of systematic testing, focused attention upon individual differences.

Above all, this impassioned quest for the ultimate truth of the self seemed to make a crucial breakthrough with the 'discovery of the unconscious'. The upstaging, or rather undermining, of the Cartesian *cogito* certainly did not begin with Sigmund Freud – earlier writers such as Coleridge were fully aware of the 'insensible' and the 'involuntary' aspects of the self, manifest for instance in dreaming – but it was Freud who theorized the unconscious. Psychoanalysis argued that the rational understanding proudly cultivated by the Renaissance humanists, and likewise Descartes's prized *cogito*, was not after all master in its own house, not the real thing. What truly counted was what had hitherto lurked concealed, an unconscious that was profoundly repressed and hence expressed only obliquely and painfully through illness and hysteria, nightmare and fantasy.

Freud and his followers thereby opened up new horizons of selfhood, or rather plumb the psyche's oceanic depths, exposing a hidden world of secret desires and treacherous drives. Self-discovery thus became a voyage into inner space, colonization of which was to have the profoundest implications for twentieth-century psychiatry, art and literature, notably in Surrealism or the stream-of-consciousness novel.

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Grand narratives of the kind just recounted – of how the West discovered, championed and honed a distinctive self unknown to earlier times, an inner, individualist psyche unfamiliar to the great civilizations of the East – underpin popular attitudes and public platitudes, and continue to carry a huge appeal. Furthermore, they mould familiar stereotypes of 'alternatives': the noble savage, the medieval peasant, the Romantic poet, the free spirit, the lonely crowd, the alienated intellectual, and so on.

Do they not contain a measure of truth? After all, much of our recent artistic and intellectual heritage involves celebration of the exceptional outpourings of mighty, self-absorbed geniuses, such as Beethoven. Yet the tale also has the ring of myth, and an air of soap-box rhetoric, especially when recounted as an epic in which the striving, heroic self scales ridge after ridge until it reaches its peak of perfection in our own times, truly 'authentic' at last – a story flattering to ourselves, when the final twist identifies ours as an age of singular psychic crisis: the self in neurotic torment.

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The tensions between self-knowledge and self-possession – the ambiguous implications of science for the psyche – were not lost on Freud. His wholehearted public commitment to pursuing (self-) analysis to the limit required that we be disabused of rose-tinted expectations that such new knowledge would indubitably bring freedom and happiness: in truth, the science of the self would flatten rather than flatter man's self-esteem. 'Humanity has in the course of time had to endure from the hands of science two great outrages upon naive self-love,' Freud explained:

The first was when it realized that our earth was not the centre of the universe, but only a tiny speck in a world-system of a magnitude hardly conceivable; this is associated in our minds with the name of Copernicus, although Alexandrian doctrines taught something very similar. The second was when biological research robbed man of his peculiar privilege of having been specially created, and relegated him to a descent from the animal world, implying an ineradicable animal nature in him: this transvaluation has been accomplished in our own time upon the instigation of Charles Darwin, Wallace and their predecessors, and not without the most violent opposition from their contemporaries. But man's craving for grandiosity is now suffering the third and

most bitter blow from present-day psychological research which is endeavouring to prove to the 'ego' of each one of us that he is not even master in his own house, but that he must remain content with the veriest scraps of information about what is going on unconsciously in his own mind. We psychoanalysts were neither the first nor the only ones to propose to mankind that they should look inward; but it appears to be our lot to advocate it most insistently and to support it by empirical evidence which touches every man closely.

Freud thus overturned the Augustinian doctrine of 'forbidden knowledge': pursuit of knowledge about the self did not signal pride, rather it was its antidote.

Yet, for all his innovations and anxieties, Freud was in one crucial respect a traditionalist: he too believed there was indeed an inner core truth of the self – albeit one located in the terrifying subterranean battleground of the id, ego and superego – waiting to be discovered, analysed and even healed. Similarly, the reason why Shakespeare and others had been able to write romantic comedies of 'mistaken identity' was precisely because it was assumed that such confusions could actually be overcome and true identity eventually disclosed: deceptions would end, the masks would come off, all would be revealed. Faced with cases of 'multiple personality', psychoanalysis aimed to expose the false and reinstate the true one.

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Postmodernism thus maintained that the conventional story of the triumph of the self was no more than an anthropocentric fallacy. Even more scandalously, Foucault and his followers argued that the new individualism heralded in the Enlightenment was in truth – contrary to the claims of its champions and to later apologetics – not an emancipation from social fetters but the very means by which state

power cunningly locked subjects into bureaucratic and administrative systems, by stamping them with a clear and distinct identity. Subjectivity was thus a new tool of subjection. Such developments as civil registration required the documenting of names, births and deaths; police mug-shots and fingerprinting were introduced – unique to the individual, and useful mainly as a means of social identification. Continuing controversy in Britain today over the proposed introduction of compulsory identity cards illustrates the point: what has been truly difficult to achieve in modern times is not identity but anonymity.

Traditional tellings of the ascent of man have thus been criticized by those who hold that the prized liberal self is just a rhetorical construct, a trick of language, a ruse or sham. New historicism has thus portrayed Renaissance man as not ‘self-discovering’ but rather ‘self-fashioning’, as if – how Jonathan Swift would have loved this – the self were but a suit of clothes. The much-trumpeted Renaissance ‘discovery of man’ is thereby reduced to yet another stratagem, or at least to a mode of ‘social construction’.

Liberal pieties have been further assailed by feminist critiques. The telling of the ‘discovery of the self’ has been mystificatory, these contend, because it has taken the male sex for granted as normative. Not least, the standard image of the hard, thrusting and self-sufficient ego reflects and has served to legitimate crudely macho stereotypes. The customary saga of the self thus mirrors and reinforces myths of masculinity.

Thus, at the dawn of the twenty-first century, the sense of self needs rethinking. The Lord told Moses: ‘I AM THAT I AM’, but few of us mortals these days feel so confident about who or what we are. True, right-wing governments in the United States and United Kingdom which champion market-place individualism have the backing of

sociobiologists and psychological Darwinians who insist that the selfish gene is Nature's way, and there is no shortage of publicity for a galaxy of styles of self-fulfilment, self-expression and psychotherapy. But such nostrum-mongering is advanced against a backdrop of the erosion of established identities, associated with the disintegration of traditional patterns of family life, employment, gender roles, education and other social institutions. The acceptance of such designer drugs as Prozac, Viagra and Ecstasy heralds a new age in which the chemical modification of the brain calls into question old assumptions about the sovereignty of individual character. Indeed, the explosive controversy in the United States about repressed and recovered memory syndrome – the multiple personality held to follow from childhood sexual abuse – hints at a future in which traditional models of a relatively permanent personality may lose applicability.

Not least, we live in the age of the computer, of artificial intelligence and virtual reality. If robots and androids (in actuality and in science fiction) will think (and feel?) like us, if cyberspace supplants the inner space of personal consciousness, what will happen to the privileged realm of our psyche; indeed, what will happen to the human in us? Will all that be dismissed as 'speciesism'? Will there follow a decisive dissolution of the traditional ego-boundary consciousness, with perhaps a 'reversion' to a 'tribal' – but now electronic or chemical – consciousness?

