

Gerold Sedlmayr

The Discourse of Madness in Britain, 1790-1815

Medicine, Politics, Literature

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STUDIEN ZUR ENGLISCHEN ROMANTIK

(Neue Folge)

Band 10

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in Britain, 1790-1815

Medicine, Politics, Literature

 Wissenschaftlicher Verlag Trier

Sedlmayr, Gerold: The Discourse of Madness in Britain, 1790-1815
Medicine, Politics, Literature / Gerold Sedlmayr.-
WVT Wissenschaftlicher Verlag Trier, 2011
(Studien zur Englischen Romantik, 10)
ISBN 978-3-86821-311-9

Umschlagabbildung:
"William [James] Norris restrained by chains [etc.]"
Colour Etching by G. Arnald. 1815.
Credit: Wellcome Library, London.

Umschlaggestaltung: Brigitta Disseldorf

© WVT Wissenschaftlicher Verlag Trier, 2011
ISBN 978-3-86821-311-9

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WVT Wissenschaftlicher Verlag Trier
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Abbreviations

Note: when two figures are divided from each other by a *colon*, the first figure refers to the respective volume or book, the second to the corresponding page number(s) or (where indicated in the following table) section within this volume or book (e.g. *BL* 1:30). When two figures are divided by a *period*, then the first number refers to the respective book, plate, or page, the second to the line number(s) (e.g. *P* 12.178). For the precise bibliographical entries, cf. "Works Cited".

- BL* Samuel Taylor Coleridge. *Biographia Literaria*. 2 vols. 1817.
- BU* William Blake. *The [First] Book of Urizen*. 1794. (Blake 70-83. Following common usage, quotations will not be referred to by page numbers, but by the numbers given to the respective plates, plus line numbers.)
- CN* Samuel Taylor Coleridge. *The Notebooks of Samuel Taylor Coleridge*. (Following common usage, quotations will not be referred to by page numbers, but by the numbers given to the respective notebook entries.)
- CPJ* Immanuel Kant. *Critique of the Power of Judgment*. (German original ¹1790. Quotations will be referred to by giving the page number in this edition, the number of the section paragraph, as well as the respective page number in vol. 5 of the standard German Academy edition, *Kants gesammelte Schriften*.)
- DR* Samuel Tuke. *Description of the Retreat*. 1813.
- E* The 'Erdman edition' of William Blake's works (Blake, *Complete Poetry and Prose*).
- FZ* William Blake. *The Four Zoas*. 1796?-1807. (Blake 300-407. Quotations will not be referred to via the page numbers of Erdman's edition, but according to Blake's original manuscript pagination, plus line numbers.)
- HCR* 1815 Report of the House of Commons select committee on the state of madhouses in England (House of Common, *Report*).
- IM* John Haslam. *Illustrations of Madness*. 1810.
- IMD* Alexander Crichton. *An Inquiry into the Nature and Origin of Mental Derangement*. 2 vols. 1798.
- J* William Blake. *Jerusalem: The Emanation of the Giant Albion*. 1804[-20?]. (Blake 144-259. Following common usage, quotations will not be

referred to by page numbers, but by the numbers given to the respective plates, plus line numbers.).

