Introduction

An Exclusive Privilege to Complain:

Framing Fashionable Diseases in the Long Eighteenth Century[[1]](#endnote-1)

Jonathan Andrews and Clark Lawlor

[A]s people of fashion claim an exclusive privilege of having always something to complain of; so the mutual communication of their ailments is often a topic of conversation; the imagination frequently suggests a similarity of disease, though none such really exists, and thus the term becomes soon completely fashionable.

—James M. Adair, “On Fashionable Diseases” (1812)

It was during the course of the long eighteenth century especially that British and European medical commentators drew critical attention to the novel, modish prominence of certain diseases. Practitioners who afforded conspicuous coverage to fashionable diseases ranged (most famously) from the respectable Bath physician James Mackittrick Adair (1728–1802) and the Lausanne doctor of sedentary and literary maladies Samuel Auguste Tissot (1728–97) to the rather more obscure Montpellier emigré, London-based quack M.D., Marmaduke Venel (fl. 1808–16).[[2]](#endnote-2) Lay and medical observers alike had often before and have often since recognized how constructions of both illness and its treatment are profoundly colored by shifting fashions. Just as gout commonly took on the culturally- and rather gender-exclusive mantle of a “patrician malady” during the Georgian era,[[3]](#endnote-3) the manner and mode of melancholy became a somewhat cultish discourse for British writers and elite sufferers during the Elizabethan period.[[4]](#endnote-4) Victorian Britain scholars such as Lorna Duffin have stressed how, middle- and upper-class women (the nervous and consumptive especially) were constructed as innately frail, delicate, and sick, requiring invalid care and bed rest, not activity and work.[[5]](#endnote-5) Similarly, for modern America, scholars such as Ann Wood controversially argue that it was in the nineteenth century that “ill health in women [nervous women in particular] had become positively fashionable and was exploited by its victims and practitioners as an advertisement of genteel sensibility and an escape from the too pressing demands of bedroom and kitchen.”[[6]](#endnote-6) While this assessment rather crudely underplays fashionable nervousness in men and over-emphasizes the contrast with the eighteenth century, when “women . . . did not [routinely] talk of themselves as sick,” it nonetheless echoes accounts offered by a number of leading scholars underlining the social construction of fashionable diseases in past societies.[[7]](#endnote-7)

The persuasiveness of such interpretations of the meaning of disease has to some extent been challenged by subsequent generations of interdisciplinary critique.[[8]](#endnote-8) Inspired by and departing from earlier perspectives, for example, scholars such as Diane Herndl contend that the sickly, invalid woman emerged in nineteenth-century Britain (much more than coincidentally) at the very time that she “became a predominant literary figure,” in part at least “because women’s health was genuinely worse.”[[9]](#endnote-9) In a broader study of European notions of melancholy, Jennifer Radden, meanwhile, has elucidated the tensions, if not incompatibilities, between historical and contemporary accounts framing melancholic illness. Radden points to the contradictions pervasive in cultural representations of melancholy and depression, which are depicted both as replete with values and meaning, and integral to selfhood, and also as alienating to, and compromising of, the self (a trope often found in “recovery” or “survivor” oriented illness narratives).[[10]](#endnote-10) Analysts who focus on later twentieth- and twenty-first-century clinical contexts, meanwhile, have repeatedly revisited the link between fashion and medicine, debating in particular how influential fashions in medicine and health care have been on recent diagnostic, therapeutic, commercial, and medical research trends—and even patient/community behavior—with respect to conditions like fibromyalgia, multiple chemical sensitivities, reactive hypoglycemia, ASD (Autism Spectrum Disorders) and ME/CFS (Myalgic Encephalopathy/Chronic Fatigue Syndrome). Other researchers have highlighted the psychogenic character of such conditions, the typical lack of relation in their symptoms to distinct physiological systems, the range of vague somatic expressions associated with them, and their strong dependency on shifting historical and cultural factors.[[11]](#endnote-11) These studies likewise point to how the fashionability of such conditions and syndromes was fundamentally reflected in how fluid their clinically accepted definitions were over time. Other provocative recent studies, for example by Tuzikow and Holburn, have sought to explicate and to critique the genesis and actual basis of “fad therapies” for ASD and ADHD (Attention Deficit Hyperactivity Disorder) and analogous illnesses. They have demonstrated how the rise of such “new” therapies may be substantially predicated on the economic and careerist inducements of particular drug companies and promoters, or on evidentially and ideologically debateable attacks on existing orthodoxies in medicine.[[12]](#endnote-12)

The epigraph to this issue highlights skepticism towards fashionable diseases even amongst society practitioners at eighteenth-century health resorts. Penned by Adair, the phrase emphasizes intensifying contemporary critique of the collective and personal self-fashioning of modish maladies, the distorting potentiality of their social exclusivity, and the unreliable forms in which their symptoms were owned, named, and articulated. Adair alleged (in a manner very much reflecting the power of patronage in eighteenth-century medicine) that fashion profoundly influenced the choices of the elite in their selection, not only of medical practitioners, but also of their very diseases.[[13]](#endnote-13) Stressing the commonality but moreover the problematics of self-diagnosis, he underlined that it was “the great and opulent” who could exercise the most choice over their diseases.[[14]](#endnote-14) For this reason, Adair also perceived persons of fashion as more apt to imagine disease similarities and fallaciously adopt the same complaints as others in their social circles: as they “claim an exclusive privilege of having always something to complain of,” the “mutual communication of their ailments is often a topic of conversation” and their imagination “suggests a similarity of disease, though none such really exists”: as a result, “the term becomes soon completely fashionable.”[[15]](#endnote-15) Adair controversially claimed, therefore, that what captivated the minds and bodies of many of his own clients—what was actually ailing many of them—was substantially, if not wholly, imaginary. For Adair and other Georgian commentators, these afflictions were intimately bound up with the alluring kudos of fashionable notions of diseases and the novel terminologies attached to them. While Adair regarded some of these patients as genuinely sick, others he derided as inauthentic invalids; both classes of sufferer, he alleged, were to differing degrees apt to be gulled and confounded by the false diagnoses and prescriptions of quack-peddlers of the latest cures for the latest afflictions.

Notwithstanding the growth of recent scholarly attention to fashionable diseases, it is striking how much more historiographical focus there has been on less fashionable, but more deadly, infectious and contagious diseases. Chronic diseases including biliousness, indigestion, rheumatism, arthritis and headache, despite attracting a burgeoning contemporaneous medical literature and often producing a very complex range of sociocultural representations, have been surprisingly neglected historiographically.[[16]](#endnote-16) In 2010, Hisao Ishizuka, for example, emphasized the surprising scholarly neglect of “the quotidian experience of digestive problems” despite their universality in late Georgian and Victorian life, gastrointestinal disorders comprising perhaps the most commonly complained of “disease of modern life.”[[17]](#endnote-17) Even those scholars who address such diseases more concertedly have sometimes skirted around key dimensions of their more fashionable constructions. By contrast, Roy Porter and George Rousseau’s magisterial longue durée cultural history of gout has offered a wide-ranging and apparently definitive survey of that disorder, careful by attention to a wide range of medical and lay source material to explicate the nature of and factors involved in its fashionable social construction. Nonetheless, their almost 400-page monograph has had the opposite of any anticipated impact on the field. Whilst offering what some scholars have recognized as a “fruitful” spur to cultural approaches to illness, it has singularly failed to inspire a substantial spate of new research on gout, let alone any further or competing comprehensive historical study of this disease.[[18]](#endnote-18) This seems especially surprising given some obvious flaws in its coverage—in particular its neglect of female sufferers.