PART III

THE FRAILTY OF THE FLESH

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THIS MORTAL COIL

The Churches, as we have seen, taught that death closed a mundane life that was brief and wretched and opened the portal to life eternal. It was not extinction but metamorphosis. Death was thus not to be feared but welcomed, and ample testimony has come down of Christians eagerly embracing the Churches' notion of a 'good death', as encoded by the *ars moriendi*.

But there was more to it than the art of dying well as an audition for life eternal. Be it one's own death or that of others, dying involved an intricate and solemn fabric of social beliefs, procedures and expectations aimed at the safe passage of the decedent, some of which will be touched upon below. Elaborate preparedness was a necessary defence, with mortality always threatening and its management so crucial. Funerals were celebrated with far more pomp than marriages or baptisms, while the new secular cultural media accorded mortality new openings, not least magazine obituary columns and tear-jerking novels.

Everyman was forced to walk in the valley of the shadow of death. In the churchyard on Sunday, parishioners saw death all around: tombstones commemorating grandparents, parents, brothers and sisters who had perished in infancy, and not least their own offspring.

As amply confirmed by sermons and pious works of religious comfort, and by the testimony of letters, diaries and funerary art, death loomed large in public culture and often governed individual minds. The Black Death of the mid-fourteenth century and subsequent outbreaks of plague lasting down to 1665 had, of course, cast a long, dark shadow, and their aftermath was the culture of the Dance of Death, the worm-corrupted cadaver, the skull and crossbones and the charnel house. This was reinforced by a theology which held death to be the wages of sin and, especially for those embracing Calvinist predestinarianism, stressed that for perhaps the great majority it would literally inaugurate the endless torments of hellfire.

Boldly challenging the comforting Roman Catholic doctrines of efficacious deathbed repentance, Protestant voluntarism stressed how the divine arrow could pierce at any moment, out of the blue. Hence, the pious Christian must needs be composed for that event – Bishop Ken warned: ‘Live ev’ry day as if ‘twere thy last.’ Indeed, such *ars moriendi* handbooks as Jeremy Taylor’s *Holy Dying* taught that ripeness was all; it ‘must be the business of our whole Lives to prepare for Death’, proclaimed William Sherlock’s influential *A Practical Discourse Concerning Death* (1690).

The deathbed confrontation was bound (and was meant) to be awesome and overwhelming: ‘death is a fearful thing’, blabbed Claudio in *Measure for Measure* (‘to die, and go we know not where’), calling to mind similar chilling passages from *Hamlet*. It had to be faced head-on and vanquished. This public face inured believers to trauma: panic was obviated because religious practices and cultural resources girded the faithful against the Arch-foe. Family prayers, fasting, devotions, Bible-reading and so forth, both before and at the deathbed, were designed to fortify believers as they came to die the good death.

The business of dying in early modern England predominantly involved a religious rite, the liberation of the soul from its carnal prison,

and its escape, it was hoped, into the heavenly hosts. The seventeenth-century deathbed of the Puritan Philip Henry offers an exemplar of this well-staged drama. Sensing death coming over him, Henry took elaborate farewells of his family, bestowing upon them religious blessings and warnings, and repeatedly uttering pious ejaculations, mixed with prayers and Scripture texts. 'His Understanding and Speech continued almost to the last Breath,' concluded his biographer. 'One of the last words he said, when he found himself just ready to depart, was *O Death, where is thy*—with that his speech falter'd and he quickly expired.' His death was exemplary and was written up as such.

Sudden deaths, which threatened this choreographed good death, were dreaded. But they were common. Letters and diaries tell sad stories of tragic drownings, falls, fires, firearms explosions, mishaps with tools, knives, poisons, and ubiquitous traffic spills. From its opening issue in 1731, the *Gentleman's Magazine* carried a column headed 'Casualties', meaning strokes of fate. Readers of the February number encountered someone drowned in Islington ponds, one man dropping dead of an apoplectic fit, two murdered in their beds, a pair suffocated while digging a pit, a coal-dealer falling out of a lighter, an attorney tumbling into a fire, a man drowned in the Thames, another in Queenhythe dock, a city butler, just fired, who slit his throat, a servant's arm broken after a granary collapsed, a house-fire by the River Medway, another in a Stratford corn-mill, a silk-weaver who cut his throat, a drunken clock-maker likewise, a labourer slaying his children, a man gored by an ox in Cheapside, and, completing the carnage, an Oxford student who lurched off Bottley Bridge and met a watery end. In the March number we find an Eton scholar stabbing his chum to death with a penknife (on the playing fields?), and the burning of the Duke of Beaufort's seat, with much loss of life. None of these people had a good death.

Appalled by the waste of life, enlightened thinkers abandoned fatalism for self-help, taking in the process steps which some saw as a blasphemous challenge to the inscrutable ways of God. Smallpox inoculation was introduced – though it met resistance from the Calvinist Scottish kirk, since it seemed to gainsay Providence. First-aid techniques were pioneered. First-aid manuals go back as far as Stephen Bradwell's *Helps for Sudden Accidents* (1633), but it was enlightened practicality and consumerism which got first-aid organized, not least through the sale of ready-made medicine chests and of instruction manuals for the public. In his best-selling *Domestic Medicine* (1769), William Buchan condemned the 'horrid custom immediately to consign over to death every person who has the misfortune by a fall, or the like, to be deprived of the appearance of life'. Many lives, he believed, could be saved and all, if properly trained, could save lives: 'every man is in some measure a surgeon whether he will or not.' Through such developments, death was beginning to be taken out of the hands of God.

Another resource lay in the hospital movement. Between 1720 and 1745 five great new London hospitals were founded through bequests and private philanthropy: the Westminster, Guy's, St George's, the London and the Middlesex; provincial and Scottish infirmaries followed. Every hospital made provision for emergency and casualty admissions. Exclusively targeted at accidents was the Institution for Affording Immediate Relief to Persons Apparently Dead from Drowning, founded in 1774 – in 1776 it changed its name to the Humane Society and from 1785 it became Royal. The Society's aim was to teach rescue techniques, especially in case of accidents with water. It also supplied equipment, awarded prizes and published pamphlets which advocated mouth-to-mouth resuscitation, tobacco clysters, electric stimulation and the importance of keeping warm. In winning publicity for itself, the Humane Society found an eager organ in the *Gentleman's Magazine*. Inspired by the Society, newspapers began to

carry advice for dealing with accident victims. 'A correspondent has communicated the following directions for the recovery of persons seemingly drowned,' *Jopson's Coventry Mercury* told its readers on 31 May 1784:

In the first place, strip them of all their wet cloaths; rub them and lay them in hot blankets before the fire: blow with your breath strongly, or with a pair of bellows into the mouth of the person, holding the nostrils at the same time: afterwards introduce the small end of a lighted tobacco-pipe into the fundament, putting a paper pricked full of holes near the bowl of it, through which you must blow into the bowels.

Exactly paralleling the new concern with ascertaining the true signs of death and snatching back the 'apparently dead' was growing anxiety about premature burial. The fear of being buried alive became a public issue after Jacques-Bénigne Winslow, Professor of Anatomy in Paris, published in 1740 a paper on the uncertainty of the signs of death: absence of pulse or breathing were not to be taken as definite marks – the onset of putrefaction alone was a reliable indicator of irreversible dissolution. 'Lifeless' patients who could not safely be declared dead should be subjected to resuscitation procedures: tickling the nose with a quill, shrieking into the ears, cutting the soles of the feet with razors, inserting needles under the nails or thrusting a hot poker up the anus. Burial should be delayed.

