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Romanticism, Medicine and the Natural Supernatural: Transcendental Vision and Bodily Spectres, 1789-1852

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by Gavin Budge

MANY RECENT ACCOUNTS OF ROMANTIC SCIENCE have focused on how natural philosophers and experimental scientists around 1800 seem to constantly vacillate between materialism and immaterialism. The difficulty of establishing proof of transcendental principles through inductive, experimental means in chemistry (phlogiston), physics (electricity and magnetism), and biology (morphology and tetralogy) involved constant acts of theoretical and conceptual brinkmanship. The central question is how one knows whether what is being seen is actually there as the scientist perceives it. Coleridge best sums up this uncertainty with a playful mixture of philosophy, chemistry, biology, medicine, and theology that is rivalled perhaps only by the German poet Novalis: 'Materialists unwilling to admit the mysterious of our nature make it all Mysterious—nothing mysterious in nerves, eyes, &c: but that nerves think &c!!—Stir up the sediment into the transparent water, & so make all opaque' (CN I 920). Gavin Budge's *Romanticism, Medicine and the Natural Supernatural*, a study of visionary experiences and medical theories of hallucination and the nerves around 1800, focuses precisely on such acts of intellectual possibilities in the field of aesthetics and explores the spectral aspects of nineteenth-century literature by locating these in the medical ideas of the period.

The present study traces Romanticism's transcendental vision, its "insistence on a dimension to human experience that transcended the everyday forms of visible nature" (4) as a corner stone of acts of aesthetic creation and reception, defining itself in opposition to hallucinations "resulting from overwrought nerves" (5) and hence to products of the body's sickly materiality. In opposition to many previous studies on Romantic psychology Budge traces an uncomfortable somatic, material origin of these visionary ideals in medical discourse around 1800. Budge argues that Romanticism draws on corporeal, medical concepts for its aesthetic theory, but inverts these in order to prioritise the immaterial dimension over the material: poetry should ideally mediate between the embodied experience of the poet and what comes to be the embodied experience of the reader, but Romanticism also reverts to a claim of an immaterial, transcendental vision of the poet as the source of the original somatic experience. This is an uneasy, unstable relationship, of course, as Wordsworth's nervousness, Coleridge's digestive disorders, De Quincey's opium induced reveries, Southey's fear of consumption, and Carlyle's sleeping disorders suggest (to list just some of the examples this book discusses). Budge's re-introduction of the corporeal and material dimension of *aisthesis* as

conceptualised by Wordsworth and particularly Coleridge is a welcome addition to studies of Romanticism under the broad rubric of medical humanities or science and literature studies.

The study begins by examining the role played by the need for neurological self-control in Ann Radcliffe's gothic novels. Here the focus is on how the spectral for Radcliffe represents a way of exploring issues surrounding aesthetic reception and the dangers of reading too enthusiastically, a staple component in most introductory studies of the Gothic since Terry Castle's *The Female Thermometer*. Budge differs from Castle's psychoanalytically-inspired reading in that he seeks to historicize Radcliffe's works by placing them in the medical and psychological discourse of the 1790s; nevertheless, the idea that Radcliffe's heroines must learn to resist succumbing to the spectral visions produced by their own nerves is a familiar one all the same. Following on from Radcliffe's confrontation of the transcendent vision with the morbid hallucinations of superstition (the bodily spectres of the book's title) the following chapter argues that Wordsworth's poetics complicates matters by making the poles of transcendence and pathology continuous with each other, arguably an act of rendering problematic the categories which the late-Enlightenment gothic novel still sought to distinguish and control. Budge argues that Wordsworth's idea of wellness is based on a mind-body dualism that is highly fragile. By identifying the somatic associationism which Erasmus Darwin had prioritised in his *Zoonomia* as the means by which a poet experiences his transcendent intuitions and transmits these in poetry (via rhyme and metre, for example), Wordsworth opens up a problematic coalition of material embodiment and immaterial transcendence represented by the bodily spectre of Wordsworth's own illnesses, Budge argues. The following chapter on Coleridge's "medical imagination" (77) begins with the poet's unease towards Wordsworth's poetic project of a spiritualization of the material as potentially rendering the world spectral rather than spiritual. The study locates Coleridge's preoccupation with the embodied nature of perception and the implications thereof in Romantic medical theory, and underpins this with a discussion of Coleridge's medical metaphors. Budge argues that the organicism through which Coleridge emphasizes that language and perception are living processes has its origins in materialist and Common Sense philosophy, which in turn feeds into late-eighteenth-century medical concepts.

The impression left by these three chapters is somewhat uneven: whereas the consideration of Radcliffe's gothic novel barely touches the novel and leaves the impression that literature here is actually illustrating philosophical and aesthetical discourse, the chapters on Wordsworth and Coleridge are far more effective, offering a better balance between literary analysis and contextual explication. The claim to be reconstructing spectral aspects in the literature of the nineteenth century as part of wider medical discourse in the first third of the 1800s is somewhat problematic, given the reliance on barely a handful of medical writers like Erasmus Darwin, Alexander Crichton, and John

Brown, however. As important as these figures certainly were, they scarcely provide a wide enough spread of specialist medical sources to justify the breadth of the title's claim to be speaking on "Medicine" in general terms. Perhaps the disparity of focus and quality in these chapters is a result of the long gestation periods between the individual chapters, although it is fair to say – not just for the sake of the readership of *The Coleridge Bulletin* – that they make up the core of Budge's study and will be read with much profit. That said, the finely weighted balance in the conceptualization of Romanticism between 'real', disembodied transcendental vision and the 'false' corporeally grounded hallucinations of 'bodily spectres' based in medical theory is a compelling account of the genesis of Romantic aesthetics.