- LL* Samuel Taylor Coleridge. *Lectures 1808-1819: On Literature*.
- MHH* William Blake. *The Marriage of Heaven and Hell*. 1790? (Blake 33-45. Following common usage, quotations will not be referred to by page numbers, but by the numbers given to the respective plates, plus line numbers.).
- MU* Ann Radcliffe. *The Mysteries of Udolpho*. 1794.
- OED* *The Oxford English Dictionary*.
- OI* Thomas Arnold. *Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy, or Madness*. 2 vols. 1782 and 1786.
- OMD* William Pargeter. *Observations on Maniacal Disorders*. 1792.
- OMM* John Haslam. *Observations on Madness and Melancholy*. 1809.
- P* William Wordsworth. *The Prelude*, 1805 version ('thirteen-book *Prelude*; in Wordsworth, *Prelude*).
- PE* Edmund Burke. *A Philosophical Enquiry into the Origin of Our Ideas of the Sublime and Beautiful*. 1757/1759.
- POI* Joseph Mason Cox. *Practical Observations on Insanity*. 1804.
- PW* Samuel Taylor Coleridge. *Poetical Works*. (Quotations will not be referred to by page numbers, but by the numbers given to the respective poems, plus line numbers.).
- PWW* William Wordsworth. *The Poetical Words of William Wordsworth*. 5 vols.
- RRF* Edmund Burke. *Reflections on the Revolution in France*. 1790.
- RTM* John Monro. *Remarks on Dr. Battie's Treatise on Madness*. 1758.
- TM* William Battie. *A Treatise on Madness*. 1758.
- VRM* Mary Wollstonecraft. *A Vindication of the Rights of Men*. 1790.
- VRW* Mary Wollstonecraft. *A Vindication of the Rights of Woman*. 1792.

Introduction

On 17 October 1788, George III, complaining of a "spasmodic byleous [*sic*] attack" (qtd. in Macalpine and Hunter, *George III* 14), sent for his physician, Sir George Baker, who administered some purgatives, and then, in order to mitigate their distressing effects, gave the king laudanum, a tincture of opium (cf. 15). To no avail, though. In the subsequent days, the king's corporeal ailments were complemented by an inability to concentrate. On 22 October, Baker noted in his diary that he "had just left the King in an agitation of spirits nearly bordering on delirium" (qtd. in Macalpine and Hunter, *George III* 17), which signified that the illness was a lot more serious than had been hoped for. Soon George was plagued by severe sleeplessness and agitation, and fell into the habit of talking very quickly, incessantly, and incoherently. Phases in which he seemed to regain his strength were only brief. In general, he got worse and worse. For the evening of 5 November, Lady Harcourt entered in her diary: "His eyes, the Queen has since told me, she could compare to nothing but currant black jelly, the veins in his face were swelled, the sound of his voice was dreadful; he often spoke till he was exhausted [...] while the foam ran out of his mouth." (Qtd. in Macalpine and Hunter, *George III* 25) The physicians soon felt out of their depth. After a particularly bad day, the Prince of Wales, on 8 November, gave a report to Prime Minister William Pitt, who noted in his memorandum:

[The Prince of Wales had] then sent for Drs. Baker, Warren and Reynolds, who stated their opinion of the present situation; which was that his Majesty's understanding is at present so affected, that there does not appear to them any interval, in which any act that he could do, could properly be considered as done with a consciousness and understanding of what it was about – that the disorder might either be one locally fixed on the brain, or be a translation of a disorder from one part to another, that if it proved to be the latter, there might be a hope of removing it, but there would then be a possibility that it might attack some part where it might be dangerous to life – that if it was the former there was no reason to think the disorder would be permanent, without affecting life; but that it was also possible it might proceed from local causes, which might come to affect the life. That on the whole there was more ground to fear than to hope, and more reason to apprehend durable insanity than death. (Qtd. in Macalpine and Hunter, *George III* 30)

By then word had already got out, and hopes for the king's recovery kept waning the longer his illness lasted. On 9 November, there was even a rumour that he had died.