How far can and should we seek to define and understand disease in general, or certain diseases in particular, in terms of fashionability at particular temporal junctures? This collection offers a range of case studies to further elucidate how and why some diseases appear to be comprehended by contemporaries as more fashionable than others. At the heart of this terminological conjunction—“fashionable disease”—is an apparent paradox: a negative phenomenon (disease/illness) becomes to some extent a positive one (fashionable), taking on traits that may be conceived to varying degrees as to the actual credit of the afflicted. In what ways, we ask, may the fashionability of a disease (and indeed the commonly novel or modish therapies that accompany it) be actually positive? This question seems especially pertinent given that such a relative, unstable, and value-laden quality as “fashion” in disease and culture is almost invariably ambiguous and profoundly double-edged. But it also raises a range of further key questions addressed in this volume. Does the aura of fashion when associated with disease tend inevitably to render both sufferers and practitioners more subject to skepticism, critique, satire, and reputational risk? What social and occupational groups might perceive a certain disease as fashionable, and for what reasons: what might be attractive, desirable, and glamorous even, about disease? Or, as Glen Colburn recently asked in addressing literary discourse concerning eighteenth-century nervous diseases (newly nationally embraced under the voguish term “The English Malady”), in what ways are diseases represented, conceived, and experienced as enabling as well as disabling?[[19]](#endnote-19)

Porter and Rousseau argued that the fashionability of gout was intimately bound up with its sociocultural construction as both a disease of civilization and a disease of the better sort and the powerful (primarily male) patrician classes. They showed that this was also closely associated with the notion that the disease might be an actual blessing in disguise, owing to its putative concomitances of assisting longevity and insulating sufferers against more serious afflictions, such as palsy and apoplexy. Most of our contributors seek to elucidate more precisely the nature and extent of the allure of particular diseases for particular sufferers in the Georgian era; they also explore in what ways sufferers sought to find, assert, and socially perform wider functional meaning and value in presenting their ailments. What were the added values, compensations, or secondary gains for the afflicted, and how far were these outweighed by the significant demerits, disadvantages, and dangers? As a range of scholars aver, acute infectious diseases such as smallpox, plague and cholera, with their typically rapid mortality and/or intensely unpleasant, disfiguring symptoms, did not readily allow for more prestigious, positive, and aestheticized appropriation of modish meaning, by contrast with chronic, less infectious, or typically non-mortal afflictions like gout, nervous maladies, headache, bilious disorders, or characteristically slow, “wasting” killers like consumption (see Clark Lawlor and David E. Shuttleton in the present collection). Earlier scholars of venereal disease, for example, have often stressed how it “was far too unpleasant for its association with the rich, talented and influential to make it a glamorous or fashionable disease.”[[20]](#endnote-20) Yet it is possible to overdraw the polarity between chronic and deadly diseases. More recent scholarship has contended that even the more nasty or virulent diseases, including syphilis, or “the French Disease” as the English termed it, might be *à la mode*, and not only less repugnant but distinctly more palatable in some cultures and chronological periods than others. In Emily Cock’s judgement, for example, syphilis assumed a decidedly on-trend sociocultural *modus operandi* in eighteenth-century England, as the disease became associated with novelty as well as with carefree pleasure-seeking, social contravention, and reckless and libertine living. This was a phenomenon which somewhat mitigated (if rather ambivalently) the negative consequences of syphilis’s longer term effects, whilst concurrently requiring sufferers’ subjection to prolonged and uncomfortable treatment regimes often worse than the symptoms themselves.[[21]](#endnote-21)

For many diseases, of course, it was the effective marketing, affordability, desirability, and legitimating discursive exchange of the latest, faddish treatments that contributed to rendering a malady more modish. Indeed, it was arguably more often the putative, if shifting, social exclusivity of diseases and their particular therapeutics, rather than the differential severity of the symptoms of diseases, which rendered them fashionable. The London-based quack practitioner, Marmaduke Venel, for example, deployed a rapid-fire spate of pamphlet publications in the 1810s offering advice to “ladies” and “women of fashion . . . particularly subject to morbid affections, peculiar to their sex,” to the nervous and hypochondriacal, the gouty and the consumptive, and to the bilious, constipated, dyspeptic, flatulent and stomachic, determined to tailor his Bedford Square practice to as broad a superior and wealthy clientele as possible. Vaingloriously stressing his freedom from “sordid” resort to inflated fees owing to “the number, the respectability, and the munificence of my patients,” he targeted a range of “newly” prevalent or expanding disease constituencies.[[22]](#endnote-22) These included clients with chlorosis and those with hemorrhoids (re-designated from “a disease of the aged” to “now almost a general complaint of high, artificial, and irregular living”).[[23]](#endnote-23) Venel also penned a timely volume of medical admonitions on marriage, and concurrently peddled his very own specifics, including Venel’s “Restorative Nervous Balsam” and “Antiscorbutick Vegetable Pills” through these publications, various news and periodical press advertising, and via his practice.[[24]](#endnote-24) Gout had been transformed in the Georgian era, according to the opportunistic and rather hyperbolical Venel, from primarily a limited post-midlife affliction of the extremities to a complex multiplicity of general complaints afflicting “thousands” of all ages, rank, and sex, embracing head, nervous, stomach, and “flying” gout.[[25]](#endnote-25) The fact that gout, nerves, and digestive disorders were commonly attributed a selective luster associated with the superior classes, with their putatively special sensibilities, physiologies, pedigrees, and privileged lifestyles and diets, was of course particularly strongly connected with these conditions’ voguish appeal. Yet the links between diseases and what they conveyed regarding notions of social status, talent, and power were subject to much variation, substantially dependent not just on differences in their more constant phenomenological properties, but on prevailing and shifting contextual sociocultural contingencies and definitions.

This brings us to a further set of critical issues about the historical relation between fashionable disease and identity. To what extent and exactly how then can a disease contribute to individual and collective identity in ways that impart some sort of secondary gain or benefit? A number of contributors to this volume demonstrate how representations of disease associated with aspects of enablement or sociocultural exclusivity frequently stood at odds with and concurrently embraced distressing, painful, stigmatizing, and disabling symptoms. When is and was a fashionable disease “real” or “authentic?” When was it more a matter of strategy, affectation, and hyperbole? And how might the higher profile, heightened publicity, and enhanced celebrity attached to particular ailments and particular sufferers significantly affect not only the negotiation of identity and authenticity, but also practices of care, treatment, and resource use? Fashionable disease in this volume is addressed as both a personal, subjective, experiential matter, and as a deeply sociocultural, ideologized and often performative concept and set of discourses.

Sources communicating how diseases are constructed and represented, especially pictographic and literary sources, are a partial, sometimes unreliable and distorting index of how they are experienced and articulated by their sufferers. More recently, some scholars (notably Heather Beatty) have argued that it is not the modishness or glamour of afflictions but the phenomenological “reality” of (nervous and, by implication, other) diseases which should be foregrounded in historical research on disease.[[26]](#endnote-26) Beatty’s work encourages paying more attention to the key emphases in the “ordinary” dialogue of patients, practitioners, and the wider community. Indeed, she has offered a useful counterweight to previous scholarship which appeared over-fixated on the social construction of diseases in the Georgian (and other) era(s), and more specifically on the status-affirming and glamorising aspects of contemporary discourse about nerves.[[27]](#endnote-27) By contrast Beatty highlights the unflattering accounts most patients gave of their illnesses, stressing sufferers’ reports of serious, painful, and debilitating disease-linked experiences. She identifies a predominance of narratives foregrounding distress, disablement, and embarrassment, rather than social kudos and specialness. Yet Beatty’s essentialist approach fails to fully clarify where the boundaries between real and manufactured symptoms reside or to offer clear methodological guidance on determining where cultural construction ends and the ahistorical and extra-cultural begin. As Dror Wahrman appealed for cultural historians to do, it is also important not just “to incorporate a modicum of . . . [reflective] ’essentialist’ thinking” in framing diseases, but to investigate how disease experience, and the performativity and sociocultural meanings inscribed upon diseases actually “relate to each other.”[[28]](#endnote-28) Many of the essays in this volume grapple with the same methodological conundrum.

