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Toxic Texts and Reading Remedies: Literary Medicine in Eighteenth-Century Print Cultures

Ashleigh Blackwood

The relationship between books and bodies was problematic throughout the long eighteenth century. Though slowly increasing, literacy and access to books were still limited, serving at least in part as indicators of social status, and the production of new genres and approaches to writing brought a range of new problems to society, including how readers received different types of texts. Critiques of the novel are well documented in literature of the eighteenth century, expressing fears over the impact of reading on the behavior of individuals. Apprehensions about women readers were especially prevalent, with beliefs abounding that their reading of novels and romances would give rise to an excess of free imagination and a detachment from reality. While much focus has been drawn to ideas of reading as a moral issue, significantly less attention has been paid to the ways that these ideas manifested themselves within medical culture and how reading was understood as a potential medical problem or therapy. This article aims to explore the place of reading in eighteenth-century medical advice, disentangling a wide range of medical and literary views pertaining to the impact of reading literature on individuals' health, both as a cause of illness and as a therapeutic activity. Although there is abundant evidence of therapeutic reading in particular being suggested by both eighteenth-century medical practitioners and literary authors, dialogues surrounding the positive influence of literature on health have been frequently neglected by contemporary scholars. I will first demonstrate the multiple ways in which reading was considered by eighteenth-century medical practitioners and the lay public to be a cause of ill health before exploring individual

practitioners' views on therapeutic reading and how it may have been employed as a means of curing, or at least managing, nervous disorder.

While today we are less familiar with the idea that books may in some way be bad for our health, we do often recognize the potential health benefits of reading. Bibliotherapy, “the use of reading matter for therapeutic purposes in the treatment of nervous disorders,” is a recognized form of medical practice and can be offered to patients as a means of assisting with issues of mental wellbeing such as anxiety and bereavement.¹ Therapeutic reading is also present in the burgeoning genre of commercially obtainable self-help guidance available for the purpose of managing personal health. In 2013 Ella Berthoud and Susan Elderkin published *The Novel Cure: An A–Z of Literary Remedies*, the first lines of which tell the reader, in the plainest of terms, that “this is a medical handbook—with a difference” before continuing in the printed marginalia of the first page to indicate that the form of bibliotherapy being employed throughout is “the prescribing of fiction for life’s ailments.”²

While one may well be inclined to interpret the handbook’s definition and choice of “ailments” loosely (few medical practitioners would refer to “being a single parent” as a medical complaint), Berthoud and Elderkin’s approach to the use of literature as a means of improving health and wellbeing is largely unchanged from earlier forms of bibliotherapy.³ The Oxford English Dictionary identifies the first recorded use of the term “bibliotherapy” in 1920, yet in “A Literary Clinic,” an *Atlantic Monthly* article published four years earlier, Samuel Crothers explains that “bibliotherapy is such a new science that it is no wonder that there are many erroneous opinions as to the actual effect which any particular book may have.”⁴ Whatever the precise date of the term’s first use, both of these references indicate that the language and associated practices were not integrated into medical discourse until the early twentieth century.

Contrary to Crothers's claim regarding the "newness" of reading as a therapy, or in fact Berthoud and Elderkin's claim to originality in having produced a set of prescriptions "with a difference," the concepts which underpin modern clinical bibliotherapy were actually live and in use in eighteenth-century medical discourses and treatments.

In order to examine the wider cultures that surrounded health, writing, and books in the eighteenth century, I will take a comparative approach to the apparent polarization between ideas of reading as therapy and anxieties about the pathological impact of reading. I will first consider the view of reading as a cause of nervous disorders and other illnesses. In this context, although /it is important to consider the interest paid to women readers of romances and novels, I will also reflect on the perceived dangers of excessive or intense academic studies which most often, although not exclusively, applied to male readers. These same categories of reading, study, and leisure also recur in discussions of the therapeutic qualities of reading. Evidence shows that eighteenth-century observers such as the Scottish physician George Cheyne, writer Samuel Johnson, and midwife Martha Mears advocated reading cures as part of managing or curing fear, anxiety, and nervous disorders such as melancholy.⁵ The purpose of this essay is not to suggest that ideas of therapy dominated public reading or that proto-bibliotherapeutic beliefs outweighed the view that books could act as a corrupting or harmful influence on the body. Rather, this research reveals a greater diversity of views and a more open medical dialogue on the benefits of reading during the eighteenth century than contemporary scholarship currently recognizes. Medical practitioners developed their own perspectives on the impact of reading on human health, independently considering both the quantity and quality of materials that might be helpful to individual patients. In a society that was still adapting to the increased availability and accessibility of cheap print to an increasingly literate population, the medical establishment both

warned against and celebrated the effects of reading on human health.