Indeed, not everyone was sad about this state of affairs. In particular, the Whig opposition under Charles James Fox, which also included Richard Brinsley Sheridan and Edmund Burke, saw a chance of having the Prince of Wales installed as regent. Since Prince George had always supported the Foxites, they hoped that he would dismiss Pitt and instead appoint the nominal leader of their party, the Duke of Portland, as new Prime Minister.¹ These aspirations, however, were ill-received: they were under-

¹ For a concise overview of the Regency Crisis, cf. Derry 46-51.

stood not only as the betrayal of a father by his son, but also of a monarch by his subjects. While the Prince had never been much liked anyway, "the British public by and large rallied behind their stricken King, leading to a significant shift in the relationship between George III and his people" (D. Chandler 110). It was an affair that moved the whole country. People gossiped about it in the streets, newspapers referred to it, cartoons were drawn and poems written about it. The fourth stanza of Anne Francis's "On His Majesty's Illness", for instance, contains the following lines:

O, Lord of soft mercy, attend!
 The ragings of frenzy controul,
 Bid the beams of refreshment descend,
 And relume the dark sphere of his soul! (Qtd. in D. Chandler 116)

Although, out of propriety, "most imaginative responses to the King's illness avoid[ed] comment on the illness itself [so that it] often function[ed] as an absent presence" (D. Chandler 111), it was clear to everyone that George III suffered from a form of madness.

In the long run, though, the king did recover, at least for the time being. This was considered to be the merit of one Dr Francis Willis from Lincoln, who, as Fanny Burney, then one of the Queen's ladies-in-waiting, noted, was said to have "peculiar skill and practice in intellectual maladies" (qtd. in Macalpine and Hunter, *George III* 52). In other words, in contrast to the king's other physicians, Willis was one of the rare specialists in mental diseases. Instead of relying too much on traditional remedies which were directed at the body, Willis and his son John set out to 'manage' the king's mind, and did so by subduing it.

So began the new system of government of the King by intimidation, coercion, and restraint. No account of the illness from this point on² can disregard the King's treatment, and to what extent the turbulence he displayed was provoked by the repressive and punitive methods by which he was ruled. For every non-compliance – refusing food when he had difficulty in swallowing, no appetite or a return of colic, resisting going to bed when he was too agitated and restless to lie down, throwing off his bed-clothes during sweating attacks – he was clapped into the strait-waistcoat, often with a band across the chest and his legs tied to the bed. (Macalpine and Hunter, *George III* 54)

Whole nights, and often in the day, the king was thus constrained. During their treatment, the Willises made no pretence of hiding the fact that they were in command: in order to be cured, the king had to yield his sovereignty to them. And yet, as many contemporaries saw it, the Willises' innovative methods of treatment had obviously brought about the king's miraculous recovery. From 23 February 1789, he could resume his station. Mad-doctoring had won a considerable victory.

The king's infirmity signalled a crucial shift, both in the understanding of the monarchy as well as in the perception of madness. As Ida Macalpine and Richard Hunter write:

² Willis was introduced to the king on 5 December.

No longer could insanity be equated with ignorance or sin or superstition. If it was possible for the highest in the land to be struck down after an utterly blameless life of devotion to duty, to country and to family, to have all the confidences of his sickroom revealed to the world, to make a remarkable recovery and have the courage to resume his dignities and station, surely such an illness could not be anything but natural, demanding of sympathy and amenable to medicine as any other? The lesson was quickly learnt. [...] No longer could the sufferer [of madness] be blamed for succumbing to weakness or acceding to unbridled passion. Insanity ceased to be a matter of shame or blame. (*George III* 291)

Although, due to the Glorious Revolution and the Bill of Rights a hundred years before, any absolutist tendencies of the British monarchy had long been thwarted anyway, George's illness helped destroy even the last remnants of a belief in the divine rights of kingship. While, on the one hand, the king's insanity helped direct attention to all 'common' victims of the disease, thereby raising them from obscurity, the king himself was 'lowered' to the level of his subjects as soon as he became their *fellow* sufferer: madness functioned as the great leveller.

Ironically, then, mad George became a harbinger of those groundbreaking events that should soon after his recovery take their beginning in France with the storming of the Bastille, and which in turn would be labelled 'mad' by many contemporaries. The French Revolution shook the foundations of the Western world in an unprecedented way and changed the manner in which people thought about society, history, and themselves. It signified a highly ambiguous, but radical, cut, violently slicing through old certainties, but thereby opening up new spaces of meaning. "The disconnection from the past", Peter Fritzsche claims, "was a source of melancholy, [...] but it also prompted a search for new ways to understand difference" (5). As this study sets out to show, one such new way consisted in renegotiating the difference between sanity and madness.