Increasingly, the dying left explicit requests to ensure that they were not buried alive. Some asked for their hearts to be cut out, others to be embalmed. Miss Beswick, an elderly lady who died in Manchester, left 20,000 guineas to her doctor, Charles White, on condition that she was never buried.

Fired by experience with the apparently drowned and the prematurely buried, bold spirits mooted the taboo prospects of actually bringing people back from the dead, for instance through electric

shocks. In this connexion, Galvani's celebrated experiments proved particularly 'galvanizing'. In 1792 this Italian naturalist described experiments in which the legs of dead frogs were suspended by copper wire from an iron balcony; as the feet touched the iron uprights, the legs twitched. These sensational experiments – life seemingly being restored to the incontrovertibly dead – were followed up by his younger contemporary Alessandro Volta. The connexions between electricity and the stuff of life implied by such researches proved highly charged, to say nothing of the apparent blasphemy involved in the possibility of 'resurrection' by human means.

Such Promethean hopes came to experimental fruition on humans in London on 17 January 1803, when Giovanni Aldini applied galvanic electricity to the corpse of the murderer Thomas Forster, whose newly hanged body had been rushed from Newgate to an anatomy theatre. When wires attached to a galvanic pile were hooked up to the criminal's mouth and ear, 'the jaw began to quiver,' so it was reported, 'the adjoining muscles were horribly contorted, and the left eye actually opened.' Applied to the ear and rectum, the wires 'excited in the muscles contractions much stronger... as almost to give an appearance of re-animation'. Such experiments encouraged literary and artistic fantasies in the Gothic mode, most celebratedly in Mary Shelley's *Frankenstein* (1818), which pursued the idea not of reanimation but of creating life out of inert matter *de novo*.

All such endeavours – from reviving the drowned to reanimating the dead – heightened speculation as to precisely what death was. What it *signified* had always been crystal clear to Christians: the portal to life eternal, and theologians had taught that death occurred thanks to the soul leaving the body. But medicine and science had traditionally been relatively reticent about specifying the nature of death, or what exactly happened at the moment of extinction. In the context of apparent death by drowning, especially, questions now arose about the timing and

mechanism of the separation of body from soul, and about what we would call near-death experiences.

The eminent doctor John Fothergill offered his 'Observations' on a case reported by a surgeon who had inflated the lungs of a man suffocated by fumes in a coal mine, thus restoring him to life. The Quaker physician stressed the usefulness of what would later be called artificial respiration in cases of suffocation from noxious vapours, drowning, lightning, and so forth. To know whether an individual were truly a victim, death's signs had to be known, and its mechanisms understood. 'It does not seem absurd', he taught,

to compare the animal machine to a clock; let the wheels whereof be in never so good order, the mechanism complete in every part, and wound up to the full pitch, yet without some impulse communicated to the pendulum, the whole continues motionless... Inflating the lungs, and by this means communicating motion to the heart, like giving the first vibration to a pendulum, may possibly, in many cases, enable this something to resume the government of the fabric, and actuate its organs afresh... this case suggests, viz. the possibility of saving a great many lives, without risking anything.

Through such speculations, death was beginning to be stripped of its mystery.

Might the 'dead' themselves have something to report? Narratives had occasionally been published of coma and prolonged sleep. Every year on his birthday, a certain Nicholas Hart – so an early eighteenth-century pamphlet related – was wont to fall so deeply asleep that he could not be awakened. His long sleeps captured the attention of 'Divines, Scholars, Gentlemen, and Physicians' who congregated to attend his awakening and sat 'about his Bed, to hear and take down what he would say when he came out of his trance'. Hart told them that his long sleep coincided with a journey of his soul into the afterlife: brought to the gates of heaven, he had attended the judgement of the

souls of the newly dead. For five days a year Hart was thus turned into a prophet – or some said, a charlatan.

When physicians associated with the Royal Humane Society came to ponder and write up ‘near-death’ experiences, however, their framework was different from Hart’s pious narrative, for they dwelt upon matters physiological and pathological. The more materialist doctors involved with the Society claimed that the air (oxygen) or electricity effective in recovering the quasi-dead indicated that the principle of life lay in those substances. The implication that such rescues could be used as ‘natural experiments’ into the nature of life and death was, in turn, deprecated by conservative churchmen, fearful of a medical take-over of one of the Christian mysteries. Certain radicals linked the rescue of the apparently dead to the resurrection of Christ; the orthodox deplored such thinking as blasphemy.

Amid such medico-scientific speculations, the cultural aspects of death were also coming under scrutiny. Despite the expunging of purgatory from Protestant theology, popular lore continued to hold that the soul remained in contact with the body for a while after death and that the behaviour of family and friends could affect the fate of the dead person’s soul. In this belief lay one reason why the corpse remained at home until the funeral, during which time respectful visitors partook of specially prepared food and drink, often placed directly on the coffin. ‘Watching’ a corpse, or keeping vigil prior to burial, remained an important mark of respect, and ‘waking’ was popular in Irish, Welsh and Scottish communities, a noisy ceremony staged on the eve of the funeral, supposed to protect the corpse from evil spirits – as well as providing emotional release.

Deathbed folklore treated of the departure of the soul from the dying person. A wraith, disguised as a small animal, might first appear as a herald of death. The soul was widely thought to fly off in the shape of a bird. A corpse which failed to manifest rigor mortis was particularly

feared as a mark of an unquiet spirit, and such ‘undead’ beings might stir, leading to disrupted graves (explaining why suicides were buried at crossroads, outside consecrated ground, with a stake through their heart: to prevent their souls from ‘walking’). To prevent such commotions, ‘sin-eaters’ might be employed to remove the sins of the departed. ‘In the county of Hereford,’ reported the seventeenth-century antiquary John Aubrey,

it was an old custom at funerals to hire poor people, who were to take upon them the sins of the party deceased... The manner was that when the corpse was brought out of the house and laid on the bier, a loaf of bread was brought out and delivered to the sin-eater, over the corpse, as also a mazard bowl of maple, full of beer (which he was to drink up), and sixpence in money, in consideration whereof he took upon him, *ipso facto*, all the sins of the defunct and freed him or her from walking after they were dead.

Not least, ghosts remained a powerful force in popular culture – indeed, as we have seen, such élite figures as Joseph Glanvill, Henry More and other fellows of the Royal Society went ghost-hunting in expectation that authenticated sightings would give scientific backing to the existence of the spiritual realm, confuting Hobbesian ‘atheism’.

