Romantic Medicine and the Poetics of Palliation

by

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Abstract

This study uses the interdisciplinary lens of Romantic medical ethics to reconsider received ideas about the therapeutic power of Romantic poetry. Studies of literature and medicine in the long nineteenth century have generally considered disease the era’s main medical symbol; they have likewise considered holistic “healing” its major model for poetry’s therapeutic effect, following Geoffrey Hartman’s description of Wordsworth’s ability to “heal the wound of self.” Without denying the importance of these paradigms, my work explores alternate foci: pain instead of disease, and palliation instead of healing. In Britain, professional medical ethics were first codified during the Romantic period in response to a variety of medical and social advances. But because of Romantic medicine’s curative uncertainty and utilitarian intolerance for pain, its ethicists turned from cure to palliation to describe a doctor’s primary duty toward his patients. My study argues that this palliative ethic was taken up by Romantic literary writers to describe their own work. By engaging with contemporary medical ethics treatises such as John Gregory’s 1770 Lectures on the Duties and Qualifications of a Physician and Thomas Percival’s 1803 Medical Ethics, I explore four Romantic authors’ struggle to find an appropriate medical model for their work’s therapeutic benefits. Ultimately, all turned their attention from “healing the wound of self” to palliating the agonies of a world where, as Wordsworth writes, “suffering is
permanent, obscure and dark.” Reading William Wordsworth, Mary Shelley, John Keats, and Thomas Lovell Beddoes through a palliative lens reveals a diversity of perspectives on the therapeutic potential of literary writing and challenges our received picture of their engagement with medical ideas: e.g. Wordsworth, hailed by Matthew Arnold for his “healing power,” found an alternate model for his poetry’s medical benefits, while Keats finally abandoned his early belief that the poet should be “physician to all men.” My study follows these four writers as they variously embrace, qualify, or outright reject the idea that literature could, as Keats had once hoped, “sooth the cares and lift the thoughts of man.”
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# Table of Contents

Acknowledgments...................................................................................................................... iv  
Table of Contents........................................................................................................................ v  
Introduction........................................................................................................................................ 1  
1 “Soothing thoughts”: William Wordsworth and the Poetry of Relief........................................... 19  
2 Palliating Humanity in *The Last Man*.......................................................................................... 58  
3 John Keats’s “Sickness Not Ignoble”............................................................................................ 99  
4 The Euthanasia of Thomas Lovell Beddoes................................................................................... 145  
5 Coda. Literature, Medicine, and the Palliative Subject................................................................. 183  
Works Consulted................................................................................................................................ 198
Introduction

Step into the courtyard of Guy’s Hospital sometime in 1805. Around you rise walls of dark brick filled with windows to let in light and air. Quiet talk and moans drift down from the wards above, where rows of bed-bound patients await the daily visit of their attending physician or surgeon. Medical students, harried as today, dart across the courtyard to lectures in nearby surgical theatres. Across the street, cured patients walk gratefully away from the hospital, ruminating on their physician’s advice on how to live healthier lives. Those less lucky head towards the local apothecary’s shop, where they will purchase medications to manage a chronic condition. And some patients do not leave at all. Guy’s was originally founded as an incurables hospital, and a large number of terminal cases still pass through its doors. Its doctors are therefore trained to treat patients at all stages of illness, from the light cough of a genteel hypochondriac—who would almost certainly be attended at home, anyway—to the fatal, festering bullet sore of a soldier wounded at the recent Battle of Trafalgar.

As a snapshot of Romantic medicine, you could do worse than Guy’s. The large London hospital, like its sister institutions St. Thomas’s, Bartholomew’s, Bethlem, and the London Hospital, operated at the metropolitan hub of a medical landscape undergoing rapid and profound changes. The final stretch of the Georgian era was a time of feverish advance and frustrating setback for British medicine. Anatomical knowledge increased as surgeons like John Hunter and Charles Bell probed the human body and recorded their findings. Chemistry advanced, tugging medicine along with it: oxygen and nitrous oxide (laughing gas) were discovered in the same decade by the same man, Joseph Priestley. And preventative medicine became a greater public concern, with figures like Thomas Beddoes promoting healthy living and Edward Jenner administering the first smallpox vaccine. Yet for all these medical successes, the roots of illness remained undiscovered. The “vital principle” sought throughout the eighteenth and early nineteenth centuries was not located, the debate over the material or spiritual location of life left unresolved. Dreams of human immortality voiced by eighteenth-century theorists like William Godwin proved medically unsupportable, as the did milder hopes of
scientific philosophers like Pierre Jean George Cabanis that sickness could be eliminated and old age made universal.\(^1\) Disease still ripped through cities, like the yellow fever epidemic of 1793 that killed over 5,000 people in Philadelphia. And while the Napoleonic wars spurred advances in battlefield medicine, thousands still died directly of wounds, or, more often, indirectly of illnesses like typhus and gangrene.

Working at one of the biggest hospitals in England, Guy’s doctors would have been daily exposed to the complex range of triumphs and disappointments that characterized their medical milieu. Further, they faced this complexity as members of an increasingly recognizable professional class. At the turn of the nineteenth century, British medicine was professionalizing. The 1815 Apothecaries Act introduced competency requirements for general practitioners, then known as apothecaries; later acts would finally dissolve the nebulous distinctions between physicians, surgeons, and apothecaries. Medical ethics and professional behavior treatises proliferated, most famously John Gregory’s 1770 *Lectures on the Duties and Qualifications of a Physician* and Thomas Percival’s 1803 *Medical Ethics*. In addition to their daily battles with disease, Britain’s doctors were being challenged to redefine their role in society.\(^2\) The late Georgian era was a foundational moment for British medicine.

It was also a foundational moment for the relationship between medicine and literature. Though the idea that reading literary works has therapeutic benefits is ancient, some of our most familiar claims about the medical value of literature are Romantic: John Keats’s hope that the poet might be a “physician to all men,” Percy Shelley’s belief...

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\(^1\) As Roy Porter notes, in the mid-eighteenth century, “Medicine became fired with the Baconian ambition of the prolongation of life. … Godwin, Condorcet and other philosophers began to entertain conjecture of a this-worldly immortality, grounded upon new laws of health” (*Patients* 146). However, evidence of these beliefs was seen less in overweening attempts at immortality than more prosaic medical battles. In “hospital foundations, smallpox inoculation and the rise of public health, medicine undeniably took the offensive against diseases. Certain developments—above all the Humane Movement—clearly mark a medical campaign to snatch people back from the jaws of death itself” (*Patients* 146-7). Peter Jupp and Clare Gittings sum up the medical zeitgeist as a faith that “death could be viewed as a natural phenomenon over which man appeared to have increasing control” (203).

\(^2\) For comprehensive overviews of medical professionalization in Romantic Britain, see Haakonssen; McCullough, *Gregory*; Digby; and the collection *The Codification of Medical Morality*, edited by Porter.
that poetry “connects, animates, and sustains the life of all,” and the long tradition—
established by William Hazlitt, John Stuart Mill, and Matthew Arnold—that considers
Wordsworth a model of poetic “healing power” (Arnold, “Memorial Verses” 63). Indeed,
contemporary medical and psychological disciplines that employ literature for
therapeutic purposes often look back to Romantic models. Citing Shelley’s *Defense of
Poetry* and Wordsworth’s “Preface to *Lyrical Ballads,*” poetry therapist Nicholas Mazza
explains that “romantic perceptions have a long and unique place in the history of
psychology,” including the “romantic influence on existential-humanistic, narrative,
relational, and ecological psychologies” (4). Wordsworth’s marriage of the “spontaneous
overflow of powerful feelings” to thinking “long and deeply” has proved especially
important to poetry therapy’s combination of “affective-based theories” and “cognitive
theories” (Mazza 4). Liz Burns similarly characterizes the proper psychotherapist
mindset as Keatsian “negative capability,” commenting, “it is no coincidence that this
poet’s definition of a state of openness and readiness fits for many psychotherapists”
(10). And Romantic literature itself, particularly by Wordsworth and Keats, appears over
and over again on lists of texts that can be used therapeutically.\(^3\) The continued medical
uses of Romantic ideas and texts are as multifaceted as the scientific medicine that was
evolving alongside them.

It is somewhat surprising, then, that literary scholars’ portrait of the relationship
between Romantic literature and medicine remains fairly monochromatic. Most critical
depictions of Romantic writing’s therapeutic merit more or less respond to the model set
out in 1962 by Geoffrey Hartman’s reading of Wordsworth. Hartman writes that
Wordsworth’s verse guides readers through the lapsarian wreckage of “self-
consciousness” to a restored holism, an “anti-self-consciousness” in which the “wound of
self is healed” (“Romanticism” 55). His characterization of Wordsworth’s poetic therapy
as a recovery of self-unity has become conventional among scholars of Romanticism,
even those who do not study Wordsworth. It has inspired a wide range of readings of
different Romantic authors by critics like Helen Vendler, Beth Darlington, Betty T.

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\(^3\) See Mazza, McCullis, Trautmann, and Leedy for examples.
Bennett, Timothy Ruppert, James Holstein, and Donald C. Goellnicht. Hartman’s model has also been attacked, most notably by new historicists following Jerome McGann and Marjorie Levinson’s indictment of the “Romantic ideology.” In the 1980s and ‘90s, these scholars alleged that Romantic poetry’s offer of self-healing effaced urgent social problems in order to cultivate the comfortable oblivion of an aestheticized inner life. They share with other critiques of Hartman’s paradigm a wholesale rejection of its guiding premise: that Romantic poetry can somehow “heal.” Writing on Mary Shelley’s The Last Man, for example, Young-Ok An argues that the novel “nullifies any illusory hope for humanistic redemption” through art (581). An pits Shelley against Hartman’s model by reading her text as a nihilistic denial of art’s healing power.

In fact, Last Man scholarship offers an ideal case study for the current landscape of critical claims about Romantic literary therapy. The novel tells the story of humanity’s extinction by an incurable plague. As I will show in chapter two, its scholars fall generally into two camps. Both read Shelley’s text as responding to her husband’s faith that poetry was a linguistic panacea that could “turn to potable gold the poisonous waters which flow from death through life” (Prose 7: 137). According to critics, Shelley either rejects Percy’s ideals or embraces them wholeheartedly. Even readings of the novel that assert its “ambivalence” about poetry’s power to heal society ultimately feel compelled to come down on one side. The faith that the poetic imagination can “effect lasting and meaningful renovation” must apparently be cut from whole cloth (Ruppert 142). Humanity is either saved or damned: poetry either heals or it doesn’t.

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4 See Vendler and Darlington on Wordsworth; Bennett and Ruppert on Mary Shelley; and Holstein and Goellnicht on Keats.

5 “One is urged to put one’s trust in the inner life, an impregnable dimension… the insight (the mind is its own place) names that blindness which assumes the autonomy of the psyche, its happy detachment from the social fact of being… the social world in its actual and compelling character is, of course, annihilated by this celebratory representation which reads it as the supportive medium of private life” (Levinson, Period Poems 48).

6 See Poovey and Fisch for examples.
This dichotomy is interesting not only because it is false, but because it reveals the underlying assumption of most critical debates on the healing power of Romantic literature. Hartman’s holism has become the *sine qua non* of Romantic literary therapy. As Darlington puts it: “We may regard the Self as an innate healing force, bearing in mind that the words heal and whole derive from the same etymological roots. Healing is the process of making us more whole” (53). Their shared sense that Romantic healing demands holism stems directly from the period itself. Hartman’s reading of Wordsworth looks back to Matthew Arnold’s lament, “But where will Europe’s later hour / Again find Wordsworth’s healing power?” (62-63). Arnold was preceded by William Hazlitt, who in 1825 called Wordsworth’s ability to “heal the wound with skyey influences” the “sole triumph of his art” (302). Hazlitt, in turn, echoed a Romantic medical commonplace. For Georgian medicine, “to heal” meant to close a physical wound.7 Robert Hooper’s 1817 *Medical Dictionary*, for example, uses the term only for ulcers, wounds, and sores. Healing literally meant restoring holism to severed body parts. The term was applied to internal ailments much less frequently, possibly because the verb maintained its association with unification. In an age when diseases were constitutional, “healing” a disease would mean restoring the constitution to a state analogous to a perfectly closed wound: absolute health. Most doctors did not think this was possible.8 And even if doctors had acknowledged the possibility of a holistic cure, they still had no secure

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7 Romantic physicians and surgeons use “heal” to describe mending physical wounds, abrasions, ulcers, and the like. Darwin’s *Zoönomia* generally uses the term in referring to ulcers; Beddoes employs the term variously for ulcers, consumptive buboes, sores, and venereal pustules (cf. *Collections, Consumption*); and Buchan for ulcers, excoriations, wounds, and sores (cf. *Domestic Medicine*). Hooper’s *Medical Dictionary* commonly uses it for ulcers, wounds, and sores. Hooper also unusually lists both “Sanativa. (from sano, to cure) Medicines which heal diseases” (713) and “Synulotica… Medicines which heal wounds” (789). His definitions of medicines not named as “healing” often stem from Greek or Latin roots he still translates as “heal”: “Medicamentum (from medico, to heal.) A medicine” (482).

8 Dr. William Cullen once bluntly advised a patient, “it is not in the power of physic to give a new constitution. You must make the most of the one you have got” (qtd. in Digby 89). William Buchan agreed: “The defects of constitution cannot be supplied by medicine” (5). More substantially, the anonymous editor of the 1827 edition of Percival’s *Medical Ethics* noted, “In chronic diseases… the breaking up of the constitution is the original of them, few cases admit even alleviation, and none scarcely cure. When relieved, recurrence is almost certain, inasmuch as neither nature nor art can cast anew the original powers which preserve human organization sound and entire… when, in chronic diseases, the powers of the constitution are no more, all is vain” (189-92).
standard to ascertain its achievement. James Curry and William Babington, physicians at Guy’s Hospital during Keats’s tenure there, stressed this point in their lectures on the Practice of Medicine by discrediting the definition of disease as “any variation from the most perfect and healthy state” as “too general,” because “health and disease, then, [are] relative rather than positive terms” (1). For Romantic medicine, holistic “healing” of anything except a flesh wound was doubtful if not impossible. Seen in this light, Hazlitt’s praise of Wordsworth’s power to “heal” spiritual wounds takes on a gently mocking tone—unsurprising for Hazlitt, and supported by the flippancy of the “skyey influences” he identifies as Wordsworth’s main medical tools.

In seeing holistic “healing” as synonymous with poetic therapy, critics risk taking Hazlitt and his descendants too seriously. If we regard such total cure as Romantic writers’ de facto medical paradigm, we threaten to oversimplify an intellectual landscape that possessed many more varied attitudes towards literary therapy. Further, doing so sets the bar for therapeutic texts’ success unrealistically high. If anything less than total cure is failure, failure is inevitable. This impasse echoes the rationale behind the past two decades’ critical shift away from the hard line of McGann’s critique of the Romantic ideology. If any concession to the faith that poetry can heal society is seen as acquiescing in the violence of historical inevitability, anything less than radical optimism is defeatism. Humanity is either saved or damned: poetry either liberates or it doesn’t. Such dichotomies threaten to throw hope’s baby out with cynicism’s bathwater. The critical turn away from this mode of historicism and towards alternate approaches like new formalism, affect theory, phenomenology, and aesthetics signals a desire for less severe models.9 In Romantic scholarship on literature and medicine, however, the dichotomy persists in the form of an all-or-nothing attitude towards the question of poetic healing. Its ubiquity is perhaps best illustrated by Keats criticism, which remains attached to the

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9 Rita Felski’s 2008 Uses of Literature contains a concise—if cutting—summary of this turn, while Eve Sedgwick’s 2003 Touching Feeling includes a persuasive analysis of the “hermeneutics of suspicion” she associated with the critical climate surrounding new historicism. For more specific responses to new historicism, see Wolfson, “Romantic Ideology”; Manning, “Poor Susan”; and Abrams, “On Political Readings.”
idea that Keats upheld his belief in poet Physicians until the end of his life. As I will argue in Chapter 3, by the composition of the Hyperion poems, Keats had actually abandoned his faith that poetry was “a friend / To soothe the cares and lift the thoughts of man” (“Sleep and Poetry,” 246-7). In its place he erected a pedagogical model that tasked poetry with delivering the pain necessary to shape individuality. This “grander system of Salvation than the chrystain religion” relied on the insight of “how necessary a World of Pains and troubles [is] to school an Intelligence and make it a soul” (Letters 2: 290-1). Yet despite his shift from soothing cares to pains and troubles, Keats is still overwhelmingly read in terms of his “ideal poetic function—a physician, pouring out a balm upon the world” (Newey 83). Because critical accounts of poetic medicine cannot admit of anything less than total cure—and certainly not “Pains and troubles”—the complexity of Keats’s thought about poetry’s therapeutic value becomes reduced to a label: “a physician who would heal the sorrows of mankind” (de Almeida 307).

My project hopes to recover the complexity of Romantic writers’ attitudes towards the therapeutic value of their work. As Keats knew too well, we live our lives in the murky middle ground between sickness and cure. Our models of literary therapy should reflect the multiplicity of reasons we turn to books for spiritual care. The Romantic period, with its intense dedication to the ideal of poetic therapy, offers a rich source of thoughtful paradigms outlining the relationship between literature and medicine. In the depth of their investigations, Romantic writers developed a broader, more nuanced spectrum of beliefs than critical models of “healing” verse have previously suggested. My exploration of alternative criteria for poetic therapy follows four Romantic authors—William Wordsworth, Mary Shelley, John Keats, and Thomas Lovell Beddoes—as they grapple with a medical (and literary) world in which cure was dubious and death was close. I have collectively referred to their approach as “palliative” because all four sought to articulate what comfort literature could offer when cure was no longer possible. But though their question was the same, their answers were very different. Wordsworth parlayed his lay reading of Erasmus Darwin into a surprisingly modern explanation of how poetic thought can quell pain, while Mary Shelley presents literature as a palliative for humanity as a species. Keats, as I have mentioned, threw out poetry’s
“healing” imperative altogether, while Beddoes turned his own failure to achieve immortality via poetry into a satiric critique of the medical establishment he felt had failed him.

The variety of their “palliative” attitudes finds a focal point in Romantic medicine itself. Wordsworth, Shelley, Keats, and Beddoes were all comparatively familiar with their medical milieu. The latter were medically trained, while the former were extensive lay readers. But even if these authors had had no exposure to Georgian medicine at all, medical history in the eighteenth and early nineteenth centuries could still give us insight into their thinking. Georgian medicine had important—and not accidental—parallels with its contemporary literary movements. Most saliently, Romantic poets and doctors saw themselves as engaged in similar social missions. In an 1829 introductory lecture to medical students at the London Hospital, physician James A. Gordon outlined what he saw as his profession’s unique mandate. “The science of medicine,” he proclaimed, “comprises the principles of the knowledge we derive from physiology and pathology of the functions of the body; the manner in which these functions may be deranged, and the means in our power of acting upon them in a state of disease” (12-13). The art of medicine, on the other hand, “winds itself into an intimacy with the secret heart of man, and thus obtains his confidence and acquires his love” (29). Gordon concludes: “to my mind, a chief glory of the profession to which I have the honour and happiness to belong, is to be considered that exalted feeling by which the physician learns to disregard the fictitious distinctions of rank, and to contemplate before him, simply, the human being, and that being suffering” (30). Gordon’s ideal doctor commands a purview at once ambitiously empirical and tenderly subjective. Combining a scientific understanding of human physiology with the sympathy and “exalted feeling” to see beyond class into “the secret heart of man,” Gordon’s glorious profession comfortably straddles an epistemological tension between objective and subjective knowledge, scientific progress and human reflection.

You could be forgiven for thinking he was talking about poets. Gordon’s panegyric placing doctors at the centre of society recalls the manifestos of Wordsworth and Percy Shelley, who saw poetry in much the same way. Wordsworth, for example,
broadened the poet’s purview to encompass not only the classless “heart of man,” but also the spirit of scientific discovery. The poet “is a man speaking to men” who possesses “a greater knowledge of human nature” than his fellows, but is also responsible for placing “the impassioned expression which is in the countenance of all Science” (PW 1: 141). Similarly, Percy Shelley saw the nightingale poet who “sings to cheer its own solitude” embodying all “the possible varieties of human nature;” and he had no trouble claiming Francis Bacon, England’s father of the scientific method, for poetry (Prose 7: 135). Though both poets illustrate the “inward turn” characteristic of Romantic texts, they also keep one eye turned outward towards their societies. They celebrate the supposedly unique poetic power to see both the broad outlines of human nature and the intricacies of an individual human heart, then tie this power to a comprehensive social mandate. Poets “are the institutors of laws, and the founders of civil society, and the inventors of the arts of life, and the teachers, who draw into a certain propinquity with the beautiful and the true,” as Shelley famously proclaimed (Prose 7: 135).

He was not alone. Gordon’s lofty belief that doctors’ access to the “secret heart of man” tasked them with unique social responsibilities was shared by many of his professional brethren. Erasmus Darwin’s popular 1794-6 medical treatise Zoönomia, for example, claimed a wide empirical sweep “that should bind together the scattered facts of medical knowledge, and converge into one point of view the laws of organic life” with an introspective aim to “teach mankind… the knowledge of themselves” (1: 100-101). This attitude proved surprisingly resistant to the buffets of history. Not even the unfolding Napoleonic wars—an allegory for social prescription gone awry—could ruffle medicine’s basic faith that doctors’ expertise justified their right to diagnose human behavior. A few years after the Terror, Goethe’s physician Dr. Johann Vogel bragged of medicine’s jointly public and private gaze that combined “a profound knowledge of mankind” with access to “the secret recesses of the human heart” (qtd. in Young, Introduction 5-7). Over two decades later in 1819, Dr. Samuel Bard could still comfortably assert that medicine is “[e]xtensive, beyond the limits of any other science… [e]xtending over the face of the whole earth, and at the same time penetrating into the recesses of every private family” (27). At the same time, he reminded his brethren of the
responsibility attendant on such power. Unless “our knowledge be accompanied by prudence, virtue, and religion, we may do more harm by our example, than we can do good by our skill,” he cautioned (27). Bard’s echo of the Hippocratic maxim *primum non nocere*—first, do no harm—illustrates how medicine’s self-congratulation nearly always accompanied suggestions for proper medical behavior. As their professional purview extended, doctors developed ever more sophisticated explanations of medicine’s social mandate: what doctors should treat, when and how they should treat it, and what their highest considerations were in treatment of different cases.

Nowhere was this mandate outlined more clearly than in the infant discipline of British medical ethics. Like Wordsworth and Shelley, British doctors sought professional self-definition in a set of ethical guidelines outlining their ideal relation to society. Their benchmarks were two major treatises, Gregory’s *Lectures on the Duties and Qualifications of a Physician* and Percival’s *Medical Ethics*. To draft moral principles for medical practitioners, both writers drew on utilitarian ideas newly popularized by Jeremy Bentham, though they were not Benthamites themselves. Gregory and Percival wrote from “a Christian utilitarianism based on the belief that what we can do is good because it leads to the greatest happiness” (Haakonssen 238). Writing under the broad assumption that doctors could best promote happiness by reducing suffering in the sick, Gregory and Percival revolutionized previous medical protocol by stressing that a doctor’s first duty should be the relief of pain. Wrote Gregory, “It is as much the business of a physician to alleviate pain, and to smooth the avenues of death, when unavoidable, as to cure diseases” (35). Percival agreed: “The physician should be the minister of hope and comfort to the sick,” administering “cordials to the drooping spirit” in order to “smooth the bed of death, revive expiring life, and counteract the depressing influence of […] maladies” (91). Though these statements seem obvious to us now, they were radically

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10 In 1789 with the publication of his *Introduction to the Principles of Morals and Legislation*, Bentham brought a programmatic version of utilitarianism back into the public spotlight. His hedonic calculus sought to quantify feeling in order to combat pain and enable pleasure, which Bentham defined as “immunity from pain” (34). Bentham’s effort to standardize subjectivity bent the panoptic gaze of Enlightenment science to the work of regulating individual feeling.
new ideas for medical practitioners in the eighteenth century. Laurence McCullough notes how these claims differed from earlier practice, when physicians were expected to withdraw from patients they had no means of curing (Gregory 232).

But the eighteenth century saw the dawn of a new age of pain-killing drugs, and a concurrent shift among British doctors towards the idea that providing palliative care had the same ethical status as curing disease (Porter, Patient’s 144-8). Explained Dr. John Ware, “even on the supposition that medicine is of no efficacy in the way commonly supposed, still… the profession would be of incalculable value, as a benevolent institution for alleviating the anxieties and assuming the responsibility of sickness” (93). For writers like Ware, expecting doctors to either cure patients “in the way commonly supposed” or admit their failure was flawed thinking, a false dichotomy that dangerously oversimplified the myriad ways doctors could—indeed, were ethically required to—help their patients. As Dr. John Strang lamented, “he [the doctor] is liable to be blamed over accidents over which he could have no controul… This uncertainty of the art, becomes with many the fault of its professors” (56-7). The objects of Strang’s ire were laypeople that believed, like Richard Lovell Edgeworth, “all the world is competent to decide” on a doctor’s quality by “whether a physician’s patients die or recover under his care” (qtd. in Young, Introduction 23). Medicine was not nearly so simple, argued Strang. It was unfair that when “[doctors’] prognostics are not verified by the event, or their applications do not answer the purpose intended, they are accused of ignorance and inattention” (56-7).

A physician’s only recourse in addressing such accusations was to stress how his care was beneficial even beyond cure. Concludes Strang, “How necessary, then, by humane

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11 In the early eighteenth century, “physicians commonly withdrew from their patients when they were dying. … Physicians pursuing interest in contractual relationships with patients in a competitive market would be irrational to do anything other than withdraw from dying patients, especially since fees are hard to justify to a skeptical patient when the physician has nothing by way of an effective cure to offer. Hoffman, recall, makes obligatory the leaving off of the care of the dying. This was also the prevailing custom at the time in Britain… Gregory’s admonition to his students on this topic departs sharply from then current practice” (McCullough, Gregory 232). Said admonition: “It is as much the business of a physician to alleviate pain, and to smooth the avenues of death, when unavoidable, as to cure diseases” (Gregory 35).
attention to sooth and cheer him [the patient]… to make him some compensation for those evils which cannot be remedied!” (66).

As Strang points out, between the illusory extremes of total cure and total failure lay a vast middle ground of palliative practices. These methods were not expected to heal patients but merely to ease their suffering. They could range from helping patients manage chronic conditions to alleviating the agony of a terminal illness. The well-known popularity of opium during the period primarily stemmed from its efficacy as a painkiller. Its most famous user, Thomas de Quincey, initially began taking it to relieve stomach cramps—as did Coleridge, Landon, and Percy Shelley, at one point or another. Keats was prescribed laudanum as an anodyne until Joseph Severn suspected he might try to use it to commit suicide (Motion 545). During her own slow death, Mary Wollstonecraft was administered alcohol for the same purpose; William Godwin was told that “the only chance of supporting her through what she had to suffer, was by supplying her rather freely with wine” (116). Both opium and alcohol were also occasionally used as surgical anesthetics, though they were supplanted in the 1840s by chloroform and nitrous oxide. Finally and not insignificantly, doctors relied heavily upon their own charisma to help ease patients’ suffering. “If there be a tedious lingering disease, the surgeon must be every thing to his patient; watchful, friendly, compassionate, cheerful,” advised surgeon John Bell, “for the patient lives upon his good looks” (15). Romantic doctors had a varied palliative repertoire to match their growing professional consensus that medicine’s mandate extended far beyond the possibility of cure.

As the nineteenth century advanced, providing relief in a multiplicity of ways became a deeply meaningful part of what it meant to be a doctor. As early as 1825, Dr. Andrew Duncan could take his palliative mandate as a given. “It is altogether unnecessary to employ arguments,” he wrote, “with the view of inducing those not entirely void of humanity, to adopt proper measures for affording some relief to the incurable” (13-4). His appeal continues to galvanize today’s doctors, some of whom are explicitly looking back to eighteenth-century medical writers for models of humane, patient-focused care they fear have been submerged by the fervor of twentieth-century medical science (Bastron and McCullough 18).
In the same way that Romantic medicine possessed a variety of therapeutic models, so too did Romantic writers. Further, they too presented these models under the banner of palliation. Like their medical counterparts, authors like Wordsworth and Mary Shelley recognized that the therapeutic value of literature could not be reduced to the improbable standard of total cure. (Wordsworth, as I will argue in Chapter 1, did in fact believe in the impossible, but maintained that only nature was capable of truly holistic healing.). Instead, they wielded an expansive vocabulary to connote literature’s capacious medical value: it relieves, soothes, drugs, eases, and removes the sting from pain. As the lead character in Shelley’s *The Last Man* observes, using two palliative terms in the same paragraph, Roman writing “soothed me,” while “the sight of the poetry eternized in [Rome’s] statues took the sting” from his grief (359). His testimony illustrates how the writers in my study approached their palliative task in much the same way doctors did. They saw the text they had written as a sort of medicine for their readers, though none regarded their “patients” as wholly passive: both Keats and Wordsworth, in fact, demanded reader participation in their models of poetic therapy. Wordsworth explicitly focuses on his readers’ experience when outlining his hopes for his own poetry in *Prelude* XII. In choosing poetic subject matter, he pledges to “select / Sorrow that is not sorrow, but delight, / And miserable love that is not pain / To hear of” (12.244-7). In doing so, he and his fellow writers turned the longstanding Romantic interest in subjectivity to medical ends. Previous theories of Romantic literary therapy have shown how composition could have a cathartic effect on the poet. If writing poetry could be therapeutic for its author, reading poetry could act similarly on readers—though the models for how such poetic medicine worked varied greatly.

Reading this variation back into Romantic authors’ work significantly revises our view of their relationship to their own art. Wordsworth, heralded by Mill and Arnold for 12 See Averill, Felluga, and Hall for examples of this reading, which is a commonplace in critical studies of Romantic writing.

13 For traditional readings of Wordsworth as healer, see Hartman, Averill, and Darlington. For traditional readings of Keats as poet-physician, see de Almeida, Goellnicht, Stillinger, and Holstein.
his “healing power,” saw himself more as a facilitator of poetic relief. The first chapter of my project compares Wordsworth’s perspectives on his poetry’s medical powers with lay medical beliefs of the late eighteenth century. In *Lyrical Ballads* 1798, a collection whose Wordsworthian lyrics are heavily invested in proving the superiority of nature’s “Spontaneous wisdom breathed by health,” Wordsworth realized his own human art could not hope to compete with nature’s curative power. In response, the collection’s final poem “Tintern Abbey” turns towards a poetics of palliation grounded in physician Erasmus Darwin’s idea of a lesser reverie: a state in which the body feels no pain yet remains conscious. Epitomized in “Tintern” by the moment when the poet feels the painful “weary weight” of the world lift, this alleviative model recognized that “suffering is permanent, obscure and dark,” and that human art can do no more than momentarily relieve it with “soothing thoughts.”

In her 1826 novel *The Last Man*, Mary Shelley reaches a similar conclusion. Long read as either rejecting or embracing her husband’s curative ideals, Shelley in fact developed a sophisticated palliative position beyond them. In my second chapter, I read Shelley’s apocalyptic novel to show how she critiques and develops Percy Shelley’s belief in the possibility of a medico-poetic panacea (cure all) to present literature itself as the palliation of a dying humanity. As medical writers like Benjamin Rush and Jean Georges Cabanis tied the imperfection of medical knowledge to the necessity of palliative care, so *The Last Man* suggests that suffering and death are unavoidable at a species level. In response, literature takes on the function of a palliative care doctor, simultaneously shepherding humanity to its final end by “tak[ing] the mortal sting from pain” and preserving its fragmentary memory (5). Like her medical counterparts, Shelley frames this palliative care not as curative failure, but as a noble, if tragic, humanitarian success.

At the extreme opposite end of the medico-poetic spectrum is John Keats, who ultimately came to see poetry and palliation as irreconcilable. My project’s third chapter

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14 The poems referenced here are, in order, “The Tables Turned” (19); “Tintern Abbey” (39); the epigraph to *The White Doe of Rylstone*, which was recycled from *The Borderers* (5); and the “Intimations Ode” (189).
revises our current critical portrait of Keats as a poet-physician who hoped to “sooth the cares / And lift the thoughts of man” (“Sleep and Poetry,” 246-7). Keats’s developing sense of poetic ethics eventually led him to reject any neat congruity between the humanitarian duties of physicians and poets. While the former adopted soporific opiates to deaden the senses and dull pain, the latter contributed actively to what Keats terms the “World of Pains and Troubles” meant to “school an Intelligence and make it a Soul” (Letters 2: 290). By reading Hyperion: A Fragment and The Fall of Hyperion against Aesculapius’s Guide, an 1816 medical ethics text written for students of Guy’s Hospital like Keats, I argue that by the end of his career, Keats came to deny that poets, like doctors, must “[a]bove all, evince your earnest desire to spare pain to your patients” (Aesculapius 57). Fallen from deity to mortality, the Titans of Hyperion develop distinct selves—what Keats termed “souls”—as they acquire individual histories of suffering. Their agony, recast in the metapoetic Fall of Hyperion, comes to represent the ideal effect of all art on all readers: a “sickness not ignoble” whose deathless infection is essential to crafting an individual subject.

Where Keats was concerned with the individual subject in life, Thomas Lovell Beddoes worried about its provenance beyond the grave. Fittingly, my project concludes by confronting the inevitable termination of palliative care: death. My final chapter reads Thomas Lovell Beddoes’s 1829 gothic drama Death’s Jest-Book as a cynical insider’s take on Romantic medicine’s handling of the dying process. A graduate of Göttingen and Würzburg medical schools, Beddoes harbored early hopes that medicine might solve the mystery of death and extend the human lifespan. But he was disappointed by medicine’s failure to deliver on these promises. Further, he was disillusioned by doctors who profited from the burgeoning palliative care market, a development historian Allan Kellehear calls the advent of “the managed death” (152). Beddoes satirizes medical management as a grim instance of his play’s overall tragedy: humans can never control how they die. As the play recognizes, our only real means of cheating death is through the memory and writings of others. Having proved the futility of human agency over death, Beddoes employs his play to consider how poetic immortality offers the individual her only realistic hope for survival beyond the grave.
In addition to providing new insight into these Romantic writers’ relation to medical care and literary therapy, reading them through a palliative lens reconfirms the flexibility of Romanticism’s relationship to idealism. As Percy Shelley’s oeuvre suggests, faith in a medical panacea was metaphorically and sometimes literally bound up with similar hopes for political remedy. Hugh Roberts writes that Shelley’s “therapeutic idealism” saw poetry as a driving force in the “apocalyptic accession to a new order that will heal our fallen and divided state” (298). But like the rest of the Romantic writers I am examining, Shelley did not equate falling short of such “apocalyptic accession” with failure. For example, at the end of Prometheus Unbound, Demogorgon’s ambivalent final speech culminates an apparently redemptive drama with the “healing wings” of Love (4.562). However, a closer look at his speech reveals not a healing apocalypse but a protracted waiting period in which humanity is enjoined to “suffer woes which Hope thinks infinite.” All Hope can ever do is perpetually “reassume / An empire o’er the distentangled Doom”—a Doom pointedly commanded by the “infirm hand” of Eternity (4.565-70, emphasis mine). Doom, like infirmity, will always return. Demogorgon’s speech stresses not Hope’s fleeting “empire” but the endurance demanded by seemingly “infinite” illness. And yet Prometheus Unbound clearly ends in triumph. Despite Demogorgon’s dark assurance that pain will always return, the very power to temporarily stem or endure it is worth celebrating. For all his earnest attachment to social and poetic panacea, Shelley did not despair at the possibility of failing to achieve it. The Romantic zeal for idealistic goals, whether medical or social, did not hinge on immediate success. More limited triumphs were acceptable too, and endorsing them did not mean sacrificing idealism to the telos of history (or its critical iteration, the Romantic ideology). As Demogorgon stresses, “to love, and bear; to hope”—to merely, palliatively hold up under infinite “woes”—is in fact necessary to survive until “Hope creates / From its own wreck the thing it contemplates” (4.573-4). The ambitious healer of social wounds and the more restrained reliever of individual suffering need not be mutually exclusive.

15 For an extended discussion of the relationship between Percy Shelley’s medical and political ideology, see Morton, Ruston, Dawson, Crook and Guiton.
More contemporarily, Romantic models of palliative reading speak directly to modern movements in the growing field of health humanities. In the same way that medical doctors are currently looking back to Georgian medical ethics for tips on how to re-humanize hospital medicine, so too Romantic palliative poetics can complement current movements in narrative medicine, literature and medicine, affect and trauma theory. Narrative medicine in particular shares a number of priorities with both Romantic writers on palliative poetry and Georgian doctors. Its advocates respond to the impersonality of modern hospital medicine by returning doctors’ focus to patients’ subjective experience, “recognizing, absorbing, interpreting, and being moved by the stories of illness” to provide better care (Charon 3-4). They believe that the patient’s self, both physical and spiritual, is an essential part of any medical encounter.

Unsurprisingly, palliative care has been one of the medical specialties most receptive to narrative medical approaches, since palliative care by definition is concerned with the subjective experience of pain. “In a very fundamental way,” explain Marsha Hurst and Patricia Stanley, “the skills of narrative medicine are integral to palliative care” (40). Though Hurst and Stanley are referring to the modern hospice movement, their statement applies just as readily to Georgian doctors and Romantic poets. As Percival’s *Ethics* pledged doctors to ease patients “by obviating despair, by alleviating pain, and by soothing mental anguish” during “the last period of a fatal malady” (98), so contemporary palliative care providers swear to combat “total pain”—the physical, psychological, social, and spiritual agonies faced by the dying (Gunaratnam and Oliviere 3). So, too, Wordsworth imagines his verse as a source of “soothing thoughts” in a world where “suffering is permanent, obscure and dark,” and Mary Shelley depicts art as “medicine for my many and vital wounds” (*Last Man* 362). All of these writers are concerned with ameliorating feelings of pain independently of possible cure.

Additionally, their shared focus on feeling broadly aligns them with theories of affect, in particular Eve Sedgwick’s distinctly palliative model of “reparative reading” sketched in her last published monograph, *Touching Feeling*. After revealing that she and her closest friends have terminal diseases, Sedgwick calls for a mode of criticism driven by a “reparative impulse” that provides “resources to offer to an inchoate self” (149).
Clearly, “repair” is not the same thing as cure. Sedgwick frames her essay with her own incurable illness, as if to underline how “reparative reading” might not be a panacea for her cancer or the myriad social problems she adumbrates. What it can do is what Wordsworth hoped his poetry might: use literature to show “the many ways selves and communities succeed in extracting sustenance from the objects of a culture” (150-151). Romantic writers, some of literary history’s most careful theorizers of art’s therapeutic power, offer a wide set of responses to Sedgwick’s call. Their literary works accordingly provide a wealth of “resources” for sustaining selves and communities. In the dissertation that follows, I have only begun to mine these resources. More surely exist. Romantic doctors and poets were some of the first responders to intellectual crises that seem old to us now—global war, rampant population growth, devastating new illnesses, and economic seizure—and their coping methods are still valuable sources of insight for our own situation. In my readings of Wordsworth, Shelley, Keats, and Beddoes, I hope to reopen a conversation not only about the complexity of Romantic writers’ relationship to literary therapy, but the ways in which their palliative practices can address those ills we continue to face.
1 “Soothing thoughts”: William Wordsworth and the Poetry of Relief

William Wordsworth was a typical Georgian patient: that is to say, he always got a second opinion. In April 1808, when both the poet’s son John and Sara Hutchinson fell ill, he sought advice from two local medical men (apothecary Mr. Scambler and surgeon Mr. Edmondson), two physicians by correspondence (Dr. Babbington and Dr. Thomas Beddoes), at least one medical treatise (Dr. John Fothergill’s 1781 Medical and Philosophical Works), several friends (including Dorothy, Coleridge, and Mr. Rideout), and, not insignificantly, himself. Writing to Coleridge of Sara’s nerves, Wordsworth commented, “Mr Edmondson said that always when the pain returned, the Leeches should be applied, followed by the blister… but really it ought to be considered that the discomfort and fretful sensations which in Sara’s constitution a blister produces may possibly outweigh the advantage from it” (Letters 2: 218). Roy Porter has argued that Romantic-era medicine involved open negotiations of authority between doctors and their patients. Social status, income, and location permitting, the sick were as likely to seek medical advice from neighbours, friends, and domestic care manuals as they were from graduates of the Royal Colleges (Patient’s 34). In this milieu, personal experience could easily trump professional opinion. Edmondson might be a surgeon, but Wordsworth knew Sara’s constitution and felt secure enough in his own medical know-how to question expert advice.

Perhaps his confidence was warranted. Beginning in the Victorian period, Wordsworth himself acquired a reputation as an expert in poetic healing, a therapeutics that has since evolved to straddle the post-Romantic disciplinary gulf between scientific medicine and other “healing” arts. Though medical science has never discounted art’s

16 Writes Dorothy of John’s possible hydrocephalus, “we were not much alarmed till the end of the week, when on comparing the symptoms with those described by Dr Fothergill as attending upon the progress of that terrible malady we found them to be exactly the same” (Letters 2: 225). Fothergill’s 1781 Works, edited by John Elliott, contains a lengthy description of the disorder.
psychosomatic benefits, in the twentieth century it began to explore “poetic healing” with new rigour. The “Preface to Lyrical Ballads,” for example, forms a theoretical backbone for contemporary psychology’s Poetry Therapy movement (Mazza 4). The adoption of Wordsworth as a sort of patron saint aligns this movement with a literary tradition stretching back to Matthew Arnold and John Stuart Mill, who praised Wordsworth’s “healing power” and “medicine for my state of mind,” respectively. Their claims cast a long shadow in literary criticism. The characterization of Wordsworth as a healing poet was cemented in the 1950s and ‘60s by scholars like M. H. Abrams, Harold Bloom, Helen Vendler, and Beth Darlington. Though this portrait of Wordsworth as poet-physician was challenged in the 1980s and ‘90s by new historicists who followed Jerome McGann and Marjorie Levinson’s indictment of the Wordsworthian imagination as an aesthetic screen for real-world problems, their critiques have since been qualified by scholars interested in either recuperating Wordsworth’s project or exploring the poet’s own anxieties over his work’s power to heal. But whether like Thomas Pfau they read Wordsworth’s healing ambitions as an effort to justify poetry to a rising middle-class, or like Duncan Wu as a traumatized reaction to the early loss of his parents, most agree that Wordsworth himself was at some level committed to the idea that his poetry might do the world some good. His letters and published prose describe his work’s imagined effects: “to rectify men’s feelings, to give them new compositions of feeling, to render their feelings more sane pure and permanent” (Letters 1: 355). The social melioration pushed in Lyrical Ballads may have contracted into a system of individual moral instruction as Wordsworth aged, but his hopes for the ameliorative affects of poetry remained constant.


18 See Susan Wolfson, Peter Manning, and Duncan Wu. For new historicism, see McGann, Romantic Ideology; Levinson, Period Poems; Wolfson, “Romantic Ideology”; Manning, “Poor Susan”; Wu, Inner Life.

19 The development of Wordsworth’s politics is itself a contested issue: see Chandler, Second Nature and Roe, Radical Years.
Debates over Wordsworth’s “healing power” often hinge on whether the poetic imagination can compensate for the spiritual losses occasioned by an earth from which the glory has passed. Answers have ranged from a firm new historicist “no” to Geoffrey Hartman’s early proposal of a Carlylean *remedia intellectus* in which the poet guides readers through the lapsarian wreckage of “self-consciousness” to a restored holism, an “anti-self-consciousness” analogous to but transcending the unconscious influence of nature (“Romanticism” 55). Most subsequent “yes” answers share, to a greater or lesser extent, Hartman’s characterization of poetic healing as a recovery of self-unity, especially in their frequent recourse to psychoanalytic paradigms. More recent models by Youngquist and Budge have turned to an alternate paradigm of Darwinian or Brunonian “stimulus” as Wordsworth’s medical mechanism, though their definitions of healing do not challenge previous critics’ emphases on holism.  

Though my own study will necessarily address these models, I hope to do so by a road less travelled: Wordsworth’s resonance with his contemporary medical milieu. Placing the poet’s attitude towards his verse in this historical context enables us to reassess his “healing power.” Romantic medicine, on the cusp of the nineteenth century’s professional restructuring, faced myriad problems with authority that closely parallel, if not directly inflect, Wordsworth’s own struggles to define poetry’s therapeutic potential. Though he lacked Coleridge’s medical reading and Keats’s professional training, he was a well-educated layman whose letters attest medical advice given and received and a thoughtful knowledge of professional medicine. In addition to chiding Coleridge that “Doctors can do you little or no good,” he bemoaned the overstuffed medical market, condemned quack medications, praised surgeons, and criticized Crabbe’s 1783 *The Village* for its “inconsistent, that is, false” portrait of a country apothecary (*Letters* 2: 332). He also shared a profound philosophical influence with the Georgian medical

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20 See Darlington, Wu, and Moores for psychoanalytic readings. See Youngquist and Budge for medical readings.

21 In an 1825 letter to Lord Lonsdale, Wordsworth critiques a coalition of educational reformers who sought to form a non-denominational London College as an alternative to the expensive Church of England education offered by Oxbridge and the London medical schools. The poet questions the “strong
writers whose conduct treatises, grounded in Francis Bacon’s empiricism, established British-American medical ethics. Bacon’s *Advancement of Learning*, a favourite of Wordsworth’s, repeatedly links poetry and medicine, calling “poets and writers of Histories” the best authorities for “medicining of the Minde” (150).

Wordsworth’s familiarity with cultural attitudes toward medical authority, realized in his own negotiation of the medical market as a patient, provided him with a variety of models for thinking about poetic therapy. Taking a closer look at Wordsworth’s medical world provides an extended introduction to the historical context informing the rest of my project. In this chapter, I will show how Wordsworth’s engagement with Romantic medicine enabled him to try out and eventually choose among competing medical models for poetry. Since Wordsworth’s corpus is vast, I will do so by focusing on the collection of poems that exhibits these models most clearly—and actually follows the progress of Wordsworth’s conclusions about how poetic medicine might work. The 1798 *Lyrical Ballads* illustrates three of Georgian medicine’s most basic therapeutic paradigms: prevention, cure, and relief. In the *Ballads*, Wordsworth dramatizes the relationship between these models, right down to the deep-seated contradictions that eventually rendered one of them—cure—unsuitable for poetic healing. In seeking to jointly uphold external nature as a hygienic benchmark and recommend the poet as a curative expert—simultaneously trying to promote nature and poetry, intuition and education—*Lyrical Ballads* opens a paradox from which Wordsworth’s original ideal of a poetry that heals like nature cannot escape.

inducement for founding the proposed College that it will render medical Education so much cheaper. It is already cheap enough. We have far more Doctors than can find Patients to live by” (*Letters* 4: 371). In a December 1819 letter to Lord Lowther, Wordsworth disparages the Guardian newspaper on the grounds that “I observe Quack medicines, etc. etc.—advertised” (*Letters* 3: 568-9). In a January 1800 letter to Coleridge, he wrote, “I venerate the profession of a Surgeon, and deem it the only one which has anything that deserves the name of utility in it” (*Letters* 1: 276). And in an 1808 letter on Crabbe’s poem: “…the description… is in the instance of the apothecary, inconsistent, that is, false” (*Letters* 2: 268).

Elizabeth Haakonssen notes that Gregory’s 1770 *Observations on the Duties and Qualifications of a Physician* and Percival’s 1803 *Medical Ethics* sought to realize Bacon’s notion of a practical, systematic, professional body of empirically-backed medical knowledge (19).
The tension created by this paradox builds throughout the collection, finally breaking in the *Ballads*’ final, most famous poem, “Tintern Abbey.” Here, Wordsworth’s faith in poetry as a healer akin to nature falls apart. He responds by wholly revising his sense of how poetic therapy works. Taking his cue from Erasmus Darwin’s model of “partial reverie” outlined in the medical treatise *Zoönomia*, in “Tintern Abbey” Wordsworth replaces poetry’s failure as a natural healer with its success as an agent of palliation. By the publication of *Lyrical Ballads*, Wordsworth had concluded that poetry’s therapeutic role was offering not cure but relief from mental and physical suffering. His palliative shift in “Tintern” goes on to inform the rest of his work, from the *Prelude* to the “Intimations Ode.” Wordsworth’s careful dialogue with his medical milieu ultimately unsettles his traditional role as Arnold’s poet of “healing power.”

According to Wordsworth himself, poetic therapy was not a matter of “healing” at all. Instead, poetry, like all human art, offers only relief: the “soothing thoughts that spring / Out of human suffering.”