Solitary Scandals

Scholarship exploring attitudes of disapproval surrounding the reading of novels in this period is by no means new. During the last century literary scholars including John Tinnon Taylor, Gary Kelly, James Grantham Turner, and Patrick Brantlinger have investigated a range of aspects of reader-book relationships throughout the eighteenth and nineteenth centuries.⁶ Each acknowledges the widely accepted view that “between about 1750 and the 1830s many people objected to novel reading as an abuse of literacy likely to do more damage to readers and, indeed, to national culture.”⁷ Readers’ moral wellbeing was believed to be the target of this this damage. As Kelly explains, “the novel over-stimulated the imagination, set readers imitating fiction in their own lives, and usurped the place of useful and edifying reading . . . striking at the heart of hearth and home.”⁸

Domesticity played a conspicuous role in the moral critique, as homes were considered to be among the most private, and gendered, of spaces in which one could take up individual hobbies and leisure pursuits. In her examination of English erotic literary culture Karen Harvey indicates that novels “were designed for private, solitary and domestic reading,” referring to the intimacy created between reader and text, which served to further feminize and sexualize perceptions of reading practices related to fiction.⁹ Those who sought to criticize or degrade novels made frequent reference to the dangers of women’s unsupervised reading tastes and to consumption of fiction as sexual, building on the established idea that such texts encouraged

promiscuous desires and licentious actions. As Brantlinger suggests, “scandal hovered around the novel partly because it dealt with the private lives, including sexual behaviors and entanglements, of characters; partly because it seemed to many, novelists and critics alike, to represent the ultimate commercialization of literature; and partly because it was reading produced for pleasure or amusement rather than self-improvement.”¹⁰ Under these influences women readers were thought to waste time and exert effort consuming texts that offered little or no educational benefit, all while risking getting caught up in immoral storylines and imagining themselves as literary heroines.¹¹ These moral critiques expose an underlying fear of the pathological nature of women’s reading once their tastes for erotic stories had been stimulated. This requires further consideration. Though past scholarship has largely, and somewhat understandably, retained a habit of analyzing the reading choices and effects of these selections on women readers, male readers should not be excluded from these discussions. As Harvey demonstrates through Samuel Pepys’s references to his own chosen reading materials, men also hesitated over books that might be sexually inappropriate for themselves as well as their wives and other female relatives.¹² In the case of Pepys’s own experience it appears that, although he hesitated over a book’s content and dismissed it as unsuitable for his wife, the temptation of a titillating narrative proved too great and he bought a copy for himself on another visit to the bookseller. Recognizing that the book would not be one for his library, though, he planned to burn it after reading, treating the text in the same way one might have disposed of sheets or clothing of a sick patient, to be destroyed so as to prevent the possibility of further contagion. Whether Pepys’s primary motivation for throwing his purchase into the flames was to hide his having read the book at all, or whether it was to avoid the temptation of becoming engaged with its content again, is uncertain. What he does record, however, undoubtedly reveals a desire to

avoid making contact with the text again to prevent any repercussions for himself.

Pathologies of the Page

Arts and recreation were integral to eighteenth-century medical debates surrounding sensibility and changes in the body's functioning due to external stimuli. Much of eighteenth-century medicine responded to external influences on the body using ancient doctrines of hygiene and the non-naturals. In his *Essay on Health and Long Life* (1724), George Cheyne summed up the Galenic non-naturals that had been the basis of ideas of regimen for centuries: "1. The Air we breathe in. 2. Our Meat and Drink. 3. Our Sleep and Watching. 4. Our Exercise and Rest. 5. Our Evacuations and Obstructions. 6. The Passions of our Minds."¹³ Recreational activities like reading were considered part of this sixth category, "the Passions," by which the emotions were affected so as to cause physical symptoms and disease. In his own analysis of the non-naturals, Cheyne suggested that "the *Passions* have a greater Influence on *Health*, than most People are aware of," reflecting ongoing medical sensitivities to the state of emotional wellbeing.¹⁴

Anxieties over the susceptibility of both body and mind to individuals' choices of reading material as a form of external stimulation were closely associated with the early development of neurological sciences in the late seventeenth and eighteenth centuries. The anonymous author of *The Whole Duty of a Woman* (1737) explicitly links the body's "Passions" to the impact of environmental activities and influences. About reading specifically, the text explains: "there is another thing to which some devote a very considerable Part of their Time, and that is, the

reading of Romances, which seems now to be thought the peculiar and only becoming Study of young Ladies . . . but it is to be feared they often leave ill Impressions behind them. Those amorous Passions, which it is their Design to paint to the utmost Life, are apt to insinuate themselves into their unwary Readers, and by an unhappy Inversion a Copy shall produce an Original.”¹⁵ Here the author claims that the emotional experience of characters on the page is likely to be replicated in young female readers, causing women readers to be led by “amorous Passions” rather than true reason. As Suellen Diaconoff writes of the medical issues thought to affect women readers in French public cultures: “the reading of novels was a kind of quasipathological stimulus giving rise to episodes of panting, insomnia, nervousness, languor and tears.”¹⁶