Enlightenment thinking brought detached analysis, however, of all such associations, cultural accretions and ‘superstitions’ connected with the dying process. Comparative accounts were complied of divergent practices at different times and places, so as to lay bare the underlying rationales and psychological constraints. In his *Lectures on the Sacred Poetry of the Hebrews* (1787), the Anglican divine and Hebrew scholar Robert Lowth advanced radical speculations on the origins of beliefs about dying and the afterlife. Affirming naturalistically that ‘the incorporeal world’ had its source in ‘things corporeal and terrestrial’, he held that the ancient Hebrews’ understanding of death emerged from mundane reflections on the condition and resting place

of corpses. The Jews derived their ideas of the afterlife, he stressed, from 'what was plain and commonly understood concerning the dead, that is, what happened to the body'. Since it was plain that 'after death the body returned to the earth, and that it was deposited in a sepulchre... a sort of popular notion prevailed among the Hebrews, as well as among other nations, that the life which succeeded the present was to be passed beneath the earth'. The Jewish idea of an afterlife was but a ghostly, or fantasized, version of the condition of the body after death, while the dark world of Sheol, the descriptions of the souls inhabiting it, and the journeys of the dead to the pit, were poetic elaborations on the disposition of the body in the grave. In other words, the key to religious myths about death and immortality lay in recognition that the source of all spiritual imagery was the corpse, as mediated through speech and funerary ceremonies. Rather radically for a divine, Lowth thus implied that Judaeo-Christian teachings about death and the afterlife were rationalizations of interment practices, not *vice versa*.

In a comparable way the gentleman-philosopher Abraham Tucker showed in his *The Light of Nature Pursued* (1768) how beliefs about death emerged from rather elementary associations of ideas. Frightening indeed was 'the melancholy appearance of a lifeless body, the mansion provided for it to inhabit, dark, cold, close and solitary, are shocking to the imagination; but it is to the imagination only, not the understanding, for whoever consults this faculty will see at first glance, that there is nothing dismal in all these circumstances.' Tucker's thinking was evidently underpinned by Locke, who had argued in his *Essay concerning Human Understanding* that the fear of darkness was not a natural condition, but arose from bedtime stories told by 'foolish' maids to innocent children:

The *Ideas of Goblins and Sprights* have really no more to do with Darkness than Light; yet but a foolish Maid inculcate these often on the Mind of a Child,

and raise them there together, possibly he shall never be able to separate them again so long as he lives, but Darkness shall ever afterwards bring with it those frightful *Ideas*, and they shall be so joined that he can no more bear the one than the other.

It was that irrational fear of darkness which sparked fears of one's fate *post mortem*.

To learn how to die with composure, it was necessary, reasoned Tucker, to overcome the nightmarish phantasms associated with funerary rituals, and the attendant palaver of hell, damnation and demons. Indeed, non-Christian burials became not uncommon, as in the funeral of John Underwood of Cambridgeshire, reported in the *Gentleman's Magazine* in 1733, in which the requiem involved the singing of the thirty-first Ode of Horace, after which the mourners were invited to take a glass of wine and then instructed to forget the departed.

'A desire of preserving the body seems to have prevailed in most countries of the world,' noted Mary Wollstonecraft, reflecting on some embalmed corpses she came across in Norway, while travelling on a business mission for her American lover, Gilbert Imlay, and the experience provoked a flood of musings typical of the late Enlightenment mind.

When I was shewn these human petrifications, I shrunk back with disgust and horror. 'Ashes to ashes!' thought I – 'Dust to dust!' – If this be not dissolution, it is something worse than natural decay. It is treason against humanity, thus to lift up the awful veil which would fain hide its weakness. The grandeur of the active principles is never more strongly felt than at such a sight; for nothing is so ugly as the human form when deprived of life, and thus dried into stone, merely to preserve the most disgusting image of death.

This led her into meditations on the ‘melancholy’ thereby produced, though it was one which ‘exalts the mind’:

Our very soul expands, and we forget our littleness; how painfully brought to our recollection by such vain attempts to snatch from decay what is destined so soon to perish. Life, what art thou? Where goes this breath? this *I*, so much alive? In what element will it mix, giving or receiving fresh energy? – What will break the enchantment of animation? – For worlds, I would not see a form I loved – embalmed in my heart – thus sacrilegiously handled!

She also mused on the reaction these corpses provoked in her sensibilities in respect of her expectations of the general resurrection of the dead:

I could not learn how long the bodies had been in this state, in which they bid fair to remain till the day of judgment, if there is to be such a day; and before that time, it will require some trouble to make them fit to appear in company with angels, without disgracing humanity.

Wollstonecraft was a pious Anglican, but evidently for her Church dogma could no longer be taken on trust, to the letter: it had to be mediated through the expectations of the sensitive mind; significantly, what she wrote was ‘without disgracing humanity’ rather than ‘without offence to God’: even the afterlife had now become anthropocentric. With her fragile and faltering relationship with Imlay in mind, she finally asked:

without hope, what is to sustain life, but the fear of annihilation – the only thing of which I have ever felt a dread – I cannot bear to think of being no more – of losing myself – though existence is often but a painful consciousness of misery; nay, it appears to me impossible that I should cease to exist, or that this active, restless spirit, equally alive to joy and sorrow, should only be organized dust – ready to fly abroad the moment the spring snaps, or the spark goes out,

which kept it together. Surely something resides in this heart that is not perishable – and life is more than a dream.

Among the élite, overtly pagan attitudes towards death and dying grew more conspicuous. Enlightened philosophers set out to teach how to die by providing an alternative, rationalist idea – that the dead were beyond death: *la mort n'est rien*. The Providence-challenging concept of 'natural death' became more widely accepted. Approaching dissolution, Hume notoriously bantered with Adam Smith as to how he lacked any good excuse for delaying embarkation upon Charon's boat across the Styx:

I thought I might say to him, 'Good Charon, I have been correcting my works for a new edition. Allow me a little time that I may see how the public receives the alterations.' But Charon would answer, 'When you have seen the effect of these, you will be for making other alterations. There will be no end of such...'

Among such pagan-minded gentlemen, death ceased thus to be the ultimate enemy, demanding heroic acts of resolution, faith and penitence. Instead, dying came to be widely treated as an easy passing, a final sleep. Laurel wreaths replaced the traditional death's head on tombs, funeral tablets trumpeted earthly virtues rather than divine justice, and the Gothick paraphernalia of yew trees and screech owls – the props of Thomas Gray's *Elegy Written in a Country Church-Yard* – transformed death from transcendental trauma into an essentially human morality drama which taught that the paths of glory lead but to the grave.

At the same time, death's scenario grew more secular in another way: it was becoming medicalized. Doctors changed the face of death, not by reducing its ravages or by actually (despite aspirations) increasing longevity, but by playing their part in forging new coping strategies.

Traditional medical etiquette had required that the mortally ill person be informed of his likely fate by his physician. Then, his part in the proceedings complete, the physician would withdraw, leaving the dying person to compose his mind and his will, and to make peace with God and his family. The Stuart practitioner Thomas Willis quit his patients after 'giving them over': 'He groaned horribly like a dying man... then judging the issue to be settled I bade farewell to him and his friends. At evening he died,' conclude his notes on one of his patients. The doctor's departure was not due to callous indifference, but rather to a sense of place, proper resignation and dignity. Physic was for the living. Dr Robert James's *Medicinal Dictionary* (1743), a huge medical compilation, has no entry for death.

The eighteenth century brought the development of the medical management of death at the bedside. 'When all hopes of revival are lost,' declared Dr John Ferriar, 'it is still the duty of the physician to sooth the last moments of existence.' The doctor should decide: 'it belongs to his province, to determine when officiousness becomes torture.' For Ferriar, the physician's continued presence in the position of authority was vital, not least to curb the excesses of nurses and servants who were paid to keep watch, with their violent and often cruel folk routines with the dying. Not least, such old women allegedly pronounced people dead prematurely.

