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Literary and Linguistic Perspectives
on Healthcare and Disease:
Themes and Trends
from the Eighteenth Century
to the Present

edited by

Girolamo Tessuto, Clark Lawlor, Ilaria Natali, Annalisa Federici

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Introduction. Literary and Linguistic Perspectives on Healthcare and Disease: Themes and Trends from the Eighteenth Century to the Present

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This special issue of *Quaderni di LEA* builds upon and expands the work initiated by the same editors in *Textus* (vol. 3, 2024), *Spreading Contaminations: Interdisciplinary Perspectives on Health, Illness, and Disease*, further advancing the analysis of the dialogue that linguistics and literary studies entertain with the discourses and practices of medicine and healthcare. The impetus for our renewed exploration stems from the increasing prominence of these encounters as focal points in humanistic research both in Italy and abroad. Accordingly, these introductory pages are geared towards developing the theoretical and practical foundations established in the previous venture (Tessuto, Lawlor, Natali, *et al.* 2024), offering reflections on the dissemination and impact of such foundations while making sense of the growing influence that the paradigms of human sciences exert on medicine and the way that these inform professional knowledge and ethical orientations in the realm of medicine and healthcare.

Recent bibliometric studies have highlighted a rise in publications devoted to medical humanities research (Ousager and Johannessen 2010; Dennhardt, Apramian, Lingard, *et al.* 2016) and identified consistent annual growth rates that some interpret as evidence of a sustained expansion of academic interest in the field (Hong, Song, Jiang, *et al.* 2024). However, such interpretations warrant caution, as quantitative data in scholarly research often prove difficult to collect due to the rapidly shifting nature of the academic landscape. Here, a degree of diachronic incommensurability must also be acknowledged, as the overall volume of scholarly production has proliferated across disciplines over time, not solely in research related to medicine

and the humanities. Beyond issues of data reliability, what appears particularly significant is an emerging consensus among researchers, especially in the aftermath of the COVID-19 pandemic, that the flourishing of academic work at the nexus of medicine, linguistics, and literary studies represents such a manifest phenomenon that it demands systematic, thorough investigation.

Against this backdrop, there is a heightened recognition of the role that linguistics plays in shaping medical discourse, as indicated, for instance, by the increasing number of meta-study reviews assessing the application of discourse analysis in health professions education (MacLeod, Ellaway, and Cleland 2024). In the literary field, particular attention has been devoted to how its methods have influenced perspectives on the limitations of biomedical approaches while facilitating a critical interrogation of power dynamics related to gender, class, and ethnicity (Hurwitz and Bates 2016). Concurrently, discussions in the health sciences call for a redefinition of “knowledge translation” through the lens of the humanities, emphasising the interdependence of cultural, textual, and material practices (Engebretsen, Sandset, and Ødemark 2017; Ostherr 2023). These developments reflect a broader recognition that linguistics and literary studies not only offer insights into medical communication and associated practices but also contribute to reshaping epistemological horizons in healthcare.

The essays collected in the following pages are grounded in linguistic and literary inquiry but do not speak “with a single voice” (Shapiro, Coulehan, Wear, *et al.* 2009, 194), ultimately reinforcing the role of the diverse strands of humanities in contemporary discussions on well-being, illness, and disease. While they offer diverse methodological approaches, they share a common commitment to tracing the evolution of interdisciplinary exchange across centuries. Organised chronologically, these contributions illuminate historical transformations in the ways we think about biomedicine, healthcare, disability, and related topics, shedding light on how linguistic and literary perspectives have long constructed and shaped our understanding of scientific knowledge, professional identity, patient experience, illness, and care.

Girolamo Tessuto’s opening contribution, “Constructing Scholarly Ethos in Non-mainstream Medical Research Writing: Discursive and Linguistic Strategies”, examines how scholars in alternative and complementary medicine contend with the challenges of securing legitimacy within a predominantly biomedical framework, gradually gaining recognition in certain academic publishing venues. Scholars in this field, however, face considerable challenges, not only in securing legitimacy within a predominantly biomedical framework but also in articulating arguments that strengthen their credibility. To address these difficulties, they employ rhetorical strategies that assert their authority and align with the expectations of academic discourse, relying on linguistic and discursive techniques to construct a persuasive scholarly ethos. Through a corpus-driven analysis of academic articles in the field, Tessuto explores how these authors present themselves, engage with their audience, and structure their arguments to enhance credibility and persuasiveness. Drawing on research in academic discourse analysis, with particular attention to evaluative stance-meaning making resources, this study investigates how scholars assert expertise, negotiate disciplinary boundaries, and reinforce their legitimacy. By integrating quantitative and qualitative approaches, Tessuto identifies recurring rhetorical patterns that shape persuasion and interaction in this form of academic writing, ultimately offering valuable insights into how alternative medicine researchers establish and maintain their scholarly ethos.

Serena Baiesi’s “Doctors and Medical Practices in Ann Radcliffe’s *The Romance of the Forest*” examines the complex interplay between medicine and Gothic fiction in Ann Radcliffe’s novel (1791), highlighting how the author integrates contemporary medical discourse into the Gothic aesthetic. While medical Gothic is often associated with later texts such as *Frankenstein* or *Jekyll and Hyde*, Baiesi argues that Radcliffe’s *The Romance of the Forest* marks a transitional moment

where illness and treatment are embedded within realistic rather than supernatural frameworks. In fact, Radcliffe challenges traditional Gothic representations of affliction by portraying disease and injury as consequences of tangible experiences such as trauma, psychological distress, or physical harm. Baiesi critically engages with Radcliffe's depiction of medical professionals, distinguishing between physicians, surgeons, and apothecaries to reflect contemporary debates on medical authority and practice. Radcliffe acknowledges the importance of medical intervention, yet she critiques its limitations, particularly through the portrayal of ineffective or self-important doctors. Particularly striking is Baiesi's discussion of gendered medical care through Madame La Luc, a female practitioner whose empirical knowledge and compassion contrast with the often ineffectual male doctors. By foregrounding the doctor-patient relationship, Radcliffe weaves medical discourse into the Gothic, using illness and treatment to negotiate themes of authority, agency, and rationality.

Valentina Pramaggiore's "‘I am at last vanquished by sickness’: The Narrative of Illness and Disability in Mary Darby Robinson's Letters" shows that Robinson's final letters construct a nuanced narrative of illness, disability, and selfhood, arguing that her correspondence provides a crucial, yet often overlooked, autobiographical account distinct from her published works. Framing her analysis within disability studies and narrative medicine, Pramaggiore explores how Robinson, a former actress and prolific writer, used letter-writing to express her bodily suffering, emotional turmoil, and precarious financial circumstances in the final months of her life. Unlike her published prose and poetry, which largely omit references to her paralysis, Robinson's letters offer an unfiltered record of physical decline and the psychological toll of chronic illness. The essay highlights the shifting ways in which Robinson coped with her identity as a patient, a mother, and a professional writer, particularly in relation to her daughter Maria Elizabeth, her primary caregiver. Pramaggiore highlights the tensions in this caregiving dynamic, as Robinson oscillates between gratitude and resentment, revealing the emotional and social complexities of dependence. Additionally, she situates Robinson's epistolary self-representation within the broader cultural stigmatisation of disabled women, emphasising how her letters challenge the satirical and often cruel public portrayals of her condition. Ultimately, Pramaggiore argues that Robinson's correspondence functions as both a therapeutic act and a form of resistance, reclaiming narrative control over a body that had been publicly objectified, medicalised, and ridiculed.

Carlotta Fiammenghi's "Discourses of Health, Wellbeing, and Sanitation in the Victorian Anti-Vaccination Popular Press: A Corpus-assisted Discourse Analysis of the VicVaDis Corpus" investigates discourses of health, illness, disease, and sanitation in Victorian anti-vaccination literature. Through a corpus-assisted discourse analysis of the VicVaDis corpus, this study reveals how Victorian anti-vaccinationists framed vaccination as a dangerous intervention that disrupted the body's natural state. Frequently linking vaccines to the spread of disease, they portrayed them as unnatural and harmful rather than beneficial. Instead of supporting immunisation, these campaigners advocated for sanitation, hygiene, and natural remedies as superior forms of disease prevention. Fiammenghi situates these discourses within broader scepticism toward emerging medical practices and institutionalised medicine, highlighting how vaccination was positioned as a threat to bodily integrity and public health. Her findings reveal striking continuities between Victorian and contemporary anti-vaccination rhetoric, demonstrating how persistent themes – such as the valorisation of natural health, mistrust of medical authorities, and reliance on anecdotal evidence – continue to shape vaccine hesitancy today. By tracing these discursive patterns over time, this study contributes to a broader understanding of the historical foundations of vaccine opposition and offers insight into the ways long-standing narratives continue to influence contemporary public health debates.

Stefano Rossi's "The Stigma on 'the Tigress-Cub': Late-Victorian Psychiatric Genetics and Wilkie Collins' *The Legacy of Cain*" explores the intersection of late-Victorian medical discourse and literary representations of hereditary psychosis and criminality. Analysing *Legacy of Cain* (1888) alongside medical treatises by Prosper Lucas, Bénédict Augustin Morel, and Henry Maudsley, Rossi situates the novel within broader anxieties about biological determinism, degeneration, and gendered conceptions of hereditary pathology. He highlights how Victorian medicine pathologised women as primary agents of degeneration, attributing to them the transmission of mental illness and moral corruption to future generations. Collins' novel directly engages with these theories, interrogating the deterministic logic that links maternal inheritance to criminal behaviour. Through the figure of Eunice, the daughter of a convicted murderess, *The Legacy of Cain* critiques the notion that heredity dictates moral character, instead emphasising the formative influence of environment, nurture, and individual conscience. Rossi argues that Collins appropriates medical rhetoric to expose the fallacies of psychiatric genetics, resisting the fatalistic assumption that criminality is an inescapable legacy. Ultimately, *The Legacy of Cain* subverts contemporary fears of hereditary psychosis, questioning the entrenched stigma against women as conduits of degeneration and affirming the role of personal agency beyond genetic inheritance.

Annalisa Federici's "Echoes of Krafft-Ebing's *Psychopathia Sexualis* in Scientific Periodicals: Sexual and Mental Pathology in Late Nineteenth- and Early Twentieth-Century Medical Discourse" offers a corpus-based terminological analysis of the language of moral decadence, sexual deviance, and mental degeneration introduced and disseminated by Richard von Krafft-Ebing in his seminal medical-psychiatric treatise, *Psychopathia Sexualis* (1886). She further examines the extent to which this specialised terminology permeated British medical discourse, particularly in scientific periodicals between the late nineteenth and early twentieth centuries. Applying corpus linguistics methodology, Federici's study analyses Krafft-Ebing's work to identify and contextualise domain-specific terms related to sexual and mental pathology, assessing their role in the broader dissemination of dominant discourses on decadence and degeneration. These terms are then examined for frequency and collocational patterns in a corpus of medical articles published in the *Journal of Mental Science*, a leading specialist periodical of the time. Through a combination of quantitative and qualitative analysis, Federici demonstrates how specific lexical choices not only reflected but also reinforced prevailing cultural and ideological frameworks surrounding sexuality and mental health. Given that terminologies represent conceptual structures within specialised domains, her essay bridges linguistic and historical approaches to medical-psychiatric discourse, ultimately illustrating the potential of corpus-based methods to reveal underlying knowledge systems and professional ideologies within expert communities.

Isabella Martini's "A volitional interference': A Corpus-Assisted Discourse Study on Birth Control in Edwardian England" focuses on the Edwardian period as a time of profound social transformation in Britain, characterised by legislative reforms that laid the foundation for the modern welfare state. These reforms ignited widespread public debate, particularly in the British press, where health and social policy were extensively discussed. Among the most contentious issues was birth control, a topic that provoked polarised opinions across different social strata. Despite its criminalisation in 1861, abortion remained a common birth control practice among both working-class and upper-class women. Although the prevalence of such practices during the Victorian and Edwardian eras has been widely studied, their linguistic representation in the Edwardian press has received little attention. Addressing this gap, Martini's study contributes to research in historical pragmatics and news discourse by applying corpus-assisted discourse analysis. Examining a corpus of letters to the editor on birth control published in Edwardian

British newspapers, she identifies recurring linguistic patterns to investigate how the subject was framed in early twentieth-century news discourse. By doing so, this study offers insight into the intersection of language, ideology, and social change, revealing how press discourse shaped contemporary perceptions of reproductive rights and morality.

Andrea Raso's "Diffusing the Vir/us: Derek Jarman's Transmedial Eco-logy as Pharmacopoeia" examines how Jarman's artistic and literary output constructs a transmedial ecology that resists the epistemic violence of medicalised stigma in the context of HIV/AIDS. Engaging with *Modern Nature* (1989-1990), *The Garden* (1990), and his gardening practice at Prospect Cottage, Raso argues that Jarman's multimodal aesthetic – spanning film, writing, and landscape – challenges dominant biomedical discourses by intertwining illness with environmental entanglements. Rather than depicting disease as an isolated affliction, Jarman formulates a pharmacopoeia, a *sympoietic* fusion of medical, ecological, and political narratives that dismantles the binary between subject and object, health and contagion. At the core of this project is Jarman's garden, which, in its defiance of conventional horticultural order, embodies resistance to heteronormative purity and the biopolitical regulation of queer bodies under Thatcherism. Raso situates Jarman's work within ecocriticism and transmediality, demonstrating how his rejection of linear storytelling and fixed forms mirrors his challenge to stable identities and medical determinism. Ultimately, Jarman's practice foregrounds an ethics of care and interdependence, where illness is not merely endured but actively reimaged through aesthetic and ecological interventions, affirming queer survival beyond the constraints of biomedical and cultural stigma.

Closing the issue, Ilaria Natali's "The Doctor-Writer and the Boundaries of Literariness: The Case of Dannie Abse" interrogates the tensions between medical practice and literary authorship, using Abse's dual identity as a physician and poet to examine the complex negotiations between these two domains. Situating her analysis within broader debates in medical humanities, Natali investigates how Abse's poetry reflects the ethical, psychological, and epistemological dilemmas of medical practice, particularly its hierarchical structures and the asymmetrical power dynamic between doctor and patient. Considering the tendency to categorise physician-authored literature either as lacking aesthetic merit or as primarily serving a therapeutic function, Natali argues that Abse's work resists both medical and literary essentialism. His poetry presents doctors as conflicted figures, often detached, self-doubting, or morally burdened, destabilising the heroic ideal of the physician. At the same time, Abse's Jewish heritage and engagement with collective trauma introduce another layer of complexity, as survivor's guilt inflects his poetic meditations on illness, death, and care. Ultimately, Natali contends that Abse's writing challenges rigid disciplinary boundaries, illustrating that the doctor-writer is neither fully physician nor purely poet but an unstable figure whose work thrives in the interstices of medicine and literature.

By tracing the constantly shifting and reconfiguring convergences of linguistics, literary studies, and medical discourse across historical and contemporary contexts, these contributions bring to light the critical role of the humanities in interrogating medical knowledge, challenging power structures, and expanding our understanding of well-being, disease, and care. In the wake of global health crises and as debates on medical authority, patient agency, and the ethics of care grow increasingly complex, the urgency of this kind of endeavour becomes ever more pressing. We are therefore convinced that this collection provides valuable ideas and insights into the interdisciplinary lines of research afforded by the various contributors and will be enjoyed by junior as well as senior researchers in the field.

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Constructing Scholarly Ethos in Non-mainstream Medical Research Writing: Discursive and Linguistic Strategies

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Abstract

At a time when mainstream, biomedical research and practice continue to frame the discourse about health, non-mainstream, or alternative/complementary medical research is now gaining ground in some academic publishing venues. While non-mainstream researchers are likely to work twice as hard to survive on a very uneven playing field, they must also develop rational appeals to believability in order to be persuasive in their own writing. In this chapter, I set out to explore the discursive and linguistic strategies employed by alternative/complementary medicine scholars to see how and to what extent they convey a scholarly ethos that entails building their own authority, credibility, and expertise and recognizing the values of their academic community. Taking a corpus-driven approach to academic articles in this field, I look at how authors project themselves and their work and persuade their audience about their arguments and perspectives in this form of writing. To do so, I rely on the cover term of evaluation in academic discourse analytical research to examine stance-making resources for their linguistic realization in both quantitative and qualitative terms and to identify the attendant meanings for interaction and persuasion that establish the writers' ethos on the topics they discuss. Conclusions are drawn about the relevance of such findings for discourse activities enacted by the non-mainstream academic community.

Keywords: Alternative and Complementary Medicine, Discourse Analysis, Evaluation, Stance, Genre

Introduction

Over the past twenty years, the use of a variety of interrelated treatment modalities has become a common standard in Western pluralistic healthcare systems, allowing people to choose both mainstream (biomedicine) and non-mainstream (alternative/complementary) systems and practices (Shih *et al.* 2010). While many studies agree that the popularity of alternative and complementary medicine is growing throughout the Western world, including

the US (Falci, Shi and Greenlee 2016), Australia (Wiese and Oster 2010), Canada (Kelner *et al.* 2006), and European countries (Busato *et al.* 2006), the presence of multiple therapeutic modalities is not without process-level systems and traditions characterized by opposition and naming.

When it comes to the naming process, the comprehensive term “complementary and alternative medicine”, or CAM, is often used to describe a complex system of healing practices and disciplines that fall outside of mainstream or conventional medicine. The US National Center for Complementary and Integrative Health (NCCIH 2024) describes the catch-all term, “complementary and alternative medicine” (CAM), as “a group of diverse medical and health care systems, practices, and products” that are either used “together with conventional medicine” (complementary), or “in place of conventional medicine” (alternative). Alongside this term, “Integrative Health” or “Integrative Medicine” is used to describe the practice that “brings conventional and complementary approaches together in a coordinated way” (NCCIH 2024 on “Integrative Health”), or “an approach to medical care that combines conventional medicine with CAM practices that have shown through science to be safe and effective” (National Institutes of Health – National Cancer Institute 2023, on “Integrative Medicine”). Regardless of the term employed, much of what we currently know about CAM is rooted in ancient healing philosophies, traditions and belief systems developing across different societies and cultures, where “magical or spiritual healing practices and herbal remedies are the oldest traditional systems of folk medicine” (Tessuto 2024, 2).

The emphasis placed on the very terms for naming “complementary”, “alternative”, or “integrative” suggests as much about the residual nature of CAM healing practices as about the dominant role played internationally by the model of “biomedicine” (Keating and Cambrosio 2003; Baronov 2008; Davies 2016). Recognition of this role not only hints at the dominant medical ideology that “represents an expression of social power” and “privilege within capitalist societies” (Baronov 2008, 235) in which it inherently “bears a distinct cultural authority” (Davies 2016, 71), but also naturally explains the evidence-based logic of biomedical sciences in defining medical care.

Given this role, controversy tends to dominate the public debate over CAM therapies. Here, biomedical practitioners could be anywhere “on the edge”, from rejecting non-mainstream medicine outright to accepting it to a greater or lesser degree (Grandinetti 2000; Beyerstein 2001), with decriers of CAM basing their arguments on Western biomedical notions of “truth” that satisfies the standards of scientific evidence treatment through “randomized controlled clinical trials and their meta-analyses” (Yakoot 2013, 83), therefore providing highly polarized viewpoints on CAM and biomedical knowledge. Despite this, there is a growing awareness that “evidence-based CAM therapies have shown remarkable success in treating diseases” (Adams *et al.* 2012, 3), meaning that non-mainstream (CAM) medicine is mature enough to gain from a good dose of empiricism (Mortada 2024, 1).

But such debate is not without a process of boundary division when it comes to demarcating “scientific”, evidence-based medicine from “unscientific” treatments. On this point, earlier studies in sociology of science, medicine and the professions pioneered, for example, by Gieryn (1999), and taken up more recently by Brosnan (2015) and Vuolanto *et al.* (2020), have drawn considerable attention to the processes of boundary division by which scientific disciplines and modern professions seek to maintain their autonomous position, defend their territory, and gain legitimacy. In Gieryn’s theory, for instance, “boundary work” describes “the discursive attribution of selected qualities to scientists, scientific methods, and scientific claims for the purpose of drawing a rhetorical boundary between science and some less authoritative residual non-science practitioners” (1999, 4-5). These boundary-setting discourses, then, not only put the seemingly non-science position of CAM in one of those methodological straight-

jackets and polarized representations, but also drive CAM researchers into conciliatory efforts to counterbalance perceived biases among the wider scientific community and to reframe their knowledge boundary by virtue of their stringency in research methods.

In response to such biases, it is not hard to see how many CAM scholars are now selecting the most suitable venue for publishing their research and keeping their output to frontier science. In doing so, they are anxious to bring insights into therapies, protocols, and strategies and their responsible integration with mainstream medicine, and to make their work as noticeable as possible in the digitally transformed system of scholarly medical publishing made increasingly available by the formal and less formal modes of communication (Tessuto 2025). It is also the case, of course, that choosing the ideal publishing venue for research can significantly impact the scholars' academic career as a result of today's highly competitive regime of "publish or perish" that counts for recruitment, promotion, tenure, or other perceived benefits (Salager-Meyer 2014; Hyland 2015 and 2023; Guraya, Norman, Khoshhal, *et al.* 2016). While these relentless pressures to publish by institutions, funders or other stakeholders appear now to be more keenly felt internationally, they also tell us much about a wider, long-established societal trend toward "marketization" of the academy, which Bauwens *et al.* (2023, 1-2) define along "two related dimensions: the commodification of academic output and the 'managerialization' of academic governance", suggesting the increased tendency to treat scholarly output as tradable commodities and to manage academic institutions as businesses.

In this intricate fabric of the scholarly landscape, then, publishing original research articles through holistic "open access" systems for scholarly medical communication presents CAM scholars with opportunities as well as challenges that shape the trajectory of their discipline. It is no longer sufficient for these scholars to simply have to surpass the desired standard and share their knowledge in the cutthroat culture of academic writing, they must also work twice as hard to survive on a very uneven playing field to secure their own professional "boundaries" and protect their knowledge and expertise against mainstream biomedical scholars. So, their writing is in large part a matter of designing research content that is effective in conveying a sound and credible representation of themselves and their work, gaining approval from a suspicious community of experts, and carving out a knowledge space in this kind of hustle and bustle of digital knowledge market. For CAM scholars, then, writing in the article genre depends on their ability to make the most persuasive argument they can through rhetorical patterns of language use which connect their texts with the ethical appeals to their own credibility and knowledge about the topics at hand and send a clear signal of their writing as a social and communicative engagement with readers. Consequently, producing texts that construct social relationships, values, and meanings in writer-reader interaction is not only crucial to establishing an appropriate ethos that values CAM research tradition in the genre writing but also matters to the evaluative and interpersonal features of writing and the role they play in this persuasive endeavour. These approaches by which writers comment on their propositions and shape their texts to the expectations of their audiences have come to refer to various productive ways of exploring evaluative and interpersonal features of discourse, including *evaluation* (Hunston and Thompson 2000), *stance* (Biber 2006), *stance and engagement* (Hyland 2005a), *metadiscourse* (Hyland 2005b), and *appraisal* (Martin and White 2005).

Stemming from this, this study conducts a quantitative and qualitative discourse analysis of CAM research articles to see how and to what extent scholars use interpersonal and evaluative resources of language to signal their understandings of the materials they present and the audience with whom they communicate, and how they exploit persuasive rhetorical strategies of the genre to build their own insider ethos, ultimately demonstrating that they are authoritative, credible, and trustworthy sources of information in the writer-reader relationship.

Prior to presenting and discussing the main results related to these research aims, I shall first outline the empirical material and research method employed.

2. Material and Method

2.1 Corpus Data

The data source for this study came from a synchronic corpus of 30 English-medium, multiple-authored academic research articles (RAs) written by internationally dispersed scholars from the field and available from three Open Access reputable peer-reviewed journals – namely, *BMC Complementary Medicine and Therapies* (CMT), *JAMA Network Complementary and Alternative Medicine* (CAM), and *Evidence-Based Integrative Medicine* (EBIM), published previously as the *Journal of Evidence-Based Complementary and Alternative Medicine* (JEBICAM).¹ Three equal-size corpora were built from this field over a five-year period (January 2019 to January 2024), with each corpora containing 10 RAs in the category of “Original Articles” / “Original Investigation” to form a corpus of 30 samples in all. In reporting on alternative, complementary, and integrative medicine topics alongside their interventions, practices, and products, all the articles tied academic writers to the standard Introduction-Method-Results-Discussion (IMRaD) macrostructure of research article writing, as necessary to lay down a hypothesis-driven and evidence-based position on the topics under scrutiny, providing a principled way to see how CAM writers situate their work and mark their participation in their discipline-specific practices.

Articles were downloaded from these community-recognized repositories, converted into electronic format, removed of reference sections and visuals, and finally computed by Sketch Engine software (Kilgariff *et al.* 2014) for a 142,872 running token corpus (Table 1).

Journal title	Publication years	No. of papers	Tokens	Words	Sentences
<i>BMC Complementary Medicine and Therapies</i> (CMT)	2019-2023	10	47,343	36,928	1,576
<i>JAMA Network Complementary and Alternative Medicine</i> (CAM)	2019-2023	10	42,376	32,887	1,340
<i>Evidence-Based Integrative Medicine</i> (EBIM)	2019-2023	10	53,153	44,303	1,746
Total	5	30	142,872	114,118	4,662

Tab. 1 – Characteristics of corpus

¹ See *BMC Complementary Medicine and Therapies* (<<https://bmccomplementmedtherapies.biomedcentral.com/>>, 01/2025); *JAMA Network Complementary and Alternative Medicine* (CAM) (<<https://jamanetwork.com/collections/5575/complementary-and-alternative-medicine>>, 01/2025); *Journal of Evidence-Based Integrative Medicine* (EBIM) (<<https://journals.sagepub.com/home/chp>>, 01/2025).

In terms of size and time span, this sample provides a broadly representative picture of language use across a reasonable spectrum of academic endeavour and in key areas of CAM research.

2.2 Analytical Procedure

To examine these corpora in quantitative and qualitative terms, reference is made to Hyland's (2005a) interactional *stance* framework for evaluation in academic writing. Under this framework, stance "involves 'positioning', or adopting a point of view in relation to both the issues discussed in a text and to others who hold points of view on those issues" (176), and includes three rhetorical components realized by interpersonal resources – namely, *evidentiality* – "the writer's expressed commitment to the reliability of the propositions he or she presents", either toning down a claim with *hedges* or intensifying it with *boosters*; *affect* – a "broad range of personal and professional attitudes towards what is said" through *attitude markers*; and *presence* – how far writers choose to project themselves into a text using *self-mentions* (178–81). Writers can use such interpersonal resources to present propositional material and conduct interpersonal negotiations (*ibidem*). For the purposes of this study, however, only hedges and boosters were taken into account, the reason being to see how "they refer to, anticipate, or otherwise take up the actual or anticipated voices and positions of potential readers" (176, after Bakhtin 1986), while also forging a broader sense of identity, defined as "the ways that people display who they are to each other" (Benwell and Stokoe 2006, 6).

Standing alongside this site for research was the recognition that evaluative resources for stance taking favoured modes of persuasive discourse and argumentation techniques in Aristotle's (2007) model of rhetorical analysis. In this model, *ethos* (also known as ethical appeal) equals the *fons et origo* of stance that is completely embodied in a speaker's voice and is one of the means through which the voice of speakers can be persuasive, in addition to *logos* (building up logical arguments) and *pathos* (reader-appeal to emotional arguments). More precisely, *ethos* was conceptualized as a specific dimension of attributed credibility or authority resulting from the attributes of "competence" (expertise, intelligence), "trustworthiness" (honesty and character), and "goodwill" (intent-toward-receiver and perceived caring) of the source in the persuasion process (McCroskey and Teven 1999; Aristotle 2007), or similarly derived from the "persona, or projected character of a speaker/communicator, including their credibility and trustworthiness" (Higgins and Walker 2012, 197). In line with this, and as shown by previous studies across genres (Ho 2016 and 2018; Hyland 2005b; Kawase 2015), *hedges* and *boosters* were taken as important persuasive resources to achieve *ethos* in a specific situation of discourse alongside *personal pronouns* (Wang, Tseng and Johanson 2021), thereby revealing the different ways in which ethical appeals to readers can be represented and measured evaluatively by *evidentiality* and *presence* markers in the discourse genre.

Linguistic resources in the current corpora were searched using AntConc (Anthony 2019), manually examined and counted for each concordance to establish that the candidate feature was performing a proper stance function across the argumentative structure of research papers. Individual items were compiled in a list of frequency counts and used as a springboard to a qualitative and quantitative analysis of the samples.

3. Results and Discussion

3.1 Stance Markers by Frequency: Overall Corpus Findings

Upon close inspection of the sampled texts, a total of 1,102 instances of potential stance markers were identified across all sections of CAM research articles (Table 2), averaging 9.66 cases per 1,000 words or 36.74 per article.

Marker	CAM research article sections	
	<i>N.</i>	%
Hedges	471	42.74
Boosters	535	48.55
Presence	96	8.71
Total	1,102	100

Tab. 2 – CAM research article sections

Figure 1 below provides an instant picture of the proportion of stance markers across all corpus sections.

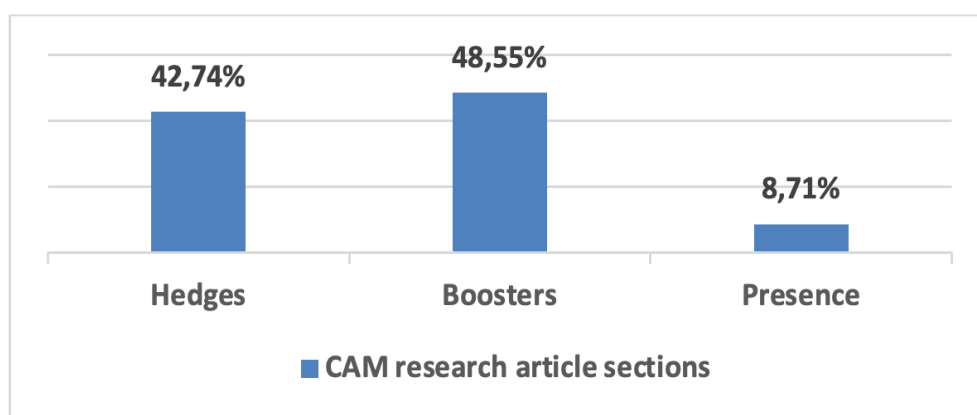


Fig. 1 – Stance markers: frequency

As we see from this Figure, *boosters* are the most popular choice overall, accounting for almost half of markers employed (48.55%), followed by *hedges* (42.74%), with *presence* markers trailing behind (8.71%). Already at first sight, these frequency counts demonstrate the importance writers attached to evaluating material and conveying an explicit stance or position towards the sources of the evaluation and the readers in the interactional and persuasive nature of the genre.

3.2 Stance Markers Operationalized by Functions and Ethical Appeals

3.2.1 Hedges

As mentioned, hedges comprised just over two fifths of all interactional and evaluative features in the corpus (42.74%), meaning that their use did not dominate the higher frequency of features as found in cross disciplinary studies on research articles and other academic writing forms (e.g. Hyland 2005b; Hyland and Tse 2005; Tessuto 2021). In this corpus, hedges were linguistically realized by lexical means via epistemic modal auxiliary verbs (e.g. *might*, *could*), epistemic lexical verbs (e.g. *assume*, *seem*), epistemic adjectives (e.g. *likely*, *possible*), epistemic adverbs (e.g. *rather*, *presumably*), and epistemic nouns (e.g. *hypothesis*, *possibility*), and by

non-lexical means via abstract rhetors (e.g. *the results suggest that*), impersonal *it* constructions, personal attribution (e.g. *we assume*) and references to limited knowledge (e.g. *there is no research evidence*). In general, this range of realizations provides writers with rational strategies for downplaying their commitment to a proposition, modifying its scope, and establishing a suitable relationship to their audience (Hyland 2005a).