### 1.1 Prevention

Ginnie Smith writes that “the two classic divisions of European medical science are those of prevention and cure” (249). These divisions are seen in the surge of medical writings published over the course of the eighteenth century. Smith cites economist Sir John Sinclair, who in 1807-8 published a massive compendium of books on general health that did not intend to “meddle” with cure, but only the “preservation of health and the prevention of disease” (Smith 254). Similarly, physician Thomas Beddoes’s 1802 *Hygeia* affirms, “I have explicitly declared PREVENTION of mischief to be my exclusive object” (*Hygeia* 1: 43). The divide between prevention and cure sometimes had class connotations. Treatises like Erasmus Darwin’s 1794-6 *Zoönomia* targeting wealthier, more scientifically literate audiences might offer etiologies of diseases and their cures backed by nosologies and case histories, while popular healthcare manuals like William Buchan’s 1769 *Domestic Medicine* were written in “plain” language, stressed hygiene and regimen, and included only basic recipes for cures. The Wordsworths knew both.
William plumbed Zoönomia for material when composing the 1798 Lyrical Ballads, while Dorothy was familiar enough with Buchan’s tract to cite it casually. In an 1805 letter to Mrs. Thomas Clarkson, Dorothy confirms surgeon Mr. Sympson’s diagnosis: “we all think, as does he, from symptoms and Dr Buchan that it was a slight attack of Peripneumony” (Letters 1: 647). The lay tracts’ hygienic recommendations were largely congruent. Their most pertinent feature in terms of Wordsworth’s poetry was a shared emphasis on “living according to nature” in order “to bring body and environment into harmony” (Smith 259). Such advice was a consistent feature of early eighteenth-century writers like George Cheyne, John Hunter, and Thomas Sydenham as well as their later counterparts Beddoes, Buchan, and even the entrepreneurial James Graham, whose gaudy Temple of Health Wordsworth passes in Prelude VII. “Nature is our safest guide… she must teach us the rule of just oeconomy;—we, being a small part of her great system, must follow her example,” notes A. F. M. Willich, co-editor of the London Medical and Physical Journal, in a characteristic statement from his 1799 Lectures on Diet and Regimen (29). Buchan agreed: “we often seek from Art what all bountiful Nature most readily, and as effectually, offers us” (xiv).

Lyrical Ballads’ similar endorsement of a healthy relationship with nature has long been acknowledged by scholars. Martin Wallen, for example, notes that the poems “detail the structures and actions of a healthy, just, and natural ethical interior space that reenacts the exterior space of nature” (24). Like domestic healthcare manuals, the collection presents its arguments for natural health in self-described plain language. As Buchan renounces medical jargon for clarity’s sake, so Wordsworth eschews “poetic diction… to bring my language near to the language of men” (PW 1: 130).23 The Ballads’ rhetorical similarities with lay hygienic manuals appear most clearly in three ballad-stanza lyrics (“Lines Written at a Small Distance from My House,” “Expostulation and Reply,” and “The Tables Turned”) whose simple diction and jingling

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23 Buchan: “the Author has all along endeavoured to observe such simplicity and perspicuity in his style, as might enable the reader to clearly understand it… I have endeavoured to conform my style to the capacities of mankind in general” (ii-iii, xii). John Wesley damns the medical authors who “filled their writings with abundance of technical terms, utterly unintelligible to plain men” (viii). Such statements were common in domestic care guides.
rhymes augment their tone of wise instruction. Written in a voice approximating Wordsworth’s own and addressed to a friend who needs schooling in natural hygiene, these poems articulate most directly the collection’s wider recommendations for a healthy relationship with nature. Their gentle but firm second person speaks as much to Wordsworth’s readers as it does to Dorothy or “Matthew.” Since Wordsworth’s association of health with nature in these poems is familiar territory, I only touch on them to stress the inextricably psycho-physiological nature of his hygienic advice.

The idea that spiritual and physical well-being were inseparable was a commonplace in Georgian medicine, which did not maintain a strong distinction between illnesses of the body and mind. For Romantic doctors, spiritual healing was not the metaphorical version of physical healing: the two were one and the same. For example, Guy’s Hospital physicians James Curry and William Babington defined disease as a “defect, in one or more of the functions of the body or mind” (1). Dr. James A. Gordon likewise explained how “half of our diseases spring from mind, and the cure of these depends more upon benevolence, kindness, and discretion, than upon medicine itself” (29). Similarly, Wordsworth’s healthy ideal combined physical and spiritual prescriptions. As Noel Jackson notes, Wordsworth’s poetry exhibits a “dependence of the immaterial on the material body and thus the mutual relationship between these two expressions of poetic healing power” (145).

In “Lines Written at a Small Distance from My House,” the poet’s wish that he and Dorothy “for the year to come may take / Our temper from today” puns on “temper” as both emotional balance and physiological constitution—catastasis, the body’s healthy counterpart to dis-temper (31-2). His hope that the “blessed power that rolls / About, below, above” will “tune” their souls “to love” (33-5) emphasizes the spiritual aspect of

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24 Robert Hooper’s 1817 Medical Dictionary defines “temperamentum” as “the peculiar constitution of the humours” (803). It is nearly synonymous with “catastasis,” the “constitution, state, or condition of anything” (199). The two differ only in their emphasis: “temperamentum” retains the stamp of its Galenic heritage in referencing the humours, while “catastasis” is comparatively non-partisan in its relationship to medical theory. Georgian medicine saw most diseases as distempers—not located in a single organ but constitutional. Their curative efforts were therefore usually full-body (Porter, Sickness 142).
the familiar eighteenth-century notion of the body as “a well-tuned Instrument” that must be “sound, duly tempered, and exactly adjusted” to produce “true Harmony” (Cheyne 158). The Aeolian harp found its body double in Georgian medicine, where “the well-being of the body depended upon maintaining a proper equilibrium with the environment” (Porter, Sickness 140). Wordsworth and Dorothy can only tune their souls if they head outside to physically “feel the sun” (11).

Similarly, in the sixth stanza of “Expostulation and Reply,” the poet advises his friend Matthew “That we can feed this mind of ours / In a wise passiveness” (23-4). Here the verb “feed” collapses the previous stanza’s corporeal “feel” (“our bodies feel, where’er they be” [19]), its rhythmic twin as the fourth beat of the third line, with stanza six’s intangible “Powers / Which of themselves our minds impress” (21-2). In doing so, it transforms a spiritual impression into a consumed object, and “wise passiveness” into a hygienic choice. Wordsworth’s characterization of the active “feed” as a passive activity would have been no paradox for Romantic medicine, which contrasted the proactive care of medicining doctors with passive or preventative—but still actively chosen—hygienic upkeep. What James Chandler calls Wordsworth’s “second nature”—the habits of seemingly untaught cultural experience—collides in these lyrics with a healthy bodily instruction that takes its cue from nature as environment: the physical matrix that envelops, interpenetrates, and regulates the porous body’s “temper” (“Lines Written” 17, 33).

At the same time that Wordsworth endorses nature’s essential role in maintaining health, he also affirms nature’s ability to restore it. Again, since this is a pretty standard claim, I will merely note the earnest holism that defines Wordsworthian nature healing. The belief finds ample precedent in Georgian medicine. Roy Porter notes that Georgian therapeutics revolved around a “taken-for-granted ‘holism.’” Disease manifested on a

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Notes Roselyne Rey, “There were two possible attitudes to illnesses in general, that of ‘expectant medicine’ in which one waited for the healing power of Nature to do its work, and that of ‘active medicine’ in which one rapidly and energetically intervened,” though sometimes doctors “also considered that nature needed to be actively assisted” (125-8). Smith complains that contemporary medical historians have paid too little attention to hygiene because it is still seen as a “passive or negative operation” (249).
bodily, not local level, and “to succumb to sickness was widely seen as the mark of a vitiated constitution” (*Sickness* 142-4). The constitution was the body’s healthy baseline, its physical and emotional temper in normal times. Unfortunately, the strength of that baseline was, at the end of the day, primarily up to nature. Medicine might banish disease or alleviate symptoms, but it could not restore a shattered catastasis. William Cullen once bluntly advised a patient, “it is not in the power of physic to give a new constitution. You must make the most of the one you have got” (qtd. in Digby 89). Buchan agreed: “The defects of constitution cannot be supplied by medicine” (5). Only nature’s self-repairing, self-regulatory power could hope to succeed where medicine failed. Dr. John Moore’s 1786 *Medical Sketches* identifies this salvific power as the “vis medicatrix naturae, [a] constant tendency in nature to overcome disease and restore health.” He cites it as the reason why “a judicious and experienced physician considers himself merely as an assistant to nature” (24). John Aitken’s 1782 *Elements of the Theory and Practice of Physic and Surgery* similarly defines “Vis Medicatrix” expressly as “Healing power,” noting that “[t]his principle… is often obscuresly referred to under the indefinite term *Nature* and *Natural Cure*” (36). Willich, more simply, accepts the primacy of “the healing power of Nature, or the *vis medicatrix naturae* of the ancient physicians” (634).

Wordsworth, most explicitly in the *Prelude*, reveals this *vis medicatrix naturae* in more spiritual recoveries. His account of his own emotional rehabilitation after the disappointment of the Terror hyperbolizes nature’s healing power as a constitutional resurrection. “Spring returns, / I saw the Spring return, when I was dead / To deeper hope” (11.23-5), he recalls. The poet’s holistic personal revolution mirrors nature’s seasonal rebirth.26 Interestingly, in *Lyrical Ballads* the clearest articulation of the same idea belongs not to Wordsworth but Coleridge, who takes human medicine as his negative example. “The Dungeon” contrasts the ironic “best cure” of “our pamper’d

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26 In characterizing spring as a physio-spiritual rebirth, Wordsworth gestures towards a long religious and literary tradition that far outpaces Romantic medicine and includes, most prominently, Christian resurrection and the cyclic return of Greek vegetable deities like Adonis and Persephone. M. H. Abrams traces these traditions, noting the Romantic debt to “descriptions of this interior condition [illness] and its relief [that] were sometimes couched in natural and seasonal metaphors: winter, drought, and desert, as against spring, the coming of rain, and the burgeoning plant or garden” (“Breeze” 47).
mountebanks” to a nature that “healest thy wandering and distempered child” by retuning
his “jarring and dissonant” self to euphony (11-2, 21, 26). Coleridge recounts how nature
“his angry spirit healed and harmonized” (29). Unlike human medicine, nature has the
power to cure holistically, either bringing broken constitutions back into harmony or
totally resurrecting them, like spring, from an otherwise permanent winter. The
emotional and spiritual wholeness celebrated in many critical accounts of Wordsworth’s
poetic healing—from Bloom’s “primal unity” (131) to the psychoanalytic incorporations
proposed by Darlington and D. J. Moores—thus echo the poet’s own idealized portrait of
healing nature. In doing so, they define poetic healing as Wordsworth himself seems to
in the Prelude: “I, the meanest of this band, had hope… that a work of mine, / Proceeding from the depth of untaught things… might become / A power like one of
Nature’s” (12.306-12).

How close does Wordsworth actually come to replicating nature’s holistic healing
power? In the 1798 *Lyrical Ballads*, he certainly seeks to prove the congruence between
natural and poetic therapy, as several scholars have noted. But though Wordsworth
found ample grounds for such an assertion in an aesthetic heritage that aligned poetic
genius with nature’s vitality and a medical milieu that prized “natural” intuition in its
doctors, the actual evidence of *Lyrical Ballads*—and in particular its concluding pair of
poems, “The Convict” and “Tintern Abbey”—reveals instead a series of stumbles that
founder on the same contradictory impulses that beset Romantic medicine. Paradoxically,
Wordsworth’s failure in *Lyrical Ballads* to establish poetry as a nature-healer stems
largely from his own relentless endorsement of natural medicine in the first place. The
poet’s implicit privileging of intuition over training, “vernal impulse” over learned study,
self-care over professional intervention ultimately assigned his poetry a therapeutic role
subordinate to nature’s. At the same time, the *Lyrical Ballads* introduces another,
comparatively limited model for poetic healing that not only unifies the collection, but
gains increasing traction in Wordsworth’s later work.

27 See Budge, Youngquist, Wallen, and Moores.
1.2 Cure

Romantic doctors’ faith in the vis medicatrix naturae had some strange consequences for their own practice. If nature was the best physician, they reasoned, medical men should logically look towards it for knowledge. Importantly, knowledge of nature for many doctors also included knowledge acquired naturally—i.e. beyond the frameworks offered by previous writers and formal education. The severest version of this dictum came from anti-professional primitivists like John Wesley, though it was also pronounced by regulars like Buchan and Thomas Percival. For example, John Gregory, whose Lectures on the Duties and Qualifications of a Physician effectively founded British medical ethics, urged his colleagues to seek “what Nature said, not what Hippocrates and Galen thought, in medicine” and warned “every physician [to] rest on his own judgment, which appeals for its rectitude to nature and experience alone” (184, 13-4). While medical history’s traditional narrative of a profession that increasingly came to define itself by a shared scientific method and standardized education is largely accurate, it sometimes obscures the emphasis Georgian medical writers placed on “natural” or intuitive ability.\(^28\) They even shared a byword for such intuition with their literary milieu: genius, the Romantic catchall for a capacity that was both natural and stemmed ultimately from nature.\(^29\) Gregory marked out “enlarged medical genius” as the defining attribute of a successful physician, positing that untrained geniuses could out-doctor their educated peers (17, 84-5). John Mason Good’s History of Medicine similarly defends general practitioners on the grounds that “men, of no education… are possessed of an uncommon

\(^{28}\) Ulrich Trohler’s study of medical evidence sums up the assumed epistemological shift: “since antiquity, the mark of distinction of a learned man had been the certainty of his knowledge. A doctor knew—he did not need to test his kind of knowledge empirically because this would imply acknowledgement of uncertainty… [I]t was not until the 18th century that Bacon’s distinction between ‘ordinary experience’ and ‘ordered experience’ started to be applied in medicine, and that an empirically-based challenge to previously unchallenged therapeutic dogma began to gather momentum” (3). The result, writes S. E. D. Shortt, was that “medicine gained prestige not through enhanced therapeutic authority, but as a result of an increasing public faith in the value of science” (66).

\(^{29}\) M. H. Abrams’s The Mirror and the Lamp and James Engell’s The Creative Imagination provide substantive histories of the Romantic connection between nature, genius, and intuitive knowledge.
genius, while, on the contrary, we often meet with men of expensive educations, who are possest of no genius at all” (204). The label was even slapped posthumously on John Brown (of Brunonian system fame) by Thomas Beddoes, who highlighted, like Gregory, the natural knowledge it supposedly enabled. Beddoes explains how Brown’s medical acumen was presaged in his childhood by his “sensibility to the charms of nature, which characterizes the infancy of genius” (“Preface” xxxvii). Similar commendations were ubiquitous in contemporary medical biographies.30

Such writers tended to ignore the irony that genius was frequently seen as pathologic for its possessor. One possible reason is that while geniuses themselves could be diseased, their illness was not necessarily contagious. As Dino Felluga has shown, the sickness attached to genius was only believed to be infective in cases where the genius himself was already dubious—Lord Byron, for example.31 For Romantic writers, genius was clearly an unwieldy term encompassing many conflicting qualities. Regardless, its function as a synonym for naturally granted intuition remained consistent across its various Augustan and Romantic iterations.32 In addition, both medical and lay portraits of genius frequently linked intuition to a secondary visionary insight, a piercing power to “see” through obscurities bodily and metaphysical. For example, Gregory links a doctor’s “penetrating genius” to a “quickness of apprehension” that lets him “instantaneously perceive where the greatest probability of success lies” (16). Alexander Gerard’s 1774 Essay on Genius lauds writers who possess “that boundless penetration which characterizes true genius” (55). In The Birth of the Clinic, Foucault notices this ability at work in eighteenth-century French medical texts and dubs it the “medical

30 See Benjamin Hutchinson’s 1799 Biographia Medica (1: 60); James Mackenzie’s 1760 History of Health” (42); and William Black’s Historical Sketch of Medicine and Surgery.

31 For more on the pathological side of genius, see Felluga and Elfenbein.

32 See Edward Young’s 1759 Conjectures on Original Composition; William Duff’s 1767 An Essay on Original Genius; Isaac D’Israeli’s 1795 Literary Character of Men of Genius; and Alexander Gerard’s 1770 Essay on Genius.
gaze,” a doctor’s ability to “see” and diagnose the interior of a patient’s body.\(^{33}\) He acknowledges its broader heritage by locating it in a spurious “transcendent spectator [of] genius and patience” (125). Foucault’s medical gaze is not specifically medical at all. It merely describes one deployment of a visionary power supposedly shared by all geniuses—physicians, philosophers, and, of course, poets.

Keats certainly thought so, and considered Wordsworth the genius \textit{par excellence}. In his 1819 reading of “Tintern Abbey,” he celebrates Wordsworth’s “sharpening one’s vision into the <heart> and nature of Man.” Wordsworth “is a Genius and superior [to] us, in so far as he can, more than we, make discoveries, and shed a light in them” (\textit{Letters} 2: 281). For medical student Keats, Wordsworth’s genius is a visual lancet, a tool for anatomizing Man’s heart by admitting “the full light of dissection” (Foucault 154). Keats’s reading of “Tintern,” I argue, picks up on the self-portrait Wordsworth himself struggles to paint in the 1798 \textit{Lyrical Ballads}. By focusing his poetic genius, the gift of nature, through the lens of a penetrative medical gaze, Wordsworth seeks to render poetry capable of a cure approximating nature’s own holistic restoration. Eighteenth-century genius theory certainly gave him reason to think he could pull it off. In addition to sharing Romantic medicine’s emphasis on intuitive ability and penetrative vision, writers like Edward Young, William Duff, Alexander Gerard, and a whole continent of \textit{Naturphilosophen} considered genius nature’s source and analogue, charging it with the same vernal restoration to which Wordsworth owed his post-Terror recovery. Young, for example, draws a comparison similar to Coleridge’s “pompous mountebanks” when he contrasts the quackery of derivative writers to the natural rehabilitation of original genius: “Imitators only give us a sort of Duplicates of what we had… increasing the mere Drug of books,” he writes, “while all that makes them valuable, Knowledge and Genius, are at a stand. The pen of an Original Writer… out of a barren waste calls a blooming spring” (10). M. H. Abrams has noted the longevity of this affiliation between genius,

\(^{33}\) I use “medical gaze” because it is the recognizable name for this idea, though Foucault subdivides the “medical gaze” at times into a “medical glance” whose tactile exploration more accurately describes the medical “penetration.” “The glance… traverses more easily, and goes further beneath things. The clinical eye discovers a kinship with a new sense… the index finger palpating the depths,” Foucault notes (150).
spring, and rebirth, tracking it back through Renaissance works equating “death-in-life and revival of the soul, of the poetic faculty, and of a perennial plant” (“Breeze” 47). In *Lyrical Ballads*, Wordsworth seeks to locate himself within this tradition, deploying genius’s intuition and medical vision in an effort to heal *à la* nature—to make “Spring return” for the addressees of his poems, and, by extension, his readership. His most obvious attempts fittingly occur at the collection’s climax, in “The Convict” and “Tintern Abbey.” As the final two poems in the 1798 collection, and as poems both clearly concerned with Wordsworth’s individual ability to heal another person, they demand to be read together. In both works, Wordsworth tries to assume nature’s healing role. In both poems, significantly, he fails.

“The Convict” is about much more than an imagined charity visit to a local prison. The poem, which proceeds as a drawn-out doctor’s call including diagnosis, prescription, and prognosis, comprises a mini-declaration about Wordsworth’s overarching goals as a healer. The individual situation of his dungeon visit stands in for a much larger program of benevolence, just as the Convict himself synecdochally encapsulates the weighty problem of human suffering. In stanza two, the speaker’s opening question announces the poem’s universal concerns:

“And must we then part from a dwelling so fair?”
In the pain of my spirit I said,
And with a deep sadness I turned, to repair
To the cell where the convict is laid. (5-8)

“We” must all eventually abandon the physical world celebrated in stanza one, a point underlined by its sunset setting. The darkening movement of the first two stanzas—from the bright “glory of evening” to the dank “cell where the convict is laid” (1, 8)—follows the transition from day into night, life into death. Wordsworth’s turn in stanza two from a general question about “we” humans to the Convict’s isolated cell is a telescoping move

34 For the purposes of this reading, I have assumed the poetic speaker is meant to closely approximate or represent Wordsworth himself.
from general to specific. The shift reveals the Convict as a synecdoche for the human condition. Stanza two’s hammering repetition of “ai”—a verbalized lament or cry—binds its four lines together like “the fetters that link [the Convict] to death” (16). The sequence “fair,” “pain,” “said,” “repair,” and “laid” brings the congruence between the “pain of my [the speaker’s] spirit” and the “cell where the Convict is laid” into unsettling relief. The Convict, like “we,” is trapped in dual dungeons of body and mind. Wordsworth figures his physical prison as a torso of “thick-ribbed walls” (9) and, inversely, the Convict’s tortured body as a jail, “the comfortless vault of disease” (32). His guilt, like a dark cancer, has spread outward to consume body and environment, trapping him in a Miltonic hell of his own making. “His bones are consumed, and his life-blood is dried, / With wishes the past to undo,” Wordsworth recalls, while “his crime, through the pains that o’erwhelm him, descried, / Still blackens and grows on his view” (23-6). Wordsworth’s diagnosis is withering, all the more so for its unpleasant wider resonance.

How does he make it? The poet and the Convict never verbally communicate. Wordsworth knows nothing more about the prisoner’s moral illness than what he can see, and of its cause, nothing more than he can intuit. Fortunately, that’s more than enough. To isolate the source of the Convict’s misery—the disease that festers beneath his skin—the poet deploys the quality Keats would later celebrate: his Foucauldian medical gaze, the penetrating power of his genius. Paralleling this physical gaze “through the glimmering grate,” Wordsworth’s genius, his imagination or “fancy,” peers into the Convict’s tortured body (11). “But my fancy has pierced to his heart, and pourtrays / More terrible images there,” he recounts before adding more specifically, “His bones are consumed, and his life-blood is dried” (19-21). It’s within this heart that Wordsworth discovers the seat of the illness, the “crime, through the pains that o’erwhelm him, descried / Still blackens and grows on his view” (23-4). The ease and certainty of Wordsworth’s diagnosis here almost obscure its gutsy pretensions. The poet claims not only the omniscience to see the inner body and its intangible ghost, but the immediate diagnostic surety to definitively source the Convict’s exterior symptoms in the specific distemper of his guilt—what Gregory would call the “penetrating genius” that lets a doctor “instantaneously perceive” what’s wrong (16). It’s a claim for poet as physician.
and physician as priest. Endowed with spiritual insight, the poet can intuitively grasp his “patient’s” condition, no training (and almost no effort) necessary. Andrew Elfenbein has noted how, in the nineteenth century, “geniuses intervened between the priest and the doctor as the privileged interpreters of the human soul” (7). Wordsworth’s poetic portrait in “The Convict” fittingly combines both roles.

With such godly authority being thrown about, it is a little surprising that the poem ends in wistful failure. The piece’s mounting narrative tension finally breaks when Wordsworth answers the Convict’s unspoken question “why am I here” with a statement of purpose: “a wish to be good” (44, 47). Considering Lyrical Ballads has already included one convict-poem ending in curative success (Coleridge’s “The Dungeon”), at this point readers might reasonably expect a repetition of Coleridge’s triumphant conclusion—only this time with Wordsworth instead of nature as healing hero. Instead, all they get is a wilted conditional: “My care, if the arm of the mighty were mine, / Would plant thee where yet thou might’st blossom again” (52, emphasis mine). Though Michael Gamer and Dahlia Porter read this line as a reference to “transportation instead of corporal punishment or incarceration as punishment for a crime,” it is more simply a spring metaphor (142). Now almost certainly looking back to the celebratory cure of Coleridge’s convict poem, Wordsworth pointedly casts his frustrated wish to rehabilitate the plant-like Convict in terms of nature’s holistic healing. His mighty, missing arm is not just the English penal system’s—it’s nature’s, too. The poet yearns to turn his genius to the role Young has suggested for it, from “out of a barren waste [to] cal[l] a blooming spring” (10). But the medical gaze of Wordsworth’s penetrating genius can only diagnose, not cure. Wordsworth’s failure to make “Spring return” by helping the Convict “blossom again” gestures toward the problems inherent in his attempt to model poetry’s healing after nature’s.

Romantic medicine’s own struggles with “natural” authority help clarify the conflicts Wordsworth faced. When in June 1811 Dorothy reported that “William, having arrived” to visit Coleridge, “…saw no appearance of disease which could not have been cured, or at least prevented by himself [Coleridge],” she highlighted the faith in self-directed medical care Wordsworth shared with domestic healthcare writers like Willich
and Buchan (Letters 2: 496). Despite these authors’ insistence that the home care they outlined was merely hygienic and not intended to displace professional consultation, the position of lay author was still an uncomfortable one for any regular to occupy. Giving any leverage to the notion that self-directed medicine, under the aegis of the *vis medicatrix naturae*, could preclude reliance on a doctor, implicitly threatened professional authority. For radicals like John Wesley, this was part of the point; for career physicians like Buchan and Beddoes, it was a source of deep anxiety. As Roy Porter notes, “by thus encouraging the laity to think themselves medically capable, expert even, physicians had heaped coals upon their own head” (“Plutus” 79). He calls it “a Herculean task, even a forlorn hope, for doctors to try to educate the laity in matters of health without risking usurpation of their own functions and dignity” (Patient’s 138).

As a result, authors of lay-directed medical treatises often opened with defenses aimed at defusing their perceived encroachment on regular practice (Smith 272). For example, James Makittrick Adair prefaced his tract with an apologia explaining that he makes medicine’s “principles… more generally known, as the best means of supporting its dignity as a science” (Essay xlvi). Buchan likewise reassures his fellow doctors that while “some of the Faculty disapprove of every attempt of this nature, imagining that it must totally destroy their influence… people in distress will always apply for relief to men of superior abilities” (xii). Unfortunately, these sorts of efforts were often less than convincing, especially in a medical milieu overwhelmed with chronic self-dosers (Austen’s Mr. Woodhouse in *Emma*) and skeptical regularly like Willich, who in his own tract wryly noted, “in our times… we trust as much, if not more to ourselves, than to the physician” (26-7). Willich’s cynicism admitted out loud what many doctors quietly confided to themselves. As Dr. Richard Wilkes lamented to his casebook: “here as in many other cases nature performed the cure which we ascribed to medicines.”

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35 Where Wesley denied professional medicine any superior authority and Buchan stressed the importance of self-care but still advised seeking professional advice in emergencies, Beddoes ironically sought to discourage lay practitioners by promoting self-regulated hygiene. As a result, his *Hygeia* paradoxically lashes “Every Man His Own Doctor” texts, stubbornly ignoring its own hypocrisy.

36 Qtd. in Digby 89. Wellcome MS 5006, Case book of Richard Wilkes, entry May 1752, f. 348.
Doctors’ applause for genius as a *sine qua non* of medical ability didn’t help matters. Such praise only reinforced skepticism about the usefulness of medical education and the superiority of “natural” healing powers. Gregory unwittingly exemplifies the contradiction when he notes, “there have been many physicians successful in practice, who, at the same time, were deficient in the knowledge of the foundations of medicine. But this has been owing to their uncommon genius and sagacity… while, perhaps, another physician, better founded in his profession, for want of this natural genius and sagacity, has blundered in his practice” (84-5). Unfortunately, any abrogation of medical authority outside previous tradition or professional education opened avenues to challenge those systems. If it was true that healing power depended primarily upon “natural genius,” *anyone* could potentially heal.

Irregular practitioners knew this well. The herbalist Thomas Tryon promoted himself as an “extraordinary self-taught genius” whose system of health was revealed to him in a dream-vision (Smith 260). Genius, as Beddoes noted darkly, was one of the commonest labels assumed by self-promoting quacks: “you may meet with practitioners, whose genius has transported them at a single bound from the side of the mortar to the bedside; and who go about distributing their poudres de succession through town and country, with as much professional gravity, as if they had gone through the longest course of study” (*Letter* 9). When regulars like Dr. John Morgan, founder of the University of Pennsylvania's medical school, accepted genius as the first among several necessary medical attributes—“skilful physicians and expert surgeons, qualified by genius, education, and experience” (18)—their efforts to bolster professional authority actually destabilized its slowly evolving common ground, a standard education. This paradox parallels the contradiction underlying some doctors’ promotion of self-care and the *vis medicatrix naturae*. However well-intentioned, any elevation of genius over education or natural care over medical art eroded the authoritative ground from which such appeals were made.

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37 See Digby, Lawrence, and Trohler for more on medicine’s professionalization through association with proper education and, as the nineteenth century wore on, the scientific method.
C. J. Lawrence, noticing these medical contradictions, has called them a “minor inconsistency”—true in one sense, since professional medicine grew robustly despite them, even while the tension they exemplify lives on in contemporary medical debates about whether doctors should ever rely on intuition (“Knowledge” 24). For Wordsworth, the stakes were higher. Though the ameliorative effects of literature enjoy a heritage as old as more traditional medicine, Wordsworth’s effort in *Lyrical Ballads* to redefine poetry on his own terms necessitated a reworking of these effects as part of the “worthy purpose” he ascribed to his poems (*PW* 1: 124). Since this redefinition “directly identif[ied] health with nature as the standard obscured by literary ills,” Wordsworth’s success as a healer initially hinged, in a way medicine’s did not, on his ability to prove that poetry’s and nature’s healing were of a piece (Wallen 15).

But like Romantic medicine, Wordsworth was hindered by his allegiance to a professional ideal that prized natural intuition yet nevertheless located a poem’s value in expertise born of long study. “Poems to which any value can be attached, were never produced on any variety of subjects but by a man who had also thought long and deeply,” he affirms in the 1800 “Preface to *Lyrical Ballads*” (*PW* 1: 126). Many critics have noted this epistemological tension in Wordsworth’s attitude towards his work. Timothy Milnes calls his double focus a “political contradiction” between “representation or reflection on one hand, and poetic spontaneity” on the other (*Knowledge* 92). It’s also a contradiction in medical advice. Good poetry—healthy poetry—must be produced by deep thought and a well-trained mind. Work composed without such expertise is not only ineffective but actually unhealthy: the poet contrasts his own verse (along with the works of Shakespeare and Milton) to “frantic novels, sickly and stupid German Tragedies” whose

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38 At one 1981 Medicine and Literature symposium, the tension between these two approaches—education/scientific method and intuition/feeling—turned into a volatile three-day debate. Wrote one participant, “Basically, there are two different world-views at work. One approach is quantitative and analytical in its inherent value, and the other is likely to value intuition, perceptions, nuances of feeling in art, and so on” (Trautmann 53).

39 For Wordsworth’s treatment of poetry as a “profession,” see Siskin, Pfau, and Schoenfield.
shallow “extraordinary incident[s]” gratify modernity’s hunger for cheap and easily-digestible sensation (PW 1: 128).

Yet despite Wordsworth’s alignment of healthy poetry with intellectual effort, *Lyrical Ballads*’ most explicit health advice, announced in the twin ballads “Expostulation and Reply” and “The Tables Turned,” takes the form of a debate virulently denying medical power to human art. In “The Tables Turned,” the poet scolds Matthew that “Spontaneous wisdom breathed by health” can only be found in “one impulse from a vernal wood,” not the “meddling intellect” Wordsworth compares to the archetypal grave-robbing doctor who puts his anatomical investigations before his medical duty to heal by “murder[ing] to dissect” (19-28). The poet’s critique lumps together all intellectual endeavor, Shakespearean sonnet and frantic novel alike, in subordinating their medical efficacy to the health granted by intuitive access to nature. The very cream of human literature, what Matthew in “Expostulation and Reply” calls the “the spirit breathed / From dead men to their kind” (5-8) actively inhibits the healthy “‘stealing’ influences of spring… gentle to the point of not requiring… the gratification of reason” (Hartman, *Poetry* 152). Matthew will thrive only if he experiences the *vis medicatrix naturae* unimpeded by humanity’s meddling mediations—poetry included.

As a collection, *Lyrical Ballads* paradoxically asks readers to seek care at nature’s clinic and strives to equate this intuitive self-help with the poet’s intellectual ministry, even while denying their medicinal commensurability. Nature’s garden trumps both the apothecary’s and the poet’s, whose *materia medica* are “barren” in comparison. “Enough of science and of art; / Close up those barren leaves,” Wordsworth proclaims (29-30). If Matthew is best served by his own intuitive resort to nature, why bother with poetry, even good poetry, at all? As Romantic medicine discovered, the problem with genius and nature as buttresses of medical authority is precisely that they don’t depend on learned expertise. Buchan admitted the peasant in the fields might handle his herbs as well as a skilled apothecary (xi). Gregory accepted that an untutored medical genius could easily out-doctor his well-educated fellows. By recommending intuition in the same breath as intellectual expertise, nature at the same time as art, Wordsworth inadvertently puts his poet-physician out of a job.
These problems come to a head in “Tintern Abbey,” *Lyrical Ballads*’ capstone and fittingly its final attempt to cement poetry in nature’s healing role. Here Wordsworth’s effort to medicine Dorothy by poetic proxy neatly exemplifies the limitations of his own practice. He can successfully diagnose his sister, but his syntactic bid to claim nature’s healing power for poetry falters on his own unwillingness to grant Dorothy the medical autonomy demanded by natural care. Most critics have read “Tintern’s” version of “poetic healing” in terms of the compensatory relationship between the losses of childhood vision and the consolations offered by mature recollection. While the loss-gain relationship between early communion and late estrangement certainly drives the thrust of the poem, it is framed, like “The Convict,” by participation in the broader question of human suffering. Wordsworth identifies this as “the heavy and the weary weight / Of all this unintelligible world” and experiences it as a psycho-physiological “fever” (39-40, 53). Dorothy endures the same as a catalogue of future “solitude, or fear, or pain, or grief” (144). At the end of the poem, Wordsworth turns to his sister and explains to her how she can overcome these woes. His explanation proceeds in a similar manner to the Convict’s examination. The medical gaze of Wordsworth’s genius peers into Dorothy’s “mind,” plumbing its “mansion for all lovely forms” to diagnose her future ills (140-1). He then proffers a cure in “healing thoughts.”

Especially coming on the heels of “The Convict’s” failure, this moment in “Tintern” is significant for being the only time in the 1798 *Lyrical Ballads* Wordsworth uses the term “healing” positively. Its root verb “heal,” found in Romantic medical writing almost exclusively to describe the closing of physical wounds, bespeaks the sort of cure Wordsworth is attempting—and indeed, that his critical heritage has often

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40 For summaries of scholarship on this topic, see Wolfson, “Romantic Ideology” and Simonsen.

41 De Almeida, who examines this medical gaze in Keats’s work, points out that it is prophetic in being simultaneously diagnostic and prognostic: an insight into the current state of a patient or problem that also intuits its future condition (43-53).

42 In “The Female Vagrant,” the vagrant’s “tears flowed for ills which patience could not heal” (90). Coleridge, by contrast, uses “heal” and “healing” to describe nature’s successful cure in “The Dungeon.”
adopted to describe his “healing power”: a restored holism, the knitting together of severed parts in order to repair a damaged unity. Hazlitt early on named this power “to close up the wound with the balm of solitary musing, or the healing powers of plants and herbs… the sole triumph of his [Wordsworth’s] art” (302). Hartman describes subsequent critical tradition as following Hazlitt’s lead, attributing to Wordsworth a praxis in which “the wound of self is healed… by ‘unconscious intercourse’ with… nature” (“Romanticism” 55). This healing is the same power Wordsworth himself attributes to nature throughout Lyrical Ballads. His turn to Dorothy, a culminating moment in the volume’s culminating poem, provides a logical location to stake a final claim for the equivalences between natural and poetic healing:

…Therefore let the moon
Shine on thee in thy solitary walk;
And let the misty mountain winds be free
To blow against thee: and in after years,
When these wild ecstasies shall be matured
Into a sober pleasure, when thy mind
Shall be a mansion for all lovely forms,
Thy memory be as a dwelling-place
For all sweet sounds and harmonies; Oh! then,
If solitude, or fear, or pain, or grief,
Should be thy portion, with what healing thoughts
Of tender joy wilt thou remember me,
And these my exhortations! (134-46)

At first blush, Wordsworth’s set of injunctions here initially seem to bequeath healing agency to Dorothy, granting her the therapeutic power of “healing thoughts” after Wordsworth himself has passed on. The poet seems to be advising Dorothy to rely on her own memories of nature in order to heal herself from future bouts of “solitude, or fear, or pain, or grief.”
Unfortunately for Dorothy, her own healing agency actually depends upon recalling Wordsworth’s “exhortations,” his previous illustrations of a healthy relationship with nature: “with what healing thoughts / Of tender joy wilt thou remember me, / And these my exhortations” (emphasis mine). The long verse sentence comprising these lines builds towards this moment, as it is organized around a set of correlative conjunctions beginning with “When these wild ecstasies” and ending with line “Oh! then” (138, 142). The whole sequence resolves with Wordsworth’s “exhortations,” the grammatical culmination of the entire long verse sentence. These “exhortations” encompass not only the healthy relationship with nature Wordsworth has been modeling throughout the poem, but the specific injunctions he gives to Dorothy: “let the moon / Shine upon thee” and “let the misty mountain winds be free / To blow against thee” (134-7). Wordsworth’s syntactic sleight-of-hand rounds up the poem’s representations of his past and Dorothy’s future nature-communion and pens them subordinately inside “these my exhortations.”

Dorothy’s healing thoughts draw not on nature, either outside or inside her own memory, but on her brother’s poetry (and this poem specifically).

The phrase “healing thoughts” underlines this focus. In addition to tapping the verb “heal’s” holistic connotations, Wordsworth’s decision to use its gerund parallels two common formulations in Romantic medical literature. There, “healing” modifies either “the healing art” or “healing virtue/power”—one a fancy appellation for medicine itself, the other a label for what modern medicine would call the active ingredient, the effective element in any given recipe or materium medicum (wolfsbane’s “poisonous wine” in Keats’s “Ode on Melancholy,” for example). Dorothy’s healing thoughts

43 The verb and its gerund can be found separately, both in meaning and in occurrence. Surgical treatises focused on wounds may use the verb “heal” without referencing “the healing art,” while tracts on physic unconcerned with surgery might cast themselves as works on “the healing art” (as do Darwin, Buchan, and Beddoes)—which as Hooper notes is a synonym for medicine more broadly (483). Meanwhile, “healing virtue” or “healing power” also appear as bywords for any medical power in a piece of materia medica or prescription: “there is scarcely a plant but what (if we may believe the ancients) possesses some wonderfully healing power of his kind,” remarks William Curtis in Flora Londoninensis, tongue in cheek (109). John Armstrong meanwhile warns poetically, “by frequent use / The strongest medicines lose their healing power” (310). John Crane’s pamphlet on Nottington’s mineral water, finally, speculates on the source of its “healing virtue”: “who is able to ascertain positively to which particular quality of it, its acknowledged healing virtue is indebted…?” (17).
approximate the latter: they’re *materia medica*, vessels paralleling the “dwelling-place” of her memory—only their medical virtue isn’t nature’s but her brother’s. By syntactically bracketing nature inside “me, / And these my exhortations,” then identifying the latter as the healing thoughts’ active ingredient, Wordsworth attempts to shift medical credit from nature to poetry, from message to medium. Hartman has explored how Wordsworth frequently “puts the genius of the writer into relation with genius of spirit of place” blending the “consciousness in nature” with poetic genius in its artistic sense (*Unremarkable* 213). At this moment in “Tintern Abbey,” the poetic genius consumes the *genius loci* in an effort to assume, once and for all, nature’s *vis medicatrix*.

If this effort doesn’t fail as obviously as in “The Convict,” maybe it’s only because the whole scene occurs in an imagined future. But Wordsworth’s anxiety over the efficacy of his prescription registers amusingly in his inability to let his patient be—even after death. Like Thomas Beddoes, who dispensed lay health advice but distrusted irregulars brash enough to try and medicate themselves, Wordsworth, even after giving Dorothy fairly concrete instructions, isn’t comfortable letting her follow them on her own. This is despite his explicitly telling her to do so: “let the moon / Shine on thee in thy solitary walk” (136-7, emphasis mine). Instead he hovers, inserting himself post-mortum into Dorothy’s ramblings over-the-hill by repeatedly insisting that she must not “forget” his ghostly memory (150). Through this interminable, internalized check-up, Wordsworth ensures that his patient won’t stray from his orders. It’s very different advice than the nature-and-self-reliance he urges to Matthew, and it points to Wordsworth’s uncertainty over his poetic medical program.

Further, the placement of “The Convict” and “Tintern Abbey” at the end of *Lyrical Ballads* severely hampers Wordsworth’s attempt to assume nature’s healing power. By this point, the collection’s hygienic bent and its injunctions to seek healing communion with external nature have already cast poetry in the role of health *guide*, not the source of health itself. Even imprisoning the *vis medicatrix naturae* within the poetry activating Dorothy’s healing thoughts only threatens to open a hall of mirrors. It might be true that the effective ingredient in these thoughts is not nature but poetry. But if all poetry can do is point enthusiastically *back* to nature (as it does in “The Tables Turned,”
“Expostulation,” and “Lines Written in Early Spring”), then Wordsworth’s efforts to align poetic and natural healing are simply an extended deferral. If so, the poet’s relationship with nature is no more and no less than how he describes it in the 1805 Prelude: “The genius of the Poet hence / May boldly take his way among mankind / Wherever Nature leads” (12.294-6). Poetry, even genius poetry, can only ever dog nature’s footsteps.

Romantic medical professionals saw medicine as an art whose curative efforts were inevitably subject to nature’s whims. But in accepting this hierarchy, whether in praise of natural genius or submission to the vis medicatrix naturae, medicine found itself on the defensive against Beddoes’s despised “private practitioners,” self-promoting genius quacks, and patients who shared Wilkes’s cynicism: “here as in many other cases nature performed the cure which we ascribed to medicines.” More simply, doctors were constantly reminded that for all their skill, they couldn’t fix a broken constitution. Despite Wordsworth’s best efforts to align poetic and natural healing, the 1798 Lyrical Ballads runs up against the same problems. The 1800 “Preface” admits as much. Poetry that enlightens the understanding and ameliorates the affections only works if “the being to whom we address ourselves” is already “in a healthful state of association” (PW 1: 126). The base health of the associative function, a matter of constitution, lay firmly in nature’s power. A poet might use his medical genius to diagnose or his poetry to outline proper hygiene, but he can’t replicate nature’s constitutional cure, the reblossoming required by “The Convict.” The barren leaves of the poet’s meddling intellect are still only art, incommensurable with the health accessible intuitively in even “one impulse from a vernal wood.” Only spring can help Spring return to those “dead to deeper hope.”

1.3 Relief

I don’t want to suggest that Wordsworth’s case was terminal. Poetry’s failure to heal like nature didn’t indicate total medical impotence. If it had, Romantic medicine itself would have been in dire straits. Wordsworth had simply run up against a somewhat stark medical truism. As Anne Digby notes, “doctors had to come to terms with the fact that ‘a
great part of the practice of physic consists in alleviating urgent symptoms and in many cases nothing more can be done”’” (87). She is citing John Gregory, who urges “a view on the matter which had long been identified with [Francis] Bacon, who argued that it was the office of the physician not only to restore health, but to mitigate pain and dolours… this was the position increasingly adopted by many eighteenth-century physicians” (Haakonsen 79). Gregory had an enormous influence on Percival’s Medical Ethics (1803), the most important Romantic medical ethics tract, and the American Medical Association’s 1848 Code of Ethics, the country’s standard medical ethical code written by Benjamin Rush. Though doctors would almost always seek a cure, the ever-present possibility of therapeutic failure mandated a broader approach to medical care, one that acknowledged pain relief as often the only aid medicine could grant.

What medicine did overtly, Wordsworth did implicitly. Even while Lyrical Ballads unsuccessfully promotes poetry as a curative alternative to nature, the collection offers another, more limited model for poetic healing that acknowledges what Gregory and his ilk knew too well. In addition to its praise for natural healing, Lyrical Ballads represents poetry as a purveyor not of healing but relief. Though an essentially tragic vision insofar as it recognizes all human “cures” as inherently palliative, this model is not therefore defeatist. In fact, Wordsworth’s later open endorsement of the paradigm already quietly at work in Lyrical Ballads defends it as humane and even optimistic. By offering pain relief that refuses to abandon consciousness of pain—that embraces a life lived in the “‘strong disease’ of self-analysis”—Wordsworth’s alternate model fulfils one of his age’s unrealized medical goals (Hartman, “Romanticism” 47).

Georgian medicine was deeply obsessed with pain—its sensible and irritable foundations, its diagnostic value, and, perhaps most importantly, its potential alleviation.44 If few significant curative advances were made between the eighteenth and

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44 The critical literature on Romantic notions of pain is large and complex, and I unfortunately don’t have space to do it justice here. Some studies that have proved especially important to my work include Steven Bruhm’s Gothic Bodies; James Averill’s Wordsworth and the Poetry of Human Suffering; Elaine Scarry’s Body in Pain; Hermione de Almeida’s Romantic Medicine and John Keats; Alan Richardson’s British Romanticism and the Science of the Mind; and Neil Vickers’s Coleridge and the Doctors.
early nineteenth centuries, the period nevertheless saw a “startling surge in the use of powerful narcotics, particularly alcohol and opium and its derivatives, laudanum and paregoric” (Porter, *Patient’s* 15). For the first time, doctors possessed a pharmacopoeia capable of easing patients’ suffering in the all-too-frequent event of therapeutic stalemate. They also possessed the sanction to deploy it from a philosophical milieu whose increasing secularism shunted pain’s value away from Christian mortification and towards a proto-utilitarian happiness calculus (Rey 91). Georgian medicine witnessed the birth of a medical crusade to eliminate pain that would eventually grow into a holy quest. “The conquest of pain remains, after all, the most important task, the main aim, and the crowning—though yet distant—achievement of every medical man,” vowed Ronald Mann to the Harverian Society of London in 1984 (13). His crusader’s sword rattles visibly in scabbards two centuries earlier. Percival’s *Medical Ethics*, for example, scolds practitioners who would abandon helpless cases on the logic that the “offices of a physician” benefit patients not only by curing disease, but “by obviating despair, by alleviating pain, and by soothing mental anguish. To decline attendance… would be sacrificing… that moral duty” demanded of all medical men (98).

At the same time, not all physicians dished out opium like candy, nor did all patients gulp it like water. Analgesics like laudanum had a troublesome side effect: a deleterious effect on sensibility, and, by extension, consciousness. What Porter calls “the first golden age of the stupefying drugs” (*Patient’s* 149) collided with an epistemology that aligned sensation with consciousness and agency—a belief that “in the absence of sensation, the individual can neither know nor act” (Rey 90). For some, pain relief bought at the cost of consciousness was too high. Hermione de Almeida, for example, notes how Keats’s poetry reflects his anxiety about “numbing poisons… their tendency to make pain and pleasure neutralize” in a “nonfeeling or vision of blank nothingness” (295). Indeed, as I will argue in Chapter 3, Keats’s distaste for such soporific anodynes eventually led him to abandon his ideal of the poet-physician. Similarly, Byron’s famous maxim sums up a characteristic dissent from doctors and patients who sought pain’s eradication: “The great art of life is Sensation—to feel that we exist—even though in
pain” \((BLJ\ 3:\ 109)\).\(^{45}\) Whether Byron would have changed his mind had he had access to ibuprofen is an interesting but anachronistic conjecture. Physiologically considered, analgesics that allowed patients to retain the “sensation” that defined existence were still decades away. Emotionally considered, mood-enhancing drugs that ease psychological suffering are a recent and still dubiously reliable development, and invite suspicions similar to Byron’s.\(^{46}\) To some extent, both Romantic and modern medicine remain preoccupied with the same question: can reliable pain relief be achieved without sacrificing an individual’s agency, whether located in sensate consciousness or emotional independence?

*Lyrical Ballads*, with its diverse parade of sufferers, offers one possible answer to this question. Befitting their status as “experiments,” the poems’ depictions of mental and physical pain explore variously unsuccessful models of relief that culminate in “Tintern Abbey’s” moment of reverie, when the poet becomes “a living soul.” This brief window of painless consciousness, and the means whereby Wordsworth implies it can be passed on to readers, modifies ideas from Erasmus Darwin’s medical theory to explore how poetry can offer relief that preserves sensate and (more importantly for Wordsworth) moral consciousness.

As a collection, *Lyrical Ballads* approaches Byronic skepticism in its distrust of alleviation-by-sedation. Several poems exhibit the insufficiency of this ennervating approach, from the Mad Mother and Martha Ray who find dubious respite in madness or the fleeting presence of their children, to the Forsaken Indian Woman who prays for death to relieve her “weary pain” (53). “The Female Vagrant” offers perhaps the most

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\(^{45}\) It is still, however, a dissent. The tight relationship between sensation and pain has been a traditional focus of Romantic literature and medicine scholarship (see Bruhm, Jackson, de Almeida). However, these studies tend to focus on medical theory and not the realities of everyday practice, where many patients welcomed pain relief, even despite its cost in sensation. Coleridge wouldn’t have become addicted to opium if the situation were otherwise (Porter, *Sickness* 99-112).

\(^{46}\) *Visions*, the journal of British Columbia’s Partners for Mental Health and Addictions Information, in 2007 ran a volume on psychotropic drugs debunking common “Myths About Antidepressants”: “many people are nervous when taking any kind of psychotropic medication… because they feel anything affecting the brain—the very heart of our humanity—may interfere with their identity and feelings” (1).
thorough example. During her exile from England to America and back, she experiences three moments of alleged relief in an otherwise relentless tale of woe: on the ship back to England, in a seaside hospital, and with a group of fellow vagrants. During the first, the calm ocean’s “balmy” breeze “seemed to bring a joy to my despair” (136-7).\(^4\) But this balm comes at a heavy price. The Vagrant describes her voyage as a semi-conscious trance, a “dream” where she feels “oft, robb’d of my perfect mind” (172). Three stanzas later, at a hospital for the poor, she recovers her sanity only to blunt the “sensation” Byron so prized. Fittingly surrounded by “groans, which… would make a dead man start,” she revives precisely as an animated corpse, reft of both physical and moral sensibility (207). “These things just served to stir the torpid sense,” she recalls, “Nor pain nor pity in my bosom raised” (208-9). Unsurprisingly, the Vagrant views neither experience as truly beneficial. She reserves this honour for her encounter with a group of kindhearted fellow vagrants, pointedly citing its preeminence: “the rude earth’s tenants, were my first relief” (218-9, emphasis mine). But even this respite is imperfect. Unable to combat the “griefs so fresh” on which her “thoughts were brooding still, during the period of her supposed “first relief,” she relapses into periods of dreamy fugue (243). “By high-way side forgetful would I sit / Whole hours,” she laments (251-2). Even the Vagrant’s most successful “relief” still exacts a tariff of consciousness.