According to the new medical protocols, the doctor must manage the actual process of ceasing to be. Early in the nineteenth century, Henry Halford stressed that the physician's true task must be to 'smooth the bed of death', or in other words, to undertake the management of pain, thereby overcoming fear and restoring tranquillity, orchestrating an end which would be serene and blissful. The suave Halford became the most sought-after physician of his age precisely because his patients had confidence that through generous medication he would not let them die in agony. Rumour had it that a 'lady of the highest rank...

declared she would rather die under Sir Henry Halford's care than recover under any other physician'.

The eighteenth century brought a growing medical interest in death. In 1761 Giovanni Morgagni, Professor of Anatomy at Padua, published *De Sedibus et Causis Morborum* (On the Sites and Causes of Disease) in which he correlated the *post mortem* pathological findings of almost 700 patients with the clinical course of their illnesses. For many lay people, however, such medical scrutiny was rather sinister. Autopsies could represent an assault upon the dead which was both disrespectful and (in the common imagination) also spiritually dangerous, since it condemned them to wander, mutilated and with identity lost, through eternity. In any case, autopsy was tainted because it was the official fate of criminals: after 1752 Parliament allowed judges to order anatomical dissection for the corpses of executed murderers.

From its beginnings in Renaissance Italy, public dissection of felons was staged as an official exhibition, held annually during carnival: ritualization within the upside-down world of that festival sanctioned the evident sacrilege of violating dead bodies. In England, dissection was publicly authorized in 1564, when the Royal College of Physicians obtained a grant of four corpses yearly. The opening up of the body in the anatomy theatre provided a showcase for medicine, conspicuously laying bare the errors of hidebound Galenism. Cutting up malefactors, however, indelibly tarred a medical procedure with the brush of violence and the violation of taboos, kindling intense and enduring grassroots distrust of dissection.

The 'Tyburn riots' staged against the surgeons in Georgian England show the fierce resistance of common people to having their deceased comrades carted off to Surgeons' Hall and subjected to the profanations of the disectors – a revulsion caught by Hogarth in the final engraving of his 'Four Stages of Cruelty' series, where the murderer Tom Nero is being anatomized by the surgeons: was not medical dissection nothing

but brutality writ large and given an official blessing? Public disquiet mounted further against the practice in the light of the sordid and illegal involvement of anatomists with grave-robbers or 'resurrection men' (a fascinating colloquialism!)

Quality cadavers were much less likely to meet such a fate – they seldom dug up the rich, 'resurrectionists' explained to a parliamentary committee, 'because they were buried so deep'. Yet this did not stop scare stories about the illegal procurement of bodies and grave-robbing. Such allegations provoked Thomas Hood's ironic 'Mary's Ghost: A Pathetic Ballad'. Her grave rifled and her remains dealt out among the anatomists, poor Mary's ghost addresses her fiancé:

I vow'd that you should have my hand,
But fate gives us denial;
You'll find it there, at Dr Bell's
In spirits and a phial.

I can't tell where my head is gone,
But Doctor Carpue can:
As for my trunk, it's all pack'd up
To go by Pickford's van.

The cock it crows – I must begone!
My William we must part!
But I'll be yours in death, altho'
Sir Astley has my heart.

With the dead, medicine seemed to be pre-empting the hand of God.

Changing attitudes towards suicide offer a final instance of a withdrawal from traditional Christian teachings. Throughout Christian history 'self-murder' had been both sin and crime, an offence against God and King, the business of courts ecclesiastical and civil. Since Tudor times juries had routinely returned verdicts of *felo de se* (willful self-murder), imposing severe posthumous punishments: the suicide was denied Christian burial, the corpse being interred at a crossroads, a stake through the heart; and the felon's property was forfeit to the Crown. This cruel treatment expressed Protestant theological rigorism – suicide as a willful mutiny against God – while also marking the tenacious assertion of royal rights under the new monarchy. Puritanism redoubled the punitiveness.

As in so many other walks of life, the new temper of the Restoration brought a transformation. It soon became standard for coroners' courts to reach a *non compos mentis* verdict, regardless of any real history or independent sign of mental instability in the victim: was not suicide itself sufficient proof of derangement? This 'medicalization' or 'psychologization' of self-destruction sanctioned a churchyard burial and put a stop to the escheat of the victim's possessions – a notable assertion of community will against the Crown at the very moment when Locke was affirming the natural right to property.

Shifting philosophies of the self, in any case, led the élite to commend 'Antique Roman' attitudes that approved suicide as noble-minded. On 4 May 1737, having loaded his pockets with rocks, Eustace Budgell, a former contributor to the *Spectator*, drowned himself in the Thames. Found on his desk was a suicide note: 'What Cato did, and Addison approved, cannot be wrong.' David Hume and others offered enlightened defences of suicide, and fashionable society meanwhile condoned the deed, holding that death was preferable to dishonour and, ever eager to outflank bigotry, enlightened opinion abandoned punitiveness for pity. The poet Thomas Chatterton, who poisoned

himself at the age of 17, provided the perfect role model for the Romantic suicide cult. And even Pope had asked:

Is it in heav'n a crime to love too well?
To bear too tender, or too firm a heart,
To act a Lover's or a *Roman's* part?
Is there no bright reversion in the sky,
For those who greatly think, or bravely die?

Crucial to this reconceptualization of suicide was the rise of print culture and its final triumph over the pulpit. The role heretofore played by the Church in fixing its meaning – overwhelmingly punitive – was usurped by the media, whose line was humanitarian through and through. Newspapers and magazines turned suicides into 'human interest' stories, indeed sensations, and encouraged vicarious, often morbid, public involvement, with the printing of suicide notes, last letters and tales of blighted love. Here, as elsewhere, the media gave voice to secular meanings, expressive of enlightened 'humanitarian narratives'. Like living itself, suicide was secularized. This shift in status from pariah, malefactor or sinner to object of pity, evident in the cases of suicides (and also the insane), was mirrored in many other walks of life, where behaviour which had heretofore attracted blame now found ambivalent exculpation in victim status.

Considerable transformation thus occurred in beliefs about death and the rituals which expressed them. The melodrama of the Christian 'good death' receded, to be replaced in many cases by the ideal of a calm departure (like falling asleep); to some degree the presence of the clergy yielded to the physician in attendance. For some brave spirits and freethinkers, to face death without the Christian calling on God was a bold and unflinching declaration and test of a new code of life and sense of self. As is suggested by Mary Wollstonecraft's reflections,

death became newly experienced less as the portal to life eternal than as a framing device on life.

UNREASON

Late in the eighteenth century the British mad-doctor William Pargeter thus conjured up an image of the maniac:

Let us then figure to ourselves the situation of a fellow creature destitute of the guidance of that governing principle, reason – which chiefly distinguishes us from the inferior animals around us.... View man deprived of that noble endowment, and see in how melancholy a posture he appears.