Notions of sensation and the ways in which thoughts, feelings, and ideas might be imprinted onto the physical body had been under scrutiny since the late seventeenth century through the work of scientific practitioners such as Thomas Willis. These individuals sought to bridge a gap that had been identified as far back as ancient Greek medical scholarship: the connection between human anatomy and the soul. Willis introduced the belief that the anatomical site of the soul was the brain, and that this site was connected to the rest of the body by the nerves. His ideas were expanded upon first by John Locke in his early consideration of human psychology, and then by numerous eighteenth-century physicians including Bernard Mandeville, George Cheyne, William Cullen, Robert Whytt, and John Brown. Moving away from traditional humoral models of medicine, these medical practitioners struggled to form a consensus as to how the nerves operated. Some identified the nerves as hollow vessels with the purpose of transporting “aether” or “animal spirits” through the body. Others opted to support an alternative, co-existing belief that nerves were solid elastic fibers that responded to sensation by

vibration, creating the means by which electricity was transmitted throughout the body. Heather Beatty connects these discussions to questions of disorder and ill health, explaining that, “because melancholy, hysteria and hypochondria involved problems with both an overly passionate mind and a malfunctioning body, the nerves were the most likely source behind these troubles.”¹⁷ Regardless of individual practitioners’ beliefs, those labels listed by Beatty appeared in many medical manuals and treatises and were further joined by words including “nerves,” “vapors,” and “spleen” as common descriptors of nervous disorder. These conditions formed part of a professionalized medical culture in which the stimulation of the nerves was the primary explanation for ill health.¹⁸ As Roy Porter notes, what had once been explained through humoral medicine was now less convincing and “above all, the nerves now held the key.”¹⁹

Whytt’s view of experiences of nervous stimulation was that “in some the feelings, perceptions, and passions, are naturally dull, slow and difficult to be roused; in others, they are very quick and easily excited, on account of a greater delicacy and sensibility of brain and nerves.”²⁰ Ludmilla Jordanova emphasizes the importance of self-identity as a theme within eighteenth-century sensibility and describes how the term “sensible” was used for more holistic purposes than simply discussing the diagnosis and treatment of disease and ill health. “For many,” she explains, “the nervous system indicated most precisely the total state of an individual.”²¹ This “total state” accounted for a person’s identity, including their class (higher social orders developing the most refined nerves) and gender; women were commonly thought to have finer sensibilities and were more easily imbalanced by their interactions with people, places, and objects. Although it was believed possible to be “born with weak Nerves,” recreational activities that required mental engagement such as painting, drawing, and music, most likely to be undertaken by the elite social orders, were thought to provoke the passions,

thereby having a direct influence on the nerves.²² Perceptions of reading were by no means excluded from these changing cultures. Ideas surrounding books, fiction texts in particular, experienced the impact of sensibility in its increasingly medicalized forms. Similar to the conclusions drawn by James Kennaway about music as a cause of ill health interpretations of individuals' access to books ranged from being considered "a source of potentially excessive passions to [being regarded] as a possibly dangerous stimulant."²³

Jacqueline Pearson and Ana Vogrinčić have both addressed the status of eighteenth-century reading specifically as a social and cultural practice in relation to women readers, writers, and fictional heroines.²⁴ Although neither author takes health or emotional wellbeing as the central subject of their analysis of reading and print cultures, such themes are difficult to ignore when asking questions about how reading practices were portrayed in public. In demonstrating the moral panic that surrounded the early growth of prose fiction within the book trade Vogrinčić summarizes, "broadly, one could divide the reproaches into those ascribing to novels... dangerous psychological affects, triggering imitation and inoculating wrong ideas of love and life; and into those referring to the mere habit of novel-reading as a physically harmful waste of time, damaging not only the mind and the morale of readers, but also their eyesight and posture."²⁵ Her distinction between the physiological and psychological effects of reading is accurate in terms of the two different types of harmful impact thought to have been caused by reading. Yet, while harm to both the body and mind were considered to be among the potential effects, any perceived division between the two was not clearly articulated in language typically employed by eighteenth-century authors discussing the detrimental impact of books.

For some, "wrong ideas of love and life" led to moral failings suggestive of sexual impurity and promiscuity. Charles Povey's *The Virgin in Eden: or, the State of Innocency*

(1740), for example, used both of these types of description in his explicit criticisms of Samuel Richardson's *Pamela*. Richardson's novel had piqued Povey's anger by contravening his own religious views insofar as he believed the book to encourage immoral thoughts in readers. His critique admonishes: "Had I a Train of Sons and Daughters, and as numerous a Company of Servants as King *Solomon*, not one of them, by my Consent, should read such Romances of unchaste Love. What tho' some of *Pamela*'s Letters give Hints that may be imitated, does not the Poison contain'd in others destroy all, and give Birth to loose and wandering Imaginations?"²⁶ Povey's mistrust of such texts stems from a specific desire to protect readers from spiritual rather than bodily compromise, which is unsurprising given that his literary critique was embedded in a religious text. His criticism undoubtedly places moral education at the center of his concern for readers, but his words reveal broader cultural anxieties about the impact of such material on human health. Povey is either unable or unwilling to separate concern for moral wellbeing from concern about damage to the physical body. The phrases he employs to describe the harm caused by such texts, relating to the "poison contain'd" among the pages and "giv[ing] Birth" to immoral thoughts, are inescapably corporeal by nature, conjuring up images of the body in pain.