An even more extreme example occurs in “The Convict,” whose anguish protagonist can only imagine a relief purchased by enervation. When the Convict longs that “grief, self-consumed, in oblivion would doze, / And conscience her tortures appease” (29-30), Wordsworth compares him to a tyrannical monarch who forgets his crimes on the “blood-reeking field” (25) in sleep, numbing his guilty pain by escaping to a dreamland populated by “all soothers of sense” (27). Regardless of his clear sympathy for the prisoner, Wordsworth casts his prayer for a similar “oblivion” as morally reprehensible. In fact, by paralleling him to the monarch whose governance has drenched his nation’s fields in blood, Wordsworth points out an unsavory facet of human behavior.

\(^4\) “Balm” had a variety of medical definitions: a generalized soothing cordial or poultice, a nickname for the Balm of Gilead, or a plant related to the genus Melissa (see Hooper 273, 45, 485).
shared by both the victims of *Lyrical Ballads* and their antagonists, the authors of the governmental policies responsible for those victims’ misery. The Convict’s desire to drown his guilty pain in dreams reflects an impulse to escapism that is all too human. By highlighting it, Wordsworth adds an ethical dimension to Byron’s distaste for enervation. Like the Vagrant whose “torpid sense” prohibits her from feeling not only her own physical and emotional pain but feeling *for others*—“nor pain nor pity in my bosom raised” (208-9)—the Convict’s desired “oblivion” is reprehensible because it sacrifices ethical sensibility for a moment of individual relief. James Averill has documented Wordsworth’s anxiety over poetic representations of suffering, his fear that “a purely sensationalistic theory of tragic pleasure… the relation of poet to suffering becomes rankly exploitative” (*Suffering* 124). The poet’s wariness of moral anodynes as practiced by the Vagrant and the Convict stems from a parallel fear. Relief gained by enervation threatens to submerge not only sensate but moral consciousness.\(^{48}\)

It’s somewhat puzzling, then, that in new historicist criticism of the 1980s and ‘90s, “Tintern Abbey” acquired a reputation as the ultimate moral anodyne. Marjorie Levinson made sensation key to this account by arguing that Wordsworth’s distance from the sensuous immediacy of his surroundings, epitomized in his moment of reverie as a “living soul,” trades material and social reality for an aestheticized inner life (*Period Poems* 48). Scholars have since swung away from this critical pole, either pointing to Wordsworth’s own discomfort with the dangers of idealization or defending the poem’s aesthetic value beyond its historical moment.\(^{49}\) I agree generally with these dissents. In the poem, Wordsworth’s brief ascension to the status of “living soul” models a successful, if extreme, version of the alleviation unsuccessfully sought in other *Lyrical Ballads*: a moment of relief that paradoxically retains and may even depend on Byronic sensation’s consciousness of pain.

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\(^{48}\) For wider discussions of the relationship between sensation, sensibility, sympathy, and ethics, see Todd, *Sensibility*; McGann, *Sensibility*; Gill, *British Moralists*.

Though the pain Wordsworth faces in “Tintern” initially seems abstract compared to the situated particularity of the volume’s previous poems, it acquires solidity through a metaphoric resonance with them. *Lyrical Ballads* frequently figures pain as weight. The “Female Vagrant” groans under “that perpetual weight which on her spirit lay” (270); “Simon Lee” has been stooped by the “burthen weighty” of old age and dropsy (6); Martha Ray’s allegorical thorn-tree double is dragged groundwards by “heavy tufts of moss” (13); and “The Convict’s” guilty cancer is exteriorized when his “fetters at night have so press’d on his limbs,/That the weight can no longer be borne” (33-4). In “Tintern,” Wordsworth’s psycho-physiological “fever of the world” (54) similarly manifests as an unbearable weight:

In which the burthen of the mystery,

In which the heavy and the weary weight

Of all this unintelligible world

Is lighten’d: —that serene and blessed mood

In which the affections gently lead us on,

Until, the breath of this corporeal frame

And even the motion of our human blood

Almost suspended, we are laid asleep

In body, and become a living soul… (39-47)

This cumulative “weight” suggests the combined pressure of the other painful “weights” built up throughout *Lyrical Ballads*, a metaphoric and yet bodily felt experience of the most anguished elements in the “concrete social reality” Wordsworth’s idealizations have been said to efface (Levinson, *Period Poems* 46). But the poet’s qualified reaction to this aggregate “burthen of the mystery” nowhere suggests he can or should “endeavour to shake [it] off,” as Edmund Burke argued people feeling “absolute pain” should desire (*Enquiry* 36-7). Instead, the “weary weight” is merely “lighten’d,” the “motion of our human blood / Almost suspended” (41-6, emphasis mine). Wordsworth here mobilizes the poetic imagination to an act of idealizing transcendence, yet he never completes the gesture, neither curing the “fever of the world” by fully sedating his body nor vaporizing his mysterious burdens. Wordsworth’s moment of living souldom showcases instead his
self-reflexive power to relieve: to momentarily lighten, not escape, the combined “weight of the weary world.”

To lighten is not to forget. Wordsworth’s reverie comes yoked to a visionary power to “see into the life of things”—a medical gaze of macrocosmic scale (50). Levinson’s claim that “in seeing into the life of things, the poet lost the ground he stood on and the teeming life of things” implicitly casts the former locale as an escape, a doze of blissful “oblivion” like that of the Convict’s bloody-handed monarch (Period Poems 46). But the visionary diagnostic power of the poetic genius, the medical gaze the poet wields elsewhere in the Ballads and refocuses, in “Tintern,” on life itself, argues rather that the inside cavity of “the life of things” may bear no small relation to the contents of the Convict’s cancered breast. As Foucault points out, the medical gaze sees the visible and also through it, into the hidden but still perilously real realm of disease. The fact that Wordsworth’s quiet eye seems to shift focus from outer to inner vision does not subdue the former but enhance and explain it.50

As Paul de Man notes of Keats’s poet-physician, “if poetry is to redeem, it must be that there is a need for redemption, that humanity is indeed ‘languid sick’” (33). Lyrical Ballads’ sufferers collectively exhibit symptoms of a rampant social sickness. Wordsworth experiences their sickness cumulatively, as an unbearable weight. Inside the “life of things” is where he turns to pinpoint the source of their shared malady. The poet’s penetrating genius does not ignore the “teeming life of things” but diagnoses it, replicating on a macrocosmic scale the moment in the Convict’s cell when Wordsworth’s “fancy has pierced to his [the Convict’s] heart” to reveal the prisoner’s guilty cancer (19). As a result, in the verse-stanza following his moment of deep vision, Wordsworth can identify his illness—previously described as a “mystery”—as the same pitiless push for progress that has plagued so many of Lyrical Ballads’ sufferers: “the fretful stir / Unprofitable, and the fever of the world / Have hung upon the beatings of my heart” (53-54).

50 Levinson calls this “sublimation of oversight to insight” (Period Poems 48). This reading has been questioned or qualified elsewhere. See for example Rzepka’s Self as Mind and Christopher Wordsworth’s Borders of Vision.
5). The reverie attendant on this diagnosis is not coextensive with the “life of things” but its enabling anodyne, easing the burden of life’s pains enough to permit a probing consciousness into them.

This consciousness may even trigger its own painkiller. I have been calling Wordsworth’s moment of living souldom a “reverie” not only because it’s commonly termed one in scholarship, but because it bears some resemblance to a specific medical reverie described by Erasmus Darwin. As Gavin Budge writes, noting Wordsworth’s long-acknowledged debt to Darwin’s medical philosophy, “the therapeutic aims of the Wordsworthian poetic… [make] extensive use of proto-neurological concepts from Darwin’s Zoönomia” (279). The poet had been reading Zoönomia in 1797 as part of his ongoing efforts to develop a theory of poetic affect, as his note to the poem “Goody Blake and Harry Gill” explains. In one of the many extensive medical explanations offered by Darwin’s massive tome, the doctor notes that muscular exertion can dull pain. Describing a man shivering with fever, he writes that “the painful sense of cold is diminished, while the patient exerts himself in the shivering… from which he experiences a temporary relief.” He adds, “the same is true in many other painful diseases” (1: 442). The tradeoff of exertion for relief also works for mental muscles. Aris Sarafianos has pointed out how Burke’s Philosophical Inquiry, following early-century medical writers like Francis Fuller and Richard Brokley, argued that the exertion of mental “fibres” preserves mental health by quite literally exercising the mind (72). Decades later in Zoönomia, Darwin proposes something similar of “reverie,” which “is an effort of the mind to relieve some painful sensation” (1: 226):

When we are employed with great sensation of pleasure, or with great efforts of volition, in the pursuit of some interesting train of ideas, we cease to be conscious of our existence, are inattentive to time and place, and do not distinguish this train of sensitive and voluntary ideas from the

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51 For examples of Wordsworthian reverie, see Matlak 78-80, Levinson 47. For treatments of Darwin’s influence on Wordsworth, see Budge; King-Hele, Erasmus Darwin; Averill, “Wordsworth and ‘Natural Science’”; Matlak, “Wordsworth’s Reading of Zoönomia”; and Youngquist.
irritative ones excited by the presence of external objects, though our organs of sense are furnished with their accustomed stimuli, till at length this interesting train of ideas becomes exhausted, or the appulses of external objects are applied with unusual violence, and we return with surprise, or with regret, into the common track of life. This is termed reverie or studium. In some constitutions these reveries continue a considerable time, and are not to be removed without greater difficulty, but are experienced in a less degree by us all; when we attend earnestly to the ideas excited by volition or sensation, with their associated connexions, but are at the same time conscious at intervals of the stimuli of surrounding bodies. Thus in being present at a play, or in reading a romance… (1: 160-1)

Alan Bewell and Heather Glen have both explored Darwinian reverie’s deleterious effect on conscious sensation. Notes Bewell, “sensory impressions from outside cannot break the chains of reverie” (Romanticism 60). However, reverie need not always be so absolute. Darwin admits that certain states of reverie—reverie “experienced in a less degree,” like that of focused novel-reading—allow patients to retain some consciousness of the outside world (1: 161). As he explains in Zoönomia, these patients can still “perceive the stimuli of external objects,” so that “there is a mixture of fact and imagination in their discourse” (2: 361). Instead of a complete loss of sensation in the effacement of external circumstance by internal stimuli, this gentler reverie collapses the two into a heightened state of sensory perception, a hyper-consciousness in which “we… do not distinguish [the] train of sensitive and voluntary ideas from the irritative ones caused by the presence of external objects” (1: 161). The half-created world fuses with its half-perceived counterpart instead of usurping it. For the purposes of my reading, the most important aspect of this fusion is its analgesic effect. Reverie is “an effort of the mind to relieve some painful sensation,” Darwin notes (1: 240). As with muscles, exertion alleviates: thinking itself is analgesic.

Obviously, Wordsworth in “Tintern” does not achieve full Darwinian reverie. For one thing, Darwin’s reverie is a disease, often followed by convulsion or deterioration
into insanity (2: 361). Though the poet burns with the fever of the world, he gives no indication it’s about to cause him spasms. However, reverie’s use of intense thought to achieve temporary painlessness still offers a suggestive model for reading Wordsworth’s moment of living souldom. Wordsworth selects and modifies aspects of Darwinian reverie to fit his purpose. In so doing he rehabilitates reverie from its disease status, positing a state in which intense thought acts as an anodyne but does not impair the sensate consciousness governing that thought. In “Tintern,” Wordsworth’s concentration on the scenes of his former life and his current sensuous surroundings, their collapse in his transformation into a quiet eye of pure perception, and even the effort of his medical gaze “into the life of things,” are mental exertions that trigger an analgesic ability to see this life without feeling the pain such a sight should undoubtedly spur. But because—like Darwin’s patients of lesser reverie—Wordsworth has not wholly sacrificed his sensate consciousness, he retains the awareness of pain that, for Byron, defines existence. He simply doesn’t experience it as pain. To draw a bathetic comparison, Wordsworth’s situation recalls minor dental surgery under localized anesthesia. You remain awake and can sensuously “feel” the pressure of the doctor’s knife, but that pressure—for Wordsworth, the burden of the mystery—is momentarily painless.

In this light, Gamer and Porter’s observation that “invitations to ‘think’ occur throughout Lyrical Ballads” identifies not only an aesthetic but a medical dictum (21). In this collection and elsewhere, Wordsworth’s direct addresses to readers real and implied underlines how his poetic prescriptions target the pain of individual readers. His approach personalizes the broader, socially ameliorative goals figures like Percy Shelley outlined for poetry, offering a distinctly Wordsworthian answer to the question of poetic value. When offering these individualized moments of reverie, Wordsworth clearly wouldn’t wish its full Darwinian weight upon his audience. But by asking them to ruminate on his poetry—as in “Simon Lee,” where he enjoins readers that “should you think, / Perhaps a tale you’ll make it”—he might hope to evoke something akin to a lesser reverie: relief (79-80). The paradigm parallels Elaine Scarry’s claim that imagination and pain are one another’s counterparts, though with a different emphasis, since Wordsworth and Darwin focus less on the object created by imagination as a
repository for pain and more on the psycho-physiological “work” of the mind in any act of intense thought.

Wordsworth’s medical poetics are thus decidedly distinct from both Levinson’s idealized escapism and older critical models celebrating the “healing power” of spiritual holism. Confronted with the impossibility of replicating nature’s holistic cure in poetry, *Lyrical Ballads* offers “Tintern Abbey’s” mild reverie as a first step in the exploration of other medico-poetic options. Consciousness, both of the self and its incurable worldly fever, is inevitably painful. But since this consciousness is a necessary symptom of existence, Wordsworth follows Darwin in converting the very psycho-physiological effort of exerting it into a temporary anodyne.

*Lyrical Ballads* itself provides several illustrations of this prescription. Susan Gale, “deep lost in thought” in her concern for Betty and Johnny Foy, is not cured by her worrying but ameliorated: “as her mind grew worse and worse, / Her body it grew better” (425-6). The Father in “Anecdote for Fathers” can “bear / To think, and think, and think again,” a process that grants him “so much happiness” that he “could not feel a pain” (13-6). Despite his poem’s dramatic irony, the narrator of “Old Man Travelling” imagines his subject “does not move with pain, but moves / With thought”—as if the two were mutually exclusive (6-7). And finally, Dorothy’s “healing thoughts” promise to combat future encounters with “solitude, or fear, or pain, or grief” (143). Within this more limited medical paradigm, the very action of Dorothy’s thoughts contributes to quell her pain, though credit for her recovery must belong primarily to nature.

More than mere medical advice, *Lyrical Ballads’* injunction to think is also an ethical imperative. While reading poetry can help dull the pains of the world, it can also promote awareness of them. In order for poets to avoid the pitfalls of tragic exploitation, the two processes must be inseparable. Averill has argued that after 1798, Wordsworth struggled—and ultimately failed—to craft a “poetry that can depend on suffering for excitement without seeming ghoulish” (*Suffering* 14). But this is only true when we read “excitement” as positive pleasure, the sensationalist bedfellow of the literature of “gross and violent stimulants” (*PW* 1: 128). Though the ethical problem of using representations
of suffering for any readerly gain can never be fully effaced, Wordsworth’s medical poetics seem less ghoulish if his representations of suffering are read as aiming not at pleasure but relief, a negative Burkean “delight” defined by a “diminution of pain, [that] in its effect has very little resemblance to positive pleasure” (*Enquiry* 31). Wordsworth pointedly takes such delight—a negative “not pain”—as his model in *Prelude* XII’s poetic statement of purpose. He pledges, “thence may I select / Sorrow that is not sorrow, but delight, / And miserable love that is not pain / To hear of” (12.244-7). Accordingly, the thought demanded by *Lyrical Ballads*, a politically engaged volume filled with stories of loss and heartbreak, can seek to relieve readers’ individual pain not only while retaining the sensation that defines consciousness, but by expanding their ethical awareness of human suffering. Wordsworth’s depictions of “human misery” do not “purge life of its petty irritations… to make accessible the cathartic calm,” but hold both these irritations and human misery in temporary suspension, a momentarily painless but still fully conscious state created by readers’ own mental exertion (Averill, *Suffering* 61). *Lyrical Ballads* modifies Darwinian reverie to compel a version of what contemporary trauma theory terms active witnessing: “we do not ‘recover’ from our traumatic past, nor can we ‘cure’ it… [but] we can and we must listen to it” (Marder 4). Emotional analgesics are not moral anesthetics.

A glance at Wordsworth’s later corpus suggests his active adoption of the more limited relief model I have outlined above. Fittingly, in one of Wordsworth’s most direct returns to “Tintern’s” concerns, the “Intimations Ode” (1808), he presents poetic relief in the strongest terms possible. The “healing thoughts” of “Tintern” become “soothing thoughts that spring / Out of human suffering” (189-90). In renouncing poetry’s claim to cure, the “Intimations Ode” celebrates relief as the most profound and human form of artistic therapy. The epigraph to *The White Doe of Rylstone* (1807) provides another compact gloss. This epigraph came originally from Wordsworth’s early play *The Borderers*, where it puts forward the contrasting claim that “action is transitory—a step, a blow, / The motion of a muscle,” while “suffering is permanent, obscure and dark” (1-5). In the original play, the statement concludes here. However, in the epigraph to “White Doe,” Wordsworth adds an important consolation, explaining how glimpses of relief seen
“through that darkness” can be gained through “patient steps of thought” (8-9). Here, whatever respites humanity can achieve are by definition “transitory” actions, “the motion of a muscle”—for Wordsworth, the exertion of the mind on its patient steps (2). Perhaps “patient” even puns on its Latin root (the deponent verb patior, to suffer or endure), when Wordsworth employs it as a medically suggestive modifier for the effort demanded of sufferers. Eight years later, his “Essay, Supplementary to the Preface” of the 1815 Collected Works details poetry’s place on these “steps of thought.” Its concluding discussion of literary taste swerves briefly into a digression on poetic passion, suffering, and readerly exertion. Wordsworth writes that the task of poetic genius is to excite readers to the “external, and always to internal, effort” necessary “for continuance and strengthening of [a] passion, or for its suppression, accordingly as the course which it takes may be painful or pleasurable” (PW 3: 81-2). When cultivating the taste that creates a receptive audience, good poets must provoke their readers to “internal effort,” the Darwinian exertion that can suppress painful passions.

But even while describing the effort necessary for this suppression, Wordsworth sources all passion in “suffering,” drawing attention to the codependence of affective painlessness and conscious awareness of pain: “Passion, it must be observed, is derived from a word which signifies suffering; but the connexion which suffering has with effort, with exertion, and action, is immediate and inseparable” (PW 3: 81). Poetry might spark thoughts whose exertion triggers an analgesic effect, but that effort imposes a concurrent awareness of “immediate and inseparable” suffering. Like Byron, Wordsworth accepted that pain neither can nor should be wholly forgotten. Unlike Byron, he ventured a form of relief that attempted to parse pain’s harm from its experience, allowing readers to sense pain without feeling it as pain by proposing the exertion of consciousness itself as an anodyne. Though poetry can’t “make Spring return,” it can spur readers towards such effort—and the lesser reverie that dampens pain while shining the light of consciousness into pain’s dark permanence. Soothing thoughts both spring out of and illuminate human suffering.
1.4 Conclusion

Relief is by nature temporary. Writing on Wordsworth’s “The Reverie of Poor Susan,” Peter Manning asks whether “the vision of religious consolation” that eases Susan’s working-class hardship is “a genuine alternative to Susan’s circumstances or a delusory palliative” (367). Manning’s dismissal of palliatives as inherently “delusory” leaves him few alternatives, since it implies the insufficiency of any non-permanent relief. For Romantic medical ethicists like Percival and Gregory, such a position would have been insupportable. The “relief of the distressed” was a doctor’s prime mission, regardless of the possibility of cure (Gregory 23). At some level, too, all “cures” were only palliatives anyway, each recovery of health only a respite until the next sickness. Wordsworth, who lost two children to illness and suffered recurring stomach and eye problems himself, knew this all too well. And yet his extension of this attitude to his poetry did little to lessen his belief in the importance of its ameliorative effects. In an 1814 letter to fan and prospective poet Robert Pearce Gillies, Wordsworth wrote,

> I am not a little concerned that you continue to suffer from morbid feelings, and still more that you regard them as incurable. This is a most delicate subject, and which, perhaps, I ought not to touch at all, considering the slender knowledge which circumstances have yet allowed me of the characteristics of your malady. But this I can confidently say, that poetry and the poetic spirit will either help you, or harm you, as you use them. (Letters 2: 168)

Wordsworth’s hesitation about poetry’s ability to aid the possibly “incurable” Gillies did not prevent his recommending it. He even appends a sonnet to his reply that advises his correspondent to “Rise, GILLIES, rise” out of “the dark chambers of dejection” (1-2). Poetry’s inability to enact holistic cures, consigning its “power like one of Nature’s” to the gulf of unbridgeable simile, was no failure. It merely altered the nature of its therapeutics.
2 Palliating Humanity in *The Last Man*

In a note to her 1839 edition of Percy Shelley’s *Prometheus Unbound*, Mary Shelley recalled that during its composition Percy, who had been feeling persecuted by scandal, “sheltered himself from such disgusting and painful thoughts in the calm retreats of poetry” (*CPW* 274). Unable to overcome his “painful” problems, she conjectured, Percy chose to shield himself from those problems through writing. Shelley’s conclusion might initially seem like a willful misreading of a poetic drama whose conclusion sees its protagonist, the god Prometheus, *triumph* over an eternity of “pain, pain ever, forever” (1.1.23). But Shelley chose her words carefully. Her biographical reading of *Prometheus Unbound* reveals a discrepancy between the play’s self-expressed aims and its tangible effect on its own author—and, in turn, a fundamental difference between two approaches to the therapeutic power of literature. A drama that promised to banish pain forever in reality only offered a “shelter” of temporary relief. What seemed like cure was, in fact, only palliation.

This poetic shelter was a place Mary Shelley knew all too well. A month after Percy’s death by drowning in the Tyrrhenian Sea, she adapted Prometheus’s lament to mourn his loss as an irrecoverable tragedy: “I repeat only—‘Pain, pain, ever & forever pain!’” (*MWSL* 1: 264). A year later, she would begin composing *The Last Man*, a novel that documents humanity’s collapse beneath its own Promethean trial, an incurable plague. Yet in the same way that Shelley’s reading of *Prometheus Unbound* contested the play’s triumphal message of healing, *The Last Man* refuses the despair that might understandably follow its own grisly events. The novel’s frame narrator, often read as a reflection of Shelley herself, recalls how the story’s composition “softened my real sorrows and endless regrets… tak[ing] the mortal sting from pain” (5).52 It is striking how *The Last Man*’s frame narrator finds a source of temporary relief in its tale of incurable disease, much as Mary Shelley supposed Percy had in his own very different

52 All citations are from the Broadview edition of the text edited by Anne McWhir (1996).
In her journals, Shelley had commented on the novel, “The last man! Yes I may well describe that solitary being’s feelings, feeling myself as the last relic of a beloved race” (MSJ 2: 476-7). Like her titular character, she saw her losses as irreparable. But they were not without comfort, particularly the comfort offered by writing. “I am urged to recur to the relief of this book from the extreme melancholy that oppresses me,” she wrote of the novel. “[O]h my loved Shelley—it is some alleviation only to write your name” (MSJ 2: 474, 476). Shelley’s characterization of writing as “relief” or “alleviation” is certainly a response to her personal situation, but it would be myopic to read its presence in her published work as a simple roman à clef. Alan Bewell has read *The Last Man* as an acknowledgement, following Wordsworth, that “disease is permanent, obscure, and dark, and human beings must learn to live in its shadow” (*Romanticism* 313). If so, it is also, like Wordsworth’s poetry, an exploration of how humanity can live on in such darkness—and what aid poetry (broadly defined) can offer in a world of permanent obscurity. In positing the end of all human beings, *The Last Man* interrogates what art can preserve of “humanity” once the shadow has fallen.

In this chapter, I hope to show that Wordsworth’s turn towards a poetics of relief was not an isolated phenomenon among either Romantic writers or their medical counterparts. I argue that palliation, as both a metaphor and a model for literature’s therapeutic potential, underpins Mary Shelley’s apocalyptic vision. The “relief” afforded by poetry provides her protagonists with a language to navigate the extremes of curative hope and immedicable despair. In *The Last Man*, a work dependent on the figurative language of medicine, palliation not only serves as a way to describe how poetry can relieve individual readers’ pain, but more broadly as a language to frame the frustration

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53 I use “palliation” here instead of Chapter 1’s “relief” because it is medically more specific, describing the medical attempt to relieve pain without attempting a cure. The World Health Organization notes that palliative care “provides relief from pain and other distressing symptoms” and “intends neither to hasten or postpone death” (*WHO* 1). This definition seems consonant with the way “palliate” or “palliative” is used by Georgian doctors, though in the Romantic era “palliative care” had not yet been defined as a particular medical field. Robert Hooper’s 1817 *Medical Dictionary* does, however, draw a distinction between curative and palliative remedies. As a specific for pulmonary phthisis (consumption), the plant *polygala amara* “failed in producing a cure: yet, as a palliative, it claims attention” (641). Hooper’s *Dictionary* also contains an entry entitled “Lenitiva. (From lentis, gentle.) Medicines which gently pallitate diseases” (434).
of socially curative ambitions. By illustrating the failed efforts of the novel’s poet-legislator-physician, Adrian Windsor, to save mankind from extinction, Shelley redefines art’s obligation to humanity as interminably palliative. She thus refuses to embrace either the curative ideals promoted by works like her husband’s *Prometheus Unbound* or their skeptical inverse. In a similar way, Georgian doctors of Shelley’s era turned towards a palliative medical model in an effort to recoup the failure of their own overambitious ideals.

For Shelley as well as Georgian medicine, recourse to a palliative-care model stemmed from a shared epistemological impasse. A failure of unity in medical knowledge and narrative form caused irreparable fractures, and palliation was the only paradigm that could make sense of the resulting fragments. For medicine, this model aided public relations. The unstable state of medical knowledge encouraged doctors to embrace palliative care as a chance to shift the definition of a “good” doctor from curative success to sympathy and humanity. On the contrary, in Shelley’s novel, the various fractures structuring the narrative offer no further opportunities. For the eponymous last man, palliation has to suffice when recovery is impossible and surrender inconceivable. Georgian medicine turned the ethics of palliation to advantage in a way that Mary Shelley could not. In what is perhaps a lesson in disciplinary advocacy, *The Last Man*’s portrait of literature as palliative medicine—neither humanity’s futile byproduct nor its potential salvation—offers a model for humanism that is more sober, if less seductive, than the self-fashioning of Georgian medicine’s spin doctors.

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54 In this chapter, I shift between the terms “Georgian doctors/medicine” and “Romantic doctors/medicine” to underline the way in which the medical attitudes I describe were both temporally located in the Georgian era and related to characteristic Romantic beliefs (i.e. an investment in organic unity). I have also generally used the term “doctor” instead of “physician,” “surgeon,” and “apothecary” because the attitudes I explore manifested at all levels of the Georgian medical profession.
2.1 Shelley’s Doctors

Mary Shelley’s relationship to Romantic medicine is usually read through her most famous novel, *Frankenstein*. The novel’s key medical and scientific influences have been thoroughly catalogued, most notably by Samuel Holmes Vasbinder and Marilyn Butler. Vasbinder focuses on Shelley’s exposure to scientific writings by Erasmus Darwin, Joseph Priestley, and Humphry Davy. Butler looks at her public and personal medical influences, including her father William Godwin’s hopes for medical immortality outlined in *Political Justice*, the “current language” of “newspaper and journal-talk,” and Shelley’s friendship with radical surgeon William Lawrence (“Introduction” xvi). Both also acknowledge the influence of Percy Shelley, who pointed her towards additional readings in anthropology (Buffon, Rousseau) and French materialism (Cabanis, Condorcet). Percy also, importantly, shared his brief experiences in practical medicine with Shelley. He had moonlighted as a medical student for a short period following his expulsion from Oxford in 1811. Alongside cousin Charles Grove, Percy attended anatomical lectures by the famous surgeon John Abernethy and walked the wards of St. Bartholomew’s Hospital. In doing so, he picked up and transmitted prevailing currents in medical idealism. As Percy’s friend Thomas Medwin reports, he held the profession in high esteem: “he applied his talents at medicine, which he often told me he should have preferred to all others, as affording greater opportunities of alleviating the sufferings of humanity” (136).

Medwin postulates that Percy’s devotion stemmed from his sense that medicine offered mankind the tools for physiological—and thereby spiritual and social—revolution. “If Shelley was at that time a believer in alchymy,” Medwin writes, “he was even as much so in the *Panacea*. He used to cite the opinion of Dr. [Benjamin] Franklin, whom he swore by, that ‘a time would come, when mind would be predominant over matter, or in other words, when a thorough knowledge of the human frame, and the perfection of medical science, will counteract the decay of Nature’” (50). The panacea, Greek for “cure all,” was the fondest hope of Georgian medical idealists. For these writers, the term referred not to a single specific drug, but rather to the idea that medical science would someday advance far enough to enable doctors to “cure all” disease. Dr.
Benjamin Rush described the prospect of such a future in glowing terms. “Hospitals shall be unknown,” he wrote. “The groans of pain, the ravings of madness, and the sighs of melancholy shall be heard no more. The cradle and the tomb shall no longer be related; for old age shall then be universal” (163).

Two of Percy’s most significant medical influences, Jean Pierre Georges Cabanis and the Marquis de Condorcet, advocated similar versions of medicine’s potential. Butler notes that Percy’s familiarity with their ideas extended, whether primarily or secondarily, to Mary Shelley (“Introduction” xvi). Medwin recalls Percy’s frequent quotation of the Marquis de Condorcet’s hopes for “the amelioration of the human species” through medicine. “Is it absurd,” asked Condorcet, “…to suppose that a period might one day arrive, when death will be nothing more than the effect either of extraordinary accident, or of the slow and gradual decay of the vital powers…?” (Medwin 50). And Percy was an early enthusiast of Cabanis, whose writing in the 1790s was excerpted in the journals circulated among medical students and collected in the libraries of hospitals like St. Bartholomew’s. Cabanis’s 1798 Essay on the Certainty of Medicine proclaimed that “by means of indefatigable labour, and with time, we shall be enabled to discover facts which nature has hitherto concealed from our view… and will perhaps afford us the means of suspending or changing, without a single exception, all the irregular movements, which supervene in the animal economy” (85). This was not a belief in immortality, merely a hope that “the span of healthy life could be indefinitely though not infinitely increased, and that premature death, except in cases of accident, could be eliminated” (Crook and Guiton 28). Cabanis, like Condorcet, ballasted his buoyant medical hopes with realism. As Cabanis admitted, “by a law of nature we are doomed to

55 The lines come from Condorcet’s posthumously translated Outlines of a Historical View of the Progress of the Human Mind (English translation 1796). Condorcet notes, “It is manifest that the improvement of the practice of medicine, become more efficacious in consequence of the progress of reason and social order, must in the end put a period to transmissible or contagious disorders, as well to those general maladies resulting from climate, aliments, and the nature of certain occupations” (289-91).

56 For example, the “Essay on the Certainty of Medicine” was published in 1798 and available in English at least by 1823. Excerpts of Cabanis’s “Sketch of the Revolutions of Medical Science” were published in the 1807 Medical and Chirurgical Review.
suffer and die… it is likewise natural to be affected with disease” (27). His caution was echoed throughout the British and American medical communities. Dr. William Gullifer concluded skeptically, “whether there be a fatality in human affairs, and whether the short span of human life can be prolonged by the arts of the Physician, are questions which, I believe, few men of proper understandings will stop to consider” (26-7).

The influence of these writers on Percy Shelley is clear in his prose vegetarian tracts, which imagine “a physician with the genius of Locke” who might “trace all bodily and mental derangements to our unnatural habits” in order to cure physical and social diseases (Prose 6: 10). Their influence on Mary Shelley is clear in her fiction. In *Frankenstein*, Shelley’s portrait of the ideal scientist incorporates a version of Cabanis’s pragmatic medical idealism. The 1818 edition presents the gentle, frank, and good-natured Professor M. Waldman as Victor Frankenstein’s humanistic double—what he could have become had he not succumbed to his own egoism. Early in the novel, Waldman explains to Victor what sort of “miracles” he can expect from modern science:

“The ancient teachers of this science,” said he, “promised impossibilities, and performed nothing. The modern masters promise very little: they know that metals cannot be transmuted, and that the elixir of life is a chimera. But these philosophers… have indeed performed miracles. They penetrate into the recesses of nature, and shew how she works in her hiding places. They ascend into the heavens; they have discovered how the blood circulates, and the nature of the air we breathe. They have acquired new and almost unlimited powers…” (42)

Like Cabanis and Concorcet, M. Waldman dismisses the “elixir of life” and its power to grant immortality as a fantasy. In its place, he praises the plebian but still astonishing discoveries of recent medical science. Waldman’s two examples of such medical “miracles” are English: William Harvey’s 1628 discovery of the circulation of the blood and Joseph Priestley’s discovery of oxygen (and other gasses) in the 1770s. Accordingly, his praise for the modern masters’ power to “penetrate into the recesses of nature” echoes British medical writers of Shelley’s time. As John McManners notes, Georgian “medical
men regarded their subject... as the discipline within which all the other sciences could find their focus” (57). These writers laureled medicine as an ur-science that had the potential to unite other fields of knowledge, decoding nature’s secrets to cure diseases both physical and social. Two years before *Frankenstein*’s composition, for example, the London Medical Repository bragged that “men, bred in the practice of the Medical Art,” have “penetrated to the profoundest depths of science,” and that “the whole of the natural operations upon this earth... require to be comprehended within the sphere of [the doctor’s] investigations” (1-2). And Erasmus Darwin had earlier promoted his 1794-6 medical tract *Zoönomia* as an effort to craft “a theory founded upon nature, that should bind together the scattered facts of medical knowledge, and converge into one point of view the laws of organic life, [and that] would doubtless on many accounts contribute to the interests of society” (1: 100-101). Medicine was a field whose comprehensive purview adapted a universe of knowledge to practical human use. In dubbing these uses “miracles,” M. Waldman underlines the surprising way in which science’s apparently esoteric discoveries could be applied in the real world.

If M. Waldman echoes British medical writers, Victor Frankenstein at one point actually aligns himself with them. Before becoming obsessed with revivification, Victor articulates his wider scientific ambitions through the language of medical advancement. After his first foray into natural philosophy, he describes his “dreams” of discovering the “philosopher’s stone and the elixir of life” (42).\(^5\) But significantly, the goals he goes on to list are not the immortality or revivification promised by these alchemical myths. Instead, he details Cabanis’s and Condorcet’s hopes for an extended earthly life, free of disease but still susceptible to physical injury. “[W]hat glory would attend the discovery,” he crows, “if I could banish disease from the human frame, and render man invulnerable to any but a violent death!” (34).

Unlike Victor’s later ambitions, these are presented in a relatively positive light. Jay Clayton and others have pointed out that Mary Shelley was “hardly an unthinking

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\(^5\) Unless otherwise noted, all citations from *Frankenstein* are from the 1831 text edited by M. K. Joseph.
opponent” of scientific progress (86-7). As its positive portrait of M. Waldman demonstrates, \textit{Frankenstein} does not so much condemn science as the narcissistic temptation to misuse it for personal gain. Shelley’s distinction between science properly and improperly pursued is clearly visible in Victor’s shift from his early humanistic mission to “banish disease” to what he later describes as the “summit of my desires,” the power to “besto[w] animation upon lifeless matter” (47). In turning his medical ambitions back to revivification, Victor returns to the “impossibilities” M. Waldman associates with “the ancient teachers of this science” (42). He exchanges the pragmatic medical vision of a Cabanis or Condorcet for more profanely esoteric goals. Shelley could approve of the former but not the latter. She stresses in her introduction to the novel’s 1831 revision, “supremely frightful would be the effect of any human endeavour to mock the stupendous mechanism of the Creator of the world” (9). Medically recreating human life was a mockery; merely extending it was not.

But despite their comparative benignity in the context of the novel, Victor’s early hopes to “banish disease” and “render man invulnerable to any but a violent death” would still have been read as utopian in Shelley’s time. As Pamela Clemit notes, Victor’s medical ambitions were not that far removed from Godwin’s hopes for human immortality (31). And considering Shelley dedicated the novel to Godwin, readers would have likely glossed over the minute but important differences between their medical ideals. Indeed, as I will argue, by 1826 and \textit{The Last Man}, Shelley herself would look back on these ideals with a skeptical eye. The same was true of the medical philosophers she and Percy were reading at the time. Though Cabanis did not believe in immortality, his claims for medical science were still extraordinarily ambitious. He argues,

\[ \text{W}e \text{ can with propriety regard medicine as furnishing us with foundations, equally solid for that philosophy which ascends to the sources of our ideas, and to that which traces the origin of our passions…} \]
\[ \text{[medicine] discovers in the immutable laws of nature, a basis on which must be erected the rights and duties of men.} \text{ (25)} \]
The audacity of Cabanis’s position is evident in the imperial sweep of his claims. Medicine comprehends “ideas,” “passions,” the “laws of nature,” and the judicial “basis” for human society.

Moreover, in Shelley’s circle medicine had a rival: poetry. Medwin’s recollection of Percy Shelley’s early preference for medicine as a profession “above all others” implies that he had once valued medicine as Cabanis did. But shortly after leaving Oxford—and as Emily Sunstein suggests, perhaps at Mary Shelley’s urging—Percy decided on an alternate career, and an alternate agent for human redemption (111). His 1821 *Defense of Poetry* follows Wordsworth in declaring poetry “the first and last of all knowledge” (*PW* 1: 132). For Percy, poetry “comprehends all science,” medicine included (*Prose* 7: 135). As Timothy Morton has argued, Percy exchanged medical for poetic prescriptions in his shift from didactic prose tracts on vegetarianism to more prophetic but still socially-minded works like *Prometheus Unbound* and the *Defense of Poetry* (*Taste* 3). It’s clear from Shelley’s frequent recourses to medical metaphor that she, too, thought of poetry as having some therapeutic power. “Writing—study—quiet—such remedies I must seek,” she ruminates in one 1827 journal entry (*MSJ* 2: 503). But unlike Percy, Shelley left no early, sustained discussion of her thoughts on how literary medicine might work.

Before turning to Shelley’s *Last Man*, then, I want to briefly detour through Percy’s *Defense*, a document that offers a useful foil for Shelley’s novel because it so forcefully embodies the medico-poetic idealism her book interrogates. *The Last Man* takes a clear position on the medical value of literature. But since Shelley’s earlier prose does not, sourcing the evolution of her thought in her previous treatments of medical subjects is difficult. Though *The Last Man* certainly looks beyond Percy’s medico-poetic models, he was Shelley’s most immediate foil for ideas about the ties between poetry and medicine. As I will show, Shelley carefully weaves threads of his *Defense* into *The Last Man* as part of her own construction of an alternative. In doing so, she not only illustrates how poetry can medicine an individual, she develops a new paradigm for literature’s value on the broadest scale possible.
2.2 Percy Shelley’s Physician-Poets

Despite Percy Shelley’s affinity for Georgian medicine, the Defense of Poetry ignores doctors pretty completely. Instead, it co-opts medical language to applaud the redemptive potential of poetry. The Defense seeks to cure humanity’s ills at a constitutional level, addressing not symptoms but final causes. It abandons what Percy in his early tract on the medical benefits of vegetarianism, A Vindication of Natural Diet, calls the foolish notion “that by taking away the effect, the cause will cease to operate”—that by removing the symptoms of a disease, the disease itself might vanish (Prose 6: 15). Such an approach, whether medical or social, ignores the real problem. The Defense therefore offers a different solution: “poetry administers to the effect by acting upon the cause” (Prose 7: 118). Unlike symptomatic medicine, poetry has the power to attack the source of illness. Further, poetry is better suited to cure a world where the root of disease lies not in the body but in culture. The Defense’s medical language illustrates Percy’s awareness “that disease is a social phenomenon” (Bewell, Romanticism 208). “Crime is madness. Madness is disease,” as Percy syllogizes in Vindication (Prose 6: 10). Humanity’s social and physical ills will not yield to a mere change in diet or medical treatment. Instead, they must be addressed at their source in human behavior. In the Defense, the medical language of diet and diagnosis figures the poet’s medical superintendence over the constitution of the social body.

In her study of Percy Shelley’s debts to medical vitalism, Sharon Ruston argues, “the poet, according to Shelley’s theory of poetry, performs an animating function” (185). For Shelley, poetry is also a curative power, a specific antidote to moral and intellectual corruption: “Poetry redeems from decay the visitations of the divinity in

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58 “Prescriptive language is one of the central ways in which the body and society are linked together. Prescription, simply understood, is a way of doing things with words,” notes Morton (Taste 3). He argues that many of Percy Shelley’s “texts are prescriptions: medical books quote didactic poetry, and Shelley quotes medical literature. One may place Shelley firmly in a tradition which revises the didacticism of the eighteenth century, despite his own self-proclaimed criticisms of the genre, and despite Romantic ideologies of anti-rhetoric” (4).
man” (*Prose* 7: 137). The *Defense’s* most famous medico-poetic function is also its most optimistic. “[V]itally metaphorical” and “pregnant with a lightning which has yet found no conductor,” poetry provides a galvanic shock to language which would otherwise fall “dead to all the nobler purposes of human intercourse” (*Prose* 7: 130, 111). The poet can resurrect the language that makes human society possible. His work is the ultimate cultural panacea.⁵⁹

True, some doubts rumble beneath this optimistic picture. But where they do appear, they’re hastily subsumed into Percy’s narrative of poetic panacea. His tenacious efforts to maintain the ideal of perfect cure medically code what Tilottama Rajan has called the *Defense’s* “strategies of self-avoidance to escape being consumed by its own contradictions” (75). For example, Percy at one point figures poetry as a symptomatic response to “social corruption,” admitting that it cannot cure society’s imagination, intellect, or sensibility from the “paralyzing venom” that eats “through the affections into the very appetites, until all become a torpid mass in which hardly sense survives.” Instead, poetry merely “addresses… those faculties which are the last to be destroyed, and its voice is heard, like the footsteps of Astraee, departing from the world” (*Prose* 7: 124). But this tragic picture immediately yields to a redemptive vision in which poetry “connects, animates, and sustains the life of all.” In his shift from tragic to comedic registers, Percy collapses different medical functions together. “Animating”—giving life—is different from merely “sustaining”—maintaining life at a constant level. And both of these are different again from reanimation, “redeem[ing] from decay”—returning the dead to life. But Percy reads all of these processes as essentially the same. Or rather, by the end of the *Defense* he has resolved them into a radical cure ultimately indistinguishable from resurrection. It is the medical version of what Greg Kucich identifies as Percy’s transformation of Godwinian catastrophism “into a redemptive pattern of cyclical progression” (26). Poetry, like a perfect doctor, has the power to completely address all of society’s diseases.

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⁵⁹ Percy’s claim has been previously explored by many critics with a less medical focus than my own. For a more in-depth treatment of how the *Defense* figures poetry’s revitalizing power, see Keach, Hogle, Clark, Wasserman, and Dawson. Indeed, nearly all critics of the *Defense* address this problem at some level.
The *Defense*’s final medical language confirms poetry’s exceptional therapeutic powers by depicting it as the most famous panacea of all: the philosopher’s stone whose “secret alchemy turns to potable gold the poisonous waters which flow from death through life” (*Prose 7: 137*). If this river, flowing like Styx outwards from death, is understood to allegorize the course of human society, poetry, positioned somewhere outside the “poisonous waters,” seems capable of revitalizing the whole river at any stage in its career. Whether poetry “animates” its springs, “sustains” its course, or “redeems” it from death, the results are the same: a river-wide transformation of “poisonous waters” to “potable gold.” Percy’s sweeping allocation of medical powers to poetry reflects what Bewell terms his “social and ideational war that aims at the sociophilosophical conquest of diseased space” (*Romanticism 209*). In the *Defense*, the “diseased space” which must be conquered before all others is that of language itself. While “any literal belief Shelley may have had in Paracelsianism [i.e. panacea] did not survive his Eton schooldays,” his faith in the poet-legislator as doctor of the social body helped sustain a belief in a less corporeal panacea (Crook and Guiton 184).

### 2.3 Romantic Medical Fragmentation

Mary Shelley could not share Percy Shelley’s faith in panacea. In *Frankenstein*, she has M. Waldman dismiss the cure-all hailed so vigorously by her husband’s *Defense*. “[T]he elixir of life is a chimera,” M. Waldman proclaims to a student who, ominously, did not heed his warning (42). Shelley’s later comments on Percy’s oeuvre confirm this earlier implicit disagreement. In her introduction to her edition of his *Prose Works* in 1840, she praises the style of the *Defense* more than its substance, taking care to differentiate her

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60 Crook and Guiton note Shelley’s interest in Paracelsus and the alchemists: “for him [Paracelsus] the object of scientific enquiry was not the transmutation of base metals into gold but the panacea or universal cure, the elixir of life” (28, 184). The *Defense* conflates the two functions.

61 Writes Bewell, “Shelley shifted the focus of therapy away from the relation between medicine and the environment, away from the scientific attempt to cure these settings, toward a recognition that the primary reason one people may suffer diseases from which others are largely exempt has less to do with climate or geography than with social relationships, human behavior, and economics” (*Romanticism 241*).
views from her late husband’s. “In this [Defense] we find the reverence with which he regarded his art,” she writes (Essays vii, emphasis mine). More forcefully still, her 1839 note on Prometheus Unbound—the poetic illustration of the Defense’s belief in panacea—contains an explicit disclaimer. “Shelley believed that mankind had only to will that there should be no evil, and there would be none,” she writes. “It is not my part in these notes to notice the arguments that have been urged against this opinion, but to mention the fact that he entertained it” (CPW 271). Shelley sympathizes with Percy’s faith that mankind could poetically cure its own social diseases, but she does not share it. In fact, she pointedly frames the play’s composition as Percy’s palliative response to his own illness. Unlike Percy’s own theory that poetry could cure, his play merely shields him from the pain of his physical illness and stressful social predicament. “England had been rendered a painful residence to Shelley,” she recalls, “by the injustice he had lately endured...as by the symptoms of disease which made him regard a visit to Italy as necessary to prolong his life.” She continues, “He sheltered himself from such disgusting and painful thoughts in the calm retreats of poetry” (CPW 274). Though Percy Shelley might have considered poetry a medical power that “connects, animates, and sustains the life of all,” Mary Shelley read its effect on her husband less as a radical cure and more as a palliative “shelter” from pain (Prose 7: 124). This is the approach, as will become clear, that she develops more thoroughly in The Last Man.

As Mary Shelley was skeptical of Percy’s poetic panaceas, so too were Georgian doctors skeptical of medical utopianism. The Romantic vocabulary for illness reveals that many doctors, even relative optimists like Cabanis and Condorcet, were wary of total cure as a realistic goal. As I have noted, Georgian medicine used the term “heal” nearly exclusively to describe closing physical wounds—cuts, ulcers, and sores.62 They did so on the logic that “healing” an internal ailment would mean restoring the constitution to a

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62 See Chapter 1. Such usage wasn’t limited to Romantic doctors. In “Julian and Maddolo,” for example, Percy Shelley describes how “Some perverted beings think to find / In scorn or hate a medicine for the mind / Which scorn or hate have sounded—oh, how vain! / The dagger heals not, but may rend again!” (354-7).
state analogous to a perfectly-closed wound: absolute health. Most doctors did not think this was possible. As the anonymous editor of an 1827 edition of Percival’s Medical Ethics noted, “In chronic diseases… the breaking up of the constitution is the original of them, few cases admit even alleviation, and none scarcely cure. When relieved, recurrence is almost certain, inasmuch as neither nature nor art can cast anew the original powers which preserve human organization sound and entire” (189-92). As George Grinnell has argued, “health” was often a relative concept for romantic medicine (11-14). As I have mentioned previously, James Curry and William Babington, physicians at Guy’s Hospital during Keats’s tenure there, even opened their 1811 lectures on the Practice of Medicine by stressing that the definition of disease as “any variation from the most perfect and healthy state” was “too general” and that “health and disease, then, [are] relative rather than positive terms” (1). Even if doctors had acknowledged the possibility of panacea, they still had no secure standard by which to ascertain its achievement.