Consistent with this, a variety of hedging devices are mobilized particularly across the Introduction and Discussion sections below to signal that writers have less than optimal epistemic grounds for being confident about the content of their propositions. We can see this in example (1), with the authors drawing on intertextual references to cited sources in superscript numerals to provide propositional warrants for their tentative argument in problem framing, in this case using *may* modal to describe the possibility for “post-traumatic stress, anxiety and depression to grow progressively less in intensity by yoga treatment”, prior to stepping into the text via an exclusive *we* pronoun to announce their research findings by way of a randomized clinical trial for the effect or no effect of the existing treatment. Or, in example (2) with authors softening their claim by acknowledging the “likely toxicities of some anti-inflammatory drugs for pain relief” they are interested in, and thereafter outlining some limitation or knowledge gap in existing research – claiming topic centrality in CARS model (Swales 2004), or in the remainder of examples with the authors discussing or giving interpretations for their study results whose propositional material can only be surmised:

- (1) Previous studies¹⁰⁻¹³ have reported that Sudarshan Kriya Yoga (SKY) **may** decrease post-traumatic stress, anxiety, and depression, and therefore **may** be a therapeutic option. Here, *we* present the results of a randomized clinical trial that aimed to assess the efficacy of SKY to improve [...]
(CAM: INTRODUCTION)
- (2) Current drug management of inflammation pain and fever includes utilization of non-steroidal anti-inflammatory drugs [...]. However, their **potential** toxicities like gastrointestinal problems, respiratory depression, renal damages, and **possible** dependence (with opioids) **are relatively known**.
(CAM: INTRODUCTION)
- (3) The negative results obtained for influenza A viruses **seem** to be in contradiction with previous findings obtained with influenza A viruses in A549 cells^{27,28}. (CMT: DISCUSSION)
- (4) These differences fall below **certain thresholds** for clinical meaningfulness and **would** be considered as slight or small to moderate magnitudes of effect in the Agency for Healthcare Research and Quality systematic review of nonpharmacologic treatments for chronic pain.
(CAM: DISCUSSION)
- (5) **We assume** that the missing impact of the effectiveness briefing on pain **might** be due to the low effectiveness of the acupuncture treatment.
(CMT: DISCUSSION)
- (6) **It could be hypothesized** that A β production recruits a series of downstream molecular events that orchestrate the clinical outcomes of AD.
(EBIM: DISCUSSION)
- (7) The findings suggest that the high dose (150 mg/kg) of *H. erinaceus* mycelium is **likely** to block the TSTs-induced decreases of NREM sleep [...].
(EBIM: DISCUSSION)

More precisely, preferential items in epistemic use like *may* in example (1) to disguise the external source of the interpretation combine more easily with the writers' explicit source of the evaluation in example (5) via a cognitive verb/attribute projection in the *that*-clause (*We assume*) to foreground the writers presenting a finely-tuned affective stance, or with a dummy, impersonal *it* subject in example (6), or an abstract rhetor in (7) to highlight the writer's attitudinal stance while remaining in the background. In other words, we see these writers having different opportunities to comment on, and evaluate materials when they carefully handle their claims to avoid overstating their case.

But in writing for their peers in the CAM community, along with their biomedical counterparts, these writers also have to invite the readers to consider current evidence of their propositions construed as contingent and individual and hence potentially disputable in the immediate writing circumstances. So, in practice, this means writers entering the realm of considerable probability and speculation rather than certain knowledge when they offer non-factive assessments of the propositions like those concerning yoga, acupuncture, viruses, or other research topics they are getting across in the examples mentioned. Viewed interactionally, this also means writers evaluating and negotiating their knowledge claims in ways that are likely to be acceptable and persuasive to their readers, so that the variety of (lexical and grammatical) realizations of hedging in the cases above turn on how writers make allowances for, and hence make discursive space for, other value positions in the ongoing interaction.

But these evaluative strategies go further than the need to address readers from a position of uncertainty or speculation about the contingent states of affairs under consideration. They emphasize that, in creating a persuasive reader-environment, writers are also seeking to project an identity or voice invested with a more nuanced ethos of “trustworthiness” that helps them stay accountable to their values of “honesty”, “character”, or “persona” (McCroskey and Teven 1999; Aristotle 2007; Higgins and Walker 2012) and fosters stronger connections and a greater appreciation of each other’s individuality in communication. Of course, an ethos that nurtures connections is also a matter of the professional community scholars belong to, which projects them as having built-in credibility and experience prior to their submission being reliably verified by the strict criteria of the peer-review process. However, in the examples cited, where epistemic modality markers are used, an ethos of this kind is most obviously shaped by the writers treading carefully with their propositions to secure their own rhetorical image as fair-minded characters or personae involved in making moderate and honest assessments of those topics, building rapport, understanding and credibility with the audience, and making it more likely to trust in the limitations of their arguments and knowledge in appropriate social interactions. But, while ethos here is about writers catering for their positioning on the epistemic scale of their hedged propositions in order to be conciliatory and persuasive, it is also about attending to the protection of their *face* (the need to be appreciated/accepted) in *solidarity politeness* (Brown and Levinson 2009). What this means in practice is that a personal ethos of modesty can serve as a valuable tool for mitigating the damage to the writer’s “positive face” and his personal credibility, since CAM writers rely on heavily mitigated statements to humble their own “face” and make good for significant “other like-minded individuals” (“negative face”) in interaction, in this case seeking to temper aversion, particularly from a biomedical science audience, and finally win it over. This, then, makes sense of a very personal (subjective) and interpersonal (intersubjective) endeavour in the face of knowledge contingencies and creates a sustainable community engagement that is effective for ethos-aligned relationships beyond the (CAM) peer reach.

3.2.2 Boosters

Boosters, the most frequent items in the corpus (48.55%), were variously realized by modal auxiliary verbs (i.e. *will*, *will not*, *could not*), lexical verbs (e.g. *demonstrate*, *find*), adjectives (e.g. *conclusive*, *manifest*), adverbs (e.g. *decidedly*, *unarguably*), nouns (e.g. *certainty*, *evidence*) and miscellaneous (e.g. *we all know that*) to express the writer’s strong commitment to a proposition by stressing shared information and effecting solidarity with readers (Hyland 2005a). As rhetorical communicative tools for signalling that the writer’s claims are to be taken as evidential or accepted truth while persuading readers of the correctness of such claims, boosters provide writers with two major strategies to display certainty and commitment in their discourse.

Firstly, boosters serve to carry the writer's conviction by convincing readers of the logical force, or accepted truth of their arguments. This can be seen from the following cases where writers employ a variety of boosting expressions to represent a strong claim about a situation, as in examples (9) and (12), with the writers being confident about "yoga producing a desired effect in post-traumatic stress disorder", or about "steroid drugs having serious side effects on osteoporosis, myopathy and so on":

- (8) **True is** that inflammation is a self-defense mechanism that is triggered by pathogens [...].
(CMT: INTRODUCTION)
- (9) **It is evident** that effectiveness of yoga to treat post-traumatic stress disorder (PTSD) is growing.
(CAM: INTRODUCTION)
- (10) As we have seen, the threshold for reporting serious adverse events, **quite simply**, is high.
(CAM: discussion)
- (11) It is **indeed the case** that rhinoviruses, influenza viruses, and coronaviruses are diagnosed in acute respiratory infections.
(CMT: INTRODUCTION)
- (12) But **what is certain** is that steroid drugs have serious side effects such as osteoporosis and fractures, immunosuppression, myopathy, cardiovascular disease, glaucoma and [...].
(EBIM: DISCUSSION)

Discrete examples like these not only show that writers are presenting information as consensually given and therefore assuming shared ground and solidarity with readers, but also that the assurance they convey by their propositions as faultless reasonings inevitably curbs the negotiating space available to the reader likely to raise other positions.

Secondly, boosters allow writers to comment impersonally on the validity of propositions. This kind of commitment emerges particularly from Discussion sections, where CAM writers present their findings in ways that are adequately controlled (compared to a placebo or conventional medicine), randomized, or statistically based to describe, analyse, and interpret the effect reported in research as confidently and accurately as possible. In doing so, writers follow the same standards and evidence threshold as those of mainstream ("hard" science) medicine, and in this way, are principally concerned with conferring validity to their investigation, generating sound and objective evidence regarding an alternative/complementary treatment, and getting the reader to understand and accept the veracity of their empirical data in terms of "factive" rather than "non-factive" (hedged) statements. This committal stance, then, turns on the ways in which CAM writers engage with the epistemological assumption of positivism in research and scientific inquiry whereby only observable facts obtained from experience, experiments or scientific methods can be genuine knowledge claims (Cohen, Manion and Morrison 2018).

In the examples below, impersonalization strategies are mainly realized through a combination of "abstract rhetors" to present a view where a research entity, for instance, "randomized clinical trials" in (14), takes responsibility for the asserted proposition and supports the reliability of their empirical claims with certainty of knowledge, and boosters to spotlight the strength of warrants with evidentiality verbs like *show* and *establish*, suggesting the efficacy of the connection between data and claims and spilling proof over into their arguments. So, in example (13), we find writers investing their statements of findings with a guarantee of reliable knowledge, in this case that "oxidative stress is one of the contributing factor for the development of oral infections", or expressing the certainty about expected outcomes with a modal *will* in example (18), in this case foretelling with shrewd inference from observable facts what is predictable about the "human body adapting to TEAS intervention and bearing insensibility to pain condition":

- (13) These data **clearly show** that oxidative stress is one of the key etiological factors in etio-pathogenesis of oral infections. (CAM: DISCUSSION)
- (14) 73 IBS randomized clinical trials **proved** that the magnitude of the pooled placebo response rate in pharmacological trials in IBS was 27.3% for the global improvement responder end point. (CAM: DISCUSSION)
- (15) This meta-analysis of 26 studies of music interventions provides **plain evidence** that music interventions are associated with clinically significant changes in mental HRQOL. (CMT: DISCUSSION)
- (16) This research **has established** that the prostaglandin E2 (PGE2) is the final fever mediator in the brain, especially in the preoptic area of the anterior hypothalamus. (CMT: DISCUSSION)
- (17) The results (Fig. 3A and B) **demonstrate** that the tested extracts displayed inhibition of COX-1 and COX-2 enzymes in a concentration dependent manner being more selective towards COX-2 enzyme. (EBIM: DISCUSSION)
- (18) Repeated transcutaneous electrical acupoint stimulation (TEAS) intervention over a long period of time or at short intervals **will** cause the body to adapt to TEAS and thus become highly tolerant of analgesia. (EBIM: DISCUSSION)

While all these cases show that the writers' new claims are unequivocally and immediately apparent for readers to accept without dispute, reliance on positivist epistemologies also suggests that writers are dismissing their own individual, subjective experiences and values as these require researchers to stay objective and generate empirically based findings well outside of their personal role to highlight the phenomenon under study.

In addition to foregrounding empirical data, procedures, or results by abstract rhetors, writers can also refine the mastery-based condition for establishing empirical research through their *presence* in the discourse. In the following examples, where *self-mentions* (exclusive pronouns and possessive determiners) are used, writers are not simply taking a more personal style but are articulating a "discoursal self" (Ivanič 1998) and "authorial identity" (Hyland 2005a and 2005b) together when they seek to position themselves in relation to their current work:

- (19) In **our** research, **we have demonstrated** that cognitive damage by ketamine is **clearly** associated with its effects on major neurochemicals such as acetylcholine. (EBIM: DISCUSSION)
- (20) **We strongly believe** that inflammation is a major culprit in arthritis, lupus, high blood pressure, migraines, rheumatoid arthritis, Chron's disease, Alzheimer's disease, irritable bowel syndrome, colitis, tendonitis. (CMT: DISCUSSION)
- (21) In **our** randomized clinical trial of 74 patients with depression (*authors' quote*) **we found** noticeable differences in adverse event rates between the intervention (specific auricular acupuncture) and control (nonspecific auricular acupuncture) groups [...]. (CAM: DISCUSSION)

More precisely here, we find writers expressing custody of what they report in the current study, as in example (19), with the writers staking out an individual position and data-supported claim about "cognitive damage by ketamine having tangible effects on neurochemicals", or moving from data-supported claims to construe a high personal commitment to the proposition that "inflammation is the major cause of arthritis, lupus" or other medically diagnosed conditions in example (20), or sketching background to previously published work through self-citation (21), in this case doing research in patients randomly assigned to an experimental group and moving things forward in the current study.

However, claim making also helps clarify the writers' distinctive contribution and commitment to their positions or findings by developing an overall attitude both to their readers and their arguments. We can see this in the examples below, where writers are heavily invested in spelling out what is salient about their empirical study or findings and staking out their scientific claims to tangible topics, such as in (23), where "a test compound in paw edema" is presented as "sufficiently relevant" to demonstrate that they have something worthwhile to say:

- (22) Overall, this study **underlines** the **importance** of maintaining healthy ROM, especially in subjects who already show signs of impairment. (CAM: DISCUSSION)
- (23) The test compound A **showed** a **highly significant** ($P < 0.001$) decrease in paw edema ranging from 46 to 68% during the 1st hour of the experiment as compared to standard drug ibuprofen (57%). (CMT: DISCUSSION)

While the combination of boosting verbal items (*underline*, *show*) with attitudinal nouns (*importance*) or gradable adjectives (*highly significant*) reinforces epistemic conviction in claims and a clear assurance of "importance" or "weight" in different parts of the arguments, it is easy to see how writers are able to make the message convincing and bring readers round to their evaluative perspective.

At other points, however, writers may choose to clarify their distinctive contribution still further by producing utterances that stress the prospective benefits or utility of their research:

- (24) This work will be **necessary** to investigate the function of individual active components of AVE and to identify their **effective** mechanism of action. (CAM: INTRODUCTION)
- (25) The results obtained in the present in vitro study **contribute to the beneficial** effects of these plant extracts on symptoms of acute respiratory infections. (CMT: CONCLUSION)

It therefore becomes clear that when writers express their own commitment with forms like *find*, *show*, *clearly*, whether or not combined with self-mentions, they not only intend to describe the rationality and objectivity of their epistemological inquiries that are the epitomes of scientific research, but also make the most persuasive case for the originality or value of their research findings to the scientific community, including an audience of mainstream biomedical colleagues likely to be sceptical about such a value. These aims are achieved by legitimizing the validity and credibility of new knowledge claims that emerge from the problems they investigate, the methodologies they employ, the data they analyse and the outcomes they write up.

At the same time as persuading the community to assent to the significance and certainty of their knowledge claims by boosters, writers are also projecting a new discursive identity invested with a scholarly ethos of confidence of factual reliability by which to claim credit for undisputable positions on the topics they are strongly arguing about, ultimately establishing their authority and expertise to conduct significant research and contribute new knowledge for an audience who can make use of it. While claims here become robust and credible by the very fact of publishing articles in journals that operate a peer review quality threshold and ensure that the appropriate ethical standards are being upheld to prevent the propagation of flawed or biased research, setting goals that align with the writers' ethical appeal to credibility of their published work can also significantly impact on their career and personal success because of the constant pressure to publish and the need to stand out from the noise of scholarly medical publishing.

So, unlike hedges enabling writers to cast potentially controversial assertions as contingent, individual, and less assured, displaying more confidence by boosters turns on the ways writers choose to confront the diversity of positions with a single, assertive ethos that values the factual

status of their propositions by reliable knowledge and expertise in the field and instils confidence in readers through a voice of certainty in the interactional space provided. And we have seen, for instance, how the combination of boosting lexical verbs with self-mentions in example (20) – *We strongly believe that inflammation...* – not only allows CAM writers to thematize their personal view by taking a more direct responsibility for the views presented, but also to project a more personal ethos along a confident line of knowledgeable and competent identity afforded by their authorial credibility and expertise in the field. This is, in other words, an ethos that defines CAM writers as professional members of the community who are able to deliver with authority on the subjects at hand, strengthen their research credibility, and conduct social relations with colleagues.

Conclusion

In this study I have sought to explore how CAM research is linguistically and discursively stanced and credentialized in the genre of scholarly articles at a time when non-mainstream medical practice is still making headway in diverse meaning-making ontologies of institutionalized, mainstream biomedicine.

I have done so by showing how genre writers deploy evaluative and interpersonal resources of stance towards the issues they discuss and the readers they address and make use of these resources to create rhetorical appeals to a scholarly ethos from within the boundaries of their discipline. The corpus analysis of *evidentiality* hedges and boosters as well as *presence*, however relatively conventional in the genre, has been shaped by an awareness of CAM writers to supply as many cues as are needed to secure readers' understanding and acceptance of their arguments and claims and to convey their professional authority, credibility and expertise in terms of the propositions they frame for peers and others to see as most persuasive. We have seen how CAM writers are more inclined to make strong and confident assertions by boosters to convince their readers about the truth value of a claim put forth, or a position taken, and to offer a credible representation of themselves and their research by making personal appeals to a competence – and expertise-defining ethos. While, proportionally, writers are far more reluctant to build a personal ethos by self-mention, they are equally fond of setting out their arguments and claims circumspectly by hedges and favour a modest, risk-averse scholarly ethos by which certainty of definitive judgments might be unwise in the discourse at hand.

By controlling the expression of interactional relationships within this influential genre of the academy and displaying familiarity with the persuasive practices of their discipline, CAM writers are able to emphasize the value of their research in a way that meets disciplinary criteria of rigor and interest and builds a more effective ethical appeal to credibility in this form of academic writing. This way of “seeing” ethos through interactional markers not only carries the epistemological and social beliefs of CAM members as they construct knowledge domains, but also elucidates a larger “boundary” context for interpretation, showing how CAM scholars' discourse employs epistemologies of legitimation and professional identity to renegotiate their relational positionality vis a vis biomedicine, without undermining the integrity of either domain.

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Doctors and Medical Practices in Ann Radcliffe's *The Romance of the Forest*

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Abstract

Medical practice and the Gothic imagination within the context of medicine and literature in the late eighteenth century present fruitful intersections that have only recently been investigated, since they both transgress and test the limits of human knowledge. As a major representative of Gothic fiction, Ann Radcliffe frequently includes surgeons and physicians in her romances, who experiment with several methods of alleviating and curing mental as well as bodily diseases. Even though their marginal role in Radcliffe's works is often overlooked by critical studies, this article offers a new and original enquiry on the dynamics of injuries, the methods of cure and the relationship between patients and doctors that Radcliffe employs in *The Romance of the Forest* (1791) in order to challenge traditional interpretations of Gothic medical issues as well as gender roles.

Keywords: Ann Radcliffe, Doctors, Gothic, Illness, *The Romance of the Forest*

The link between literature and science has been a subject of study in recent decades from various perspectives: from the influence of natural history on the philosophy of thought, to the relationship between science and medicine expressed in literature and more generally the role of scientific-technological discoveries in the humanities (Hilger 2017). Even though the majority of critical studies has been dedicated to the strong relation between medicine and literature during the Victorian period, when the medical scientific field of study about disease became a standard and recognised practice, medical Gothic in the late eighteenth century should not be simply considered an anticipation of the following age of "medical enlightenment" (Kremmel 2022, 13); rather it represents a moment of transition in which original instances of enquiry are disclosed through Gothic narratives. In particular, in between eighteenth- and early-nineteenth-century scientific discoveries and the Gothic within the context of medicine and literature present a unique intersection since they both transgress and test the limits of human knowledge.

The frequent occurrence of hallucinations, bodily suffering, fainting, hysteric crying and dejection affecting in particular

female characters are stereotypical conditions of illness encompassed in Gothic narratives that strike the attention of the reader not only as literary features associated with the Gothic, but as metaphors mirroring a turbulent state of society. As asserted by Andrew Smith “science had a potentially radical edge ascribed to it by a watchful reactionary culture that regarded scientific advantages with some suspicion, not least because science seemed to provide the age with powerful metaphors for radical social change” (2016, 307).

Manifestations of illness and their related medical treatments in Gothic fiction have attracted scholarly attention given to the connection between the history of medical science and literature (Caldwell 2004; Hilger 2017; Lawlor and Mangham 2021). In her useful survey on the “Intersections between Medical Humanities and Gothic Studies”, Sara Wasson asserts that “medicine and Gothic have long been entangled” (2015, 1) referring to major Gothic classics such as Mary Shelley’s *Frankenstein; or the Modern Prometheus* (1818) which epitomises the paradigm of human ambition and medical experimentation. Another pivotal reference is Robert Luis Stevenson’s *The Strange Case of Dr Jekyll and Mr Hyde* (1886), associated with the apotheosis of pharmaceutical testing in the medical field. However, these canonical examples have important connections with the earlier Gothic narratives from the end of eighteenth century. The long tradition of Gothic narratives is based on influential examples such as Horace Walpole’s *The Castle of Otranto* (1764); Clara Reeve’s *The Old English Baron* (1778); Ann Radcliffe’s romances (*The Romance of the Forest*, *The Mysteries of Udolpho* and *The Italian* published between 1791 and 1797); Matthew Lewis’s *The Monk: A Romance* (1796); Mary Robinson’s *Hubert de Sevrac: A Romance of the Eighteenth Century* (1796); Charlotte Dacre’s *Zofloya; or, The Moor* (1806); to mention just a few. These are all evaluable sources of Gothic tales where we can find scenarios of despondence within a Gothic frame: more specifically they all include vicissitudes of tormented and vulnerable characters trapped in remote castles or monasteries subjected to bodily as well as psychological agonies. There is in fact a mutual inspiration between medical issues and the Gothic since “while medicine has influenced the drama and settings of the Gothic, so too have Gothic forms shaped medical writing” (Wasson 2015, 1).

As noted above, narratives of disease, temporary or permanent, when associated to psychological discomfort are commonplace in Gothic fiction. They are, however, often depicted in a very broad and general sense and are typically related to violent deaths, resurrections, mental illness and strong manifestations of discomfort, whose path to recovery is often difficult if not impossible to achieve. In this article I will focus on the representation of illness in the work of Ann Radcliffe, where she includes different kinds of diseases which constantly distress her characters, who live in relentless physical and psychological conditions until the very end of the novel when the supernatural is explained and the cure is found. For this purpose, I will focus on *The Romance of the Forest* in which Radcliffe stages scenarios where her characters, both female and male, suffer from diseases and illnesses not derived or connected to archetypal supernatural events from Gothic narratives, but from physical injuries derived from motivated actions or occurrences such as armed conflicts or personal diseases. These can be defined as more true-to-life, if not properly common (at least for the epoch of the story). In other words, the kinds of distress I am interested in do not result from acts of necromancy or from the involvement of evil spirits, rather they are the express consequences of personal behaviour that cause temporary disabilities to the body. In other words, illnesses are due to misfortunes that are not properly incidental, but strictly associated to the actions or misfortunes of the character, who is the very cause of their distress. Radcliffe includes in her Gothic tales episodes of body tribulations provoked by the personal behaviour, and not from undetected reasons. This narrative strategy is in line with Radcliffe’s Gothic aesthetic of the supernatural explained, that she convincingly experiments in her romances (Baiesi 2020).

Moreover, another aspect of this reading involves a close analysis of the role of doctors and physicians in Radcliffe's narratives. Illnesses, diseases and injuries required the innervation of medical practitioners who had different kinds of specialization, and they all played pivotal roles in Radcliffe's works as major points of reference for medical advice and treatment. Due to the fact that medical cares in the eighteenth and nineteenth centuries were highly experimental and practice-based, the methods and cures implemented by doctors could fail or amend situations of discomfort, establishing a dialogue with the medical discourse of the time. Even though the role of the nineteenth-century's man of science is pivotal in Gothic novels as a representative of scientific advancement and its mixed consequences (Budge 2012), it is worthwhile to investigate the recurrence of medical practices applied to everyday reality, especially when associated with context. Illnesses, injuries and medical treatments are entangled in Radcliffe's texts and are thus used to disclose a new interpretation of the relationship between reality and mystery, illness and cure, patient and doctor. These literary dichotomies challenge the reader in finding new metaphorical interpretations of illness and therapy, especially when representing conflicts between gender roles and medical tropes withing the Gothic.

Ann Radcliffe's *The Romance of the Forest* can be considered a canonical work of Gothic fiction, but it also has strong ties to the broader literary aesthetic of the Romantic period. It not only achieved great popularity in Britain when it was published (1791), it also acquired international acclaim thanks to the vast circulation of theatrical adaptations and translations across Europe. Not by chance, Sir Walter Scott declared that the work "placed the authoress at once in that rank, and pre-eminence in her own particular style of composition, which her works have ever since maintained" (King and Pierce 2023, 9). As a matter of fact, after the anonymous publication and mixed reception of her first two works (*The Castle of Athlin and Dunbayne* and *A Sicilian Romance*) in 1789 and 1790, it was *The Romance of the Forest* that made her famous (Miles 1995, 3) as it became an immediate and significant success.

As King and Pierce observe in their introduction to the novel, Radcliffe's third romance comprises Gothic tropes such as the ruined abbey, supposed ghost, the hidden skeleton of a man secretly murdered and "all the horrid train of images which such scenes and such circumstances may be supposed to produce", together with a "remarkable ability to affect the emotions of her readers directly and powerfully" (2023, 9). Moreover, the importance of this novel can be located in the author's skilful experimentation with the Gothic genre and several forms: the ancient romance, the eighteenth-century novel – sentimental in particular –, the melodrama – for the extravagant dramatization of various forms of excess – and the detective/fantastic form. Thus, she created a new and original type of Gothic fiction, as acknowledged by her contemporaries. Besides Scott's encomium of Radcliffe's innovative talent, Anna Laetitia Barbauld asserted in *The British Novelists* (1810) that Radcliffe's works "exhibit[s] a genius of no common stamp" and that *The Romance of the Forest* was a novel "in which her peculiar genius was strikingly developed" and that it was "perhaps the best" of her works (1810, i-ii). Sophistication and innovation are two of the more appropriate qualities of *The Romance of the Forest*, together with "the construction of the plot and its ability to affect readers strongly, and the way in which the author balanced probability and improbability by invoking fear of the supernatural without indulging in unbridled portraits of preternatural actors or events" (King and Pierce 2023, 14). This balance between real and imaginary, together with the use of the picturesque and sublime as aesthetic categories applied to a written text in order to give relevance to the power of creation through the connection of the natural world, made Radcliffe pivotal in the defining of Gothic poetics and British Romanticism.

The Romance of the Forest opens *in media res* with the heroine, Adeline, whose identity is initially unknown. She is introduced through Monsieur La Motte's gaze as an object of pity left

by dangerous ruffians at the mercy of strangers. She is described as “a beautiful girl”, “bathed in tears”, trembling and imploring for pity (Radcliffe 1999, 5). As asserted by Diane Long Hoeveler, Adeline represents the sentimental heroine in distress, disinherited and dispossessed. Yet we also discover that she is a modern kind of “female Gothic detective” (Hoeveler 2014, 101) endowed with sparking intelligence, who over the course of the novel would solve the mysteries related to her identity as well as her father’s murder. This is because the more Adeline acquires independence of mind on the journey to the south of France, the more she elevates her intellectual status: “The observations and general behaviour of Adeline already bespoke a good understanding and an amiable heart, but she had yet more – she had genius” (Radcliffe 1999, 29). She is a victim of the events representing an “exchange commodity between powerful men who use her as a pawn in their own vaguely homosocial schemes” in a male-dominated society (Hoeveler 2014, 101). Nevertheless, she dismisses personifying such a role and instead becomes a leading figure thanks to her intellect. Radcliffe’s heroine complies with the feminine Gothic stereotype and simultaneously challenges patriarchal dominance, gender boundaries and social discrimination. As asserted by E.J. Clery, Radcliffe “follows the type of Gothic heroine who actively rebels against confinement, and claims her right to life, liberty, and the free play of imagination in spite of the dangers of the world at large” (2000, 71).

Radcliffe’s Gothic romance is a fascinating novel of real life, ideas and ethical philosophy. Travel and nature are two major components of *The Romance of the Forest*, since they provide a counter narration for the frequent episodes of terror and horror. Supernatural writing in Radcliffe is always balanced by the narration of the natural and real world, even though daydreams, nightmares and false impressions are intermingled in the everyday. The power of the imagination endows Adeline to create and re-create the world that surrounds her in line with the aesthetic of Romantic poets. Such a balance between adventures of imagination and everyday occurrences, together with the constant overlapping of dream and reality make the novel a unique example of experimental fiction that can be read as revolutionary.

Following Adeline’s adventures, the alternating state of illness and health could acquire new meaning. Adeline’s dependence on the kindness of strangers “raises issues about ethic and human nature” (70) and, I would add, of human care. When diseases are not caused by supernatural or mysterious events in Radcliffe’s novel, they are treated by human intervention that employ contemporary scientific knowledge and training. This is evident in *The Romance of the Forest* as Adeline, despite her role as the heroine in distress, soon discloses a courageous spirit, a vivid wit and humour, accompanied by a strong commitment for her safety, her own health and well-being, and that of others. In such spirit of survival we can read the dynamic of illness and cure discussed above, and analyse the meaning and role of the doctors in Radcliffe’s re-elaboration of the Gothic genre.

After the opening expository material Adeline falls ill. Her fever is not due to a supernatural or mysterious causes, rather from physical distress provoked by the psychological shock of her capture, subsequent release and exhausting journey with strangers. The narrator describes a disease not only associated with the Gothic, but one more linked to common distress: “She had passed a restless night, and, as she now attempted to rise, her head, which beat with intense pain, grew giddy, her strength failed, and she sunk back” (Radcliffe 1999, 11). Not surprisingly, the consequences of the fever are that Madame La Motte is very alarmed and that Adeline cannot travel. The third outcome is the necessity to consult a physician.

At the end of eighteenth century regular medical practice in Britain was divided between physicians on one hand and surgeons and apothecaries on the other. Physicians held a medical degree or belonged to the Royal College of Physicians, and most graduated from Cambridge,

Oxford or Edinburgh. Normally physicians were concerned with internal medicine, which ranged from attention to the nervous system, contagious diseases, respiratory disorders, dental disorders and affections of the intestinal tract. Most medical research at the time was conducted by physicians. Surgeons, on the other hand, were the manual workers in the medical field. They were responsible for dressing wounds and setting broken bones, as well as performing surgery on the body. They sometimes also practised the trade of apothecaries, who procured and dispensed drugs as a means of earning extra money. In the early Romantic period, anyone who sold drugs could call themselves an apothecary. It was not until the Apothecaries Act of 1815 that formal apprenticeship programs and educational requirements for apothecaries were established, marking the first substantial effort to regulate general medical practice in Britain. Until the Medical Act of 1858, physicians claimed a higher status in the traditional tripartite division of their profession. Unlike surgeons and apothecaries, who were trained by apprenticeship, physicians received a liberal education and degree, being considered the gentlemen of the medical profession. However, according to critics, their training, with its emphasis on classical and theoretical learning, did not adequately prepare them for general practice, where practical skills and broad knowledge of common diseases were required. Physicians generally practised among the wealthier class of the population, but with the advent of hospital and charitable movements in the late eighteenth century, the variety of patients expanded, as did the practical base of their medical knowledge. Physicians, or more commonly doctors, during the Regency period occupied the higher levels of the social ladder. Due to their additional schooling and lack of apprenticeships, they were considered gentlemen because they tended to avoid manual labour. Physicians limited themselves to diagnosing patients and writing prescriptions, but they did not dispense drugs. As said, they rarely performed surgery, but could be considered general practitioners. In rural areas, where few physicians lived, apothecaries often also acted as surgeons, making house calls and treating patients. But mostly they mixed medicines, dispensed them and trained apprentices (Vickers 2004).