Implicit in this moving depiction is, of course, the noble ideal from which the madman had fallen: the paragon of *homo rationalis* now reduced to one of the ‘inferior animals’. In one way or another, all accounts of the self formulated in the transition to modernity took it for granted that man was a rational being, even if, as for Swift, the race was only *homo capax rationis*. But there was always, waiting in the wings, the negation of that ideal: irrational man, the madman or lunatic, the dread warning of what was in store were man to divest himself of the use of his noblest gift – or, in the hands of satirists and print-makers, the mortifying critique of the abuses actually wrought by *soi-disant* rational man himself. So how did the age of reason explain the man without reason?

The eighteenth century inherited various models of madness, medical, philosophical and religious. In the Reformation era, insanity had often been diagnosed as preternatural in origin, whether divine or diabolical. Madness thus revealed an affliction of the soul or possession of the Devil; loss of reason and free will implied that salvation was jeopardized.

A major thrust of enlightened thinking lay in the questioning and condemnation of traditional beliefs about witchcraft and other supposed interventions of the Devil in human affairs. All that was now dismissed as superstition and priestcraft, and in this new thinking new theories of madness played a major part. If the supposed manifestations of diabolical possession – trances, shrieking, coma and convulsions – were neither fraudulent nor truly the work of supernatural spirits, then what else could they be but sickness and therefore the responsibility of the doctors?

From the mid-seventeenth century, criticism mounted of the self-styled saints and prophets accused of creating civil chaos. Such religious fanaticism was, it was now widely claimed by physicians and by critics such as Hobbes, symptomatic of mental disorder: self-styled saints and puffed-up prophets were literally brain-sick. Medical men would point to clear affinities between the manifestations of the religious lunatic fringe and lunatics proper: convulsions, seizures, glossolalia, visions and hallucinations, psychopathic violence (as with regicides), weepings and wailings. Hence charismatic individuals and entire religious sects might now be demonized on medical authority: 'enthusiasm' and 'zeal' could be psycho-pathologized. In France, Jansenist convulsionaries were singled out, while in Britain such doctrines were used against the significantly named Quakers, Shakers and Ranters and then, in the eighteenth century, against Methodists – 'Methodistically mad' became a favourite insult.

While in some parts of Europe demonological debate continued among academic physicians well into the eighteenth century, in Britain all prominent physicians dealing with madness from 1700 onwards interpreted religious melancholy wholly naturalistically, indeed somatically. Referring to the 'visions' of early Quakers, the Newtonian Robinson insisted they were 'nothing but the effects of mere madness, and arose from the stronger impulses of a warm brain'. Richard Mead's

Medica Sacra (1749), a commentary on diseases occurring in the Bible, provided rational explanations for cases of possession and other scriptural diseases traditionally regarded as proofs of possession. Such beliefs were 'vulgar errors... the bugbears of children and women'.

With the rise of enlightened outlooks, the old religious models were replaced by secular and medical doctrines. The orderly, mechanical, law-governed universe presupposed by the new mechanical philosophy discounted Satanic possession of sufferers' minds and bodies. After the bloodshed of the witch-craze and the Thirty Years War, respectable opinion turned against 'Convulsionaries', 'Ranters', and the religious 'lunatic fringe', declaring rather that the 'possessed' were afflicted by the spleen, hysteria or other morbid conditions. Religious madness, once even an eligible state, was thus psychopathologized, being reduced to a somatic disease. Its teeth were thus drawn.

New theories of insanity filled the explanatory vacuum. Mania and melancholy, physicians now argued, originated not from transcendental powers but from the body; the aetiology of insanity was organic, its source not Satan but the *soma*. Moreover, among the medical community, the old humoral readings of mental disorder, which had highlighted the role of blood or yellow bile ('choler') in precipitating mania, and of black bile in melancholia, lost credit as the 'new science' pictured the body in mechanistic terms, stressing not the fluids but the solids. The upshot was that, in the medical writings of the first half of the eighteenth century, the idea of 'mental disease' in its strict sense was turned almost into a misnomer or a contradiction in terms; the possibility of a diseased mind or soul was virtually ruled out by the ideological and rhetorical strategies of the day. In talking about strange disorders, doctors diplomatically referred to diseases of the body; within what may loosely be described as a dualist or Cartesian framework, the presumption was that the mind or the soul remained

absolutely inviolable. Here also lay success for physicians in a turf war: in future it would be they, rather than the clergy, who would have responsibility for the malady.

The comforting conclusion that a lunatic's soul was not jeopardized by his deranged condition – and that his mad talk was truly not inspired – left the onus upon physicians to explain the real causes, nature and seat of madness. They typically contended that impairment of the mental faculties and operations arose from bodily defects. Prominent was the model advanced by a number of British iatro-mathematicians and iatro-mechanists in the early decades of the eighteenth century, building upon modified Cartesian models. Archibald Pitcairn, a Scot who taught at the University of Leiden in the Dutch Republic, and his protégé, Richard Mead, grafted onto Descartes's belief that madness was illusion another Cartesian concept, namely involuntary or reflex muscular motion. A lunatic, Mead thus argued, suffered from the abnormal representation of false ideas induced by the impact of the animal spirits flowing in a chaotic manner; in turn, through some feedback loop, these induced the muscular fibres to produce bizarre and uncontrolled motions in the limbs and extremities.

Authors influenced by the latest in physical science thus portrayed the deranged individual as a hydraulic machine in a state of disorder: irregularities in the circulation of animal spirits would give rise to false sensations and disordered locomotion. Delirium, Mead held, was 'not a distemper of the mind but of the body', for, 'it is very manifest that in reality the defect is not in the rational but corporeal part'. Here lay a plausible and attractive somatic explanation of a terrifying and mysterious disease, one designed to reduce fear and stigma.

This eagerness to ascribe madness to the body was most systematically codified in the teachings of Hermann Boerhaave, the highly influential Leiden medical professor. In true Cartesian manner, Boerhaave and his numerous disciples, in England as well as on the

Continent, maintained that the mark of mental illness lay in the production of false images, that is, ideas lacking external reality. At the same time, perfectly aware that such illusion alone was not madness *per se*, they attempted to formulate a more sophisticated variant of the Cartesian doctrine. For the Swiss-born Albrecht von Haller, something other than mere physical sensation must be involved in the perception of external objects; for a mind to become positively crazy, it also had to be convinced of the *reality* of false images.

As anatomical investigations advanced, the workings of the nerves – another somatic answer – were increasingly invoked to explain the production of illusions or delusion. Followers of Pitcairn, in particular his fellow Scot, George Cheyne, in *The English Malady*, speculated about the interaction of the vascular and nervous systems with the brain. Contested notions of the nerves as hollow pipes (Willis and Boerhaave) or as filaments conveying waves or impulses (Hartley) led to rival theories as to how disordered thought, moods and behaviour arose from some organic defect which caused excessive tension, slackness or obstructions in the nervous system.

...

These and similar organic interpretations of madness remained highly popular up to mid-century. But thereafter a major theoretical transformation came about. This was in large measure due to the growing acceptance of associationist theories of mind pioneered by Locke and further developed in France by the sensationalism of Condillac.