What they did have, however, was an explanatory narrative for their own curative failure. In an age that saw advances in medical knowledge but few in actual therapy, Romantic doctors found justification for their inability to enact total cures in the tension between “medical science” and “medical art.” Dr. James A. Gordon wrote:

> Perhaps this subject may be more forcibly illustrated by considering the distinction not unfrequently made between medicine viewed as a science, and medicine considered as an art. The science of medicine comprises the principles, or the knowledge we derive from physiology and pathology of the functions of the body… The art of medicine consists in the practical application of these principles to the cure of particular diseases. (12-13)

63 This despite widespread use of “the healing art” to describe medicine generally. Some writers noticed the discrepancy. For example, Cabanis commented on the high expectations that the term “healing” imposed on medicine: “the healing art… merits this title, in those instances only when it is capable of forming complete and complicated plans of treatment” (47). Georgian medicine saw most diseases as distempers—not located in a single organ but constitutional. Their curative efforts were therefore usually full-body (Porter, Sickness 142).
Though Gordon later stresses their inextricability, tension frequently arose between medical science, the unitary field of knowledge medicine claimed for its purview, and medical art, real-world application of this knowledge. The discrepancy was largely therapeutic. As John McManners notes, “between the unenlightened empiricism which prescribed the doses… and the professed ambition of the physicians to be scholars of universal scope… there was an enormous unbridged gap” (35-6). Dr. Samuel Jackson captures the basic problem when he writes, “the perfection attainable by medicine, is that which belongs to those sciences whose principles are demonstrated, but whose practical application is frequently defeated.” As a result, “its plans of treatment, and the means of cure, though improved, will remain defective” (38-40). Doctors could never restore absolute health because it would require complete and perfect medical knowledge—and that itself was a fantasy. Explains Anne Digby, “Admissions of the finite healing capacity of medicine and of medical practitioners were more frequent in the eighteenth century, when frank disclosures of inadequacies were made…. Doctors had to come to terms with the fact that ‘a great part of the practice of physic consists in alleviating urgent symptoms and in many cases nothing more can be done’” (87). She quotes John Gregory’s 1770 Lectures on the Duties and Qualifications of a Physician. Gregory, like Jackson and Gordon, took the imperfection of medical science—and therefore of practice—as a given. As the 1795 Medical and Chirurgical Review concluded bluntly, “Perfection in this science can never be hoped for” (“Review” 577-8).

Thomas McFarland, Philippe Lacoue-Labarthe, Jean-Luc Nancy, and others have discussed this rhetoric of imperfection in relation to the literary fragment: the formal fallout of the organic unity sought variously by Coleridge and the Naturphilosophen, and theorized by Friedrich Schlegel in his writings for the Athenaeum and Lyceum. All Romantic poetry is essentially fragmentary, Schlegel argues. It “should forever be becoming and never be perfected” (Firchow 175). Literary fragments point towards an ideal textual wholeness they fail to achieve. The shadowlands separating the potential and the actual are the realm of poetic imperfection. Percy Shelley, who was deeply influenced by A. W. Schlegel’s Lectures on Dramatic Art and Literature, characterizes individual poetic works along similar lines in the Defense (Roberts 305). The “great
poem, which all poets... have built up since the beginning of the world” is perceptible to many readers only as “fragments and isolated portions” or “feeble shadow[s] of the original conception of the poet” (Prose 7: 124, 136). As Shelley’s poet cannot fully communicate the platonic unity he encounters in fits of intuitive vision, so no single doctor can embody the totality of medical knowledge and its promise of perfect cure.

But where Percy did not find such fragmentation a threat to poetry’s curative mission, for Georgian doctors, it symbolized their therapeutic failure. “As in morals, so in science, there is a standard of ideal excellence, to which, indeed, no one can hope to attain,” admitted surgeon James Barlow (16). A life’s worth of research will only “afford the medical inquirer a distant glimpse of boundless realms of knowledge, where no human thought has yet penetrated” (11). As a result, he concludes stoically, “the healing art has fallen short of producing that benefit to the sick, which might be expected” (100). Even the optimistic Cabanis located his ideal of medical perfection in the distant future, acknowledging its contemporary imperfection as the reason for medicine’s therapeutic failures. “The art is far from having reached that degree of perfection which it will attain,” he notes. “For this reason it is that not all are cured who might be so” (101). A more tragic version of Schlegel’s “feeling of indissoluble antagonism between the absolute and the relative,” Georgian doctors’ recognition that they could not wield the perfect totality of medical knowledge had grim therapeutic consequences (“Critical Fragments” 476).

How do you recoup inevitable failure? Faced with the reality of present medical imperfection, Cabanis shifts the doctor’s value away from curative efficacy altogether. “Even in the most desperate cases,” he concludes, “it is at least possible to palliate the disease, and relieve the patient” (Essay 101). He was not alone in this emphasis. Unlike Percy Shelley, who strained to retain the possibility of panacea, some Romantic doctors faced with the problem of chronic imperfection simply redefined the boundaries of medical success. Dr. R. Palin, for example, proclaimed that doctors’ “exertions for the Assistance of Mankind [n]ever fall short, for when the feeble Frame of Nature… is no longer capable of being strengthened or recovered by their Aid, they still continue their friendly Office, by softening the very Shades of Death, and alleviating the Pangs of the
Dying” (63-4). Because the imperfection of medical science—and therefore of actual practice—was unavoidable, offering palliative care when no curative options remained became medicine’s praiseworthy, deeply human duty. As Dr. John Ware explained, “even on the supposition that medicine is of no efficacy in the way commonly supposed, still… the profession would be of incalculable value, as a benevolent institution for alleviating the anxieties and assuming the responsibility of sickness” (93). Instead of a failure, the doctor who could not cure was a humanist, his palliative attendance a shining example of professional sympathy.

Such rhetoric was common among Georgian doctors—and, if Western medical history is any indication, enormously successful as propaganda for a profession struggling to guard its public reputation from charges of therapeutic ignorance, quackery, and unethical profiteering.64 McManners and Porter have noted that medicine at the end of the Georgian era rose in prestige despite its lack of curative progress. McManners emphasizes the apparent paradox of medicine’s popularity, considering that it frequently acted only in a palliative role. “[T]he physicians knew no cure,” he writes, though “when the worst came to the worst they could administer opium to relieve pain” (41). And “yet, at the end of the ancien régime, doctors and surgeons were being well spoken of” in France and England alike (50). One explanation they offer is doctors’ increasing control over medical spheres previously dominated by laypeople: midwifery, mental health, and—most notably here—palliative care (Porter, Patients 144-8). It is unsurprising, then, that Gregory and Percival stress the importance of alleviation even in cases where no cure is possible. Percival explains, “the offices of a physician may continue to be highly useful to the patient… even in the last period of a fatal malady; by obviating despair, by

64 Roy Porter points out that self-dubbed “regular” Georgian doctors constantly battled their association with quacks, who they defined as more interested in profit than health—and whose patients suffered for it. The charge was sometimes not far off the mark: attacks on the endemic profiteering and nepotism in London’s Royal Colleges began in the Regency and continued right through the Medical Reform Act of 1852 (Bodies 211-17). Haakonssen further notes that Georgian-era medical ethics treatises were directed as much towards lay readers as medical brethren: “Their medical ethics, like much of modern medical ethics, was—pace their critics—clearly written for a wider audience than medical students and colleagues… Its aim, like that of all moral philosophy in this tradition, was to persuade, educate, and reform. Medical ethics, as part of a system of practical philosophy, was a popular genre accessible to readers of medical literature in general” (24).
alleviating pain, and by soothing mental anguish” (98). As Laurence McCullough notes, this dictum differed from earlier practice, when physicians would withdraw from patients whom they had no means of curing (232). Percival, Gregory, and their ilk took pains to celebrate professional medicine’s alleviative role, enshrining doctors’ value as attendants whose most important job was not necessarily to cure a patient, but to alleviate her pain. Instead of diagnostic genius, the doctor’s “special virtues” were “sympathy and humanity” (Haakonssen 58). Robert Baker points out that this was a new profile for British doctors: “[A]lthough the ideal of the humanistic physician whose effectiveness derives as much from an empathetic understanding of his patient (sympathy) as from medical science is commonplace today, it was alien to eighteenth-century British medicine prior to the publication of Gregory’s lectures” (“Introduction” 94-5). This model proved enormously influential, especially when Percival’s Ethics was adapted by Benjamin Rush for the American Medical Association’s Code of Ethics in 1848.

Putting a positive spin on fragmentary knowledge was not an approach limited to doctors. Discussing Percy Shelley’s famous description of poetic creation as a fading coal, William Keach argues that “Shelley sets about transmuting an apparent limitation into a strength… he does this by diverting attention from the actual to potential” so that “the infinite potential meaning of poetry is seen to depend upon the inability of words ever completely to conduct and therefore to discharge the mental energy they signify” (Style 28). The Defense’s collapse of different medical functions—animation, sustenance, resurrection—into a singular bid for panacea can be partially explained through this “apparent limitation.” Each discrete medical function constitutes one aspect of a larger curative arc that cumulatively contains and transcends them. Shelley recuperates the thorny problem of epistemological fragmentation by focusing on poetry’s capacity for continual reanimation. Only poetic fragments can retain an undepleted, “vitaly metaphorical” galvanic charge, reliably “animat[ing], and sustain[ing] the life of all” through successive ages of readers (Prose 7: 124). The possibility of poetic panacea, ironically, depends upon “the failure of an ideal expressive completeness” (Keach 30).
Similarly, Romantic doctors managed to transform a limitation into a strength—though they took a more severe road to this redefinition. Though it would be too large a claim to argue that Georgian medicine’s consolidation around a palliative ethic was enabled by a fragmentary aesthetic, it may have found in this aesthetic a useful frame for a professional expansion already underway. Instead of seeking to turn the imperfection of medical knowledge to ultimately curative ends like Percy Shelley, doctors changed their focus from imperfection itself to their own benevolence in the face of its certainty. Georgian medical ethics, focused on sympathy and humanity, flourished precisely by celebrating medicine’s response to its own failures. “The physician should be the minister of hope and comfort to the sick; that by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of... maladies,” pronounced Percival (91). In such proclamations, he and his colleagues enthusiastically embraced a concession that Percy, at least in the *Defense*, was reluctant to make. Despite its reservations about the curative powers of poetry, the *Defense* remains committed to the hope that poets might light the way to social panacea by providing “a creative remedy for value-barren knowledge” (Milnes, “Centre” 17). The poet and the physicians’ different responses to the same epistemological problem may boil down to medium. If a doctor’s cordials fail, he can still offer patients words of comfort. But if a poet’s words fail, what does he have left?

2.4 *The Last Man*: Palliating Humanity

*The Last Man* tackles this question head on. As noted above, Mary Shelley sympathized with Percy Shelley’s hopes for poetic panacea but found them inadequate. Like *Frankenstein*’s M. Waldman, she had no faith in an “elixir of life,” even a poetic one. But, like Georgian doctors, she did not see her skepticism as a reason to abandon hope entirely. *The Last Man* is her sustained exploration of an alternative to the curative model of poetry. Importantly, alternative is not the same thing as opposite. As Anne McWhirr

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65 See Gittings and Jupp; Kellehear; Porter, *Patient’s Progress*; and McCullough, *Gregory*. 
notes, the novel offers a dark rumination on “whatever meaning might be left in a world of disintegrating fragments” (“Introduction” xxii-iii). In a book that wields metaphors of disease and cure to interrogate the curative powers of art—and specifically literature—Shelley explores a middle course between the extremes of curative hope and immedicable despair.

She does so by outlining a model of palliative care similar in mechanics, though different in consequences, to the one adopted by Georgian medicine. It is also critically prescient. Scholars of The Last Man tend to take one of two approaches to the novel’s engagement with medico-poetic idealism. They either argue that Shelley condemns Percy Shelley’s socially curative ambitions by “nullif[y]ing any illusory hope for humanistic redemption” (An 581), or that she recovers these ambitions by finding “in the imagination… the power to effect lasting and meaningful renovation both within the mind and beyond it” (Ruppert 142).\(^{66}\) Even readings of the novel that assert its socio-political “ambivalence” towards the romantic project ultimately feel compelled to come down on one side of this divide. Perhaps this is because, as F. Wang suggests, any reading that rejects nihilism automatically “articulates a hopeful reanimation of Romantic possibilities” (237). The faith that “it is possible to reclaim civilization from nihilistic lastness” must apparently be cut from whole cloth: humanity will either recover from the plague, or it won’t (Wang 250). In this sense, my reading would tend towards the more pessimistic end of the current critical landscape. However, Shelley’s definition of “humanity” challenges any easy alignment of success or failure with the prospects of the physical species. Much like Georgian doctors did, Shelley challenges the idea that “cure”—millennial redemption, imaginative salvation, or any other such holistic possibility—is the only barometer of human success. Instead, the Last Man allegorizes the assumptions underpinning both fatal nihilism and curative millenarianism in the binary worldviews of her characters. The novel illustrates their joint inadequacy to its

\(^{66}\) See Poovey, Fish. Also see Paley, Goldsmith, Strang, and Sterrenburg for Shelley’s rejection of her husband’s project, and Bennett, Wang, and Ruppert for the opposite notion.
situation of medical and humanistic crisis. Shelley’s own palliative position, worked out between these extremes, is itself only barely adequate—but that’s part of the point.

Morton Paley and others have noticed the novel’s parabolic structure, expanding from a portrait of an individual family out onto the world stage and back again. At the start of the novel, a central family group—focused around the protagonist Lionel Verney, his sister Perdita, and their aristocratic friend Adrian Windsor—follows the Byronic Lord Raymond to Greece in his wars against an invading Turkish empire. The Plague appears at this juncture, arising from the east to decimate Europe’s population. As the Plague ruthlessly whittles humanity down, the novel’s scope inverts. Adrian takes command of the Plague’s few survivors and tries unsuccessfully to protect them from the disease sweeping through the population. After abandoning England, he leads a diminishing band of itinerants towards Italy. The Plague eventually slays everyone except Lionel, Adrian, and Lionel’s niece Clara, returning to the novel’s initial focus on a small family group. Finally and tragically, a boating accident kills Adrian and Clara, leaving Lionel as the titular last man.

Paley parallels this micro-macro-microcosmic sweep to Lionel’s character evolution, which follows standard “Romantic mythologies [in which] the history of the race is repeated in the individual” (111). Lionel begins the book as a Rousseauian model of human development. He concludes it as humanity, literally. Inaugurating Lionel’s function as human microcosm, the novel’s opening chapters chart his transformation from a “savage” living almost in a state of nature to a cultured civil servant and budding novelist (20). Notes Hilary Strang, “for Lionel, learning the political and philosophical history of his country, getting a job, moving to the city, are the conditions of becoming human at all” (426). However, Shelley heavily implies that the civility which marks “becoming human” has a deeper final cause. Lionel’s humanity commences through the intervention of Adrian Windsor, the novel’s resident poet-physician-legislator.

Adrian’s medical superintendence over the novel’s human population begins at the microcosmic level, when he essentially bequeaths Lionel his own humanity. It concludes at the macrocosmic level, when he plays doctor to an England whose
constitution, in every sense, has been shattered by Plague. At both levels, his chosen “medicine” takes on a cultural, and often specifically literary, form. By the novel’s conclusion, Adrian stands as the poet-physician of the social body who is also its acknowledged legislator. Daniel Schierenbeck has suggested that Shelley’s novel promotes “the civilizing influence of literature” (12). In fact, the novel identifies linguistic facility as a defining feature of being human. Nowhere is this more apparent than Lionel’s initial admission into “civilized” society, a transformation overseen by Adrian. Lionel meets him in the forest of Windsor estate, where Lionel has been caught poaching. Adrian hails Lionel, using his patronym for the first time in the novel. Shelley goes on to describe their interaction:

As he spoke, his earnest eyes, fixed on me, seemed to read my very soul: my heart, my savage revengeful heart, felt the influence of sweet benignity sink upon it; while his thrilling voice, like sweetest melody, awoke a mute echo within me, stirring to its depths the life-blood in my frame. I desired to reply, to acknowledge his goodness, accept his proffered friendship; but words, fitting words were not afforded to the rough mountaineer. (20)

After their encounter, Lionel “tried to answer,” but “a fervent ‘God bless you!’ was all [his] ignorance could frame of speech.” From this day forward, he recalls, “I now began to be human” (22). Adrian’s eyes, “fixed” on Lionel’s “very soul,” recall the humanistic “medical gaze” attributed to good physicians by Georgian medical writers.

Befitting his position as the novel’s poet-physician figure, Adrian’s penetrating look into Lionel’s soul reenacts the Romantic medical dictate that a good doctor should be able to read patients’ hearts as well as diagnose their diseases. A proper physician

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67 The pun recurs, sometimes explicitly, throughout the novel. For example, when Raymond wins the Protectorship, Shelley notes, “every thing in the English constitution had been regulated for the better preservation of peace” (79). The idea of “regulating” a constitution, generally through a healthy dietary regimen, was common in romantic medicine (Porter, Sickness 27-30). Also see Chapter 1 and the domestic care treatises by Adair, Smythson, Willich, Buchan, and Wesley.
should “read the very bottom of [the patient’s] soul,” notes one pseudonymous Aesculapius (86-7). As Dr. Samuel Bard explains, a good physician should be “the companion, and frequently the intimate friend, of his patient” (25). In the same way, Adrian’s soul-penetrating gaze simultaneously cements his friendship with Lionel and delivers a jolt of psychic medicine. His penetrative gaze transforms Lionel into a linguistic being whose “very soul” can be “read” like a book and who abruptly begins describing his own emotive responses in dialogic terms. Adrian’s voice evokes “a mute echo within [Lionel]” and a “desir[e] to reply” that is frustrated only by Lionel’s linguistic infancy. “I was as a child lisping devotions after its mother,” he laments (22). Adrian inspires Lionel to begin seeing himself as a subject defined by communication in language. This inspiration works not only linguistically but medically. Adrian’s voice “stir[s] to its depths the life-blood in [Lionel’s] frame” (20). Adrian, like Percy Shelley’s poet, performs an animating function, rousing Lionel’s humanity with a vitalist shock that galvanically charges him with a longing to match Adrian’s “thrilling voice, like sweetest melody” with “fitting words” of his own.

Lionel himself, somewhat wonderingly, feels this cultural transformation at a physiological level. “I felt… I had transmigrated into another form, whose fresh sensorium and mechanism of nerves altered the apparent universe in the mirror of mind; but it was not so… all was softened and humanized,” he marvels (24). His subsequent literary career begins in this moment. As Schierenbeck notes, Lionel’s status as author serves as the novel’s shorthand for his blossoming humanity (20). Lionel himself understands his literacy in this manner. “For my own part, since Adrian had first withdrawn me from my selvatic wilderness… I had been wedded to literature,” he recalls. “I felt convinced that however it might have been in former times, in the present stage of the world, no man’s faculties could be developed, no man’s moral principle be enlarged and liberal, without an extensive acquaintance with books” (321-2). For Lionel, becoming human depends quite literally on acquiring “extensive” literacy.

Lionel’s status as a functioning member of humanity thus begins when the Last Man’s resident poet-physician awakens his desire to communicate his physical and emotional sensations in words. After his meeting with Adrian, Lionel describes his
voracious reading and recalls, “I turned author myself… [and] suddenly I became as it were the father of all mankind. Posterity became my heirs” (120). This heavy foreshadowing underscores the novel’s final, surprisingly abstract location of “humanity.” George Grinnell has argued, “the abstract state of the body will become a defining feature of Lionel’s existence by the end of the novel” (102). If so, perhaps it is because the weight of Lionel’s symbolic identity finally effaces its particular bodily container. Lionel, originally “humanized” by language, finally collapses into it. One of his final acts is to write his personal history as commensurate with the history of the Plague. As the only surviving human, he literally and symbolically is humanity, and his literary conflation of his own life with the race’s story confirms this. His narrative is the only “heir” he—and therefore his species—will ever leave. Lionel ends the novel as a mankind that he has already defined by his own and others’ literary output.

Shelley charts Lionel’s evolution from mankind’s microcosm to its sole representative through the language of medicine. As Lionel expands his cultural horizons—taking a European tour, moving in London’s political circles—the novel’s purview expands as well. The tiny circle of Lionel-Perdita-Adrian widens to include Idris, Adrian’s sister and Lionel’s spouse, and Lord Raymond, who temporarily gives up a budding political career for his love of Perdita. Within this group, Adrian plays both the lonely Percy Shelleyan nightingale-poet and the romantic doctor supposed to be the “companion, and frequently the intimate friend” of his patients (Bard 25). He simultaneously serves as the group’s hinge—“loving all, and beloved by all”—and exists on its outskirts as its one unmarried member (71). The five years they spend at Windsor estate offer the novel’s only glimpse of lived paradise, an idyll characterized by peace and unity. The “leafy covert of the forest” filled with “spots of beauty and repose,” recalls Eden, as does the temporally static happiness the Windsor-Verney circle enjoys while living at Windsor (70). Like Adam and Eve, they have nothing more to desire. “Jealousy and disquiet were unknown among us,” Lionel reminisces, “nor did a fear or hope of change ever disturb our tranquility. Others said, We might be happy—we said—We are” (70). Unsurprisingly for a novel about an incurable plague, The Last Man aligns paradise with unfallen health and holism. When Raymond ascends to the Protectorship,
his idealistic goals seek to replicate on a national scale the Edenic well-being he enjoyed at Windsor. “[D]isease was to be banished; labour lightened of its heaviest burden,” he proclaims, in a plan to ensure that “England becomes a Paradise” (82, 83).

Many scholars read the appearance of the Plague in Volume II as the return of a subjugated Other: the vengeance of the repressed feminine or an inverse colonization of West by East. While it is certainly both of these things, the Plague is also more endemic. In her reading of the Plague as eruptive Other, McWhir tracks uses of the word “plague” in the novel to argue that disease, as problem and metaphor, appears like a thunderbolt from the blue in Volume II (“Anti-Contagionism” 23). But Shelley’s medical language—and especially the scourge of incurability that will characterize the Plague—begins far earlier, in Volume I. Shelley’s repeated, purposeful deployments of the terms “incurable” and “immedicable” plot a straight course backwards from the Plague that decimates humanity to the original disharmony that shatters the Verney-Windsor circle: the fallout between Raymond and Perdita over Raymond’s perceived affair with Greek princess Evadne.

Steven Goldsmith has suggested that the Plague’s metaphorical origins lie in Evadne’s “overabundant desire” (290). I agree, but would shift the burden of responsibility from Evadne to Perdita and Raymond. Shelley makes it clear that Evadne is not the heart of the problem. The Greek princess would not have caused a similar rift between Lionel and Idris. Unfortunately, Perdita and Raymond’s possessive love and mutual refusal to compromise doom their marriage from the start. Raymond is never willing to sacrifice his political ambitions for Perdita. And Perdita lapses into melancholy at almost no provocation. “[S]hall I, heart-broken and lost, wander among your groves, the ghost of what I am!” she laments when Raymond decides to visit the capital for elections (73). Similarly, she despairs when Raymond is elected Protector and she fears losing him.

68 See Mellor, Goldsmith, and Poovey for the former reading and Fisch, Johnson, and Bewell for the latter.
The couple’s destructive, mimetic desire for absolute possession seems both literally more responsible for and allegorically more implicated in the Plague’s ravages. Shelley underlines this fact by foreshadowing the Plague’s ascension to “Queen of the World” in Perdita’s queenly mien just before she confronts Raymond about his perceived infidelity (273). “[S]he, whom I have named as bearing the stamp of queen of nations on her noble brow, now rose superior to humanity, and seemed in calm power to arrest with her finger, the wheel of destiny,” Shelley writes (101). She also describes Raymond, even within Edenic Windsor, as “reposed midway on the great high-road of life”—a dark echo of the opening lines of Dante’s Inferno (71). For Raymond, like Dante, the only way to go is down, into a hell characterized exactly by desire without hope.

While traditional, Shelley’s link between disease and desire has a more specific referent: Plato’s Symposium. Percy Shelley had translated the text with her assistance in the summer of 1818, and she was re-transcribing it for publication in 1823-4 while composing the Last Man. Shelley knew the text well, as her letters attest. In 1818 she had remarked to Maria Gisborne, “[Symposium] is a most beautiful piece of writing… it is true that in many particulars it shocks our present manners, but no one can be a reader of the works of antiquity unless they can transport themselves from these to other times and judge not by our but by their morality” (Letters 1: 77). Symposium’s central speech, by the comedian Aristophanes, describes Zeus splitting all humans, originally unified, into two halves to punish their pretensions to divinity. Percy Shelley’s translation of this moment reads:

He cut human beings in half, as people cut eggs… he ordered Apollo to take each one as he cut him, and turn his face and half his neck towards the operation, so that by contemplating it he might become more cautious

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69 It was finally published, in bowdlerized form, in 1840. Michael O’Neill relates Shelley’s extensive editing work on Symposium between 1823 and 1840, the publication date of her version of Percy’s Posthumous Poems. O’Neill underlines how Shelley’s correspondence with various editors, translators, and friends evinces not only her thorough knowledge of Plato, but her especial commitment to Symposium as a text—a commitment she was repeatedly forced to compromise in presenting the work for a morally conservative Victorian audience (“Trying” 188-194).
and humble; and then to cure him, Apollo turned the face round, and drawing the skin upon what we now call the belly... tied it in the middle... Love... seeks to make two, one, and to heal the divided nature of man. (135-6)

His translation acknowledges the tragedy of this moment in its cautious balancing of “cure” and “heal,” both medical markers of a state approximating complete health. Apollo’s “cure” isn’t really a cure, since humans remain divided. Love only ever “seeks... to heal the divided nature of man.” Even Apollo, god of poetry and medicine, can’t heal humanity. Its wound—the eternal desire to possess and unify with a beloved object—is endemic and immedicable.

Perdita and Raymond’s romance might as well have been penned by Aristophanes. To be fair, much nineteenth-century romance bears the stamp of failed platonic unity. Heathcliff and Cathy, for example, share “one soul.” But an unusual degree of holism binds Perdita and Raymond. When things are going well, their love’s “spirit is elemental, its essence single, its divinity an unit. The very heart and soul of Raymond and Perdita had mingled” (100). Shelley even explicitly points out the platonic character of their union for readers who might have missed it. “If we are said to have two souls, he was my better soul, to which the other was a perpetual slave,” Perdita says, after Lionel has mentioned his reading of Plato (111). This complete love, paralleling the Edenic bubble the couple shares with Idris, Lionel, and Adrian, makes their split all the more jarring. Perdita and Raymond both describe their broken marital unity as a medical lost cause. The blow is “incurable” to Perdita (104), her “immedicable wound” pains her (111), and she sobs at various points that “my affections are wounded, it is impossible to heal them” (108). Raymond meanwhile “lament[s] the cureless evil of his situation with Perdita” and fears further, “irremediable ruin” (112-3). Their immedicable split aches with symbolic significance. Metaphorically, at least, the Plague commences here.

Perdita’s misery, stresses Shelley, is a sickness that “clung to her very flesh, and ate with sharp agony into her vital principle” (99). Evadne’s curse might herald the Plague’s physiological appearance, but it’s the breakdown of communication between
Windsor estate’s resident Edenic couple that forecasts the Plague’s *incurability*, its most salient feature. Raymond and Perdita’s destructive desire parallels not only Aristophanes’s hubristic humans in Raymond’s aspirations to restore England to “paradise,” but Miltonic Eden, where Adam and Eve’s mutual distrust helped seal their fate (84). Adam doesn’t trust Eve to endure temptation without him, an allegation Eve resents. She laments Adam’s “fear that my firm Faith and Love / Can by his fraud be shak’n or seduc’t” (284-5). Adam loses this fight, to their mutual ruin. Perdita echoes Adam in her lack of trust in Raymond’s faithfulness. Like Eve, he eventually and tragically justifies Perdita’s suspicions. Even after the couple briefly reconcile, Perdita’s desire to be reunited with Raymond’s physical body after his death drives her suicide by drowning (165). “Never—mark me—never will I leave this spot,” Perdita pledges on his grave. “I am a part of this scene; each and all its properties are a part of me” (165-6). Lionel refuses her wish to remain, drugging her to smuggle her back to England. In defiance, she leaps into the ocean, all efforts to bridge the couple’s “incurable” separation having failed. The question of whether humanity, like Adam and Eve, could have avoided its fate is almost moot. Perdita, as her name advertises, begins the novel already “lost.”

Barbara Johnson has argued that the plague’s “lethal universality is a nightmarish version of the desire to establish a universal discourse,” the “inverted image” of Western humanism (264). While I agree, I do not see this mirroring as either restricted to the desire for a universal discourse or as a critique of humanism per se. The *mise en abyme* of Perdita and Raymond’s “incurable” split argues rather that Shelley aims at possessive desire itself as a universal human failing. This destructive faculty undergirds everything in the novel, from Perdita’s need to possess Raymond’s body to hegemonies of gender, class, and race, which are upheld by a desire for dominance that persists even after the Plague has dismantled these structures. The Plague serves so facilely as a dark mirror for such inequalities because Shelley constructs it to reflect final causes rather than symptoms. As Percy Shelley rejects the assumption that addressing a disease’s symptoms will cure it, Shelley focuses not on the effect of humanity’s social disease but its causes. Those causes, she suggests, are universal and manifest at both micro- and macrocosmic
levels. The Plague’s hunger for human bodies is a monstrous version of Perdita’s desire for Raymond’s. The disease is so globally devastating not because Enlightenment humanism’s desire for a “universal discourse” is incorrect, but because it is too optimistic in offering that discourse as a panacea.

This is particularly true of the literary arts. Percy Shelley had hoped that poetry might serve jointly as a universal language and a societal remedy. Mary Shelley’s characters, even the Percy-like Adrian, are not so sure. Lionel’s early faith that “hard study I found to be an excellent medicine” suffers repeated disillusionment (82). When Perdita first loses Raymond’s love, for example, Lionel tries to repair her “immedicable wound” with literature. “My schooling first impelled her towards books,” he recalls, “and, if music had been the food of sorrow, the productions of the wise became its medicine” (120). The cordial works, but neither perfectly nor permanently. Perdita never completely recovers from her break with Raymond, and losing him a second time kills her. In turning to literature for salvation, Lionel hopes for a cure and finds only a palliative. His experience previews, on a small scale, the novel’s wider position on the redemptive potential of art.

Palliation, however, is not purely pessimistic. As I have noted, Shelley implicitly critiques interpretations of her novel that see The Last Man as either affirming poetic salvation or rejecting it wholesale. She does so by illustrating these binary attitudes in particular characters’ responses to the Plague. Perdita, most obviously, embodies the defeatism that Morton Paley calls “the failure of art” to offer any form of redemption (114). After her initial break with Raymond, she refuses all possibility of reconciliation. She describes their first small spat as immediately fatal, a medical foregone conclusion. “I will appear to live—while I am—dead,” she announces (103). Raymond’s fatalism is still more thoroughgoing. He essentially forecasts the Plague’s devastation during his last sojourn in Greece: “I, and in a few brief years, all of you—this panic-struck army, and all the population of fair Greece, will no longer be… I have lived my last winter” (153). At the first sign of their mutual disease, both characters give themselves up for dead.
Their attitude towards their relationship echoes the despair many romantic doctors warned posed a danger to patients. The very ill tended towards a dangerous fatalism, and it was a good doctor’s job to counteract this pessimistic disposition. “If there be a tedious lingering disease, the surgeon must be every thing to his patient; watchful, friendly, compassionate, cheerful,” warned surgeon John Bell, “for the patient lives upon his good looks; it is when his surgeon becomes careless, or seems to forsake him, that he falls into despair” (15). Dr. Thomas Alcock, in a cautionary anecdote, describes a patient whose recovery dramatically reversed. It happened that, “the patient having become desponding” as the result of a pessimistic prognosis, “the unfortunate patient died!” (91-2). For medical writers who prized sympathy and humanity as much as curative therapy, proper palliative care entailed buoying patients’ spirits to prevent them from lapsing into the sort of lethal fatalism that claims Perdita.

The Last Man, like Georgian doctors, stresses the danger in such attitudes. Not only are Perdita’s pronouncements of her own doom melodramatic to the point of being ridiculous, Lionel’s skeptical reaction to Perdita’s hopelessness suggests that her death is not actually inevitable. He admits, “I own that I did not see her misfortune with the same eyes as Perdita. At all events methought that the wound could be healed” (110). Like Alcock’s patient convinced of his own mortality, Perdita’s prophecy of incurability is self-fulfilling. Readings that attribute a similar hands-in-the-air fatalism to Shelley’s novel risk being implicated in the book’s critique of a dejection whose pervasive presence in the story should not be mistaken for authorial approval.

Further, Perdita’s dejection foreshadows the nature of many Plague victims’ despair in its narrow focus on the physical body. After Raymond’s death, Perdita yearns to be buried with him and feels a visceral affinity with the physical location of his grave. Her previous zeal for marital unity narrows into an obsession with Raymond’s flesh and its surroundings. This telescoped desire for the body—and its corresponding despair—is repeated on a massive scale among the plague’s English victims. Lionel describes English citizens’ reaction when they realize “that all were to die” and give into their own desperate passions. “Life—life—the continuation of our animal mechanism—was the Alpha and Omega of the desires, the prayers, the prostrate ambition of the human race,”
he shudders (230). Invoking Giorgio Agamben’s distinction between zoë (“bare life”) and bios (“political life”), Hilary Strang argues that in this moment, *The Last Man* explodes its earlier definition of humanity-as-language by forcing a crisis in which such definitions “fall irrevocably away,” elevating “life, animal, biological, to all that can matter” (423-5). But this reading downplays Shelley’s critique of the same attitude in *Perdita*. Similarly, the final actions of the book’s protagonist actually suggest Shelley’s confirmation of bios—and literature in particular—as central to human life.

After everyone else on earth is dead, Lionel does not despair. Instead, he visits Rome, writes a manuscript, and finally loads a boat with books before setting off for a tour of the world’s libraries. “I have selected a few books; the principal are Homer and Shakespeare,” he notes. “But the libraries of the world are thrown open to me—and in any port I can renew my stock” (367). This moment is still more significant considering the novel’s persistent figur of the human race as a ship (323, 345). At the end of the novel, humanity sets sail in the person of Lionel, and the bios of literature remains, as it has been throughout the book, his defining characteristic. Accordingly, the novel’s frame narrative documents the survival of his book, albeit in fragmented, prophetic form. *The Last Man*’s very existence depends on the persistence of a “humanity” lodged firmly outside the biological species—one defined, as previously noted, by language. “Patience, oh reader!” Lionel apostrophizes his potential audience. “Whoever thou art, wherever thou dwellest, whether of race spiritual, or sprung from some surviving pair, thy nature will be human” (312). In addressing potential future humans, Lionel primarily defines their “nature” not by name, location, or even physical form, but by their ability to read. Shelley does not reject humanist valuations of literature, “giving way to a pervasive sense of futility and doom” (An 581). Instead, she suggests that literature might continue the human race beyond its own biological death.

At the same time, it would be wrong to read a reluctance to forsake humanism as support for its redemptive opposite. In his vegetarian tracts and the *Defense of Poetry*, Percy Shelley aligned his belief in social and bodily panacea with recapturing paradise,
mankind’s state of prelapsarian health. As many critics have noted, The Last Man raises the same paradisical ideal only to gut it.\textsuperscript{70} Again, this movement commences well before the Plague, in Adrian and Raymond’s political ambitions to turn England into a republic. Their efforts to benevolently level English society foreshadow the Plague’s much darker leveling, especially given that they associate democratic reform with a return to political and medical paradise. “Let this [our plans for democracy] but last twelve months,” says Adrian, “and earth will become a Paradise… poverty will quit us, and with that, sickness. What may not the forces, never before united, of liberty and piece achieve in this dwelling of man?” (172). Raymond, as England’s Protector, has similar ambitions. “The new elections were finished; parliament met, and Raymond was occupied in a thousand beneficial schemes,” recalls Lionel. “[D]isease was to be banished… Thought Raymond, I have much to do before England becomes a Paradise” (82-4).

For both men, as for Percy Shelley, socially curative ambitions are also deeply medical. Crafting a sound English republic depends mutually upon banishing physical disease. Of the two figures, Adrian more obviously embodies these curative goals. A waifish poetic figure of “all mind,” his devotion to beautiful idealisms of moral excellence is the rough inverse of Perdita’s pessimistic obsession with the physical (20). Lionel notes throughout the text that Adrian seems somehow outside or above humanity: “In person, he hardly appeared of this world; his slight frame was overinformed by the soul that dwelt within” (20). When the Plague reaches England and Adrian assumes political control, he assimilates ably to his role as physician-legislator of the social body. He pledges himself to “rule England in anarchy, and to save her in danger” after Ryland, the previous protector, shirks his duty (200). Ryland ominously excuses himself: “I neither pretend to protect nor govern an hospital—such as England will quickly become” (192). It is worth pointing out that Adrian’s credentials as a Defense-style poet are critical to his ascension. His “very excess of sensibility,” Lionel says, “rendered him more capable of fulfilling his station of pilot in storm-tossed England” (236). Adrian himself locates his strength in a natural-supernatural inspiration distinctly reminiscent of

\textsuperscript{70} See Sterrenburg, Paley, Mellor.
the power Percy Shelley hymns in the *Defense* and poems like “Mont Blanc.” “I have felt as if a superior and indefatigable spirit had taken up its abode within me or rather incorporated itself with my weaker being,” Adrian wonders. “…stay for a while, O Power of goodness and strength… O immortal Capability!” (310).

For all his divine inspiration, however, Adrian’s ministrations cannot save England. They cannot even meet his own initial goals as Protector, “sav[ing] one of [England’s] mighty spirits from the deadly shaft,” or “ward[ing] disease from one of her smiling cottages” (194-5). By this logic, Adrian’s medical superintendence over England fails spectacularly. Critics have read this failure as evidence that Shelley dismisses her husband’s faith in redemption through poetry, broadly defined. “*The Last Man* actually condemn[s Percy’s] political and personal optimism,” concludes Mary Poovey (149). This interpretation assumes that Adrian, like Percy, refuses to modify his initial hope for social and medical panacea. To consider Adrian a failure means reading his goals as consistently curative and aligning his success with mankind’s biological survival.

But Adrian Windsor is not Percy Shelley, struggling to maintain a belief in the panacea against daunting odds. In fact, fairly early in the Plague’s English advance, Adrian actually modifies his own idealism to adopt a palliative outlook very similar to Georgian medicine’s. Total cure, either for disease or society, is no longer Adrian’s goal. His shift away from a politics of panacea can actually be registered in the temporal location of “Paradise” as imagined by Adrian and his circle at different stages in the novel. In Volume I, Paradise is still to-be-regained. “Let this but last twelve months, and earth will become a Paradise,” Adrian insists (172). By Volume III, Lionel mournfully compares mankind to “our first parents expelled from Paradise,” gazing “back towards the scene [they have] quitted” (254). The Eden of perfect health (not to mention marital and social unity) remains forever relative and ideal, a shifting signifier of an intangible

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71 The strand of criticism (first posited by Anne Mellor) that reads Lionel’s embrace of a dying black man of somehow socio-politically “inoculating” him against the plague has been conclusively disproven by Peter Melville.
absolute. Paradise, like “health” for Curry and Babington, is “a relative rather than a positive term” (1).

Having accepted the impossibility of attaining a paradise only dubiously valid to begin with, Adrian shifts his priorities from saving humanity to alleviating its sufferings. His rhetoric recalls Georgian medical ethicists’ emphasis on sympathy and humanity in the face of incurable illness. “I can bring patience, and sympathy, and such aid as art affords, to the bed of disease,” Adrian swears (194). It is a far cry from his earlier promises to restore political Eden. Appropriately for a poet-physician-legislator, Adrian relies heavily on the arts as a means to buoy flagging English spirits. “Such aid as art affords” are medical as well as cultural. Adrian employs both to effect what Romantic doctors saw as their duty to soothe their patients’ minds.72 “Adrian’s chief endeavour, after the immediate succour of the sick, had been to disguise the symptoms and progress of the plague from the inhabitants of London,” Lionel notes. Like Bell and Alcock, “He knew that fear and melancholy forebodings were powerful assistants to disease” (197).

Accordingly, Adrian keeps London’s theatres open, employing them to “quiet the agitation of the spectators” (217). When Lionel attends such a production, he describes it as an opiate, “a medicine I yearned for” starring “the first actor of the age [who] was there to exert his powers to drug with irreflection the auditors” (220). The soporific “drug” of “irreflection” soothes London’s population on a mass scale, as if opium had been administered in gas form to the crowd. Adrian also encourages church attendance. When Lionel attends, he finds especial solace in the musical portion of the service. He recalls how “the bleeding of [his] soul’s wounds was stanch[ed] by [the] heavenly balm” embodied in choral song (222). Further, Adrian’s own behavior towards his people is a

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72 For example, a pseudonymous Aesculapius writes in a guidebook for Guy’s Hospital students: “The mind, as well as the body, must be medicined: [the doctor] should be acquainted with the extensive influence on disease of this energetic principle: he should be able to explore its thoughts, and administer those remedies which its state appears to indicate. This requires benevolence of disposition; to probe without wounding, and to heal without cauterizing—and can only be rendered effectual by that mildness and gentleness, that sympathy, and those delicate attentions which form the basis of our social happiness, and which the expression of suffering so eloquently implores. Thus, it will often be in the power of the medical attendant to save or to destroy his patient, merely by remedies adapted to the mind” (14-5).
piece of careful theatrical art, much like those doctors who argued that “to a patient… who makes enquiries which, if faithfully answered, might prove fatal to him, it would be a gross and unfeeling wrong to reveal the truth” (Percival 194-5). Adrian harbors little hope for humanity’s salvation, but carefully conceals these feelings from the people under his care. After telling his followers, “we may come upon health, and… replant the uprooted tree of humanity,” he retires to Lionel, who intuits his true feelings:

Such were in part the arguments of Adrian, uttered with enthusiasm… something more was in his heart, to which he dared not give words. He felt that the end of time was come: he knew that one by one we should dwindle into nothingness… all this was in the mind of Adrian; but he thought of my children, and, instead of communicating to me these resources of despair, he called up the image of health and life to be found, where we knew not—when we knew not; but if never to be found, for ever and for ever to be sought. (258)

If for Adrian, art soothes the sick mind and staves off despondency, he personally embodies this role in his wholly performative assurances of hope.73 At the same time, his “image of health” is more than merely delusive. It is a calculated redirection of desire towards an ideal that the novel has already thoroughly shattered. Adrian’s hitching of the elusive “image of health” to a compulsory motive force—it must “for ever and ever [be]

73 As Perdita’s incurable despair presages one extreme response to the Plague, so Adrian’s palliative shift is forecast well in advance by his microcosmic relation to his own body. Adrian’s health waxes and wanes in direct inverse to the Plague’s advance. Before the Plague, he is a chronic invalid, but as soon as Plague invades England, he regains an almost inhuman vigor and strength (cf. 195, 310, etc.). At the beginning of the novel, a series of sicknesses and a war-wound sustained in Greece combine with his already fragile constitution to render him a chronic invalid who “seemed to tremble for ever on the verge of annihilation” (171). He is, as Perdita and Raymond will become, platonically broken, “destined not to find the half of himself, which was to complete his happiness” (71). Unlike his early paradisical plans for England, however, Adrian adopts a palliative attitude towards his own health: “Yet, as he had lived on for months, nearly in the same state, he did not inspire us with any immediate fear; and, though he talked of death as an event most familiar to his thoughts, he did not cease to exert himself to render others happy, or to cultivate his own astonishing powers of mind” (171). Adrian accepts his health as functionally irremediable and even anticipates his own death, but unlike Perdita, he does not embrace despair. Instead, he lives as normally as possible in the shadow of his own mortality. If the novel turns on a micro-macrocosmic axis, then Adrian’s palliative superintendence over England during the Plague simply brings microcosm in line with macrocosm. His governance eventually mimics his attitude towards his own health.
sought”—prescribes a specific against the stasis of despair. But this social medicine promises only palliation, never cure. Fittingly, Adrian co-opt s the possessive desire allegorized by the Plague and turns it towards an object (health, life, paradise) the novel heavily implies cannot be possessed, “never to be found,” but “for ever and ever to be sought.” His move recalls Percy Shelley’s appeal to fragmentation in the *Defense*. Percy’s figuration of all poems as “fragments and isolated portions” of a temporally greater whole sustains the hope for a vital poetry that is perennially able to renew language (*Prose* 7: 124). Adrian’s ethics, however, are much soberer. Unlike those Romantic doctors who hoped their benevolent lies might save a patient’s life, Adrian deploys the imagery of hope as a palliative medicine. “The image of health and life” won’t cure anyone—Adrian “knew that one by one we would dwindle into nothingness”—but it might circumvent fatalism like Perdita’s and ease individuals’ journey towards the end.

In fact, Adrian’s star patient ends the novel by following his lead. After everyone else is dead, Lionel heads to Rome. “I had not vainly sought the storied precincts of Rome—I had discovered a medicine for my many and vital wounds,” he notes, his pun on “storied” preceding a roll call of Latin authors: Horace, Virgil, Cicero (362). But the “medicine” of Roman art, like Adrian’s studied reassurances, soothes rather than saves. “[T]he knowledge that I was in Rome, soothed me,” Lionel claims, while “the sight of the poetry eternized in [Roman] statues took the sting” from his dejected thoughts (361). Not even the eternal art of the Eternal City can cure him. Lionel’s grief is as immedicable as the plague that created it. Moreover, like Percy in his *Defense*, Shelley collapses all art into “poetry,” securing literature’s place as the category into which all other creative production falls. Its expansion to a master genre parallels Lionel’s own synonymy with his species as the last man. In easing the individual Lionel, Roman “poetry” soothes all humanity. Fittingly, Lionel experiences his own narrative in precisely the same way. While in Rome, he records the history of humanity’s demise. “I had used this history as an opiate,” he remarks. “I was soothed” in the “melancholy pleasure in painting the end of all” (209).
Lionel’s attitude, I suggest, sets the tone for the novel’s larger rumination on the preservative powers of literature. After failing in his early attempts to suture Perdita and Raymond’s marriage, Lionel recalls, “ever since Adrian had first withdrawn me from my selvatic wilderness to his own paradise of order and beauty, I had been wedded to literature” (120). It’s the only marital union that survives the novel—but it’s not clear what that survival means for humanity. In his chapter on The Last Man and hypochondriac narratives, George Grinnell asks, “How might health be experienced otherwise or to other ends? Is it only or necessarily a salvation?… could health be found outside the body?” (102). He goes on to comment on the way in which Shelley’s novel progressively abstracts Lionel’s physical form: “the last man is, after all, a dematerialized being… Part of the reason for this may be that he is a genre and not a body at all” (102). Not just a genre, but a genus. The novel’s location of humanity in culture, and particularly in language, suggests that some aspect of the human survives the demise of its individual members. While I agree with Grinnell that Shelley never suggests this disembodied humanity can be a sufficient alternative to living people, I think it’s worth probing the nature of what does survive—especially given the novel’s skepticism of the opposite extreme, a cynicism that reduces humanity to the body, and the body to “the alpha and omega of desires” (212).

Audrey Fisch has argued that The Last Man’s frame narrator is “a person who, whether by learning the lessons of Lionel’s narrative or not, has eschewed a politics of perfection and totality”—a position, as I have argued, Adrian adopts within the novel itself (Fisch 280). Significantly, the frame narrator uses Lionel’s story as palliative medicine in a manner analogous to how Lionel uses Roman sculpture. The Last Man is a story supposedly reconstructed from Lionel’s written record, found two hundred years earlier in the form of a Sibylline prophecy written earlier still on scattered leaves in the caves of Cumae. These leaves entomb the future of the species. By 2100, when his chronicle ends, all that will remain of humanity are Lionel’s words. In compiling them hundreds of years beforehand, the novel’s nameless editor stares down her race’s
extinction. Her grief at discovering a record of humanity’s future demise compounds her private loss of “the selected and matchless companion of my toils” (4). Yet strikingly, the editor employs her own novelization of Lionel’s story to “take the mortal sting from pain,” echoing how Lionel himself uses Roman art and his own narrative of humanity’s last days (5). Aware of how improbable such palliation sounds, the editor explains, “Will my readers ask how I could find solace from the narration of misery and woeful change?” She answers her own question, “This is one of the mysteries of our nature… such is human nature” (5). Employing literature as a palliative is deeply if inexplicably human. By this logic, it is only appropriate that Lionel’s story, his race’s final literary legacy, lives on in its own past as a balm for its ancestors.

Like the Georgian doctors who found themselves suspended in the gulf between the possibilities of perfect medical science and the reality of imperfect medical art, the Last Man’s narrator experiences the breakdown of ideal coherence. She can’t fully recreate Lionel’s narrative, only rearrange its fragments in an effort to find “solace” in her misery. But the narrator’s version of this paradigm has still greater significance. As I have suggested, by the novel’s end Lionel becomes both his own narrative and the novel’s stand-in for humanity. Yet the Introduction’s narrator is also human, Lionel’s predecessor. Through reading his story, she gazes into the broken mirror of a totality into which she may eventually be taken up. One human faces humanity, future-tense—a humanity that is completely artistic and abstract, but still recognizable enough to evoke empathy. “I have not been unmoved by the development of the tale; and… I have been depressed, nay, agonized, at some parts,” the editor states (5).

In the Introduction’s bizarre future perfect tense, humanity’s heart will have broken, but brokenly have lived on in its own past. Here, its fragmented pieces not only enact but also allegorize the palliative role literature once had (or will have?) for Lionel. The novel’s frame narrative limply reifies literature as the vessel for a disembodied humanity that can’t quite die, but is no longer fully alive, either—much like the “frail and

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74 The novel’s frame narrator is technically never assigned a gender. I have referred to the narrator as “she” simply to make distinguishing her from Lionel easier.
attenuated Leaves of the Sibyl” on which Lionel’s story is written, withered in form but still “glowing with imagination and power” (5). The “humanity” sustained by this palliative is similarly ghostly, and might well be characterized as a less horrific version of Keats’s Moneta, “deathwards progressing / To no death” (Fall 1.260-1). While Shelley’s novel rejects the notion that what Percy Shelley would call “poetry” can abstractly cure mankind’s ills, she also rejects the cynical alternative that sees “poetry” as useless or insignificant in the face of a species-wide crisis. Art is neither “the sweet medicine of hope, or the opiate of despair” (196). The humanity it embodies neither triumphs over life nor succumbs to death, but merely survives—barely, precisely.