Radcliffe's references to physicians and surgeons in the novel follow this distinction of profession, together with their metaphorical and social meanings. Portrayed with irony in *The Romance of the Forest*, the physician that is called for Adeline's condition pronounces a quite obvious diagnosis: "He [Monsieur La Motte] sent immediately for a physician, who pronounced her [Adeline] to be in a high fever, and said, a removal in her present state must be fatal" (Radcliffe 1999, 12). However, even though the consultation gave an expected verdict, such intervention helped La Motte "to calm the transports of terror" (*ibidem*) that always invade the life of Gothic protagonists. In fact, "Adeline's fever continued to increase during the whole day, and at night, when the physician took his leave, he told La Motte, the event would very soon be decided" (11). The man of science foresees a possible output of the patient's health according to his judgment and experience. However, his knowledge is always limited due to the constant advancement of scientific discoveries and his own personal perspective. However, Adeline's physician is prone to taking care of his patient, since he has been watching Adeline all day before going home and he appears again the following morning. The fact that Adeline's distress requires the constant assistance of the physician means that Radcliffe is not dismissive of his role in society and the benefits of his work. In this specific case, Adeline is not suffering, as we said, from a dangerous illness, but the intervention of the physician is still essential. And even though his medical advice is irrelevant, the final judgment is quite definitive: "he gave orders that she should be indulged with whatever she liked, and answered the inquiries of La Motte with a frankness that left nothing to hope" (*ibidem*). Despite this frightening prognosis, Adeline recovers fast and well:

In the mean time, his patient, after drinking profusely of some mild liquids, fell asleep, in which she continued for several hours, and so profound was her repose, that her breath alone gave sign of existence. She awoke free from fever, and with no other disorder than weakness, which, in a few days, she overcame so well, as to be able to set out with La Motte for B— a village out of the great road, which he thought it prudent to quit. (13)

In this passage, the physician does not play a crucial role in healing Adeline's distress, who recovers quite effortlessly and without any drugs or operations that a physician at the time was not able to perform. But Radcliffe includes the mediation of a specialized man of science into the plot because the literary structure of her Gothic romance follows an alternating trend between moments of suspense and mystery related to the unknown and others of real life. Doctors are thus included for the sake of the novel's credibility, and the connection between disease and cure allows Radcliffe to comment on British society.

After Adeline has recovered, the company resumes the journey in great haste and finds a peculiar adobe to pass the night in the form of a ruined abbey of St. Clair in Fontangville, near Lyon. Here, after an initially frightening experience while exploring the abbey during the night, they find the abbey a suitable place to live since it is a recluse spot hidden from society. Even though this is a Gothic building – signified by its historical past and architecture – it provides the characters with freedom as they respectively desire to withdraw from society (La Motte for his debts, and Adeline from her persecutors). La Motte acknowledges that: "the desolation of the spot was repulsive to his wishes; but he had only a choice of evils – a forest with liberty was not a bad home for one, who had too much reason to expect a prison" (23). On the contrary Adeline, surrounded by natural beauty and picturesque scenes, enters into a spiritual relation with the ruined Abbey and the forest, giving voice to a deep religious connection with the non-human surroundings:

The scene before her soothed her mind, and exalted her thoughts to the great Author of Nature; she uttered an involuntary prayer: "Father of good, who made this glorious scene! I resign myself to thy hands: thou wilt support me under my present sorrows, and protect me from future evil". Thus confiding in the benevolence of God, she wiped the tears from her eyes, while the sweet union of conscience and reflection rewarded her trust; and her mind, losing the feelings which had lately oppressed it, became tranquil and composed. (22)

Moreover, the ruined abbey is where Adeline expresses her poetical genius, relating her perception, description and interiorisation of the natural world through the aesthetic categories of the picturesque, sublime and beautiful as they are formulated by Gilpin and Burke.¹ Her creative talent is mostly praised by an unknown admirer, Theodore, a young chevalier, who listens to her performances and falls immediately in love with the poetess (only later on in the story does she reciprocate his feelings). He embodies the archetype of the hero in the romance tradition, but, contrary to his stereotypical function, he does not take the lead in solving the mysteries related to the fate of the persecuted heroine. Eventually, he assists Adeline fly from the villain.

After a month at the abbey, La Motte receives a visit from the Marquis de Montalt and his adjutant. He is Adeline's persecutor, initially a pretender and later an assassin. Theodore, by contrast, helps Adeline to escape from the abbey that transforms from a refuge of voluntary seclusion into a dangerous prison. Theodore is ready to compromise his military reputation as well as his life for Adeline. They flee together and, as soon as they are far from the abbey, they enjoy the elation of liberty and mutual attachment:

¹ For further reading on the role of Edmund Burke's aesthetic categories of the sublime and beautiful and William Gilpin's rules of the picturesque in Radcliffe see Townshed and Wright 2014; Bohls 1995.

Never, till the present hour, had he ventured to believe she was in safety. Now the distance they had gained from the chateau, without perceiving any pursuit, increased his best hopes. It was impossible he could sit by the side of his beloved Adeline, and receive assurances of her gratitude and esteem, without venturing to hope for her love. He congratulated himself as her preserver, and anticipated scenes of happiness when she should be under the protection of his family. The clouds of misery and apprehension disappeared from his mind, and left it to the sunshine of joy. When a shadow of fear would sometimes return, or when he recollected, with compunction, the circumstances under which he had left his regiment, stationed, as it was, upon the frontiers, and in a time of war, he looked at Adeline, and her countenance, with instantaneous magic, beamed peace upon his heart. (173)

However, their happiness is swiftly disrupted by the arrival of two officers with a warrant to arrest Theodore for treachery in the King's name. A fight follows and Theodore receives a stroke to the head. This is the second injury that requires doctoral intervention since "the blood gushed furiously from the wound; Theodore, staggering to a chair, sunk into it, just as the remainder of the party entered the room, and Adeline unclosed her eyes to see him ghastly pale, and covered with blood" (176). Adeline, who fainted a few passages before on hearing the dispute between the officers and Theodore, must now quickly recover in order to assist Theodore. This is a good example of how Radcliffe challenges gender roles baked into traditional medieval romance as Adeline inverts of role of the female character by taking charge and saving the male hero. The two protagonists suffer, simultaneously, from different kind of diseases: Adeline for despondency on seeing Theodore in danger, and Theodore from a stroke to the head. The imbalance of such states of illness is ironic, as well as the dialogue between the two: "She uttered an involuntary scream, and exclaiming, 'they have murdered him,' nearly relapsed. At the sound of her voice he raised his head, and smiling held out his hand to her. 'I am not much hurt', said he faintly, 'and shall soon be better, if indeed you are recovered' " (*ibidem*).

A surgeon is sent for to cure Theodore as this emergency requires the practical expertise of a medical figure. Meanwhile, in the room a small crowd assemble "whom the report of the affray had brought together; among these was a man, who acted as physician, apothecary, and surgeon to the village, and who now stepped forward to the assistance of Theodore" (177). The tripartition of the medical profession referred to here is quite in line of the different kinds of doctors in late-eighteenth-century British society. In this specific case, even though the story is set in France during an undefined past age, Radcliffe draws on contemporary medical practice, stepping away from the geographical and historical displacement of medieval romance. Entering everyday reality, such as that of the doctors during the eighteenth century, Radcliffe portrays a common situation in villages where one person pretends to embody the role of three different medical professions without ability or experience. As a matter of fact, in this passage of *The Romance of the Forest*, the voluntary doctor who exams Theodore's injury follows the standard medical procedure without any particular accuracy: "Having examined the wound, he declined giving his opinion, but ordered the patient to be immediately put to bed, to which the officers objected, alleging that it was their duty to carry him to the regiment. 'That cannot be done without great danger to his life', replied the doctor" (*ibidem*).

At this moment Adeline takes the lead, suppressing her fainting mood and "the anguish of her heart", she decides what course of action is in the best interest of the patient. She thus speaks out: "Adeline, who had hitherto stood in trembling anxiety, could now no longer be silent. 'Since the surgeon,' said she, 'has declared it his opinion, that this gentleman cannot be removed in his present condition, without endangering his life, you will remember, that if he dies, yours will probably answer it' " (*ibidem*). Then the doctor immediately reiterates the same order: "'Yes,' rejoined the surgeon, who was unwilling to relinquish his patient, 'I declare before

these witnesses, that he cannot be removed with safety: you will do well, therefore, to consider the consequences. He has received a very dangerous wound, which requires the most careful treatment, and the event is even then doubtful; but, if he travels, a fever may ensue, and the wound will then be mortal' " (*ibidem*). Consequentially, and thanks to the persuasive manners of the pressing mob who call for Theodore's recovery, the officers allow the patient to rest and be examined by the surgeon. It is in the interval of this visit when patient and doctor are left alone in an adjoining room, that Adeline becomes aware of her own feelings for Theodore:

She waited in an adjoining room the sentence of the surgeon, who was now engaged in examining the wound; and though the accident would in any other circumstances have severely afflicted her, she now lamented it the more, because she considered herself as the cause of it, and because the misfortune, by illustrating more fully the affection of her lover, drew him closer to her heart, and seemed, therefore, to sharpen the poignancy of her affliction. The dreadful assertion that Theodore, should he recover, would be punished with death, she scarcely dared to consider, but endeavoured to believe that it was no more than a cruel exaggeration of his antagonist. Upon the whole, Theodore's present danger, together with the attendant circumstances, awakened all her tenderness, and discovered to her the true state of her affections. The graceful form, the noble, intelligent countenance, and the engaging manners which she had at first admired in Theodore, became afterwards more interesting by that strength of thought, and elegance of sentiment, exhibited in his conversation. His conduct, since her escape, had excited her warmest gratitude, and the danger which he had now encountered in her behalf, called forth her tenderness, and heightened it into love. The veil was removed from her heart, and she saw, for the first time, its genuine emotions. (178)

It is significant that Radcliffe's heroine does not fall in love with the chevalier immediately after a moment of conflict. Rather Adeline becomes cognisant of her love for Theodore during a moment of common distress while he is treated by a doctor for an injury that initially does not even seem fatal. This is not in line with the traditional romance and testifies to Radcliffe's engagement social and domestic events of real life. Re-considering a relationship while a beloved is in danger is a reaction that pertains to a sensible woman of a romance, as well any person of sensibility, now and then.

As soon as the visit is over, Adeline enquires into the state of patient's wound. The doctor, before replying to the specific request, deviates his speech and speculates on the nature of Adeline's and Theodore's relationship. Such an intrusion into her private concerns is very upsetting for Adeline and she does not tolerate this digression, prompting an answer to her medical queries: "Now, Sir, that you have concluded your compliment, you will, perhaps, attend to my question; I have inquired how you left your patient" (179). Unfortunately, the surgeon is quite drastic in his judgment: "That, Madam, is, perhaps, a question very difficult to be resolved; and it is likewise a very disagreeable office to pronounce ill news—I fear he will die.' The surgeon opened his snuff-box and presented it to Adeline. 'Die!' she exclaimed in a faint voice, 'Die!' " (*ibidem*). Despite this upsetting verdict, the dialogue between the doctor and Adeline is carried out with irony, revelling in the surgeon's incompetence and insecurity when dealing with personal and medical subjects:

'Do not be alarmed, Madam', resumed the surgeon, observing her grow pale, 'do not be alarmed. It is possible that the wound may not have reached the—' he stammered; 'in that case the—' stammering again, 'is not affected; and if so, the interior membranes of the brain are not touched: in this case the wound may, perhaps, escape inflammation, and the patient may possibly recover. But if, on the other hand,—'. (*ibidem*)

Adeline grows more and more dissatisfied with the performance of the surgeon as he is evidently unable to deliver a convincing opinion about the state of his patient. Feeling Adeline's mistrust, the doctor is unable to maintain a professional composure:

'I beseech you, Sir, to speak intelligibly', interrupted Adeline, 'and not to trifle with my anxiety. Do you really believe him in danger?' 'In danger, Madam', exclaimed the surgeon, 'in danger! yes, certainly, in very great danger'. Saying this, he walked away with an air of chagrin and displeasure. (*Ibidem*)

We are left to question if the doctor's diagnosis is delivered in light of his expertise as a qualified physician, as an expert surgeon in bodily injuries, or as an apothecary who dispenses drugs, or even neither of the three practices. Adeline openly doubts his medical opinions due to her small faith on the doctor's judgment and her own anxiety for Theodore's possible death. Unable to accept such a state of uncertainty about Theodore's medical condition, Adeline enquires, quite comprehensibly, "whether there was another medical person in the town that the surgeon whom she had seen" (180). But, alas, the landlady replies that "this is a rare healthy place; we have little need of *medicine* here; such an accident never happened in it before. The doctor has been here ten years, but there's very bad encouragement for his trade, and I believe he's poor enough himself. One of the sort's quite enough for us" (*ibidem*). This description highlights a common situation for doctors in the late eighteenth century, arousing more sympathy for the unfortunate specialist, who lack medical experience, skills and practice due to the necessity of money and the small village in which he is confined to perform his activity.

Meanwhile, Theodore seems to be more positive about his condition, even though the doctor openly told him that he would soon die. For such unprofessional conduct, Adeline is very explicit in manifesting her discontent: "I do not like him", she says, and she wishes that Theodore would have "a more able surgeon" (182) for professional and reliable advice. For now, she has to wait for a second visit of the same doctor, who makes another appearance toward the evening: "Towards evening the surgeon again made his appearance, and, having passed some time with his patient, returned to the parlour, according to the desire of Adeline, to inform her of his condition. He answered Adeline's inquiries with great solemnity. 'It is impossible to determine positively, at present, Madam, but I have reason to adhere to the opinion I gave you this morning' " (183). After delivering his opinion, the doctor in a way feels Adeline's judgment and he narrates a long story to prove his capacity as an expert man of science:

I am not apt, indeed, to form opinions upon uncertain grounds. I will give you a singular instance of this: 'It is not above a fortnight since I was sent for to a patient at some leagues distance. I was from home when the messenger arrived, and the case being urgent, before I could reach the patient, another physician was consulted, who had ordered such medicines as he thought proper, and the patient had been apparently relieved by them. His friends were congratulating themselves upon his improvement when I arrived, and had agreed in opinion with the physician, that there was no danger in his case. Depend upon it, said I, you are mistaken; these medicines cannot have relieved him; the patient is in the utmost danger. The patient groaned, but my brother physician persisted in affirming that the remedies he had prescribed would not only be certain, but speedy, some good effect having been already produced by them. Upon this I lost all patience, and adhering to my opinion, that these effects were fallacious and the case desperate, I assured the patient himself that his life was in the utmost danger. I am not one of those, Madam, who deceive their patients to the last moment; but you shall hear the conclusion. My brother physician was, I suppose, enraged by the firmness of my opposition, for he assumed a most angry look, which did not in the least affect me, and turning to the patient, desired he would decide, upon which of our opinions to rely, for he must decline acting with me. 'The patient did me the honour', pursued the surgeon, with a smile of complacency, and smoothing his ruffles, 'to think more highly of me than,

perhaps, I deserved, for he immediately dismissed my opponent. I could not have believed, said he, as the physician left the room, I could not have believed that a man, who has been so many years in the profession, could be so wholly ignorant of it. 'I could not have believed it either, said I.—I am astonished that he was not aware of my danger, resumed the patient.—I am astonished likewise, replied I—I was resolved to do what I could for the patient, for he was a man of understanding, as you perceive, and I had a regard for him. I, therefore, altered the prescriptions, and myself administered the medicines; but all would not do, my opinion was verified, and he died even before the next morning'.—Adeline, who had been compelled to listen to this long story, sighed at the conclusion of it. 'I don't wonder that you are affected, Madam', said the surgeon, 'the instance I have related is certainly a very affecting one. It distressed me so much, that it was some time before I could think, or even speak concerning it. But you must allow, Madam', continued he, lowering his voice and bowing with a look of self-congratulation, 'that this was a striking instance of the infallibility of my judgement'. (183-84)

This long passage is a very stimulating example of Radcliffe's awareness of the late-eighteenth-century's medical issues, and she is ironically exposing the difficulties and contradiction of medical procedures and social dynamics related to doctors, physicians and apothecaries. The central question here is the experimentation and uncertainty on which the medical profession was based – as it is today. Moreover, another aspect that I think must be considered after reading this passage is the complex relationship between patient and doctor based on trust, empathy and compassion.

As for Adeline, she further struggles with the surgeon, who prescribes medicines as an apothecary but does not trust "natural methods" as "Nature is the most improper guide of the world" (185). Such aversion to the natural world makes him the target of Radcliffe's critique as she finds in nature the solution to every kind of mystery and human suffering. Eventually, and with many great efforts, Adeline manages to summon another doctor. This time it is a real physician, a gentleman, who comes "with a great deal of practice" (*ibidem*), confidence and reputation. Despite the stubbornness of the first surgeon in treating Theodore with his rude manners and wrong methods that cause Theodore to get even worse, the new physician gives hope to Adeline "for a favourable issue" (189). The surgeon, "in surprise and anger" is dismissed and Theodore finally is finally cured by the new physician, who ordered a "composing draught", some "diluting liquids" (188) and gave hope to everybody.

Adeline, still in her flight from the villain Montalt, meets the benevolent minister Arnaud La Luc and his family. The daughter, Clara, is the sibling figure of Adeline, and Monsieur La Luc exemplifies a good and beloved father. Moreover, Theodore is soon identified as the son. They live in the village of Leloncourt, together with a small community, and they take care of Adeline as a daughter on her arrival. Monsieur La Luc's maiden sister, "a sensible, worthy woman" (246) who, at the death of her brother's wife, takes voluntary charge of the children's domestic care. At the chateau, Madame La Luc reserved a special room for her own exclusive use, where she attends to her studies in botany, chemistry and medicine. She is the prototype of the female doctor who follows a practice-based and experimental scientific training. In her laboratory she makes "various medicines and botanical distillations" using her "apparatus for preparing them" (248). She applies her remedies on the family as well as the people from the village: "From this room the whole village was liberally supplied with physical comfort; for it was the pride of Madame to believe herself skilful in relieving the disorders of her neighbours" (*ibidem*). Actually, she dispenses treatments from her laboratory, but she is always ready to visit suffering people in person.

A misfortune occurs involving Clara, who falls from a horse, and an unknown chevalier who sprains his shoulder attempting to save her. In this instance, like with Theodore before, the illness is not caused by a supernatural agency, but by everyday human action. Again, a surgeon

would be of some use “but there was none within several leagues of the village, neither were there any of the physical profession within the same distance” (267). Clara’s and the chevalier’s curing now falls to the family. Madame La Luc has some experience of medical care and so she “undertook to examine the wounds” (*ibidem*). Her diagnosis is that Clara:

was much bruised, she had escaped material injury; a slight contusion on the forehead had occasioned the bloodshed which at first alarmed La Luc. Madame undertook to restore her niece in a few days with the assistance of a balsam composed by herself, on the virtues of which she descanted with great eloquence, till La Luc interrupted her by reminding her of the condition of her patient. (*Ibidem*)

As for the man who saved Clara, whose name is Monsier Verneuil, he is transported to La Luc’s chateau to recover, and put under the care of Madame La Luc:

Madame hastened to her closet, and it is perhaps difficult to determine whether she felt most concern for the sufferings of her guest or pleasure at the opportunity thus offered of displaying her physical skill. However this might be, she quitted the room with great alacrity, and very quickly returned with a phial containing her inestimable balsam, and having given the necessary directions for the application of it, she left the stranger to the care of his servant. (248)

Madame La Luc is proud of her work as an apothecary, a patriarchally dominated profession at the time. As well as all other doctors, she acquires medical knowledge through experience, and she is not always right in her remedies, as exemplified with Monsier Verneuil’s case. She initially prescribes him a special balsam, “whose restorative qualities had for once failed” (271). She has to abandon her first treatment for the sake of the patient, substituting it with another kind, an “emollient fomentation” (*ibidem*). This new cure is successful, and the recovered guest is now able to rejoice in his health and the loving company of the family. Contrary to Theodore’s surgeon and physician, in this scenario Radcliffe fully endorses the medical capacity of a woman, who is not improvising remedies out of magic, rather she is a practitioner and a woman of science. Still, she is ready to acknowledge her failures and is ready to try new therapy for the sake of her patient’s recovery and well-being. She is not pretentious, unlike Theodor’s first surgeon, and she does not apply to the profession for money. Madame La Luc has a personal curiosity and talent for medical experimentation, which she pursues with devotion and without social ambition. She dedicates her life to the care of others and it is her mission to share the benefits of her discoveries for the sake of the entire community.

There are other physicians consulted later in the novel and their verdicts and remedies more or less succeed in curing their patients. In *The Romance of the Forest* we find an original argument on the work and role of surgeons and physicians in curing illness and disease. Radcliffe gives voice to several different medical professions, from the physician to the surgeon, who approach the medical discourse in different ways. Such inclusion means that Radcliffe was aware to the debate on scientific improvement of her time and that she had opinions on it, especially when nature was involved. She is ready to acknowledge the important work doctors play in alleviating human illness, but unsurprisingly she gives space and importance to a woman who performs medical exercises in harmony with nature. She is able to combine all the fundamental aspect of the practice: science, experiments, judgment, knowledge, together with humility, compassion, empathy and benevolence. Despite the stereotypes of the Gothic romance, in *The Romance of the Forest* Radcliffe promotes a modern kind of medical profession, opening up the possibility of a female doctor. Such a male-dominated profession would benefit from the socially-constructed feminine characteristics of delicacy and sympathy that make up the eighteenth-century woman of feeling. Such an argument, I believe, is true even today.

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"I am at last vanquished by sickness": The Narrative of Illness and Disability in Mary Darby Robinson's Letters

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Abstract

This essay will analyse how Mary Robinson recounted her disability and illness in her last letters to her friends. The investigation will explore how she perceived herself as a woman, a mother, a professional writer and a patient in distress, using her pen to construct her multilayered identity. At the same time, it will delve into the relationship between the body and the mind, and how the act of writing in her last months has served the social and therapeutic purpose of enabling a physically fragile subject to make her voice and anguish heard.

Keywords: Disability Studies, English Literature, Mary Robinson, Narrative Medicine, Women's Studies

Mary Darby Robinson was an unconventional woman; an actress, a proto-feminist activist and a writer who spanned most literary genres. She penned an extraordinary number of poems, several novels, letters, and a tragedy, *The Sicilian Lover*, which was unfortunately never staged. Anne Janowitz rightfully defines her as the first celebrity of the modern age (2004, 9), anticipating Lord Byron of a few decades. Her controversial figure sparked the public's interest when she was noticed by the Prince of Wales while interpreting the role of Perdita. He immediately fell in love with her and soon asked her to be his mistress. As a young single mother who started an acting career to support herself and her daughter, she was not in the position to decline such a convenient offer. The scandalous relationship between the two lasted less than a year but severely damaged her reputation for the rest of her lifetime. From that moment on, her personal life was highly scrutinized, and she was frequently mocked in satirical vignettes¹ or harshly attacked for her untraditional lifestyle.

¹ Two graphical examples of the harsh, almost pornographic, mockery she endured are Thomas Gillray's *The Thunderer* (1782) and the anonymous

She was widely considered a disreputable woman, partly because she was an actress who often performed *breeches roles* in male garments that openly displayed her physicality. Moreover, her alleged love affairs with wealthy, powerful men fueled this perception. Not all of the male personalities she was linked to at the time were later confirmed by her biographers. However, we know with certainty she was the partner of Lord Banastre Tarleton for sixteen years on and off, although the two never officially married.

In 1784, she was travelling to join him when a critical accident completely changed her life. According to her *Memoirs*,²

[b]y an imprudent exposure to the night air in travelling, when, exhausted by fatigue and mental anxiety, she slept in a chaise with the windows open, she brought on a fever, which confined her to her bed during six months. The disorder terminated at the conclusion of that period *in a violent rheumatism, which progressively deprived her of the use of her limbs*. Thus, at four-and-twenty years of age, in the pride youth and the bloom of beauty, was this lovely and unfortunate woman reduced to a state of more than infantile helplessness. (Robinson 1894, 195-96)

Her *Memories* and biographies differ regarding the dynamics that led to her infirmity. Most biographers³ believe the fever was a complication of a miscarriage she suffered during the journey, as speculation emerged that she was pregnant with Tarleton's child at the time. From that point onward, Robinson permanently ended her acting career and intensified her writing. Meanwhile, she frequently travelled to thermal towns in England and across Europe to seek relief from her chronic pain. Indeed, her *Memoirs* recount that she was far from discouraged by her unfortunate circumstances: "Yet, even under so severe a calamity, the powers of her mind and the elasticity of her spirits triumphed over the weakness of her frame" (196). It was in 1787, when she returned to England from the warm baths of St. Amand, that "may be dated the commencement of her literary career" (207). However, it should be noted that she had already penned a few compositions before that time. Her first collection of *Poems* was written in 1775 when she was in Fleet prison with her toddler daughter and her husband, Thomas Robinson, while *Captivity, A Poem; and Celadon, A Tale* date back to 1777.

As her popularity as an author increased, and aware of her talent and poetic genius, Robinson turned her pen into her main source of income in the last decades of her life, especially after she stopped receiving the allowance promised by the Prince of Wales.⁴ As pinpointed by

caricature titled *Florizel and Perdita* (1783). In *The Thunderer*, she was portrayed as breast-naked and with her legs wide open, sitting on a torture device used to punish prostitutes. In *Florizel and Perdita*, she was depicted once again as breast-naked next to the Prince of Wales and her husband, who is defined as "The King of Cuckolds" and holds on his horns Mary's alleged lovers: Lords North, Fox and Tarleton. See Mellor 2000.

² It should be specified that such a version is not Robinson's but her daughter Maria's. Robinson stopped writing her *Memoirs* around 1781, conveniently right before the account of her relationship with the Prince of Wales (but after he began courting her). The text was later completed "by a friend" who recounted the continuation of her life and sent the work for publication in 1801. This supposed "friend", according to Robinson's scholars, is most probably her daughter Maria Elizabeth Robinson who took care of her until she died in 1800 (see Janowitz 2004, 10).

³ Bass reports that when Robinson went into labour while travelling to reach Tarleton on the coast, she turned back to London, but "[s]omehow the midwifery was bungled, and in the ordeal she was paralyzed" (1957, 224). Duncan Wu explicitly mentions the miscarriage as the cause of her paralysis (1997, 178). Anne Janowitz talks about a "bodily trauma that may have been a complication from a miscarriage, or a rheumatic fever – the evidence is not clear" (2004, 56). Davenport suggests that "on the basis of this very limited evidence, diagnosis can only be speculative" and that "it is impossible to know what caused Mary's miscarriage, if indeed she had one" (2011, 319-20).

⁴ A few years after their relationship was over, there is evidence that Robinson managed to obtain, through the aid of Charles Fox, a steady annual allowance of 500 pounds from her former lover (Bass 1957, 202). In the

Ashley Cross, in the last ten years of her life she produced “four verse collections, six individual long poems, a sonnet sequence, seven novels, two plays, a translation, three political essays, hundreds of poems for different newspapers and a draft of her memoirs” (2017, 1-2). While she excelled at recognising the most marketable trends of the time – covering every profitable genre and producing easily sellable compositions – Robinson was also praised by critics and fellow writers as a talented poet. In a letter to Southey, S.T. Coleridge defined her as “a woman of undoubted genius” and explained to his friend:

There was a poem of hers in this morning's paper which both in metre and matter pleased me much. She overloads everything; but I never knew a human being with so *full* mind – bad, good and indifferent, I grant you, but full and overflowing. (Coleridge quoted in Griggs 1930, 91; italic in original)⁵

In that circumstance, Coleridge asked Southey to include Robinson's “Haunted Beach” in his *Annual Anthology* (1799), struck as he was by her “fascinating metre” (*ibidem*). Even poet John Wolcot openly declared his appreciation for Robinson's intellectual abilities. He wrote to her only a few weeks before her death that she possessed “stamina for a hundred years, and a poetical mind that cannot be soon replaced” (Davenport 2016, 330). Another friend and admirer of the poetess was philosopher William Godwin, with whom she shared radical ideas and a long-standing esteem towards Mary Wollstonecraft, her work and feminist activism. Robinson's *A Letter to the Women of England, on the Injustice of Mental Subordination* (1799), written a few years after *A Vindication of the Rights of Woman* (1792), openly mentions on its first page how Wollstonecraft's genius was not adequately appreciated, nor her death sufficiently mourned. Godwin himself assisted Robinson in times of need and introduced her to Mr. James Marshal, with whom she maintained an intense correspondence in the final months of her life. Marshal proved to be an affectionate friend, economically supporting her after she was imprisoned for a debt of 63 pounds in May 1800, only a few months before she passed away.

In the autumn of 1800, despite undergoing various therapies and being confined to bed, which limited her work activities, Robinson's health quickly declined. Although she continued publishing until her final days, her last tormented months can only be traced through her extensive private correspondence. This correspondence provides not only a revealing insight into her personal struggles but also a significant, although fragmented, autobiographical account of her illness. Her declining health is central in a selection of letters to Mr. Marshal, penned between August and November 1800 and collected by Sharon Setzer in 2009. An additional account of the same period appears in the miscellaneous epistles edited by Hester Davenport in 2010. This essay will examine this fascinating collection of letters, integrated with excerpts from her *Memoirs* and her most reliable biographies, in order to delineate an original portrait of Mary Robinson as both a patient in distress and a “wounded storyteller” (Frank 2013) – an often-overlooked aspect of her life.

Although not directly written by Robinson, the final section of her *Memoirs*, compiled by her daughter, is the only published work detailing Robinson's physical ailments, health challenges and daily struggles. While the first part “seems like a novel” (Nachumi 2009, 286), the second part is where “Maria Elizabeth details her mother's gradual decline” (*ibidem*) turning the work into an actual “straightforward memoir” (*ibidem*), though not entirely reliable (Fawcett

following years, the payment was often late or unsolved, so much so that she had to ask favours from some of her friends to either intercede with the Prince or to help her out economically.

⁵ See Coleridge E.H. (ed.) 1895, 322.

2016, 196; Brewer 2016, 210). Notably, none of Robinson's poetic and prose compositions directly address the health issues that affected her existence and the emotional toll of living with chronic illness and physical impairment. According to Davenport's biography, Robinson never mentioned the term "paralysis" to describe her condition, despite it being accurate. Instead, she claimed she suffered from "a severe rheumatism" (2011, 317). Even her final novel *The Natural Daughter* (1799) – regarded as a continuation of her *Memoirs* and a testament to her "multifarious subjectivity" (Ty 1998, 83) – makes no mention of her condition. However, the novel features a protagonist who partially mirrors Robinson's life⁶ and offers a nuanced depiction of disability through the portrayal of a soldier's physical mutilation in war. In the novel, the author cleverly criticises the destitute condition of veterans and the sentiments of disgust and indifference that impairments provoke in society. At the same time, she implicitly addresses the lack of a real welfare system that could tend to the needs of disabled people.⁷ Of course, the two contexts and types of impairment cannot be directly compared. However, Robinson's critique of the way disability was perceived and treated in a social order where the healthy and the physically whole were the norm is undoubtedly autobiographical.