While such language is designed to illustrate Povey's critique of *Pamela* in metaphorical terms, the effects of romances on physical health can also be construed as literal. His description implies that the pages act as the conduit of a toxic substance, transferring poisonous content—the narrative—from book to body, causing disturbance to the nerves and other parts of the body including the stomach and digestion. Moreover, his words indicate that the problem becomes pathological once the mind has been touched by "Romances of unchaste Love."²⁷ An article featured in the *Whitehall Evening Post* in July 1795 entitled "The Evil Effects of Reading Novels and Romances" was still more explicit in connecting the apparent ills of reading prose fiction on

the body and mind. The piece opens: “The mind is as liable to infection as the body, and the disease is often more incurable than that which attends the latter. As a man therefore would avoid a contagious disorder, so he should be aware of lodging any ideas or sentiments in his mind which are likely to become pernicious in the remotest degree.”²⁸ The author, identified only as “G. H.,” having asserted the vulnerability of the mind to be corrupted by the ideas of others, maintains the corporeal nature of their complaint throughout. Like Povey, G. H. depicts fiction as a toxin, asking, “who would have the rashness to taste of anything he *suspected* to be poisoned?”²⁹ The same linguistic tropes used to connect novel reading and the physical contamination of the body with harmful, indeed fatal, substances were widespread and even appeared in medical works. Scottish naval physician Thomas Trotter described “the passion of novel reading” and scenes of drama to be “one of the great causes of nervous affection, even to mental derangement,” further warning that it was “such poison as has no antidote on the shelves of the apothecary.”³⁰

While the vast majority of research into the perceived dangers of reading fiction in the eighteenth century has focused on women readers, the views of both Charles Povey and G. H. are gender neutral and may have applied just as easily to men as women. G. J. Barker-Benfield suggests that “men cultivated sensibility, too, but unlike women doing so was not to be at the expense of the cultivation of their other qualities.”³¹ By drawing issues of social status, wealth, and gender into the question of refinement as reflected in an individual’s body and behaviors, there were inevitably desirable characteristics associated with both a sensible persona and physiology. Wayne Wild considers how these medical beliefs translated in broader social cultures: “the nexus of nerves, mind and stomach, was considered especially prone to illness in the man of sensibility who could, however, claim the burden of his valetudinarian condition as a

mark of distinction.”³² This sense of “distinction” played out in elite medical culture and sociability as fashionable melancholy.

Literary, medical, and cultural historians have explored the concept of fashionable melancholy and its symptoms, experiences, and meanings in a variety of socio-cultural contexts.³³ Wild’s reference to the stomach further reflects eighteenth-century beliefs that nervous disorders encompassed a range of complaints relating to the stomach and digestion that were further linked to individuals’ temperament and behavior. These ailments could be considered indicators of a delicate, finer constitution—at least among the elite ranks of society. Ian Miller’s *A Modern History of the Stomach* draws on medical beliefs that emanated from eighteenth-century medical research conducted by both Cullen and Whytt to consider the intricacies of the nerves and sympathetic energy that caused disease and disorder in the stomach.³⁴ The stomach, he suggests, “became a prioritized site within the human nervous structure,” owing to the fact that it was one of the organs thought to contain a particularly high concentration of nerves which could be easily affected by poor management of the non-naturals, including the passions.³⁵ In *The English Malady* (1733) Cheyne argued that the connection between the two was that serious nervous symptoms were caused by other digestive or associated ailments, claiming: “I never saw any Person labour under severe obstinate, and strong Nervous complaints, but I always found at last, the Stomach, Guts, Liver, Spleen, Mesentary or some of the great and necessary Organs or Glands of the Lower Belly were obstructed, knotted, schirrous, or spoil’d, and perhaps all these together; and it may be very justly affirmed, that no habitual and grievous, or great nervous Disorders, ever happen’d to anyone who laboured not under some real glandular Distemper.”³⁶

James Kennaway and Jonathan Andrews’s “The Grand Organ of Sympathy” further

highlights the strength of perceived links between the effects of reading on health, specifically in relation to the workings of the mind, stomach, and digestion. Among a number of examples offered by Kennaway and Andrews is that of Lady Frances Crewe, society hostess and the wife of Lord John Crewe, who suffered from irregularities of both the nerves and appetite.³⁷ One of her guests, politician George Canning, on relaying these details of her health in verse, explained “how much the mind affects the belly,” by drawing together ideas of a more balanced lifestyle and cure for “agitated nerves,” suggesting that over-attention to “books and study” will “starve the body.”³⁸ His recommended remedy is “a *couplet* here, and there a *custard*,” in essence, an approach of careful measure and moderation.³⁹

This medical focus on the stomach did not go unnoticed in the broader public debate over the potential health risks of reading fiction. Tutor William Jones advised young students in Letter V of his *Letters from a Tutor to His Pupils* (1780) that, “the reading of novels is to the mind what dram-drinking is to the body; the palate is vitiated, the stomach is squeamish, the juices are corrupted, the digestion is spoiled and life can be kept up only by that which is supernatural and violent.”⁴⁰ Jones’s language makes no secret of his distaste for romances and fiction. His argument follows a moral line, considering the effects of reading fiction on the thoughts and behaviors of readers, while also explicitly linking the act of reading with the human body in its liability to sickness and disease. The strength of Jones’s words indicates a firm belief that an overexposure to fiction could cause pathological disturbances of an individual’s mental wellbeing and emotional stability. Whilst it is not possible to ascertain just where metaphoric expression ended and literal meaning began in Jones’s mind, he appears, like Povey, to make a conscious decision to level the playing field between the excessive consumption of books and the excessive consumption of physically ingested substances like alcohol. Jones’s reference to the

palate being “vitiating,” deliberately juxtaposing the effects of reading with “corruption” and “spoil[ing],” points towards a sense of dependency and readers who are unable to control their own appetite for destructive, yet appealing, diversion. Jones steers his readers towards better examples of literature that he considers to be beneficial for self-improvement by recommending histories rather than fiction. Books, he suggests, should “instruct while they entertain, and exhibit good and evil in their true colours, to much better effect than the thin-spun, long-winded letters of Richardson, the incoherent ramblings of Sterne, or the low scenes of Smollett, &c. which leave behind them but little worth retaining.”⁴¹ His criticisms of these authors further parallel Povey’s reproaches of *Pamela* by emphasizing the morally corrupting nature of “low” content and the tendency of these texts to contain “evil in their true colours.”