An additional problem is that revisionist studies have continued to privilege the views of elite sufferers. And yet the discourse around fashionable diseases seems almost inevitably delimited to the upper social classes, making it difficult (if nonetheless important) to locate and foreground the disease narratives of other sufferers that engage significantly with a fashionable register. Even Beatty’s worthy agenda to eschew the “celebrity” sufferer and her claim that the clients of William Cullen, himself an elite Edinburgh Professor of Medicine, were “ordinary” and socially broad begs the question given how many of his patients were highly literate and articulate lords, ladies, educated gentry, high clergy and professionals.[[29]](#endnote-29) How appropriate or possible it is to speak about the typical or representative sufferer of any disease when skewing analysis towards a single elite practitioner’s correspondence? Cullen’s particular practice can also only partially illuminate the manner and extent to which the fashionableness of certain diseases trickled down the social scale in the widening commercialising, consumerist culture of Georgian Britain. As Mary Fissell has stressed, a trickle-down effect can often be shown to be limited by more concerted attention to middling and lower class source material.[[30]](#endnote-30)

Georgian society saw the marked rise of a consumerist medical marketplace and over-the-counter medicine (though recent research traces the origins of this marketplace back to the sixteenth and seventeenth century or before).[[31]](#endnote-31) It was an era in which diseases were themselves being significantly fashioned or marketed to sufferers (elite sufferers especially), whilst some overtly contrasted the *à la mode* ailments they were encountering with the *démodé* diseases of the laboring classes. At the same time a range of lay and professional commentators sought to unfashion diseases, or to cast scorn on the genuineness of sufferers’ modish maladies and their accompanying medical jargon; some disease terms themselves went rather spectacularly both in and out of fashion—hence the interest of some of our contributors in both fashioning/glamorising and unglamorising/unfashioning diseases.[[32]](#endnote-32)

The fashionability of a disease also of course powerfully related to the frequency and popularity at any particular period of time of its diagnosis, and also to the modishness, social standing and appeal of those particular practitioners who treated it, especially those who specialized and substantially built and staked their incomes and reputations on so doing. Likewise it relates to the prevailing cachet and market value of the therapeutics which practitioners offered. Disease fashionability is also contingent on a range of spatial, geographical, climatic, and touristic issues connected with disease incidence, epistemology and marketing, the developing sites and disseminated allures of treatment, and the wider recreational aspects of health and pleasure seeking. Indeed, the range of meanings attached to diseases was linked intimately to the shifting and particular values attached to the environs where patients resorted for treatment, and the rising fashionability of particular health resorts. Since the 1980s, scholars have increasingly highlighted such contextual dimensions, from spa and seaside historians like Hembry to medical historians such as Porter and Walton, and more recently by historians, historical geographers and environmental historians, including Steward, Johnson, Gillespie and Jankovic.[[33]](#endnote-33) This is also an inevitable point of reference for the papers in this volume.

A variety of work from Dubos and Dubos, and Pemble, to Maria Frawley’s excellent survey on the widening culture and cult of nineteenth-century invalidism in Britain, has provided substantial elucidation of how particular British and European resorts developed (and in some case lost) reputations conjoining health and fashionability in the eighteenth and nineteenth centuries.[[34]](#endnote-34) Frawley’s study places especial emphasis on how health tourism texts constructed and fed medical fashions by offering detailed, bespoke guidance on the salutary benefits of specific resorts to eager readers.[[35]](#endnote-35) Recent surveys excavating the key components of the fashionable allure of illnesses being compulsively watered, whether at the spa resorts of Georgian Kent, or the popular resorts of Central Europe in the 1800s, have provided a useful corrective to Porter’s over-emphasis on “the water cure as a ‘charade’ and spas as ‘but a vast marketplace of quackery . . . with the collusion of hypochondriacs and valetudinarians desperate for attention and anxious to ail fashionably.”[[36]](#endnote-36) Such work has wisely eschewed over-polarized trends in earlier historiography positing watering places as either “centres for medical cure” or “as fashionable arenas for leisure and pleasure.”[[37]](#endnote-37) Building on Steward’s stress on European watering places as “settings [both] for theatrical display and the performance of health” and also for “consumption of . . . fashionable, high-status medical therapy,” Johnson charts a more nuanced pathway sensitive to the multiform overlapping functions of spa culture, where “feigned and fashionable sickness each had their place.”[[38]](#endnote-38) A range of essays analysing literary and medical-historical aspects of spa and seaside-resort cultures in a 2017 theme issue of the *Journal of Eighteenth-Century Studies* furnish further elucidation of the ways in which narratives of fashionable illness were produced by and shaped social interactions, creating expectations of resort lifestyles for consumers.[[39]](#endnote-39)

Of course, such work on modish therapies and maladies has also elucidated another key feature of fashionability—its ambiguous, changeable, and unstable nature; what was in vogue could shift radically over time. Adair famously emphasized this when critiquing Protean shifts in the popularity and connotations of terms and disease concepts like biliousness, and their supplanting in the late Georgian era by new cults of indigestion, dyspepsia, and liver disease. Half a century later, specialists were reflecting archly upon the evident recent decades of decline in the fashionability of such diseases, associating the downgrade with an oft-observed downturn in bustling spa resorts like Bath and Tunbridge Wells. Many plausibly attributed this shift in somewhat self-congratulatory terms to advances in clinical patho-anatomy, physiology, and microscopy, as did the *Lancet* in 1846: “Diseases of the liver—‘liver complaints’—were, some years ago, more fashionable than in more recent times—facts to which the verdant streets of our once fashionable spas bear desponding testimony. The rise and progress of physical diagnosis, in diseases of the chest, have . . . withdrawn attention from those of the abdomen; whilst our improved pathological knowledge has made spinal irritation, hysteria, or a deranged gastric mucous membrane responsible for many errors once attributed to the liver.”[[40]](#endnote-40)

The work included in this issue derives from an international Leverhulme-funded conference on Fashionable Diseases at the Universities of Newcastle and Northumbria in July 2014. It has developed over the course of more than three years of reflective and productive dialogue between editors, four anonymous and insightful referees, the contributors themselves, and a range of other professional colleagues.[[41]](#endnote-41) Our volume comprises the second issue of *Literature and Medicine* emanating from the conference. The first, preoccupied primarily with notions of disease and pathology linked to reading and literary consumption, was published during Fall 2016.[[42]](#endnote-42) A third and fourth related outcome of our Leverhulme-funded project on Fashionable Diseases have also appeared or are emerging.[[43]](#endnote-43)

Here our objective is to showcase new and established interdisciplinary research on fashionable diseases over the course of the long eighteenth century. Contributors’ approaches are to some extent unified in their re-engagement with Charles E. Rosenberg’s influential concept of “framing diseases,” the need to explain how a particular disease has a role “as a structuring factor in social situations, as a social actor and mediator.”[[44]](#endnote-44) Ian Hacking’s seminal work on “making up people” has additionally provided a refined model for understanding the appearance and disappearance of certain diseases at particular points in history, while Sander Gilman’s influential research on the representation of illness and disease in art and literature is key to any subsequent analysis of fashionable disease.[[45]](#endnote-45) Recent pathographies, including the excellent Oxford University Press “Biographies of Disease” series, have also deployed notions of shifting medical fashions to explicate how and why the sociocultural meanings of diseases have changed over time. Mark Jackson’s contribution to this series, for example, delineates how perceptions of asthma transitioned from an environmentally induced lung disease of the artisan classes in the eighteenth century, to become associated with modish spa treatments, and with the creativity and life histories of the literati and “better sort” in the nineteenth century. Subsequently, asthma’s reconceptualization as an allergic affliction in the twentieth century, with manifold environmental and also psychological causes, did little to offset its perdurable link to celebrity sufferers.[[46]](#endnote-46) Such work has enabled contemporary scholars to better understand the apparent tensions and contradictions that characterize fashionable diseases.

