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reads

Coleridge and the Doctors 1795-1806

by Neil Vickers

(Oxford: Clarendon Press, 2004), pp. 186.

and

*City of Health, Fields of Disease: Revolutions in the Poetry,
Medicine, and Philosophy of Romanticism*

By Martin Wallen

(Aldershot and Burlington VT, 2004), pp. 202.

THAT COLERIDGE was frequently ill, all readers of this *Bulletin* know. So tediously repetitive do his complaints become in his later years, however, that it is easy to forget how much pain he was in and how desperate he was, in the moment, to find relief. In his excellent *Coleridge and the Doctors* Neil Vickers includes STC's letter to Southey of November 1796: 'From the right temple to the tip of my right *shoulder* including eye, cheek, Jaws, teeth, & throat I am suffering more than Jupiter parturient of Pallas... I was nearly frantic and ran about the house naked endeavouring by every means to excite sensations in different parts of my body, & so to weaken the enemy by creating a division' (CL I 248-9). This must have been a scene both alarming and absurd: streaking demented through one's dining-room, Coleridge was the kind of house-guest not easily forgotten. It is, however, entirely characteristic of Vickers's inquisitive yet sympathetic approach that, rather than focus on horror and humour, he enquires into the medical basis of Coleridge's nude hokey cokey. This is what Vickers discovers:

The stratagem of exciting 'sensations in different parts of [his] body, & so to weaken the enemy by creating a division' was most probably indebted to Coleridge's reading of Erasmus Darwin's *Zoonomia*. Darwin held that whenever we frame a new idea, the motions of sense by which it was acquired remain in our bodies thereafter. These motions of sense circulate around the body as 'internal stimuli'. Over a lifetime, we accumulate a prodigious number of them. As physiological copies of real experiences, the internal stimuli are endowed with sensorial power not unlike an electrical charge which they can impart to other parts of the body they come into contact with. If large quantities of internal stimuli move to a part of the body that is inflamed or tender they will magnify the pain. Darwin held that these additional stimuli could be shaken away to other parts of the body where they would not be able to cause the same intensity of pain. That seems to be what Coleridge was doing in response to his neuralgia. When he talks of 'creating a division' he probably means a division in the battalions of internal stimuli massing around his face and neck. (p. 69)

Vickers has gone more deeply into the medical theories of the late eighteenth century than any other Coleridge scholar. He has devoted painstaking care to reconstructing the convoluted path that Coleridge followed through different doctors' ideas as he tried to understand what was happening in his own body, explain its relationship to his mind, and cure himself of diseases whose nature nobody was sure about. It is salutary to be reminded how little use most of the theories and treatments were. It was not even decided what effect opium had: depending on whether one adhered to the system of John Brown or not, it was either a stimulant, restoring the body's depleted excitability, or a narcotic. At first, Coleridge took the Brunonian view, using opium because he believed it helped him to press his 'irritable' stomach muscles into action. In 1803, however, he concluded that his bellyaches proceeded from mental distress and took more opium to soothe the distress and its symptoms—nightmares and stomach cramps. In 1808, after failing to gain a cure, he began to see opium as a narcotic, adopting a different understanding of his illnesses. Now he became ashamed of a laudanum habit that was giving him the reputation of a drunkard, and that had not healed the illnesses he saw as scrofula and gout. Regrettably, Vickers' all-too-brief book stops at this point, so we do not discover what Coleridge came to think during the Highgate years when the Gillmans successfully regulated his habit and stabilized his ailments.

Vickers does not illuminate Coleridge's later years; he does, nevertheless, explain much of importance about his West Country and Keswick periods—showing by a series of ingenious interpretations of Notebook entries that Coleridge's analysis of his ailments was responsible for much in his developing philosophical and aesthetic theories. The two principal influences were Erasmus Darwin and Thomas Beddoes, men whom Coleridge knew personally and whose often opposed ideas he simultaneously adopted to explain his various symptoms. Vickers' discussion of their influence is most welcome since, despite studies by Trevor H. Levere and Roy Porter,¹ Beddoes' exact role in mediating medical theory to Coleridge has never been explained. Vickers provides a complex narrative of a complex influence which led Coleridge to eventual disillusionment. He shows that Beddoes gave to Coleridge a modified adherence to the thought of Brown, tracing diseases to excesses or deficiencies in stimulation of one's natural quantity of excitability. At the same time, apparently contradicting his own implicit materialism, Beddoes suggested that 'physiological events can be traced back to laws exactly coincident with those of the thinking mind'. This 'mentalist' approach contrasted strongly with Brown's and with Darwin's materialist account of mind as an evolved organ of irritability, the same in kind, if not degree, as that possessed by plants. But then, as Vickers shows, Beddoes had himself come under the influence of the more idealist version of Brown's medicine produced by Kantians in Göttingen, where Coleridge himself studied in 1799. This

¹ Trevor H. Levere, *Poetry Realized in Nature: Samuel Taylor Coleridge and Early Nineteenth-Century Science* (Cambridge, 1981); Roy Porter, *Doctor of Society: Thomas Beddoes and the Sick Trade in Late-Enlightenment England* (London, 1992).

version was appealing to Coleridge because it avoided materialism.