Though novels and romances were popular targets for criticism owing to their allegedly poor moral example and impact on the body and mind, they were not the only categories of literature to be scrutinized for their potential effects on readers’ health. The impact of more studious reading was the subject of Swiss physician Samuel Auguste Tissot’s *An Essay on Diseases Incidental to Literary and Sedentary Persons* (1768), which draws on some of the same physiological principles of other medical authors of the period. For example, like Cheyne and other physicians, Tissot believed strongly that the mind and the stomach were connected through the nerves: “The head itself, and the nerves, and the stomach which is fuller of nerves than any other part, first suffer for the errors of the mind.”⁴² These errors, he suggests, are not the leisurely pursuit of reading novels and romances but rather an individual’s excessive application to academic reading. “There are two principal sources,” Tissot claims, “from whence all the sufferings of the studious flow; the constant exercise and application of the mind, and the continual rest of the body; for they are as indolent in body, as they are busy and active in mind.

By enumerating the ills, that arise from both causes, a dreadful crop of diseases will be display'd."⁴³

In her exploration of the links between eighteenth-century medical thought and broader developments in Enlightenment culture and philosophy, Anne Vila indicates that Tissot's "reduction of the scholarly body to little more than a stomach and a brain is particularly absolute."⁴⁴ In short, the dedicated scholar deprived him or herself of the means to cope with the demands of the rest of the body beyond the brain, leading to nervous disorders and other physical ailments. Tissot lists a substantial number of effects his own patients and those treated by other physicians. Alongside those referred to by Kennaway in this volume, including digestive problems and debility, Tissot suggested further effects to be vomiting, fainting, arm swelling, palpitations, colic, and hair loss.⁴⁵ Among these, both Vila and Kennaway suggests that Tissot's descriptions specifically "impl[y] the functional elimination of a third center of [nervous] activity: namely, the genitals."⁴⁶ His chief concern in terms of reproductive matters for scholarly patients, men in particular, lay in their ability to procreate and produce "strong and illustrious sons."⁴⁷ The reason for this, he elucidates, is that as well as depleting the body's "nervous liquor," reading deprives the "seminal fluid . . . of its force."⁴⁸ Where criticism of novels and prose fiction frequently identified sexual morality and the encouragement of promiscuity as primary concerns of the influence of reading on individuals' psychological health, Tissot proposes that reading for the pursuit of knowledge had the potential to incur an almost opposite effect.

The commentaries on reading practices by eighteenth-century authors presented here have shared the view that reading, whether for leisure or education, was in some way a cause of ill health or disease. It would seem an unlikely contrast then that books were recommended for leisure at all, much less for any health benefit. Yet many eighteenth-century authors and readers, Samuel Johnson among them, developed their own views on how reading affected their health and wellbeing as well as how it affected the health of others. James Boswell records Johnson's strong beliefs in the therapeutic qualities of books as a treatment for melancholy:

Some men, and very thinking men too, have not those vexing thoughts. Sir Joshua Reynolds is the same all the year round. Beauclerk, except when ill and in pain, is the same. But I believe most men have them in the degree in which they are capable of having them. If I were in the country, and distressed by that malady, I would force myself to take a book; and every time I did it I should find it easier. Melancholy, indeed, should be diverted by every means but drinking.⁴⁹

Boswell's account of Johnson's beliefs is corroborated by the fact that Johnson maintained this view in other conversations with friends. In a letter to Hester Maria Thrale, he advised:

Never lose the habit of reading, nor ever suffer yourself to acquiesce in total vacuity. Encourage in yourself an implacable impatience of doing nothing. . . . If you cannot at any particular time reconcile yourself to any thing important, be busy upon trifles. Of trifles the mind grows tired, and turns for its own satisfaction to something better, but if

it learns to sooth [sic] itself with the opiate of musing idleness, if it can once be content with inactivity, all the time to come is in danger of being lost. And, I believe, that life has been so dozed away by many whom Nature had originally qualified not only to be esteemed but admired. If ever therefore you catch yourself contentedly and placidly doing nothing, *sors de l'enchantement*, break away from the snare, find your book or your needle, or snatch the broom from the Maid.⁵⁰

In both Boswell's account and Johnson's own words we see the considerable attraction books held for a man who had his own experience of nervous disorder. The perspective captured in Boswell's retelling of Johnson's conversation sounds, at least at first, to be hypothetical. His setting up a particular scenario, "if I were in the country and distressed by that malady," initially reveals little, if anything, to suggest that Johnson himself had experienced such a circumstance as this. What follows, however, is offered in a more experienced and authoritative voice. In a movement from "would" to "should" when describing the alleviation of symptoms of melancholy by reading, Johnson's view indicates a method that had likely been tried and tested on himself. This personal connection appears to be echoed in his advice to Thrale. The urgency with which he advises Thrale to "break away" from idleness, imploring her first to "find your book," demonstrates his strong feeling about the impact of such occupations on the state of the mind. While this view may stand in contrast to those discussed previously, Johnson's own perspective was not without heritage.