Exploiting the core theoretical perspectives in some of this literature, this collection explores how diagnostic, social, and cultural notions of fashionable diseases interacted and mediated relationships between medical practitioners, sufferers, and their relations, and how sufferers themselves sought to negotiate and frame their own illnesses in obeisance or in resistance to overarching moral, medical, and social constructions of diseases. We foreground a range of key fashionable diseases prominently identified in educated, literate Georgian discourse, from early modern notions of biliousness, consumption, and headache, to masturbation, nerves, and obesity. Authors address what made a particular disease fashionable at a particular time and why, with particular focus on patient perspectives regarding fashionable diseases, how they have inflected identities and sociability, and how far the modishness of a disease implicates narrative authenticity. Accusations of fakery have dogged certain fashionable diseases, such as headache and hypochondria, and these narratives of satire and stigma have had serious but variable consequences for some individual and groups of sufferers, as several of our authors demonstrate.

Patient perspectives—often refracted via the medium of creative literature—are closely related to how, and for what reasons, doctors and other social actors seek to frame and represent fashionable diseases within a range of medical and non-medical texts, including case narratives and domestic medical texts, and in lay correspondence, memoirs, and diaries. Several of our authors examine the framing of fashionable remedies for fashionable diseases, as well as the nature of day-to-day engagement with the practicalities of such diseases, however construed. This volume also explores the effects of class or social rank, gender, sexuality, religion, nationality and other elements making up the social and political identity of an individual or group.

In the first article, David E. Shuttleton offers a fitting embarkation point for elucidating what factors made a disease fashionable and what it was about the Georgian age especially that seems to have endowed certain diseases with a cultish status. Shuttleton sensibly, but far from straightforwardly, links the phenomenon of fashionability to that of (higher class-mediated) popularity: a disease becomes fashionable in part because large numbers of people from members of the social elites, those with a beau monde lifestyle and superior social status, were prepared to see themselves as suffering from particular diseases. In our view disease fashionability was generally, but not invariably, connected to some sort of intellectual, social, cultural or identity polish, advantage, or compensation. Indeed, a key thesis in this collection and wider scholarship is that diseases that were fashionable, despite their disabling and distressing aspects, tended to have properties imparted to them entailing some secondary gain or enablement.[[47]](#endnote-47) While desirability and fashionability are not synonymous, it would be problematic to argue that they were not closely connected. What else would be the point of dissembling a disease if the disease did not impart some additional status, or promise some sort of contingent reward? Most contributors to this volume variously explore this close connection between fashion and the prestige of a disease, while emphasizing the fragility and mutability of diseases’ status imparting property, and how easily this very trendiness invited mockery and accusations of affectation, exaggeration, and dissimulation.

After providing a compelling *tour d’horizon* of some of the key constituents distinguishing fashionable from unfashionable diseases and treatments, Shuttleton then more precisely exemplifies and explores the framing of modish maladies via a case study of masturbation, analyzing patients in Cullen’s correspondence and closely investigating the case of Robert Ligertwood. While Ligertwood was also accorded significant attention in Beatty’s study of nerves, Shuttleton deliberately departs from Beatty’s more essentialist approach. More concerned to illuminate social, textual, and clinical influences coloring Ligertwood’s self-fashioning and self-congratulatory framing of his illness as fashionably “delicate” and “nervous,” Shuttleton stresses the patient’s linguistic appropriation of medical jargon. While (as Beatty recognized) Ligertwood is concurrently keen both for his physician’s candor about the mental basis of his affliction and to gloss and sublimate his illness experience as “too exquisite for sense,” he is also quite evidently resistant to a hypochondriacal classification or indeed to any simplistic single diagnostic label for the peculiarly complex symptomology he exhaustively recounts to Cullen.[[48]](#endnote-48) It is the medico-literary posturing in his egoistic and often self-indulgent communications, alongside his internalising of medical constructions of his malady, that Shuttleton is interested to foreground. What emerges from this analysis is not, however, merely the novel pathologising of onanism and its common framing as constituent of a wide range of modish maladies in the eighteenth century, something already well recounted in existing scholarship. Shuttleton also stresses that the social construction and identity-enhancing aspects of such fluid symptomological mélanges do not undercut the real symptoms of distress being reported by patients, even if Georgian sufferers were more prone and clinically encouraged to (fallaciously) relate such distress to masturbation. This leads him to posit onanism as more of a case-delimiter than an exemplum of the contemporary resonance of a fashionable socially-constructed disease register.

In their ensuing article, Jonathan Andrews and James Kennaway provide one of the first comprehensive scholarly explorations of “biliousness” as a relatively novel modish disorder in late Georgian Britain, exploiting a wide range of diary, memoir, correspondence, and biographical material to assess how elite and middling sufferers themselves experienced, presented, and negotiated their bile. Biliousness is in many ways one of the quintessential fashionable diseases of the late Georgian era, when we see it substantially enlarged and transformed into a particularly oft diagnosed and reported malady, deemed germane to the privileged, artificial lifestyles of the leisured rich and the bon ton. We also witness the emergence of a wide range of publications and practitioners specialising in servicing this complaint, and the more conspicuous presence and made-to-measure marketing of dietetic and regimen advice for the bilious amongst the main clientele watering at seaside, spa and other fashionable health resorts. Andrews and Kennaway find plentiful evidence of fixation on the genuine and often unglamorous discomfort that attended prolonged experience of bilious symptoms. Yet they are equally and concertedly concerned with the wider sociocultural framing and meanings of bile in this era. They demonstrate the varied and often self-assertive ways that Georgian Britons found functionality in their bile, and illuminate how specific types of sufferer “performed” being bilious. Exploring a range of male and female case studies, from literary, performative and masculinized bile, to the less modishly construed, providential framing of bile and stomach complaints, Andrews and Kennaway assess both the mileage and the limits to what an essentialist approach can offer. They present a more precise historicized phenomenological account of bile to elucidate where elements of performance and self-fashioning can be shown to interact with experiences, or to inflect, condition, or more overtly recast illness perceptions. Articulate, literate sufferers in particular are shown to have developed a range of coping and representational strategies, both to vent and also to master biliousness, revealing the manifold ways such sufferers sought to render their bile social and serviceable. In agreement with other contributors, this essay demonstrates that for most sufferers it was the seriousness of their symptoms, and the ill-effects and distress caused, rather than any glamour, that were foregrounded in disease narratives. Yet the onus here is not so much on the disablement and negative consequences attached by sufferers to their bile, nor the more problematical stigma invited by shamming modish symptoms, or foisted on sufferers via unsympathetic and moralistic contemporary discourse, but rather on the range of compensatory benefits or “secondary gains” sufferers derived from their disorders. Andrews and Kennaway adapt Rosenberg’s framing diseases model to elucidate not only how medical and wider satirical lay commentary framed bile, but also how sufferers themselves self-satirized and self-fashioned. Sufferers did not merely internalize but adapted and subverted medical models, leavening some of the bite of lay critiques, and actively expounding and reframing their bile. While significant numbers of patients are shown to have swallowed medical marketing of biliousness, subjecting themselves to arduous and uncomfortable self- and practitioner-prescribed regimens, this analysis also challenges the stress in some contemporary texts and in previous historiography on the extent to which sufferers “chose” willy-nilly to be bilious.

Katharine Allen adopts a very different, highly unconventional primary source focus in the volume’s third article, concentrating on analysing the (often sharply abbreviated) discourse about diseases in private household recipe books. Allen provides a qualitative and quantitative mapping of references to modish maladies in these personal records of domestic medical praxis, allowing us to consider the impact of contemporary framing of fashionable diseases on recipe books during the eighteenth century, as well as presenting an assessment of the pertinence of recipe book regimen and dietetics in relation to fashionable diseases. Allen’s analysis of these sources engages with how far the (primarily) elite compilers of household recipes sought themselves, via both their health conduct and their writing, to somehow self-fashion their illnesses, sometimes assertively adapting their own self-dosing and self-management. She explores how linguistic as well as practical choices around disease and its treatment, and the lexicographical and taxonomic labelling of recipes in these sources mirrored wider trend shifts in Georgian medicine. Like Shuttleton, Allen connects the fashionability of particular remedies in recipe books to their contemporary popularity.