Disabled and impaired people, as well as social outcasts, feature as characters in many of her compositions. Their presence often represents an opportunity for the author to criticise society and advocate for equality, but also a subtle way to inscribe marginalised figures into history, to give them a voice and agency. As an ill-reputed woman who lived almost twenty years in a state of limited mobility, carried by her servants "from room to room, or from her house to her carriage like an infant" (Boaden 1825, 135), Robinson was accustomed to all the negative preconceptions that fed social discriminations.⁸ Although she fitted into the prejudiced notion of the "crippled" as morally defective people punished by God (Turner 2012, 36-37), she certainly defied the social stigma that deemed the disabled as idle and unproductive. Indeed, Robinson's impairment did not prevent her from working busily and having a social life until her conditions allowed her to do so. In fact, her daughter suggests that Robinson's physical limitations fuelled her creativity and spurred her literary pursuits – "this check to pleasure and vivacity of youth, by depriving her of external resource, led her to the more assiduous cultivation and development of her talents" (Robinson 1894, 196). Despite her undeniable genius, it was undoubtedly a combination of various factors that significantly influenced her devotion to writing. Her impairment coincided with the necessity for more practical help and a greater need for a regular income, on which her ability (or disability) relied entirely. The absence of a pension she could spend to hire attendants and cover expenses probably compelled her to write and publish as much as possible until her final days. As Brewer aptly argues "Robinson understood disability as a social construction" viewing herself "as abled as long as her financial resources and caregivers permitted her to have a social life, write prolifically and, visit London's cultural sites" (2016, 210). Ironically, even when helped and cared for, Robinson experienced

⁶ The novel's protagonist, Martha, marries a man who soon proves untrustworthy and abandons her. Without money nor protection, Martha becomes an actress and a writer to economically support herself and her *protégée* Frances – a toddler she decides to adopt when, for different reasons, both her parents go missing. Indeed, according to Sharon Setzer, "Robinson's heroine [...] is in many respects Robinson's fictional double" (1996, 532).

⁷ The financial help received by people who were permanently or temporarily unable to work rested mainly on private charity, as the Poor Laws issued since the Elizabethan period failed to establish a structured national welfare system and left the management of funding to parishes, with a huge difference from one another. For more details on the matter see Hansan 2011 and Turner 2012.

⁸ For a matter of length it will not be possible to widely discuss the issue of disability, its cultural representation and social stigmatization in the eighteenth century. For further references: Turner 2012; Bradshaw 2016; Joshua 2020.

first-hand the difficulties of depending entirely on someone else's physical strength. For instance, she fell from her servant's arms during one of her transfers and was severely injured, as reported by *The Oracle* in 1793:

The fixed malady of this Lady prevents her walking; she is always carried by one of her servants to a carriage [...] when he was bringing her in his arms to the coach, on the instant the flight of stone steps at the door of the house [...] suddenly gave way. He fell, and his LADY of *course*. – Mrs. ROBINSON has been very severely cut upon the head, and a contusion somewhat alarming is discovered. (116; italic in original)

Thanks to her letters, we know a similar incident happened again in September 1800, when “a coachman inadvertently bashed her head against the low ceiling of her bedchamber” (*ibidem*). She recounted the event in two different letters: in the first, to Mr. Marshal, she jokes about the idea that her coachman may have mistaken her for a “truss of Hay” in “lifting [her] out of the slanting room where [she] slept” (Davenport 2016, 324). In the second, written to Jane Porter on the following day, she describes a “violent blow to the *head*, which very nearly put a period to [her] sensations” (325).

The reasons why Robinson refrained from expressing her feelings about her paralysis in her published works can only be speculated. However, one possible explanation for her reticence could lie in her complicated relationship with the press and the gossip surrounding her figure, which began with her affair with the heir to the throne and never abated. Such gossip primarily took the form of articles and caricatures that undermined her reputation and “authorial ambitions” (Fawcett 2016, 177). Besides her portrayal as a prostitute, Robinson was also publicly ridiculed for her disability. A prime example is the vignette *Perdita Upon her Last Legs*, printed in 1784, in which Robinson appears as a crippled mendicant, dressed in worn-out clothes and begging for money from the Prince of Wales. As Fawcett highlights,

The old posters on the wall behind them, advertising Robinson's former roles in *Jane Shore* and *Florizel and Perdita*, present a cruel contrast between the actress once known for her dynamism on the stage and her social ambitions off of it and the beggar in the foreground, now paralysed in her fixed pose and her inescapable poverty. (178-81)

Her controversial popularity certainly placed her under a more intense spotlight and exposed her to harsher condemnations than other personalities of the time. Davenport appropriately highlights this contrast: “there are few women whose health is the subject of press bulletins, but Mrs. Robinson was a celebrity” (2011, 14). The public obsession with her appearance played a crucial role in diminishing her figure once it was no longer conforming to the standards of health and attractiveness. As Lindgren suggests, “when a body is both female and diseased or impaired” – or both, as in Robinson's case – “it can be viewed, and experienced, as doubly corporeal, doubly devalued and [...] doubly shameful” (2004, 147). Nevertheless, it should be noted that mocking deformed bodies was a well-established habit in English society as a common practice rooted in Aristotle and then Cicero's definitions of “ridiculous” and “laughter”⁹ (Turner 2012, 63). The 18th century witnessed a change in such ridiculing attitudes, promoted by Conduct literature and brand new “codes of ‘polite’ manners” (*ibidem*). However, jest books and other forms of comic productions continued their unrelenting mockery, reinforcing no-

⁹ Turner reports that “Aristotle defined the ridiculous as a ‘species of the ugly’, whereas according to Cicero laughter proceeded ‘from the castigation of deformity and disgrace’ ” (2012, 63).

tions of “otherness” based solely on aesthetic and functional principles. Within this framework, Robinson’s case is rather unique. She was not only a disabled woman ridiculed in magazines but also a multifaceted celebrity whose life and persona were extensively publicized and discussed. Writers and the press of her time appropriated and scrutinized her many identities from multiple angles, depending on which aspect of her life or personality was their focus. As Munteanu accurately resumes, Robinson was both a *persona* and many *personae*:

Ann Mellor, for instance, argues for the existence of four competing versions – the actress as whore, the unprotected wife, the star-crossed lover and the successful artist. Analogously, Eleanor Ty identifies four different but certainly related constructions of Robinson’s identity – the tragic actress, the beautiful whore, the transcendent muse, and the novelist of sensibility. Linda Peterson suggests that Mary Robinson’s *Memoirs* combines two representations of its author – the beautiful mistress (more precisely the fall from innocence to infidelity) and the devoted daughter/mother. (2009, 124-26)

Even her *Memoirs*, which are not entirely autobiographical, present a filtered narrative of her final years. The lens through which the narration unfolds is that of Maria Elizabeth as a witness of the events but also as a caregiver and a daughter, burdened with the weighty legacy of such a provocative figure. Biographers often interpret this second part of the *Memoirs* as an attempt to cleanse and restore Robinson’s reputation (Mellor 2000, 282; Brewer 2016, 244), focusing on her career as a talented and renowned writer while glossing over her troubled love life and financial issues. From this perspective, Robinson’s letters provide a precious record through which the author could construct her own identity apart from her literary production and free from the external gaze that had shaped and constrained her.

In the final months of her life, Robinson was both physically impaired and suffering from excruciating illnesses. She depended on her daughter and servants for most daily tasks, needing to be carried around yet often confined to bed due to the pain and weakness that plagued her. Her death was not directly connected with her paralysis but appears to have resulted from a series of other pathologies which forced her to bed rest in the autumn of 1800. Her *Memoirs* explicitly state that:

Her body was opened, at the express wish of Drs. Pope and Chandler. The immediate cause of her death appeared to have been a dropsy on the chest; but the sufferings which she endured previously to her decease were probably occasioned by six large gall-stones found in the gall-bladder. (Robinson 1894, 240)

Her letters offer a unique insight into this painful period, capturing the anxieties and struggles that deeply marked her final months. Free from the requirements and impositions of the publishing world, her epistles reveal her unfiltered self and are grounded in the reality of her patient-like existence. Whether through letters, emails, private journals, or published autobiographies, what matters is the “clarity available only from putting into language that which we sense about ourselves” (Charon 2006, 70), not only in terms of feelings but rather in a broader sense of bodily perception and sensations. Robinson’s letters not only provide a detailed account of her last months but also serve as an unconventional form of autobiographical narration of her illness and her body in pain. Ironically, a body that had been publicly scrutinized for decades – as an object of both admiration and ridicule – ultimately found a suitable outlet in a more private form of communication. The spontaneous, fragmentary and informal nature of letters perfectly aligns with the accidental quality of Robinson’s storytelling: a form of recounting that unintentionally managed to convey every part of herself. Although unplanned, Robinson’s fragmented accounts of her physical condition simultaneously reclaim possession of her own body and recover a new voice for it to be heard. This reappropriation is

particularly significant in Robinson's case for two interrelated reasons. The first is the extent to which her body had been publicly sexualised, objectified and derided. As Cixous reminds us in her beautiful essay "The Laugh of the Medusa",

By writing herself, woman will return to the body which has been more than confiscated from her, which has been turned into the uncanny stranger on display [...]. Censor the body and you censor breath and speech at the same time. Write your self. Your body must be heard. (1976, 880)

The second reason is the need to reclaim a voice distinct from her personas as author, actress and intellectual: the voice of Mary, the suffering woman seeking comfort and understanding in the face of illness. Frank highlights this impulse, emphasizing that "seriously ill people are wounded not just in body but in voice. They need to become storytellers in order to recover the voices that illness and its treatment often take away" (2013, xx).

Through her correspondence, Robinson becomes the sole narrator of her illness. She starts with brief mentions in early August, when she informs Mr. Marshal that she is "languid, with sickness" and that her "health is in no degree better; on the contrary" she thinks that she becomes "every day weaker and incapable of either mental or corporeal exertion" (Setzer 2009, 310). She underlines how her "head is so disordered" that she fears that her "brain will catch the contagion of pain" (*ibidem*), rendering her unable to write. A similar sentiment appears on the 5th of August in a letter to her friend Jane, where she reports that the "warm weather has produced such languor in [her] spirits and constitution" that she is "scarcely capable of holding her pen" and she is "half dead with a nervous head-ache" (Davenport 2016, 314-15). At that time, Robinson clearly perceived her body and her mind as two separate entities. She even feared that the former could involuntarily infect the latter, as if her suffering were contagious. It is not uncommon for patients who experience physical pain to perceive their mind as a disconnected unit, an entity that is lucid and functional despite their ailing body. For healthy people, the separation between body and mind is either positive or neutral. However, when sickness occurs, this disconnection often becomes negative and accompanied by "a sense of the body as an other to the self, a problematic object that interferes with the self's projects" (Lindgren 2004, 149). In the summer of 1800, Robinson's letters precisely capture this negative dualism and reflect her identification with her mind and soul rather than her physique. The body, which belongs to the "external" world, is often "*acted upon*, subjected to nature, independently of the mind" (Irvine and Spencer 2016, 80). The mind, instead, "*exists outside nature*" (*ibidem*) and contains the patient's true self and soul. Robinson's experiences align with this feeling of disembodiment that can benefit patients with chronic illness or disability. Indeed, such a mindset helps them reconsider the "relation between body and mind or body and self" (Lindgren 2004, 147). By identifying with her healthy and productive mind rather than her aching body, Robinson could maintain a sense of control over her existence. The image of Robinson unable to write or even to hold a pen – a tool that was a natural extension of herself – is particularly revealing. Her body no longer responded to her so much so that her physical limitations interfered even with her most familiar activities.

Writing was central to Robinson's existence. Her pen provided a steady income, showcased her talent, legitimised her as one of the most prolific Romantic authors, and enabled her to be heard when denouncing social injustices. In her last months, however, writing became an act of survival. It connected her with friends while she was bedridden, allowed her to express her contradictory feelings, and helped her come to terms with an illness that wore her body down while slowly taking a toll on her mental sanity. The account of her illness necessarily corresponds to the narration of her ailing body, the *lieu* of the disease. However, Robinson often saw writing as a way to express her soul, emphasizing the body-mind (or soul) duality that characterises most

patients' stories. For example, her letter written on the 10th of October reveals an unrestrained overflowing of thoughts and feelings, marking a noteworthy departure from her previous epistles.

I never again wish to quit the little chamber where I am now pouring forth the true language of my soul. I am weary of its conflicts; – I am disgusted with all things; – self-alienated from all society – and, thank God! Secluded from a world which has, during three long years, been *hateful* to me. (Setzer 2009, 320; italic in original)¹⁰

Her words convey a profound sense of misery and mental exhaustion. Nonetheless, despite her frustration and discontent, what brings her solace in this difficult time is the chance to voice her true story, not from a body she no longer recognises as her own but from her soul. Her use of the term “true language” emphasises the authenticity of the voice she reclaims, unfiltered from external interferences. In the same letter, she tells Mr. Marshal, rather peremptorily, that he cannot blame her for her “repining”, as he cannot understand her “sorrows, [...] pains, regrets, anxieties, and disappointments” (*ibidem*). Robinson also mentions death as a relief from her earthly pain and liberation from an existence of suffering. She boldly admits that she sees herself as “guilty of a crime” by wishing to die rather than endure “a few more melancholy days on this earth [...] where [she is] destined to know nothing but calamity” (319).

As her condition worsened, her letters became an outlet for her most private thoughts and fears, especially regarding death, as well as a way to release all her frustrations. Her relationship with her caregiver, her daughter Maria Elizabeth, is a recurrent theme and a source of distress. Indeed, Robinson blames her for all her suffering. She confesses that she feels no blessing in her daughter's presence, stating that Maria “*lamented that* [her mother] *did not die*” after sending her back to her bed “overwhelmed with pain and sorrow” (321). However, in a previous letter to Jane Porter on the 27th of August, the author conversely describes Maria as her “adored Girl [who] is an indefatigable nurse” (Davenport 2016, 318). She goes on to add that it was her daughter's “affectionate solicitudes” (*ibidem*) that kept her alive. The same praise appears in a letter to Elizabeth Gunning dated 31st of August, where Robinson compliments her daughter, her “nurse in a long state of declining health”, and “how sweetly she can solace, how attentively she can watch the varying emotions of a wounded memory” (322). Such conflicting descriptions are not unusual. Caregivers' duties are often perceived as unnecessary impositions by bedridden patients who may not always appreciate the reasons behind treatments, recommendations or restrictions. Robinson explicitly writes that she feels like a “*prisoner and a slave*” (Setzer 2009, 321) but admits that she could not live “without this tyrannical child” (*ibidem*). Her words capture the complex attachment that often develops between patients in need of constant assistance and those who can provide it. A relationship further complicated by the “varying emotions of a wounded memory” (Davenport 2016, 297) – that is, Robinson's mutable feelings and suffering mind, which affected how she experienced the care she received. Adding to the tension is the reversal of roles. On the one hand, Maria, as a caregiver, had to “mother” her own mother, a situation that neither side found easy to navigate. As Robinson's case exemplifies, caregiving, with the enforcement of rules it necessarily involves, can evoke exasperation rather than gratitude towards those who perform it. On the other hand, family caregivers' lives are often put on hold as they assist their loved ones, constantly torn between the desire to escape and the duty to be dependable. Their mother/daughter – patient/caregiver situation was all the more problematic since Maria was to

¹⁰ Sharon Setzer here suggests a reference to her liaison with Banastre Tarleton which ended three years and a half before the letter, in April 1797 (2009, 333).

receive an allowance of 200 pounds a year after her mother's death.¹¹ Setzer rightfully connects this annuity to the heart-breaking sentence at the end of Robinson's letter: "I have reason to curse the moment when I made my own *death* the commencement of a child's *independence*" (2009, 321). Nevertheless, such a statement could also be read metaphorically as a mother's realization that, given her constant need for aid and care from her daughter, only after her passing would Maria be able to start her own independent life.

Financial concerns and her professional obligations also often appear in her letters as sources of distress and aggravating causes of her disease. Her illness was not a direct consequence of her agitation or sleeplessness, but the pressure from creditors and the threat of poverty intensified her anxiety, which, in turn, exacerbated her symptoms. Although impaired for most of her life, her disability became more prominent in this later stage. When her illness progressed to the point of total immobility and eventually affected her mind, it prevented her from living and working as she was used to. In such a critical state, her need for help and attendants was surely more pressing and, as a result, her concern for her finances increased. In a letter to Mr. Marshal on the 26th of September she admits that all her "labours will not satisfy the demands of domestic expenses" (Setzer 2009, 319). The extent of her anxiety regarding her job engagements is already evident in her letter dated 15th of August, where she describes being "so unceasingly distressed, so involved in *law expenses*, so oppressed with *ill health* and its attendant inconveniences" (312) that she missed a payment. The resulting threats made her "health and spirit [...] *worse than ever*" (*ibidem*). However, she adds that "repose and the *consciousness of security*" (*ibidem*) – a financial stability that could give her peace of mind and protect her from debts and imprisonment – might aid her recovery. On the 26th of September, she asked for Mr. Marshal's assistance with a payment to a publican who had threatened her with arrest if she failed to pay him back. Without Marshal's kindness, she writes, she would have to "quit [her] bed, at the hazard of [her] life" since at that point she was "very, *very* ill, and still attended by a physician" (*ibidem*). A few weeks later, on the 22nd of October, she recounts how she spent weeks working "at the hazard of [her] life" although her physician forbade her to use the pen (322). According to her *Memoirs*, her inability to work as industriously as she did before cost her a collaboration with the *Morning Post* whose editor "accused her of negligence" even though she limited her contributions because of her health conditions. Remarkably, Robinson wrote at least thirty-seven poems that were published in the *Morning Post* between July and November 1800 (334). It is an outstanding amount for a bedridden person who, in the same period, was undergoing physical treatments for a life-threatening disease and dealing with an understandable general agitation. Despite her constant need for money, the author confesses to her friend that in her "present precarious state of health" (323) she does not feel like she can take on any more work, as she realises that her mind is not always lucid. And yet, only a few weeks later, she reports that she cannot stop working: despite her "perilous situation, being at this moment weakened almost to the grave," she "cannot forbear writing" (325).

As Robinson's condition worsened toward the end of Autumn 1800, her narrative became more descriptive of her bodily troubles, sharing vivid details with her long-time friend Jane Porter. In a letter dated 15th of October, the author accurately recounts her physical issues:

Near a month confined to my bed [...] I have scarcely strength to thank you for your kind enquiries. My illness has indeed been so perilous, that I believe little hopes were entertained of my recovery. When

¹¹ The allowance was part of an agreement with the Prince of Wales negotiated by Fox in 1783, as reported by Bass 1957, Davenport 2011, and Setzer 2009.

my daughter received your letter I was in a state too terrible to describe! – one blister on my shoulders, another on my head; – which, with perpetual bleedings, and with the lancet as well as with Leeches, have so reduced me that I am a mere spectre. My disease lay chiefly on my head; – an intermitting fever on the brain, – attended with other symptoms of the most alarming nature. [...] I write against the orders of my Physicians. – But I could not resist my desire to thank you. I am still so feeble, that the smallest fatigue overwhelms me. (Davenport 2016, 328-29)

In just a few lines, Robinson provides a physical context for the pain she endured and the anguish she powerfully described to her friends in her correspondence. Her words also confirm her fear that her physical decay would ultimately infect her mind, as she had predicted in her earlier letters. Unfortunately, this was the last letter written to Jane Porter that we currently know of. Her final epistle, addressed to Mr. Marshal a few weeks later on the 11th of November, revolves again around her creditors and the relentless pressure she endured because of them, despite her dangerous condition. At this point, Robinson's narration alternates between moments of awareness that she is nearing the end – "I am nearly reduced to the margin of the grave" (Setzer 2009, 328) – and sparse words of hope. Until her last moments, she perceived her confinement to bed, "the *obscurity* to which [she has] been consigned these four past months" (*ibidem*), as almost as painful as her physical symptoms. From this perspective, writing to her dear ones about herself, narrating her illness, her feelings and fears as well as her everyday struggles allowed Robinson to exist outside of her bed-chamber. It enabled her to extend her presence to unreachable places, feel close to her friends, and remain included in social circles. Writing also offered her the chance to discuss topics beyond illness, briefly diverting her mind from her pain. At the same time, through her autobiographical narrative, Robinson managed to retain all her past selves while constructing a new, multi-layered identity shaped by her experience as a severely sick person. Her letters appear to be written from her soul but also "*through the body*" (Frank 2013, 2; italic in original), an ailing body finally re-appropriated by its owner and portrayed as it was – free from judgements, rumours and mockeries. Corresponding with her loved ones allowed her to share her story in her own words, capturing the feelings, uncertainties and decisions that, at that moment, defined her true self. The wide range of "varying emotions" she describes shows the extent to which this involuntary epistolary diary became a meaningful tool for her to cope with her deteriorating condition and inevitable fate. In line with Rita Charon's statement – "Telling our story does not merely document who we are; it helps to make us who we are" (2006, 69) – it could be argued that Robinson's last letters did not merely document who she was, but helped her make who she was during the most difficult period of her life.

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Discourses of Health, Wellbeing, and Sanitation in the Victorian Anti-Vaccination Popular Press: A Corpus-assisted Discourse Analysis of the VicVaDis Corpus

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Abstract

The study explores discourses of health, wellbeing, illness, disease, and sanitation in Victorian anti-vaccination literature through a corpus-assisted discourse analysis of the VicVaDis corpus performed using the LancsBox tool. The analysis reveals that Victorian anti-vaccinationists consistently framed vaccines as dangerous, disturbing the natural state of health, and linked them to various diseases. They advocated for sanitation and hygiene over vaccination, expressing scepticism towards emerging medical practices. The conclusions highlight the continuity of themes in anti-vaccination rhetoric from the Victorian era to the present, where similar arguments against vaccination persist, focusing on natural health, mistrust of medical authority, and anecdotal evidence.

Keywords: Health, Sanitation, Victorian Anti-Vaccination Movement, VicVaDis Corpus, Wellbeing

Introduction

The topic of vaccine hesitancy has undoubtedly become central to much political and social discourse, especially during and in the aftermath of the COVID-19 pandemic. However, it is not a new phenomenon, as its origins, and the existence of an organized anti-vaccination movement, can be traced back to 19th century England (Eisen 2021).

1. Vaccination Enforcement and Anti-Vaccination Movements in Victorian England

The Anti-Vaccination Movement in Victorian England emerged within a complex historical context marked by both scientific advancements and public health challenges. The roots

of vaccination in England can be traced back to the early 18th century, when Lady Mary Wortley Montagu introduced variolation – a method of inoculating individuals with material from smallpox sores – from Turkey to England (Halsall 1998; Grundy 2001). This practice laid the groundwork for the development of modern vaccination, marked by the publication of Edward Jenner's *An Inquiry into the Causes and Effects of the Variolæ Vaccinæ* in 1798, which introduced the concept of vaccination using cowpox to protect against smallpox (Stewart and Devlin 2006). Despite Jenner's breakthrough, between 1837 and 1840 a severe smallpox epidemic killed 41,000 people in England and Wales (Bonanni and Santos 2011). In response to this public health crisis, the government issued the first Vaccination Act in 1840, which made variolation illegal and provided free vaccinations to the poor. The enforcement of a second Vaccination Act in 1853, imposing fines on parents who failed to vaccinate their infants by the age of three months, ignited significant public opposition, which soon became a widespread and organized movement: for example, the Anti-Compulsory Vaccination League (ACVL) was founded in 1866 (Durbach 2005). As the century progressed, the government further enacted a series of Vaccination Acts to implement vaccination more stringently, with the 1867 Act explicitly allowing for the compulsory vaccination of children and penalizing non-compliers (Williamson 2007). Despite these efforts, another devastating smallpox epidemic between 1870 and 1873 resulted in over 42,000 deaths in England and Wales. In response, the 1871 Vaccination Act mandated that local authorities establish vaccination officers to enforce the law, and the 1874 Act granted greater control to central government authorities over vaccination efforts. In the meantime, opposition to compulsory vaccination was escalating: the ACVL dissolved in 1873, but was replaced by the National Anti-Compulsory Vaccination League (NACVL) in 1874; the London Society for the Abolition of Compulsory Vaccination (LSACV) was established in the capital in 1880, and later reformed in the National Anti-Vaccination League (NAVL) in 1896 (Tafari *et al.* 2014; Callender 2016). The social and political pressure exerted on the government by these associations led to the formation of a Royal Commission on Vaccination between 1889 and 1896, appointed to study more closely the procedure, its potential benefits and side effects, and the consequences of its mandatory enforcement. The Commission's final report maintained the necessity of compulsory vaccination but recommended the introduction of a "conscience clause" to allow individuals the right to opt out. This led to the passage of the 1898 Vaccination Act, which formalized the right to conscientious objection, followed by the 1907 Act, which further simplified the process for parents to opt out of vaccinating their children (Klondrlik 2020).

1.1 Anti-Vaccination Claims and Anti-Vaccination Publications in Victorian England

Throughout the period, Victorian anti-vaccinationists voiced their opposition through a prolific array of publications. One of the benchmarks for the Victorian anti-vaccination movement was the serialised periodical *Vaccination Inquirer*, which was the official organ of the LSACV, established by William Tebb in 1879. Other particularly prolific anti-vaccination activists were John Gibbs, who authored the first anti-vaccination pamphlet, William Young and Garth Wilkinson, who wrote a series of *Vaccination Tracts* between 1877 and 1879. The renowned writer George Bernard Shaw also publicly endorsed the NAVL with a letter to its secretary Charles Gane in 1906 (Yang 2014).

A prominent argument against the state's enforcement of vaccination centred around the infringement on individual rights, with many critics viewing mandatory vaccination as an overreach of state power into personal and family decisions. Some historians have argued that these concerns were also deeply intertwined with issues of class consciousness, because mandatory vaccination was perceived as particularly onerous for the working classes, who could not afford to

pay fines (Durbach 2000). Additionally, research has shown that at that time vaccination could be carried out improperly, especially in public vaccination stations, where the procedure was performed arm-to-arm and vaccine matter was obtained from previously inoculated patients: the lymph thus extracted could be contaminated, or the stations themselves could be unsanitary, with the result that the poorer families who could not afford to have their children vaccinated at home did risk suffering side effects from such inadequate hygienic conditions (2005, 113-49). Likewise, the very safety and efficacy of the smallpox vaccine were hotly debated, as critics feared the potential side effects and doubted the scientific basis for the vaccine's effectiveness. Religious and moral objections also played a role, with some opponents arguing that vaccination was unnatural, defying God's laws of nature, or against divine will, interfering with God's plans for the physical and spiritual health of humankind (Fajri Nuwarda *et al.* 2022).

1.2 Vaccination, Sanitation, and the Germ Theory of Disease

Vaccination debates at the time were also deeply entrenched in medico-scientific debates on the validity of the new germ theory of disease, discovered by Louis Pasteur in the mid-19th century and expanded by Robert Koch towards the end of the century. The germ theory of disease, stating that ailments are caused by pathogens, micro-organisms, or "germs", was struggling to supersede the miasma theory of disease, holding instead that diseases are to be traced back to noxious and poisonous vapours which proliferate in contaminated water, "bad air", and poor hygienic conditions.

Victorian anti-vaccination authors produced counter-narratives which portrayed vaccination as a dangerous, un-hygienic practice which disturbed, rather than boosted, children's immune system; in this sense they feared it to bring rather than prevent illness upon otherwise healthy bodies, and to interfere with the natural course of illness and recovery. These beliefs were often anchored in an adamant refusal of the germ theory of disease and in scepticism towards the possibility to "fight disease with disease [...] violating the doctrine of asepsis by introducing foreign bodies into the blood" (Baldwin 1999, 284). Conversely, they often were supporters of the miasma theory of disease and consequently strongly advocated in favour of sanitation and hygiene, preventive measures which they saw as opposed rather than complementary to vaccination. Health and wellbeing thus depended on "cleanliness of water, streets, housing, and persons" (Jenson 2009, 209). Some Victorian authors pointed out that these measures were also destined to improve the everyday living conditions of the working and poorer classes – although others noted that these also required massive state intervention directly into these families' dwellings and thus could be perceived as equally draconian as compulsory vaccination, and possibly more intrusive. Other anti-vaccinationists asked for isolation and quarantine to prevent the spreading of contagious illnesses, sometimes likening isolation with sanitation. These authors likely interpreted both methods as ways to purify the environment and to keep it clean and free of disease, despite the fact that they rely on two largely opposing ways to understand contagion: namely, through contact with other infected human beings, or through unsanitary environmental conditions. As noted by Porter and Porter: "Sanitarianism [...] was often confusingly represented in the *Inquirer*; sometimes it was seen as a system of environmentally-based structural engineering on the one hand, and as a system of isolation and notification on the other" (1988, 245); and again:

On the one hand, the *Inquirer* claimed that in Leicester, the money extracted in fines from defaulting would be better spent to "secure pure air in their rooms, cleanliness in their habits, and good drainage in their houses, the neglect of which was after all the real cause of smallpox and all similar diseases."

On the other hand, the anti-vaccinationists accepted that smallpox was carried by contagion, and that the isolation system thus provided the community with complete immunity from this disease. (247)¹

1.3 Rationale for the Analysis and Research Questions

As stated above, Victorian anti-vaccinationists were prolific in their writings, and produced a wealth of pamphlets, articles, and books to argue their case. These publications ranged from scientific critiques to emotive appeals, and they contributed to a vibrant public discourse on the risks and ethics of vaccination.

From this perspective, the texts produced by Victorian anti-vaccinationists which survived to the present day have been studied by historians (in addition to those already mentioned: Weber 2010) but have recently become of interest to linguists, too. For example, Klondrlik (2020) examined the discursive representation of professional identity and the debate in response to the introduction of the conscience clause as they unfolded in late Victorian socio-medical journals. Arnold and Arnold (2022) instead examined medical discourse in the British periodical *Monthly Review* through statistical topic modelling, revealing the presentation and prevalence of various public medical discourses, as well as their diachronic variation in the course of the periodical's almost 100 years. However, some authors have noticed the lack of comprehensive linguistic enquiries examining large corpora of texts. To this end, scholars at Lancaster University have recently compiled the Victorian Anti-Vaccine Discourse (VicVaDis) Corpus (Hardaker *et al.* 2023), that is the first extensive dataset specifically designed to facilitate large-scale analyses of historical vaccine hesitancy, instrumental in uncovering patterns that may not be immediately apparent through manual analysis of smaller datasets.

The present study uses the VicVaDis corpus as its primary source of data. The aim is to explore how Victorian anti-vaccinationists discursively constructed vaccination within contemporary notions of disease prevention, sanitation and isolation, and to understand whether and how such discourses were related to overarching discourses of health, wellbeing, illness, and disease.

2. Materials and Methods

The analysis is carried out following a corpus-based approach grounded in (critical) discourse analysis theory (Fairclough 1995; McEnery and Wilson 2001). Discourse is here defined as the use of language within a specific socio-cultural and geographical context, reflecting and shaping social realities, identities, and power relations (Gee 2014). Corpus-based approaches entail interrogating the corpus to verify, validate, or refute hypotheses and existing descriptions of language (Tognini-Bonelli 2001, 65-66), as opposed to corpus-driven approaches, whereby the corpus itself constitutes the source of hypotheses about language. The corpus chosen for the analysis is the Victorian Anti-Vaccination Corpus, fully described in Hardaker *et al.* (2023); following is a brief summary of its main characteristics.

The VicVaDis corpus is a principled corpus of anti-vaccination texts from the Victorian era. The compilers decided to focus on the types of literature most likely to have been accessed by the general public, and therefore to have influenced public opinion: consequently, they included ephemeral literature such as pamphlets, newsletters, non-academic tracts, periodicals,

¹ On the significance of the Leicester anti-vaccination movement, see also Charlton (1983) and Swales (1992).

and letters to newspaper editors, and excluded technical legal, scientific and medical works. The digitalised texts were obtained by cross-checking data from multiple archives. The resulting corpus thus comprises 133 texts (3.5 million words and 3,488,959 tokens) from a wide variety of authors (sixty-six unique declared authorship designations) and published between 1854 and 1906 (with a mean average of 2.5 documents per year).