One of the most significant early contributions to medicalized thinking on the subject of reading as a therapeutic activity was Robert Burton's *The Anatomy of Melancholy*. Burton's text was first published in 1621, but as Mary Ann Lund observes, it was in the second edition which

followed in 1624 that Burton altered the final subsection of the text in order to address in full the question of curing melancholy, or “despair,” through reading.⁵¹ Lund stresses the difference between editions: Burton “expanded [the first] to approximately twenty times its original length and removed altogether the satirical ‘Conclusion of the Author to the Reader’ that ended the first edition, thereby giving the ‘Cure of Despaire’ the final word.”⁵²

While Burton viewed the problem of melancholy from a unified perspective that encompassed both religious and medical (humoral) elements, the broader culture was becoming increasingly skeptical of religious cures and divine intervention. In his examination of understandings and responses to melancholy in early modern England, Jeremy Schmidt identifies a secularization of the ways in which melancholy was interpreted and handled.⁵³ Alongside changes in focus from divine to anatomical causes of melancholy, medical research and debate influenced by the work of individuals such as Willis directed increasing amounts of attention to the nerves as an explanation for the human body’s ailments and infirmities. As religious interventions in corporeal and psychological matters were being rejected as a legitimate source of relief or cure, the responsibility of the medical world to consider and cure nervous disorders was ever more apparent.

Within this context, the diversity of therapies suggested for nervous disorders became broader in range and more experimental in nature. A number of eighteenth-century medical practitioners, including Cheyne and James Makittrick Adair, author of *Essays on Fashionable Diseases* (1790), followed Burton’s lead in making reading cures a part of this discussion. Similar to Tissot, Cheyne was firmly of the belief that “*study* of difficult and intricate Matters will infallibly do Hurt.”⁵⁴ He ventured further still beyond the potential ills of scholarship. “Reading,” he suggested, “must be light, entertaining, and diverting, as well as Food.

Conversation must be easy and agreeable, without Disputes or Contradiction. The Diversion innocent and inexpensive, else the Remorse and Reflexion afterwards will do infinitely more Prejudice than the present Amusement can recompense; and it must end at Seasonable Hours.”⁵⁵

Cheyne does not specify at any point the precise genre or format that reading must take, whether essays, poetry, or even novels, and he also avoids entering the debate about the potential moral dangers of reading. Instead, he places the control of choice firmly in the hands of the individual. His requirement that the reading should be “amusing” provides a kind of subjective judgment and independence on the part of the patient in determining what sort of reading would be classed as “innocent” yet “amusing.” His approach allows patients to both self-prescribe and medicate according to their own needs, within reason. Cheyne’s restriction, that patient-readers take up their books at an appropriate time of day, is meant to prevent further strain and illness due to fatigue. His advice offers up reading as a potentially useful and practical therapy, though his apprehensions about the possibility of his guidance being improperly applied hint at the unresolved tensions between the perceived benefits and risks of reading.

In 1797, female midwife Martha Mears, perhaps having read Cheyne’s works, also advocated the therapeutic qualities of reading as a leisure activity. Her manual on birthing, *The Pupil of Nature*, discusses the need for good mental health in her own patients, particularly prior to giving birth. “Fear,” she suggests, “chills all the vital parts, weakens the stomach, obstructs the circulation, prevents the perspirable matter from escaping through the pores and clogs the fine machinery of the whole frame. Languor, debility and disease are the consequences.”⁵⁶ As a means of avoiding these risks, she invokes the significance of one particular emotion in her patients: “hope,” she writes, is “so justly, so emphatically called the balm and life-blood of the soul” that patients must maintain a positive demeanor to preserve both their mental and

physiological health.⁵⁷ Like Cheyne, Mears recommends a range of pleasant diversions and distractions so as to inhibit the development of nervous conditions, but her recommendations are addressed to the specific anxieties of pregnant women (including fears about the gestational period or in anticipation of delivery). “To acquire a habit of serenity, cheerfulness and good humour,” she advises, “moments of leisure” are necessary, with literature being an ideal activity.⁵⁸ About the results of allowing patients to enjoy literature, she further remarks, “books open them to a thousand sources of rational delight.”⁵⁹ Mears’s decisive and assertive explanations of her methods as an experienced practitioner of midwifery indicate an explicit belief and possibly some experience in the use of literature for therapeutic purposes, in this case for maternity care. Her lack of prescriptive information about the nature of reading that should be undertaken, which appears to mirror Cheyne’s perspective, can also be understood in the context of the midwifery manual in which it is included as an empowering statement regarding women’s ability to choose reading for themselves. Her statement implies that women have the intellectual acuity to read romance plots without being misled, as well as the intellectual capacity to read challenging scholarship without overtaxing their minds.