In his *Essay concerning Human Understanding*, Locke had suggested that madness was due to some fault in the process of the association of ideas. Locke argued that madmen, unlike imbeciles, had not 'lost the Faculty of Reasoning'. In fact, madmen, 'having joined together some

Ideas very wrongly... mistake them for Truths; and they err as Men do, that argue right from wrong Principles'. One madman, for instance, wrongly fancied himself a king, but he correctly reasoned from that that he should have 'suitable Attendance, Respect and Obedience'. Another believed that he was made out of glass and drew the correct inference that he should take suitable precautions to prevent his brittle body from breaking. Locke's doctrine that the madman's reason was wholly intact had been clearly formulated in the 1677 *Journals*, where he had remarked that 'Madnesse seems to be noething but a disorder in the imagination, and not in the discursive faculty'. Locke's view that insanity was essentially 'deluded imagination' was decisively to shape British thinking about madness in the second half of the eighteenth century.

William Cullen (1710–90), the most prominent professor in Edinburgh University's flourishing medical school, produced a more medical version of this psychological model of madness. Cullen basically ascribed madness to the brain; hallucinations for their part were disorders of the senses, while false appetites stemmed from the organs governing the respective passions. As a mark of the centrality of the nervous system to his theory, intensity of cerebral excitement was identified as the key to both the cause and the cure of madness.

Overall, Cullen defined insanity ('vesania') as a nervous disorder. Aetiologically, it arose in the 'common origin of the nerves', that is, the cortex, and occurred neuro-physiologically when there was 'some inequality in the excitement of the brain'. Yet insanity was also, in his view, an 'unusual and commonly hurried association of ideas' leading to 'false judgement' and producing 'disproportionate emotions'. This allowed him to view insanity in a Lockean manner as a mental disorder, grounded in dynamic neuro-physiology.

While Cullen thus did not banish the body from his understanding of insanity, he certainly did not understand madness wholly in

neuroanatomical terms. He had a philosophical and psychological inspiration in David Hume, whose influence is plain in his account of judgement and its disorders. For Cullen, the keys to judgement were custom and the association of ideas, which Hume reckoned the basis of all intellectual operations.

Since judgement depended on customary associations of ideas, Cullen viewed madness as involving deviations from such habits: 'delirium is where we do not follow our ordinary train [of thought], but, on the contrary, pursue one inconsistent with all our former established principles or notions.' Together with an emphasis on the physiology of the nervous system and the pathology of the brain, Cullen's model of madness called for close scrutiny of the patient's mental disposition. The significance of his thinking lay in reintroducing the mental element into medical discourse on madness.

The break with the essentially somatic understanding of madness was widespread by around 1780. Applying Cullen's physiology in conjunction with a philosophy of mind, Edinburgh graduates were actively promoting the new model. In his *Observations on the Nature, Kinds, Causes and Prevention of Insanity, Lunacy or Madness* (1782–6), Thomas Arnold, who had studied under Cullen before taking over a madhouse in Leicester, constructed a nosology of insanity explicitly on the basis of the Lockean philosophy of mind, distinguishing 'ideal insanity' (hallucination: seeing what was not there) from 'notional insanity' (delusion: mistaking what was present).

Many other physicians advanced rather psychological models of madness. *An Inquiry into the Nature and Origin of Mental Derangement* (1798) by Alexander Crichton – also trained in Edinburgh – held that the philosophy of mind formed an essential component of understanding madness: 'It is evidently required that he who undertakes to examine this branch of science,' he wrote concerning psychiatry, 'should be acquainted with the human mind in its sane

state.' In this respect, he acknowledged his debt to 'our British Psychologists, such as Locke, Hartley, Reid, Priestley, Stewart, Kames'. The great French psychiatrist Philippe Pinel (see below) similarly wrote that he had 'felt the necessity of commencing my studies with examining the numerous and important facts which have been discovered and detailed by modern pneumatologists', that is, 'Locke, Harris, Condillac, Smith, Stewart, etc.'

The coming conception of madness as a psychological disorder brought radical changes in the scope and structure of psychiatric knowledge. A physician henceforth had to pay close attention to the patient's mind. An indication of this change lies in the proliferation of detailed case histories taken and published in the late eighteenth and early nineteenth centuries: in sharp contrast to earlier works, some of the books appearing at this time consisted entirely in the accumulation of case histories.

These new concepts of madness transformed the old craft of caring for the insane into the practice of systematic psychological and psychiatric observation. From around 1780, especially in England, there was a rapid growth of psychiatric publications by private madhouse proprietors: William Perfect's *Methods of Cure, in Some Particular Cases of Insanity* (1778) was followed by the work of Joseph Mason Cox, William Hallaran and many others in the early decades of the nineteenth century. While private madhouses had been spreading since the late seventeenth century, initially they had hardly been sites for the generation and publication of medical knowledge. All this changed, as the new theories privileged and demanded the observation of the individual patients.

The somatic theories of madness popular early in the eighteenth century promised therapeutic interventions. After all, if insanity arose from organic disease, would it not – like other organic maladies – be responsive to physical treatments? Hence various drug 'cures', like

camphor, came into vogue, some designed to sedate maniacs, others to invigorate melancholics; opium was freely prescribed for both purposes! There were also physical treatments like blood-lettings, emetics and violent purges to discharge toxins; shock treatments like cold showers, baths and douches; new technological fixes like electric shocks, rotatory chairs and mechanical swings, designed to disrupt *idées fixes*; and, when all else failed, mechanical restraints like chains and straitjackets, designed to quieten maniacs. William Perfect, keeper of a private madhouse in Kent, deployed upon his patients a battery of physical techniques, designed to tranquillize the delirious. He had recourse to opiates, solitary confinement in darkened rooms, cold baths, a 'lowering' diet, blood-letting, purgatives and so on. These would pacify the body, so as to render the mind more receptive to reason.

In the latter part of the century, hope came to be vested in the therapeutic potential of the madhouse itself. The asylum's segregative environment was tailor-made for the new psychiatric techniques of mastering madness, aimed at overpowering the delinquent will and passions. Moreover, as the inadequacies of drugs became plain, and with humane critics condemning use of manacles and whips as cruel and counter-productive, the well-run asylum commended itself as the ideal site of therapy for an enlightened age.

Europe's oldest madhouse, Bethlem Hospital, founded in 1247, made trifling attempts to put its house in order. But inertia was the bone of contention in the skirmish between John Monro, its physician, and William Battie, the founder of St Luke's, a new London charitable asylum. In 1758 Battie's *Treatise on Madness* blamed Bethlem for its backwardness: it was insular, it failed to teach students, it used discredited remedies. His honour impugned, Monro retaliated in the same year with *Remarks on Dr. Battie's Treatise on Madness*.

In his book, Battie stressed the value of early confinement in asylums where the accent should lie upon *management*. Management would achieve more than medicine, he stressed, in a phrase which became the shibboleth of progressive psychiatry in Britain. His division of madness into 'original' (congenital) and 'consequential' (acquired) was also attractive. Following Locke, he believed that 'deluded imagination' was the essential feature of consequential madness and that it could be cured by timely confinement.