Having established this unstable and ambiguous instance of Romanticism's conceptual brinkmanship between visionary states and hallucinations – that is, between the immaterial and material – Budge's study shifts its focus to interrogate the 'afterlife' of Romanticism's natural supernaturalism in nineteenth-century discourse. Indeed given that the source of the key rhetorical figures in this study, 'bodily spectres' and 'natural supernatural', is Thomas Carlyle, it becomes clear that the aim of the book is as much to uncover the origins of Victorian social and aesthetic theory as it is to reconstruct Romantic theories of imagination, transcendentalism, and selfhood. The continuing influence of Romantic categories, and indeed their transmogrification in Victorian social, medical, and philosophical debates has been the subject of much critical work in recent years, as titles familiar to readers of this journal such as *Coleridge's Afterlives* (2008) illustrate. In the present monograph, the discussion of theological and political radicalism surrounding Harriet Martineau's *Deerbrook* (1839) suggests a mid-century appropriation of the transcendent authority of Romantic vision to assert the superiority of Unitarian rationalism. Budge suggests here that the structures of Brunonianism extended far beyond its narrower medical and therapeutic contexts around 1800 to gain the status of an ordering metaphor in social and political debates surrounding individual non-conformism, Chartism, and finally mass culture, drawing on Martineau's travel writing about the United States. This is a highly suggestive reading, indeed, but it remains suggestive because Budge doesn't develop a sufficient systematic or theoretical framework to explain such intersections of medico-scientific, aesthetic, and socio-political discourses, be it in the form of Foucauldian structural homologies, new historicist energies, reception theory, or otherwise. Indeed those sections of analysis which are most convincingly written, such as on Wordsworth and Coleridge, are particularly impressive for the means in which they highlight the actual points of transfer between different specialized discourses. If chapter four broadens the focus of the study on aesthetic and political discourse to include American politics and identity, the reading of *Uncle Tom's Cabin* likewise crosses back and forth across the Atlantic to trace the afterlife of Carlyle's natural supernaturalism in Harriet Beecher Stowe's critical considerations of modernity's mass society and its concomitant cultural productions. Budge argues that the novel connects

nervous irritability with the institution of slavery, thereby implying that Uncle Tom's passivity incarnates the transcendent authority of the Bible in opposition to the alcoholic and nervous spectres of white slave-owners. The Brunonian model of bodily and social wellness invoked here enables a critique of an unhealthy American society denying democratic enfranchisement and finally links slavery with questions of gender by virtue of the characterization of both women and slaves as nervous. This intermingling of medical and social discourse is a much older model than the Brunonian system which Budge suggests as its source, however; indeed the idea that the body natural and the body politic were linked via shared metaphors of circulation and economy had been central since the late 1600s and was a key component of eighteenth-century literature, economics, and social theory too.

The final chapter switches tack to reconstruct the critical debate surrounding Pre-Raphaelite art, which in its "insubordination to detail" (172) is said to respond to the ambiguous and instable Romantic brinkmanship of its ideal of a visionary imagination defined by its exclusion of the materiality of the perception, forcing the viewer into a confrontation with the embodied moment of all aesthetic acts. If the Pre-Raphaelites were criticised for their materiality which blocked access to transcendent meaning, Budge argues, they were in fact testing and indeed inverting Romanticism's fragile insistence on 'natural supernatural' vision, highlighting the difficulty of distinguishing authentic poetic vision from the more dubious kind of inspiration induced by the stimulation of the body. This suggests that ideals of poetry proceeding from the transcendent could actually themselves be hallucinatory bodily spectres generated by the nerves, thereby reducing Romanticism potentially to a manifestation of nervous irritability. Given the prominent role vision and perception occupy not only in this chapter but in the book as a whole, it is somewhat strange that Budge focuses entirely on critical writing *about* art rather than on the works of art themselves, failing to provide any pictorial evidence to support this narrative of mid-century aesthetics.

Romanticism, Medicine and the Natural Supernatural is an enlightening genealogy of Victorian aesthetics, drawing on fields as diverse as medico-scientific theory, aesthetics, philosophy, politics, popular literature, and poetry. Despite the prominent presence of Wordsworth and Coleridge, however, the "Romanticism" of the book's title is something of a misnomer as the focus shifts more and more towards Victorian class politics, slavery, gender, and art. Budge hovers undecidedly between a narrative of Romanticism as an aesthetic model which develops towards the tail-end of the 'long-eighteenth century' (as the frequent discourses on Common Sense and materialist philosophy show) and which forms the basis of Victorian aesthetic, social, and political discourses, on the one hand, and Romanticism as a discursive creation of mid-Victorian politics and early twentieth-century literary criticism (as the programmatic Carlyle quotations in the title and the brief discussion of I.A. Richards and the Leavises in the concluding chapter suggest), on the other. Of course perhaps the idea of Romanticism as a cultural pattern that is established

around 1800 and/or as a creation of Victorian discourse (as the new historicist reading of the emergence of Wordsworth Studies in the nineteenth century on pp. 77-79 and then again in the conclusion suggest) are not mutually exclusive and perhaps the acts of shuttling back and forth between eighteenth-century philosophy, medicine, and aesthetics around 1800 and Victorian cultural politics may simply be a fair reflection of Romanticism's position on the threshold between the Enlightenment and modernity. The jumping around between these models makes them both appear somewhat truncated, at once a subject and an agent, and in the sections on Victorian cultural politics Romanticism itself becomes something of a spectral presence in its own right. But there again, perhaps Budge has succeeded in making Romanticism as his subject matter appear spectral for a reason – after all, Coleridge too demands that we recognise the mysterious nature of our objects of study as mysterious in themselves. This is a wide-ranging and informative account and can be recommended to historians of medical and literary discourse alike.