2.5 Conclusion

While Romantic doctors rewrote their own palliative failures as opportunities for ethical success and Percy Shelley’s Defense struggled to maintain a faith in the possibility of panacea, Mary Shelley refuses to embrace either curative redemption or its skeptical inverse. Her careful theorization of what literature can—and cannot—accomplish is surprisingly nuanced for its articulation through an apocalyptic novel. It also speaks to more modern distinctions in professional representation. Medicine managed to make good on its humanitarian ethos, and by the Victorian period the doctor was depicted “in the Victorian novel and in Victorian art as a sympathetic and honourable figure” (Porter, Bodies 262). Doctors’ personal, ethical failings became as much if not more open to critique than their actual therapeutic efficacy. “A physician, of course, who is a bad man, is more inexcusable than a bad man of any other profession,” sniffed Benjamin Rush (139).\(^75\) This characteristic professional sympathy has since fallen away, and medicine is

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\(^75\) Writes Haakonssen, “For the teachers of medicine from Boerhaave to Rush, this character of the physician was as important to the advancement of medical science as the institution of scientific method… the Edinburgh ideal of the good physician was an attempt to combine the virtues of the Greek and Christian model” (27). Tabitha Sparks has described the novelistic depiction of the Victorian doctor as balanced between a professional man “detached from the common feelings of the civilized, feeling person” and “a characterization of the doctor that melds a charitable, service-oriented drive” with “the increased professional respectability he enjoys surfaces in characters like Dickens’s Woodcourt, Charlotte Brontë’s John Graham Bretton (Villette, 1853), and Anthony Trollope’s Thomas Thorne (Dr. Thorne, 1858)” (17).
currently undergoing an identity crisis spurred by its public stereotype as cold and clinical. Some doctors have even begun looking back at Romantic medical ethicists—Percival, Gregory—for guidance.76

Professionals in the liberal arts, meanwhile, sometimes seem caught in a double-bind of the sort Shelley’s novel strives to navigate. In the need to defend the relevance of humanistic studies to a society whose interests are increasingly technical, commercial, and utilitarian, literary scholars occasionally resort to claims about the value of literature that reinscribe what Shelley considered a false binary between hope and despair. The public spat between Anthony Kronman’s *Education’s End* and Stanley Fish’s *Save the World on Your Own Time* neatly illustrates this critical dichotomy. For Kronman, as for Percy Shelley, literature has the potential to be a panacea. For Fish, such cures are an illusion: poetry makes nothing happen. Both positions have been criticized as exaggerations, and scholars like Rita Felski, Joshua Landy, and Marjorie Garber have recently published more nuanced defenses of poetry.77 *The Last Man*, I submit, constitutes another such defense.

Of course, as the novel illustrates, purposefully cautious portraits of the relationship between art and humanity can never be rousing calls to arms. But perhaps this too is part of the point. *The Last Man* is no manifesto, but it is a book that Shelley’s contemporaries and most subsequent critics have recognized as a public statement about the ideals of the circles in which she moved (Poovey 149-59). Importantly, it is a book that lodges “humanity” in cultural productions so thoroughly that their value, by the end of the novel, is revealed via negativa in Lionel’s mournful interactions with Roman

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The latter figure, whom Sparks calls the “doctor hero,” is the type promoted by the profession itself. See also Porter, *Bodies* (258-262).

76 See Bastron and McCullough, “What goes around, comes around.”

77 See Landy, *How to Do Things with Fictions*; Felski, *The Uses of Literature*; and Garber, *The Use and Abuse of Literature*. 
literature and art. Here, perhaps, Mary Shelley demonstrates the critical capacity of the post-apocalyptic narrative to highlight value through loss. Humanity (i.e. Lionel) only truly understands why he once prized literature so highly when it abruptly becomes all he has left. This understanding is certainly not salvific, but neither is it dismissive. There is something to be said for accounts like Shelley’s, which make their case by positing the worst possible scenario and illustrating culture’s necessary place, however limited, in that picture. Her account is believable precisely because it refuses to endorse the hyperbolic narrative of Romantic imaginative redemption—and vital because it does not align a contraction of such claims with cynical despair. Perhaps the most effective Defenses are those that don’t self-identify as defenses at all, but merely illustrate what’s left when all other defenses have failed.
3  John Keats’s “Sickness Not Ignoble”

When telling the story of John Keats’s final year, critics often include the same two episodes, juxtaposed in nearly the same way. In February 1820, as the story goes, the young poet had a coughing fit and spat bright red blood. After examining the color, he pronounced it a “death warrant,” a sure sign of the consumption that had already claimed his mother and brother Tom. Keats’s six years of medical training (five as an apprentice under surgeon Thomas Hammond and one as a student at Guy’s Hospital) gave his self-diagnosis authority. Yet during this same year, Keats endured “obtuse insistence by his physicians and friends that his disease was entirely mental,” writes Donald Goellnicht (207). More sympathetically, Andrew Motion suggests, “Keats’s doctors in fact had no reasonable grounds for doubting what was the matter with him.” Their ignorance, while it “kept him in the dark” about his condition, was not malicious (499). Stanley Plumly meanwhile singles out Keats’s primary doctor for special contempt: “Although he is a pulmonary specialist… [Dr.] Bree dismisses the possibility of anything pulmonary let alone consumptive. This, of course, is stunning news, considering Keats’s own diagnosis to Brown the night he coughs up the arterial blood” (207-8). These comparisons intend to highlight either Keats’s diagnostic acuity or his poetic prescience of his own death. Either way, as foils, his doctors come off poorly.

Such scapegoating may not be entirely fair. Many Romantic medical ethicists stressed the necessity of concealing patients’ fatal illnesses from them in the hope that optimism might aid recovery.78 “To a patient… who makes enquiries which, if faithfully answered, might prove fatal to him, it would be a gross and unfeeling wrong to reveal the truth,” proclaimed Thomas Percival in his Medical Ethics (194). In Keats’s case, what sounds like bad medicine may have simply been good bedside manner. Other doctors disagreed, however. Philadelphian physician Benjamin Rush damned as a “vice” the “falsehood” of those “deceptions which are practiced by physicians with respect to the

78 See Haakonssen; McCullough, John Gregory; and McManners.
cause, nature, and probable issue of diseases” (125). In this chapter, I will argue that Keats, in his capacity both as a doctor and a poet, would by the end of his life come around to Rush’s side of the question—and that this preference for truth over ease, soothe over sooth, strained his fantasy of the “poet-physician” beyond the breaking point.

Keats’s early verse—especially Endymion and “Sleep and Poetry”—promotes a vision of poetic utility closely related to what I have elsewhere called the palliative model. Poetry, he writes, should “sooth the cares and lift the thoughts of man” (“Sleep and Poetry,” 247). The extensive body of criticism linking Keats’s medical training to his poetics generally reaffirms this link, arguing that Keats’s early familiarity with suffering only strengthened his resolve “to palliate (though perhaps not cure) the suffering and disease of mankind” (Ziegenhagen 282). Further, and as the title of Donald Goellnicht’s study The Poet-Physician implies, critics tend to read the speaker in Keats’s 1819 epic fragment The Fall of Hyperion: A Dream as the poet’s mouthpiece when he exclaims, “sure a poet is a sage; / A humanist, physician to all men” (1.189-90). This culminating statement supposedly demonstrates that Keats’s faith in the poet’s medical task remained consistent throughout his brief career. Hermione de Almeida, for example, echoes the Fall’s speaker in her description of Keats’s “poetic task as a physician who would heal the sorrows of mankind” (307).

Yet this picture of Keats’s poetic goals coexists uneasily with a very different critical portrait. The Keats who in a late letter described the world as a “Vale of Soul-making” posited that suffering was responsible for shaping individuality—for Keats, the secular basis of humans’ immortal souls. In this journal-letter, written between February and May 1819 to his brother George and sister-in-law Georgiana, Keats depicts pain not as an evil to be healed but as the necessary medium of “a grander system of salvation than the chrystain religion” (Letters 2: 290-1). According to the letter, human souls are

79 See Chapters 1-2. Some critics have even explicitly described the effect of Keats’s poetry as “palliative”: see Robinson, Holstein, and Ziegenhagen.
80 All citations of Keats’s letters come from the Hyder Rollins edition.
formed by the suffering they undergo in the material world. Here Keats implicitly sets soul-making against palliation. “Do you not see how necessary a World of Pains and troubles is to school an Intelligence and make it a soul?” he asked (Letters 2: 290). His poetry of the same period, I will argue, stages this question in the context of his own poetic goals.

For many critics, The Fall of Hyperion: A Dream (1819) and its predecessor poem, Hyperion: A Fragment (1818), are Keats’s “attempt to dramatize those truths [about soul-making]” (Sperry, “Keats” 83). This reading has become so accepted that it sits comfortably in the Cambridge Companion to Keats alongside the traditional portrait of Keats the poet-physician. “Is this a vale of soul-making, or its impossibility?” asks Vincent Newey before reaffirming Keats’s “ideal poetic function—a physician, pouring out a balm upon the world” (81-83). The rationale behind this dual character—the Keats who saw suffering as necessary for human “salvation” contiguous with the Keats who hoped his poetry could “sooth” those same pains—is grounded in the idea that the Hyperion poems document the effort of Keats the individual poet to understand suffering in a way that would enable him to better palliate it through the medicine of verse. In this reading, the poet, a sort of Christ figure, takes on the world’s pain so he can understand it and use that knowledge to heal a broken world. Timothy Ziegenhagen has called this process Keats’s “apprenticeship in suffering” (281). As Hermione De Almeida explains, “Keats knew that his poetic task as a physician who would heal the sorrows of mankind was to read pain in all its forms and… to make the disagreeables of its variety vanish” (307). The poet-physician, in other words, endures a trial-by-suffering, sacrificing himself in order to combat the “sorrows of mankind.”

But while it offers a consistent picture of Keats the poet-healer, this answer seems too easy, both in terms of Keats’s ethical commitments and his relationship to his contemporary medical milieu. To read the Fall of Hyperion as drawing a sharp division between the poet-physician (who courts pain in order to heal) and his patient-readers

81 For more examples than those that follow, see Fermanis, Holstein, Ziegenhagen, Robinson, and Sperry, “Keats.”
whose pain the poet-physician hopes to ease), effaces an ethical conundrum that touches the heart of Keats’s poetic project. *Fall* begins by advertising its relationship to the Vale of Soul-making letter. Its opening argues that “every man whose soul is not a clod / Hath visions,” before asking “Who alive can say, ‘Thou art no Poet: may’st not tell thy dreams?’” (1.11-14). Save the judgment of posterity, there is no good way to distinguish between poets and the rest of humanity, since both experience visions and have souls that are not clods. If so, and if the Hyperions really do illustrate Keats’s Vale of Soul-making, there is no reason that the process depicted therein—Keats’s “apprenticeship in suffering”—should not apply to “every man whose soul is not a clod” (emphasis mine). The “apprenticeship in suffering” must be endured by Keats’s readers as well as the poet himself.

If the “salvation” achieved through Soul-making depends upon “a World of Pains and troubles… where the heart must feel and suffer in a thousand diverse ways,” it is puzzling that Keats’s ideal poet should seek, *via* poetic medicine, to counteract this process (*Letters* 2: 291). To dub the poet a physician demands either denying poetry’s relationship to Soul-making, or redefining “physician” to denote a figure committed to giving pain instead of assuaging it. For Keats, neither option was acceptable. As a student of Romantic medical ethics and pupil of Guy’s Hospital, he felt that a physician’s first goal was to relieve pain. But his later poetry—the Odes and “Lamia” in particular—repeatedly stress his commitment to “the pain of truth, for whom ‘tis pain” (*Hyperion* 2.202). Among the poems of 1818-1819, the Hyperions most clearly record Keats’s crisis of realization that the poet might not be a physician at all. Poetry, far from soothing the cares and lifting the thoughts of man, might instead be a hornbook of “Pains and troubles,” the diseased but paradoxically vital medium of a Vale of Soul-making.

### 3.1 Guy’s Aesculapius and the Vale of Soul-making

As I have previously argued, many Romantic writers on medical ethics ranked alleviating pain among a doctor’s primary duties. In addition to obeying Hippocrates’s dictum *primum non nocere* (first, do no harm), their attitude reflected the influence of
Benthamite utilitarianism, where pleasure was to be courted and pain avoided. It also acknowledged the more practical fact that because many diseases had no known cure, often the most a doctor could do was alleviate symptoms. John Gregory, for example, followed Francis Bacon in maintaining that it was “as much the business of a physician to alleviate pain, and to smooth the avenues of death, when unavoidable, as to cure diseases” (35). For students of Guy’s Hospital like Keats, the ethical injunction to relieve patients’ pain carried additional emphasis. Guy’s had been founded in 1721 as an incurables hospital. Its mandate, originally outlined in the will of its founder Thomas Guy, specifically dictated that it should admit “persons… labouring under any distempers, infirmities or disorders thought capable of relief by Physic or Surgery; but who by reason of the small hopes there may be of their cure… are or may be adjudged or called Incurable” (39).

This will was reprinted in 1815, the year Keats matriculated, with an Advertisement defending the hospital’s Governors against allegations that they had illegally discharged a number of incurable cases. The Governors, apparently anxious that Guy’s should not become a dumping ground for parishes ejecting their indigent poor, justified their actions by cleverly literalizing Thomas Guy’s original mandate. Guy “described the persons for whose relief he designed his Hospital, to such as are thought capable of relief by Physic or Surgery” (5). Because the Governors were arguing that Guy’s should provide only medical, not social, assistance, Thomas Guy’s stress on “relief”—alleviating pain—was a focus of their rhetoric in 1815. Unsurprisingly, this focus reappeared in the ephemera of Guy’s student culture. In August 1816, two months before Keats’s graduation, a guidebook targeting Guy’s students appeared that drove this message home. Entitled The Hospital Pupil’s Guide and written by a pseudonymous “Aesculapius”—the Greek god of healing, son of Apollo—the guide dispensed practical academic advice spiced with lengthy ethical dictates. Foremost among these was the injunction to avoid giving pain wherever possible. “Above all, evince your earnest desire

82 See Chapter 1. Haakonssen comments that “a Christian utilitarianism based on the belief that what we can do is good because it leads to the greatest happiness” underwrote the ethical systems of both John Gregory and Thomas Percival, the major medical ethicists of the Romantic era (238).
to spare pain to your patients,” wrote Aesculapius. “It is your aim to do good, with the least possible pain” (57).

Of this volume, Robert White notes that “the most cautious statement that we can make is that it gives no more and no less than an unrivalled glimpse of the kind of life, ethos and ideas which Keats would certainly have encountered at Guy’s” (17). This ethos centered on a familiar set of medical virtues: sympathy, humanity, and a “condensed sensibility” that called upon doctors to share their patients’ agony without becoming incapacitated by it. A good doctor should “‘feel to the rising bosom’s inmost core,’ the sufferings of his friend without injury to his patient,” writes Aesculapius (89). White argues that regardless of whether or not Keats read the Guide, his immersion in a medical environment suffused with similar ethics must have helped spur his “realization that his own capacities for ameliorating suffering lay not through the ‘lancet’ but the pen” (22-23). Keats’s early poetry certainly supports White’s thesis. As I’ve already noted, “Sleep and Poetry” argues that “the great end / Of poesy,” like Aesculapius’s doctor, is to “be a friend / To sooth the cares, and lift the thoughts of man” (245-7). As many critics have previously shown, in illustrating poetry’s alleviative effects, Keats draws on the pharmacopoeia of his contemporary medical milieu, whose primary analgesics were opium and alcohol (Porter, Sickness 102). Comments James Holstein, “Keats’s initial response to suffering was to offer his poetry as a palliative that reproduces the analgesic properties of wine, opiates, love, or reverie… [by] distracting the mind from the material world” (36).

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83 White is the only other scholar I have found who has read the Guide, which survives in two copies in London. The one I have examined is a second edition published in 1818 and currently housed at the Wellcome Library.

84 For more on the character traits of the ideal Romantic doctor, see Chapters 1-2. Also see Haakonsen; Porter, Sickness; and McCullough, Gregory and “Ethics.”

85 For comprehensive discussions of Keats’s reliance on specific pharmaceutical and botanical remedies, see de Almeida, Goellnicht, Evans, and Barnard.
Throughout his early verse, the poet’s alignment of pain relief with drowsiness and closed eyes evokes the somatic effects of common Romantic anodynes. His early romance *Endymion* exposes its titular character to a dizzying range of palliatives, both metaphoric and literal. Endymion’s first dream of his beloved moon-goddess Cynthia occurs on a bed of poppies. Keats recounts how “through the dancing poppies stole / A breeze, most softly lulling to [Endymion’s] soul” (1.556-7). And Endymion’s second beloved, a melancholic Indian Maid, initially joins Bacchus’s drunken revelers in the hope of drowning her persistent melancholy (4.199-206). The lush drowsiness of Endymion’s journey is generically appropriate. The lulling dreamscapes through which he moves reconfirm romance as a mode traditionally understood as an escape from the real world. Keats even explains his genre choice in the opening to “Sleep and Poetry.” Here he aligns the “soothing,” “tranquil,” and “healthful” benefits of “a green island, far from all men’s knowing,” with the genre in which they typically occur, “high romance” (2-10).

But as Jack Stillinger notes, the poet does not long remain satisfied with narcotics or their poetic equivalents as viable methods of pain relief (109). In fact, Keats already betrays discomfort with such soporific solutions in *Endymion*. He does so not “because [anodynes] shut out pleasure as well as pain,” but rather because they dull or obliterate consciousness (Stillinger 109). Endymion’s desire to “soothe / [His] madness” by forgetting his commitment to his beloved Cynthia in order to bind himself to a new infatuation requires not only a denial of his own betrayal, but the “murder” of some portion of his self (4.312). “Let me not think, soft Angel! … make my watchful care / Close up its bloodshot eyes, nor see despair! / Do gently murder half my soul,” he begs (4.303-9). Endymion hopes to soothe himself by “not think[ing],” closing his eyes, and murdering his soul: a death-state analogous to sleep, the shutting of “watchful care.” A similar bout of “dreamless sleep” in the Cave of Quietude causes Endymion’s “lull’d soul,” rapt in an oblivious numbness where “anguish does not sting,” to miss his own wedding celebration—not to mention the crucial truth that Cynthia and his new beloved are, in fact, the same person (4.526-49).
In *Endymion*, Keats’s links between painlessness, closed eyes, and a slain or anesthetized soul prefigure his later work’s use of the same set of images to probe the figurative resonance of the anodynes that would have been available to him as a medical student. Soon after *Endymion*, Keats’s wavering commitment to romance as the genre of blissful escapism morphs into a gothic interrogation of escapist bliss and its medical correlates, analgesic drugs. Though the satiric *Lamia* most clearly embodies Keats’s use of romance to unsettle its own generic assumptions, poems like “Isabella and the Pot of Basil,” “The Eve of St. Agnes,” and most of the Odes engage in a similar project. In these poems, Keats’s conclusions about palliatives range from ambiguous to downright skeptical. They evince an increasing dissatisfaction with “merely distracting the mind from pain” through sleep, numbness, or fantasy (Holstein 36).

Unlike his medical counterparts, for whom mind-altering drugs like alcohol and opium were acceptable alleviative options, Keats’s recourse to them even metaphorically is fraught with anxiety that such relief might come at the price of consciousness. “Ode on Melancholy,” for example, begins by denouncing the “poisonous wine” of Wolfs-bane, yew, and nightshade. De Almeida has identified all three as nerve poisons (168). The dangers of such soporifics is that they might make “shade to shade… come too drowsily, / And drown the wakeful anguish of the soul” (9-10). Keats’s concern echoes Endymion’s similar desire to “murder half my soul” by “making my watchful care / Close up its bloodshot eyes.” Similarly, in “The Eve of St. Agnes,” the “poppied warmth of sleep” lulls Madeline so that her “soul fatigued away… blissfully haven’d both from joy and pain.” Her “wakeful swoon” grants Porphyro voyeuristic access to her bedchamber (236-40). And the heart-pained speaker of “Ode to a Nightingale” concludes his paean by rejecting the anodynes offered successively by the “drowsy numbness” of “some dull opiate” (3), the drunken revelries of “Bacchus and his pards” (32), and even “the viewless wings of Poesy” (33). Shaken out of an imaginative fantasy indistinguishable from “a waking dream” (80), the poet snaps awake to “my sole self!” (72). Alleviation, while clearly a goal in these poems, cannot be allowed to impede the “wakefulness” that defines conscious thought.
Keats’s rejection of soporific palliatives goes beyond a simple mistrust of painkillers that dull self-awareness, however. “Nightingale’s” pun on the “sole self” (soul self) underlines how frequently Keats explores the relationship between pain, relief, and identity through the figure of the soul. Though this connection appears extensively in *Endymion*, it also appears at critical junctures in many of Keats’s late poems.86 “Ode to Psyche” is the most obvious. Here, the poet promises to build the soul goddess’s shrine from “branched thoughts / New grown with pleasant pain” (51-2). In “Ode to a Nightingale,” the titular bird’s song literally is its “pouring forth thy soul abroad,” a sound that encourages the speaker to “cease upon the midnight with no pain” (56-7). In “The Eve of St. Agnes,” Porphyro conflates his pained self and soul when he swears, “I shall drowse beside thee, so my soul doth ache” (279). And in “Isabella,” the murdered Lorenzo’s “soul doth thus its freedom win, / [and] It aches in loneliness” (219-20). In both his Odes and his gothic romances, Keats depicts the relation between pain and the soul as inherently confused. Pain and pleasure are conflated in their action on the soul, but their own relationship is never fully defined. For example, the soul’s shrine in “Psyche” is built of thoughts “grown with pleasant pain” (52). Here, the link between pain and pleasure is universal and necessary for all those who possess souls—in other words, humans. Keats makes the same point more bluntly in his satiric romance *Lamia*, where Lamia’s unearthly nature manifests in her inhuman power to “unperplex bliss from its neighbor pain” (1.192). Her transformation into a human woman is a fall back into the hazy confusion of a world in which pleasure and pain are inseparable: “She burnt, she lov’d the tyranny” (2.81).

In his poetry, Keats persistently refuses to play Lamia herself by unperplexing the boundaries between pain and pleasure in their effect on the soul. Instead of an explanation, he offers bare juxtaposition like the “aching Pleasure” of “Ode on Melancholy” (23). Again, this refusal is generic. As gothic romances, *Lamia*, “Eve,” and “Isabella” draw their poetic power partially from their ambiguity. The dreamy world of

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86 *Endymion* has been read as a platonnic allegory, with “Endymion’s pursuit of Cynthia as a symbol of Man or Soul or Poet in quest of Ideal Beauty or some kind of transcendental Reality” (Ford 1). The word “soul” appears ten times in the poem.
romance is an ideal vehicle for displaying, but not clarifying, the potent mystery of pain’s inseparability from pleasure and their power over human behavior. Keats’s romances are not designed for logical critique. They illustrate, not argue. In the same way, the dialectic structure of the Odes resolves binaries, but that resolution rarely constitutes a precise argument.\textsuperscript{87} By the end of “Melancholy,” it is clear that pain and pleasure are inseparable and complexly tied to the “wakeful anguish of the soul,” but not how that necessary relationship works (10). This is not to say that Keats did not have an argument to make about how pain affected the soul. He did. But he made it elsewhere, in genres appropriate to the task: prose and epic, the home of argument and “high argument,” respectively.

Keats’s most extensive discussion of the soul’s relationship to pain occurs in his long letter to George and Georgiana Keats, written between February and May 1819. The letter, which includes “Ode to Psyche,” culminates in Keats’s articulation of a “system of salvation” that proposes an alternative to Christian grace. Keats writes,

Intelligences are atoms of perception—they know and they see and they are pure, in short they are God… I will call the world a School instituted for the purpose of teaching little children to read—I will call the human heart the horn Book used in that School—and I will call the Child able to read, the Soul made from that school and its hornbook. Do you not see how necessary a World of Pains and troubles is to school an Intelligence and make it a soul? A Place where the heart must feel and suffer in a thousand diverse ways! Not merely is the Heart a Hornbook, it is the Minds Bible, it is the Minds experience; it is the teat from which the Mind or intelligence sucks its identity—As various as the lives of men are—so various become their souls, and thus does God make individual beings, Souls, Identical Souls of the Sparks of his own essence. This appears to me a faint Sketch of a system of Salvation which does not affront our

\textsuperscript{87} See Curran, \textit{Poetic Form and British Romanticism}, for a full discussion of the Keatsian Ode’s dialectic structure.
reason and humanity… I began by seeing how man was formed by circumstances—and what are circumstances?—but touch-stones of his heart—? and what are touch-stones?—but proovings of his heart?—and what are proovings of his heart but fortifiers or alterers of his nature? and what is his altered nature but his soul? (Letters 2: 290-1)

Here, notes Robert Ryan, “Keats draws a rather unorthodox conclusion: that the soul does not come into being when the body does, but only when the human being achieves his unique personal identity” (Keats 200). This personal identity is sculpted from divine tabulae rasae—“intelligences or sparks of the divinity”—by passing through a medium of worldly suffering (Letters 2: 290). “Do you not see how necessary a World of Pains and troubles is to school an Intelligence and make it a soul?” Keats asks (290). The sole self—the soul self—is created by a “heart [that] must feel and suffer in a thousand diverse ways,” otherwise it will remain “without any identity” (291). The distaste for soporific anodynes prevalent in Keats’s poetry of the same period finds justification in this letter, focusing what many critics consider a shift in Keats’s relationship with suffering. By 1819, the poet had moved away from analgesic escapism and towards “an active acceptance of pain” (Holstein 44). Keats was well aware that such an acceptance had serious implications for his faith in the relationship between poetry and medicine. The letter’s concluding definition of soul—“what is his altered nature but his soul?”—recalls contested Romantic descriptions of illness as “any variation from the most perfect and healthy state of the several organs and functions of the living body” (Babington and Curry 1). No matter that such a “perfect” state was understood to be functionally impossible to achieve: it was simply the ideal limit against which everyday illness was measured. As Thomas H. Broman writes, in the late eighteenth and early nineteenth centuries, “the healthy body was considered… to be the natural condition,” while illness,

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88 See Rodriguez, Fermanis and R. Ryan for a discussion of Keats’s religious, philosophical, and literary sources for this secularized version of a Christian immortal soul.

89 Babington and Curry, of course, rejected this definition of disease. However, the fact that they felt the need to begin their Lectures by debunking it suggests its presence in Romantic medical culture.
“by contrast, represented a falling away from the ideal of health” (476). Diseases were therefore quite literally “altered natures.” Further, Roy Porter notes that Romantic medicine saw disease as an intensely individual phenomenon. “Disease was an individual matter… an expression of one’s own constitution,” he writes (Sickness 149). Each sick person is sick in her or his own way, and their unique deviations from a practically unachievable standard of healthy perfection were as individual as fingerprints. As physician Henry James Chomeley, citing Curry and Babington, maintained, “Health and Disease… respect the individual as compared with the generality of men, and with himself at different times” (1). In the Soul-making letter, Keats turns this medical truism into a metaphysical statement about the origin of individuality. For doctors like Chomeley, Babington, and Curry, individual fluctuations in health were evils to be abolished or alleviated. For Keats, such “altered natures” were necessary instruments of salvation.

Keats describes these instruments through a surprisingly complex system of metaphors, one that implicates more than the “World” in the business of transforming intelligences into souls. Earlier in the same letter, Keats had described Shakespeare’s “life of Allegory” through comparison with “the hebrew Bible.” “A Man’s life of any worth is a continual allegory… a life like the scriptures, figurative,” he writes (Letters 2: 261). His reference to the Bible several pages later, set in the immediate context of his rejection of “the chrystain religion” and its faulty doctrine of salvation, evokes this earlier emphasis on the Bible’s “figurative” value. “Not merely is the Heart a Hornbook,” he claims, “it is the Minds Bible, it is the Minds experience; it is the teat from which the Mind or intelligence sucks its identity.” For Keats, the “Minds Bible” is a literary work, not a religious one. Its function is not to prescribe religious ground rules but to convey the painful experience that crafts souls from intelligences.

More importantly, Keats considers the “human heart” a text, both poetic, like a Bible, and pedagogical, like a Hornbook (a small, handheld board used to teach children the alphabet). But unlike such school texts, the Heart’s Hornbook is not didactic. It does not push “a palpable design upon us,” as Keats comments disdainfully of certain styles of poetry in an earlier letter to J. H. Reynolds (Letters 2: 86). In this February 1818 letter,
he goes on to argue that “Poetry should be great & unobtrusive, a thing which enters into one’s soul, and does not startle or amaze it with itself but with its subject” (86-7). Poetry, in other words, does not advertise itself as instructional but instead delivers its “experience” directly into the soul. As Susan Wolfson notes, “In the ‘Vale of Soul-making,’ learning to read is synonymous with developing identity; one is as one reads” (Questioning 346).

In the 1819 Soul-making letter, Keats expands this point to offer a tentative model for how poetry should affect its readers. His metaphors for the heart together approximate what his May, 1818 letter to Reynolds had described as poetry’s proper function: a non-oppressive but palpable pedagogy. Poetry combines the figurative excellence of the Bible with the instructional value of a hornbook by acting as a conduit for worldly experience. This singular combination implicates poetry in the “system of Spirit-creation” Keats outlines as the non-Christian basis of human salvation. Poetry both represents “the medium of the Heart” and guides its development by acting as one among the Vale of Soul-making’s “fortifiers or alterers of [a person’s] nature” (Letters 2: 292). In another letter to Reynolds, Keats had praised Wordsworth for “martyr[ing] himself to the human heart, the main region of his song.” He approvingly concludes that “we find what he says true as far as we have experienced, and we can judge no further but by larger experience—for axioms in philosophy are not axioms until they are proved upon our pulses” (Letters 2: 122-3). For Keats, Wordsworth’s achievement lies in his poetry’s proximity to real experience. His “song” inscribes itself in the human heart. Similarly, all good poetry conveys “larger experience” of life that must be confirmed on that heart’s “pulses”—what the Soul-making letter calls “proovings of the heart” (Letters 2: 292).

Crucially, the most valuable products of “larger experience” are also the most painful. As Keats writes in the May, 1818 letter to Reynolds:

Until we are sick, we understand not—in fine, as Byron says, ‘Knowledge is Sorrow’; and I go on to say that ‘Sorrow is Wisdom’…

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… sharpening one’s vision into the heart and nature of Man—of
convincing one’s nerves that the World is full of Misery and Heartbreak, Pain, Sickness and oppression… [he goes on to compare investigating these miseries to exploring “dark passages”]… to this point was Wordsworth come… and it seems to me that his Genius is explorative of those dark Passages. Now if we live, and go on thinking, we too shall explore them… here I must think Wordsworth is deeper than Milton. *(Letters 2: 124-5)*

The genius of Wordsworth’s poetry is precisely its ability to convince readers’ nerves of “Misery and Heartbreak”—to infect them with the sickness that until we have it, we “understand not.” Keats’s marriage of pain and knowledge here is less than consolatory, but the progression of its logic anticipates that of the Vale of Soul-making letter written a year later. If “Sorrow is Wisdom,” it must take a “World of Pains and troubles” to transform an intelligence into a soul. The key difference between the May, 1818 letter and its 1819 counterpart is not their dark intimation of poetry’s obligation to transmit sorrow, but the anticipated results of that necessary pain. In 1818, sickness leads to wisdom. In 1819, it leads to soul.

The somewhat disturbing implication of these letters is that poetry, too, might be an alterer of nature, a Hornbook that sears “Pains and troubles” onto an intelligence to stamp it with “the sense of Identity” *(Letters 2: 291)*. Keats even suggests as much in his conclusion to the 1819 letter’s Soul-making passage. “There now I think what with Poetry and Theology you may thank your Stars that my pen is not very long winded,” he writes *(Letters 2: 292)*. While the “Poetry” here may refer to the two poems Keats has included in this section of the letter—“La Belle Dame Sans Merci” and “Song of Four Fairies”—its syntactic marriage to “Theology” implicates it in Keats’s explanation of his “system of Salvation which does not affront our reason and humanity” *(Letters 2: 291)*. Andres Rodriguez notes that the poet’s system still looks toward “Salvation” and so, presumably, has some sort of redemptive goal. “‘Soul-making’ is first of all a ‘making,’ namely poesis (Greek poiesis, ‘creation, poetry, poem’)” *(177)*, he writes. But it is unclear whether this redemption, the soul’s poesis, remains in any way compatible with Keats’s earlier faith in poetry’s alleviative function. The Vale of Soul-making depends
upon a human soul’s repeated exposure to suffering. If poets like Wordsworth are valuable precisely for their ability to conduct such pain, Aesculapius’s dictum to doctors—“do good, with the least possible pain”—may not be transferable to poets (5). Poetry might make people better without making them feel better. The Vale of Soul-making letter moves beyond Keats’s early disillusionment with poetry as a soporific anodyne to question whether poetry should seek to “sooth the cares, / And lift the thoughts of man” at all. Appropriately enough, and as many critics have noted, the two aborted epics that frame the letter’s composition—Hyperion: A Fragment and The Fall of Hyperion: A Dream—involves Keats’s most anxious interrogation of poetry’s alleviative role. The poems not only illustrate the letter’s links between identity and suffering, but scrutinize the poet’s participation in the Soul-making that connects them.

3.2 Hyperion: A Fragment

Composed a year apart, Hyperion: A Fragment and The Fall of Hyperion: A Dream have traditionally been read as the objective and subjective versions, respectively, of the same myth. Keats’s twin versions of the Titanomachia tell the story of the Titans’ fall from godhood into a distinctly human mortality. Both poems follow Saturn, the dethroned king of the Titans, as he is roused by his sister Thea to attend a conference of his fallen brethren modeled on the fallen angels’ debate in Book II of Milton’s Paradise Lost. Both poems also begin to chronicle the anxiety of the titular sun-god Hyperion, the last of the Titans to fall, as he slowly loses his grip on the natural forces he had previously commanded. Hyperion: A Fragment concludes by switching its focus to Apollo, Hyperion’s Olympian replacement, who gains his deity in an encounter with the goddess Mnemosyme. The Fall of Hyperion does not get this far. However, the poem rewrites Apollo’s deification in the trial endured by its human narrator, who meets the goddess Moneta/Mnemosyme and must take up the pain contained in her ancient eyes. Where Apollo asks Mnemosyme to “pour” her “knowledge enormous,” a world’s worth of “dire events, rebellions, / Majesties, sovran voices, agonies, / Creatings and destroyings” into
“the wide hollows of my brain” (3.113-8), the narrator of Fall asks Moneta to “Let me behold, according as thou said’st, / What in thy brain so ferments to and fro” (1.289-90).

Hyperion, the earlier “Miltonic” version of the myth, relates the Titans’ defeat from the perspective of an omniscient, third-person narrator. Fall, the latter “Dantean” version, tells the same story as a dream vision relayed by a would-be poet whose exposure to the Titans’ suffering has deep personal consequences. As epics looking explicitly back to previous models, the Hyperions are starker than Keats’s other work of the same period. Taking a cue from Milton’s own “high argument,” they also attempt to be more explicitly argumentative than Keats’s earlier romances about their subject matter. Keats had explained this to Haydon by contrasting Hyperion with Endymion, writing that he hoped “the nature of Hyperion will lead me to treat it [the subject] in a more naked and Grecian Manner” by allocating more definition not only to the narrative but to the hero, who “being a fore-seeing God will shape his actions” consciously (Letters 2: 207). The Hyperions make a serious effort to clarify relationships Keats’s other poems, and especially his romances, leave purposefully vague, most pertinently, the pedagogical relation of pain and soul. In fact, Keats had abandoned the first Hyperion precisely when its register shifted from epic into romance. As many critics have pointed out, Hyperion’s third book lapses back into the flowery language of Endymion. At exactly the same moment, the conflation of pain and pleasure characteristic of Keats’s romances also repeats: “all the vast / Unwearied ear of the whole universe / Listen’d in pain and pleasure” to Apollo’s lyre (3.64-66). Keats breaks off 70 lines later, unable to continue his “high argument” in a genre that, for him, embodied the messiness his epic now sought to clarify.

In their approach to the problem of Soul-making, Hyperion and Fall have generally been read according to their epic predecessors, Milton and Dante. Traditionally, most critics acknowledge the newfound humanity of the fallen Titans in

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90 See Newey for a critical history of the Hyperion poems’ overall reception; Bate, “Keats’s Two Hyperions” for the poet’s debts to Dante and Milton; and Levinson, Life, for a history of the two Hyperion poems as objective and subjective.
Hyperion but still primarily identify Soul-making as the concern of Fall. Like the Commedia, Fall is related through the visionary experience of a human narrator. The subject of this Soul-making is Keats himself, variously identified with Fall’s narrator-dreamer. In Fall, writes Geoffrey Hartman, “The poet’s ‘identity’ is tested” by the Titans’ giant agony. “What a soul-making, to have to sustain symbols which should have sustained him! … Keats’s authorial identity was, in a sense, still to be born” (“Spectral Symbolism” 67). Some scholars locate the climax of this authorial soul-creation as the moment when Fall’s speaker climbs the steps of Saturn’s altar to gaze into the eyes of Titan Moneta, whose immortal suffering he must then endure. “It is very much a purgatorial poem,” explains Kenneth Muir, “and the steps [to Moneta] symbolize, as they do in Dante, the striving of the Dreamer towards the truth” (111). Muir and others parallel this moment with the apotheosis of Apollo at the end of Hyperion. Here, the ascendant god meets Mnemosyme and achieves his deity by drinking in the painful “knowledge enormous” behind her eyes (3.113). “The deification of Apollo is symbolic of the birth of a soul… The vale of god-making in Hyperion is the same as the vale of soul-making,” Muir concludes. “Keats, in describing his own conversion from dreamer to poet, was writing of the birth of the soul in all men” (108).91 Muir underlines the Dreamer’s role as a Dantean Everyman: his journey stands in for the journey all people must take in order to win souls.

Though Muir stresses Fall’s debt to Dante’s Commedia, the Dantesian resonances in Hyperion are equally important, if less commonly acknowledged. These resonances have equal significance for Keats’s illustration of “spirit-creation” in the Hyperion duo.92 They underscore the fact that not only is Hyperion just as concerned with Soul-making as Fall, but that according to Keats’s own description of this process in his 1819 letter, the

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91 See Sperry, “Keats”; Rajan, Dark Interpreter; and Evert for similar accounts of Apollo as the focus of the Hyperion poems’ godmaking.

92 Keats began reading Cary’s translation of the Divine Comedy sometime in late 1817. He carried the three-volume set with him on his walking tour of Scotland with Charles Brown in June 1818. As such, despite the fact that Fall is written in a more overtly Dantesque format than Hyperion, I think it fair to read Hyperion as equally likely to display Dante’s influence.
true recipients of souls in *Hyperion* are not Apollo and his kin, but the Titans. God-making is not, as Muir argues, the same thing as Soul-making. It is precisely the opposite, since Keats’s “system of Salvation” turns on drawing clear distinctions between the way identity operates in gods and humans. In *Hyperion*, the Titans’ fall into humanity is both a fall away from godly essence and a fall into a human soul-domin crafted through the accretion of a personal history of pain.

How does Keats understand godhood? None of his poems or letters offers a direct definition, but a few characters in *Endymion* and *Hyperion* come close. Lamenting his fallen children, the sky god Coelus describes the pre-fall Titans as “symbols divine, / Manifestations of that beauteous life / Diffus’d unseen throughout eternal space” (*Hyperion* 1.316-18). In the same poem, Saturn mourns his loss of “godlike exercise… all those acts which Deity supreme / Doth ease its heart of love in”—acts he aligns with “my strong identity, my real self” (1.106-114). Meanwhile Hyperion laments “my eternal essence” as the locus of his godhood (1.232). He echoes, in *Endymion*, the prophecy guaranteeing the god Glaucus’s immortality: “If he explores all forms and substances / Straight homeward to their symbol-essences; / He shall not die” (3.698-701). The kenning “symbol-essences” offers some clues as to how Keats defines godhood. For Glaucus as well as the Titans, divinity is a state of perfect symbolism. A god’s identity is his or her function or action. Their anthropomorphic personality, their manifestation as a representational “man” or “woman,” cannot be separated from their essence, the natural and supernatural roles they occupy. Saturn, for example, defines his “strong identity” by his “acts,” his “godlike exercise,” while Hyperion is the sun, to such an extent that even when distraught, he remains physically unable to break the cycle of nature by exiting the gates of dawn early (1.290-5).

For Keats, Classical gods lack an identity or personality separable from their allegorical function. This is very different from the freedom Keats associates with what he famously dubs Shakespeare’s “life of Allegory.” In the same long letter to George and Georgiana that contains the Vale of Soul-making, Keats posits that “A Man’s life of any worth is a continual allegory, and very few eyes can see the Mystery of his life—a life like the scriptures, figurative” (*Letters* 2: 159). Shakespeare lives figuratively because he,
like a complex allegory, can weave in and out of various characters and meanings without becoming fixed. His life itself remains a “Mystery,” negatively capable. The Titans have no such freedom. They are not allegorical subjects but objects, restricted to a particular function. To use Keats’s favorite allegorical writer as illustration: the difference between Shakespeare and Hyperion is the difference between Spenser’s *Faerie Queene* and one of its characters—say, the fairy knight Guyon. The former is an allegorical system that exhibits an almost infinite figurative complexity; the latter is a singular allegory of Temperance. Though Guyon might work through or even challenge his allegorical function, he cannot be separated from it. The Titanic gods are similar. Oceanus *is* the ocean, Hyperion *is* the sun: their godly “essence” is contiguous with their “symbol.”

Interestingly, the Vale of Soul-making letter describes godhood in similar terms. Before acquiring souls, newborn humans are merely “intelligences or sparks of the divinity,” which Keats defines as “atoms of perception—they know and they see and they are pure, in short they are God” (*Letters* 2: 290). These beings’ divinity, the purity of the mind by which “they know and see,” owes its perfection to its origin: they are “sparks of his [God’s] own essence” (290). Though the “God” Keats cites is not overtly Christian, his “essence” suggests a humanist and Deistic monotheism in which consciousness itself is the deity that links mankind together through their shared participation in its potential. As Keats writes earlier in the letter, “Wordsworth says, ‘We have all one human heart’—there is an electric fire in human nature tending to purify—so that among these human creatures there is continually some birth of a new heroism” (*Letters* 2: 271). Unlike Keats’s version of the Titanic and Greek pantheons, in which each god allegorizes some specific “essence” (the sun, the ocean, sovereignty, etc), the “essence” of the god of the Soul-making letter seems closer to a reified Cogito. Its manifestation in humans thus resembles Christianity’s *Logos*, though Keats strenuously tries to distance himself from this theological debt.93

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93 As Clubbe and Lovell note, “Even though Christianity remains for Keats only one of many ‘Schemes of Redemption,’ his ‘system of salvation,’ which he argues is far grander ‘than [that of] the chrystain...
Despite their differences, the results of falling away from deity’s perfect “essence” are the same for both Hyperion’s Titans and the Vale of Soul-making letter’s “sparks of the divinity”: humanity. And for Keats, humanity means having a soul. In Hyperion, the Titans’ fall illustrates more than the evolutionary cycle that demotes outdated gods to mortality in order to clear the way for their successors, the Greek pantheon. The Titans, whose newfound mortality is insistently characterized by pain, are gaining souls. They are “humanized” because their “sorrows are a reflection of the sorrows of humanity” (Muir 228). Such humanity can only be realized through “a World of Pains and troubles” (Letters 2: 291). The Titans’ very immortality, a facet of their godhood they retain beyond their fall, becomes Keats’s way of graphically illustrating the process whereby “human nature admitting it to be immortal” can be transformed from an intelligence into a soul through the medium of suffering (Letters 2: 290). When the Titan Thea places her hand “upon that aching spot / Where beats the human heart, as if just there, / Though an immortal, she felt cruel pain,” she is human in every way except bodily (1.42-4). She lacks a human’s beating heart, but nevertheless feels her immortal self being altered by “cruel pain.”

The Titans, in other words, quite literally undergo the Soul-making process as it occurs in humans. Their immortal, physical bodies stand in for humans’ immaterial, but equally immortal, souls. As Keats notes in his letter, divine sparks “are not Souls till they acquire identities, till each one is personally itself” (Letters 2: 290). In Hyperion, the Titans’ new, tragic conception of their own identities stems directly from their first encounters with inexplicable suffering. The Titans illustrate the erosion of selves previously defined by allegorical “essences” into isolated identities, each “personally itself” by way of its unique and very human history of pain.

religion,’ is essentially Christian in spirit and in its major assumptions” (133). Also see Black, Ryan, Rodriguez, and Fermanis for more on Keats’s debts to Christianity and Enlightenment deism.
Before examining the Titans’ ensoulment further, it is worth reemphasizing that for Keats, their humanity is explicitly medical. As Goellnicht puts it, in the Hyperion poems, “mental anguish is described in physiological terms” (217). As Curry and Babington had stressed, perfect health, like godhood, was an absolute state inaccessible to humans. They point out that “few if any persons hav[e] every organ and function in the most perfect state” (1). For the doctors from whom Keats learned his trade, being human at all meant being less than perfect. In Hyperion, accordingly, the suffering the Titans endure in their transition to humanity appears as bodily sickness. Saturn’s “fear, anxiety, revenge, / Remorse, spleen, hope,” and “despair” are illnesses. “Against these plagues he strove in vain,” Keats explains, “for Fate / Had pour’d a mortal oil upon his head” (1.94-98). Here, Keats directly aligns mortality with metaphorical “plagues” that nevertheless appear as physical ailments. He even provides medically accurate sources for the Titans’ soul sicknesses. For example, Hyperion’s slow realization of his own mortality references miasma theory, the medical hypothesis that contaminated places—swamps, cracks in the earth, foul bodies of water—emanated putrid fumes that spread illness (Porter, Sickness 159). The god’s first intimations of mortality occur when “from the mirror’d level where he stood / A mist arose, as from a scummy marsh.” Keats continues, “At this, through all his bulk an agony / Crept gradual, from the feet unto the crown” (1.251-4). Hyperion’s vulnerability to a distinctly mortal infective agent signals his fall from godhood.

More significantly, this portrait inverts a similar moment in Endymion, when the imprisoned god Glaucus regains his divinity precisely by cleaning the swampy “scum” from his identity to reveal its divine perfection in the mirror of a clean, healthy pool of water. Glaucus begins by stressing his re-ascension to godhood: “My soul stands / Now

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94 This point has been made many times by previous scholars, so I will not rehearse it extensively. See Goellnicht, de Almeida, Burkey, and Plumly for discussions of how the Titans are described in the language of disease. Burkey, most specifically, reads Saturn’s “shaking palsy” as an early description of Parkinson’s disease (Fall 1.426).

95 Like Wordsworth and Mary Shelley, Keats does not draw hard and fast distinctions between mental and physical ailments. His perception of the mind and body as a continuum would have been acceptable by many in his contemporary medical milieu. See Chapter 1.
past the midway point from mortality” (3.314-5). Describing his previous millennia of suffering as the “scum” on the “crystal pool” of his identity, he asks wonderingly,

Is it then possible to look so plainly through [the years]?
To breathe away as ‘twere all scummy slime
From off a crystal pool, to see its deep,
And one’s own image from the bottom peep? (3.327-30)

He answers his own question, “Yes… / …my long captivity and moanings all / Are but a slime, a thin-pervading scum, / The which I breath away” (3.331-35). Glaucus’s identity—his “image” at the bottom of the “crystal pool”—is not contiguous with his personal history of pain, his “long captivity and moanings all.” In fact, this history is completely external to Glaucus’s true self, a “scum” he must “breath away” to reveal his identity in the watery mirror of perfect clarity. As Glaucus himself admits, however, he can only achieve this revelation because his divinity has been restored. His soul has passed the “midway point from mortality.” Hyperion’s situation is precisely the opposite. Instead of clearing away the scum from his own “mirror’d level,” the “mist… as from a scummy marsh” rises from this mirror to infect him with pain: “through all his bulk an agony / Crept gradual, from the feet unto the crown.” As Hyperion sheds his godhood, “all his bulk” fills with the miasma of mortality. Overtaken by suffering, he, like a human, becomes inseparable from it.

Where Hyperion is inadvertently subsumed by his new mortality, other Titans consciously begin redefining themselves around it. Allison Pearce has suggested that “‘Hyperion’ is not about loss and defeat, but resurrection. Saturn, washed up on the shore, is not fallen, but saved” (29). I agree, and would add that Saturn’s “salvation” follows the specific formula of Keats’s own “system of Salvation,” the creation of an identity through suffering. After discovering the Titans cowering in pain underground, Saturn mourns his newly mortal comrades. “Not in my own sad breast, / Which is its own great judge and searcher out, / Can I find reason why ye should be thus;” he wonders (2.129-31). In his earlier lament to Thea, Saturn had described his fall as a movement away from himself: “I have left my strong identity, my real self / Somewhere
between the throne, and where I sit / Here on this spot of earth” (1.112-16). Yet by the
time he reaches the fallen Titans, Saturn has emphatically, almost solipsistically
reclaimed himself. He announces his discovery with a pair of reflexive possessives: “my
own sad breast” is “its own” judge and explorer. The external universe over which he had
once exercised sovereignty has collapsed inward. His judging, surveying gaze has
restricted its purview accordingly, shrinking its scope to the territory of his “own sad
breast.” His new self resides in a “breast,” like Thea’s painful, human heart or the heart
of the Soul-making letter. And not just a “breast,” but a “sad breast.” Stripped of his
“strong identity,” Saturn has redefined his new, self-reflexive mortal self by its incipient
history of suffering.