Adair did not share the view that light amusement might provide a cure for nervous disorder. Unlike Cheyne and Mears, Adair was concerned that light reading material might subvert an individual’s rational thinking. Though he valued the benefits of reading for patients’ health, his method for utilizing books as treatment was somewhat different. Instead of free choice and encouraging leisure, he advised giving patients’ “Reading an air of study and serious employment, and, by creating *a habit of thinking*, may happily relieve them from that vacancy of mind and dreadful *Ennui*, from which dress, balls, routs, scandal, and novel reading, may not always relieve beings who have just pretensions to rationality.”⁶⁰ His viewpoint takes forward

those concerns that novels and fiction caused distorted thought processes and impeded productive or useful activity, beliefs not dissimilar from those expressed by the author of *The Whole Duty of a Woman*. Adair advocated giving individuals a sense of useful occupation and productivity to relieve their symptoms of nervous disorder and “vacancy of mind.”

Diversions and Distractions

These mixed views from eighteenth-century medical practitioners make clear that practitioners did not subscribe to a single consistent perspective to ensure that patients of nervous disorder benefited from reading as a therapeutic activity. Any advice or guidance given to an individual patient was likely to have depended on the opinion of the practitioner whose advice was sought, either in person or in print. Whether promoting serious studies such as Adair recommended, or light distraction in the way Cheyne and Mears saw fit to prescribe, each practitioner-author recognized the potential benefits of diverting and distracting the attentions of sufferers of nervous disorders. Yet, while each of these authors offered their readers clear advice of this kind, none would go so far as to provide an actual reading list. Furthermore, while Adair’s advice appears in direct contrast to Tissot, Cheyne, and Mears in terms of the effects of scholarly reading, it is difficult to quantify exactly the amount of energy or intellectual effort individuals should exert in their own reading practices based on the views of any of these practitioners. This means that taking a polarized view of these practitioners’ views, one which assumes their guidance to be in direct conflict with one another, may well be an inaccurate representation of how these understandings of reading as therapy played out in reality.

Rather than being directly opposed to one another, it is perhaps more likely that these views were part of a broader spectrum whereby each practitioner would have developed his own measure, sometimes varying between individual patients, of how much reading, scholarly or leisurely, was too much. Each commentator calibrates the advice to create a sense of responsible moderation in their patients. Though the details of the guidance vary, the overall aim remains constant: to provide only sufficient stimulation to the nerves to create an effective remedy without causing further emotional aggravation or illness. Specifics are also not given in terms of the longevity of reading as a remedy in all cases, yet Adair's suggestion of creating a habit would appear to be a matter of lifestyle for long-term health preservation as much as short-term relief. Mears's suggestions, on the other hand, apply specifically to the period of pregnancy, even though the implicit logic of using books to control fear and anxiety may well have been something that she would have been happy to recommend in other circumstances of nervous or emotional disturbance. Medical practitioners such as Thomas Trotter would continue to consider issues of reading and health into the nineteenth century, if in a less prominent way than other medical controversies, but part of its real prevalence lay in what authors and the reading public actually did with books. Many eighteenth-century authors and readers were likely to have developed their own views with regards to the effect of reading on their own health and wellbeing as well as that of others.

The variety of eighteenth-century interpretations of reading examined here, from both medical and lay observers, reveals the multitude of ways in which books were construed and discussed throughout the upper and middle ranks of society. Both moral and medical critiques of reading drew closely upon the emotional entanglement of the reader with books, whether as a source of heightening emotions or passions, or through the exhaustion of the mind through

excessive studying. Moral criticisms of fiction acknowledge the potential damage novels and romances wrought on readers' minds, often though not exclusively aimed at female readers. The influence of these materials on the inner workings of the body were then identified by medical practitioners, and more widely by other authors, as medical concerns which needed to be cured or at least controlled. The fact that readers were increasingly able to access books for themselves and make use of them in secluded or domestic space served only to further complicate this matter. In the context of this private, somewhat unknown and unconstrained space, concerns regarding readers' abilities to select texts with caution and responsibility were raised. Fears proliferated around the potential for an individual to overconsume particular types of literature and around the impact this could have on human health and wellbeing.

In many cases, as we have seen, the language employed to describe these perceived excesses made frequent references to physical harm to the body, as well as drawing close comparisons between the impacts of external toxins and reading materials. As Tissot's work further indicates, studious reading was also not without its dangers, and the potential repercussions, specifically in terms of physical symptoms, were thought to be numerous. The ever growing popularity of books, both for leisure and scholarship, however, outstripped these concerns in the sense that the publishing and bookselling markets continued to grow and expand along with literacy rates, raising rather than decreasing interest in reading of all types. Alongside this public approval, eighteenth-century medical professionals questioned whether there might not be benefits to the experience of reading for patients, particularly those with nervous disorders and anxiety.

Although these practitioners did not reach a general consensus on what types of texts should be prescribed, they agreed that there was some potential value in reading as a treatment to

benefit patients' mental and physical wellbeing. This article has only been able to uncover a small selection of the sources that indicate what books might have meant to an eighteenth-century patient of nervous disorders, yet even these sources expose a gap in current scholarship about reading treatments. Though recent work undertaken on the comic novel and jest-books as a possible cure for melancholy is a welcome exception, there is still too little exploration of how literary forms, styles, and genres interacted with medical beliefs and treatments of the period, as they continue to do today.