Two factors make this complex pattern of medical theorizing still harder to pin down. First, Coleridge nowhere worked his ideas into a coherent theory, but instead tried them out in private speculation, where he did not need to explain their wider implications or reveal his sources. Second, the diseases which he used these ideas to explain are themselves obscure to modern medics: exactly what was meant by scrofula and gout is itself a matter of historical reconstruction. Given these difficulties, Vickers's book contributes to Coleridge studies most powerfully as a piece of delicate specialist archaeology, bringing involved, obscure and long-superseded discourses to light and reconstructing their sequence. In the last two chapters Vickers builds onto the evidence he has gathered an interpretation of the 'abstruse research' by which Coleridge tried 'to steal/ From my own nature all the natural man'. Coleridge attempted to repeat Tom Wedgwood's experiments on our sense of our place in the world (and consequently on our mental and physical well-being). He did this in order to console Wedgwood, whose mental health had broken down under the strain of constant analysis of his own senses' interaction with the world, but concluded that he was damaging his own nervous system in the process. The experiments themselves, however, seemed both exhilarating and important, for they allowed Coleridge to think he had resolved problems in Bishop Berkeley's philosophy, Darwin's medicine and Kantian Brunonianism. Vickers concludes that, these theories and experiments, modifying what Coleridge borrowed from Darwin's treatise *Zoonomia*, allowed him to develop theories about sight, touch and truth that were the foundation of his later theory of tact, fancy and imagination. It is a pity, however, that the endpoint of the book at circa 1808 does not allow room for an account of Coleridge's later modification of Darwinian ideas by the new German theories about animal magnetism (Mesmerism)—in which touch, volition and will were important.

Vickers reads 'Dejection/Letter to Sara' and 'The Pains of Sleep' as poems that make sense as quite detailed commentaries on Coleridge's medical interpretation of his mind/body relationship. Neither reading, however, is particularly illuminating, since insufficient attention is paid to the means by which Coleridge transformed the terms of private and theoretical thought-processes into public poetry that aimed to resemble a man speaking conversationally to men. If this is a limitation, the book is nevertheless a success as a brilliant reconstruction of some of the most difficult and elusive areas of Coleridge's thought which puts on a new footing our understanding of his most crucial aesthetic and philosophical ideas.

Martin Wallen's book is altogether less patient than Vickers'. When, for instance, Wallen confronts Coleridge using Beddoes theories to explain his opium use he suspects that the poet does so merely to 'justify his indolence and to conceal an addictive dependence' (p. 70). Such moralistic comments beg the very questions Wallen is supposedly asking—whether 'indolence' and

‘addictive dependence’ existed as conditions in the early nineteenth century and if so, what was meant by them? It seems not to occur to Wallen that a man might have mixed motives: that a certain disingenuous effort to hide from a truth might co-exist with a genuine spirit of enquiry, and that new insights of use to others might stem from such a mixture. An intemperate desire to accuse past writers—Wordsworth as well as Coleridge—of bad faith leads Wallen to underestimate the complexity of human thought. The result is that, although he uncovers much interesting information and sometimes makes incisive interpretations, all is subordinated to a reductive overview that turns intellectual history into a conspiracy theory. In essence, Wallen claims that the Romantics followed Socrates in using health as a social and ideological police force: they themselves represented all that was healthy; all that was not them was diseased and should be purged from the state. Coleridge, ‘becomes representative of ethical errancy that can provide a moral lesson for what other should avoid in order to remain healthy, and then allows the recovering Coleridge himself to serve as the guardian of social and poetic health’ (p. 5). By succeeding in smearing others, Wordsworth, Coleridge and Beddoes prevent(ed) the restorative philosophy of Schelling, which might still restore aesthetic and philosophical thought, from getting a hearing. Although in 1816 Coleridge did, for instance, call for censorship of radical writers and although Southey branded the ‘Satanic school’ of Byronic poets as morally sick, these are enormous and unlikely claims. Wallen turns one tendency of the Lake poets’ social thought, in one period of their careers, into a mechanism of ideological repression more historically effective than Stalinism ever was. Schelling was not denied his fair due by their efforts; he was denied it because few British intellectuals spoke German and by the time that they had learnt it German philosophy had moved on. Poetry was not stifled by their arguments, even we accept Wallen’s account of those arguments, or how did Byron and Browning become so popular and revered? And to prove that their definition of health shaped British social policy one would have to undertake a massive history of medicine, of government policy, and of cultural attitudes that Wallen does not even begin. Reading Ruth Richardson’s history of the Anatomy Act of 1832, the act that established that the bodies of paupers who died in the workhouse would be given up for anatomical dissection, suggests that in the early nineteenth century it was not the Romantics but their enemies, the Utilitarians, who shaped repressive laws that sacrificed one section of the population (the least powerful) to an official definition of health (from which the idle and upper classes would benefit).² Richardson is not cited by Wallen; nor are many other social histories of medicine by luminaries such as Roy Porter, Adrian Desmond and W. F. Bynum. Without them, Wallen’s thesis is an argument in a circle in a vacuum, his genuine insights, like Coleridge’s *Mariner*, ‘all all alone / Alone on a wide wide sea’.

² Ruth Richardson, *Death, Dissection and the Destitute* (London, 1988).

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