The analysis performed here uses the LancsBox tool (Brezina and Platt 2024) and exploits quantitative and qualitative corpus techniques (frequency, distribution, collocations and collocation networks, concordances) to look for the discursive representation of concepts of health, wellbeing, hygiene, sanitation, illness and disease in Victorian anti-vaccination texts. Frequency and collocations are quantitative measures that reveal the prominence and the associations of terms within the dataset: frequency analysis identifies the most common words and phrases, while collocation analysis uncovers how words tend to co-occur, thus unveiling recurring themes and narratives (Stubbs 2002). A collocation network is an extended collocation graph that shows shared collocates and cross-associations between several nodes (Brezina and Platt 2024, 18). A closer qualitative reading of concordances and full texts is then undertaken in order to interpret such patterns.

3. Results and Discussion

3.1. Health, Wellbeing, Illness, and Disease

The first aim of the quantitative analysis was to extract the frequency and distribution of the terms “health”, “well(-)being”, and “illness”. The frequency of the term “disease/s” was discussed by Hardaker *et al.* (2023, 11), who found 12,078 hits (see also below). One possible antonym of the term “well(-)being”, that is, “ill(-)being”, was also explored, but the search returned 0 results. The results of the frequency and distribution analyses are reported in Table 1.

Item	Raw frequency Relative frequency*	Distribution
Wellbeing	12 3.43	4/133 (3%)
well-being	47 13.44	27/133 (20.3%)
health	2757 768.81	122/133 (91.7%)
illness	318 90.92	56/133 (42.1%)
illnesses	19 5.43	12/133 (9%)

Tab. 1 – Frequency and distribution of the terms “well(-)being”, “health”, and “illness/es” in the VicVaDis corpus²

Figure 1 shows the chronological dispersion of the lemmas across the years covered by the texts in the corpus (the singular and plural forms were here grouped, as well as the hyphenated

² Relative (or normalized) frequency (RF) is calculated as the absolute frequency of a search query divided by the total number of words searched (the number of words in the corpus or sub-corpus). This number is usually multiplied by an appropriate basis for normalization (e.g., 10,000) (Brezina and Platt 2024, 45).

variants; relative frequencies instead of raw frequencies were calculated, to take into account the differing sizes of the sub-corpora). The lemma “disease” was also considered for this analysis.

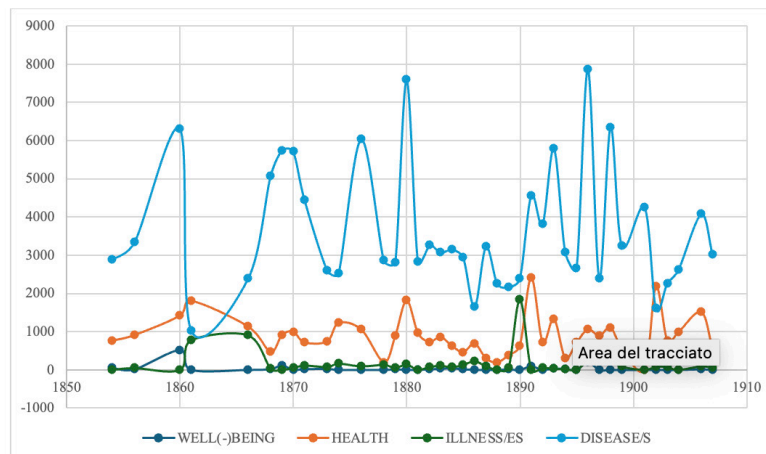


Fig. 1 – Chronological dispersion of the terms “well(-)being”, “health”, “illness/es”, and “disease/s” in the VicVaDis corpus (relative frequencies) (author’s elaboration)

Although no general conclusions can be drawn from the frequency and distribution data presented here, given that the corpus does not include all the surviving anti-vaccination literature from the period (and even if it did, it is possible that the surviving texts are not representative of the whole Victorian anti-vaccination production), some interesting insights can still be gained and commented on.

First, it can be noted that, from a strictly quantitative point of view, terms referring to illness and disease are discussed much more frequently than terms referring to health and wellbeing: the combined raw frequency of the lemma “disease” and of the lemma “illness” is 12,415, while the combined raw frequency of “well(-)being” and “health” is 2,816, and the former is particularly rare (only 59 hits in the corpus). The term “well(-)being” is also not evenly distributed in the corpus, being present in roughly 20% of the texts; the term “illness/es” is more common, being discussed in nearly half of the texts in the corpus; and the term “health” is pervasively mentioned in almost all of the texts in the corpus. The same is true for “disease/s”, which is present in 126 texts (almost 95% of the corpus). The chronological dispersion of these lemmas shows a spiky profile and uneven distribution for each of the terms considered. Interestingly, though, it seems possible to identify similar curves, perhaps suggesting that they are at least sometimes discussed in conjunction. A closer look at the concordance lines allows a deeper understanding of their usage in context.

Hardaker *et al.*’s (2023, 11) analysis of the occurrences of the lemma “disease” found that the word could variably refer to smallpox or to other ailments (including, but not limited to: erysipelas, leprosy, meningitis, blood poisoning, and syphilis). However, it was not used to neutrally refer to these conditions, but it regularly formed part of an overarching discourse against the effectiveness of vaccination, causally linking it to these and other harms. The same can be said for the lemma “illness”, as in the following examples:

1. When the power of nature fails to throw the vaccine poison out of the body, woe be to the patient. Its retention will be to him the source of many subsequent evils, and

often, often alas! of death, the sufferers commonly ignorant of the true cause of their illness. These are the penalties of violated nature, inflicted because of our transgressions. Physical law shuts up the blood for safety within three coated vessels. To open them with a lancet is a violation of that law. (Fraser 1871, *An Attempt to Prove that Vaccination with Its Compulsory Law, Instead of Being a General Blessing, Is a Universal Curse*)

2. Vaccination is a cause of illness when it is not the only one—a cause in cases of latency, or of the subject’s own dyscrasia, as well as when conveying disease. (Fox 1890, *The Question of Compulsory Vaccination, Illustrated by Fifty-six Unpublished Cases of Illness and Death*)

In the first extract, the author employs emphatic language (such as the exclamation “alas!”) to reveal the “true” causes of their illness to the otherwise ignorant patient; he describes the vaccine as “poison” and the practice of vaccination as a violation of natural laws, which also possibly acquires moral and religious connotations in that it is described as a hubristic “transgression”. The second excerpt is an example of more rigorous medico-scientific prose, which however is equally unequivocal in stating that “vaccination is a cause of illness”.

Similarly, the analysis of the concordances of the term “health” revealed that when the noun is used in conjunction with “vaccination” it forms discourses whereby authors argue that the procedure is a threat to health, as in the following examples:

3. By questioning closely, we not unfrequently find that children never enjoy good health after vaccination, however firm it might have been before. (Gibbs 1856, *The Evils of Vaccination*)
4. In an experience of twenty years, I have been witness to very many instances in which this destructive art, vaccination, has ruined the health of whole families. (Pearce 1870, *Vaccination, Its Source, Nature and Effects*)
5. I have frequently met with parents who told me that their children who were radiant with health had been poisoned by vaccination. (1882, from *The Vaccination Inquirer and Health Review*)

The examples are illustrative of two further aspects of such discourse, namely the fact that vaccination is perceived as actively disturbing (“destructive”, “poisoned”) otherwise good health (“however firm it [health] might have been before [vaccination]”; “were radiant with health”); and that the evidence of its side effects is often gathered through direct personal experience (“I have been witness to many instances”; “I have frequently met with parents who told me”). Although frequently criticised by advocates of vaccination, who tended to appeal to the persuasive power of expert testimony and statistical figures to argue their case (Broad 2022), the particularly emotionally charged language used by popular anti-vaccination authors benefitted from the narrative elements introduced by these personal stories, whose evidential value takes second place to their rhetorical effectiveness.

Likewise, the closer qualitative analysis of the concordances of “well(-)being” showed that the term was frequently associated with arguments against vaccination, which was depicted as a threat to children’s wellbeing and as a practice that parents should unite against. These vocal pleas are also intertwined with dire warnings equating vaccination with blasphemy:

6. Mothers and Fathers!—Those little ones are a precious trust to you from your and their Maker, to whom you are responsible for their wellbeing. Think you that He has made them so imperfectly as to make it necessary to have their blood mixed with poisonous matter, in order to preserve health or prevent disease [...] The very thought is blasphemy! (Pickering 1873, *The Anti-Vaccinator and Public Health Journal*)

7. [Saying that] the creature whom an all-good, all-wise, all-powerful Being formed in his own image, is so ill-adapted to fulfil the conditions of existence, that the performance of a filthy operation [...] is essential to his well-being, is to imitate the logic of that audacious blasphemer, who wished that he had been present at the creation to have saved the Creator from the commission of so many blunders. The laws of God are fixed [...]. (Gibbs 1856, *Compulsory Vaccination Briefly Considered*)

In both texts, vaccination is described as a “filthy operation” whereby human blood is “mixed with poisonous matter”. This preoccupation with cleanliness, filth, and poison is reflected in the other main discourse surrounding wellbeing in the VicVaDis corpus, namely its connections to good hygienic conditions. More precisely, adequate food, good quality of air and water, and spacious and clean dwellings are considered essential to wellbeing, as in the following:

8. Wholesome food is rather more essential to health and well-being than any kind of physic whatever [...]. (Gibbs 1854, *Our Medical Liberties*)
9. Breathing-space, pure air, pure water, and wholesome conditions of life generally, are necessary to all, to secure the safety and wellbeing of all. (Wilkinson 1879, *Vaccination Tracts*)

According to these authors, adequate hygiene plays a role in both the prevention and treatment of diseases such as smallpox; vaccination, instead, is in itself a disease, and it debilitates the body as much as poverty and uncleanness do:

10. We have seen the common sense hygienic conditions of patients, their well-being, followed everywhere by an abatement of the malignity of the symptoms and legacies of smallpox. We have seen that misery and want are the beds of smallpox; and that Vaccination is inevitably also one of its beds, because every disease – the Vaccine disease – increases the weakness of the body. (Wilkinson 1871, *Small-Pox and Vaccination*)

Notably, Wilkinson’s main argumentative point is here backed by reference to sensory evidence collectively experienced (“we have seen”, repeated twice), and anchored to the public’s supposedly shared assumptions, as hygienic conditions are described as “common sense”. It is perhaps useful to note at this point that in 1848 the first Public Health Act had been issued, promoted by Edwin Chadwick; this act aimed at advancing the building of sewers and the provision of clean water, and was based on wide consensus across the social and political spectrum. As Jenson explains, “there was little dispute that cleanliness of water, streets, housing, and persons was important. Indeed, ‘it was a commonplace of educated opinion by the beginning of the 19th century’ ” (2009, 209). Jenson’s main argument is that the dispute was on how to do it, which measures to implement, and which view of cleanliness and sanitation to adopt. To further explore how these themes intersected with public understanding of vaccination at the time, the analysis of the VicVaDis corpus was then expanded to include the terms “hygiene”, “cleanliness”, “dirt”, and “filth”.

3.2 Hygiene, Cleanliness, Dirt, and Filth

Table 2 and Figure 2 show the frequency and distribution of the lemmas “hygiene”, “cleanliness”, “dirt”, and “filth” in the VicVaDis corpus.

Item	Raw frequency Relative frequency	Distribution
Hygiene	133 38.03	35/133 (26.3%)
cleanliness	274 78.34	57/133 (42.8%)
Dirt	61 17.44	24/133 (18.04%)
Filth	306 87.49	48/133 (36%)

Tab. 2 – Frequency and distribution of the terms “hygiene”, “cleanliness”, “dirt”, and “filth” in the VicVaDis corpus

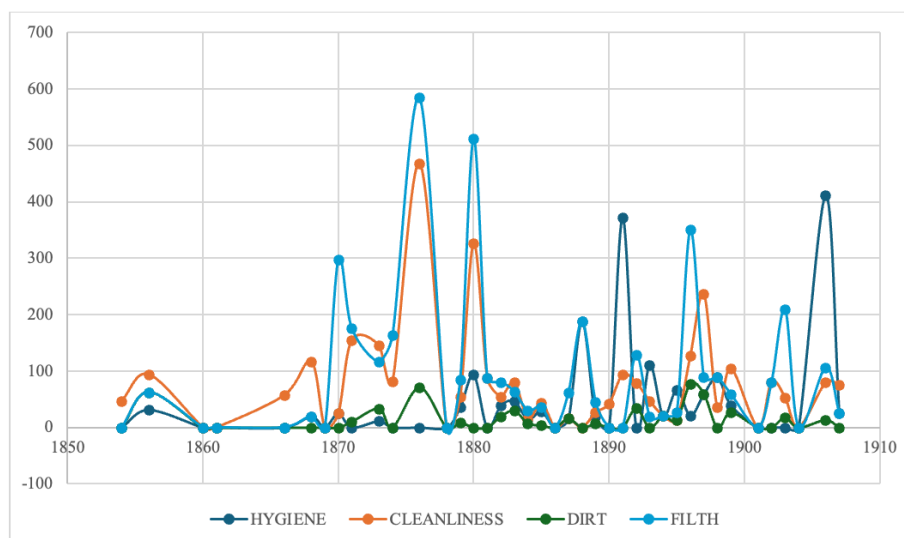


Fig. 2 – Chronological dispersion of the terms “hygiene”, “cleanliness”, “dirt”, and “filth” in the VicVaDis corpus (relative frequencies) (author’s elaboration)

Contrary to previous findings about health and illness, the sheer frequency data of terms referring to cleanliness and dirt seem to suggest a rather balanced discourse, as the combined frequency of the terms “hygiene” and “cleanliness” is 407, while the combined frequency of the terms “dirt” and “filth” is 367. Conversely, the chronological dispersion of these terms suggests that they are not evenly distributed across the years covered by the corpus, although similarities in their distribution across the various texts can be detected. More precisely, the terms “cleanliness” and “filth” follow similar trends between the 1870s and the 1890s; conversely, the term “hygiene” seems to have been most frequently used in the last decades of the century, when it started following a different trend than the other terms analysed, peaking in the 1890s and 1910s.

The term “hygiene” also appears to have a multifaceted meaning in the VicVaDis corpus, and to be part of a variety of discourses which are well captured by its most common collocates. The parameters used to retrieve these collocates are reported in Table 3, while the results of the search are shown in Table 4. These collocates include some lemmas suggesting that hygiene is something that has to be achieved: it indicates positive progress (“improved”) and benefits the community

(it is “public”). Its “principles” appear to be based on medico-scientific and academic research, with collocates such as “University”, “professor”, “journal”, and “statistics”, while its enforcement is in the hands of the government, as suggested by the collocates “Congress” and “laws”.

The most common collocates of the noun “cleanliness”, retrieved through the same parameters and shown in Table 5, seem to point to a moral as well as medical dimension (“godliness”, “temperance”, “purity”). They also include the aspects which authors think should go along with cleanliness (“ventilation”, “air”, “food”), which again point to an overarching view of “sanitation” (itself a frequent collocate of “cleanliness”) as foundational to public health.

Statistic ID	Statistic name	Statistic cut-off value	L and R span	Minimum collocate freq. (C)	Minimum collocation freq. (NC)	Filter
4b	MI2	3	L5-R5	5	1	no filter applied
4b-MI2(3), L5-R5, C5-NC1						

Tab. 3 – Parameters used to retrieve collocation, reported following the standard Collocation Parameters Notation

Collocate	Freq. (collocation)	Freq. (corpus)	Log Dice	MI	Delta P1	Delta P2
improved	10	242	9.8	10.9	0.04	0.07
university	5	180	9.0	9.5	0.04	0.03
professor	12	671	8.9	8.9	0.09	0.02
principles	5	282	8.6	8.9	0.04	0.02
congress	5	319	8.5	8.7	0.04	0.02
journal	9	827	8.3	8.2	0.07	0.01
sanitation	5	463	8.1	8.2	0.04	0.01
medicine	9	1,048	8.0	7.8	0.07	0.009
sanitary	9	1,185	7.8	7.7	0.07	0.008
treatment	7	1,180	7.4	7.3	0.05	0.006
laws	6	1,121	7.3	7.1	0.04	0.005
health	12	2,727	7.1	6.9	0.09	0.004
science	5	1,124	7.0	6.9	0.04	0.004
public	9	3,386	6.4	6.1	0.07	0.003
statistics	5	1,888	6.3	6.1	0.04	0.003

Tab. 4 – Fifteen most frequent collocates of the term “hygiene” in the VicVaDis corpus, presented with their collocation frequency, frequency of the collocate anywhere in the corpus, and all relevant statistical measures

Collocate	Freq. (collocation)	Freq. (corpus)	Log Dice	MI	Delta P1	Delta P2
Ventilation	22	106	10.9	11.4	0.08	0.2
Godliness	13	18	10.5	13.2	0.05	0.7
Temperance	13	47	10.4	11.8	0.05	0.3
Personal	29	478	10.3	9.6	0.1	0.06
Domestic	12	142	9.9	10.1	0.04	0.08
Air	25	628	9.8	9.0	0.09	0.04
Municipal	9	99	9.6	10.2	0.03	0.09
Versus	8	60	9.6	10.8	0.03	0.1
Filth	11	300	9.3	8.9	0.04	0.04
Food	13	407	9.3	8.7	0.05	0.03
Want	15	520	9.3	8.6	0.05	0.03
Fresh	13	416	9.3	8.7	0.05	0.03
Incautiously	5	15	9.1	12.1	0.02	0.3
Thorough	6	103	9.0	9.6	0.02	0.06
Purity	6	124	8.9	9.3	0.02	0.05
Sanitation	11	463	8.9	8.3	0.04	0.02

Tab. 5 – Fifteen most frequent collocates of the term “cleanliness” in the VicVaDis corpus, presented with their collocation frequency, frequency of the collocate anywhere in the corpus, and all relevant statistical measures

The function word “versus” is also among the most frequent collocates of “cleanliness”; the analysis of its contexts of occurrence reveals discourses whereby vaccination is explicitly opposed to other preventive measures, as in the following:

11. In 1740 it was cleanliness *versus* inoculation. It is now cleanliness (municipal cleanliness) *versus* vaccination. (1879, from *The Vaccination Inquirer and Health Review*, italic in original)

These concordances illustrate the fact that the anti-vaccination press often framed the procedure as dirty, prescribing the injection of a substance of dubious origin into a healthy body. Vaccination was thus pitted against other preventive measures aimed at improving the hygiene and cleanliness of people and environments, and consequently struggled to fit into broader discourses about possible disease prevention measures. These results confirm what Jenson (2009, 222) and Durbach (2005, 150) explain about the relationship between the Victorian anti-vaccination movement and sanitarians:

The emergence of germ theory in the 1870s and 1880s provided anti-vaccinators with “a new, authoritative medical language to articulate what they continued to identify as smallpox’s material and social cause: dirty environments and compromised constitutions”. Thus they could make claims to the very sanitary idea [...] They could argue that as citizens who were responsible – and therefore almost by definition “clean” – working-class parents ought to be able to make their own decisions about their children’s bodies. They could make claims [...] for the respect of their bodily integrity and against the surveillance and intervention of [...] interfering middle-class sanitarians. (Jenson 2009, 222)

This passage can also be interpreted in light of (critical) discourse analysis theory, which explicitly links language to the construction of personal and social identities, as well as to power relationships and social class. To further explore these results, and to conclude the overview of discourses about sanitation in the Victorian anti-vaccination press, the occurrences of the terms “sanitation”, “prevention”, and “quarantine” in the VicVaDis corpus were also examined.

3.2 Sanitation, Isolation, and Quarantine

Table 6 and Figure 3 show the frequency and distribution of the terms “sanitation”, “isolation”, and “quarantine” in the VicVaDis corpus.

Item	Raw frequency Relative frequency	Distribution
sanitation	466 133.23	49/133 (36.8%)
Isolation	249 71.19	40/133 (30%)
Quarantine	75 21.44	19/133 (14.28%)

Tab. 6 – Frequency and distribution of the terms “sanitation”, “isolation”, and “quarantine” in the VicVaDis corpus

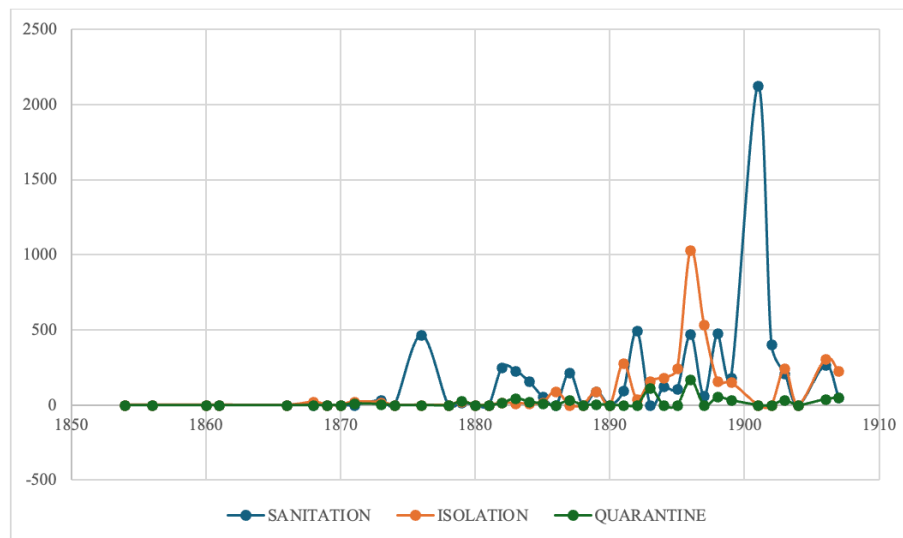
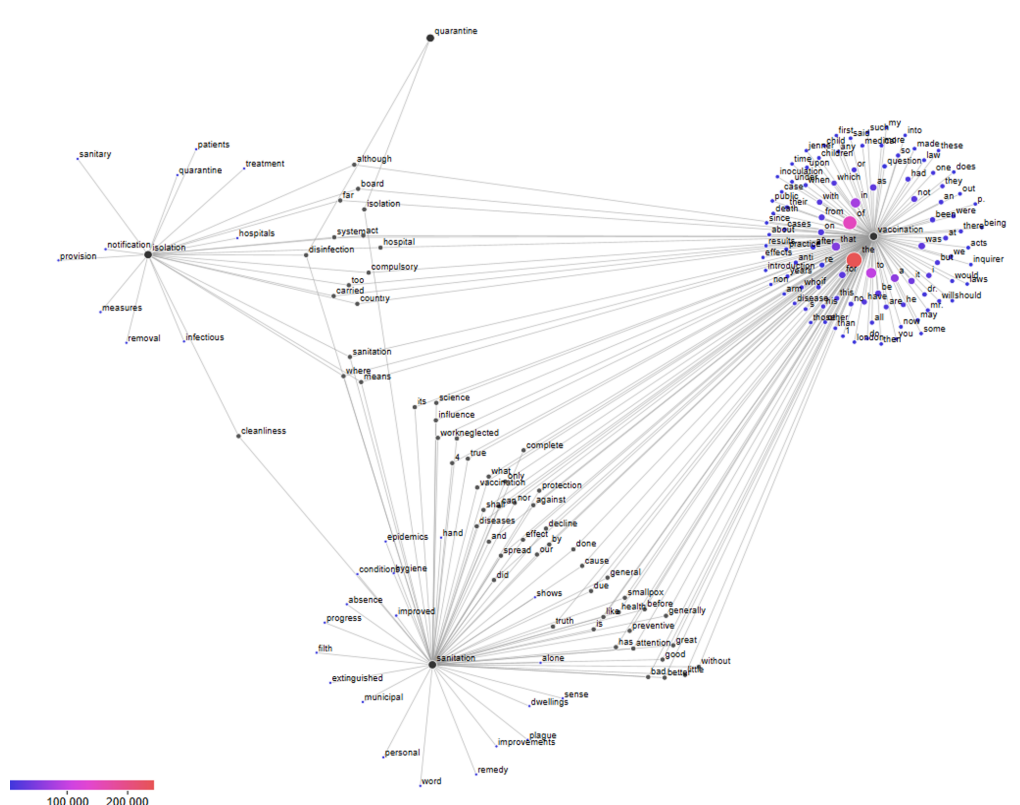


Fig. 3 – Chronological dispersion of the terms “sanitation”, “isolation”, and “quarantine” in the VicVaDis corpus (relative frequencies) (author’s elaboration)

Among these terms, “sanitation” seems to be the most frequently and consistently used in the corpus, with an evident peak in the early 1900s. The term “isolation” is distributed similarly across the texts in the corpus, but its overall frequency is lower; while “quarantine”, i.e., a very specific public health measure aimed to prevent the spreading of contagion by isolating early diagnosed patients, is used more sparingly in the corpus.

As previously argued, Victorian anti-vaccinationists often advocated for the implementation of sanitation and isolation measures, in order to prevent the spreading of contagious illnesses. Both methods were often interpreted as opposed, rather than complementary, to vaccination (Porter and Porter 1988). This was likely because sanitation and isolation seemed efficient and possibly self-evident ways to keep the environment and people clean and free of disease; this, despite the fact that the arguments in favour of sanitation often relied on the miasma theory of disease, focussing on cleanliness of air, food, water, and environments, whereas the arguments in favour of isolation relied on the idea that contagion spread through direct contact with infected people. Still, it seems possible to posit that the two preventive measures appeared to Victorian anti-vaccinationists as equally tending to reach overall cleanliness and purity, which was seen as closely connected to health and wellbeing, whereas vaccination was interpreted as a way to unnecessarily introduce diseases and thus contaminate the body.



In order to further explore this insight, a search string was used to elicit concordances where the word “sanitation” appeared within a 4-word span to the word “vaccination”: the search string [word=“sanitation”][0,4][word=“vaccination”] returned 42 hits (relative frequency: 12,01) across 16 texts (12% of the corpus); conversely, the string [word=“vaccination”][0,4][word=“sanitation”] returned 40 hits (11,44) across 20 texts (15%). The close reading of these concordances reveals that sanitation is indeed consistently framed as opposed to vaccination. They are not seen as complementary public health measures with the potential to improve the wellbeing of the general population: vaccination is negative (“filthy”), whereas sanitation is the only effective preventive measure against smallpox, and diseases in general. See, for example, the following:

12. Cleanliness, or sanitation, in its widest signification, is the only protection against all epidemic influences. [...] smallpox is a filth disease, its antidote is sanitation. [...] Vaccination is blood-poisoning, it is an infective process, and can only originate or intensify disease-conditions. (Pickering 1876, *Anti-Vaccination: The Statistics of the Medical Officers to the Leeds Small-pox Hospital Exposed and Refuted*)
13. Smallpox (like the other members of the class of zymotic diseases to which it belongs) originates in, and is fostered by, insanitary conditions, and is only effectually combated by their removal; that Vaccination is inoperative upon mortality where Sanitation is defective, and superfluous where Sanitation prevails. (White 1884, *Sir Lyon Playfair Taken to Pieces and Disposed of*)
14. The only protection is in widespread sanitation: and it is sanitation alone, *in spite of vaccination*, which has dispelled the smallpox and other epidemics which, in the middle ages, were the terror of Europe. And I shall hope to show that the only treatment which can mitigate an attack of smallpox consists in the use of sanatory remedies. (Pickering 1892, *Which? Sanitation and Sanatory [sic] Remedies, or Vaccination and the Drug Treatment?*, italic in original)

Indeed, one of the texts included in the corpus, written by William Tebb in 1881, is tellingly titled *Sanitation, not Vaccination, the True Protection Against Smallpox*. The close reading of the text shows the presence of each of the discourses highlighted throughout the analysis: in one early passage, Tebb quotes an official 1876 report by Dr. Farr, where contagion and insanitary environments are ambiguously mentioned as causes for diseases (example 15); then, he reaffirms that vaccination is useless compared to sanitation, and that it is actively dangerous (example 16); finally, he lists the actions that people should undertake in order to improve their sanitary conditions, and consequently, their health (example 17). Interestingly, these actions hint at a bucolic return to nature and simplicity, possibly in the face of modern progress (“come back to the first-fruits of the earth for food”) and also include a moral dimension (“do no impure act”); moreover, they are explicitly perceived as empowering the patient, who is thus freed from the mandates of science and medicine:

15. Experience has shown that the various forms of plague are influenced to a large extent by sanitary conditions. All zymotic diseases are most fatal in the densest districts, and although this may be due in part to contagion, it is certainly due in part to the concentrated impurities of towns.
16. [...] smallpox can be extirpated by means of sanitation alone, a remedy which, besides being absolutely efficacious, can be adopted by municipalities and by individuals with the certainty that it is attended with none of the dreaded evils inseparable from the compulsory injection of lymph of doubtful origin and unknown virulence and power.

17. Let every man and wife be their own sanitarians and make their house a centre of sanitation. Let in the sun; keep out the damp; separate the house from the earth beneath; connect the house with the air above; [...] eat no unclean thing; come back to the first-fruits of the earth for food; drink no impure drink; wear no impure clothing; do no impure act; and all the good that science can render you is at your absolute command.

Conclusions

The study has several limitations: first, the adoption of a corpus-based instead of a corpus-driven approach entails that the terms for the analysis were selected by the author, and the choice was based on pre-existing hypotheses about discourses and language, rather than on objective frequency data (although the analysed lexical items were reasonably frequent in the corpus). This allowed to focus on one specific aspect of anti-vaccination discourses; however, other important discourses may have been overlooked. Second, as said, the VicVaDis corpus itself is made of a selection of surviving texts from the Victorian popular press, and therefore may not be representative of all the texts produced in that period. Third, although corpus-assisted approaches strive for objectivity in the extraction of the results, the choice of specific parameters – for example, to retrieve collocations – influences the results obtained. Moreover, their interpretation is still subject to, and possibly biased by, the investigator's own sensitivity.

Nevertheless, the analysis of the VicVaDis corpus has provided insights into how anti-vaccination sentiments in Victorian England were intricately tied to broader concerns about health, wellbeing, illness, and disease. The findings reveal that Victorian anti-vaccinationists framed their opposition within a multifaceted discourse that combined scepticism toward emerging medical practices and an alternative vision of health rooted in sanitation and hygiene as opposed to medical interventions and medications. These discourses arguably offer a compelling historical parallel to modern-day anti-vaccination movements, which similarly question the safety, efficacy, and ethical implications of vaccination, and which have become central to much public discourse since the COVID-19 pandemic (see Jaworska 2021 for a corpus-assisted analysis of media discourses about COVID-19).

First, the analysis of the VicVaDis corpus showed that vaccines were consistently portrayed as agents of disease, believed to introduce harmful substances into otherwise healthy bodies. This narrative of vaccines as a source of illness is echoed in modern anti-vaccination rhetoric, where concerns about vaccine safety, adverse effects, and long-term health implications are frequently raised. For instance, contemporary anti-vaccination groups often cite cases of purported vaccine injuries, despite scientific consensus on the rarity of such events, or despite extensive research disproving a causal nexus (see, for example, Deer 2020 on the controversy surrounding the MMR vaccine). Closely linked to this aspect is Victorian anti-vaccinationists' reliance on personal testimonies to support their claims, which mirrors the strategies used by modern anti-vaccination movements. The excerpts from the corpus presented in the paper included stories of children whose health allegedly deteriorated after vaccination, and activists used emotionally charged language to bolster their arguments. Similarly, today's anti-vaccination discourse often emphasizes personal stories of vaccine injury over statistical evidence, appealing to emotions rather than empirical data (Greenhalgh 2016; Fiammenghi 2023). Furthermore, modern discourses about vaccination frequently use figurative language, which arguably creates vivid, intersubjectively accessible descriptions of otherwise personal experiences, also making medico-scientific concepts more easily understandable; indeed, much linguistic research into the discourses of the COVID-19 pandemic has focused on metaphors, discovering that metaphors

may be more helpful than literal language in facilitating further social communication about vaccines (Semino 2021; Liu and Li 2025; Flusberg, Mackey and Semino 2024). Lastly, Victorian anti-vaccinationists' critiques of the smallpox vaccine were grounded in a broader scepticism toward the emerging germ theory of disease. They advocated for preventive measures centred around sanitation, hygiene, and natural living, believing these were the true and only protectors of health. This preference for "natural" approaches over medical interventions is a hallmark of modern anti-vaccination discourse as well, where proponents often argue for natural immunity, alternative medicine, and holistic health practices over vaccination (Kata 2010) instead of conceiving them as complementary measures to achieve better health and general wellbeing.