Of course, there is a danger of being reductive in equating fashionability with popularity. Clearly not all popular medicines seem to have been especially desirable (consider painful venesection or powerful emetics), or to have granted the patient any additional cachet. So one needs to avoid simply conflating popular with modish; fashionable physic was often associated more with economic and social exclusivity linked to purchase power and procuring the “best” physic/physicians, than with popularity. Nonetheless, the widening availability of medicine as a commodity to a broader range of purses in Georgian Britain seems to have eroded certain distinctions between the popular, the affordable, and the voguish. With this in mind, Allen wisely draws attention to the more substantial appearance in eighteenth-century recipe books of some specific modish medicines and the increased presence of over-the-counter and patent medicines, giving a range of examples such as Peruvian bark and bottled spa water, and reflecting broader trends in the rise and wider availability of druggists and proprietary physic. There is persuasive evidence for the novel fashionability of bark in the eighteenth century. As scholars like Scheibinger have stressed, society doctors, like the royal physician, naturalist, and Royal Society President (from 1727) Hans Sloane (1660–1773), arranged for huge shipments of bark to be transported and liberally prescribed to the elite clients of their fashionable metropolitan practices.[[49]](#endnote-49) Certain types of bark might also come into and out of vogue for reasons highly revealing of the complex range of factors involved in demarcating fashionability in medicine, as exemplified in Richard Reece’s (1775–1831) much reprinted domestic *Medical Guide* (first published in 1802). By its later editions in the 1820s and ’30s, Reece’s manual was identifying yellow bark as the most newly fashionable product of its type, besmirching the dubious grounds on which it had been preferred to “pale bark” because of its quinine content and criticising the biased theoretical advocacy of more chemically minded physicians.[[50]](#endnote-50) Assessing contemporary trends in physic and trendy medicines goes well beyond a mere measuring of what medicines were more often prescribed and taken. Pragmatic domestic medicine purveyors often used the term “fashionable” pejoratively in order to challenge contemporary fads in physic and disparage certain remedies as modishly and quackishly over-prescribed and not (or not entirely) fit for purpose. For example, Reece attributed what was increasingly perceived as knee-jerk mercurial medication to an excessive contemporary penchant for diagnosing “all complaints” as deriving from liver disease, while he also censured voguish foxglove as a dubious remedy inducing lassitude and depression.[[51]](#endnote-51) By the 1830s, many practitioners were routinely bemoaning as a past fashionable practice “to prescribe mercury in all chronic affections of the liver,” something allegedly subjected in particular upon “slight delicate females.”[[52]](#endnote-52) While a key property connected with fashionable physic and diseases appears to have been their transience, it is the processes creating and subsequently eroding such trends that are no doubt amongst those most worthy of historical analysis, provoking most attention and debate amongst scholars.

It seems important to note in this connection that the professional purveyors of published household medicine guides, despite a concern to update and modernize their advice regularly, often adopted a very critical if not confrontational stance towards fashionability in disease and the latest modish shifts of jargon and theory in physic. Typically critical of “quackish” nostrum-mongering and empiricism, domestic and family doctors often resisted incorporating trendy novelties in medical practice and discourse. On the other hand, like recipe books themselves, domestic medicine manuals were often eclectic. Their authors were far from averse to marketing their own novel remedies through these and other mediums, and (contingent on both the intellectual and cultural sympathies and socio-economic needs of particular authors) were not always so averse to uncritically disseminating up-to-the-minute therapeutic trends. Of course, their vernacular, daily praxis, commonsensically-framed texts were aimed primarily at a socially broad range of literate, educated families and family practitioners, only secondarily couched for the beau monde or the social or medical elites, though they could and relatively often did address the latter audiences and court their patronage more directly.

Neither lay recipe collectors nor professional domestic medicine purveyors should, of course, be considered a homogeneous or unified group. In an increasingly competitive Georgian marketplace, the latter evidently varied in the degree to which they were able or willing to eschew the profit incentives and market implications of attending to clients suffering not merely from coughs, colds, and more common-or-garden ailments, but also from more fashionable and socially exclusive complaints. Indeed, they also differed in the extent to which they accommodated significant aspects of such vogues by adapting their texts to a range of markets, potential readers, and clients, adding new or revised sections on diseases such as gout, biliousness, dyspepsia, liver disease, and nerves. Of course Allen’s essay is primarily about private recipe collections, though there were clearly significant overlaps with published domestic medicine texts and Allen to some extent explores areas of interaction. Deeper investigation of the interface between discourse in published domestic medicine texts and the more mundane records of private recipe books would offer fertile potential in future scholarship to elucidate the extent to which the routines and concerns of domestic medicine cohered with notions of disease strongly linked to shifting fashions, or vice versa worked concertedly to undercut them and provide an alternative residuum, largely sanitized from any modish or glamorising discourse.

A burgeoning area in current literary studies, now being used more concertedly to analyse wider cultural phenomena, is the literary magazine. Clark Lawlor’s essay deploys a series of journal articles from the *London Magazine* in order to examine the perceived breeding ground for fashionable diseases as they emerged out of the eighteenth century and into the new world of the nineteenth. Lawlor demonstrates—via analysis of the satirical items produced by Henry Southern—that a wide range of different elements and actors came together in the construction, maintenance, and decline of fashionable diseases. This article focuses on the role of women, both as the symbolic target and embodiment of fashionable diseases, and also as “Lady Bountifuls,” the so-called female quacks who allegedly displaced the legitimate role of the (male) doctor. Both representations of women drew the satirical ire (and underlying anxiety) of male commentators, including most notably, James Adair. Lawlor argues that Southern’s Swiftian style, especially towards the end of his series, is a significant indication of just how worried such defenders of respectable patriarchal medicine were about an apparently feminized culture of fashionable disease. The mounting pace of consumer capitalism and its knowledge economy, of which the literary journal was a part, apparently manifested itself in the general domination of a dizzying, ever evanescent glut of destabilising vogues and tastes, an empire of fashion that had also significantly sucked medicine into its maw. Lawlor deploys recent analyses of the stock market crash contemporary with Southern’s articles to show that the notion of “all that is solid melts into air” was applicable to the profoundly inauthentic yet effectual world of fashionable disease. Southern’s cautionary caricature of a Georgian belle and dilettante doctor trained from birth to be voguishly and constantly ill functions as the very embodiment of fashionable disease. Our anti-heroine is not, however, deliberately faking itaccording to Southern. Rather, she is unwittingly habituated by her upbringing, life-long drug dependency, and the prevailing medico-cultural milieu to conceive and conduct herself as a thoroughly diseased and routinely medicated psycho-soma, whilst concurrently regarded as a persistently irksome presence by her social relations. As we see in Jessica Monaghan’s ensuing article, conscious fakery was apparently common, but the more serious example raised by Southern (as well as by writers like Jane Austen) was the woman (or man) who had exercised little or no conscious choice because so strongly conditioned by the predominant culture of fashionable illness in our period.