Clymene, a lesser god who speaks up during the Titans’ Miltonic debate over
how they should proceed, makes a similar claim more emphatically. She begins by
narrowing her experience of the world to her own perceptions of suffering: “all my
knowledge is that joy is gone” (2.253, emphasis mine). She then begs her fellow Titans
to “let me tell my sorrow, let me tell” (2.259). Relaying the story of hearing Apollo’s
music, she recalls becoming “sick / Of joy and grief at once” (2.288-9). Clymene’s
sickness conflates “joy and grief” in a characteristically human way, at least according to
the rest of Keats’s corpus that defines humanity by the inability to separate pleasure and
pain. But her genuine happiness at the song of Apollo’s godhood—a joy apparently
unique among the Titans—is irrevocably hitched to the “grief” of losing that same deity.
Tellingly, Clymene herself swiftly refocuses on the latter emotion, concluding her speech
with a strong self-affirmation that hinges on the uniqueness of her suffering. “O Father,
and O Brethren,” she cries, “had ye felt / Those pains of mine, O Saturn, hadst thou felt, /
Ye would not call this too indulged tongue / Presumptuous, in thus venturing to be
heard” (2.296-99). Clymene justifies her uncharacteristic confidence by asserting “those
pains of mine” as absolutely her own and thereby worthy of articulation. She hangs her
self-worth on the belief that her pain is not replicable or even truly transmissible. Even
after she has told her story, Saturn and his Brethren still cannot “have felt / Those pains.”
They can only gain secondhand knowledge of Clymene’s agony through her story. The
bounds of her individuality are demarcated by her suffering. Nevertheless, her silence is
not an option, and the same pain that has estranged her simultaneously compels her to share the new, brief personal history her pain has created.

The relentless possessives—mine, my own, my sorrow—used by Saturn and Clymene underline how their new individual status depends upon a deep feeling of estrangement. As Keats notes, “each [Titan] kept shroud, nor to his neighbor gave / Nor word, or look, or action of despair” (2.24-25). The absolute solitude of the fallen Titans recalls Dante’s *Inferno*, where sinners are defined by their separation from both the divine and each other. Writes Christopher Ryan, “[I]ntended by the sinner to be an assertion of self… sin in Dante’s eyes is the ultimate denial of self… the ultimate and universal pain of Hell [is] isolation” (143). But where in Dante this isolation punishes, in Keats it signals burgeoning humanity. Keats rehabilitates the “assertion of self” Dante condemns as misguided. Cut off from their divine “essences,” racked by the pain of forced solipsism, his Titans have no choice but to become human. This transformation is tragic but, for Keats, necessary for Soul-making.

Keats’s refusal to condemn the Titans’ Dantesque isolation suggests his implicit approval of the consequences, if not the cause, of their fall. His approval recalls the standard Romantic reading of Milton’s Satan as a tragic hero. But Keats shifts the focus of his approbation from Satan’s initial god-defying resistance to its aftermath. The fallout is where Soul-making happens, where individuals begin to suffer the ennobling pains that

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96 The Soul-making letter includes Keats’s telling rewriting of one of the *Inferno*’s most famous scenarios, Canto 5’s condemned lovers Paolo and Francesca. Carnally inseparable in life, the lovers pay in death by being forced to fly around together in a maelstrom, linked but still fundamentally separate. They don’t speak, and Francesca will not even refer to Paolo by name. The pair encapsulates, in miniature, the situation of all Dantesque sinners. Joined by punishment, they nevertheless each inhabit an insular hell whose isolation—from other sinners and from god—contributes to their agony. But Keats reimagines their damnation as paradisical. In the Soul-making letter, he describes a dream he had about the lovers as “one of the most delightful enjoyments I ever had in my life—I floated about the whirling atmosphere as it is described with a beautiful figure to whose lips mine were joined at it seem’d for an age—and the midst of all this cold and darkness I was warm—even flowery tree tops sprung up and we rested on them sometimes” (*Letters* 2: 280). In his sonnet on the canto, transcribed into the same letter, Keats even reinterprets the pair’s stony lack of communication as gracious, a fine and private silence where “lovers need not tell / Their sorrows” (*Letters* 2: 280, l. 11-12). Keats plants flowery trees in Dante’s hell and rehabilitates Dante’s sinners. He reads Paolo and Francesca’s estrangement not as justified punishment, but as a tragic obstacle for their insistently human—to be overcome.
sculpt human identity. In the case of Titan Enceladus, Keats even makes it clear that his suffering has altered him for the better. Before his fall, Enceladus had inhabited the realm of soporific pleasure that Keats’s other poetry condemns. He was “one tame and mild as a grazing ox,” somnolent in “days of peace and slumberous calm” (2.66, 355). His fall, and more specifically its attendant pain, has changed all that. “Much pain have I for more than loss of realms,” he laments, mourning his sleepy days “before our brows were taught to frown… before we knew the winged thing, / Victory, might be lost, or might be won” (2.334-42).

For Enceladus, “much pain” has transformed him into a fighter. His fierce new knowledge of loss balances his first taste of “Victory” and the desire to pursue it. Once an ox, he is “now tiger-passion’d, lion-thoughted, wroth… even now / [Is] hurling mountains in that second war” (2.68-70). Keats ensures his character shift appears heroic, not savage. When the dejected Saturn discovers the fallen Titans, he “felt faint, and would have sunk among the rest, / But that he met Enceladus’s eye, / Whose mightiness, and awe of him, at once / Came like an inspiration” (2.106-9). Once tame and sleepy, Enceladus has been hurt into active, inspirational leadership. His passionate resistance recalls the persistence of Milton’s Satan, a figure whom Keats, like many Romantics, revered as a hero.

More importantly still, when Hyperion appears among the Titans and his brilliance reveals their misery “to the most hateful seeing of itself,” Enceladus is the only named Titan who refuses to look away (2.371). The other gods simply “hid[e] their faces from the light” (2.381). Keats’s poetry frequently contrasts a cluster of ideas linking painlessness with sleep, unconsciousness, and closed eyes and one linking pain with wakefulness, consciousness, and open eyes. Here I want to add one more binary to the pile: deception and willing ignorance vs. knowledge of the truth. As Lionel Trilling has noted, despite occasional protestations to the contrary, Keats “did fret after knowledge and thought it right to do so” (244). In his April, 1818 letter to John Taylor, he proclaimed, “I mean to follow Solomon’s direction of ‘get Wisdom—get understanding’… I find that I can have no enjoyment in the World but a continual drinking of Knowledge” (Letters 2: 117). For Keats, open eyes, in addition to illustrating
conscious thought, symbolized the willingness to see the truth, to continue “drinking of Knowledge,” whatever the cost. Closed eyes, on the other hand, symbolized a refusal of such knowledge. For example, as I’ve already noted, Endymion hopes to banish the knowledge of his own infidelity by quite literally closing his eyes to the truth. “Let me not think, soft Angel! … make my watchful care / Close up its bloodshot eyes” (4.303-8), he begs.

As per the conventions of romance, Endymion’s blunder ends happily. The prince never has to pay for his ignorance. Instead, he is rewarded for it at the end of the poem when he discovers that his two beloveds are actually the same woman. By contrast, in the satiric Lamia, Keats underscores the dark consequences of the ignorance his earlier, more earnest romance had justified. The tutor of Lamia’s fiancé reveals her as a serpent by literally staring her down. Lamia’s disguise withers beneath the “sophist’s eye,” the piercing gaze of “sage, old Apollonius” (2.299, 222). The poem illustrates the necessity and the painful price of open-eyed truth. While Apollonius prevents his charge from marrying a metamorphosized serpent, both lovers die in the process. Keats presents the revelation of Lamia’s true form as brutal but necessary. He frames her sojourn with her beloved Lycius as the same sort of soporific escape that entices Endymion. The lovers “reposed… with eyelids closed” in a drowsy love-nest removed from the rest of the world (2.22-23). Worse, Lamia’s attempts to maintain this escape depend upon Lycius’s blissful ignorance. When he first begins to “mus[e] beyond her,” she asks, “Why do you think?”—echoing Endymion’s earlier request (2.38, 41). Despite its tragic ending, the logic of the poem privileges the open eyes of true knowledge over those closed in palliative sleep or self-deception.97 It shatters the illusions of romance and largely justifies their fracture.

Hyperion: A Fragment is more emphatic than Lamia about privileging painful truth over comforting ignorance. It does so first when Enceladus refuses to turn his eyes

97 This reading only scratches the surface of the complexities of Lamia, which unfortunately I cannot give full treatment here. The poem is extraordinarily complex in its treatment of open and closed eyes, dreaming, sleep, truth, and deception.
away from Hyperion’s “terrible” light, and more obviously when Apollo fixes his “enkindled eyes, with level glance… stedfast” upon Mnemosyne to gain the excruciating “knowledge enormous” requisite for godhood (3.112, 121-2). Unlike Lamia, Apollo survives his encounter with truth. But the same complex of ideas also appears earlier in the poem, when during the Miltonic conference, Oceanus offers his take on how his fellow Titans should cope with their new mortality. Urging his brethren to submit to the ascendant Olympian gods on the grounds “That first in beauty should be first in might” (2.228-9), he promises that if the Titans accept this “truth,” they will be freed from their agony:

Now comes the pain of truth, to whom ‘tis pain;  
O folly! for to bear all naked truths,  
And to envisage circumstance, all calm,  
That is the top of sovereignty…  
………………………………………………  
…I might best  
Give consolation in this woe extreme.  
Receive the truth and let it be your balm. (2.202-5, 241-3)

For Oceanus, being a god—occupying the “top of sovereignty”—means possessing the ability to perceive truth, otherwise painful, as a palliative “balm.” As Keats well knew, the term had strong connotations in Romantic medicine. In addition to a few specific remedies involving either the Balm of Gilead or plants of the genus Melissa, “balm” more generally referenced a “healing, soothing, or softly restorative, agency or influence.” As a verb, it meant “to soothe, alleviate (pain, sorrow, etc).”98 In stark

98 OED, “Balm, n. 6”; “Balm, v. 3.” See Hooper’s 1817 Medical Dictionary (97, 485). The OED, appropriately, cites surgeon and poet George Crabbe’s Library for the noun usage, “See here the balms that passion’s wounds asswage.” Crabbe, interestingly, does not use “balm” in the sense of “heal,” but merely “asswage”—assuage. This fits with the usage I have found in many medical texts. Whenever it is not describing a specific like the Balm of Gilead or Melissa, “balm” is not so much a curative as it is a poultice used in pain relief. For example, John Redman Coxe described his ideal physician as “a good Samaritan, administering the balm which should ameliorate the sufferings of the afflicted!” (21).
contrast to the evidence of *Lamia* and *Endymion*, Oceanus argues that with the right attitude, truth can relieve pain rather than cause it.

Many scholars read Oceanus as Keats’s mouthpiece in the poem (Evert 231). But like Apollonius, Oceanus is both “sophist and sage” (2.168). He tells the truth, but tells it slant. Beings able to follow his advice are by definition *gods*, those who exist “at the top of sovereignty.” Indeed, in *Endymion*, Glaucus as a reborn god defines his deity by his newfound ability to view his pain objectively—to “without a sigh / Tell thee briefly all my joy and pain.” He even describes the experience in Oceanus’s terms, as a specifically visual power. Where Oceanus urges the Titans to “envisage circumstance, all calm,” Glaucus can “dispel a thousand years” of misery “with backward glance sublime” (3.316-7, 328-9). Apollo’s deification, though incomplete, seems on track to follow Glaucus’s example. Catalyzed by an encounter with the agony of truth, his pain marks his progress towards a similar calm omniscience. Though the poem remains unfinished, its extant final lines strongly suggest that Apollo would have transcended his agony to achieve godhood: “At length / Apollo shriek’d;—and lo! From all his limbs celestial…” (3.134-5). Apollo’s own description of deification, “as some blithe wine / Or bright elixir peerless I had drunk / And so become immortal,” suggests that he knows that immortality will eventually confer painlessness (3.118-20). Apollo looks ahead to an eternity in which he will possess the power to experience painful truth as “blithe” balm.

The Titans, however, are no longer gods. They are mortal, and thus constitutionally unable to heed Oceanus’s words. For example, just after touching her “aching spot / Where beats the human heart,” Thea regrets her attempts to wake Saturn by voicing a human’s answer to the problem of suffering (1.43-4). She desires palliation, aligning it with ignorance, closed eyes, and sleep. Thea begins by mourning the “aching time” of “monstrous truth,” then continues, “Saturn, sleep on:—O thoughtless, why did I / Thus violate thy slumberous solitude? / Why should I ope thy melancholy eyes? / Saturn, sleep on!” (1.68-71). In begging to deny Saturn’s knowledge of the truth, Thea recalls not only Endymion’s plea to “close up my bloodshot eyes,” but the speaker of “Ode to a Nightingale,” a poem that illustrates mortals’ attraction to “dull opiate[s]” like sleep and poetry to erase a world “where but to think is to be full of sorrow” (3, 27).
Thea’s desire that Saturn forget his pain in soporific oblivion betrays her humanity. Because Saturn, stripped of divinity, can no longer painlessly endure the knowledge of his own mortality, Thea attempts to shield him from that truth. Oceanus’s advice is not wrong; it is simply directed at an audience that can no longer follow it. Enceladus’s ability to view “the misery [Hyperion’s] brilliance had betray’d / To the most hateful seeing of itself” is noble precisely because he can no longer, like a god, alchemize painful truth into palliative “balm” (2.369-70). As a mortal, he can only endure that pain. Apollo’s agony of knowledge foreshadows the godly metamorphosis that will transcend it. In facing his own agony Enceladus too changes, but in character, not species. Fallen from divine “essence,” Enceladus can only become more human. Already mortal, his shift from sleepy ox to fierce hero occurs because of his pain, not (like Apollo) in spite of it. Enceladus, Saturn, and Clymene have acquired a very specific locus for their new selves: their own incipient histories of pain.99

More importantly, Keats’s decision to figure the Titans’ pain as bodily sickness, from Clymene’s “hectic lips” (2.250) to Saturn’s “palsied tongue” (2.93), parallels the Titans’ metaphorical misery with what the Vale of Soul-making letter calls the material “World of Pains and troubles [necessary] to school an Intelligence and make it a soul” (Letters 2: 291). These ills, this World, are what the Titans fall into, and a key part of their mortal sickness is simply the knowledge that they have fallen. This overlap between material and metaphorical ills—between the disease of mortality and the pain of accepting it—suggests the poem’s intersection with a key question in Romantic medical ethics. As a student at Guy’s, Keats would have been aware of this debate, and the medical flavour of Oceanus’s advice only underlines the ethical parallel between the two situations. Oceanus informs the Titans that they will be better off if they accept the

99 Perhaps this is one reason why “the Titans,” as Alan Bewell notes, “never fully escape being seen as sculptures” (“Aesthetics” 220). Like the Druid stones they resemble, the Titans have been shaped by slow erosion, altered by the pain of loss. He argues that the Titans are “signs standing on the threshold of nonmeaning” undergoing a “process, in which the gods of an earlier time progressively lose their meaning to become unspeaking signs” (228). This reading posits Titans’ shift in signification as a loss rather than as a metamorphosis. But considering Keats’s repeated insistence on the Titans’ humanity and his attachment, in the Soul-making letter and elsewhere, to the human as a foundational ontological category, I think it more accurate to read the Titans’ erosion as a change in meaning, not the absence of meaning.
painful truth of their own mortality. Thea, conversely, hopes to spare Saturn the agony of such acceptance by keeping him in drowsy ignorance. Similarly, Romantic medical ethicists were conflicted about how and when, if at all, doctors should inform patients of the severity of their illnesses. Would a patient’s true knowledge of her condition worsen her disease, and if so were doctors obligated to hide this dangerous truth?

Most Romantic medical writers followed John Gregory in his opinion that “[a] deviation from truth is sometimes in this case both justifiable and necessary,” since an ill patient “may yet recover, if he is not informed of his danger” (34). Thomas Percival, for example, defended lying to patients to spare them pain. He held that “falsehood may lose the essence of lying, and even become praiseworthy, when the adherence to truth is incompatible with the practice of some other virtue of still higher obligation” (89). Percival identified this obligation as the physician’s duty to “be the minister of hope and comfort to the sick” (91). On this point, Guy’s Aesculapius was even more strident. He lists the affectations a doctor should adopt in order to hide the knowledge of a dangerous or fatal illness:

…the cheerful countenance—the smile expressive of hope—the tender interest in every feeling—attention to every possible comfort—the alleviation of every possible uneasiness—cheering and encouraging anticipations, and animating injunctions to the attendants… will enable the wretched victim of pain and misery, to struggle through the last visitings of disease. (14-5)

Not surprisingly for a writer who saw a doctor’s first role as alleviating pain, Aesculapius upholds medicine’s commitment to relief at all costs.

A small minority of medical writers, however, disagreed. Most prominently, Benjamin Rush held that telling patients anything but the absolute truth was morally

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100 See Haakonssen and McCullough, *Gregory* for detailed discussions of what major Romantic medical ethicists like Gregory and Percival thought about this issue.
bankrupt. He condemned “Falsehood” as the greatest vice of physicians, decrying as “criminal… the practice among some physicians of encouraging patients to expect a recovery, in diseases which have arrived at their incurable stage” (124). Similarly, Thomas Percival cites an opposing position to his own in moralist Thomas Gisborne, who argued that “truth and conscience forbid the physician to cheer [the patient], by giving promises, or raising expectations which are known, or intended to be, delusive” (188). More unusually, Samuel Taylor Coleridge held medical truth in such high regard that at the end of *Biographia Literaria*, he uses medical ethics to illustrate his belief that critical thought exerts a soothing influence. Because confusion is painful, he argues, clarity is a palliative, even if the truth it clarifies is inherently painful. Coleridge writes, 

[A]ll confusion is painful.—It is within the experience of many medical practitioners, that a patient, with strange and unusual symptoms of disease, has been more distressed in mind, more wretched, from the fact of being unintelligible to himself and others, than from the pain or danger of the disease: nay, that the patient has received the most solid comfort, and resumed a genial and enduring cheerfulness, from some new symptom or product, that had once determined the name and nature of his complaint, and rendered it an intelligible effect of an intelligible cause: even though the discovery did at the same moment preclude all hopes of restoration. (473)

Coleridge’s logic bears striking similarity to Oceanus’s advice to the Titans. Like Oceanus, Coleridge believes that truth can act as a balm, providing “most solid comfort” even in cases where it “preclude[s] all hopes of restoration.” Rush takes a more severe attitude, denying truth any palliative power but insisting on its moral rectitude (124). If in the Hyperion poems, Coleridge and Rush approximate Oceanus’s position on how the Titans should cope with their new mortality, Thea’s exhortation to Saturn—“sleep on!”—parallels the answer offered by Gregory, Percival, and Aesculapius. Like a doctor with an opiate or a soothing falsehood, she hopes to shield Saturn from the painful knowledge of his own loss.
Her answer is not Keats’s. “Until we are sick, we understand not,” Keats wrote in the May, 1818 letter to J. H. Reynolds (Letters 2: 123). Accepting the truth of our own mortality is itself a necessary disease. Yet as Enceladus illustrates, such sickness is not ignoble. In Hyperion, Keats experiments with the Soul-making application of such disease directly on the bodies of the fallen Titans. However, his rewriting of the poem in The Fall of Hyperion adds a layer of narrative complexity that threatens what he had once considered his poetic obligation to soothe the world’s pains. The latter poem makes explicit what the former implicitly knew: Aesculapius’s dictum to alleviate pain could not apply to poems like the Hyperions, and perhaps should not apply to poetry at all.

3.3 The Fall of Hyperion: sage, humanist, physician?

The Fall of Hyperion: a Dream reframes its predecessor as the dream-vision of a would-be poet. After awakening in a garden, the poem’s narrator takes a swig of divine nectar and falls into a second dream that deposits him in the Temple of Time, a monument devoted to the fallen Titan Saturn and safeguarded by Moneta, the Roman goddess of memory and warning (Evert 294). After nearly dying in an agonizing climb up Saturn’s shrine to face Moneta, the Dreamer tries to defend himself against her skeptical attacks on his chosen profession, poetry. Their tiff ends ambiguously with Moneta’s offer to show the Dreamer “the scenes / Still swooning vivid through my globed brain / With an electral changing misery”: the embedded Hyperion: A Fragment (1.244-6).

If Hyperion is the objective forerunner of the more subjective Fall, then the Titans, already sculptural in the former, reappear explicitly as art objects in the latter. As in many of his other works—the Elgin Marbles sonnet, “Ode on a Grecian Urn,” “Ode on Indolence,” etc.—in the Hyperion duo, Keats employs sculpture as a metonym for art more broadly, as well as for his own chosen medium, poetry.101 Keats’s revision of

101 The ekphrastic nature of the relationship between Hyperion and Fall is by now a critical commonplace. See Scott, Bewell, and Fermanis.
Hyperion’s sculpturesque Titans as bonafide statues in Fall re-presents his own earlier version of the poem. His shift in focus announces itself in his rewriting of the only moment in either work to specifically describe the Titans as “sculpture.” In Hyperion, Saturn and Thea are “postured motionless, / Like natural sculpture in cathedral cavern” (1.85-6). In Fall, they are “postured motionless, / Like sculpture builded up upon the grave / Of its own power” (1.382-4). The accretion of cave stalagmites, a process of natural creation, becomes a funeral monument whose human, artistic origin Keats underlines with the archaism “builded.” Similarly, in Fall, he turns from examining the Titans’ Soul-making to consider his own poetic representation of that process. The shift between the “objective” perspective of Hyperion and the “subjective” one of Fall is a shift between angles of representation, as Keats takes a step back from investigating suffering itself to examine suffering as it appears in art.

As I have previously noted, most critics of the Hyperion duo restrict the Soul-making in Fall to Keats specifically. “In the poem’s version of the salvific narrative, the poet is the sacrifice and saviour of humanity, and the lesson that he receives from Moneta corresponds in many ways to the sentiments expressed in Keats’s ‘Vale of Soul-making’ letter,” writes Porscha Fermanis (140). They do so on the logic that Keats’s narrator in Fall takes on the sufferings of others in order to better heal them (de Almeida 310). But the Dantean form of Fall, widely acknowledged by critics, argues against such a sacrificial model. Dante’s pilgrim is not just a particular historical poet but also an Everyman. Similarly, the narrator of Fall cannot be said to represent only Keats himself, or even poets as a group. Fall in fact begins by denying its main character any meaningful security of status:

…Who alive can say,

“Thou art no Poet; may’st not tell thy dreams”?

Since every man whose soul is not a clod

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102 Writes Michael O’Neill, “The Fall of Hyperion is a fragment that is steeped in the study of Dante” (O’Neill, “Vision” 62). As Tilottama Rajan notes, Dream is particularly indebted to Purgatorio, but omits Dante’s optimistic Christian telos (190).
Hath visions, and would speak, if he had lov’d,
And been well nurtured in his mother tongue.
Whether the dream now purposed to rehearse
Be Poet’s or Fanatic’s will be known
When this warm scribe, my hand, is in the grave. (1.11-18)

The difference between poet and dreamer is one of reception, not constitution. Dreamers write, but only history has the authority to claim their writings as poetry. Fall goes on to justify its stance by defining humanity itself by the capacity for poetic thought. Only history can crown poets, he reasons, because poetry is a product, a physical tracing “upon vellum or wild Indian leaf” (1.5). The label “poet” cannot describe a state of being, because when it comes down to it, all humans possess the visionary potential for poetry. Tellingly, Keats labels this potentiality “soul.” “Since every man whose soul is not a clod / Hath visions, and would speak, if he had lov’d / And been well nurtured in his mother tongue,” he insists (1.13-15). “Clod”—clay, dirt—recalls the senseless “sod” of “Ode to a Nightingale,” suggesting that those “whose soul[s are] not a clod” have both some claim to immortality and “visions” or dreams that transcend the physical world. A few lines earlier, Keats slots “dream” into a list of basic qualities of living beings—they “live, dream, and die”—to argue that dreaming, like living and dying, is ubiquitous among humans (1.7). All people are potential poets because they are all dreamers, those whose souls are not clods.

In this way, Fall signals its concern with Soul-making in its opening lines. At the same time, Keats hints at the universality of the narrative to follow. If Fall illustrates a Vale of Soul-making, this vale cannot be poets’ alone. The ambiguous Dreamer, whose poetic title history has not yet awarded, must represent both the artist and the non-artist, the consumer of art. His suffering cannot be straightforwardly self-sacrificial. Rather, like Dante’s Everyman, Keats’s Dreamer simultaneously embodies both the poet suffering purgatory and the readership responding to his poetic record of that journey. In addition to standing in for Keats himself, the Dreamer illustrates how regular souls respond to artistic representations of suffering in order to explore the responsibilities of the poet towards his audience. Specifically, by staging the Dreamer’s encounter with
Keats’s earlier version of his own poem, *Fall* asks how poetry fits into the Vale of Soul-making.

*Fall* asks the question of the poet’s role explicitly, during the Dreamer’s long conversation with Moneta that culminates in his famous exhortation, “sure a poet is a sage; / A humanist, physician to all men” (1.189-190). This talk begins when Moneta asks,

What benefit canst thou do, or all thy tribe  
To the great world? Thou art a dreaming thing;  
A fever of thyself—think of the Earth;  
What bliss even in hope is there for thee?  
What haven? Every creature hath its home;  
Every sole man hath his days of joy and pain,  
Whether his labours be sublime or low—  
The pain alone, the joy alone; distinct.  
Only the dreamer venoms all his days… (1.167-75)

The poem’s opening has already established that “dreaming things” in fact make up a significant portion of humanity. Those who dream are those whose souls are not clods. But Moneta treats them as a minority, perhaps because she is used to encountering only the most poetically-inclined of those dreamers and so has no basis for ascertaining how many other humans are also “dreaming things.” The gulf between her perspective on humanity and the narrator’s is revealed when she pronounces that “every sole man” has days in which “the pain alone, the joy alone [is] distinct.” A glance through Keats’s corpus suggests the poet thought otherwise. In Keats’s verse, pain and pleasure cannot be separated, at least not by humans. The one Keatsian character who wields the power “to unperplex bliss from its neighbor pain,” the serpent Lamia, pays disastrously for her effort (1.192). Contradictorily, Moneta’s reproach of the Dreamer as an outlier, the “only” type of person to venom all his days, in fact describes the typical state of humans in Keats’s work. Further, her censure—“Thou art a dreaming thing, / Fever of thyself”—neatly captures the relationship between soul-making and pain illustrated in *Hyperion*
and outlined in the Vale of Soul-making letter. Like Saturn’s description of his “sad breast” as the center of his new identity, the Dreamer is his “fever.”

Moneta additionally employs “fever of thyself” appositively to gloss “a dreaming thing.” In doing so, she aligns dreamers with those whose selves are defined by their sickness. By the internal logic of the poem, then, every dreamer—“every man whose soul is not a clod”—is a “fever of [him]self.” Moneta’s pun on “sole/soul” only hammers the point home. “Every sole man”—every souled man—is “a fever of [him]self.” By approaching humanity from the distant and contradictory perspective of her own fallen divinity, Moneta has reproduced the argument of the Vale of Soul-making letter. Humans’ souls, their personal identities, are inseparable from their histories of pain, here depicted as an individualizing disease.

The Dreamer, at some level, seems to recognize the value of his “fever” against Moneta’s protestations. Replying defensively to Moneta’s assertion, he twists her insult into a quixotic compliment:

That I am favoured for unworthiness,
By such propitious parley medicin’d
In sickness not ignoble, I rejoice,
Aye, and could weep for love of such award. (1.182-5)

Like the mortal sickness that shapes the fallen Titans’ new identities, the Dreamer’s “sickness not ignoble” is part of an “award,” not a punishment. Keats’s ambiguous preposition—the Dreamer is “medicin’d / In sickness not ignoble”—even questions whether Moneta’s “propitious parley” is the cure meant to heal the Dreamer’s “sickness” or whether that sickness itself constitutes his medicine. The Dreamer’s relentlessly painful experience in the Temple of Time subtly supports the latter reading. Not only does he nearly die of “a palsied chill” (1.122) while climbing the Temple’s altar to reach Moneta, but his forced viewing of the Titans’ fall strains his “own weak mortality” to the breaking point (1.122-135). Encountering the events of Keats’s Hyperion fevers his “burning brain” and consumes him until he grows “More gaunt and ghostly” and prays for death (1.390). Nothing Moneta offers him comes even close to fulfilling her promise
that he has been “admitted” to the Temple so “That happiness be somewhat shared” (1.177). Moneta’s assurance of ameliorative joy turns out to reference a painful and nearly fatal illness.

But as the Dreamer recognizes, he should “rejoice” to exhibit such “sickness not ignoble.” While his recognition does not resound with quite the same conviction as the Vale of Soul-making letter’s proclamation that “the heart must feel and suffer in a thousand diverse ways,” the Dreamer senses something inherently valorous in the fever of his self. His illness has, Moneta informs him, permitted his entry to the Temple of Time. “None can usurp this height… / But those to whom the miseries of the world / Are misery, and will not let them rest,” she explains (I.148-50). Moneta sources the Dreamer’s individual sickness in a wider milieu of human “miseries.” Her own eternal realm remains closed to all those who “find a haven in [this] world,” whether humanitarians or the “thoughtless” (1.150). These are people who do not dream beyond the material realm, whose souls are clods, precisely. The Dreamer’s sickness is “not ignoble” because it indicates his soul has achieved something more.

Robert Ryan has argued that for Keats, “it is only from the perspective of eternity that the suffering of an earthly existence can be judged as finally purposeful” (209).

103 Moneta dismisses the Dreamer and his fellow “dreamers weak” as inferior to those humanitarians who “like slaves to poor humanity / Labour for mortal good” and “come not here, they have no thought to come” (1.158-167). Yet she celebrates those same dreamers as superior to the unambitious who “find a haven in the world, / Where they may thoughtless sleep away their days” (1.150-1). Neither group can access the Temple of Time. Of the Dreamer’s first exchange with Moneta, Tilottama Rajan asks “why those who are at the top of the scale and those at the bottom are alike described as finding a haven in the world” (189). I concur with Rajan’s sense that Keats here subtly critiques both humanitarians and their idle opposites. He calls both groups thoughtless. The one “[has] no thought” and the other “thoughtless sleep[s].” The appellation looks ahead to Thea’s lament, her typically human answer to the pain of truth: “Me thoughtless, why should I / Thus violate thy slumberous solitude? / Why should I ope thy melancholy eyes?” (1.368-70). Like the “thoughtless” Thea and her dozing Saturn, the humanitarians and unambitious respond to the “miseries of the world” by closing their eyes to everything beyond it. They have no desire to look beyond the material; they do not dream. Their souls, in subtly different ways, are clods. The humanitarians, rendered servile “slaves to poor humanity,” sacrifice themselves to the dust from whence they came. They “love their fellows even to the death” (1.156-8). The unambitious, meanwhile, “rot on the pavement” of Moneta’s temple, too fleshy to survive the world of dreams (1.153). For a poem that opens by asserting that all people whose souls are not clods have poetic “visions,” the implications here are unsettling. Neither sluggish contentment nor excessive humanitarianism has the power to carve souls from the dumb oblivion of materiality. Both extremes, ironically, too closely resemble the insufficient palliative answer to mankind’s ills.
Keats’s system of Soul-making depends upon an eternal but malleable soul, one that possesses the immortality of deity without its static omniscience. This is essentially the situation of the fallen Titans, whose mortality destroys their divine ability to transform the pain of truth into balm, but does not allow them to die. Instead, like Moneta, they endure “an immortal sickness which kills not; / It works a constant change… deathwards progressing / To no death” (1.258-61). Yet for Saturn and Enceladus, contracting this “immortal sickness” spurs the development of a self-identity separate from their previous godly functions. Perhaps Moneta has undergone the same process. Her illness, the Dreamer senses, has created the “benignant light” that shines through her eyes from her inner being (1.265). “What high tragedy / In the dark secret chambers of her skull,” he wonders, could “fill with such a light / Her planetary eyes” (1.276-81).

The Titans’ situation, I have suggested, allegorizes how Keats sees human souls. Like the fallen Titans, they are immortal, but still subject to “constant change” by pain. Indeed, according to the Vale of Soul-making letter, one enables the other. A human soul only develops through exposure to earthly pain, and so a soul is the very process of enduring that pain eternally, of suffering an “immortal sickness that kills not.” When Moneta praises the Dreamer’s ability to reach the Temple of Time, realm of immortality, against the contentment of those people who “find a haven” in the material world, she actually advertises his achievement. His soul, like her being, is immortal. The evidence of its immortality constitutes the symptoms of his “sickness not ignoble.”

Whether the Dreamer himself fully grasps his own significance is dubious, however. Even while acknowledging the value of the Dreamer’s illness, both he and Moneta continue to insist on a distinction the poem begins by dismissing, an a priori difference between poet and dreamer. Immediately after praising his “sickness not ignoble,” the Dreamer defends poets as somehow different from himself:

… sure not all
Those melodies sung into the world’s ear
Are useless: sure a poet is a sage;
A humanist; physician to all men.
That I am none I feel, as vultures feel
They are no birds when eagles are abroad. (1.187-92)

Moneta concurs. Her reply offers an even more specific definition of the Dreamer’s poetic “physician:”

Art thou not of the dreamer tribe?
The poet and the dreamer are distinct,
Diverse, sheer opposite, antipodes.
The one pours out a balm upon the world,
The other vexes it. ... (1.199-203)

Here, Moneta agrees with Keats’s old friend Aesculapius that a physician’s primary goal should be to relieve pain. She even uses Oceanus’s term “balm,” the Romantic medical catch-all for a palliative treatment. According to the Dreamer, a poet is a physician. According to Moneta—and the Dreamer does not contest her—this poet-physician is marked by his medical efficacy in “pour[ing] out a balm upon the world.” So while the Dreamer might acknowledge the value of his “sickness not ignoble,” he still privileges its presumed inverse, health. And despite the Dreamer’s stated belief that his illness is somehow valorous, he prizes poets even higher on the logic that they, unlike he, are healers.

And yet the entire situation of Fall undercuts the Dreamer’s apparent priorities. The poem illustrates a reader’s encounter with a piece of poetry and documents its effects. These are everything but soothing. The Dreamer is not Keats. He cannot know that the suffering he undergoes viewing the Titans’ fall is not simply an isolated experience, but an encounter with a previously-written poem—Keats’s own Hyperion: A Fragment, inserted into Fall as the “vision” the Dreamer encounters in Moneta’s eyes. The Dreamer’s reaction to this vision recalls Apollo’s reaction to the sorrows of the world in Hyperion: a Fragment. Like Apollo, the Dreamer acquires the power “to see as a god sees” (2.304). But instead of receiving Apollo’s general “agonies, / Creatings and destroying, all at once” (Hyperion 3.115-6) from Mnemosyme, the Dreamer specifically
watches the *Titans*’ fall “without stay or prop / But my own weak mortality” (1.388-90). He endures this unspeakable pain in his “burning brain” for a full month (1.393).

Like Apollo’s agony, the Dreamer’s secondhand suffering has a pedagogical function, but differs in one key aspect from the education undergone by Apollo. The Dreamer, unlike his godly predecessor, does not experience the Titans’ pain as a catalyst to deification. He only sees as a god sees; he does not see *as* a god. The miseries conveyed by the poem he encounters have no hope of transformative power. Like the Titans in *Hyperion*, the Dreamer cannot transcend, but only continue to become more human, suffering the “immortal sickness” that ensures his soul is “not a clod.” The Dreamer’s encounter with Keats’s previous poem does not “pour out a balm” upon his pain; it “vexes” it. Poetry, as it turns out, does not cure or even soothe its readers, but actually makes them sicker. In doing so, however, the poem merely advances the Soul-making process the Dreamer was already undergoing. For the Dreamer, encountering *Hyperion: A Fragment* exacerbates the “sickness not ignoble” caught from the “miseries of the world.” This malaise *is* his developing soul, a painful but utterly individual “fever of thyself.”

In this way, *The Fall of Hyperion, A Dream* exemplifies what by 1819 Keats had come to consider the inevitable effect of a poetic text (*Hyperion*) on a reader (the Dreamer). This effect turns out to be very different from its reader’s expectations. While the Dreamer assumes that a poet should soothe pain as an Aesculapian “physician to all men,” the only poem he encounters during his dream not only fails to “pour out a balm” upon his wounds, it succeeds in deepening them. When he watches the Titans’ fall—when he encounters Keats’s *Hyperion*—the Dreamer undergoes the agony of a lifetime’s worth of soul-creation, exacerbating his “sickness not ignoble.”

The poem offers a metric for the value of poetry to its readers, and in doing so sketches some intriguing suggestions about the essence of both humanity and poetry. *Fall* illustrates how closely the nature of poetry and the nature of human souls align. Keats’s work frequently stresses the immortality of art. *Fall* extends this point by suggesting that art, and poetry in particular, is valuable precisely because it eternally
preserves suffering like Moneta’s. In this sense poetry acts as a sort of permanent contagion, an “immortal sickness” that can successively re-infect generations of readers with the “sickness not ignoble” necessary for developing souls. At the same time, readers like the Dreamer are possessed of human souls immortal as poetry itself. Their encounters with poetic suffering, like the Dreamer’s glimpse into Moneta’s skull, are irrevocable. They become inscriptions in the Heart’s Hornbook, actors in the “World of Pains and troubles” whose communication of suffering “school[s] the Intelligence and make[s] it a soul” (Letters 2: 290). And because poetry’s painful inscriptions last forever, souls too become eternal, legible histories of pain—just like poetry itself. This curious parallel between the nature of art and the soul might be read as an especially ardent articulation of Keats’s humanism. Humans, by creating and appreciating poetry that is an “immortal sickness,” are in fact crafting and saving their own souls—no “christian system of Salvation” required.

Accordingly, the Dreamer’s position as a Dantean Everyman suggests that his experience is meant to be representative. He begins his dream-vision in Eden, where his transport to the Temple of Time occurs immediately after he sips a jug of nectar, “pledging all the mortals of the world / And all the dead whose names are in our lips” (1.44-5). The Dreamer might begin the poem as a single individual, but by the time he reaches the Temple of Time, he has pledged himself to represent all humans, both poets and non-poets, both living and dead. The epic scale of Fall, concerned with the rise and fall of entire world orders, underlines its metonymic message. The Dreamer is a single poet but also stands in for all readers of poetry. The poem he encounters, Hyperion: A Fragment, is a single poem but also stands in for all poetry. That poetry is anything but palliative. In Keats’s system, poets retain their significance, but not as physicians, Aesculapius’s purveyors of relief at all costs. Instead, they are tasked with eternalizing pain in verse, crafting immortal sickneses-not-ignoble to aid in the Soul-making of future generations of readers.
3.4 Conclusion

Writing on the Hyperion duo, Tilottama Rajan suggests that the poems offer “a model for art in general” that does not privilege “the ability to transcend or transform the actual but the ability to represent it, to make it the object of human knowledge” (196). At the same time, she argues that for Keats, art must “mitigate the almost unendurable knowledge” of worldly suffering (198). She grounds part of this reading on the Dreamer’s fervent wish that the poet should be a “physician to all men,” and the assumption, shared by most of Keats’s Romantic medical contemporaries, that a physician’s first job is to relieve pain. But the Hyperion poems reveal that these goals are inherently contradictory. Making “the actual”—what Keats calls “a World of Pains and sorrows”—the object of “human knowledge” means inserting it into a “system of Salvation” where all individual development occurs through suffering. For art to mitigate worldly suffering, it would have to enable humans to follow Oceanus’s advice: “receive this truth and let it be your balm.” This it cannot do. Like the fallen Titans, humans have fallen away from the godly omniscience required to experience pain as palliative. Indeed, The Titans’ entire aesthetic has shifted to accommodate their new mortality. At Thea’s first appearance in Hyperion, Keats comments, “How beautiful, if sorrow had not made / Sorrow more beautiful than Beauty’s self” (1.35-6). These two lines encapsulate the consequences of the Titans’ fall and explain their inability to take Oceanus’s advice. Because the Titans have lost their deity, their function as perfect “symbol-essences,” they have lost even the ability to comprehend the perfection they once represented. Now flawed beings, their aesthetic

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104 In case this isn’t clear enough from the poem’s context, the speech in which Oceanus dispenses his advice is itself inherently contradictory. In defending why “first in beauty should be first in might,” Oceanus asks, “Shall the tree be envious of the dove / Because it cooeth, and hath snowy wings…?” He goes on to argue that “We are such forest trees, and our fair boughs / Have bred forth… eagles golden-feathered, who do tower / Above us in their beauty, and must reign / In right thereof” (2.221-9). Here, Oceanus’s metaphors emphasize the incommensurability between species. Trees, because they are not doves, cannot be envious of doves because they lack a fundamental understanding of dove-ness. But his own insistence on this unbridgeable gap—between trees and doves and between Titans and Classical gods—ultimately undercuts his argument. Oceanus suggests that the Titans should accept their own defeat on the grounds that they have bred something more beautiful than themselves, but of such a radically different type that they should not try to compare themselves with it or understand it enough to be jealous of it. Yet at the same time, his own insistence on their ability to recognize “doves” as more beautiful than “forest trees” (and Classical gods as more beautiful than Titans) relies on the Titans’ ability to fairly
perspective has shifted to value imperfection like their own over the perfection they can no longer access. The “sorrow” of their fall has rendered them unable to see the perfect essence of “Beauty’s self” as more beautiful than sorrow. Likewise, their alteration by the “pain of truth” has made them unable to receive that truth as anything but painful. Humans are no different, as the Dreamer’s excruciating encounter with his own “painful truth” illustrates.

But as Muir and others note, admitting that humans’ experience of truth and beauty is incomplete does not concede aesthetic failure (105-6). In positing that humans’ aesthetic perspective is inherently flawed, Keats does not thereby denounce it as lesser than its godly opposite. Indeed, as most scholars note of Hyperion: A Fragment, it is the fallen Titans—not the perfect Apollo—with whom readers seem urged to sympathize (Newey 78). Their view of beauty may be flawed, but it is more human than Apollo’s “fresh perfection” (Fall 2.212). And unsurprisingly for a poet longing to develop a secular “system of Salvation,” it is the Titans’ view of beauty that the poem ultimately endorses. Keats abandons Hyperion just before Apollo completes his apotheosis and has the opportunity to actualize a godly aesthetic of perfection. So Thea’s sorrow, “more beautiful than Beauty’s self,” stands as the poem’s final comment on aesthetics. Of the twelve occurrences of “beauty” or its forms in the poem, three occur here, and the subsequent nine are hypothetical. None are statements by the omniscient narrator, and most refer to “beautiful things” (1.132) or “beauteous forms” (3.317) expected in the future. In Fall, this endorsement only strengthens in the figure of Moneta, whose deathly visage is at once fallen and intensely beautiful. In fact, her blind eyes—the allegorical sign of flawed perspective—are her most striking feature. “Half-closed, and visionless entire they seem’d / Of all external things; they saw me not, / But in blank splendour beam’d, like the mild moon,” Keats writes (1.243-6). For all the Titans’ (and humanity’s)

*compare* these two standards of beauty. This comparison is something he has already argued they can no longer do because the species gap is too wide. How can forest trees accept the superior beauty of doves if their aesthetic is, and always has been, modeled on the ideal of forest trees?
failure to appreciate the perfection of “Beauty’s self,” their flawed aesthetic has an equal or greater claim to the beautiful.

In his 1818 sonnet “On Visiting the Tomb of Burns,” Keats muses,

All is cold Beauty; pain is never done:  
For who has mind to relish, Minos-wise,  
The real of Beauty, free from that dead hue  
Sickly imagination and sick pride  
Cast upon it?... (7-11)

The answer, at least according to the Hyperion poems, seems to be no one mortal. Only a god, a Minos, can “relish” the “real of Beauty” over the “cold Beauty” of a world where “pain is never done.” Only a god can see “the real of Beauty” as more beautiful than sorrow. But Keats’s choice of god is telling. What sort of role model is Minos, condemned judge of the dead in Dante’s Inferno, who, “grinning with ghastly feature” in Cary’s translation, takes “relish” only in condemning damned souls? If appreciating the “real of Beauty” entails behaving “Minos-wise,” it’s a particularly cold, grisly version of aesthetic appreciation (as “relish,” with its connotations of consuming, implies). Perhaps humans, infected with “sickly imagination and sick pride,” are better suited to the “cold Beauty” of a world of pain—and perhaps that is not a bad thing. And if “Ode on a Grecian Urn” is any authority, the same may well apply to truth. After offering its famous aphorism—“Beauty is truth, truth beauty”—the concluding lines of the ode restrict its application to “all ye / … on earth.” If those “on earth” are mortals of the same stamp as the Hyperion duo’s Dreamer or Titans, their conflated truth/beauty must be appropriate for their flawed perspective. The beauty/truth they experience is the “cold Beauty” of a world in which “pain is never done.” It is the flawed ideal of mortal subjectivity, a perspective from which truth is always experienced as pain, the miseries

105 George Yost, Jr. suggests that Cary’s Dante was only one among several sources for Keats’s Minos here. His reading, however, depends upon seeing the Minos figure as positive, instead of ironic. I am inclined to read Dante’s negatively-coded Minos as Keats’s, particularly since Keats wrote the sonnet during the Scottish walking tour in which he first read the Commedia.
of the world remain miseries, and sorrow will always be more beautiful than Beauty’s self.

For a poet to make such painful beauty the object of human knowledge inevitably entails infecting readers with that pain. But as the Vale of Soul-making letter and the Hyperion duo suggest, such sickness is not ignoble. Accepting this truth means embracing a radically different version of poetic value than Keats’s previous commitment to “sooth the cares, / And lift the thoughts of man.” Instead of soothing those cares, the Hyperion poems suggest, the poet must sooth them: deliver, in verse, the painful truth that can help “school an intelligence and make it a Soul” (Letters 2: 291). Like Benjamin Rush’s moral refusal to delude patients about their fate, Keats has made an ethical decision that commits the poet to truth before palliation.

This commitment by no means releases the poet from a responsibility to readers’ welfare. While the poet might not work to relieve his readers’ suffering, he still might guide them along the paths of his own “system of Salvation greater than the chrystain religion.” Perhaps this is why Keats at one point intended to cancel those lines in Fall where he proclaimed the poet a “physician to all men.” The projected omission reflects Keats’s realization that his ideal of a palliative poetics was premature. I do not want to suggest that by the time he composed the Fall of Hyperion, Keats had totally abandoned his hopes that poetry might act as a palliative. However, the Hyperion poems are the written evidence of Keats’s realization that the philosophy of life he had been exploring in his letters might not accommodate a poet-physician. Further, the poems illustrate his serious exploration of an alternate way of valuing the work of poetry. Instead of easing readers’ transient sojourn through a “World of pains and troubles,” poetry rather exacerbates those pains, training its gaze beyond the material world towards the immortal human soul that can only be born from suffering. The poet commits himself to ensuring, as far as possible, that his readers always rank among those “whose souls are

106 Richard Woodhouse’s copy of the manuscript includes a note that Keats wanted to omit these lines. His supposed wishes were only heeded for the poem’s first publication; in every reprint afterwards, editors have restored them. See Wolfson, “Late Lyrics.”
not clods.” An active agent of the Vale of Soul-making, this version of Keats’s poet is a sage and humanist, but no physician. He seeks the *salvation* of humanity, above and beyond its palliation.
4  The Euthanasia of Thomas Lovell Beddoes

In July of 1848, lonely and racked by neuralgia, the poet and physician Thomas Lovell Beddoes opened an artery in his left leg with a razor. Before he could bleed to death, he was found and conveyed to a nearby hospital. Frustrated that his attempt at suicide had been foiled, Beddoes tore the bandages from his wound. Gangrene set in. To save him from the inevitable deadly blood infection, Beddoes’s physician Dr. Ecklin amputated the leg from the knee down (Donner 378). Writing to his sister that October, Beddoes lied about the suicide attempt: “I fell with a horse… and broke my left leg all to pieces… the fractured limb was obliged to be sacrificed” (Works 680). He promised her that he would soon be well and visit her in England.

Six months later, Beddoes was dead—officially by apoplexy and unofficially, Dr. Ecklin informed Beddoes’s best friend Thomas Forbes Kelsall, by a self-administered poison, curare. For many years debate surrounded Beddoes’s death, as his descendants sought to popularize the apoplexy explanation. His 1928 biographer John Snow, sympathetic to Beddoes family pressure, compounded the story by expressing doubt that a man with an amputated leg could have made it to town to buy poison (186). But since Snow’s evidence could not account for an important series of letters written by Beddoes’s friends who were with him at his death, contemporary critics largely accept Ecklin’s version. None, however, have addressed Snow’s query about the poet’s leg (Bradshaw, “Introduction” x). But while Beddoes may not have been able to walk to town himself, others could, and it’s perhaps worth mention that Beddoes’s final letter amends his will, “add[ing] the donation of £20 to Dr Ecklin” and requesting that someone “[b]uy for Dr Ecklin above mentioned Reade’s best stomach pump” (Works 683).

107 The evidence documenting Beddoes’s death is complicated. Years after his death, Kelsall bequeathed Robert Browning full discretionary power over Beddoes’s manuscript of the Jest-Book, as well as a box of Beddoes’s manuscripts and letters. These included letters written by friends who were present at his death. The box was opened years later by Browning and Sir Edmund Gosse. Gosse used its materials to write a biography. His efforts to contact the Beddoes family for aid with his work were rebuffed, and they informed him that he should destroy the material. The “Browning Box” has since disappeared (Snow 27).
“Death is very much that which nobody else can undergo or confront in my place,” writes Derrida in *The Gift of Death*. “No one can die for me” (41). If, as Derrida suggests, to die is to perform the ultimate act of individuality, it is also to exercise the ultimate sovereignty. This is particularly true of suicide: the sinners in the seventh layer of Dante’s hell are condemned because they usurped control over a body that rightly belonged to god. Thomas L. Beddoes was a writer acutely aware of the intimate link between controlling one’s death and controlling one’s self. The story of his botched suicide illustrates the difficulty of acting on that intimacy. When Beddoes’s first attempt failed, he sought to rewrite it as a horse-riding accident so as not to worry his family. When his second attempt succeeded, he had swayed enough friends to his cause that they concealed his suicide as “apoplexy” for decades. Beddoes had achieved the difficult task of bifurcating the meaning of his own death: giving his family and public a less painful, more acceptable story while the darker reality remained private.