Thus, it seems possible to state that in both historical and modern contexts, anti-vaccination movements have thrived on a combination of mistrust in medical authority, fear of medical interventions, and a belief in alternative forms of health and wellbeing. While the scientific, social, and political landscapes have changed since the Victorian era, the underlying concerns and rhetorical strategies of anti-vaccinationists have remained remarkably consistent. Therefore, this analysis underscores the importance of understanding both the historical roots of vaccine hesitancy and the rhetorical strategies used by anti-vaccination advocates, which arguably have played a pivotal role in effectively spreading messages which continue to shape public perceptions of vaccination, more than a century later.

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The Stigma on “the Tigress-Cub”: Late-Victorian Psychiatric Genetics and Wilkie Collins’ *The Legacy of Cain*

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Abstract

This article explores the intersections of Victorian medicine and literature by examining medical treatises on hereditary psychosis and criminal instincts and Wilkie Collins’ *The Legacy of Cain* (1888). It first considers the ideas of Prosper Lucas, Bénédict A. Morel, and Henry Maudsley, focusing on the supposed role of women in perpetuating the phenomenon of human degeneration, as claimed by many Victorian physicians. Second, it analyses *The Legacy of Cain* as a fascinating example of the reciprocal relationship between literature and medicine. Through clinical rhetoric, the novel critiques theories of hereditary degeneration and infectious motherhood, challenging prevailing beliefs about biological determinism.

Keywords: Degeneration, Heredity, Maternity, Psychosis, Women

In fin-de-siècle Europe, the notions of biological heredity and degeneration garnered substantial interest among both scientists and the general public. As observed by Sally Shuttleworth and Melissa Dickson, “late-nineteenth-century theories and treatments of the diseases of modern life and [...] hereditary degeneration were [...] deeply embedded in social and cultural operations” (2021, 173). The predominant belief in society held that progeny – the future of the country – was fated to inherit not only favourable physical and cognitive traits from parents and ancestors but, more easily and frequently, moral deficiencies, vices, deplorable instincts, and mental disabilities. Alongside concerns about devolution and human decay, the pervasive preoccupation of scientists and physicians with biological heredity was amplified in the columns of newspapers and scientific journals. In this regard, notable examples include *The Lancet* (established in 1823), *British Medical Journal* (1840), *Journal of Mental Science* (1853), *Brain* (1878), and *Macmillan’s Magazine* (1859-1907). Indeed, following Charles Darwin’s *The Origin of Species*, published in 1859, mass-market journals

and newspapers contributed to disseminating the news that evolution and devolution were inseparable processes, with the latter primarily rooted in inherited degeneracy. National prestige appeared to be overshadowed by the spectre of inherited pathology, which the English physician James Whitehead (1812-1885) defined as “a constitutional evil, destined to stamp its character upon generations to come” (1851, vii).

Driven by a fascination with genetic determinism and motivated by the belief that they could avert human collapse among Victorians, several physicians dedicated a great portion of their research to the study of the principles governing the transmission of biological traits from parents to progeny. As claimed in a number of medical works published in the second half of the nineteenth century, e.g. Whitehead’s *On The Transmission, from Parent to Offspring, of Some Forms of Disease and of Morbid Taints and Tendencies* (1851), the future of the nation was threatened by inheritable deterioration. On this issue, Maurizio Ascari remarks that “the Victorian faith in progress coexisted with a widespread fear of decline, which fostered a climate of anxiety and helped engender a culture of decadence” (2007, 146). The unsustainable effects of rapid industrialisation, the agonising quest for efficiency at any cost, the severe pollution of London and its main artery, the Thames, along with the suffocating pace of modernity and the radical upheavals which Europeans experienced in the last decades of the nineteenth century, all contributed to the increase of pauperism, social disarray and the rise in mental illness cases. The country’s health was at risk: the germs of degeneration passed on invisibly from one subject to another, striking family after family, generation after generation.

Degeneration was not solely understood as a phenomenon impacting more significantly on working classes. Discourses concerning heritability and human regression were strongly intertwined with gender issues and, not surprisingly, were highly prejudicial towards women. In this respect, William Greenslade contends that “the subject of heredity is inseparable from questions of gender” in fin-de-siècle society (1994, 165). Widely regarded as irrational beings lacking self-control, owning minds and bodies feared to be flawed, women were scrutinised by physicians as the primary culprits behind the decadence that was spreading in society. By transmitting faulty traits to their offspring, mothers were believed to exacerbate decadence and jeopardise racial purity, a notion that was central to social Darwinism and criminal anthropology. In fact, the escalating numbers of degenerate subjects relegated in asylums and the ever-growing population of criminals made discussions about biological heredity extend beyond the walls of psychiatric institutions and reach the bustling streets of European cities, where people crowded in, eager to learn about the fate of mankind.

With this historical and cultural panorama in mind, I set out to explore, first, medical beliefs regarding genetic inheritance, womanhood and the alleged responsibility of women in transmitting faulty genetic heritages to the progeny. I thus take into consideration clinical works by three crucial figures in European psychiatry and hereditary degeneration: Prosper Lucas, Bénédict Augustin Morel and Henry Maudsley. Second, I wish to interrogate the osmotic relations between Victorian medicine and literature and concentrate on Wilkie Collins’ last novel, *The Legacy of Cain* (1888), a text that never attained the same prominence as his earlier works, including *The Woman in White* (1859), *Armadale* (1864), or *The Moonstone* (1868). Although all of Collins’ novels are rich with references to the realm of (psycho)pathology, I contend that *The Legacy of Cain* offers a more profound insight into the theme of biological heredity. Indeed, this novel is an exploratory journey into debates about the arguably inevitable transmission of psychosis and criminal instincts from mothers to children and it can be read as a provoking inquiry into the “woman question” in the framework of late-Victorian psychiatric genetics.

1. Late-Victorian Psychiatry Genetics

US psychiatrist Kenneth S. Kendler observes that, from the late eighteenth century, physicians primarily used the family history to diagnose the causes of diverse forms of psychosis. This enabled doctors to assess “the presence or absence of disorders in the close and sometimes more distant relatives of their patients” (2020, 491). As Kendler stresses, up to the 1880s, most biologists and nearly all medical practitioners believed that “active insanity in a parent” could “contribute to the egg or sperm, thereby increasing illness risk in offspring” (502). Indeed, in the mid nineteenth century, the European medical community intensified studies on inheritance, with 1848 marking a crucial moment in biological determinism related to psychopathologies. In that year, Bénédict A. Morel (1809-1873), a central figure in hereditary degeneration, was appointed director of the Asile d'Aliénés de Maréville at Nancy. His appointment had a significant impact on the study of the hereditary nature of mental illness and played a crucial role in Morel's formulation of degeneration theory. British historian Daniel Pick underlines that in 1848 the adjective “hereditary” “hardened into a key term in many aspects of medicine and anthropology” and remarks that “1848 was an important moment in heredity's petrification as the perceived central problem of nationality, madness and crime” (1989, 48).

Nevertheless, it is likely that Morel's focus on hereditary degeneration would not have reached the same depth without foundational contributions to psychiatric heritability that preceded him. Notably, before Morel, a pioneer in the study of genetic inheritance and degeneracy was Prosper Lucas, whom Kendler describes as “a unique figure in the history of Psychiatric Genetics” (2021, 261). Born in Saint-Brieux in 1808 and died in Mennecy in 1885, Lucas authored a considerable number of essays on inheritance of genetic information, genealogy and biological susceptibility to certain pathologies. His meticulous work examined multiple family histories and documented cases of mental disorders across diverse generations, providing convincing evidence for the hereditary nature of physio-morphological traits and mental disorders.

Among his most impactful works is *Traité philosophique et physiologique de l'hérédité naturelle*, appeared in two volumes published respectively in 1847 and 1850. Lucas' wide-ranging treatise garnered much acclaim and swiftly became reference point for several of the most eminent figures of the scientific community of those years, including Charles Darwin, Francis Galton, Henry Maudsley and Morel himself. In this regard, Ricardo Noguera-Solano and Rosaura Ruiz-Gutiérrez contend that “Lucas's work was influential not by the answers he gave to problems of hereditary transmission, but due to the paths that he indicated to those that followed” (2009, 696). For instance, in *The Origin of Species*, Darwin emphasised the importance of heredity and stated that

any variation [from one generation to another] which is not inherited is unimportant for us. But the number and diversity of inheritable deviations of structure, both those of slight and those of considerable physiological importance, are endless. Dr Prosper Lucas' treatise, in two large volumes, is the fullest and the best on this subject. (1960, 28)

Darwin praised Lucas' contribution and expressed his agreement with the conclusions achieved by the French psychiatrist. Lucas had collected a significant body of empirical data which allowed him to demonstrate that the mechanisms governing the similarity between offspring and parents were consistent across diverse family contexts. Similarly, Darwin observed that this phenomenon takes place regardless of the degree of dissimilarity between the progenitors, whether they belong to the same variety, different varieties, or even to different species (315).

Alongside explorations of inheritance of physio-morphological traits, Lucas devoted extensive sections of his work to the inheritance of behavioural traits and diverse typologies of psychic disorders. His investigations highlighted that vices and mental pathologies, similarly to other health impairments, such as diabetes, are often transmitted from parents to descendants. He argued that “ce qu’il y a de transmissible par voie de génération, ce sont le tempérament et la constitution, contre lesquels celui qui a des parents aliénés doit réagir, pour ne pas devenir fou” (1847, 756-57). He observed that cases in which the transmission of psychic disorders from progenitors to offspring did not occur were quite extraordinary and suggested that, to identify the origin of the patient’s disorder, one simply need to look back at the clinical history of the patient’s ancestors (795). In line with Lucas, some years later, Whitehead – mentioned before – would state that “nothing is more common than to see the offspring of an intemperate parent become demented” (1851, 35).

By keeping almost unchanged the intrinsic features that constitute the nature of a species and transmitting them to future generations, the laws of biological heredity formulated in the mid-nineteenth century provided valid responses to “family cases gathered during centuries, concerning inheritance of a criminal tendency, of an alcoholic tendency and a great list of illnesses, such as blindness and mental disease” (Noguera-Solano and Ruiz-Gutiérrez 2009, 693). Lucas thought that the transmission of mental disorders, which he referred to as “hérédité fatale” (1847, 758), did not imply the acquisition on the progeny’s part of a mere predisposition to mental pathology. Quite the opposite. He believed that children of subjects suffering from psychic disorders, suicidal or homicidal instincts and diverse types of addictions, such as alcoholism or substance use disorders, were fated to inherit the complete spectrum of their progenitors’ disorders. He commented: “on a vu des familles entières se tuer, [...] comme des familles entières devenir aliénées” (780).

In the wake of Lucas’ pioneering research, several scientists and physicians delved into genetic legacies and, consequently, accounts of inherited degeneracy became commonplace in a large body of clinical texts. For instance, Morel’s *Traité des dégénérescences physiques, intellectuelles et morales de l’espèce humaine*, published in 1857, played a significant role in shaping discourses on psychiatric genetics. Fuelling fears of regression and human decadence, Morel cautioned that, barring exceptional cases, the progeny of degenerate individuals exhibits an incorrigible tendency towards decadence. With an outlook steeped in pessimism, he maintained that at the base of human degeneration was hereditary transmission and pointed out that “l’observation rigoureuse des faits nous démontrera, qu’à moins de certaines circonstances exceptionnelles de régénération, les produits des êtres dégénérés offrent des types de dégradation progressive” (1857, 4-5).

Similarly, some years later, in *Physiology and Pathology of the Mind*, published in 1867, Henry Maudsley (1835-1918), “a spokesman and advocate” (Showalter 1987, 112) of Darwinian psychiatry, highlighted that “the more exact and scrupulous the researches made, the more distinctly is displayed the influence of hereditary taint in the production of insanity” (1867, 212-13). Maudsley’s assertions reinforced prevailing beliefs among Victorian physicians that genetic heritages were decisive for the onset of psychosis in patients with parents affected by mental impairments. In *Responsibility in Mental Disease* (1874), Maudsley called this phenomenon “predestination to madness” (1874, 276). In his view, “any sort of disease of the nervous system in the parent seems to predispose more or less to this ill condition the child, the acquired deterioration of its parent becoming its inborn organic feebleness” (1867, 76). He emphasised that inherited pathologies bring about a progressive erosion of racial purity and specified that

It is not that the child necessarily inherits the particular disease of the parent, for diseases unquestionably undergo transformations through generations; but it does often inherit a constitution in which there is a certain inherent aptitude to some kind of morbid degeneration. (204)

In this process of “dégradation progressive”, as Morel called it, parents bore differing degree of culpability. In fact, although in the lines above Maudsley appears to allude to an equal responsibility of men and women in the transmission of pathological conditions to the progeny, a closer examination of Victorian clinical works on biological inheritance shows a different reality. Indeed, it was common for psychiatrists to ascribe mothers a primary role in the transmission of health disorders to children. As proof of this, in *Physiology and Pathology of the Mind*, Maudsley labelled women the feeblar sex and remarked that “there is in woman, by virtue of her sex, a slightly greater predisposition to insanity than in man” (208). After claiming that “women are necessary to the gratification of man’s passion, indispensable to the comfort of his life” (202-03), he underlined that “insanity descends more often from the mother than the father, and from the mother to the daughters more often than to the sons” (216). Women were regarded, as Pick suggests, as agents of human decay either “by bringing new pathological cases into the world or [...] by failing to reproduce in sufficient quantity healthy children for the nation” (1989, 89).

In *Dangerous Motherhood*, Hilary Marland maintains that childbirth was “woman’s paramount duty and most rewarding purpose in life” (2004, 6). Surrounded by a dense web of social pressures and expectations, ranging from the idealised image of the self-sacrificing mother to fears of bearing defective children, maternity held a central place in woman’s identity. Women were in fact expected to comply with the biological imperative inextricably linked to their bodies: they had to propagate the family, ensure the continuity of the species, and contribute effectively to the future of the country through the generation of healthy subjects. However, widespread cases of mental illness and the increasing growth in number of criminals in society suggested that the health (and decorum) of the nation was declining. Shuttleworth emphasises that middle-class women, “with their languid airs and nervous ailments, were increasingly singled out as the prime culprits of this feared decline” (1992, 34): “symbolic associations of women with disease were strengthened by the” common belief “that not only were women more prone to insanity than men, they were also more responsible for hereditary transmission” (36).

2. *Literary Portrayals of Hereditary Degeneration*

Late-Victorian literature did not remain unaffected by scientific turmoil around hereditary pathology and contagious motherhood. Henrik Ibsen’s *A Doll’s House* (1879), Émile Zola’s *Dr Pascal* (1893), Emma Brooke’s *A Superfluous Woman* (1894), Matthew P. Shiel’s *Prince Zaleski* (1895), or Sarah Grand’s *The Heavenly Twins* (1893) are only a few examples in which complex motherhood and transmission of flawed traits by means of procreation take central stage. Inherited physical or psychic disorders and detrimental maternity established themselves as central preoccupations of many literary genres, especially sensation fiction. Indeed, with its numerous portrayals of insane and criminal feminine, sensation fiction played a crucial role in British cultural milieu of the late nineteenth century.

Criticised by many for their power to thrill readers’ nerves, sensation novels often depict mothers, wives, widows and daughters as social polluters and incubators of human decadence. According to Shuttleworth,

the writing of the sensation novels offers a fascinating insight into the workings of Victorian maternal ideology. We find here, writ large, all the demonic figures and anxious preoccupations with heredity which filled contemporary medical texts [...]. Notions of heredity taints abound, and of woman as outwardly fair and controlled, but inwardly the hidden source of corruption of both her class and race. (1992, 49)

In 1871, in *The Rose and the Key*, Joseph Sheridan Le Fanu referred to an “irreparable folly” (1982, 45) that was spreading in society. “The infectious disorder” (1903, 33), as Mrs. Henry Wood called it in *St Martin’s Eve* (1866), moved invisibly from body to body, flowing under the skin and infecting generation after generation.

Widely considered as the father of sensation fiction, Wilkie Collins had a remarkable knowledge of contemporary medicine and a great mastery in incorporating clinical discourses into his narratives. Jenny Bourne Taylor observes that Collins “could draw on a range of psychological and experimental scientific methods, speculatively and hypothetically” (1988, 211). His various portrayals of physical and psychological afflictions not only showcased his deep understanding of the complexities of multiple forms of (psycho)pathology, but also contributed to the dissemination of medical knowledge among his readers. For instance, in *The Woman in White* and *Armadale* he delves into hereditary madness; in *Jezebel’s Daughter* (1880) he explores the universe of toxicology; in *The Law and the Lady* (1875) he investigates the outburst of psychosis; and in *The Moonstone* he tackles the effects of drug addiction.

However, I leave here aside Collins’ most discussed novels and I concentrate on his last work, *The Legacy of Cain*, published in 1888, a text that gardened less attention by his audience and critics. While discussing inheritance and biological determinism, the novel appears to be extremely relevant. Graham Law and Andrew Maunder maintain that it is precisely in *The Legacy of Cain* that “the deterministic nature of contemporary theories of hereditary is explored and exploded” (2008, 127). In view of this, the novel can be approached through what Laurence Talairach-Vielmas refers to as “the prism of contemporary scientific, medical and psychological discourses, from debates revolving around insanity to those dealing with heredity and transmission” (2009, 7).

A journey into the obscure labyrinth of a woman’s criminal mind, the novel explores and problematises medical assumptions concerning womanhood, hereditary degeneration and faulty procreation. In 1889, the British journalist James Ashcroft Noble (1844-1896) observed that *The Legacy of Cain* is a protest “against the fatalism which is more or less bound up with any full acceptance of the modern doctrine of heredity” (1995, 243-44). Similarly, Bourne Taylor articulates that the novel “is explicitly set up as a debate with the post-Darwinian theories of hereditary criminality and insanity that had become so pervasive by the late 1880s²” (2006, 94). A parable that puts the spotlight on a world where Evil, in the form of hereditary pathology and crime, seems to be dominant, *The Legacy of Cain* depicts a society riddled with phobias concerning inherited criminal instincts, human degeneracy, contagion and pathology. Yet, by leveraging the rhetoric of hereditary criminality and psychosis, the novel serves an educational purpose. Indeed, Collins urges his readership to reject the idea that pathologies and brutal instincts of parents constitute a stigma for the offspring. For him, what in fact guides one’s actions is not genetic heritages but, instead, free will and discernment, namely the innate ability of individuals to distinguish what is good from what is deplorable.

Written within the cultural framework shaped by social Darwinists and degeneration theory, *The Legacy of Cain* is a provocative text from its very title. The deliberate use of the noun “legacy” carries a significant meaning that should not be overlooked. From the outset of the novel, Collins seeks to intertwine the realm of psychiatry with the biblical narrative, embodied here

in Cain, the firstborn son of Adam and Eve and brother of Abel. Consumed with jealousy over God's favour towards Abel, Cain commits fratricide, thereby becoming the archetypal murderer in human history. By choosing this title, Collins seems to invite readers to a reflection: if one accepts, in accordance with late-Victorian medical beliefs, that madness and criminal instincts are traits transmitted from parents – and especially mothers – to descendants, one should also acknowledge that those genes, carriers of immorality, homicidal rage and derangement, trace their origin back not to a woman, but to a man, Cain, father of Enoch. By invoking the biblical figure of Cain and emphasizing the term “legacy”, Collins opens his novel by presenting an alternative perspective that challenges the established notion in Victorian time that women were the primary source of inherited evil. In doing so, he subtly critiques the idea that criminality and madness are mainly transmitted through the maternal line, suggesting instead that these traits could equally, if not more fittingly, be traced back to a male progenitor. Collins hence takes a nuanced stance, defending women against the widespread cultural narrative that held them responsible for the transmission of moral corruption and faulty traits.

The novel begins “within the walls of an English prison” (Collins 2018, 7), where a murderess, Elizabeth Chance, is spending the rest of her days, sentenced to death for “one of the most merciless murders committed in [her] time” (28). Before the woman is executed for the murder of her husband, the prisoner asks Reverend Abel Gracedieu to save Eunice, her young daughter. In the presence of the Governor and a doctor, the merciful Minister accepts the prisoner's plea and agrees to take care of the little girl, although the shadow of the heinous crime committed by her mother, “that detestable creature” (42), blackens the future of the infant who is victim of what Morel called “germes d'une transmission dégénérative” (1857, 58). As Collins puts it, “the poor child's life might have been darkened by the horror of the monster's crime, and the infamy of the monster's death” (2018, 36).

Concerned for the Reverend's decision to adopt little Eunice, the doctor – most likely an alienist – warns Abel Gracedieu about the invisible danger that is inherent in genetic legacies:

Are you one of those people who think that the tempers of children are formed by the accidental influences which happen to be about them? Or do you agree with me that the tempers of children are inherited from their parents? The Doctor [...] was still impressed by the Minister's resolution to adopt a child whose wicked mother had committed the most atrocious of all crimes. Was some serious foreboding in secret possession of his mind? (21)

The physician reflects on his two-decade investigation into biological determinism and argues that parental vices and mental disorders tend to be inherited by offspring more frequently than virtues and good health. On this subject, in the second volume of his treatise, Lucas maintained that

L'hérédité de l'aliénation mentale est d'une observation presque aussi ancienne que celle de la maladie. Il n'est, pour ainsi dire, point de pathologiste qui ne l'ait aperçue, au premier regard jeté sur cette page si obscure et si triste de l'histoire des affections humaines. (1847, 756)

In light of this, the conclusion reached by the doctor in the novel is that the progeny of criminal or insane parents enter the world with inescapable disadvantages, such as deplorable instincts, mental disabilities or chronic pathologies. The outcome of his research leaves the physician discouraged about the future of humanity and leads him to contemplate the cruelty and actual purpose of life:

For twenty years past, my friend, I have been studying the question of hereditary transmission of qualities; and I have found vices and diseases descending more frequently to children than virtues and

health. I don't stop to ask why: there is no end to that sort of curiosity. What I have observed is what I tell you; no more no less. You will say this is a horribly discouraging result of experience, for it tends to show that children come into the world at a disadvantage on the day of their birth. Of course, they do. Children are born deformed, children are born deaf, dumb, or blind; children are born with the seeds in them of deadly diseases. Who can account for the cruelties of creation? Why are we endowed with life – only to end in death? (Collins 2018, 27)

In the wake of the doctor's warnings, the governor elucidates that the "ill-fated baby's chance of inheriting the virtue of her parents is not to be compared to her chances of inheriting their vices; especially if she happens to take after her mother" (28). Worries of the doctor and the governor confront the reader with a world doomed to failure, where inherited psychosis and criminal tendencies shatter any prospects of human evolution. To pick up from Arthur Conan Doyle's *The Hound of the Baskervilles* (1902), "a dreadful fate overhung" (2007, 17) the family of the Reverend.

After devoting the first pages to an investigation into biological determinism, to Elizabeth Chance, her crime and Eunice's potential heredity of her mother's criminal nature, Collins explores the chance that one's brutal impulses can "be overcome by the better parts of human nature" (Mangham 2007, 198). By engaging with morality, compassion and religion, Collins challenges the entrenched belief among Victorian physicians that a subject's inner negative forces cannot be overridden by moral principles instilled via education and loving nurture. The text in fact encourages readers to reconsider the weight of environmental influences in shaping one's behaviour and reflects on the potential for personal transformation that is offered by love and education. This thematic exploration reaches its core in the second part of the novel, when Collins guides readers into the domesticity of the Gracedieu family and provides an intimate view of the diaries of Eunice, now a young lady, and of her stepsister, Helena, the Reverend's biological daughter. Through Eunice's and Helena's personal diaries, Collins reveals the complex dynamics and tensions that define the relationship between the two stepsisters. Unaware that their bond is not rooted in blood, the two girls get along very well, at least until Collins brings into the narrative Sir Philip Dunboyne, a handsome man who instantly captures the hearts of both sisters. A burning jealousy consumes the young women and their relation swiftly deteriorates. Outbursts of wrath and physical violence between the two undermine the psychological serenity of the Reverend, whose peace of mind is also challenged by the recent death of his beloved wife, an ailing woman.

In the grip of nervousness and bewildered by her inability to control instincts, Helena, defined as a girl with "the temper of Lady Macbeth" (Collins 2018, 196), becomes perplexed about the disappearance of her impeccable education: "what has become of my excellent education? I don't care to inquire; I have got beyond the reach of good books and religious examples" (131). Similarly, Eunice falls victim of what Collins calls "the infection of evil" (222). Consumed with jealousy for Philip and overwhelmed by uncontrollable thoughts of revenge, Eunice wonders whether one is "bewitched when you don't understand [one's] own self" (154), and claims: "I don't know what other persons might think of me, or how soon I might find myself perhaps in an asylum" (*ibidem*). Hallucinations torment Eunice as the voice of her biological mother emerges from the depths of the past and urges her to kill Helena: "'Kill her with a knife. [...] Kill her openly,' the tempter mother said. 'Kill her daringly. Faint heart, do you still want courage? Rouse your spirit; look! See yourself in the act!'" (164-66). Nevertheless, in spite of the relentless influence of the spectre and the supposed menace of the inherited nature running through her veins, Eunice resists the malevolent thoughts that plague her mind and wins the battle against her criminal self. Her moral sense proves capable

of overcoming the evil traits inherited from the murderess. Eunice's brute self is hence defeated by her conscience, which Darwin described in *The Descent of Man* (1871) as the most crucial "of all the differences between man and the lower animals" (1871, 70).

A process of brutalisation and degeneration affects not only the two young women. The struggle between Eunice and Helena overwhelms the health of the Reverend and the more strained the relation between the two stepsisters, the more Abel's mental stability worsens: the Reverend is a weak man in the grip of "derangement of his nervous system" (Collins 2018, 170). Alongside enduring the conflicts of the two girls, the religious Minister carries the burden of the secret that one of his daughters is not his own flesh and blood. He confides: "nobody in this house knows that one of the two girls is not really my daughter" (175). "On the verge of madness" (244) and diagnosed with shattered nerves, Abel is, as Collins specifies, "as weak as a woman" (280). Disdain and shame descend on the religious man, whose main concern is the poor mental health of his biological daughter, victim of a regressive metamorphosis. Indeed, while Eunice triumphs over the voice of her tempting mother, Helena plots her revenge. Driven by brutal instincts, Helena premeditates Philip's murder with foxglove, a plant rich in glycosides that are lethal if taken in high quantities. Filled with rage at Helena's attempt to kill Philip, Eunice cannot hide her hatred towards the stepsister. Yet, Eunice remains harmless; she would attack only to defend herself and her recovering lover from Helena's diabolical grasp.

After Philip recuperates from the poisoning, he proposes marriage to Eunice. As the two make arrangements for the wedding and Helena languishes in prison, the Governor discloses to Eunice the truth that he has kept hidden for his entire life: "[Helena's] father is not your father, [Helena's] mother was not your mother. I was present, in the time of your infancy, when Mr. Gracedieu's fatherly kindness received you as his adopted child" (348). Based on what Maudsley suggested in *Body and Mind* (1871), that owing to "evil ancestral influences, individuals are born with such a flaw or wrap of Nature that all the care in the world will not prevent them from being vicious or criminal, or becoming insane" (1871, 68), it should be Eunice spending her days in prison for attempted murder. Such a conclusion, however, would have betrayed the provocativeness of the novel, which ends with a thought-provoking question that Collins poses to readers, making them reflect on the effective inheritability of criminality and insanity:

there are virtues that exalt us, and vices that degrade us, whose mysterious origin is, not in our parents, but in ourselves. When I think of Helena, I ask myself, where is the trace which reveals that the first murder in the world was the product of inherited crime? (2018, 355)

The novel concludes in the same way it begins, with the figure of Cain serving as the overarching backdrop for the entire narrative. Alongside hereditary degeneration and infectious maternity, religion is a connecting thread across all sections of the novel. For instance, Collins' choice to name the Reverend "Abel" is a further allusion to biblical narratives and the blood relation between Cain and his brother. However, the biblical allusions go beyond Adam and Eve's sons. Indeed, in one of the novel's opening pages, Collins boldly juxtaposes the graceful features of the Holy Mother with the sinister beauty of Elizabeth Chance, and writes:

Visitors to the picture-galleries of Italy, growing weary of Holy Families in endless succession, observe that the idea of the Madonna, among the rank and file of Italian painters, is limited to one changeless and familiar type. I can hardly hope to be believed when I say that the personal appearance of the murderess recalled that type. She presented the delicate light hair, the quiet eyes, the finely shaped lower features and the correctly oval form of face, repeated in hundreds on hundreds of the conventional works of Art to which I have ventured to allude. (14)

Here, through this daring comparison between the Virgin Mary and Elizabeth Chance, Collins not only defies the religious orthodoxy of his time, but also ridicules Lombrosian criminal anthropology and the presumptions of phrenologists and physiognomists who claimed to be able to detect insane and criminal minds simply by examining skulls or facial features. Comparing the murderess' appearance to the immaculate figure of the Madonna, Collins contests these pseudoscientific beliefs, exposing the flaws in their methodologies and highlighting the superficiality of their judgements.

Finally, Collins delves deeper into the character of Helena and investigates the potential of women in society. After her two-year sentence, Helena leaves the prison and emigrates to the United States of America, where she regains her mental serenity. Determined to follow her father's footsteps, there she becomes reverend of a women's community. The Governor stresses that Helena "is now the distinguished leader of a new community in the United States. We hail in her the great intellect which asserts the superiority of woman over man" (355-56). Conscious that such an assumption could not go unnoticed by his readers and critics, Collins championed the idea that women are capable of achieving greatness and surpassing their male counterparts in both intellect and moral fortitude. *The Legacy of Cain* is, therefore, not only a challenge to the idea that, as Maudsley argued, various types of human degradation are "transmitted as evil heritages to future generations: the acquired ill of the parents becomes the inborn infirmity of the offspring" (1867, 204). The novel also serves as a powerful critique of gender inequality and a call for recognition of women's rightful place as equals to men. Exploring Helena's redemption in the United States, Collins meditates on the central position of women in society and their crucial role in shaping the future of the country, yet not merely as bearers of new progeny.

In conclusion, beneath the narrative of the events that befall Elizabeth Chance and the Gracedieu family lies a critique of contemporary medical beliefs concerning biological heredity, flawed womanhood and infectious motherhood. Addressing discourses on inherited degeneration, in *The Legacy of Cain* Collins asserts that psychosis is not determined by gender or social class and brutal instincts are not necessarily the outcome of genetic heritages. Collins posits that one's behaviour is not solely predetermined by inherited genes, but it is also influenced by factors such as conscience, education, love, compassion and capacity for empathy. By evoking Cain's murder and chronicling Eunice's struggle – and ultimate victory – over her mother's malign influence, Collins contests the deterministic views of psychiatric genetics prevalent in his time and demonstrates that Eunice in fact possesses the capacity for sound judgment and self-control, two qualities that instead are absent in the clergyman's descendant. Highlighting the central role of conscience, discernment, free will, and ethical principles, Collins ultimately advocates for a more nuanced understanding of human behaviour and makes clear that the "tigress-cub" does not forcibly "take after its mother" (2018, 25).