The theme of authenticity has long been foregrounded by scholars in discussions of fashionable diseases, and is a central focus amongst contributors to this issue. Jessica Monaghan engages with this topic most concertedly. She not only highlights how the positive qualities associated with fashionable diseases generated suspicions of emulation and simulation, particularly with respect to nerves, but also (building on the work of scholars from Rousseau and Porter to Ingram and Sim) argues compellingly for the backdating of such discourse to the later seventeenth and early eighteenth century.[[53]](#endnote-53) Monaghan examines the fluctuating values accorded to authenticity in discourses over fashionable diseases, and the association between a fashionable disease and self-fashioning (of both symptoms and attendant status). Ranging widely from the late seventeenth century through the long eighteenth century, she provides a helpful overview of the longevity of such discourses and the variegated plethora of texts in which these ideas were explored and illuminated. Monaghan stresses that at least from the influential emergence and passage across the Continent of Moliere’s *Malade Imaginaire*, and moreover in English discourse from the early 1700s poetry of Finch and Pope, and the dramas of William Burnaby, Colley Cibber, and Jeremy Collier, the problem of distinguishing genuine sufferers from those engaging in self-fashioning symptomology was a relatively prominent concern for poets, playwrights, and literary satirists. But this concern was also significantly on the rise by the late Georgian era, so that by 1770s and early 1800s “observers increasingly suggested that . . . external signs [of nervous and fashionable diseases] should not be trusted.” On the other hand, Monaghan also recognizes that there were severe limits to the extent of Georgian critique of disease authenticity, in particular amongst medical practitioners. Many medical writers, she shows, substantially “abstained” from deep discussion of authenticity because of their vested social and financial interests in profiting from the diagnosis and treatment of fashionable disease. Arguably this was also linked to practitioners’ prevailing concerns to maintain the trust of, if not butter-up, their wealthy and/or socially superior clients, and to the intensely patronage-dependant structure of medical practice, that was partially but unevenly challenged from the end of the century by the rising prominence and career significance of hospital medicine and clinical patho-anatomical knowledge. Monaghan’s doctoral research similarly found relatively few instances of practitioners questioning the somatic authenticity of private patients, pointing to the difficulties they reported in “maintaining authority over the processes of diagnosis and treatment, particularly with regard to fashionable and wealthy clients.”[[54]](#endnote-54) Of course, later Georgian practitioners like James M. Adair, William Cadogan, and William Wadd were far from shy in seeking concertedly to puncture pretensions to modish maladies and associated glamour amongst the nervous, gouty, bilious and obese, whilst at the same time challenging polite, emptily trendy and obfuscating euphemisms for more serious pathologies.[[55]](#endnote-55)

Monaghan’s and some other essays provoke a range of questions not just about the benefits and advantages of modish maladies, but equally about the reputational risks for Georgians in performing their diseases, especially the consequences of being seen by others to be “inauthentic,” and of being exposed to exaggerate or sham affliction.[[56]](#endnote-56) Arguably, there were greater social perils for claiming without success to be free from dangerous, infectious diseases, or to be nervous when judged by influential others as simply mad, or falsely claiming to be sane. The evidence presented by Monaghan and other contributors to this volume might suggest that few amongst the social elites lost significant claims to integrity of selfhood if suspected, satirized, or clearly exposed to be exaggerating or shamming fashionable diseases. And clearly many forms of simulation or exaggeration were not deliberate or consciously performed, as modern clinical studies of a spectrum of factitious disorders have often emphasized.[[57]](#endnote-57) Disease simulation and inauthenticity were notoriously difficult to prove, although something that emerging medical and forensic specialists in the Georgian era were preoccupied with and prided themselves in being able to detect. Yet counterfeiting more commonly appears to have had the severest social and economic consequences for the poor, the vagrant, the downtrodden, prostitutes and lower ranking military and other lower-status occupations than for the well-heeled and well-connected.[[58]](#endnote-58) In her survey, however, Monaghan not only elucidates the durability and intensity with which long-eighteenth-century drama and literary fiction engaged with and provoked societal debates about authenticity in fashionable diseases, but also the intensifying of the process by which feigned invalids and fraudulent sensibility figured in works of fiction. Her emphasis is more on the often palpable and serious “consequences of mingling fashion and medicine,” and elements of damage done to “the desirability of these fashionable complaints,” for fictional characters than for real social actors. Her focus is not on practitioner histories or patient narrative sources but on the late Georgian plays of authors such as Isaac Bickerstaff (Jonathan Swift), George Colman, and Thomas Horde, and novels by Frances Burney (which often fixated on gullible exploitation by profiteering doctors, and social ridicule for disease pretensions and self-delusions). Nonetheless, the parallels and connections with the fashionably diseased in medical texts and accounts of sufferers outside of fiction is also both implicitly and explicitly explored. In her doctoral work, Monaghan more extensively investigated the social and reputational consequences of exposure of feigning illness for wider sectors of Georgian society, including specific occupations such as acting, and fictional characters like Pope’s “Queen of Spleen,” or Charlotte and Leonora from an anonymous mid-century *Treatise on the Dismal Effects of Low-Spiritedness*. Leonora’s descent via shamming into becoming “a burden to herself and a jest to all about her,” alongside Charlotte’s feigned illness leading more direly to loss of happiness, health, and the deaths of intimates in her social circles, for example, served as a pointed, oft recycled, moral admonition to the malady-posturing coquettes and theatrically afflicted fops of Georgian beau monde culture, especially those deemed to have uncritically consumed the cult of modish hypochondria, spleen and vapors.[[59]](#endnote-59)

The history of headache, the focus of Mascha Hansen’s article, has long been connected with fashionable physic, and often problematically and pejoratively associated in modern western societies with nerves (nervous women especially), malingering, and avoidance of work and relational obligations.[[60]](#endnote-60) Kempner highlighted how, while late Georgian practitioners linked headache to nervous maladies and attenuated, often feminized sensibilities, Victorian specialists constructed headache as peculiarly germane to higher class intellectual men and hysterical women. More recently, from around the 1940s, notions of “migraine personality” continued to gender severe headache as the province of women, more especially neurotic women strategically withholding sex, while later twentieth and even twenty-first century health professionals and social commentators continue to make (often spurious and stigmatizing) “presumptions about the kind of persons who get *migraines*.”[[61]](#endnote-61) Such commonly chauvinistic interpretations have repeatedly been challenged in more recent decades, not just by (historical) sociologists of health like Kempner, but by sober clinical stress on the severity and reality of the intense pain and discomfort experienced in chronic headache, acute migraine, neuralgia, and other related conditions, whether caused by exertion, tension, or other factors.[[62]](#endnote-62) During the Georgian and early Victorian era, as a cadre of headache specialists emerged, and prior to the predominance of more ophthalmic and neurologically framed constructions of headaches, headache was routinely linked by clinicians to a range of other fashionable ailments, elite pursuits and lifestyles, and to gender and class. Clinical nosologies of headache often conjoined the affliction as a component or hybridization of other modish maladies. The aptly named George H. Weatherhead’s six headache typologies, for example, included dyspeptic/bilious or sick headache, nervous headache, rheumatic headache, and arthritic or gouty headache (as well as headache attributed to either bloody plethora or organic lesion).[[63]](#endnote-63) Recycling Weatherhead in his popular *Cyclopedia of Domestic Medicine* (much reprinted from the 1840s to the ’60s), the physician Thomas Andrew emphatically assigned the former to the sedentary lifestyles and artificial dietaries of the privileged socio-economic elites, while nervous headaches were the particular province of the sedentary, studious, and literary, including clergy, barristers, and accountants, but moreover of leisured women (especially “single maiden ladies,” prone to “pore over the content of circulating libraries”). Andrew somewhat hyperbolically alleged that 99 out of 100 such women found themselves consigned to a “fashionable physician,” and “exhausting stock of antispasmodic and antibilious draughts, powders and pills,” followed by dispatch to “Cheltenham, Leamington, or . . . some fashionable continental watering-place.”[[64]](#endnote-64) Yet, as Monaghan has argued, headache was also one of those disorders identified by Georgian physicians as apt to be counterfeited because of its lack of obvious external or detectable bodily signs and its greater dependence on the less reliable patient narrative. As William Henry Hall eloquently expressed it in his 1788 *Encyclopaedia* entry on feigned illness: “sickness is pretended by words only . . . of this nature are the pretended head-ach, colic, and the like; which, as the patient can only know, the physician may be always deceived.”[[65]](#endnote-65)