The poet’s careful handling of his death story—dying officially in one way and unofficially in another—exemplifies the narrative anxiety that surrounds dying. Because we do not survive our own deaths, write Marsha Hurst and Patricia Stanley, “a person who believes he/she is near the end of life often desires to leave an account of living, a narrative that can give meaning and coherence to life” (41). For Beddoes, the desire to die by his own hand was balanced by a desire to leave a more socially palatable account of his death, though whatever “meaning and coherence” such effort gave him has been lost to history. Both desires, however, suggest a wish to narratively control death that in Beddoes’s life and work bordered on obsession. His most extensive and powerful expression of this wish drives the magnum opus that occupied the poet for decades: the posthumously published gothic drama *Death’s Jest-Book*.

Beddoes’s obsession with controlling death began as an optimistic quest to extend human life. A poet with extensive medical training—he received his M.D. from Würzburg in 1831—Beddoes had spent decades searching for the key to human immortality, a quest conducted jointly in medicine and verse. *Death’s Jest-Book* is critically considered a record of his ambitious medical and artistic investigation into the possibility of eternal life (Lundin 497). Written during his tenure as a medical student
and anatomical lecturer in Germany, the play was supposed to announce Beddoes’s victory over mortality. “I’ve… made a mock, a fool, a slave of him / Who was the planet’s tyrant: dotard death,” he wrote to his friend Bryan Waller Procter in March 1826, during the early days of the drama’s conception (Works 614).

Both medical and literary projects failed. Despite his deep reading in contemporary medicine, Naturphilosophie, and alchemy, Beddoes despaired of finding a “doctrine of immortality” that would make a fool of death (Works 629). To add insult to injury, in 1829, the play he had spent four years composing was rejected by two of the three friends to whom Beddoes had sent it asking whether or not it was worth publication. Contemporary critics have followed Beddoes himself in reading Death’s Jest-Book mainly in terms of its author’s failure to discover poetic-physiological immortality. His biographer H. W. Donner captures the tone of much current scholarship when he writes, “[Beddoes’s] bold dreams of solving the riddles of life and death and of man’s body and soul, were gradually being shuttered… and by the time he finished the play his ideas had changed” (194).108

But while Death’s Jest-Book clearly presents a failed struggle to defeat death, the play also extensively treats the more mundane effort to manage it by controlling how one dies. Beddoes’s own tense relationship with the doctors who treated him in his dying months is foreshadowed in the Jest-Book, whose characters similarly worry about their ability to die in what they consider the proper way. Several of the play’s prominent characters agonize over the manner of their death in monologues, asides, or anxious arguments. Several more face the terror of a death over which they can exercise no control. Perhaps most significantly of all, the play climaxes in a pair of suicides—one successful, one failed—that comment on the hopes and fears about controlling death during Beddoes’s era.

108 See Bradshaw, Resurrection; O’Neill, “Latch-String”; Berns; Harrex; and Lundin.
In particular, the drama’s obsession with dying well alludes to the consequences of how Beddoes’s contemporary medical milieu was beginning to manage death at the turn of the nineteenth century. The palliative shift in British medicine I have previously described was also a shift in its approach to terminal care. Following on eighteenth-century discoveries in palliative medicines that made “euthanasia”—originally, “painless death”—possible, Romantic and Victorian physicians were increasingly placed in control of their patients’ deaths. Doctors’ newly powerful presence at the deathbed deeply shaped nascent British medical ethics, and deathbed scenes of medical management began to appear regularly in Georgian writing.

As the nineteenth century wore on, however, gratitude for medically induced euthanasia also began to encompass fears that doctors, not patients, were deciding how people died. The definition of “euthanasia” shifted accordingly, moving from “painless death” towards its modern association with assisted dying. Writing near the beginning of this shift, Beddoes and other Romantic authors recorded the plight of patients who desired an easy, painless death yet dreaded the loss of control such medical solutions demanded. The twin suicides concluding *Death’s Jest-Book* illustrate the narrative consequences of this loss of control. Where the first suicide achieves an easy death through her own effort, the second applies for aid to a medical figure whose palliative medicines ultimately betray him. His subsequent descent into madness illustrates how losing control of your death can mean losing control of your life’s story—and, in turn, yourself.

4.1 Euthanasia and medical management

As I have previously argued, Romantic palliative care practices came out of a medical milieu whose optimistic hopes of prolonging or even immortalizing human life had been dampened by the reality that holistic cures were difficult to come by.\(^{109}\) Though by

\(^{109}\) See Chapters 1 and 2.
Beddoes’s birth in 1803, faith in the scientific extension of human life—famously advocated by eighteenth-century public intellectuals like Benjamin Franklin, William Godwin, and the Marquis de Condorcet—had endured fire from English and French skeptics, many doctors still saw medicine as the profession whose future prospects included the eventual salvation of the human race. American physician Benjamin Rush claimed that far in the future, thanks to medicine, “Hospitals shall be unknown… old age shall then be universal” (163), while the 1795 *Medical and Chirurgical Review* considered it “a general opinion, that the condition of man is in a progressive state of amelioration” (“Preface” 45). Beddoes’s own father Dr. Thomas Beddoes, medical optimist, political liberal, and founder of the Pneumatic Institute, had devoted much of his extensive career to helping advance this progress through public health initiatives and ambitious chemical experimentation. Clare Gittings and Peter Jupp sum up the medical zeitgeist as a faith that “death could be viewed as a natural phenomenon over which man appeared to have increasing control” (203).

In German literary and medical circles, hopes burned brighter still. Beddoes had left England in 1825 to study medicine at Göttingen, where he was expelled in 1829 for drunken misbehavior. He completed his degree at Würzburg in 1831 (Burwick, “Pathological” 100). His broad scientific reading included prominent members of the Naturphilosophen: F. W. Schelling, Schiller, and Novalis, as well as Johann Christian Reil (Goethe’s physician) and Johann Lucas Schoenlein. Writes Christopher Moylan of this group, “All conducted medical research with the hope of finding the vital principle or the essence of life itself” (184). Beddoes’s own research into the secrets of life and death ranged from the alchemical work of Paracelsus and Helmot to the scientific work of J. F. Blumenbach, whom Beddoes considered a friend (Donner 185, 195). His favorite

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110 See Gruman and Haycock, both of whom cite Malthus as a major critic of both Condorcet and Godwin. As Roy Porter notes, in the mid-eighteenth century, “Medicine became fired with the Baconian ambition of the prolongation of life… Godwin, Condorcet and other philosophes began to entertain conjecture of a this-worldly immortality, grounded upon new laws of health” (Porter, *Patients* 146). However, evidence of these beliefs was seen less in overweening attempts at immortality, and more in prosaic medical battles: in “hospital foundations, smallpox inoculation and the rise of public health, medicine undeniably took the offensive against diseases” (146-7).
contemporary English writer was Percy Shelley, whose idealistic vision of a fully healed world in *Prometheus Unbound* he found compelling (Donner 188). Beddoes’s early work, like Shelley’s Vegetarian Tracts, earnestly trusts that panacea is possible and that literature has a part to play in its discovery (Halsey, “Theatre” 159). But by the middle of his career, Beddoes had largely given up on the possibility of immortality. The drama in which he had sought eternal life reflected his disappointment, its effort to mock death twisted into a satire of humans’ inability to conquer mortality. As Jon Lundin sums, “We do not need the testimony of Beddoes’ correspondence to recognize in *Death’s Jest-Book*… the satiric repercussions of his failure to carry his speculations through to their conclusion” (497). Indeed, the play culminates in a revel of dancing skeletons, an animated *memento mori* of which one character slyly remarks, “perhaps you [the play’s living characters] are the dead yourselves: / And these ridiculous figures on the wall / Laugh… at the prejudice, / That you are anything like living beings” (5.4.217-21).

Georgian doctors’ reaction to their own medical failures was, by comparison, mild.¹¹¹ When preventing death or prolonging life was not possible, physicians refocused their attention on making death painless. The blossoming palliative ethic I have previously discussed in terms of temporary relief found its clearest form in medicine’s new protocol for terminal cases. Where doctors in earlier centuries had withdrawn from the deathbed as a patient’s final moments approached, by 1770 John Gregory considered palliative care a defining aspect of his profession. “Medicine,” he held, was “the art of preserving health, of prolonging life, of curing diseases, and of making death easy” (109). Ensuring an easy death, in turn, entailed allocating more control to doctors whose directions now dictated the movements of patients’ final hours. Writes Roy Porter, “As the eighteenth century wore on, and as fashionable physicians raised aspirations to become trusted family members and intimates, they adopted a more managerial approach to the deathbed” (*Patient’s* 148). Terminal care became an increasingly common space of

¹¹¹ Unsurprisingly, Beddoes himself never actually practiced medicine. “I am… not apt at flattery or the social humiliations to which the fashionable physician is bound; am perhaps somewhat independent… these are reasons why I should reject too much practice, if it did intrude; really I am much more likely to remain a patientless physician,” he wrote to Kelsall in 1825 (*Works* 610).
interaction between doctors and patients.\textsuperscript{112} Medical ethics and expectations shifted accordingly. Doctors, once concerned only with attending the sick, took over functions previously filled by priests as end-of-life guides.\textsuperscript{113} In demanding that doctors not only seek cures but “smooth the avenues of death,” Gregory reasoned, it is “a mistake in a physician to think any attentions, or duties, below his dignity, which can contribute to the relief of the patient. When necessity calls, he acts unworthily, if he does not become, to the best of his abilities, surgeon, apothecary, and even nurse” (35, 56). A good doctor should provide the focus of the patient’s entire world, especially at the end of life.

The “attentions” and “duties” to which Gregory alludes almost certainly involved palliative medications—most commonly opium and its derivatives, but also alcohol and, as the nineteenth century wore on, new drugs like nitrous oxide and chloroform.\textsuperscript{114} Beddoes’s own amputation was performed under the latter: “Thanks to the powers of beneficial Chloroform I felt not the least twitch of pain during the operation,” he remarks (\textit{Works} 680). But in the early nineteenth century chloroform was a rare drug, mainly administered for surgical cases or to those dying in hospital. More common were situations like that facing John Keats in his final weeks. Keats had been prescribed laudanum by his physician, Dr. James Clark, and the drug was his only defense against the unstoppable pain of advanced tuberculosis. Tragically, the poet’s wish to stow the laudanum for a possible suicide attempt convinced his caretaker Joseph Severn to hide it away. Keats endured his slow death in drugless agony, begging Severn for painkillers but receiving none, on Severn’s consideration that pain was better than suicide (Motion 545).

\textsuperscript{112} See Chapters 2-3 for the less capitalistic side of this argument.

\textsuperscript{113} Some doctors made the comparison with priest explicit. Jean Georges Cabanis held that “the medical profession may be regarded as a kind of sacerdotal function” or “a true magistracy” for its power in “penetrating into the interior of souls” (114-5).

\textsuperscript{114} Dr. C. F. J. Marx’s 1826 medical dissertation on euthanasia recommends, in various circumstances, “soothing, soporific, sedative, analgesic, and antispasmodic medicines… and these may be either external like plasters, instillations, enemas; or internal, the latter so much easier tolerated in liquid form like refreshing draughts, syrups, elixirs, mixtures, and tinctures” (qtd. in Cane 409). He recommends antiphlogistics and narcotics and notes the possible side effects of cyanide, aqua laurocerasi, opium, hyoscyamus, conium maculatum, belladonna, and morphine. By his account, opium is by far the most common and most useful.
Keats’s desperate requests for laudanum darkly illustrate how doctors’ new attention to palliative care had altered patients’ expectations about death. As palliative medications became more widely available, the easy death they enabled became the cultural ideal. By 1874, a Notes and Queries article could even refer to “the common-sense view of this matter” as Robert Southey’s lament that “I wish it were thought unlawful to torment the dying with applications which cannot avail to any other end than of prolonging their sufferings” (16-e-16). Severn records that as Keats died, he attempted to reassure his friend: “Lift me up—I am dying—I shall die easy—don’t be frightened—thank God it has come” (qtd. in Motion 566). His exhortation that Severn should not be “frightened” because Keats would “die easy” points to the pervasiveness of euthanasia as an ideal. Keats, the doomed patient, wanted to reassure his attendant that despite appearances, he was dying in the proper way, painlessly—nothing to “be frightened” about.

Though it would be inaccurate to argue that people only began to desire painless death in the eighteenth century, before the Enlightenment, while an easy death might have been desirable, it was not the defining quality of a good death. The desire to die well is as old as history. Maria Mirto distinguishes between the “good death” of a young hero in Greek epic poetry from the “good death” of a soldier who has returned home victorious; while the latter’s death was understood to be natural and relatively painless, it was “good” only if he had been victorious in the service of the polis (77, 132). “All other aristocratic virtues,” she writes, “[were] subordinate to the desire for a ‘beautiful’ death, one that would be useful for one’s country” (138). The Romans, meanwhile, created books that documented famous and aristocratic deaths to serve as models for appropriate mortality.

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115 Walter Cane gives a brief history of the term, tracing it to Roman historian Suetonius, who attributed its creation to the emperor Augustus. It was revived by Bacon in the late 1500s and picked up again by Paradys in 1794. Euthanasia as a term and concept enjoyed support thenceforward (410). “The term ‘euthanasia,’ meaning the care of the dying, has been crowded out of its rightful existence by the advocates of mercy killing,” notes Cane (402).

116 Out of necessity, I have not delved into the nuances of death in ancient Greece, the Roman empire, or medieval Europe, but these different cultures’ attitudes towards death were obviously far more complex than I present them here. For more on Greek death see Mirto; for Rome, see Hope; for medieval Europe, see Larson, Amundsen, Jupp and Gittings.
behavior (Hope 39-40). Following the Classical era, for many centuries Christian doctrine perpetuated the West’s widespread belief that dying well was as important as living well. Note historians Edward J. Larson and Darrel W. Amundsen, “in medieval Roman Catholic theology, death was in a sense the most significant moment of one’s life” (133). The popular *Ars moriendi* genre gave spiritual instructions on how to achieve a good Christian death. Suffering was not an essential part of dying, but when death was painful, it could be seen as instructive rather than destructive. “[S]uffering should be viewed by Christians as something in which they can rejoice” because “God uses suffering as a means of producing spiritual maturity,” write Amundsen and Gary Ferngren (94-5). This is not to say that Christian physicians actively cultivated suffering in their patients, but that they were encouraged to keep their patients focused on the health of their souls rather than the pain of their bodies (Larson and Amundsen 142).

Sometime during the Renaissance, attitudes began to change. For example, Thomas More’s Utopians advocate opium-induced euthanasia, though it is unclear whether their author meant the recommendation seriously. Francis Bacon, however, certainly did, urging physicians to help patients “make a fair and easy passage from life” (Dowbiggin 23). By the Enlightenment, deathbed suffering was not widely regarded as a source of spiritual edification, but rather as a horror that could be deflected by god’s grace and good medicine. The most famous dying words of the eighteenth century were Joseph Addison’s, who became an exemplum for his era by illustrating the calm granted by faith: “See in what peace a Christian can die.” Similarly, John Willison’s *Afflicted Man’s Companion* includes a set of “Prayers for Dying Persons” that advises, “Be oft looking back to old sins” and repent them, “if you would have a death-bed easy and soft to you” (155). And Adam Smith relates that during David Hume’s decline, he took pains

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117 Writes Hope, “To face death with courage and dignity, to show consideration and concern for loved ones, to utter a few last apt words or pithy statements, to be mourned by survivors and for your body to be treated well, and even honoured by enemies, was a good end” (43).

118 “Perseverance in the face of death, resting and trusting in the certainty of God’s promises and the sufficiency of Christ’s redemptive sacrifice—such was the theme of this literature, a hallmark of historic, creedal Christianity throughout the ages” (Larson and Amundsen 150).
to assure his friends that he was dying “as easily and cheerfully as my best friends could desire” (218). In literary works, giving characters easy deaths was one way to signal their virtue. Authors could reward good characters with a painless passage and damn bad ones with agony. Victor Frankenstein’s spotless mother “died calmly”; her son somewhat less so (Shelley 43).

In both its medical and popular use, “euthanasia” at this point still primarily meant “an easy death,” as John Walker’s *Critical Pronouncing Dictionary* recorded in 1797 (245). The term “medical euthanasia” seems to have been reserved for the more specific notion that doctors could ease patients’ passage with drugs. An 1826 dissertation entitled “Medical Euthanasia” by Dr. C. F. H. Marx treated the idea as fairly new, despite its having been recommended by Francis Bacon: “the subject does not seem to have been thoroughly studied at all up to the present time” (qtd. in Cane 405). As I earlier suggested, British medical ethicists adopted the idea that providing such euthanasia to dying patients was a primary medical duty. Percival’s *Medical Ethics*, after enjoining doctors to “smooth the bed of death,” proclaims that “the offices of a physician may continue to be highly useful to the patient… even in the last period of a fatal malady; by obviating despair, by alleviating pain, and by soothing mental anguish” (91, 98). Similarly, physician John Ferriar shames the “ignorant practitio[n]r” who would “torment his patient, with unavailing attempts to stimulate the dissolving system from the idle vanity of prolonging the flutter of the pulse for a few more vibrations: if he cannot alleviate his situation,” he advised, “he will protect him against every suffering” (193). And the anonymous Aesculapius of Guy’s Hospital urges medical students to “smooth the pillow of sickness, and the bed of death” (18). Their vocabulary—soothe, protect, smooth—reveals a deep professional commitment to “medical euthanasia.”

Not everyone was so committed. As Richard Sheridan complained to James Boswell in the 1760s, “very few people now die. Physicians take care to conceal people’s danger from them. So that they are carried off, properly speaking, without dying” (qtd. in Porter, *Patients* 148). Sheridan objected to the way in which medically-assisted deaths, and especially narcotics, stripped patients of their agency and passively “carried [them] off” into death. His disgust reflects what Diana Fuss has identified as the belief that “our
deaths are the most singular thing about us… no one can die in our place” (896). As we consider ourselves individual, so we wish our deaths to embody that individuality. The stories we live by demand appropriate endings.

Dying without the chance to meaningfully craft those endings alters the meaning of the stories they conclude. Indeed, palliative care doctors Yasmin Gunaratnam and David Oliviere see the ideal of “dying well” or having a “good death” as “essentially narrative in nature” (39). A good death involves “the expectation that dying individuals are given the opportunity to recall and share/review their life stories, resolving ‘unfinished business’ and accepting impending death” (39). Dying properly writes a definite ending to a life in a way that closes its meaning, helping to secure interpretative control in the hands of the dying person. “Without the conversation and exchange of narratives about the loss of health and life… there is no community but the opposite of freedom: imprisonment,” note Ragan, Reilly, and Wittenberg-Lyles. A patient who loses control of her life’s narrative “feels trapped in a terror of not knowing her identity as a surviving person or a dying person,” they write (56). Her living sense of self founders on her inability to manage that self’s impending death. A terminal patient’s power to conclude her own story “assists in making meaning of the end of life” by letting her end “her life in a way that ‘makes sense in the total context of her life,’” write Hurst and Stanley (44). The contemporary narrative medicine movement considers this idea so fundamental to human behavior that it has made “ending stories” a central aspect of its approach to end-of-life care.

While it is currently enjoying a professional medical renaissance, the narrative significance of death, like the “good death” itself, is an ancient idea. In Classical writing, death’s individualist mandate was most obvious illustrated by acts of heroism. Achilles’s decision to die at Troy, Odysseus’s apocryphal final voyage west, and Socrates’s suicide all involve individual decisions that appropriately close meaningful lives—and, not coincidentally, make good stories. But a person did not have to die “heroically” to exercise control over her own end. The Roman emperor Augustus, who had supposedly coined the term “euthanasia” to describe his ideal death, did everything he could to be “blessed with an easy death and one such as he always longed for”
Perhaps the most historically significant example of a meaningful individual death comes from Christianity, whose astounding European success in the medieval era was built on one single, immensely compelling martyrdom and perpetuated by countless others. The chosen—or at least accepted—deaths of martyrs like St. Sebastian (beaten after being shot) or St. Lucia (whose eyes were gouged out) became the culmination of their life stories, the mark of their election in the eyes of god. For ages in Europe, such stories trickled down into the pervasive idea that dying well could be one mark of a good Christian, helping him or her gain entry to heaven.

During the Renaissance and Enlightenment, secular versions of this idea proliferated alongside persistent Christian models (Gittings and Jupp 179-80).

The notion that dying well exemplified your life and marked you out for heaven folded into preexisting cultural beliefs that dying well summarized an individual’s (good) character. “The goal of our career is death,” writes Montaigne in his *Essay* on the subject, offering an early version of this secular, individualistic model—death as capstone statement, the telos of *Bildung* (1: 20). Among the Romantic poets, Byron’s Manfred perhaps articulates this view most clearly. “I… was my own destroyer, and will be / My own hereafter,” he claims (3.4.138-140). Manfred’s author likewise anticipated his death in Greece with such fervor that he had a costume approximating Achilles’s armor made as a way of inserting himself into a tradition that linked well-chosen death with heroic status. Victorian culture’s obsession with recording last words reveals a similar stress on the importance of a correct end. As Fuss notes, these concluding statements were “valued [for] the spiritual, social, and familial functions they could perform,” including “settling one’s affairs [and] leaving one’s legacy” (878). From Keats’s jocularly self-deprecating “awkward bow” to Dickens’s little Nell, who dies surrounded by sprigs of winter berries from “a spot she had been used to favour” (537), how a person chose to die was

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119 In their book-length study of Christianity and euthanasia, Lawson and Amundsen note that martyrs’ “sufferings were not the exclusive privilege of a select few but of anyone who followed Christ in the manner Paul described when he wrote to Timothy, ‘Indeed, all who desire to live godly in Christ Jesus will be persecuted’ (2 Tim 3:12)” (65).
understood to summarize her character and set the tone for her immortal memory—what Manfred pointedly calls “my own hereafter.” Death is the ultimate act of individualism.

Moreover, the early capitalist society of Georgian Britain further solidified the link between dying well and individual expression. Members of the ascendant buying classes found new opportunities to express their uniqueness by controlling the circumstances surrounding their deaths. Allan Kellehear calls such practice the “well-managed death,” an “individualist model of the good death forged and shaped by the equally individualist and occupationally specialized lifestyles of urban middle-class elites” (152). He explains how “[p]reparations for death” became “as unique as the financial and legal intricacies of their owners and as eccentric as their personalities and families could tolerate.” Dying people attempted “to direct and shape their dying in accordance with their own individual desires” (151-2, 159). As the spending classes grew more powerful in Georgian society, the individuality of a well-chosen death became something that could be expressed in economic terms, including will-writing, inheritance, and pricey medical supervision. In the same way that a gentleman might flaunt his personal flair through his choice of waistcoat, he could purchase a personally-scripted deathbed scenario—a scene at which the doctor “began… as a luxury, became a decency and eventually turned into a necessity” (Porter, Patients 152). Historian Pat Jalland notes that by the Victorian period, doctors had become such a routine part of the dying process that they were treated as family members. They were invited to the funeral, included in the will, and described by terminal patients like Dorothea Palmer, who died of tuberculosis in 1839, as “an old friend… I quite love Dr Latham—he was like a father” (qtd. in Jalland 80).

Portraits of dying patients that link forceful individuality with well-chosen medical attendance accordingly crop up in nineteenth-century literature. In Eliot’s Middlemarch, the dying Mr. Causabon demands the truth about his “fatal disease”

120 Maria Edgeworth’s Castle Rackrent includes a hilarious example of such eccentricity in Sir Condy Rackrent, who, believing that he “shall not be long for this world any how,” pretends to die because he has “a great fancy to see [his] own funeral” (113).
directly from his doctor Lydgate, who had previously dealt only with his wife Dorothea. Causabon’s demand underscores his characteristic neuroses. He does not trust Dorothea to tell him the truth about his condition, so he goes straight to the doctor he assumes will give him the satisfaction he craves. Eliot pointedly labels his request “the passionate egoism of the sufferer” (398). Causabon’s exchange with his medical attendant aggressively asserts his individuality by attempting to reclaim agency over two situations—his death and his marriage—he feels are spinning out of control. A more comic example comes from Maria Edgeworth’s Belinda. The novel’s hypochondriac Lady Delacour incorrectly believes she is about to die, having placed her loyalty in a sponging quack doctor who misdiagnosed her with cancer. On what she thinks is her deathbed, she ingests so much of the quack’s palliative laudanum that she has visions. Lady Delacour presents a forcefully ridiculous case of medical management. Her replacement physician Dr X____, although he is the novel’s Enlightenment hero, bows to her every whim. She commands him, “It is my belief that I shall die this night… If I survive this night, manage me as you please. But I am the best judge of my own feelings. I shall die to night” (305). By conditionally submitting to be “managed” by Dr X____—only if she survives the night!—Lady Delacour paradoxically asserts control over her (believed) death by promising to relinquish that control to a medical man whose expertise she acknowledges. For his part, Dr X____ plays along on the somewhat condescending logic that she is not indeed the best judge of her own feelings, and instead “was actuated merely by caprice” (305).

As Lady Delacour’s farcical case demonstrates, the great irony of such death-scenes is that however individually catered, a well-managed death is managed. In their efforts to exert figurative control over the end of their lives, Georgian patients began quietly ceding literal control to the doctors who plied them with palliative medications and charged for attendance at the deathbed (Szabo 92-93). The result was a medical situation in which doctors, not patients, grew increasingly responsible for how people died—and the narratives that survived those deaths.

Of course, doctors were not the first or only group to manage the deaths of people beneath their care. Family members and religious figures had performed such offices for
much of human history, especially when terminally ill patients grew incapable of making decisions for themselves. Deathbed conversions urged by family or suspicious last-minute alterations in wills give the lie to the idea that before medicine, individuals had always had full control over their own end. But medical management felt different and was received differently. For one thing, doctors had no historical sanction for their managerial role. Priests and family members belonged at the deathbed because they had been there for ages. Doctors did not, which was why Gregory, Percival, and their fellow medical writers fought so ardently to convince their readers that doctors should not retreat in terminal cases. Similarly, the doctor-patient model in which the physician was a trusted friend sought to integrate medical professionals into intimate spheres they had not previously occupied. More importantly still, the rise of bourgeois capitalism meant that “well-managed dying [was] no longer a personal activity that involve[d] the entire community.” Instead, dying became “increasingly privatized and sequestered… a full economic but privatized transaction divorced from overall considerations of the wider population formerly called ‘the community,’” writes Kellehear (151). The communal deathbed management of family and religion narrowed to the individual’s personal relationship with her doctor. The isolation of this mode of death represented a sea change in terminal care, as did its interdependence with its economic environment.

Some doctors celebrated the shift towards individual medical management, going so far as to invert the death-narrative’s usual focus on the patient. Benjamin Rush describes one of the aphoristic “Pains of the Physician” as a stock scene from sentimental literature with the doctor himself cast as sentimental hero. “How shall I describe his feelings, when compelled to share in the grief occasioned by his inability to save the life of a favourite or only child?” Rush asks. “Still more difficult would it be to paint his distress, when called to attend the deathbed of a valuable head of a family” (217-8). Here, the doctor not only takes direct responsibility for the “grief” of the family whose member is dying, “his feelings” and “his distress” center Rush’s celebratory portrait. The

121 See Chapters 2 and 3.
And there were many patients who would have agreed with Rush. Charles Lamb’s *Elia* essay “The Convalescent” praises the doctor as a sort of epic savior “who so lately came between the patient and his cruel enemy, as on some solemn embassy from Nature” (211). More grandiosely still, Joseph Wilde’s 1809 poem “The Hospital,” written during his stay in the Devon and Exeter Hospital, fervently celebrates doctors’ deathbed management. Wilde compares the doctor to “some hero of superior mind” (18-19, l. 302). He later reassures his audience that even doctors who cannot save patients deserve thanks:

> Alas! No present help this case admits:  
> The candid doctor solely recommends  
> Patience and resignation…

> …But not the less his gratitude was due,  
> Or felt, for all th’attention he receiv’d… (40-41, l. 357-65)

The “attention” Wilde identifies as the reason for patient gratitude includes an ample use of narcotics. Wilde accordingly celebrates doctors’ palliative care and its attendant “opiates”:

> ….But not unheard his cries, nor unattended,  
> Nor unredress’d, as far as human pow’r  
> Can give redress to tortures so immense:  
> Rous’d from his bed, the master kindly strives  
> With opiates to administer relief,  
> Or whatsoever else has been invented  
> By learn’d Philosophy to soften pain.  
> With frantic haste he [the patient] drinks the healing draught—

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122 Typically, Rush also wrote a guide for patients on how to treat their doctors well, as patients are important aspects of “the success of our practice, and the advancement of our science” (319). He instructed patients never to interrupt the doctor at dinner or speak poorly of him, but always to pay him “well and promptly” (331-3).
Regardless whether life or death th’event,
So it release him from his mighty woes.
O, blest narcotic! Sovereign remedy!
Already has thy pleasing torpor spread
Through all his frame, and now rejoic’d they hear
His frightful and half-excreatious screams
All chang’d to mutter’d thanks, for ease restor’d,
And gratitude to him who wrought the change. (49, l. 5056-71)

Whether “life or death th’event,” Wilde finds “ease restor’d” well worth the “pleasing torpor” caused by a strong dose of opium. He has no compunctions about sacrificing agency and lucidity to “learn’d Philosophy” if it means he gains “release” from “mighty woes.” His gracious attitude towards medical management is perhaps best summed up by his term for his attending doctor: “the master.”

Others were less sanguine. Georgian doctors who offered deathbed care were condemned by some as opportunists who could turn a profit and boost their prestige by preying on the dying. Maria Edgeworth’s *Castle Rackrent* depicts a comically scurrilous version of corrupt medical management in Sir Kit Stopgap, who pays two colluding physicians to convince his wife that she is dying so he can steal her jewels (80). In a more direct attack, poet and surgeon George Crabbe’s poem *The Borough* savages such professionals as “Quacks” (“Letter VII: Professions—Physic” 70):

> And yet they’ll buy a patent, and succeed;  
> Will dare to promise dying sufferers aid,  
> For who, when dead, can threaten or upbraid?  
> With cruel avarice still they recommend

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123 Historian Jason Szabo cites a businessman who complained, “Believe me, mademoiselle, doctors today no longer practice the art of curing, but that of enriching themselves at the expense of those who suffer” (93). Though Szabo studies France, Porter has argued that such attitudes were consonant with medical behavior across the channel (see Porter, *Patient’s and Sickness*).
More draughts, more syrup, to the journey’s end… ("Letter VII: Professions—Physic” 82-86)

Crabbe reserves particular scorn for doctors who offer phony palliative care, the “draughts” and “syrups” that “promise dying sufferers aid.” As a surgeon himself, Crabbe would have been aware of Romantic medical ethicists’ especial concern for palliative medicine, what Gregory called “a physician’s duty to do every thing in his power for the relief of the distressed” (23-4). For Crabbe, to falsely promise relief to a dying patient was “cruel avarice,” a selfish corruption of medical responsibility. Thomas Beddoes, it seems, agreed. In Death’s Jest-Book, at the end of Mandrake’s speech in Act III, the zany complains that his efforts to reveal death as a fiction are “sure to be opposed by the doctors and undertakers whose invention the whole most extravagant idea [death] seems to be” (3.3.22-23). The only way in which a doctor might benefit from a patient’s death was if, like an undertaker, he could profit from it. By the time of the Jest-Book’s composition, the practice was apparently so commonplace that Beddoes did not need to provide context for Mandrake’s remark. Presumably to defuse such criticisms, some medical ethicists took pains to defend their profession against charges of profiteering. In his Medical Ethics, Thomas Percival anxiously insists that physicians should continue attendance “even in the last period of a fatal malady,” because “to decline attendance, under such circumstances, would be sacrificing… that moral duty which is independent of, and far superior to, all pecuniary appreciation” (98, emphasis mine). His decision to laboriously spell out physicians’ financial disinterest in deathbed care suggests the ubiquity of the accusation.

However, even perfectly well meaning doctors unmotivated by “pecuniary appreciation” could strip patients of agency and dignity. “More often than one would believe,” admitted Dr. C. F. J. Marx, “it does happen that through such so-called remedies, which almost never are of any help, the dying’s last breath is choked with pain and sorrow” (qtd. in Crane 409-410). Mary Wollstonecraft’s prolonged death, recorded by William Godwin in his Memoirs of the Author of the Vindication of the Rights of Woman, is one representative story of painful palliative management. As she lay dying of puerperal fever, Wollstonecraft lost all say in her own medical care, a fact underlined by
the distant, clinical voice through which Godwin narrates her death—a stylistic shift from the *Memoirs*’ usual pathos. When doctors deemed Wollstonecraft’s milk unfit for her daughter Mary, the baby was removed and replaced with suckling puppies. Godwin, meanwhile, was instructed that “the only chance of supporting her through what she had to suffer, was by supplying her rather freely with wine” (116). Doused with liquor, “her faculties were in too decayed a state, to be able to follow any train of ideas with force,” and she lapsed into compliance with any direction given her (118). Her attendants begged her to sleep and she “discovered her willingness to yield” by pretending to breathe “in the manner of a person that sleeps” (119).

Godwin himself felt little authority to gainsay medical advice. He notes that Wollstonecraft’s doctor Carlisle had denied him the right to inform her of her impending death with the words, “I was obliged to manage my expressions” (119). Wollstonecraft, he reports, knew she was dying anyway. But her lucidity did not give her any more say in her own death, to which she was shepherded by four attendants, three nurses, and no less than three doctors. “In addition to Mr. Carlisle’s constant presence,” notes Godwin, “she had Dr. Fordyce and Dr. Clarke every day” (117-8). In defending such practices, doctors tended to circle the wagons. An anxious *Lancet* article of 1899 responded to a letter from Mr. W. G. Burnie alleging the “pushing” of “anodynes and anaesthetics” by arguing, “a practitioner is perfectly justified in pushing such treatment to an extreme degree.” And even in doubtful cases like advanced renal disease, “it is for the physician to decide which is likely to be of more harm to the patient, the prolonged agony or the morphia” (“Euthanasia” 532, emphasis mine).

Like Keats’s Dr. Clark, these physicians surely meant well. But by the middle of the nineteenth century, “euthanasia” had acquired its additional meaning of a purposeful

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124 This is not to malign Godwin. As Cynthia Richards points out, his decision to employ the spare “language of science” for Wollstonecraft’s death does not necessarily signal callousness, but rather an “account of death that allows no consoling distance or denial of the subject’s loss” (582, 567). For a less charitable reading, see Jones, “The Death of Mary Wollstonecraft.”
mercy killing. While palliative drugs, when properly administered, were acceptable, the possibility of assisted suicide was as controversial as it remains today. For example, in 1873 William Bates attacked one proponent of euthanasia by comparing his support to “justify[ing] the alleged poisoning, by the orders of Buonaparte, of his wounded and sick soldiers in the campaign of Egypt” (Notes and Queries 9i10). Victorian fears of doctors euthanizing patients using palliative drugs were common enough for the Lancet to publish an op-ed in 1887 reminding the public that doctors may only “without hastening death, [make] the approach to death peaceable. To this extent medical art may go; no further” (qtd. in Jalland 93). Similar concerns still haunt contemporary medicine, where doctors can inadvertently or purposefully assume control over the dying because “until recently, few medical schools or residency training programs included any palliative care education” (Gunaratnam and Oliviere 37). The point is not that most patients literally believe their physicians might euthanize them to speed up a fatal illness. What they fear is a loss of self-control. As the nineteenth century wore on, doctors increasingly wielded the power to decide when and how a patient died—and therefore what that death ultimately meant. As they allowed themselves to be managed, terminal patients feared losing agency over their own deaths, and by extension, themselves.

One early expression of this fear is Death’s Jest-Book.

4.2 Death’s Jest-Book and controlling death

As its title suggests, Death’s Jest-Book is a morbid production. A satiric revision of the Renaissance revenge tragedy, the play manages to kill off most of its lead characters by the end of Act 5, some through gruesome gothic doubling, others via contrived poetic

\[^{125}\] The OED first records instance of this usage, “The action of inducing a gentle and easy death,” as 1869 in W. E. H. Lecky’s History of European Morals: “An euthanasia, an abridgement of the pangs of disease.” This suggests it was in popular use earlier.

\[^{126}\] I have used the later (1849) text edited by Alan Halsey for this chapter because it is the most comprehensive version of the play Beddoes wrote before he died.
justice. The drama binds together three distinct narratives. First is the tragedy of ex-court-jester Isbrand, whose knightly brother Wolfram is murdered by their native Münsterberg’s Duke Melveric over the love of a princess, Sibylla. Isbrand seeks revenge by overthrowing the Duke, who has returned to Münsterberg in hiding. The second plot follows the Duke’s sons, Athulf and Adalmar, as they vie for the affections of Amala, daughter of the Duke’s Governor Torwald. Finally, a comedic side plot tracks the misadventures of Homunculus Mandrake, the zany to a mountebank, and his failed efforts to concoct an immortality elixir. Before proceeding, it will be useful to catalogue the drama’s six main deaths in the order they occur. Duke Melveric kills Wolfram over Sibylla’s love; Sibylla commits suicide to be with Wolfram; Athulf (after a failed suicide attempt) kills Adalmar over Amala’s love; Isbrand is slain as a tyrant; Athulf kills himself out of guilt for killing his brother; and Melveric lets himself be led away into death by Wolfram. The play’s first and last deaths invert each other—Melveric kills Wolfram whose ghost kills Melveric—while its two pairs of brothers are complexly responsible for one another’s deaths. Sibylla and Athulf, meanwhile, both attempt suicides-for-love; only Sibylla succeeds.

As several scholars have recognized, Death’s Jest-Book is a failed attempt to subdue death with the deflating power of satire.¹²⁷ Most of the play’s comparatively little scholarship—a few monographs, one collection of essays, three biographies and several book chapters—explores the irony of this failure. Scholars generally situate the drama in terms of Beddoes’s realization that the medico-poetic immortality he sought was not viable.¹²⁸ Death’s Jest-Book records the frustrations of a poet beaten by the very powers he hoped to overthrow. “Tyranny is an enduring theme, particularly the tyranny of Death,” sums Alan Halsey, “and yet the triumph presented… is a triumph of rather than over death” (Halsey, “Introduction” ix). But the product of Beddoes’s failure does more

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¹²⁷ See Bradshaw, Resurrection, and Harrex.

¹²⁸ Most notably, Michael Bradshaw’s book-length study of the play sources Beddoes’s defeat in his fruitless alchemical pursuits, while Ute Berns ties it to Beddoes’s political disappointments as a radical supporter of regime change in Germany. See Bradshaw, Resurrection and Berns, Science.
than simply mock its author’s pretensions to immortality. The drama supposedly satirizing death actually reveals that we are death’s satiric targets: its greatest dramatic irony is its author’s (and audience’s) futile belief that we can control how we die. Death, Beddoes argues, knows better. The play’s very title advertises this realization. As Isbrand notes, glancing through the fourth wall in Act II, “when the world is old and dead, the thin wit [death] shall find the angel’s record of man’s works and deeds, and write with a lipless grin on the innocent first page for a title, ‘Here begins Death’s Jest-Book’” (2.3.113-7). In this telling aside, human life itself is a story written by humans but co-opted by death. The “works and deeds” accomplished by mankind and “record[ed]” by an angelic amanuensis are not humanity’s own. After the “thin wit” Death appears, he wrests control of human history by rewriting its title page to declare, “Here begins Death’s Jest-Book” (emphasis mine). This possessive inscription signals not the beginning of a story, but the beginning of an end. Death’s signature transforms a history of “works and deeds” into a satiric “Jest-Book” whose end has been composed ever since its inception. Human history in toto culminates in the race’s failure to write its own ending.

This origin story of the drama’s title magnifies its most pressing concern. Death’s triumph plays out across the text, as characters are almost universally thwarted in their hopes to die well. If a main character describes in detail how she would prefer to die, chances are that by the end of the play she will die in any way except her voiced preference. Beddoes’s revision of the revenge play runs deeper than merely updating its concerns to include Romantic organicism, as has been previously noted. In revenge tragedies, death follows a causal logic. One character kills another, who is then avenged by another character slaying the original killer, and so on. In Death’s Jest-Book, these traditional structures of vengeance are repeatedly foiled. Isbrand never avenges his brother’s death; Adalmar is “avenged” not by another friend or family member but by his

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129 See Berns; O’Neill, “Latch-String”; and Baulch. Isbrand’s song “Squats on a Toadstool” from Act III has been a primary focus for scholars interested in outlining how Beddoes updates Renaissance-style questions about life and death with Romantic ideas, particularly proto-evolutionary theory and the German Naturphilosophie with which Beddoes was familiar.
murderer’s suicide; Melveric, the play’s clearest villain, walks quietly into death in Act V, slain by no one. Not only do characters themselves lack control over their deaths, the play’s structure fails to abide by its own generic rules. Though most major characters die, no one dies in the way that revenge tragedies stipulate they should.

Failing to control death is the play’s major theme on both diegetic and extradiegetic levels. Indeed, the only character to successfully control her own death is Sibylla, whose story occurs largely outside the machinations of the drama’s stifled revenge plot. Her painless suicide embodies the dual meanings of “euthanasia.” Sibylla’s death, singular for its ease and control, directly juxtaposes Athulf’s failure to die, which paradoxically offers the play’s grimmest portrait of uncontrollable death. Athulf’s story also comes closest to medical critique, since Athulf asks a medical figure for drugs to kill himself and is betrayed by that figure’s faux palliative medicines. His subsequent descent into madness suggests the dark consequences of medical management: losing control over your death means losing control over yourself.

Before continuing, I should note that Beddoes’s position on suicide was complex. He does not, like Goethe’s Werther, equate suicide with accepting “sickness unto death” because “it would be as misconceived to call a man cowardly for taking his own life as it would be to say a man who dies of a malignant fever was a coward” (62). Indeed, before Athulf’s suicide attempt, Beddoes condemns the act through his brother Adalmar, who the play has already cast as an authority on the good death. Adalmar castigates Athulf’s decision as selfish: “Thou has stolen / The right of the deserving good old man / To rest,” he mourns. “Thou should’st have lived… After long years, you might have knelt to Fate, / And ta’en her blow not fearing” (4.3.115-7, 124-28). By this logic, the young Athulf has stolen his older self’s legitimate right to choose a fitting death, a secular rewriting of the Christian idea that suicide misuses a body rightly belonging to god. Though bizarre, Adalmar’s objection neatly captures the play’s ambivalence towards the overlaps between suicide and a well-chosen death. It was an attitude Beddoes may have encountered in his extensive reading of Friedrich Schiller. Schiller’s “Of the Sublime” advocates suicide in cases where people cannot reconcile their moral dignity with “natural necessity.” Schiller calls such suicide a “free renunciation of all sensuous
interest” that preserves the “freedom of the spirit”—in very rough terms, asserting the self’s control over the body by destroying it before circumstance can (208).

Beddoes, through Adalmar, initially seems to second this idea. Adalmar’s bottom line is bodily sovereignty. But Adalmar, unlike Schiller, insists that the agency to freely renounce “sensuous interest” must be earned. As he explains to his brother, a “deserving good old man” has every right to “[kneel] to Fate,” since he has spent his life exerting himself in “cheerful labour” (117, emphasis mine). He has therefore earned his way to a good death. Athulf’s crime is not that he assumes control over his own body, but that he has denied this control to his future self, who has lived and worked in that body longer and who therefore has more right to it. Adalmar’s logic applies not only to Athulf but every prospective young suicide (Sibylla, implicitly, included). But because Adalmar never specifies when one becomes a “deserving good old man,” Beddoes escapes making an ethical position into dogma. He cannot unequivocally equate suicide with the agency exhibited in good deaths, nor can he condemn suicide in all cases. Instead, his play explores the relativity of agencies exercised over the body. An older Athulf has more right to his body than a younger one, who presumably has more right than another person entirely.

Because of these complexities, I do not want to argue that Beddoes’s own suicide reflects any deep moral conclusion about his own entitlement to a good death. Neither he nor Death’s Jest-Book can honestly be said to endorse suicide, even as Schiller’s ultimate example of self-determination. Rather, the drama explores a more nebulous and ubiquitous human conviction that we should control how we die. It is worth remembering that Beddoes does so largely via negativa, through frightening examples of what losing this control looks like. Sibylla alone stands as an example of such control, and Beddoes takes pains to underline her irregularity. By comparison, Athulf’s suicide is far more typical, failing the criterion of control on both intentional and unintentional fronts. As Adalmar alleges, Athulf has no right to commit suicide. But worse still, his effort to exercise even this unjustified bodily sovereignty is thwarted by the very medical authority to whom he had initially applied for aid. By revealing how Athulf’s decision to die was never his to begin with, Beddoes comments obliquely on his own medical
milieu. A satiric inversion of the managed death, Athulf’s agonized survival suggests the horror of what happens when a doctor overturns a patient’s decision to die on the grounds of his professional status.

Even well before Athulf’s suicide attempt, *Death’s Jest-Book* features a slew of characters reflecting on the ideal death, from the Fisherman in Act I who concludes “’Twere a right evening to die in” (1.4.127) to the pact between Wolfram and Melveric that whoever dies first will return to visit the other: “I swore / That if I died before thee, I would come… And bring thee tidings” (1.2.222-5). In addition to personal preferences, several characters also express a desire for “euthanasia” in its older sense. Beddoes, like most medical writers of his time, prized the easy death. Both of his suicide attempts employ low-pain methods, since blood loss and curare induce sleepiness. In *Death’s Jest-Book*, he passes on this ideal to his thirteenth-century characters. For example, when Wolfram lies dying of Melveric’s treacherous sword, Melveric hushes Sibylla’s frantic weeping with the words, “Let him die in quiet” (1.4.242). Though Melveric has his own interests in mind here—he doesn’t want Wolfram to tell Sibylla who murdered him—his request also reeks of guilt, a futile wish to somehow recompense Wolfram’s murder by at least ensuring he dies quietly. More explicitly, before their respective suicide attempts, both Athulf and Sibylla praise euthanasia. Athulf, having downed his drugs, claims he will die easy. He hails “…this breathless peace, / Which all, but troublesome and riotous men, / Assume without resistance. Here I’ll lay me, / And let life fall off from me tranquilly” (4.3.161-4). Athulf assumes that the tranquil death “without resistance” is humanity’s *de facto* ideal, accessible to all but “troublesome and riotous men.”

Meanwhile, Sibylla addresses her encomium directly to death: “O Death! I am thy friend, / I struggle not with thee… Thou canst be sweet and gentle, be so now; / And let me pass praying away into thee, / As twilight still does into starry night” (4.2.125-9). Sibylla’s wish for a “sweet and gentle” death without “struggle” puts a positive spin on Sheridan’s complaint that some patients pass away without dying. Sibylla expressly hopes that she

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130 In fact, curare is currently used as a muscle relaxant for surgical procedures performed under anesthesia (Foldes 128).
will not be able to feel the precise moment of her death, just as the distinction between “twilight” and “starry night” cannot be pinpointed. Though palliative drugs are by no means the only method of achieving such a “gentle” death, during the period—and still, today—they are one of the only ways humans can actively ensure one.

Fewer than the play’s proponents of euthanasia but much more significant are those characters who understand the narrative importance of controlling one’s own death. Their anxiety about how dying will affect their reputations reflects what Hurst and Stanley call the belief that if you die well, “the self is altered but [the] self, perhaps in a new form, can continue” (45). Walter Benjamin has described this belief as the idea that “a man’s… real life… first assumes transmissible form at the moment of his death” (94). How we die frames the “self” that survives us. Duke Melveric offers the play’s most explicit version of this belief. In Act II, he literally imagines different death scenarios for himself, wondering how they will affect his future reputation from the impossible perspective of twenty years hence. He has just discovered his sons’ participation in a plot to overthrow him and install Isbrand in power. Pondering his options, he apostrophizes,

O that the twenty coming years were o’er!
Then should I be at rest, where ruined arches
Shut out the troublesome unghostly day;
And idlers might be sitting on my tomb,
Telling how I did die. How shall I die?
Fighting my sons for power; or of dotage,
Sleeping in purple pressed from filial veins;
And let my epitaph be, “Here lies he,
Who murdered his two children?” Hence cursed thought! (2.3.370-78)

The Duke understands that years hence, “how I did die” will become a metonym for his whole life, whether as a besieged monarch “fighting [his] sons for power” or a tyrant whose sons’ blood gilds his success. His musings convince him to investigate his sons’ involvement in Isbrand’s planned treachery before acting hastily. The Duke’s decision to do so directly instigates the play’s second link between death and the narrative self. In
Act 4, the disguised Duke attends a conference with Adalmar and Isbrand. When Adalmar swears his fealty to Isbrand and offers up his life as a sacrifice to “the temple of the public good,” the Duke reaps the rewards of his earlier caution (4.1.87). Adalmar seeks the good of his nation, not power. To ensure his intentions are as pure as he claims, Melveric tests his son’s commitment to Münsterberg by asking him why he doesn’t spend his fleeting youth in seeking pleasure. Melveric reminds his son that “men die, thousands in a day, for glory” and pretends to scorn Adalmar’s decision to forfeit his life for the state (4.1.135). Adalmar replies that

…I have remembered in my childhood
My teachers told me that I was immortal,
And had within me something like a god;
Now, by believing firmly in that promise
I do enjoy a part of its fulfillment,
And, antedating my eternity,
Act as I were immortal. (4.1.142-148)

As a response to the Duke’s dismissal of those men who “die, thousands in a day, for glory,” Adalmar’s comment on life is actually a statement about death. He “act[s] as [he] were immortal” not because he believes he cannot physically die, but because he is not worried about being surprised by a death he did not plan for. As a hero whose “manner” is “to do what’s right and good,” he trusts he cannot do otherwise than die properly (4.1.121-2). Adalmar’s promise to “anteda[te] my eternity” stakes a proprietary claim for his unbroken control over both that eternity and its predecessor, his life and death. Because his agency over the two states is contiguous, he believes his immortal reputation will match his earthly one. His pledge to “act as I were immortal” is the hero’s pledge to die in the service of his ideals. It is a promise that when he dies, he will die on his own terms. Only by choosing the manner of his death can Adalmar guarantee the “fulfillment” of his “eternity,” since only by doing so will he set the tone of his own posthumous existence, ending his life’s narrative in a way that consistently embodies his life.