NOTES

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1. *Oxford English Dictionary*, s.v. "bibliotherapy."
2. Berthoud and Elderkin, *Novel Cure*, 1.
3. *Ibid.*, 380–2.
4. Crothers, "Literary Clinic," 295.
5. Cheyne, *English Malady*, 182; *Boswell's Life of Johnson*, III: 5; Mears, *Pupil of Nature*, 33.
6. Taylor, *Early Opposition*; Kelly, "'This Pestiferous Reading,'" 183–194; Turner, "Erotics of the Novel," 214–34; Brantlinger, *Reading Lesson*.
7. Brantlinger, *Reading Lesson*, 1.
8. Kelly, "This Pestiferous Reading," 186.
9. Harvey, *Reading Sex*, 45.
10. Brantlinger, *Reading Lesson*, 4.
11. For further reading on eighteenth-century general concerns regarding the reading of fiction, particularly by women, see: Tague, *Women of Quality*, 64–7; Stewart, "Hurtful Insignificance," 165–94; Jordan, *Anxieties of Idleness*, 97–8.
12. Harvey, *Reading Sex*, 45.
13. Cheyne, *Essay on Health and Long*, 3.
14. *Ibid.*, 144.
15. *The Whole Duty of a Woman*, 74.
16. Diaconoff, *Through the Reading Glass*, 11.

17. For details of the contributions of Boerhaave and Willis to medical beliefs on nervous disorders see: Beatty, *Nervous Disease*, 12–13.

18. Kennaway, *Bad Vibrations*, 31.

19. Porter, *Mind-Forg'd Manacles*, 52.

20. Whytt, *Observations*, 114.

21. Jordanova, *Sexual Visions*, 27.

22. Cheyne, *English Malady*, 20.

23. Kennaway, *Bad Vibrations*, 33.

24. Pearson, *Women's Reading in Britain 1750–1835*; Vogrinçic, “Novel-Reading Panic,” 103–124.

25. Vogrinçic, “Novel-Reading Panic,” 109. This latter concern expressed by Vogrinçic, about the physical effects of reading, is evidenced by physicians' advice to patients suffering from physiological symptoms. Confirmation of this can be seen in the correspondence of famed physician William Cullen who conducted a substantial amount of his medical consultation work with both patients and their local practitioners through written correspondence. In the case of Cullen's advising on a patient, Captain Hook, for an infection of the eyes, he offers a number of helpful measures including bathing the eyes, making adjustments to diet and alcohol consumption, the use of ‘Cooling Laxative Salts’ once each week as well as explaining that “he should carefully avoid every cause of Irritation particularly the sitting near a fire - reading or writing much - stooping or hanging his head - warm Chambers &c.” Any reading or stooping, Cullen implies, will cause unnecessary strain on his eyes and the rest of his body, thus preventing the patient from recovering from the infection. Letter from Dr William Cullen to Unknown Addressee, 16 February 1780.

26. Povey, *Virgin in Eden*, 69.

27. Ibid.

28. G.H., “Evil Effects of Reading Novels.”

29. Ibid.

30. Trotter, *View of the Nervous Temperament*, 93.

31. Barker-Benfield, *The Culture of Sensibility*, xviii.

32. Wild, *Medicine-by-Post*, 138.

33. For further reading see: Lawlor, “Fashionable Melancholy,” 24–53.

34. Miller, *Modern History of the Stomach*, 12–13.

35. Ibid., 14

36. Cheyne, *English Malady*, 183–4. The word mesentery, derived from the Latin “mesenterium,” denotes “the serous membrane that lines the walls of the abdominal cavity and the undersurface of the diaphragm, and covers most of the abdominal viscera.” *Oxford English Dictionary*, s.v. “mesentery.”

37. Andrews and Kennaway, “‘The Grand Organ of Sympathy’: ‘Fashionable’ Stomach Complaints and the Mind in Georgian Britain.” My thanks to Jonathan Andrews and James Kennaway for sharing and discussing their research with me.

38. Hinchcliffe, *Barthomley*, 316.

39. Ibid.

40. Jones, *Letters from a Tutor*, 27.

41. Povey, *Virgin in Eden*, 69.

42. Tissot, *Diseases Incidental to Literary and Sedentary Persons*, 16–17.

43. Ibid., 16–7.
 44. Vila, “Enlightened Minds and Scholarly Bodies,” 211.
 45. Tissot, *Diseases Incidental to Literary and Sedentary Persons*, 25–6, 28, 33, 35.
 46. Vila, “Enlightened Minds and Scholarly Bodies,” 211.
 47. Tissot, *Diseases Incidental to Literary and Sedentary Persons*, 76.
 48. Ibid., 75.
 49. *Boswell’s Life of Johnson*, III: 5.
 50. *The Letters of Samuel Johnson*, IV: 180.
 51. Lund, *Melancholy, Medicine and Religion*, 51.
 52. Ibid., 51–2.
 53. Schmidt, *Melancholy and the Care of the Soul*, 130.
 54. Cheyne, *English Malady*, 182.
 55. Ibid.
 56. Mears, *Pupil of Nature*, 27–8.
 57. Ibid., 28.
- For a discussion of Mears’s views pertaining to fear and anxiety in childbirth see Blackwood, “I wish the child, I call my own,” 155–172.
58. Mears, *Pupil of Nature*, 33.
 59. Ibid.
 60. Adair, *A Philosophical and Medical Sketch*, xviii.

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