In her essay, Hansen is less concerned with voguish enticements to simulation than with limits to the fashionable manufacture, exaggeration, and performative exploitation of sickness, specifically the private, functional, and less overtly socially beneficial mediation of headache. She adopts a singular but widely resonant case history approach, analyzing the Bluestocking Elizabeth Carter’s long experience of headache. Hansen situates Carter within the intensifying contemporary medico-cultural discourse relating headache to special (female and literary) nervous sensibilities, but moreover cogently demonstrates the need to go beyond a fashionable disease framework to appropriately understand Carter’s complaint. The headache offered Carter the opportunity for an assertive and more than merely compensatory self-fashioning of a socially withdrawn, creative, writerly space for herself. It also (despite partially positioning her identity and her sufferings within a fashionable diseases frame), enabled Carter more actively to dissociate herself from modish models of sensibility, presenting her manifold discomforts to her social intimates as a quintessential, involuntary part of her body’s “mechanism,” over which she stressed her control was limited, whilst concurrently insulating herself via her pious providential religiosity from accusations of malingering or affectation. Hansen thus persuasively positions Carter as charting a compromise course across the navigationally challenging seas and competing social demands connected to her fashionable disease, whilst also exploiting some of the associated secondary benefits in pursuing an unconventionally independent, literary (invalid) lifestyle than was generally permissible for Georgian women. Carter was unlike other cultured, literate women who sought validation via asserting their special sensibility or consorting with fashionable spa tourism, bemoaned isolation and loss of fashionable fellowship for their maladies, or garnished consolation and sympathy by melodramatically complaining of dying of their headaches. Carter took recourse instead in conjoining resigned Christian fortitude with a compensatory, but often matter-of-fact, presentation of her symptoms. Her mild pique at being at home whilst “all are gone to assembly,” could be more than trumped by satisfaction and pleasure in having company at home and the luxury of “solitary repose.” Departing from earlier scholarship which has stressed in a rather vague, throwaway manner how it had become voguish and totally acceptable by late Georgian and moreover mid-Victorian times “to retire to bed with ‘sick headaches,’ ‘nerves’ and a host of other mysterious ailments,” Hansen offers a nuanced, pluralized vision of the divergent yet overlapping medico-cultural frameworks available for some sufferers.[[66]](#endnote-66) For Hansen, the resonance of Carter’s case resides in how it exemplifies flexibility and ambiguity in the negotiation of fashionable diseases. Carter straddles a position both within and outside available models of fashionably becoming, Bluestocking, nervous sensibility, perceiving the beau monde world as regularly waylaid in ill-advised modish pursuits, and presenting herself as a removed observer even while frequenting fashionable spas and underlining her special nervous sensibility. Bluestockings like Carter were keen to dissociate themselves from mere fashionable diseases in their frequently professed ridicule of fine ladies whose imaginary ailments had to be cured in London or other sociable places. Carter’s insider-outsider position has evident resonance with earlier literati like Anne Finch, whose poetic description of her own purportedly genuine spleen (and thus her writerly sincerity and credibility), was sharply distinguished from the fashionable shows of spleen affected by others.[[67]](#endnote-67) It is important to note, nonetheless, that Carter’s complex, composite, cultural casting of headache and nerves entails a stark contrast to the total absence of positive cultural construction placed upon such conditions by some more down-to-earth commentators, such as the onetime farmer, radical Preston MP, working-class champion and “Orator” Chartist, Henry Hunt (1773–1835). Writing about the depressing impact on his early family life of his mother’s “constant oppressive headache” (attributed to a “violent nervous affection”), Hunt dismally recollected how “the effect of her headache had produced a sombre sadness, which threw a gloom around and affected the whole family, and prevented that sort of hilarity and cheerfulness which was the usual companion of our abode.”[[68]](#endnote-68)

In the final article in this issue, Sander L. Gilman contends that our contemporary scourge (however defined) of obesity, and its symbiotic relationship with dieting, originates in the long eighteenth century. There are many arguments about which period “owns” the shift to modernity proper (unsurprising, given how many scholars continue to be divided over the chronological boundaries of the “early” modern). Nonetheless, Gilman persuasively asserts that consciousness of the need to be fashionably lean emerges from the Enlightenment drive to codify the rational and reasonable person in a range of discourses that manifested themselves in the public sphere. Fat and dieting, he argues, became subject to regulation and “framing” under the fuller scrutiny of a new type of medicine and of a critical public gaze with regard to excess and excessive fat, an interpretation resonating both with Habermas’s stress on the emergence of the public sphere as a key constituent of modernity and with Michel Foucault’s influential ideas about the operation of power via the clinical gaze.[[69]](#endnote-69)

Dieting, according to Gilman, became a fashionable activity partly for negative reasons. “Fat-shaming,” to use its present-day moniker, was new, itself a fashion, and drove apparently overweight individuals into the dieting industry (Byron—the most fashionable of all Georgian celebrities—drank vinegar to thin himself and dreamt of being consumptive to impress the ladies).[[70]](#endnote-70) In this instance, obesity is presented as a distinctly unfashionable disease, but dieting was increasingly one of the most fashionable of treatments. Of course the rotund society doctor George Cheyne made his own “milk and seed” diet extraordinarily in vogue, and— in an oddly circular effect—made his sufferings as an obese, nervous man fashionable in themselves, attracting celebrity patients, including many of the literati, to his professional practice.

As many of the essays in this issue demonstrate, fashionable diseases do not exist in a vacuum: they are formed, maintained, and removed by a complex series of factors, including the modishness of treatments and their place in medical and social discourse. Conditions such as gout, bile, and even syphilis could be rendered fashionable as badges of a certain lifestyle, of a certain wealth or rank: gout, nervous disorder, or venereal disease brought on by over-indulgence in the pleasures of the flesh could be condemned by some but admired by others. This is an issue of perspective clearly still in play today, whether in “thinspiration” websites devoted to the praise of anorexia, or the association of depression with a unique artistic creativity.[[71]](#endnote-71) It is tempting to regard many, if not all, diseases as either “in” or “out” but, as we have shown here, the status of disease depends very much on the way it is framed and narrated over a period of time. Gilman shows that obesity became more unfashionable (even as its treatment increased its fashionability) because it marked a departure from the new definition of what could be seen as reasonable. As the “other” of the rational, obesity marked the individual out—via the gaze of the public—as a target for stigma. Such attention, as Gilman cogently argues, paved the way for psychological conflicts and problems (rather than purely physical ones) that have persisted in the stigmatizing meanings that continue, despite vigorous counter-cultural advocacy, to be attached to obesity to the present day.