Adalmar, like Homer’s Achilles, understands his decision to die in his own way has the
power to immortalize him by creating and perpetuating what Benjamin terms a “transmissible form” of self.

After Adalmar makes this claim, the Duke again tests his loyalty to Münsterberg by playing devil’s advocate. Melveric pretends to deny his son’s agency in death, urging Adalmar’s concession to death’s ungovernable sovereignty. His son’s hopes to live and die as a patriot are “wild horses / Tearing the precious now to pieces.” Instead, Melveric advises, he should “Grasp and use / The breath within you; for you know not, whether / That wind about the trees brings you one more” (4.1.149-53). Melveric mocks his son’s plans to give his life to his nation on the logic that death cannot be planned so easily. Instead, it always comes unexpectedly, mysteriously, uncontrollably—like wind through trees. Of course, Melveric does not believe his own argument: he is only testing Adalmar’s commitment to his country. Near the end of his speech, Melveric reveals himself to signal that his son has passed the test. “We’ll live to be most proud of those two names [father and son],” he promises (4.1.164).

Unfortunately for Adalmar, Melveric’s jest about death’s ungovernableness turns out to be right. Instead of dying for his nation, Adalmar is murdered by his brother Athulf for Amala’s love. Sibylla, on the other hand, quietly dies exactly as she desires, following Wolfram gently into death after deciding, “my will lies there [with him], my hope, and all my life” (2.2.33). Of the play’s main characters, Sibylla escapes with the easiest death, and the only end that is entirely her choice. In fact, her suicide could almost be described as pure choice, since Beddoes never specifies how she dies. As a result, her death reads as a speech act, a direct extension of her agency. “Aye, maidens, I am dying… a wished for change of being,” she tells her attendants, giving no indication as to why she is dying. She goes on to narrate her death as it happens. “[S]o die I,” she proclaims, “And the high heaven, serene with light and joy, / Which I pass into…. Will encompass me; and I shall tremble… I’ll lay me down, / To sleep not, but to rest” (5.3.52-64). The speech is her last in the play. Sibylla’s suicide, a euthanasia of mind, literalizes the play’s ideal death. It is completely autonomous and completely painless, as Sibylla’s performative speech transforms the narrative of her own demise into that demise itself. Insofar as it is ideal, Beddoes also heavily implies that it is impossible.
“Sibylla” is the anglicized version of the Greek σίβυλλα or “prophetess,” source for the English word “sibyl.” Fittingly, the only character in Death’s Jest-Book to exercise full control over her own mortality is symbolically marked out as an otherworldly prophet. With words alone, Sibylla at once predicts, narrates, and enacts her own death—a power no human can truly claim (though Beddoes rewrites Classical tradition in attributing prophetic power to Sibylla herself and not godly possession). The exemplary irregularity of her death is thrown into still starker relief by contrast with Athulf, whose bungled suicide is all too human.

In Act IV, scene iii, Athulf declares his intention to kill himself because his beloved Amala plans to marry his brother Adalmar. To do so, he obtains what he believes are poison drugs from the necromancer and doctor figure Ziba. While Ziba is not a standard practitioner by any means, his alchemical methods were seriously considered by Beddoes in his own medical quest for immortality. As many critics have pointed out, the “bone of Luz” said by Ziba to be the seed of the tree of man had its roots in a Rabbinical doctrine Beddoes took seriously. As Bradshaw notes, “medical study at Göttingen in the nineteenth century was still a basically historical pursuit…. directing students back to the old masters, even back to Galen” (Resurrection 98). In Beddoes’s quest for immortality, ancient, medieval, and modern medical methods were equally fair game. And considering that Death’s Jest-Book is set in the thirteenth or fourteenth century, Ziba’s medical beliefs would not have been that outlandish for a lay practitioner of his era. In fact, there are reasons to believe his knowledge is actually ahead of its time. Despite his “sorcerer” status, Ziba is described by Adalmar as a druggist—“he shall cure thee with some wondrous drug,” he promises Athulf (4.3.158). His dialogue accordingly includes references to diseases and specifics Georgian medicine would have recognized, including gout, dropsy, opium, nightshade, and hemlock (4.3.317-330).

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131 Medieval physicians were organized into guilds and were often steeped in Aristotelian natural philosophy, Hippocratic tradition, and, later, Galenic medicine. Ziba’s familiarity with herbs suggests some familiarity with the more empirical tradition of early medieval medicine, but he may not be a practitioner who would have been recognized by the universities. See French for a discussion of just what sort of medical knowledge would have been available to a medical practitioner of Ziba’s era.
Further, when Isbrand contemptuously claims that the dead can’t just resurrect themselves, Ziba replies, “Perhaps they do, in sleep, in swoons, in fevers: / But your belief’s not needed” (3.3.417-8). His redefinition of resurrection as a recovery from “sleep,” “swoons,” and “fevers” recalls Georgian doctors’ revised medical optimism as their hopes for conquering death turned from Frankensteinian reanimation to a more prosaic but realistic “suspending or changing… all the irregular movements, which supervene in the animal economy” (Cabanis 85). Though Ziba is not technically a physician, he is the play’s clearest ambassador of medical professionalism.

Typically of Beddoes’s play, Athulf sees his prospective death as a step towards eternity. “I’ve drank myself immortal,” he tells Adalmar, on the logic that his final gesture will secure himself eternally in the memory and affections of his beloved as well as guarantee their reunion in the afterlife (4.3.105). “If we meet hereafter, / Wilt thou be mine? I have the right to thee,” he asks (4.3.296-7). Amala agrees. “Athulf, I will,” she pledges. “Our bliss there will be greater for the sorrow / We now in parting feel” (4.3.299-301). Beyond promising an eternity of heavenly happiness, Amala contends that Athulf’s death now will sweeten their shared immortality. Additionally, Athulf hopes his suicide will literally right the wrongs of his previous life. “And that poisonous reptile, / My past self, is a villain I’ll not pardon,” he attests, before begging heaven to forgive him (4.3.15-16).

Of all the characters in Beddoes’s play, Athulf has the most riding on his own death. His successful demise, he believes, will not only memorialize him in the eyes of Amala, it will allow him to be remembered as a hero whose final act rids the world of a nefarious villain—himself. “I calmly offer up to thee [heaven] / This crime-haired head,” he pledges (4.3.27-8). In death he will finally become the ideal man he could never have been in life. As he tells Amala, “I’m somehow glad that it did thus fall out. / Then had I lived too softly; in these woes / I can stand up, and show myself a man” (4.3.76-78). More importantly, he explicitly celebrates the self-determination of his act: “I am blessed, Adalmar. I’ve done’t myself” (4.3.106). Like those Georgian patients who sunk time and money into individualizing their final moments, Athulf finds comfort in the knowledge that his death involves deliberate choice. And, like those patients, part of
Athulf’s decision-making process has been his reliance upon the pharmacopoeia of a trustworthy medical figure. As he begins to feel what he imagines are the first death-pangs, Athulf cries in approbation, “O Arab, Arab! Thou dost sell true drugs!” (4.3.150).

Too bad Ziba doesn’t. A few pages later, Athulf fails to die as scheduled. Though by this point Athulf has changed his mind and brought Ziba in to save him, the doctor-sorcerer informs Athulf to his surprise that he had never been in any danger in the first place. As it turns out, when Athulf had first approached Ziba for poison, Ziba had given him palliative drugs instead. Ziba’s reasons for doing so, articulated by Beddoes in a long speech, expressly assert his power as a medical authority who knows Athulf better than he does himself and therefore has a right to script his death. The speech is astounding in its pretensions and worth quoting in full:

Ziba. Let him rise.
Why, think you that I’d deal a benefit,
So precious to the noble as is death,
To such a pampered darling of delight
As he that shivers there? O, not for him,
Blooms my dark Nightshade, nor doth Hemlock brew
Murder for cups within her cavernous root.
Not for him is the metal blessed to kill,
Nor lets the poppy her leaves fall for him.
To heroes such are sacred. He may live,
As long as ‘tis the Gout and Dropsy’s pleasure.
He wished to play at suicide, and swallowed
A draught, that may depress and shake his powers
Until he sleeps awhile; then all is o’er.
And so good night, my princes. (4.3.316-330)

Ziba begins his speech by confirming his awareness of Athulf’s intentions. He, like Athulf, considers suicide by poison a “benefit” that is both “precious to the noble” and reserved for heroes. Ziba has clearly understood Athulf’s desire to immortalize himself
by dying for the sake of love. However, Ziba does not believe Athulf deserves such a death. His withering juxtaposition explicitly contrasts the living Athulf with the noble dead he hopes to join: “To heroes such [deaths] are sacred. He may live” (emphasis mine). According to Ziba’s estimation, Athulf is no hero, merely a “pampered darling of delight” whose cowardice has forfeited his right to his own death. As a result, Ziba explains, he has swapped Athulf’s hoped-for poison for a more benign sleeping draught.

Significantly, Ziba defends his deception through reference to his medical authority. He begins his speech with the offended rhetoric of a professional whose expertise has been questioned: “Why, think you I’d deal a benefit... to such a pampered darling of delight?” He goes on to sarcastically personify his pharmacopoeia—full of specifics that would have been at home in any Georgian apothecary’s shop—as unwilling to fulfill Athulf’s request. The Nightshade refuses to bloom, the Hemlock to boil, the poppy to drop. And Ziba’s medical expertise extends still further, to a presumed authority to predict precisely what deaths are appropriate for Athulf: “Gout and Dropsy’s pleasure.” Ziba concludes his speech with a bitter allusion to Hamlet. Horatio’s loving, melancholic goodbye to his poisoned “sweet prince” becomes the cold send-off of a doctor who has denied both his patient’s nobility and his right to die; there are no flights of angels here. Ziba fulfills the worst fears of patients who dread medical management by asserting his professional authority over Athulf, who consequently loses the right to control his own death. Worse still, Ziba explains his decision in terms that speak starkly to Athulf’s dream that he might amend his posthumous reputation by dying well. After acknowledging his awareness of Athulf’s hopes, Ziba soundly crushes them. He believes—and no one else matters—that a “pampered darling of delight” does not deserve to live on. By wresting away Athulf’s choice over his death, Ziba has stripped him of the ability to author the heroic narrative that would have survived him.

Though in the play Athulf’s moody pretension evokes little sympathy, his failure here has darkly significant consequences. Athulf, denied his one avenue to heroism, fully embraces villainy, killing his brother as soon as he learns that he will not die. “Now that I live, I will live; I alone,” he swears (4.3.337). After the murder, Ziba’s sleeping potion begins to take effect, and Athulf feels its workings metaphorically as a shift in his very
being. “I am changing, changing, / Dreadfully changing!” he cries. “…The spell of my
creation is read backwards… I am unsouled, dishumanized, uncreated” (4.3.372-79). He
concludes, “I break, and magnify, and lose my form. / And yet I shall be taken for a man,
/ And never be discovered till I die” (4.3.392-4). Denied the power to determine what his
self will look like after death, Athulf begins to lose purchase over that self in life. He
describes himself as being “uncreated,” an unraveling that proceeds “backwards” from
the moment of his failure to die. He also feels “dishumanized” and “unsouled,” jointly
bereft of his physical humanity and its understood complement, his eternal soul. Worst of
all, since Athulf bungled his chance to die into heroism, his future death will confirm the
monstrous consequences of that failure. “I shall be taken for a man,” he moans, “And
never be discovered till I die.” The “discovery” of the self in death that Athulf had hoped
to use to transform himself into a hero has turned cruelly back on him. His death will
cement his identity as a “dishumanized” being, an “unsouled” monster. “It is God’s
sentence muttered over me,” he weeps (4.3.375).

The sentence to which Athulf responds, however, is not God’s but Ziba’s. Ziba
has denied him his heroic ending; Ziba has pronounced judgment that has stripped him of
any sense of coherent self. “I break, and magnify, and lose my form,” Athulf cries
(4.3.376). Like those Georgian patients whose stories were medically co-opted by
palliative care doctors before they had even died, Athulf has been “damned before [his]
time” (4.3.395). He even spells out the dire narrative consequences: “My whole life /
Seems to have vanished from me to this hour” (4.3.349-50). Having lost control of his
story’s conclusion, Athulf finds everything that preceded it disintegrating. Ziba’s denial
of Athulf’s right to determine his posthumous self has bled back into his waking
existence. Athulf is no longer quite sure who he is. Medical management has stolen his
agency, in life as well as death.

4.3 Conclusion

Staring down the barrel of his own depression, Beddoes mused in his final letter that “I
ought to have been among other things a good poet” (Works 683). His pathetic self-
summation recalls Duke Melveric’s musings over how his death will be read twenty years hence. But unlike the anxious Melveric, Beddoes projects a solid—if terrible—confidence. Dying by his own hand, Beddoes retains the final agency over the meaning of his life’s story. He was a failure, an ought-to-have-been: “I am food for what I am good for—worms” (*Works* 683). The horrific sadness of Beddoes’s final self-interpretation demonstrates an essential problem with his literary and real world desire to control death, and underlines the ethical paradox of advocating bodily and narrative sovereignty at the deathbed. Controlling the story of our own lives means that at their close, we are free to interpret them as we see fit, whether as comic successes or tragic failures. And while allowing dying people this agency might have ethical clout, it cannot prevent them from interpreting themselves with what seem to everyone else like erroneous readings. Sibylla, for all her suicidal agency, does it for love, and Beddoes slyly critiques her rationale in Athulf’s derisive recognition that “I lie here / A thousand-fold fool, dying ridiculously / Because I could not have the girl I fancied” (4.3.217-19). His comment recognizes, too, that while Ziba’s denial of Athulf’s agency is tragic, Athulf had not exactly been putting that agency to exemplary use. Wielding the right to write our own endings does not necessarily make us better authors.

But as the *Jest-Book* acknowledges, our words themselves are not necessarily final. True, the play’s gothic world always locates death outside human control, and its subtle jabs at Georgian medicine look forward to contemporary worries that professional medicine strips terminal patients of their narrative agency. But I want to conclude by briefly examining an alternative model of the relationship between death, agency, and narrative. The model is Beddoes’s comic counterpoint to the satiric tragedy of the main action. Fittingly, this alternative stars the zany Mandrake, a character who (like every other main character) fails to control his own death, but for whom that failure doesn’t

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132 As I write this, one of my friends from university is watching her mother die. My friend wishes her mother would settle her affairs and accept her death peaceably, concluding her life’s story without pain. Instead, her mother is fighting, probably to the end. My friend wishes that her mother had not made this choice, and wants to convince her to make peace with her death, but she feels it is not her right to make that choice. This is the paradox, and it is terrible.
matter because he did not actually die in the first place. After concocting an invisibility potion, Mandrake spills it on his own head and subsequently believes he has died, only to be “resurrected” when he winds up in a tomb with the play’s real ghost, Wolfram. Mandrake’s plot unfolds parallel to the main storyline, countering its tragic failures with a comic suggestion that death is ultimately a form of fiction. This “fictitious condition” offers us the opportunity to live forever in the stories written—for better or worse—by other people.

While the Mandrake subplot is narratively irrelevant to the drama’s main story, Anne Harrex writes that Mandrake “is there for a purpose… the most important one in the play” (310-311). He is the play’s most obvious symbol of poetic self-determination. As both a homunculus (Latin, “little man”) and a mandrake, the plant whose root was a notable panacea and could purportedly grow into a human, Mandrake embodies the creative (and self-creating) genius valorized by Romantic writers in England and Germany.\footnote{See Corrigan and Olson. The self-creating, self-motivating “formative force” or Bildungstrieb was often figured by the German Naturphilosophen (including Kant and Goethe) in terms of plant growth (Olson 96-99). The idea filtered into German writing partially through Englishman Edward Young, whose Conjectures on Original Composition compared an original poet to a “vegetable nature, [which] rises spontaneously, from the vital root of Genius” (552).} He thus exists as a potent reminder of the poetic, re-creative power that had failed to lead Beddoes to immortality. It is no surprise, then, that he also provides the drama’s single, highly equivocal note of hope. Among the figures accrued by “death” in Death’s Jest-Book is the familiar trope of death-as-invisibility. Melveric, for example, calls the danger of death “transparent as a glass of poisoned water” (4.1.15) and his deceased wife “viewless and eternal” (3.3.233), while the dead Wolfram is a stage presence invisible to every character but Melveric. The play’s metaphoric link between death and invisibility literalizes in Mandrake’s invisibility potion, which in turn illustrates its crucial third term: fiction.

The exact nature of these correspondences is built up slowly, over the course of Mandrake’s several comedic speeches. One of the earliest, in response to his servant Titmouse’s query as to whether he will “make thyself invisible,” lays out the relationship
between death and fiction (1.4.59). Answering Titmouse, Mandrake details his potion’s symbolically fraught nature:

Out, out! Who would ever lose sight of himself? ‘Tis scarce possible nowadays. Alas! ‘tis a dangerous and wicked butter, and hath so worked upon priests’ humanity, great men’s wisdom, and poet’s immortality, that when death has greased us with it, Posterity shall hold all these things for fables. (1.4.60-65)

The end of Mandrake’s speech clarifies the death-as-invisibility motif seen throughout the rest of the play. Speaking of his own invisibility “butter,” Mandrake explains dying as what happens when “death has greased us with it.” Intriguingly, however, he begins the speech by aligning this total loss of self with a more specific loss of self-knowledge. “Who would ever lose sight of himself?” Mandrake asks. Death, the ultimate invisibility potion, not only hides individuals physically but destroys their subjectivity, their ability to literally and figuratively “see themselves.” More importantly, the unlikelihood of “los[ing] sight of himself” during life underlines the severity of the fact that death makes such loss inevitable. Death, here, is not simply a condition of non-existence. When we die we are not gone, merely invisible, suggesting that some important aspect of the self continues indestructibly beyond death. This aspect is not the soul. Mandrake describes those things that survive death as “fables” told by posterity. They are not essences but reputations, “priests’ humanity, great men’s wisdom, and poet’s immortality.” Whatever these attributes’ reality during life, after death has hidden their bearers’ physical selves, they continue on, albeit under the crucial banner of fiction.

Because, after death, such “fables” cannot be modified except by others, death in Mandrake’s speech represents the moment at which the conscious self loses control of the individual it had previously commanded and gives that control into other hands. The “wisdom” wielded by an erstwhile great person becomes the “fable” of that wisdom after she has died, a story told by other people. When Mandrake wonders, “Who would ever lose sight of himself,” “sight” stands for the modicum of self-definition consciousness allows us to exercise. To see yourself is to command yourself, and death robs you of
your ability to do either. Mandrake labels his potion “dangerous and wicked” to connote the terror of this idea, and to emphasize the power of posthumous reputation. After death has “anointed” the priest with invisibility, the “humanity” he evinced in life suffers revision from fact to “fable.” It is worth remembering that the zany’s original goal in concocting his potion was to craft “my patent liquid—Eternity” (1.1.159). This he has done, though not in the manner he might have hoped. If death is merely invisibility, dying does not erase the self—but neither can it guarantee the reception of what survives. The humanity of priests, the wisdom of great men, and the immortality of poets become merely “fables” to survivors who can no longer turn to the dead for confirmations of their characters. Or, as Mandrake punningly puts it in a later speech, death is “the fictitious condition” (3.3.8). Dying is a process of fictionalization whereby an individual “los[es] sight of himself” only to be immortalized in the “fables” concocted by a “posterity” beyond his control. Death is only fictitious (fake) when it is fictitious (literary). Like Keats’s Apollo, you can “die into life,” but the eternity you live is never your own.

If Death’s Jest-Book primarily satirizes our ability to control our own deaths, it offers the dubious consolation that we may be immortalized in fictions that, like death, we cannot control. Paradoxically, this idea may have attracted Beddoes, who instructed Kelsall in his final letter to “look at my MSS, and print it or not as he thinks fit” (Works 683). Kelsall thought it fit, and the first edition of Death’s Jest-Book appeared in 1850. Only in death did Beddoes achieve what he had wished for during life. While this fact does not dilute his play’s concern with agency at the deathbed, it does suggest some possibilities beyond it, particularly for the realm of palliative medicine. As David J. Southall notes, one of the most promising approaches in palliative care relies on the recognition that we die best in communities. “Patients create a world in which actors (themselves, their family and friends) are driven in one direction or another by the plot,” he writes. “However, even the narrator is not fully in control of the journey… storyteller and listener co-create these meanings” (1). While the patient might retain primary control of her story, careful listeners can help guide her narration. Further, after her death, the patient bequeaths that story to those listeners, choosing the moment when Walter Benjamin’s “transmissible form” of self first touches other hands.
Aristotle’s *Nichomachean Ethics* reasons that “both good and evil are thought to happen to a dead person” (16). It follows that proper palliative care not only helps a patient conclude her story well, but helps her decide that story’s provenance beyond death to give her some assurance of its future “good and evil.” In this sense, dying into fiction need not be a failure, but rather an end-scene, Prospero’s graceful abdication of authorial agency to an audience whose indulgence he trusts to set him free. Though Beddoes’s own drama is elliptical about the possibility of such a co-authored death, his real-life posthumous reputation illustrates it. Through the effort of his good friends Kelsall and physicians at Basel, Beddoes succeeded in sparing his immediate family the heartbreak of knowing he had committed suicide. The “apoplexy” story persisted for generations. While false, it offers Beddoes’s final and best example of a “fable” held by “Posterity” whose fictitiousness is not its subject’s failure but his triumph.
5 Coda. Literature, medicine, and the palliative subject

Writing to Kelsall in 1825, Beddoes dismissed his friend’s fear that his medical practice would encroach on his writing time,

I am very nearly unconnected, am not apt at flattery or the social humiliations to which the fashionable physician is bound… —These are reasons why I should reject too much practice, if it did intrude; really I am much more likely to remain a patientless physician. (Works 610)

His reluctance to practice recalls Keats, who wrote in 1819, “I am afraid I should not take kindly to [medicine]. I am sure I could not take fees” (Letters 2: 263). Where Beddoes singles out the “fashionableness” necessary to a popular (and therefore lucrative) practice and Keats more simply rejects the profession’s financial motives, both react against the combination of medicine and money. In the Jest-Book, Mandrake’s comparison of doctors to undertakers as men who profit on death argues that a similar critique was not far from Beddoes’s mind. “Shame on you for having anticipated a regular M.D. to arise out of my ashes,” he scolds Kelsall in the same letter (Works 610). Such a “regular” practitioner may have looked something like Ziba: a “phantastic mountebank,” overconfident in his medical power to resist death and overbearing in his professional decisions about how and when his patients should be able to die (3.3.402).

While rejecting the profit-driven practice of “regular M.D.[s],” both men also questioned their initial faith that their poetic aims, like their medical goals, had curative potential. Where Keats turned away from palliation to embrace a medical poetics that saw poetry as a vehicle for the pain necessary to craft immortal souls, Beddoes abandoned the notion that poetry could act as a panacea (an idea he had originally taken far more literally than Percy Shelley). One reason he rejected medicine as a financial pursuit lay in the incompatibility of fleeting material wealth and the eternal questions he sought to answer. “In times of revolution & business, and even now, the man who can lay much value in the society, praise, or glory of his fellows, may forget” the urgent call
to unravel death, he complained to Kelsall in 1827 (Works 629-30). But his hopes for poetic and medical immortality failed at the same time and for similar reasons. Behind them, death yawned as Beddoes’s only remaining—indeed, all consuming—subject. However, unlike Keats, Mary Shelley, and Wordsworth, Beddoes pushed through death and out the other side, offering an equivocal role for an art that had, for him, utterly failed to secure any form of conventional immortality. H. W. Donner has read the symbolism of Beddoes’s early poem “Pygmalion” as arguing that “in order to share the life of his own creation the artist himself must die… he is able to live on only in the world of ideas” (174). Death’s Jest-Book complicates this picture by stressing the extreme artifice of what “live[s] on.” As Beddoes recognized, the self that survives in the wake of the artist’s bodily death is not the ideal distillation of his earthly self but a fabrication—potentially a piece of “mendacious self-flattery” and always subject to rewriting by other people (Works 664). Death is a “fictitious condition.”

Despite his position as the only practicing doctor I have examined in this study, Beddoes takes the most abstract approach to the medical value of literature—perhaps because he, unlike Wordsworth, the Shelleys, and even to some degree Keats, extended the wellbeing offered by poetry beyond the life of the physical body. Wordsworth and Mary Shelley posited that poetry might, like a palliative doctor, soften the coming blow of mortality; Keats saw poetry as a heroic medicine for the soul but did not speculate as to that soul’s provenance beyond death. Beddoes, adapting the ancient idea that art provides an avenue for immortality, suggests that poetry itself is a sort of “dying into life” whereby the conscious self perishes and an eternal, fictional self is born.

In this he advocates a definition of the “self” that swims against the current of his age. The Romantic concern with self was largely a concern with the subjective, experiential self. Evinced at all formal levels, from Beddoes’s own beloved drama to Rousseau’s confessions to lyric poetry, the era’s quest for a grasp on selfhood spurred its centuries-long stereotype, in Susan Wolfson’s words, as “a revolutionary literature of single perspectives, solitary converse, highly subjective agency” (Interactions 1). The period’s concurrent obsession with celebrity, the self defined partially by other people, suggests a hierarchy of truth. Byron the celebrity partakes of the “real,” subjective Byron,
but they are not the same person. The belief in the subjective “I” as the most legitimate self has more or less remained unchallenged since the Romantic era, to the extent that Michael Bradshaw can take Beddoes’s early desire for bodily-and-subjective immortality as a historically transcendent acceptance that “where there is no continuity of experience, there is no afterlife in any meaningful sense, no personal immortality” (Resurrection 19). In demanding that subjective eternity correlate with bodily eternity, both Beddoes and Bradshaw evince an emphasis on the body as an important medium for subjective experience.

Western medicine from the Romantic period forward provides an interesting framework for this emphasis, and here palliative care takes on special importance. My project has focused on a transitional moment for the “self” in medical and literary history. During the Romantic period, both fields reconsidered traditional ideas about subjectivity. Georgian medicine saw the professional ascendance of an objective model of knowledge during a cultural zeitgeist deeply invested in subjective experience. The Romantic period’s major medical ethicists reflect their age’s bifurcated perspective. John Gregory and Thomas Percival, though ardent supporters of scientific medicine, constructed their ethical systems around the much more subjective (and difficult to quantify) problem of pain. As the nineteenth century wore on, this subjective focus drifted away as patients’ individual needs became subordinate to biomedical understandings of the physical body (Waddington 196-8).

Many of today’s doctors admit something vital was lost in the shift. Doctor-patient relations in the twentieth and twenty-first century are still frequently distant, with patients treated as passive objects of doctors’ expert investigation (Mooney 358). In the late twentieth century, academic movements like narrative medicine appeared alongside initiatives outside the academy to combat the impersonality of modern (and especially hospital-based) medicine. Those efforts continue to this day. In their promotion of individualized, patient-focused therapy, these movements are effectively attempting to

134 See Charon, McCullis, Hojat.
revive the concern with subjectivity that once characterized Romantic medicine. Some medical writers have even turned explicitly back to Georgian medical ethics for ideas about how to improve doctor-patient relations. John Gregory “gave the relationship between physician and patient the central role in the ethics of his art,” writes Laurence McCullough approvingly. “We should pay heed to this remarkable, prescient physician-ethicist and continue on the path Gregory set for medicine more than two centuries ago” (Bastron and McCullough 18-21). McCullough’s praise singles out the Romantic period as one of the few moments in the modern era during which biomedical understandings of the body coexisted robustly with a professional medical emphasis on patients’ subjective experience.

As my project has attempted to illustrate, this may be the case partially because the Romantic model of individuality, at least according to its poets, was open to medical ideas. Wordsworth understood poetry as one factor in a greater program of medical well-being, as important in its therapeutic influence as nature’s “Spontaneous wisdom breathed by health” (“The Tables Turned” 19). Keats, more directly, saw his work as a form of heroic medicine whose intentional pain was directly responsible for shaping individuality. While Romantic authors like Percy Shelley regarded poetry in its broadest sense as a driver of social progress, they also hailed its role in the spiritual and physical maintenance of individual health. Exploring this latter therapeutic capacity demonstrates how Romantic notions about selfhood could align with the period’s belief in poetry’s medical power. Further, I think it no accident that palliative care was a medical model adopted by many authors for expressing this belief. As Babington and Curry had explained, for Georgian medicine, health was an extremely individual concept, respecting “the individual as compared with the generality of men, and with himself at different times” (1). Because health was so subjective, it could never be absolute. Disease was not any “variation from the most perfect and healthy state,” because “few if any persons [have] every organ and function in the most perfect state” (1).

Precisely because it was so idiosyncratic, “health” was a state of constant becoming—never being. Perfect health was a fantasy: an individual could never be fully “healed.” Since palliative care implicitly acknowledged this truism by focusing on
alleviation rather than total cure, it became a fundamental medical duty for Georgian doctors. As Guy’s Aesculapius stressed, “Above all, evince your earnest desire to spare pain to your patients” (57, emphasis mine). At its broadest level, then, palliative care was the medical correlate of the common Romantic suspicion that the self is always developing, always Bildung. This pragmatic version of self-actualization rejects the possibility of attaining stable being, the “perfect health” of selfhood. It is no surprise therefore that the authors who embraced literary palliative care—Wordsworth, Mary Shelley, Keats, and Beddoes—were not notable for their faith in “perfect” ideals.

What is notable about these authors is their illustration of a major way in which the individual scientifically and poetically understood were one and the same. Many studies of literature and medicine in the Romantic period depict poetry’s approach to selfhood as separate from professional medicine’s—understandably so, since the two did go on to diverge fairly radically. Indeed, Percy Shelley already hints at this split in the opening to the Defense of Poetry when he distinguishes between imagination and reason, the poetic faculty and the “calculating processes” of scientific progress. But despite these differences, for a brief period in medical and literary history, doctors and poets shared an understanding of the individual as inherently imperfect. Further, both turned to art—whether medical or poetic—to render that imperfection as bearable as possible.

These writers’ joint understanding of individual imperfection was a result of their shared cultural milieu. As Friedrich Schlegel curtly summed, rehearsing a familiar Romantic idea, a poem “should forever be becoming and never be perfected” (Firchow 175). For doctors like Gregory and poets like Keats, the individual was just like Schlegel’s poem, essentially flawed and always under development. Current models of “Romantic medicine” might benefit from expanding their purview to include this medico-poetic emphasis on imperfection. Portraits of the period’s medical milieu tend to

135 See studies by Caldwell, Allard, and Wallen for examples.
focus on scientific beliefs like organicism and vitalism as its defining characteristics.\textsuperscript{136} But Romantic medical ethics were just as important. And as my analysis of Romantic palliative care has attempted to show, they were tied to Romantic literary culture in equally fundamental ways.

Similarly, my study provides another angle from which to read Romantic authors’ theories of literature. For writers like Wordsworth and Keats, the self, medically understood, could align with the poetic self. Where these two models intersected, Romantic ideas about poetry were shaped by pragmatic concerns about its tangible, medical effect on readers. Like Percy Shelley, Romantic writers might consider poetry as a social praxis with the potential to improve life by shaping thought \textit{en masse}. But they could also think of poetry in a more intimate way, as a therapeutic resource whose claims to individual palliation were just as important as its claims to unacknowledged legislation. Some Romantic writers reconsidered their own beliefs about literature to accommodate poetry’s therapeutic effect on readers, and those revisions had real power over their broader poetic mission. In at least two cases, such considerations profoundly altered poets’ literary mandate. Wordsworth’s well-known retreat from poetic radicalism to conservatism was also a medical retreat from an impossible ideal of health. Keats’s anxious abandonment of the poet-physician showed his devotion to that model, but ultimately forced him to develop a more sophisticated, difficult, and, to his mind, “grander system of salvation” (\textit{Letters} 2: 290-1).

As I’ve mentioned, during medicine’s professionalization over the course of the nineteenth century, it slowly lost the attention paid by Georgian doctors to patients’ subjective experience. Some Romantic doctors noticed the beginnings of this shift. In 1818, physician D. Unwins commented on the manner in which doctors treated patients’ ills exclusively through their bodies: “as science advances faith recedes, and the operation of medicine is more and more reduced to its abstract, physical effect. But as we find men, so we must treat them” (4-5). The slow separation of medical and humanistic

\textsuperscript{136} For some recent examples, see Budge, Youngquist, Oerlemans, and Gigante. For more classic examples, see de Almeida, Goellnicht, Ruston, and Vickers.
approaches to selfhood has historically been evident in professional training, where doctors and humanists are still taught to think of individuality in different ways.137 Physician Jeffrey Lobosky laments the result: “With increasing frequency, physicians and their patients are becoming estranged as more and more layers separate us from each other” (2).

For the past few decades, interdisciplinary work in the health humanities has been working to erase some of these layers. One of the most successful efforts in this vein has been the subfield of Narrative Medicine. Rita Charon, the founder of the movement, describes it as a medico-literary therapy that believes “narrative skills” can aid doctors in “recognizing, absorbing, interpreting, and being moved by the stories of illness” (3-4). The movement shares Romantic medicine’s focus on subjectivity, as well as many Romantic writers’ sense that the self is inescapably literary. “By telling stories… we grow slowly not only to know who we are but also to become who we are,” Charon writes, and “there is little in the practice of medicine that does not have narrative features” (vii). In its concern with subjectivity and the poetic nature of experience, narrative medicine is the closest contemporary analogue to the way in which the Romantic authors in my study engaged with their medical milieu.

This is especially true of the branch of narrative medicine called narrative palliative care, where patient subjectivity commands an even more central focus. The reason remains the same today as during the Romantic era: pain itself is a complicated subjective experience and must be treated accordingly. As Percival’s Medical Ethics pledged doctors to ease patients “by obviating despair, by alleviating pain, and by soothing mental anguish” during “the last period of a fatal malady” (98), so contemporary palliative care providers swear to combat “total pain”—the physical, psychological, social, and spiritual agonies faced by the dying (Gunaratnam and Oliviere 3). Palliative care almost by definition necessitates recognizing patients’ narrative subjectivity, the stories of physical and emotional suffering whose telling and receiving

137 See Tauber, Confessions; Veatch, Disrupted Dialogue; and Brody, Stories of Sickness.
constitute the basic practice of narrative medicine. “In a very fundamental way,” explain Marsha Hurst and Patricia Stanley, “the skills of narrative medicine are integral to palliative care: attending to the storyteller, representing that narrative of the patient” (40). Alleviating pain demands that pain first be expressed and described, a process that depends on communication between patient and physician. As Steven Shapin notes, before the mid nineteenth century, such symptomatic, subjective information was a doctor’s main diagnostic resource: all Romantic doctors, in some sense, were palliative care physicians (264). In turn, their focus on subjective experience, which crystallized into written ethics during the era, shared its concerns with the literature being produced around it.

Though my investigations into Romantic palliative poetics have done something to illuminate the links between these two phenomena, many more questions remain—both in terms of a historical approach to Georgian medicine and on a wider level, connecting these historically discrete ideas to current movements in literary studies and the history of medicine. As I have previously argued, the link between individuality and illness was familiar to Romantic writers. A palliative impulse seems native to many of the Romantic works we associate with an intensely-focused subjectivity. A poet is a nightingale that “sings to cheer its own solitude with sweet sound” but also comforts his auditors, who “feel that they are moved and softened,” wrote Percy Shelley in his *Defense of Poetry* (Prose 7: 16). In particular, lyric poetry has a traditional close association with expressing pain or melancholy. Though lyric as a genre continues to undergo reevaluation, a basic element in its infrastructure remains the subjective articulation of emotion—and, when that emotion is painful, the hope that expression might lead to relief. Studies of the lyric’s social dimension like Sarah Zimmerman’s

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138 See Chapters 1-3. To recap: Georgian doctors saw most illnesses as individualistic, relatable to a unique person’s constitution. Keats, more radically, saw sickness as the sculptor of individuality.

139 See especially books by Sarah Zimmerman and William Waters. Both cite the long influence of John Stuart Mill’s 1833 conclusion that “Poetry is feeling confessing itself to itself, in moments of solitude, and bodying itself forth in symbols which are the nearest possible representation the exact shape in which it exists in the poet’s mind” (qtd. in Zimmerman 1).
Romanticism, Lyricism, and History only underline how lyric voices could be understood as helping others express, and therefore palliate, their pain. “Will the young maiden, when her tears / Alone in moonlight shine… Murmur some song of mine?” asks Letitia Landon in “Lines of Life,” a poem detailing its poet’s own sorrow (97-100). As a form, lyric seems especially suited to palliation in its express concern with the odd individuality of a pain simultaneously irreducible and transferable. As Landon ruminates in another lyric, “Corinne at the Cape of Misena,” though in poetry “woe is heard, / Speaking with suffering’s universal voice,” yet “We cannot soothe the pain we do not know” (92-93, 56). Lyric’s power to express and palliate suffering beyond its writer’s remains hypothetical.

Where lyric oscillates between faith and doubt in our ability to know others’ pain, Georgian medicine chose to ground its authority in the claim that trained professionals could assess and alleviate it. “When the approach of death is ascertained, either from the symptoms of the disease, or by the patient’s own feelings,” writes Dr. John Ferriar matter-of-factly, “…if he [the physician] cannot alleviate his [the patient’s] situation, he will protect him against every suffering” (193). Ferriar’s professional filing of the patient’s “feelings” beside his “symptoms” points toward how the Romantic tension between empiricism and subjectivity might be broadly figured as the difference between a lyric treatment of pain and another popular Georgian “genre,” the medical case study. Though born centuries earlier, only in the nineteenth century did medical case studies begin to cohere into the objective, doctorly descriptions of symptoms and causes familiar today (Atkinson 359-63). The proliferation of professional medical journals like the Medical and Chirurgical Review (1794), Lancet (1823), and British Medical Journal (1840) encouraged standardization of such case studies to reflect the sober, rational self-image their readers were attempting to promote (Digby 99). Figured by Foucault in terms of the objectifying “medical gaze,” the modern case study, in its “focus on disease (rather than illness) and consequent neglect of patient experience,” stands at the opposite pole from lyric as a written record of pain (Riessman 310-311). Current work on case studies by scholars like Kathryn M. Hunter and Gianna Pomata might be usefully expanded through consideration of formal comparisons between case studies and their lyric
alternatives.140 The Romantic period offers an especially rich resource of both genres. Some prose pieces, like William Godwin’s Memoirs of the Author of a Vindication of the Rights of Woman, even seem to combine the two. Godwin’s emotional retelling of Wollstonecraft’s early depression and suicidal urges abruptly morphs into a cold collection of medical briefs when Godwin describes her final illness. At the precise point when palliative care begins, Godwin substitutes a doctor’s report for a patient’s story. Narrative medicine’s call for doctors to heed patients’ voices asks for a lyric understanding of illness as a crisis when self is most threatened and therefore demands expression most acutely.141

As the arc of Godwin’s memoir suggests, nowhere is the self more threatened than during a protracted fatal illness. Like Thomas L. Beddoes, advocates of narrative medicine correlate a patient’s right to her own story to the power to make decisions governing her body—including, most importantly, her death.142 Tellingly, palliative care doctors number among the most eager proponents of narrative medicine’s Romantic emphasis on patient subjectivity. They often occupy the medical fields in which debates over bodily sovereignty—right-to-die legislation, “do not resuscitate” orders—are most fiercely fought. In medical specialties where quality of life has overtaken cure as the most pressing concern, doctors frequently face patients’ desire to write their own endings. Romantic writers offer a challenging corpus through which to explore these issues, including a broad and surprisingly current spectrum of perspectives on medicine’s relationship to bodily sovereignty. The period’s fraught relationship with Christianity opened a space for examining what it meant to sicken and die when God was not your body’s de facto proprietor (an issue confronted by secular doctors and deist poets alike).

140 Hunter (Doctors’ Stories) investigates contemporary case studies while Pomata (Historia) studies the history of their development.

141 Narrative medicine as well as poetry therapy and bibliotherapy operate on the belief that expressing pain—either by patients writing their own works or reading others’—is therapeutic. Poetry therapists in particular often ask patients to articulate their pain through writing poems, a practice that aligns with John Stuart Mill’s definition of lyric poetry as essentially expressive (Mazza 4, 31).

142 See Charon, Brody.
In addition to Beddoes’s clear position on these questions, some of the period’s most famous texts contain injunctions to suicide apparently untroubled by their spiritual consequences. Percy Shelley and Keats, for example, assume death as a right: “Die, / If thou wouldst be with that which thou dost seek!” enjoins Shelley in “Adonais” (464-5). Keats, ever attentive to palliative matters, voices a cagey wish to “cease upon the midnight with no pain” in his “Ode to a Nightingale” (56). (A 2008 defense of assisted suicide entitled *Easeful Death* agreed.). More medically still, Goethe’s Werther explicitly compares suicide for emotional reasons to succumbing to a fatal illness. He argues for palliation—avoiding pain—as the primary consideration in both cases:

The question, therefore, is not whether a man is weak or strong, but whether he can endure the full extent of his sufferings, be they of a moral or physical nature. And in my opinion it would be as misconceived to call a man cowardly for taking his own life as it would be to say a man who dies of a malignant fever was a coward… You concede that if a disease so severely attacks our constitution as to wear away or suspend our powers of resistance, so that we cannot recover of our own accord or regain our normal way of life through some happy counter-attack, we call it a sickness unto death. Let us now apply this to the spirit, my dear friend. (62)

Like Athulf, Werther not only desires to die on his own terms, he hopes for his reputation’s sake that his death will be interpreted correctly, as an act of heroic self-assertion, not cowardice. His wish recalls Catherine Belling’s report that for many terminally ill patients, assisted “suicide is understood as a ‘means of limiting loss of self’” by “‘control[ling] the circumstances of death’” (151). Though a strand of literary criticism exists investigating the intersections between Romantic medicine and bodily sovereignty, further work remains to be done.\(^\text{143}\)

\(^{143}\) See Allard and Youngquist.
In particular, comparing Romantic writers’ complex claims for bodily sovereignty _unto death_ to Georgian medical injunctions to cure or palliate may offer new ways to think through contemporary medicine’s ethical snarls. A good model for such work is the recent collection of essays, _History & Health Policy in the United States_. The collection uses historical case studies as resources for defining problems besetting the United States’s current medical milieu. Similar studies could engage usefully with Romantic literature. Robert Buckman has written that the classic question of narrative medical ethics is “how do you tell a patient they’re going to die?” (qtd. in Brody 207). Georgian medical ethicists like Gregory and Percival were obsessed with this question, as were writers like Keats and Beddoes. Reading Percival’s qualified support of the noble lie against Keats’s “Ode to a Nightingale,” which swings between the desire to face death and hide from it, could be one way of exploring questions of bodily sovereignty faced by terminal patients and their doctors.

On the other hand, Romantic considerations of literature’s palliative effects offer some exciting methodological possibilities for an entirely different environment: university-level literary courses. In addition to supporting a model of individual, self-directed poetic interaction similar to the reading practices cultivated in students by university teachers of literature, writers like Mary Shelley and Wordsworth regarded literature as a _life resource_: a source of consolation, pleasure, and catharsis to bolster emotional and spiritual wellbeing. “I am urged to recur to the relief of this book from the extreme melancholy that oppresses me,” wrote Shelley in the throes of grief over Percy’s death (MSJ 2: 474). In the same way, her character Lionel recalls of studying literature, “I found [it] to be excellent medicine” (82). These palliative models align closely with current medical disciplines that employ literature as a therapeutic resource. As I have mentioned previously, the field of poetry therapy regards Wordsworth’s “Preface to Lyrical Ballads” as a founding document (Mazza 4). Diana Hedges concludes her introduction to the field by dismissing the “myth about therapy, that it ‘cures’ people” in order to locate poetry therapy within a “more realistic view that therapy is only a partial cure, or the beginning of a process” (12). In explaining the goals of his practice, poetry therapist Robert Morrison cites Auden, who in 1970 denied that “therapeutic poetry”
exists but that “The aim of writing… is to enable people a little better to enjoy life or a little better to endure it” (77). Or, as Wordsworth might put it, the aim of writing is to enable “that blessed mood, / In which the heavy and weary weight / Of all this unintelligible world, / Is lightened” (“Tintern” 38-41).

Though most university professors already acknowledge the value of seeing literature in these terms, our defenses of what we do, both for our students and peers, more often privilege an abstract notion of critical thought as the “real” fruit of literary analysis. Anthony Kronman calls this notion “critical perspective” (147), Marjorie Garber “thinking through and with literature… theory, interpretation, linguistic analysis” (13). While these emphases certainly do not prove the old adage that literary criticism “murder[s] to dissect”—and I think it important that Wordsworth’s medical metaphor has become a standard catchphrase for this critique—they do little to dispel it. Of course, different literary models are not mutually exclusive. We read for pleasure, consolation, and critical thought all at the same time. However, if our teaching and scholarship tend to privilege some models over others, it makes sense that literary criticism—unlike, say, poetry therapy—has come to be seen primarily as a practice that vivisects texts to extract meaning.

I am not suggesting that we change our values or deemphasize critical analysis. However, it might benefit literary study’s image if we were more robust in demonstrating, for our students and one another, the myriad ways in which literature can contribute to a life well lived. Fields like poetry therapy, bibliotherapy, and narrative medicine offer compelling, well-articulated models for how such demonstrations could

144 James Seaton’s thoughtful reply to Stanley Fish’s New York Times op-ed “Can the Humanities Save Us?” makes a similar point. He writes, “Defenders of the humanistic tradition would be wise to avoid the kind of extreme claims on behalf of the humanities that a Stanley Fish can easily refute… but they should also reject the notion advanced, perhaps most persuasively by John Dewey, that we can no longer learn anything from the literature, art, and thought of the past” (79). See also Wilfred M. McClay, “The Burden and Beauty of the Humanities” in Arts Education Policy Review.

145 A quick Google search reveals that this use of Wordsworth’s phrase is alive, well, and widespread. For example, a 2003 article by William Glasser for Academic Exchange Quarterly makes the poet’s quip titular: “The Un teaching of Literature: We Murder to Dissect.”
work. Indeed, bibliotherapist Debbie McCulliss’s list of “potential outcomes for clients [of] bibliotherapy” aligns neatly with traditional goals of liberal education: “enhanced self-concept,” “increased understanding of personal or generic human behavior or motivation,” “more honest self-appraisal,” and “realization of the variety of potential solutions” (32). All that distinguishes McCulliss’s model from a humanist’s checklist of pedagogical goals is her emphasis on the *palliative* benefits of bibliotherapy: “relief from emotional stress” (32). Relief, for the bibliotherapist, cannot be separated from the self-knowledge and critical thought that comes from a deep engagement with literature. Perhaps more actively urging our students to think about literature as a life resource, therapeutic as well as analytic, could enhance their appreciation and understanding of great works.

These activities need not be facile, nor degrade literature classes into glorified book clubs. They need merely stress that while criticism demands an analytical approach, other approaches are not therefore inferior. I have found that teaching Keats’s letters and Hyperion poems within this framework actually deepens students’ comprehension of the poet’s ethical concerns. Beginning a lecture by asking students if poetry had ever made them feel better in a time of emotional stress elicited a wealth of passionate responses, from students who found solace in song lyrics to those who wrote poetry as personal catharsis. They also, not coincidentally, felt more equipped to grapple with the Dreamer’s query: “sure not all / Those melodies sung into the world’s ear / Are useless…” (*Fall* 1.187-189). As my project has attempted to show, many Romantic authors also turned to literature as a therapeutic resource. I think it is worth asking how their approaches might contribute to contemporary literary pedagogy. What would a classroom that annexed therapy to critical thought look like?

More expansively, what would a palliative approach to literature look like? What would it mean to teach literature as palliation? At the end of *The Last Man*, Mary Shelley imagines art as a species-wide palliative, the preserve of a humanity that cannot die but can never quite be cured. Reading great works can soothe Lionel Verney’s grief at humanity’s demise, but it cannot bring them back. In an era when university education increasingly yokes value to economic and technological progress, it might be instructive
to consider literary palliation at a macrocosmic level. As a single student might turn to poetry for consolation, so too humanity might turn to art as the necessary crutch that renders life, in all its agony and blank confusion, endurable. Though reading and teaching literary works can and does spur change, when seen through a palliative lens, literature takes on additional value as a support system for weathering the inevitable distress pursuing such change involves. A palliative approach to literature sees art as The Last Man does: the storehouse of humanity, the memory complex of a species, an emotional and critical resource for times of peace and crisis.
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