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Echoes of Krafft-Ebing's *Psychopathia Sexualis* in Scientific Periodicals: Sexual and Mental Pathology in Late Nineteenth- and Early Twentieth Century Medical Discourse

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Abstract

This essay proposes a corpus-based terminological analysis of the language of moral decadence, sexual deviance and mental degeneration introduced and/or popularised by Richard von Krafft-Ebing's *Psychopathia Sexualis*. It also investigates the resonance that this domain-specific terminology may have had in British medical journals between the late nineteenth and early twentieth century, when periodicals played a crucial role in propagating various forms of medical discourse. Corpus linguistics methodology is employed to scrutinise Krafft-Ebing's treatise, particularly to extract and contextually analyse specialised terms in the domain of sexual and mental pathology which might have contributed to the dissemination of psychiatric and sexological discourses of decadence and degeneration. Once a set of terms has been individuated, their frequency and collocational behaviour is examined in a corpus of scientific articles from a leading nineteenth-century specialist periodical, the *Journal of Mental Science*. Since terms represent concepts within a specific domain, this essay aims to bridge linguistic and historical investigation of medical discourse by demonstrating that a corpus-based terminological analysis can provide useful insights into the specialised knowledge, cultural values and ideological positionings of a particular community of experts, and the various domain-specific discourses it contributed to circulate.

Keywords: *Journal of Mental Science*, Medical Discourse, *Psychopathia Sexualis*, Psychosexual Pathology, Richard von Krafft-Ebing

Introduction

This essay proposes a corpus-based terminological analysis of the language of moral decadence, sexual deviance and mental degeneration introduced and/or popularised by such a seminal text in nineteenth-century medical-psychiatric literature as Richard von Krafft-Ebing's *Psychopathia Sexualis*, first translated into

English in 1892.¹ It also investigates the resonance that this domain-specific terminology may have had in British medical journals between the late nineteenth and early twentieth century, when periodicals played a crucial role in consolidating “communities of scientific practitioners” (Dawson and Topham 2020, 2) characterised by an increasing intraprofessional specialism, as well as in propagating various forms of medical discourse. Corpus linguistics methodology, both quantitative and qualitative, is employed to scrutinise Krafft-Ebing’s treatise, particularly to extract and contextually analyse specialised terms in the domain of sexual and mental pathology which might have contributed to the dissemination – also facilitated by the ample diffusion of the periodical press – of psychiatric and sexological discourses of decadence and degeneration. Once a set of terms has been individuated (some of which were actually Krafft-Ebing’s coinages), their frequency and collocational behaviour is then examined in a corpus of scientific articles compiled by selecting texts from a leading nineteenth-century specialist periodical, the *Journal of Mental Science*, in which such terms have been found to occur by means of keyword searches within the journal’s archive.² Though limited to a single medical journal, the purpose of this second phase of the research is thus to verify whether terms indicative of particular discourses employed in *Psychopathia Sexualis* can be said to maintain the same collocational meanings and connotations when used outside their original context, i.e. in other kinds of scientific texts which at that time furthered the circulation of medical notions. Since terms represent concepts within a specific domain, this essay aims to show that a corpus-based terminological analysis can provide useful insights into the specialised knowledge, cultural values and ideological positionings of a particular community of experts, and the various domain-specific discourses it contributed to circulate. Between the end of the nineteenth and the beginning of the twentieth century, the continuous recreation of such influential discourses in a profusion of medical texts belonging to different genres (scientific treatises, articles, reports, etc.) determined the pathologisation of certain sexual behaviours and caused notions of sexual and mental malady to become cultural and ideological constructs.

1. Theoretical and Methodological Background

With the emergence of sexology (also known as sexual science or *scientia sexualis*) as a new scientific field of investigation in the second half of the nineteenth century, prominent psychiatrists and other specialists all over Europe became increasingly concerned with interpreting and classifying a wide array of sexual behaviours which were progressively perceived as aberrant and thus surrounded with an aura of pathology. Often basing their arguments on

¹ Krafft-Ebing’s treatise was originally published in German in 1886 and underwent a continuous transformation until the author’s death in 1902, being reissued in twelve expanded and updated versions. The first authorised English translation (by the American psychiatrist Charles G. Chaddock) of the seventh enlarged and revised German edition was published in 1892 by F.A. Davis, under the title *Psychopathia Sexualis, with Especial Reference to Contrary Sexual Instinct: A Medico-Legal Study*. In 1899, the only authorised English translation of the tenth German edition (as stated on the frontispiece) was published by Rebman as *Psychopathia Sexualis, with Especial Reference to Antipathic Sexual Instinct: A Medico-Forensic Study* (trans. Francis J. Rebman). On the way Krafft-Ebing’s ideas were often transformed in the English versions of his work, undergoing a process of Anglicisation and adaptation to a new cultural context, see Bauer 2003. This study posits that Rebman’s 1899 translation, in particular, “renders Krafft-Ebing’s call for tolerance toward a variety of sexual preferences as rather ‘unnatural’. The Anglicization of the original ideas ‘mutilates’ Krafft-Ebing’s observations, and by extension the bodies they describe” (387).

² The archive of the *Journal of Mental Science* (1858-1962) – founded as *The Asylum Journal* (1853-1855), then retitled *The Asylum Journal of Mental Science* (1855-1857) and currently known as *The British Journal of Psychiatry* (1962-) – is available at <<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/past-title/journal-of-mental-science/all-issues/4F51B1E4B3F81774A5D21EE614CDDFD45>> (01/2025).

deterministic theories of hereditary degeneration, these experts embraced the idea that, in most cases, irregular sexual acts and sexual disorders were not just occasional deviations from the (heterosexual, procreative) norm or the consequences of unethical choices, but symptoms of hereditary/innate characteristics, pathological states of being, and ultimately forms of mental disease or moral insanity. Scholars have variously emphasised how, in the late nineteenth century, the proliferation of medical theories brought about “a fundamental metamorphosis of the social and psychological reality of sexual deviants from a form of behavior to a way of being”, such that “irregular sexual acts were not just viewed as immoral, but as the manifestation of an underlying morbid condition” (Oosterhuis 2000, 2-7; see also Oosterhuis 2012). Moreover, not only did the numerous publications which appeared in the flourishing field of sexual science systematically cross national, cultural, linguistic and disciplinary boundaries. In so doing, they also made “a substantial contribution to the emergence of a scientific discourse on sexuality, as a result of which, by the end of the nineteenth century, perversions could be recognized and discussed” (2000, 46). Although several influential (and at times contrasting) terminologies and nosologies were developed, the taxonomy “designed in Krafft-Ebing’s *Psychopathia sexualis* eventually set the tone, not only in medical circles but also in everyday life” (*ibidem*), while definitions of sex, gender and normal vs deviant sexual behaviour continued to be reformulated and negotiated across different cultural contexts in the decades to come.

The development of sexology and sexual pathology during the second half of the nineteenth century – a process in which the publication of the first German edition of *Psychopathia Sexualis* in 1886, followed by translations into several languages, definitely marked a milestone – must be situated within the context of major currents in psychiatry and general theories of psychopathology, especially their strong correlation between body and mind. Oosterhuis notes that, while at that time “psychiatrists often relied uncritically on conventional standards of sexual conduct in their diagnosis of perversion, thereby equating immorality or mere non-conformity to mental disorder” (56), Krafft-Ebing’s deep interest in sexual deviance “grew out of his experience in asylum psychiatry, where he was confronted with sexual disorders of patients in connection with already established mental pathologies” (131). Furthermore, over the course of the nineteenth and well into the early twentieth century, research articles and reviews published in medical journals – in addition to monographs and case histories – occupied a central role in the circulation of specialised medical knowledge as well as its related terminology, bearing witness to an active exchange of ideas across different scientific communities. Physicians employed the periodical press to report not only their research findings in various medical branches and disciplines along with case records and news aimed at professionals as well as educated lay persons, but also their social and moral opinions on a variety of subjects. According to Peterson, this justifies an increasing scholarly interest in both “the social construction of medical knowledge” and “the relationship between medical science and issues of gender” (1994, 23), as well as sexuality and morality in nineteenth-century Britain – issues which regularly found their way into the medical literature of the time. Besides drawing on prevailing ideologies of physical/mental disease, sexual deviance and moral decadence, the nineteenth-century medical construction of the sexual sphere was clearly indebted to a growing medical specialism and its various vocabularies and discourses. Professional medical journals contributed to the dissemination of an increasingly specialised terminology emanating from physiology, psychiatry, gynaecology, sexology and other medical areas, progressively publicising dominant discourses among educated readerships. If it is true, as scholars have often remarked, that *fin-de-siècle* “medico-scientific thinking [...] transgressed boundaries, not just those of binary genders and normative understandings of sexuality, but

also national, medical and disciplinary ones” (Linge 2018, 396), the same applies to a number of textual venues which collectively contributed to the circulation of medical terminology concerning a variety of psychiatric disorders associated with particular sexual behaviours.

Despite the wealth of scholarly work on nineteenth- and early twentieth-century medical science, its intersections with social/moral and sex/gender issues, as well as its ample diffusion through the periodical press (see Bynum, Lock and Porter 1992; Peterson 1994; Frampton 2020a and 2020b, *inter alia*), linguistic analyses supporting widespread reference to such medical, gendered or sexological discourses – whether informed by discourse analytic, terminological, or other kinds of approaches – seem to be lacking. The critical literature published to date, though shedding light on the pathologisation of sexuality in the late nineteenth century and the transformation of certain sexual behaviours into medical categories, cannot be said to have contributed significantly to a systematic investigation of medical terminology in texts dating back to such a crucial period in the development of medical professionalism, specialisation and discourse. After briefly setting these psychiatric and sexological discourses in context, the purpose of the present essay is thus to show that a corpus-based terminological analysis of both Krafft-Ebing’s influential textbook, which has rightly been defined “an extensive repository of late nineteenth-century sexual deviance” (Schaffner 2012, 48), and related articles, published in a leading medical periodical like the *Journal of Mental Science*, can be used to cast new light on the language of sexual and mental pathology in late nineteenth- and early twentieth-century medical discourse. More specifically, this study takes *Psychopathia Sexualis* as a reference text and as an object of terminological analysis not only because it constitutes a seminal work in nineteenth-century medical, psychiatric and sexological literature (and therefore a representative sample of both its genre and the specialised domain whose terminology is to be charted), but also because it can provide illuminating insights into the language of moral decadence, sexual deviance and mental degeneration it contributed to develop and diffuse. Scrutinised as a “terminologically relevant textual corpus” (Sager 2001, 762) and a “representative sample of a particular language or subset of that language” (Bowker and Pearson 2002, 10), Krafft-Ebing’s treatise, alongside related periodical texts showing the consequence of its lexicon, reveal the advantages of applying corpus linguistics methodology to terminological investigation.

Gamper and Stock describe corpus-based terminology as “a working method which explores a collection of domain-specific language material (corpus) to investigate terminological issues” (1998, 149). The usefulness of corpus-based methodology for terminology research and management, particularly (semi-)automatic term recognition and extraction from domain-specific corpora, has long been recognised (see Meyer and Mackintosh 1996; Ahmad and Rogers 2001; Bourigault, Jacquemin and L’Homme 2001; Heylen and De Hertog 2015; Daille 2017). Frequency and keyword lists, usually providing considerable information about the sort of topics dealt with in a corpus, can be used to identify subject-specific words or multiword units (mostly in the form of noun phrases, which are argued to be highly prevalent in technical domains) as term candidates.³ In addition, concordancing enables researchers to build up a picture of term candidates within a particular domain by seeing which other words co-occur with them and identifying typical collocation patterns. In the present study, the Words tool in

³ Heylen and De Hertog contend that “multiword terms are by definition semantically more specified than their single word counterparts”, since “the semantic scope of the head narrows down due to semantic restrictions imposed by its modifier” (2015, 206). For this reason, “the theoretical terminological ideal that a term has a one on one relationship with the concept it represents, serves as an immediate steppingstone to the practical focus on multiword terms” (*ibidem*).

#LancsBox software package (Brezina, Weill-Tessier and McEnery 2021) was employed first to analyse the occurrence of content words belonging to particular grammatical classes (nouns and adjectives as the most typical constituents of term patterns) relevant to the topic under investigation, and then to focus specifically on terms for sexual as well as mental pathological conditions. The Ngram and KWIC (Key Word in Context) tools were used, respectively, to examine collocational patterning and to provide co-textual information (usually within a span of ten words to the right/left of the node word) about items previously identified and selected as particularly relevant using frequency-based techniques.

Considering that collocation relates to “the characteristic co-occurrence patterns of words” (McEnery, Xiao and Tono 2006, 56), Baker and Levon maintain that “a word’s collocates can be revealing in terms of the ways that its meaning is created. If a word has a set of collocates that are used to imbue a certain attitudinal meaning, then this can be referred to as a discourse prosody” (2016, 113), whether positive or negative. In *Terms in Context*, one of the first attempts to integrate terminology studies and corpus linguistics with a view to developing a methodology for retrieving information about terms from corpora, Pearson suggests that, in addition to their meaning *per se*, when term candidates are used as search nodes, “information about the use of the term and about related terms can also be retrieved” (1998, 200). KWIC is a concordance search focused precisely on particular words in their immediate co-text, which can be used to explore collocational relationships aimed at individuating term candidates, the basic notion being that “the frequent co-occurrence of two or more words in sequence is an indication that these words belong together and form a multiword term” (Heylen and De Hertog 2015, 209). However, exactly as raw frequency of types is not particularly indicative *per se* as far as the individuation of terms is concerned – since “words that may not appear frequently in a specialized text or corpus may still be unusual (and therefore an indicator of text or domain specific terms)” (Bowker and Pearson 2002, 149) – it is equally instructive to bear in mind that “whereas the regular co-occurrence of two frequent words [...] is not very surprising, a frequent co-occurrence of two not so frequent words [...] does indicate that the word combination could be a fixed expression and potentially a term” (Heylen and De Hertog 2015, 209).

In addition, this study shares Baker’s view that corpora are “repositories of naturally occurring language” and “reveal repetitions or patterns which [...] are suggestive of discourse traces” (2010, 124). In other words, “attitudes and consequently discourses are embedded in language via our cumulative, lifelong exposure to language patterns and choices” (2006, 175). Although we are often unaware of the patterns of language we encounter in different contexts, corpora can be particularly helpful to identify them, since “they emulate and reveal this cumulative exposure” (*ibidem*).⁴ The late nineteenth and early twentieth century was a period which witnessed “an explosion of new sexual language” (Oosterhuis 2000, 44) and a veritable “‘discursification’ of sex”, or entrance of sexual matters “into dominant discourses, notably those of science and medicine” (Linge 2018, 383). Considering that the medical-psychiatric textbook and the journal articles scrutinised in the present essay represent only some instances of the vast scientific literature produced at that time, the general public’s cumulative exposure to these medical and sexological discourses and terminology was most certainly considerable, and likely to have contributed to contemporary worldviews and ideological constructs.

⁴ Similarly, Hunston refers to the way “patterns of association – how lexical items tend to co-occur – are built up over large amounts of text and are often unavailable to intuition or conscious awareness. They can therefore convey messages implicitly and even be at odds with an overt statement” (2002, 109).

2. Corpus Analysis and Discussion

2.1 Psychopathia Sexualis

To serve the purposes of the present study, the two English editions of Krafft-Ebing's work were loaded into #LancsBox as two separate corpora, namely *Psychopathia Sexualis* 1892 (201,734 tokens, 14,479 types, 12,912 lemmas) and *Psychopathia Sexualis* 1899 (192,242 tokens, 17,051 types, 15,201 lemmas). For a preliminary analysis, the Words tool in #LancsBox was employed to generate a wordlist ordered by frequency for each corpus,⁵ and to select nouns and adjectives which might be of any relevance to the issue under consideration, that is, the language of moral decadence, sexual deviance and mental degeneration introduced and/or propagated by such a seminal text, as well as the resonance that this domain-specific terminology may have had in British medical journals between the late nineteenth and early twentieth century. Subsequently, the KWIC tool was used to generate concordance lines for the items previously selected as relevant and identify equally relevant collocates within a span of ten words to the right/left of the node word, which might together form multiword units meeting the salience criteria illustrated above. As a general methodology in corpus-based terminology, in KWIC searches which use as node words term candidates previously extracted from wordlists, sorting the output to the left shows modifier-head patterns where the term candidate is the head, while sorting to the right highlights modifier-head patterns where the term candidate is the modifier. In the analysis of Krafft-Ebing's *Psychopathia Sexualis*, not only were concordances sorted alphabetically in order to make such patterns easier to identify, but they were also expanded so that larger portions of text could be read and contextual information obtained (although quoting such passages in full will not be possible owing to space constraints).

Based on the analysis of concordances, the discussion will mostly focus on the following terminologically relevant lexical items extracted from the *Psychopathia Sexualis* 1892 corpus, namely the nouns *onanism* (freq. 178), *masochism* (172), *perversion(s)* (131), *urning(s)* (120), *pederasty* (118), *sadism* (106), *fetichism* [*sic.*] (97), *homosexuality* (43), *hyperaesthesia* (34), *degeneration* (33), *satyriasis* (20), *perversity* (18), *paraesthesia* (15), *inversion* (13), *nymphomania* (11), *urningism* (4), *uranism* (2), as well as their typical collocates. Although most of these nouns already possess such a degree of specificity in the domain of sexology as to achieve status as single word terms, analysing their co-textual environment is particularly instructive for the emergence of close connections between the fields of sexual pathology and psychopathology which might substantiate critical readings of a late nineteenth-century shift from old-established interpretations of sexual aberrations as vice to emerging views of sexual aberrations as mental illness. This applies even more emphatically to lexical items such as *perversion*, *degeneration*, *perversity* and *inversion*, which are too generic to count as terms in the domain under investigation (since they can also be used in other contexts, different from the psychosexual sphere), but may acquire specificity, particular connotations and thus terminological and discursive relevance in the field by virtue of pre-/postmodifying adjectives, nouns and phrases, or other items in their immediate co-text.

⁵ As noted in the previous paragraph, though frequency lists of types may provide useful information concerning the "aboutness" of a corpus, raw/normalised frequency is not an accurate criterion for identifying terms. For this reason, in the analysis of both Krafft-Ebing's *Psychopathia Sexualis* and the articles selected from the *Journal of Mental Science*, the entire wordlists were scrutinised.

Quite interestingly, the term *onanism* (178), which has Biblical origins and has been in use since the early eighteenth century, is by far the most frequent noun related to sexual as well as psychical deviance in *Psychopathia Sexualis* 1892, which speaks to the author's (and the nineteenth-century) deep concern about non-procreative sexual practices and related moral and mental degeneration. Oosterhuis posits that "the causal link between onanism and nervous and mental diseases would be reiterated again and again in the nineteenth century" (2000, 27). An analysis of concordance lines for *onanism* in the *Psychopathia Sexualis* 1892 corpus discloses noun phrases such as "manual onanism" (2), "mental onanism" (2), "mutual onanism" (31), "the vice of onanism" (1), "passive onanism" (1), "physical onanism" (1), "psychical onanism" (2), "solitary onanism" (4), alongside the binomials "onanism and coitus inter femora" (1), "onanism and manustupration per feminam" (1), "onanism and pederasty" (1), "onanism and spermatorrhoea" (1), "onanism or pederasty" (1), "onanism or sodomy" (1). The occurrence of premodifying adjectives like "mental", "physical" and "psychical" suggests that this kind of aberration regards the body (as a sexual practice) as well as the mind. Being conceived as such, it is closely related to other aberrant practices such as "coitus inter femora", "manustupration per feminam", "pederasty" and "sodomy". It seems reasonable to assume that the relatively high frequency of this term together with its nearest collocates in an authoritative textbook which had an international circulation for several decades might have helped to propagate old-established discourses of masturbation as "vice" and immoral conduct, alongside new psychopathological approaches to onanism, also in relation to other forms of sexual deviance.

The term *masochism* (172) was coined by Krafft-Ebing himself from the name of the Austrian writer Leopold von Sacher-Masoch, specifically to designate a form of sexual pathology described in his work. In *Psychopathia Sexualis* 1892, *masochism* acquires a negative semantic prosody mainly via its most typical collocates. An analysis of concordance lines for *masochism* reveals binomials such as "bondage and masochism" (3), "sadism and masochism" (5), "masochism and fetichism" (1), "masochism and sadism" (13), "masochism and shoe-fetichism" (2). Other interesting occurrences are complex noun phrases like "masochism in individuals of contrary sexuality" (1), "the infrequent perversion of fully-developed masochism" (1), "ideal masochism, with rudimentary sadism" (1), "masochism as a rudimentary contrary sexual instinct" (1), "the pathological facts of masochism and sadism" (1), "the perversion of masochism" (1). Chiefly associated with disease, with other perversions, or with contrary sexual feeling (a phrase introduced by the psychiatrist Carl von Westphal in the late 1860s), the term *masochism* – owing to the wide resonance that Krafft-Ebing's work had in both medical circles and the general public – entered psychiatric and sexological discourse and determined the way in which a male subject at the *fin de siècle* might be imagined as "perverting normative masculinity by abdicating his penetrative agency and relocating his pleasure in bodily zones other than the penis, which was considered the only legitimate organ of male pleasure" (Moore 2009, 138). As medical historians have often remarked, such manners of envisioning and discursively constructing this kind of psychosexual pathology can be seen as "reflecting widespread social anxieties about masculinity in middle-class life and confirming visions of national threat and racial degeneration" at a time when "sexual perversion as degeneration was being rethought" (139).⁶

In the context of this late nineteenth-century revisionist attitude, the higher frequency of the lemma *perversion* (131) as compared to *perversity* (18) in the *Psychopathia Sexualis* 1892 corpus suggests the greater importance attributed by Krafft-Ebing to perversion – considered

⁶On nineteenth-century constructions of masochism, see also Stewart 1998 and Noyes 2018.

as a psychopathological condition for which the patient cannot be held fully responsible, and thus needs psychiatric evaluation and treatment – than to perversity, which he merely regarded as deliberately sinful behaviour. These different conceptualisations can be interpreted as both indicative and productive of a shift from a broader view of sexual deviance as a variety of immoral acts to sexual deviance explained as mental illness, although it was still much debated at that time whether such illness was inborn or acquired. Though not possessing the same degree of specificity as, for instance, sadism or masochism, the noun *perversion* (from the Latin *pervertere*, i.e. “to turn upside down”, “to subvert”, “to cause to deviate” and “to redirect”) is suggestive of an important discursive change which Krafft-Ebing’s work most probably contributed to enact. Schaffner has noted that “it was only in the course of the nineteenth century that the term ‘perversion’ took on increasingly sexual associations” and was deployed “more and more frequently to refer to ‘sexual behaviour or preference that is different from the norm’ and ‘that which is considered to be unacceptable or socially threatening, or to constitute a mental illness’” (2012, 3). An analysis of concordance lines for the lemma *perversion* shows that, in the text under examination, this word is typically found in binomials such as “abnormal perversion or moral perversity” (1), “paraesthesia and perversion of sexual instinct” (1), “neurosis and sexual perversion” (1), alongside noun phrases of varying degrees of complexity:

“abnormal perversion of the mental and sexual life” (1), “acquired perversion” (1), “congenital or acquired perversion of the sexual instinct” (1), “congenital perversion” (1), “the grossest perversions of the sexual act” (1), “the most horrible perversions and acts” (1), “masochistic perversion” (1), “moral and mental perversion” (1), “monstrous perversions of the sexual life” (1), “pathological degree of perversion” (1), “psychical perversion” (1), “psycho-sexual perversion” (2), “repugnant perversion” (1), “sadistic perversion” (1), “sexual perversion(s)” (23), “congenital sexual perversion” (1), “perversion in a degenerate individual” (1), “perversion of sexual feeling” (1), “perversion(s) of the sexual instinct” (17), “perversion of the instinct with perverse sexual acts” (1), “perversion of the psychical vita sexualis” (1), “perversion of the sexual desires” (1), “perversion(s) of the sexual life” (3), “perversion of the vita sexualis” (4).

In addition, *perversity* interestingly occurs as head in noun phrases with analogous pre-/postmodifiers: “moral perversity” (1), “sexual perversity” (3), “perversity in the sexual act” (1), “perversity of sexual activity” (1), “perversity of sexual acts” (1), “perversity of the sexual instinct” (1). On the whole, although *perversion* and *perversity* designate different concepts – i.e. congenital/acquired disease and vice, respectively – in Krafft-Ebing’s view, they can be found in similar co-textual environments. Moreover, both nouns establish a close connection between the psychical and the sexual sphere via the common ground of pathology and abnormality, that is, by referring to a characteristic in a person’s mind, body or behaviour that is not usual and might therefore cause illness or disturbance. *Perversion*, in particular, is also subject to negative evaluation via premodifying adjectives such as “grossest”, “horrible”, “monstrous” and “repugnant”, and is frequently associated with an individual’s moral degeneration.

Sadism (106), also coined by Krafft-Ebing after the infamous figure of the Marquis de Sade, is generally used as an unmodified, single word term in *Psychopathia Sexualis* 1892, typically related to either perversion or inversion of the sexual feeling. This is demonstrated by the presence in the corpus of binomials such as “fetichism and sadism” (1), “masochism and sadism” (13), “sadism and contrary sexual instinct” (1), “sadism and fetichism” (1), “sadism and masochism” (5). Though infrequent, the occurrence of the noun phrase “symbolic sadism” (3), moreover, attests to what was conceived as the psychosexual nature of a perversion which depends on the power of the imagination and often on elaborate theatrical stagings. The reverberations of this neologism outside *Psychopathia Sexualis* must have been

significant, if one is to trust scholarly readings of sadism as “the source of a lively interest in medical, psychiatric, and criminological texts of the late nineteenth and early twentieth centuries”, in which “following Krafft-Ebing, the term became widely used to describe all kinds of murderous and violent behaviors involving sex as well as to describe the natural instinct of domination assumed for men in heterosexuality” (Moore 2009, 148).

Introduced in an 1887 article by Alfred Binet (“Le fétichisme dans l’amour”) as a category under which all sexual deviations could (in his view) be subsumed, the term *fetichism* [*sic.*] (97) forms the following binomials and noun phrases in the *Psychopathia Sexualis* 1892 corpus: “masochism and fetichism” (1), “sadism and fetichism” (1), “erotic fetichism” (6), “erotic (pathological) fetichism” (1), “the pathology of fetichism” (1), “pathological fetichism” (9), “physiological fetichism” (5), “psychical fetichism” (1), “sexual fetichism” (1), “shoe-fetichism and masochism” (1), “fetichism and sadism” (1). In line with other psychosexual categories with which it is associated, the widespread use of *fetichism* in both Krafft-Ebing’s work and in nineteenth-century medical discourse contributed to strengthening the notion of abnormal sexual behaviour as a kind of disease (as the noun “pathology” and the adjective “pathological” demonstrate) affecting not only the body and its (sexual) functions, but also the mind (as shown by the adjectives “physiological” and “psychical”).

The terms *urning(s)* (120), *urningism* (4) and *uranism* (2) are traditionally attributed to the German lawyer and writer Karl Heinrich Ulrichs, who coined them in his 1864 treatise *Vindex: Social-juristische Studien über mannsmännliche Geschlechtsliebe* to refer to same-sex desire between men. Looking for relevant patterns of association in *Psychopathia Sexualis* 1892, one can find the binomial “pederasts and urnings” (1), alongside the noun phrases “congenital urning(s)” (6) and “treatment of urnings” (1). Though infrequent, these occurrences may be noteworthy from a terminological (and ideological) point of view, since a noun denoting erotic gender preference acquires the connotations of a diseased state of being via collocates which are usually employed to characterise medical conditions. Nevertheless, it should be noted that there is no evidence of discriminatory usage of these and other terms referring to same-sex desire in *Psychopathia Sexualis*, since all aberrant practices, whether homosexual or heterosexual, were equally conceived as psychosexual maladies owing to the fact that they represented departures from what was commonly accepted as normal behaviour.

Linge remarks that “the fin de siècle was a time during which discourses about sexuality and sexual types multiplied” (2018, 385). However, “the diverse terminology of sexual identity and orientation in the 1890s in Germany and Britain – the ‘homosexual’, the ‘invert’, the ‘Uranian’ – was inherited from discussions that took place in the preceding decades” (*ibidem*). More specifically, the noun *homosexuality* (43) was coined in the late 1860s by the German-Hungarian writer Karl Maria Kertbeny as a term – like *urningism* and *uranism* introduced by Ulrichs – “of a nonmedical, proto-emancipatory origin” (Oosterhuis 2000, 44). Not in current use during the late nineteenth century, *homosexuality* was reintroduced, popularised and incorporated as a medical term around 1890 by Krafft-Ebing himself, who sharply distinguished it from *sodomy* and *pederasty*, which specifically involved anal intercourse. In the *Psychopathia Sexualis* 1892 corpus, the single occurrences of the expressions “contrary sexual instinct, or homosexuality” (1) and “homosexuality, or contrary sexual instinct” (1) clearly identify homosexuality as abnormality or deviation from the (heterosexual) norm. Even more remarkable is the presence of the noun phrases “acquired homosexuality” (18) and “congenital homosexuality” (17), which conceptualise homosexuality as a disease or medical condition either existing since birth as part of an individual’s character (and therefore not likely to change), or encountered at a particular stage of one person’s life. Linge also observes that “Kertbeny was not invested in a debate about whether homosexuality was innate, acquired or

pathological” (2018, 386). His argument, “more than any investment in scientific debates about homosexuality, relates much better to a libertarian position” (*ibidem*). This proves, therefore, that “the term *homosexuality* became a concern for medical explanatory models of insanity and morbid sexual behaviour only in late nineteenth-century medical-psychiatric discourse, and particularly within a process of ‘scientification’ [...] of homosexuality” (383) to which Krafft-Ebing’s treatise greatly contributed. The medical debate on same-sex desire was at that time so intense that, by the turn of the twentieth century, the terms *urningism*, *uranism* and *homosexuality* had become near-synonyms employed to designate what was otherwise referred to as contrary, inverted or antipathic (i.e. non-heterosexual) sexual feeling or instinct. Since, as noted above, the origins of such terms are far from strictly medical, the process of medicalisation of aberrant sexual conduct took place in the context of late nineteenth-century psychiatry and sexology, where these behaviours assumed connotations of innate/acquired pathological conditions. Though signalling a kind of departure from the normal, such connotations were not necessarily negative, since they referred to a way of *being* which had biological causes and thus needed medical intervention, rather than a way of (mis) *behaving* as a result of unethical or immoral choices.