The new outlooks arising after 1750 in which madness was increasingly viewed as a psychological condition, the result of bad habits and misfortunes, required a new psycho-therapeutics. The solution evidently lay in managing the mind. Dr William Pargeter, for instance, placed his faith in a kind of psychodrama between maddoctor and patients. 'When I was a pupil at St. Bartholomew's Hospital employed on the subject of Insanity,' he reported of one of his cases,

I was requested... to visit a poor man... disordered in his mind... The maniac was locked in a room, raving and exceedingly turbulent. I took two men with me, and learning that he had no offensive weapons, I planted them at the door, with direction to be silent, and to keep out of sight, unless I should want their assistance. I then suddenly unlocked the door – rushed into the room and caught his eye in an instant. The business was then done – he became peaceable in a moment – trembled with fear, and was as governable as it was possible for a furious madman to be.

What Pargeter describes seems a little like a secular version of exorcism. Not every late-eighteenth-century mad-doctor, of course, exercised charisma in such a theatrical, almost Mesmeric, manner. But common to most was the belief that madness was curable, to be treated through person-to-person encounters and psychological expertise.

The contemporary term for this new psychological strategy was 'moral management' – 'moral' in the sense of addressing itself to the patient's mind, rather than merely to the body, establishing a

consciousness-to-consciousness rapport; 'management' because the mad-doctor had to prove dynamically resourceful and inventive in initiatives designed to impose discipline. The Manchester physician John Ferriar stressed that humanity must replace brutality, and moral treatment had to supplant physical. 'The management of the mind', he explained, 'is an object of great consequence, in the treatment of insane persons, and has been much misunderstood. It was formerly supposed that lunatics could only be worked upon by terror; shackles and whips, therefore, became part of the medical apparatus.' 'The chief reliance in the cure of insanity must be rather on management than medicine,' explained Pargeter for his part. 'The government of maniacs is an art, not to be acquired without long experience, and frequent and attentive observation.' The new psychiatrists condemned a 'dark age' when lazy approaches to madness – whether soporific draughts or chains – had prevailed. No eighteenth-century 'moral manager' dogmatically dismissed physical coercion and constraint. But such methods came to be regarded as, at best, necessary evils, commonly over-used and abused. 'Here', enthused Benjamin Faulkner about his own private madhouse, 'all unnecessary confinement is avoided.'

Moral management radically altered treatment of the insane, and thereby changed the shape of discourse about madness. Traditionally, writings concerning insanity had been philosophical, religious, anatomo-medical or classificatory. In a new genre rising to prominence towards 1800, close observation of the everyday behaviour of the insane became the great priority, and the course of the disorder under treatment was charted. For the first time, the criterion for proper knowledge about madness became the close encounter with patients under confinement.

How was the mad person to be regarded? Mental disorders sparked much public debate during the 'age of reason': why had the progress of civilization apparently led to the increase of mental instability and

suicide? Under a variety of terms – hypochondriasis, the vapours, the spleen, melancholy and low spirits – what later came to be known as the ‘neuroses’ – were said to be particularly prevalent among the English, whose climate, affluence and fashionable lifestyles supposedly produced what George Cheyne styled the ‘English malady’. ‘Refined sensibilities’ were said to be most susceptible and, in the new ‘age of feeling’, members of polite society might pride themselves upon ‘hypochondriack’ or ‘hysterick’ disorders, as signs of their superiority. Hysteria became a fashionable diagnosis among doctors faced with bizarre and unpredictable symptoms in their female patients – pains in the genitals and abdomen, shooting from top to toe, or rising into the thorax and producing constrictions around the throat (the ‘*globus hystericus*’), twitchings, tics and spasms, seizures and paralyses. According to the neurological pioneer Thomas Willis, ‘when at any time a sickness happens in a Woman’s Body, of an unusual manner, or more occult original, so that its causes lie hid, and a Curatory indication is altogether uncertain... we declare it to be something hysterical... which oftentimes is only the subterfuge of ignorance’. Enlightened physicians too professed bafflement at the Sphinxian-riddles of psyche- *soma* affinities. The notable clinician William Heberden was hesitant to seem dogmatic as to the root-causes of such conditions, for ‘hypochondriac and hysterick complaints seem to belong wholly to these unknown parts of the human composition’. In a society in which ‘distinction’ counted, illness, could be a treasured resource and, at least in the form of ‘the hyp’ and hysteria, mental illness could stake a claim to attention or even fame. ‘*We Hypochondriacks*’, declared Boswell, ‘console ourselves in the hour of gloomy distress, by thinking that our sufferings mark our superiority.’

George III’s ‘madness’ dramatically drew attention to mental disorders; and the fact that the ‘mad king’ recovered from his incapacitating attack of 1788–9 bred optimism. Together with the

'convulsion' of the French Revolution, the madness of King George points to enigmatic connexions between the age of reason and the prevalence and comprehension of insanity. The close of the century nevertheless brought a remarkable synthesis between new psychological thinking and reformist practice. This was 'moral therapy', a movement associated with the humane management of asylum patients.

One pioneer was the Florentine physician Vincenzo Chiarugi, whose ideas were set out in a major three-volume treatise, *Della Pazzia* (On Madness: 1793–4). In France, the physician Philippe Pinel was the leading advocate of the new approach, condemning harsh therapies and recommending close observation of the patient. In 1793 he was placed in charge of the Bicêtre, the main public madhouse in Paris for men, becoming head of its female equivalent, the Salpêtrière, two years later. His celebrated striking off the chains from his patients is probably mythical. Nevertheless, the cumulative impact of his careful work at the Bicêtre and Salpêtrière was considerable, and his *Traité médico-philosophique sur l'aliénation mental ou la manie* (1801) described the path by which he came to his ideas on the moral causation and moral treatment of insanity.

Such developments were paralleled in England by the founding of the York Retreat in 1796, set up after the mysterious death of a Quaker patient in the York Asylum. Partly by religious conviction, partly by practical trial and error, it was to evolve a distinctive therapeutics grounded on quiet, comfort and a supportive family atmosphere in which the insane were to be treated like ill-behaved children. Its success was publicized by Samuel Tuke's *Description of the Retreat* (1813), which offered a shining model for early nineteenth-century reformers.

As with Pinel, in England moral therapy was justified on the twin grounds of humanity and efficacy. The Retreat was modelled on the

ideal of family life, and restraint was minimized. Patients and staff lived, worked and dined together in an environment where recovery was encouraged through praise and blame, rewards and punishment, the goal being the restoration of self-control. The root cause of insanity, be it physical or mental, mattered little. Though far from hostile to doctors, Tuke, a tea-merchant by profession, stated that experience proved that nothing medicine had to offer did any good.

What do these changing models of madness tell us about attitudes to reason and the irrational in the move to modernity? If images of the insane may be read as projected negations of cherished ideals of humanity, it is clear that, back in the seventeenth century, anxieties ran deep that the Christian must be decisively demarcated over and against the brute kingdom ('inferior animals') on the one hand and the damned on the other. In an age of secularization, when those particular fears waned, the attributions of madness to bodily disorders subsequently proved a strategy for preserving the mind free from the taint of madness, an important dignifying and exculpatory strategy. In time, however, the prevalence of Lockean outlooks undermined the rigid polarity between the sane and the mad (the difference lay only in proper and false associations of ideas). This strategy no longer caused terror because first the fashionable cults of individualism and sensibility and then later Romanticism permitted a new pluralism and permissiveness in the sane while enlightened optimism held out hope that the insane were genuinely curable, perhaps in those new lunatic asylums which were promoted as resembling the new bourgeois vision of heaven.