Methodology and Terminology

"From a methodological standpoint", Andrew Cooper writes in his article on madness in William Blake's works, "the value of studying madness is that it is par excellence the area where private and public histories intermix" (1990: 586). This is well illustrated by the case of George III, which is not 'just' about the suffering of an individual, but in many important ways touches on and links up the discursive fields of, among others, medical knowledge, politics, and literature. In the following study, these fields will function as critical spaces for the investigation of madness. To speak with Michel Foucault, it will be attempted to unearth and lay bare within these intersecting areas some of the traces – "a few mildly worrying lines" – madness has left in "the becoming of Western reason" (*History* xxxi). This is, however, not unproblematic, because to investigate madness cannot 'simply' be an affair of objective analysis but is inherently complicated, as Shoshana Felman claims, by the implication of the question, "*What does it mean to 'know'?*" (13) In other words, to ask about madness always

also means to ask about the significance of one's own position as the investigating critic with respect to knowledge formation. In the words of Arthur Still and Irving Velody: "Madness raises in a poignantly ironic form the possibility of the rational and of the rational explanation of both the phenomenon itself and the institutions created to deal with it." (Introduction 9) Making madness a research object therefore entails the necessity to scrutinise the validity of the limits of one's own disciplinary norms. "It is perhaps precisely this which marks the specificity of 'madness' in our time, as what can designate at once the outside and the inside: the inside, paradoxically, to the extent that it is supposed to 'be' the outside." (Felman 13) Regarding this, it is of crucial consequence that madness is essentially an 'interdisciplinary' phenomenon, always reaching beyond the periphery of one's own 'mother' discipline, whose 'inside' is never comprehensive enough.

Not only has madness preoccupied many different disciplines but it has *caused them to converge*, thus *subverting their boundaries*. Sociology and philosophy, linguistics and literature, history and psychology, and of course psychoanalysis and psychiatry have all scrutinized madness and have themselves been put in question by this scrutiny. (Felman 12)

In fact, then, the study of madness must be an exercise in self-critical modesty. While the very word – 'modesty' – certainly carries with it some stifling connotations of Victorian moralising, its intended trajectory is aimed to go elsewhere. What the present study wants to offer, in a hopefully liberating sense, are *approximations* towards a concept that can never be wholly conceptualised. Ultimately, the present inquiry tries to give expression to the desire "to know the place from which one speaks" (Felman 20), while accepting that this desire can never be wholly satisfied.

The theoretical basis of the following reflections is Foucauldian. This in itself will undoubtedly raise a few eyebrows with historians of madness, which is due to the contested status of Michel Foucault's magisterial *Folie et déraison: histoire de la folie à l'âge classique* (¹1961/²1972). While, on the one hand, it has been generally praised for having contributed in a fundamental manner to the generation of a new and vital interest in the historiography of madness, it has as often been debunked for its historical inaccuracies, stemming mostly from Foucault's highly selective choice of primary material, let alone his blatant ignorance of up-to-date secondary sources. In 1992, Arthur Still and Irving Velody, in order to renegotiate the relevance of Foucault's study for today's scholarship, invited a range of experts in the field to contribute to a collection of essays (cf. *Rewriting*). In their "Introduction", the editors made very clear that the negative reception of Foucault was not merely a matter of finding professional flaws. Rather, one of the problems, particularly in the English-speaking world, was the allocation of Foucault's 'French' thinking with a specific 'profession' or discipline in the first place.

None of [the] radical glamour [emanating from Foucault's thinking] helped to recommend *Madness and Civilization* to academic historians of ideas or of psychiatry, to social historians or to philosophers, especially as Foucault seemed all or none of these at