1. NOTES

   . The research for this introduction and the editors’ own articles would not have been possible without generous funding from the Leverhulme Trust. We would also like to gratefully acknowledge our debt to the four anonymous referees who contributed so much to the quality of this volume, as well as to Catherine Belling and our copy editor Anna Fenton-Hathaway for their sage and supportive input throughout the production. [↑](#endnote-ref-1)
2. . Adair, “On Fashionable Diseases”; Tissot, *Essay*; Venel, *Observations*. See also Stolberg, *Experiencing Illness*, 3, 172, 179. [↑](#endnote-ref-2)
3. . See Porter and Rousseau, *Gout*. [↑](#endnote-ref-3)
4. . See Babb, *Elizabethan Malady*. [↑](#endnote-ref-4)
5. . See Duffin, “Conspicuous Consumptive.” See also Herndl, *Invalid Women*, 23. [↑](#endnote-ref-5)
6. . Wood, “Fashionable Diseases,” 27. [↑](#endnote-ref-6)
7. . Ibid. For similar accounts, see Wright and Treacher, *Problem of Medical Knowledge*; Aronowitz, *Making Sense of Illness*; Atkinson, *Clinical Experience*. [↑](#endnote-ref-7)
8. . See for example, Duffin, *Lovers and Livers*. [↑](#endnote-ref-8)
9. . Herndl, *Invalid Women*, 21, 24–25. [↑](#endnote-ref-9)
10. . Radden, *Moody Minds Distempered*, especially “Subjectivity,” 167–94. [↑](#endnote-ref-10)
11. . Ford, “Somaticization”; Kanaan, Lepine, and Wesserly, “Association.” See also Bowins, *Mental Illness Defined*, 120–23. [↑](#endnote-ref-11)
12. . Tuzikow and Holburn, “Identifying Fad Therapies.” [↑](#endnote-ref-12)
13. . Jewson, “Patronage.” [↑](#endnote-ref-13)
14. . Adair, “On Fashionable Diseases,” 122. [↑](#endnote-ref-14)
15. . Ibid. [↑](#endnote-ref-15)
16. . Andrews, “History of Medicine,” 44; Western, “French Medical Consultations,” in Jackson ed., *Routledge History*, 479, note 11, 486. [↑](#endnote-ref-16)
17. . Ishizuka, “Carlyle’s Nervous Dyspepsia,” 82. [↑](#endnote-ref-17)
18. . Lawlor, “Good and Easy Death,” 28–29. For an interesting recent example of wider cross-cultural approaches to the history of disease, see Worton and Tagoe ed., *National Healths*. [↑](#endnote-ref-18)
19. . Colburn, ed., *English Malady*. [↑](#endnote-ref-19)
20. . Brown, *The Pox*, “Gentleman’s Sniffles.” [↑](#endnote-ref-20)
21. . Cock, “The *à la Mode* Disease.” [↑](#endnote-ref-21)
22. . Venel, *Observations*, 9, and *Lady’s Physician*; *Hints to the Nervous*. For periodical reference to his publications and practice, see for example *London Morning Post*, 30 March 1815; “Advertisements for April 1814,” *The Repository of Arts, Literature, Commerce, Manufactures, Fashions and Politics*, xi (1814). [↑](#endnote-ref-22)
23. . Venel, *Observations*, 4; idem, *Admonitions*. [↑](#endnote-ref-23)
24. . Venel was compelled to sign an affidavit in defense of his Antiscorbutick Pill remedy before the Lord Major at Mansion House in 1808, to defend it against aspersions of it being an antimonial (mercury) concoction. See *Salisbury and Winchester Journal*, 26 Dec. 1808; *London Star*, 7 July 1808 [↑](#endnote-ref-24)
25. . Venel, *Observations*, 3. [↑](#endnote-ref-25)
26. . Beatty, *Nervous Disease*. [↑](#endnote-ref-26)
27. . Especially Porter, *Madmen*; Rousseau, *Nervous Acts*. [↑](#endnote-ref-27)
28. . Wahrman, “Change and the Corporeal,” 599. [↑](#endnote-ref-28)
29. . Beatty, *Nervous Disease*, 3–4, 72. [↑](#endnote-ref-29)
30. . Fissell, *Vernacular Bodies*, 6, 11, 248. [↑](#endnote-ref-30)
31. . Jenner and Wallis, *Medicine and the Market*. [↑](#endnote-ref-31)
32. . For more commentary on unfashionable diseases and fashioning diseases, see e.g. Ingram and Dickson, *Disease and Death*. [↑](#endnote-ref-32)
33. . Walton, *English Seaside*; Hembry, *English Spa*; Porter, *Medical History of Spas*; Gillespie, “Havens”; Jankovic, *Confronting the Climate*; Johnson, “Spas and Seaside Resorts in Kent.” [↑](#endnote-ref-33)
34. . Dubos and Dubos, *White Plague*, 19–20, 145; Pemble, *Mediterranean Passion*, 86; Frawley, *Invalidism and Identity*, esp. 123–27. [↑](#endnote-ref-34)
35. . Frawley, *Invalidism and Identity*, 123. [↑](#endnote-ref-35)
36. . Porter, *Bodies Politic*, 167–9. [↑](#endnote-ref-36)
37. . Johnson, 221. [↑](#endnote-ref-37)
38. . Ibid., 220; Steward, “Moral Economies,” 183. [↑](#endnote-ref-38)
39. . See articles by Annick Cossic-Pericarpin, Rose Alexandra McCormack, Anita O’Connell and Rachael Johnson in Lawlor and O’Connell eds, “Fashion and Illness.” [↑](#endnote-ref-39)
40. . Anon. Review, “On Diseases of the Liver,” 655. [↑](#endnote-ref-40)
41. . http://fashionablediseases.info/conference.php. [↑](#endnote-ref-41)
42. . Kennaway and O’Connell, eds., “Pathological Reading.” [↑](#endnote-ref-42)
43. . Ingram and Dickson, eds., *Disease and Death*; Lawlor and O’Connell, eds., “Fashion and Illness.” [↑](#endnote-ref-43)
44. . Rosenberg, “Framing Diseases,” 312. [↑](#endnote-ref-44)
45. . Hacking, “Making Up”; Gilman, *Disease and Representation*. [↑](#endnote-ref-45)
46. . Jackson, *Asthma*. See also Bynum, *Spitting Blood*. [↑](#endnote-ref-46)
47. . E.g. Colburn, *Enabling and Disabling Fictions*. [↑](#endnote-ref-47)
48. . Cited in Beatty, *Nervous Disease*, 74. [↑](#endnote-ref-48)
49. . Scheibinger, *Plants and Empire*, 28. [↑](#endnote-ref-49)
50. . Reece, *Medical Guide* (15th ed., 1828), 161; (16th ed., 1833), 169. See also Reece’s *Alphabetical Catalogue of Drugs*, 61. Reece was a household physician and surgeon whose ambitious and lucrative London practice combined herbal and chemical remedies. The enterprising Reece, who was for sixteen years (1816–1831) editor of *The Monthly Gazette of Practical Medicine*, set himself up as an expert in a wide range of modish maladies, treating asthma, costiveness, genital and rectal maladies, and ladies ailments; see for example his *The Lady’s Medical Guide*. [↑](#endnote-ref-50)
51. . Reece, *Medical Guide* (7th ed., 1811), 205; (9th ed., 1813), 256. [↑](#endnote-ref-51)
52. . Anon., Review of “On the Treatment,” 70. [↑](#endnote-ref-52)
53. . Ingram and Sim, “Introduction: Depression before Depression.” [↑](#endnote-ref-53)
54. . Monaghan, “Feigned Illness,” 252. [↑](#endnote-ref-54)
55. . Adair, “On Fashionable Diseases”; Cadogan, *Gout*; and Wadd, *Corpulence*. [↑](#endnote-ref-55)
56. . Thanks to one of our anonymous referees for raising this issue. [↑](#endnote-ref-56)
57. . E.g., Feldman and Eisendrath, eds., *Factitious Disorders*. [↑](#endnote-ref-57)
58. . See for example. Rogers, “Policing the Poor”; Beier, *Masterless Men*; Gordian, “Culture of Dis/simulation.” [↑](#endnote-ref-58)
59. . Monaghan, “Feigned Illness,” 80. [↑](#endnote-ref-59)
60. . However, see Eadie, *Headache Through the Centuries*; McTavish, *Pain and Profits*; both make scant reference to elements of fashion in the definition, treatment, and negotiation of headaches, the former offering a broader chronological and geographical survey, the latter focused (primarily) on modern, post-1800s America. [↑](#endnote-ref-60)
61. . Kempner, *Not Tonight*, esp. 21–22. [↑](#endnote-ref-61)
62. . For modern clinical stress on the reality of sex headaches, for example, see Lane and Gulevich, “Sexual Headaches.” [↑](#endnote-ref-62)
63. . Weatherhead, *Treatise on Headaches*. [↑](#endnote-ref-63)
64. . Andrew, *Cyclopedia*, 233–34. [↑](#endnote-ref-64)
65. . Hall, *New Royal Encyclopaedia*, 2:42; Monaghan, “Feigned Illness,” 290. [↑](#endnote-ref-65)
66. . Ehrenreich and English, *Complaints and Disorders*, 7. This is a much recycled quote, see e.g. Lupton, *Medicine as Culture*, 141. [↑](#endnote-ref-66)
67. . Finch, *Spleen*. [↑](#endnote-ref-67)
68. . Huish, *Life of Hunt*, 1:25. [↑](#endnote-ref-68)
69. . Habermas, *Public Sphere*; Foucault, *Birth*. For some recent insightful analysis of the medical gaze, see Wilson, “Porter versus Foucault.” [↑](#endnote-ref-69)
70. . See, however, Farrell, *Fat Shame*, which argues that it was in the late nineteenth century that the paradigm regarding fatness shifted, “that modernity and civilization were inextricably linked to thinness, and that the primitive and uncivilized bodies were linked to fatness” (80). [↑](#endnote-ref-70)
71. . For a useful recent scholarly study, see Dennison, “Thinspiration and Social Media.”

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