Together with *paradoxia* (used to refer to abnormal periods of sexual activity, such as childhood or old age) and *anaesthesia* (i.e. absence of sexual drive), the terms *hyperaesthesia* (34) and *paraesthesia* (15) form part of the scientific nomenclature introduced by Krafft-Ebing to distinguish between different classes of sexual aberrations. While *hyperaesthesia* designates a pathological increase in sexual drive, *paraesthesia* defines sexual behaviour directed either at a wrong aim (i.e. not directed at coitus) or arising from a wrong object of desire (be it human or nonhuman, as was the case with bestiality). In *Psychopathia Sexualis 1892*, such sporadic terms as “cerebral hyperaesthesia” (1) and “psychical hyperaesthesia” (1) are nonetheless noteworthy since they demonstrate the mental nature of this illness, whereas more frequent phrases like “sexual hyperaesthesia” (7), “hyperaesthesia and paraesthesia sexualis” (3), “hyperaesthesia sexualis” (10), “paraesthesia of sexual feeling” (1) and “paraesthesia sexualis” (7) denote anomalies in the sexual sphere and highlight the frequently pathological nature of sexual feelings. Within the context of an abnormal intensity of sexual drive, Krafft-Ebing also theorised *satyriasis* (20) and its female equivalent *nymphomania* (11) as morbid intensifications of desire and thus as forms of hyperaesthesia. Discussing satyriasis in relation to pressing concerns about pathological male desire and modern civilisation at the *fin de siècle*, Verhoeven suggests that this and other sexual aberrations “played a role in the construction and policing of a dominant ideal of male sexuality” and that “the key to this ideal was a delicate balance between desire and restraint” (2015, 27). On the one hand, “men were urged to practice self-control”, while on the other “too much restraint could be just as problematic” and result in mental and sexual disorders (*ibidem*). “The point of the satyriasis diagnosis”, Verhoeven concludes, “was to warn men of the dangers of losing control. [...] As the embodiment of degraded manhood, understood in terms of either effeminacy or primitive savagery, the satyr was the rogue figure against whom ‘normal’ men could gauge their own respectability” (44). It is worth noting that, in the *Psychopathia Sexualis 1892* corpus, the relatively infrequent term *satyriasis* (20) appears in expressions like “chronic satyriasis or nymphomania” (1), “satyriasis accompanied by perverse sexual instinct” (1), “satyriasis and nymphomania” (4). The strong association between exaggerated sexual appetite in men and in women (whether directed at individuals of the same sex or at individuals of the other sex) suggests that, despite their different degree of subversiveness (the possibility that women might have a boundless and active sexuality contradicted the tenets of medical science, according to which female sexual drive was passive and less powerful than the average man’s), medical attention was focused on *satyriasis* and *nymphomania* as excess, which was typically related to perversion, abnormality, irrationality and thus to mental disorders.

Finally, both *degeneration* and *inversion* are generic words which nonetheless acquire particular discursive relevance, as well as medical-psychiatric and sexological connotations, in the context of Krafft-Ebing's work and within the broader historical and cultural milieu in which this is situated. Scholars have variously drawn attention to the overwhelming influence of degeneration theory – originally formulated by the French psychiatrist Bénédict Augustin Morel in his *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine* (1857) – at the *fin de siècle*. Its impact was so strong in both medical and non-medical contexts that “by the 1880s degeneration had become the dominant framework for understanding mental disorders” and ultimately “an explanation for virtually every pathological phenomenon” (Beccalossi 2012b, 29; see also Beccalossi 2012a). Against the backdrop of European psychiatrists' prompt adoption of degeneration theory, Engstrom and Kendler have spoken about its “pervasiveness in Richard von Krafft-Ebing's influential textbook”, the reliance on “both Darwinian and Morelian notions of heredity in his psychiatric theorizing”, as well as his “strong emphasis on mental degeneration” (2013, 1348–49). Though the frequency of *degeneration* (33) is relatively low in *Psychopathia Sexualis* 1892, it is instructive that the noun collocates with adjectives such as “mental” (1), “neurotic” (1), “pathological” (1), “psycho-physical” (1), “psychical” (4) and “psycho-sexual” (1), all together construing degeneration as a condition of morbid decadence investing the entirety of an individual. Such patterns of association for a lexical item which does not clearly possess the specificity of a term in a specialised domain, but which acquired a particular meaning in late nineteenth-century medical-psychiatric discourse, demonstrate that Krafft-Ebing absorbed and elaborated on the notion of degeneration, conceived as a progressive decline leading from a deterioration of physical and mental qualities to sexual sterility and ultimately self-extinction. Even more interestingly for the purposes of the present study, the context of use of the noun *degeneration* also highlights the potential that *Psychopathia Sexualis* had, in turn, to further expand degeneration theory, especially the widespread view that “no other aspect of human experience was as closely tied to the concept of degeneration as sexuality” (Beccalossi 2012b, 30). Beccalossi has also convincingly illustrated how, in the period under examination, same-sex desire was medicalised in parallel with the emergence of sexual inversion as a psychiatric category: “studies of sexual inversion were part of medical science's growing interest in ‘sexual aberrations’, an area that had been conventionally associated with mental illness” (225). In the *Psychopathia Sexualis* 1892 corpus, the noun *inversion* (13) occurs in relation to both the psychical and the sexual sphere and, whether referring to an inborn condition or not, has clear connotations of abnormality and disease, as shown by its typical collocation patterns: “mental inversion” (1), “sexual inversion” (1), “congenital inversion of sexual instinct” (1), “inversion of the sexual feeling” (1), “acquired inversion of the sexual instinct” (3), “abnormal inversion of the sexual instinct” (1), “inversion of the sexual instinct” (4).

The 1899 English edition of *Psychopathia Sexualis* did not introduce significant new terms. A comparison between the wordlists generated for the *Psychopathia Sexualis* 1892 corpus and the *Psychopathia Sexualis* 1899 corpus mainly shows that, while the relevant lexical items and their typical collocation patterns remain largely the same, more or less significant differences regarding their frequency may occur. As a case in point, the phenomenon labelled *inversion* is much foregrounded in the 1899 text (72 occurrences vs 13 in the 1892 text), whereas the practice of *onanism* is given less prominence (115 occurrences vs 178 in the 1892 text). Nevertheless, it seems interesting to focus briefly on the noun phrase *paedophilia erotica* (6), coined by Krafft-Ebing himself according to scholars such as Oosterhuis (2000 and 2012) and Janssen (2015

and 2018),⁷ and the adjective *antipathic* (78), also featuring in the new, slightly modified title chosen for the second English translation of the book. The few but terminologically significant occurrences of *paedophilia erotica* in *Psychopathia Sexualis 1899* are accompanied by appositions/definitions/paraphrases such as “morbid disposition”, “psychosexual perversion”, “sexual perversion” and “morbid sexual impulse”, connoting paedophilia as mental and sexual illness as well as sickly perversion or deviation from the norm.⁸ These articulations add significantly to the negative semantic prosody that *pederasty* (118) carried since the 1892 translation. In the *Psychopathia Sexualis 1892* corpus, this term features in multiword units such as “contrary sexual instinct and acquired pederasty” (1) – which shows that the late nineteenth-century “attention to erotic age preference occurred in the context of emergent attention to erotic gender preference” (Janssen 2015, 575) – alongside “active pederasty” (8), “bestiality and pederasty” (1), “onanism and pederasty” (1), “the vice of pederasty” (1), “passive pederasty” (23), “pederasty and bestiality” (1), which cumulatively construct pederasty as vice, and a kind of perversion on a par with other sexual aberrations. Though paedophilia (an erotic age preference) did not necessarily involve same-sex desire as was the case with pederasty (an erotic gender preference), both were conceived as sickly anomalies of the psychological and the sexual sphere. As for the occurrence of *antipathic* – which Krafft-Ebing intended as a synonym for “contrary” or “inverted” – in the *Psychopathia Sexualis 1899* corpus, the adjective typically appears in premodifying position in noun phrases such as “antipathic sexual feeling” (6), “antipathic sexual instinct” (48), “antipathic sexuality” (12), “antipathic vita sexualis” (1), often preceded by other adjectives like “congenital”, “abnormal”, “acquired” and “pathological”, again identifying sexual inversion (whether inborn or not) as disease.

Our discussion of Krafft-Ebing’s *Psychopathia Sexualis* as a terminologically relevant textual corpus has mainly dealt with a number of lexical items (predominantly nouns and their modifiers) which, in the majority of cases, possess such a degree of specificity in the domains of psychopathology and sexology as to achieve status as terms. On the whole, these nouns often occur as single word terms on their own, but also allow the individuation of more or less complex nominals pertaining to the bodily (sexual) and the psychological spheres, and equating sexual pathology with moral and mental insanity, which might have contributed to the dissemination of psychiatric and sexological discourses of deviance, degeneration and decadence between the late nineteenth and the early twentieth century. Furthermore, by differentiating between the normal and the abnormal, and by identifying sexual variance as morbid deviation and mental illness, in our dataset this terminology uncovers discourse patterns related to the late nineteenth-century (psycho)pathologisation of certain sexual behaviours, which may have caused some of these notions of sexual and mental malady to become social, cultural and ideological constructs.

In conclusion, examining the concordances of a selection of terms and term candidates reveals that, even in instances where certain words occur fairly infrequently in a corpus, a corpus-based approach can be quite productive not only for retrieving patterns which would go

⁷ Janssen explains that “the term entered [...] *Psychopathia Sexualis* in the tenth German edition of 1898, the English language in that edition’s 1899 translation, the French language (as *pédophilie érotique*) in 1900 and the Italian language (*pedofilia erotica*) about 1902” (2015, 587).

⁸ As to *paedophilia* and *paedophile*, Janssen has amply demonstrated that, since their appearance in the late nineteenth century and throughout the twentieth century, these terms “can be said to have facilitated many of the problems of reification, ‘othering’, scapegoating, medicalization, projection and normalization known to have informed the conceptualization of homosexuality, and other dimensions of sexual variation, in the most historically decisive and defining ways”, to the extent that “homosexuality and paedophilia were ubiquitously conflated until a few decades ago” (2018, 64).

unnoticed in manual textual reading, but also for studying the use and semantic prosody of those words in a given context, alongside the particular discourses, representations and ideologies they contribute to. Terminological evidence, therefore, can be said to substantiate critical views of the late nineteenth-century construction of sexual deviance as mental and physical illness, as well as “a matter of personal identity” (Oosterhuis 2000, 7) rather than vice and immorality. As often noted in the literature, “by naming and classifying virtually all nonprocreative forms of sexuality”, Krafft-Ebing “was one of the first to synthesize medical knowledge of sexual perversion” (47). While terms already in use (like *onanism*, *pederasty*, *fetichism*, *homosexuality*, *satyriasis*, *nymphomania*, *urningism* and *uranism*) acquired further visibility and sometimes new connotations in his work, for neologisms such as *masochism*, *sadism*, *hyperaesthesia sexualis*, *paraesthesia sexualis* and *paedophilia erotica*, this kind of discursive construction clearly took place through the linguistic act of naming specific disorders, at a time when medical categories encompassing diverse forms of mental illness associated with particular sexual behaviours would find their way into scientific texts and reinforce ideas of sexual, mental and moral degeneration.

2.2 The Journal of Mental Science

Comparing the results discussed above to data obtained from quantitative and qualitative analysis of a corpus of scientific articles published between the late nineteenth and the early twentieth century can provide valuable insights into the circulation of medical sexual knowledge and its specialised lexicon across different national, cultural, linguistic, disciplinary and generic boundaries in the historical period under examination. Among various professional periodicals, the *Journal of Mental Science* became since its inception in 1858 a leading publication in the field of psychiatry, regularly publishing such heterogeneous materials as original research articles, case histories, reviews of current medical literature, reports from societies and news of various kinds. This highly specialised venue thus testifies to a lively intellectual debate among international communities of scientific practitioners characterised by an increasing professional specialism. By means of keyword searches for the terms previously discussed (*onanism*, *masochism*, *perversion(s)*, *urning(s)*, *pederasty*, *sadism*, *fetichism*, *homosexuality*, *hyperaesthesia*, *degeneration*, *satyriasis*, *perversity*, *paraesthesia*, *inversion*, *nymphomania*, *urningism*, *uranism*, *paedophilia erotica*) within the full text archive of the *Journal of Mental Science*, a total of 450 articles were collected,⁹ which allowed the creation of a specialised corpus, named *JMS* corpus, amounting to 1,612,596 tokens, 55,494 types and 51,781 lemmas. In order to scrutinise the resonance that the terminology introduced and/or popularised by Krafft-Ebing's *Psychopathia Sexualis* may have had in contemporary periodical culture, each search was limited to articles published between 1866 (when the first German edition of the text appeared and began to be reviewed and discussed in international medical publications) and 1920. This date was chosen as *terminus ad quem* owing to the fact that, starting from the first decades of the twentieth century, sexual aberrations were mainly interpreted through the lens of Havelock Ellis's and Sigmund Freud's psychoanalytical theories. By applying a KWIC search to the corpus, it was then possible to

⁹ Of these 450 articles, 30 were gathered by searching for the keyword *onanism*, 23 for *masochism*, 245 for *perversion(s)/perversity*, 5 for *urning(s)*, 5 for *pederasty*, 20 for *sadism*, 25 for *fetichism*, 55 for *homosexuality*, 2 for *satyriasis*, 33 for *inversion*, 5 for *nymphomania*, 1 for *urningism* and 1 for *uranism*. Whereas search for *hyperaesthesia sexualis*, *paraesthesia sexualis* and *paedophilia erotica* produced no direct results in the time span 1866-1920, the noun *degeneration* (often used in non-pertinent ways) was found to occur in 1796 articles, and was therefore excluded from the analysis for practical reasons.

investigate the frequency and collocational behaviour of the set of terms previously extracted from *Psychopathia Sexualis*, and establish whether they maintain the same connotations when employed outside their original context.

It is perhaps unsurprising that, in the *JMS* corpus, the nouns *perversion(s)* (465), *degeneration* (330) and *inversion* (228), owing to their lack of intrinsic specificity, are by far the most common lexical items among those under scrutiny. Nevertheless, their high frequency suggests that the concepts they designate were objects of intense debate within the medical-psychiatric community between the late nineteenth and the early twentieth century. Moreover, their nearest collocates circumscribe the context of use of these nouns – which might also, at that time, generically refer to any kind of dysfunction concerning a bodily organ or system – to the mental, moral and sexual sphere, in line with the patterns of occurrence found in *Psychopathia Sexualis*. In this regard, it may be instructive to talk about shared knowledge, cultural values and ideological positionings among leading professionals operating in the same area of expertise. By way of example, a lemmatised search for *perversion* in the *JMS* corpus reveals that the noun can be found in phrases such as the following:

“acquired perversions” (3), “auto-erotic perversion” (3), “organic brain perversion” (1), “congenital perversion” (6), “insane perversions” (1), “moral and instinctive perversions” (2), “mental perversion(s)” (15), “moral perversion(s)” (36), “morbid perversions of the mind” (1), “morbid perversion” (3), “nervous perversion” (1), “treatment of perversions” (4), “psychical perversion” (1), “neurotic and psychotic perversions” (3), “sex perversions” (1), “sexual perversion(s)” (161), “congenital moral, social, and sexual perversions” (1), “acquired and congenital sexual perversion” (2), “congenital sexual perversion(s)” (13), “the psychical phenomenon of sexual perversion” (3), “practices of sexual perversion” (2), “perversion of mental action” (1), “perversion of mental function” (1), “perversion of mental processes” (1), “perversion of moral and sexual nature” (3), “perversion of nervous and mental states” (1), “perversion of psychical acts” (1), “perversion of the highest cerebral functions” (1), “puzzling perversions of the human mind” (1), “perversion of the moral nature” (1), “subtle perversions of the reasoning power (monomania)” (1), “perversion of the reproductive instincts” (1), “perversions of the sexual and reproductive functions” (1), “perversions of the sexual instinct” (4), “perversions of the sexual propensity” (1).

Moreover, this noun also occurs in binomials such as:

“sexual anomalies and perversions” (4), “mental defects and perversions” (1), “moral imbecility and perversion” (1), “sexual intemperance and perversions” (3), “mental enfeeblement and perversion” (1), “anomalies and perversions of cerebral (psychical) development” (3), “variations and perversions of the sexual propensity” (1), “mental or moral instability or perversion” (1), “masturbation and sexual perversion” (1), “sexual perversion(s) and inversion(s)” (5), “neurasthenia and sexual perversions and inversions” (2), “obsession and sexual perversion” (1), “paranoia and sexual perversion” (1).

As was the case with the *Psychopathia Sexualis* 1892 corpus, in the *JMS* corpus the noun *perversity* (48) shares with *perversion* an analogous co-textual environment, occurring in phrases and binomials like “psychic eccentricity and perversity” (1), “innate perversity of sexual instinct” (1), “moral deformity and innate perversity” (1), “mental perversity” (2), “moral perversity” (17), “sexual perversity” (7), “perversity of brain function” (2) and “perversity of sexual instinct” (1). Quite similar to these are also the patterns of association of the nouns *degeneration* and *inversion*, which strengthen the nexus between mind and body/sex, and include:

“mental and bodily degeneration” (1), “cerebral degeneration” (2), “moral and mental degeneration” (1), “mental degeneration” (7), “moral degeneration” (2), “neuropathic degeneration” (2), “neurotic degeneration” (1), “insanity of degeneration” (1), “psychical degeneration” (1), “degeneration and men-

tal disease" (1), "degeneration or moral perversion" (3), "congenital inversion" (8), "acquired psychic inversion" (10), "psychic inversion" (28), "sexual inversion" (101), "congenital sexual inversion" (7), "inversion of somatic sexual characters" (8).

Focusing attention on terms in the specialised domains of psychopathology and sexology occurring in the *JMS* corpus, it can be observed, for instance, that the co-text of *homosexuality* (133) – which includes "inborn homosexuality and pseudo-homosexuality" (4), "pathological cases of homosexuality" (2), "homosexuality and insanity" (2) and "homosexuality or sexual inversion" (6) – makes the connection with mental insanity quite explicit, thus adding the connotation of diseased state to a term simply denoting gender preference. The strong association between psychopathology and sexual pathology also emerges from the typical collocates of *onanism* (66) and *fetichism* (58) in the *JMS* corpus, which largely coincide with those found in the *Psychopathia Sexualis* 1892 corpus, i.e. "dementia from onanism" (2), "mental onanism" (4), "solitary and mutual onanism" (6), "the mental form of onanism" (1), "the vice of onanism" (2), "erotic fetichism" (5), "pathological fetichism" (2) and "sexual fetichism" (1). In these cases, it seems again reasonable to assume that terms in the field of psychosexual pathology freely circulated in the medical literature of the time together with their common patterns of association, which may have caused notions of sexual and mental malady to become cultural and ideological constructs. Furthermore, the close connection between *nymphomania* (13) and *satyriasis* (6) as manifestations of an equivalent diseased state in women and in men, respectively, persists in the *JMS* corpus as in the *Psychopathia Sexualis* 1892 corpus, as shown by the presence of the binomial "nymphomania and satyriasis" (6). The same argument applies to the reciprocal types of perversion *sadism* (103) and *masochism* (81), alongside their correlation with other kinds of sexual aberrations, as revealed by the occurrence of binomials such as "homosexualism and sadism" (2), "masochism and sadism" (1), "sadism and fetichism" (10), "sadism and masochism" (29). However, apart from these associations, the immediate co-text of *sadism* and *masochism* in the *JMS* corpus reveals that, as in the *Psychopathia Sexualis* 1892 corpus, these are chiefly used as unmodified, single word terms. What is particularly significant for the purposes of the present study is that some of the neologisms traditionally attributed to Krafft-Ebing are quite infrequent in the *JMS* corpus – as is the case with *paedophilia erotica* (3) – and may express meanings which are not pertinent to the semantic domain under scrutiny. For example, both *hyperaesthesia* (4) and *paraesthesia* (2) denote derangements of the sensory functions, with no specific reference to sexual feelings. Moreover, none of their occurrences collocates with the adjectives *sexual/sexualis*, or refers to the psychosexual sphere.

It could be concluded that, in spite of both Krafft-Ebing's international renown and the status of the *Journal of Mental Science* as a leading specialist publication in the domain of psychiatry, the resonance that such a seminal text in nineteenth-century medical-psychiatric literature as *Psychopathia Sexualis* had in the language employed in this specific periodical was quite diffuse. With the exception of *sadism* and *masochism*, echoes of Krafft-Ebing's terminology can be found chiefly in relation to lexical items which do not possess the specificity of terms (but which nonetheless acquire precise connotations and particular discursive relevance by virtue of some of their nearest collocates) or to terms which were already in use within coeval medical communities (and which *Psychopathia Sexualis* certainly contributed to propagate). Even so, evidence gathered from a corpus-based terminological analysis of quite a large set of research articles, reviews and other periodical texts does not contradict critical views of the crucial role played by scientific periodicals in the diffusion of medical knowledge and its discourses over the course of the nineteenth century (and beyond). Future research might be directed at scrutinising

other journals or other textual genres, so as to expand the focus of this kind of terminological investigation. Moreover, the data obtained from quantitative and qualitative analysis of the *JMS* corpus do not undermine the terminological relevance of Krafft Ebing's *Psychopathia Sexualis* as a textual corpus. As previously shown, this work definitely provides illuminating insight into the ideologies, cultural values, specialised knowledge and language of a particular discourse community at a particular historical moment.

Concluding Remarks

As Geeraerts observes, “terminologies – the lexical components of specialized languages – emerge from theoretical and technological innovation: new scientific insights and novel tools enrich the conceptual and practical environment of the specialists, and in the process expand their vocabularies” (2015, xvii). Sharing Bauer's view that “the historic evidence of sexuality lies to a large extent in its textuality” and that “the language of the *scientia sexualis* is crucial to reconstruct some of the meanings of sexual concepts at the point of their inception” (2009, 50), this study applied corpus linguistics methodology to late nineteenth- and early twentieth-century medical discourse, with a view to bridging linguistic and historical analysis, and investigating the interplay between terminological dissemination and cultural ideology. Two specialised corpora were used to identify relevant terms in the domains of psychiatry and sexuality and provide evidence for their usage by a community of experts in a specific historical period. The recurrence of terms such as *homosexuality*, *onanism*, *sadism*, *masochism*, *fetichism*, *nymphomania* and *satyriasis* both in Krafft-Ebing's *Psychopathia Sexualis* – which has rightly been labelled a “highly eclectic encyclopedia of sexual aberration” (Oosterhuis 2000, 46-47) – and in a corpus of scientific articles published in the *Journal of Mental Science* – which furthered knowledge of those sexual aberrations within medical circles – clearly testifies to the diffusion of late nineteenth- and early twentieth-century discourses of moral decadence, sexual deviance and mental degeneration. At a time when “doctors struggled to locate with any precision the exact point at which normal became abnormal”, and when “the difficulty of constructing a coherent code of [...] sexuality was remedied by the presence of a deviant Other” (Verhoeven 2015, 28), Krafft-Ebing's *Psychopathia Sexualis*, on a par with contemporary periodical and non-periodical publications, can be said to have contributed significantly to the circulation of medical terminology concerning a number of psychiatric disorders associated with particular sexual behaviours, alongside a broader discursive construction of the sexual sphere as diseased and degenerate.

The reason why nineteenth-century medical preoccupation was constantly with the abnormal rather than the normal, Verhoeven contends, is that the normal or healthy could only be constructed *ex negativo*, and that the deviant and degenerate other “served an important function by throwing into relief the virtues of the normal man” (*ibidem*). Similarly, Beccalossi remarks that “in the nineteenth century, medical science's understanding of the ‘normal’ depended problematically on its understanding of the ‘pathological’”. In psychiatry in general, and in sexological writings in particular, the boundary between normal and abnormal was not clearly set” (2012b, 220). In what has been labelled the “uniquely late-nineteenth-century precariousness of normalcy” (Moore 2009, 157), terms like *sadism*, *masochism* and *fetishism*, among several others, did not just designate disease categories, but also “described extremes on a graded scale of health and illness, and explained aspects of ‘normal’ sexuality” (Oosterhuis 1997, 73). This new terminology construing and classifying sexual aberrations as psychopathologies was eventually found to blur any easy distinction, and to voice the tensions, not only between normal/abnormal or healthy/degenerate, but also between the

mental and the physical spheres. The study of medico-scientific discourse formulated within a specific professional domain in a specific historical period remains, therefore, a privileged means of bringing such terminological implications to the fore.

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“A volitional interference”: A Corpus-Assisted Discourse Study on Birth Control in Edwardian England¹

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Abstract

The Edwardian period (1901-ca.1910) saw numerous social changes that deeply transformed Britain and its society. A series of reforms that what would lay the foundations of the welfare state constituted a widespread source of public debate throughout the British press. Birth control was among the most debated topics. Though criminalised in 1861, abortion remained the most common birth control practice among working-class and upper-class women. Among the existing studies on abortion and birth control practices between the Victorian age and the Edwardian period, there is no evidence of a quantitative and qualitative linguistic analysis of their representation in the Edwardian press. This study aims at contributing to the existing body of research in historical news discourse and historical pragmatics by combining corpus linguistics and corpus-assisted discourse analysis to examine a corpus of letters to the editor on birth control published in the Edwardian British press, to show the recurrent linguistic patterns through which birth control was represented in early 20th-century news discourse.

Keywords: Corpus-Assisted Discourse Analysis, Historical News Discourse, Historical Pragmatics, Letters to the Editor, Well-being

Introduction

The Edwardian period (1901-ca.1910) marked a significant transition in British society, characterized by a range of social, political, and technological changes. This era, though short, witnessed the emergence of several reforms that would later lay the foundation for the modern welfare state. From a growing emphasis on public health to education and labour reforms, the well-being of Britain's less affluent social classes increasingly

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became a focus of attention (Thompson 1984; Boyer 2019). These reforms aimed to address social inequalities and improve the living standards of the working class, but they also sparked public debate across various sectors of society (Priestley 2000). One of the primary platforms for such debates was the British press, which played a pivotal role in both reflecting and shaping public opinion on these transformative changes (Hampton 2004; Facchinetti *et al.* 2015).

The press of the Edwardian era was not only a mirror of societal concerns but an active agent in disseminating information on these reforms. Newspapers and periodicals reached a broad audience, and their coverage often extended beyond the elite, penetrating the lives of the working classes (O'Malley 2020). The well-being of society, in particular, became a pressing theme in the media, as it provided a lens through which the British public could engage with the broader socio-political transformations occurring around them. Through this medium, discussions on health, poverty, labour rights, and access to education proliferated, providing the public with knowledge and often provoking calls for further reforms (Bingham and Conboy 2015).

One of the most contentious issues disseminated through the Edwardian press was the subject of birth control, especially abortion. Although abortion had been criminalized under the 1861 Offences Against the Person Act – punishable with severe penalties – its practice persisted across social strata, particularly among working-class and upper-class women. For many women, abortion remained the most common method of birth control, despite the legal and moral consequences associated with it. The unsanitary conditions and rudimentary medical techniques often employed in these procedures resulted in significant risk to the women involved, frequently leading to their death. These tragedies, in turn, generated scandals that were widely reported and sensationalized in the press, feeding the ongoing public debate on the issue (Friedman and Fann 2024; Michael-Berger 2023).

While extensive literature exists on the legal, medical, and societal dimensions of abortion during the Edwardian period, focused on content analysis or historical perspectives, the discourse surrounding birth control practices and abortion as it appeared in newspapers has not been thoroughly analysed from a linguistic perspective. By focusing on both quantitative and qualitative linguistic analyses, this research will analyse recurring linguistic patterns and themes used in discussions of birth control practices and abortion in the early 20th century, attempting to answer two research questions:

Were birth control practices and abortion openly discussed in the letters to the editor of the Edwardian press?

Through which recurring linguistic features were they represented?

This essay aims to contribute to the study of historical news discourse (Claridge 2010) by applying the methodology of corpus linguistics and corpus-assisted discourse analysis to a small, specialised corpus, named BCPEP (Birth Control Practices in the Edwardian Press), consisting of letters to the editor – hereby referred to as LTEs – published in the British press during the Edwardian period. Following a corpus-assisted quantitative and qualitative approach (Partington 2004, 2010 and 2015; Partington, Duguid and Taylor 2013), the analysis will focus on the collocational patterns, concordances, and clusters (Hunston 2002) of a set of keywords extracted from the BCPEP corpus.

1. Context. Birth Control Practices and Abortion in Britain between the Victorian Age and the Edwardian Period

From the mid-19th century to the outbreak of World War I, Britain underwent significant social, legal, and cultural changes, particularly regarding the regulation and perception of birth control and abortion. During this period, the societal views on reproduction, morality, and women's autonomy were complex and deeply intertwined with legal and medical developments.

In Victorian Britain, discussions of birth control were generally considered taboo, particularly in middle- and upper-class circles, where strict moral codes prevailed (Knight 1977; Rodrick 1996; Rains 2021). For many working-class families, however, the need for contraception became increasingly pressing as industrialization led to overcrowded living conditions and economic instability (McLaren 1976). Despite the legal and societal restrictions, various birth control methods were used, including withdrawal, douching, herbal remedies, rudimentary condoms (Fisher and Szreter 2003). The availability and efficacy of these methods, however, were limited, especially for the poor (McLaren 1977a, and McLaren 1977b).

One of the most consequential legal developments affecting women during this period was the Offences Against the Person Act of 1861, which criminalized abortion at all stages of pregnancy. The Act made it a felony to procure an abortion, with penalties including life imprisonment for both the woman and any person aiding in the procedure (Brookes 2013). The criminalization of abortion placed women's reproductive decisions firmly under legal control, denying them autonomy over their bodies and subjecting them to significant health risks (Langer 1975). However, despite the legal restrictions, clandestine abortion – typically carried out in unsanitary conditions, often by untrained individuals, which led to a high mortality rate – remained a common practice among women, especially in the working class (McLaren 1993).

The lack of legal, safe reproductive options for women during this period significantly hindered their well-being and reinforced the gendered power dynamics that dominated Victorian and Edwardian society. However, by 1914, the growing awareness of the need for reforms in women's health and reproductive rights was beginning to take shape, setting the stage for future legislative changes (Cook 2007). This period of coded discussion prepares the Anglo-American women's health movements for reproductive rights that will follow after 1914, building on the implicit points vaguely and in coded fashion noted in the corpus data. Most notable were the campaigns of the US reformer Margaret Sanger (Berkman 2011), who spent time in the UK following threat of prosecution post 1914, and Marie Stopes (Debenham 2018), whose birth control clinics launched from 1920s onwards would push such issues onto social and political agendas.

2. Letters to the Editor in 19th-Century and Edwardian Society

By the mid-19th century, the growth of literacy and the expansion of the printing industry contributed to a dramatic increase in newspaper circulation across Britain. As newspapers became more accessible to the working and middle classes, they increasingly served as a platform for public participation (Brownlees 2021). Letters to the editor became a critical element of this participatory culture, allowing readers not only to respond to articles and news coverage but also to raise new issues for public consideration, and to actively engage with current social, political, and moral issues (Brownlees, Del Lungo and Denton 2010). While this participatory aspect of the press reflected the growing democratization of public discourse, letters to the editor were often selected and published to advance the ideological agenda of the newspaper, often favouring letters that either contributed to ongoing debates or offered provocative perspectives that would engage readers by challenging or supporting the policies of the time (Hobbs 2019).

In the Edwardian era (1901-ca.1910), topics such as labour rights, women's suffrage, morality, education, and public health reforms featured heavily in letters to the editor, with a wide array of opinions being expressed. In this sense, these letters provided a snapshot of the concerns and priorities of British society at the time, while also giving a voice to those who might not have had access to other public platforms. Notably, discussion on perceived issues such as the decline of birth rate (Secombe 1990), or about the Midwives Act or women's suffrage, as reported in the sections below, were frequently shaped by public letters, which played a role in raising awareness and mobilizing support, contributing to the broader debate on societal well-being and women's health (Sauer 1978).

Academic interest in letters to the editor as a form of historical discourse has grown in recent years, particularly within the fields of media history, historical pragmatics, and corpus linguistics. Scholars have increasingly recognized the value of these letters as a source of public opinion, social engagement, and linguistic analysis. LTEs have been studied for their sociological, historical and political significance within the news discourse (Richardson and Franklin 2004; Nielsen 2008; Torres Da Silva 2012; Cavanagh and Steel 2019, and more), but, as already mentioned, rarely have they been the target of linguists. Significant exceptions are Pounds (2005 and 2006), Landert and Jucker (2011), Romova and Hetet (2012), Chovanec (2017), Sturiale (2018) and Martini (2021a, 2021c and 2023) on news values and evaluative parameters, and Martini (2021b, 2022 and forthcoming) on the linguistic representation of identity and ideology in LTEs. In particular, Pounds (2005 and 2006) and Chovanec (2017) focus on LTEs as tools to express democratic participation and public engagement of the readers; a specific focus on evaluative language used to voice criticism and appeal for action is provided by Pounds (2005 and 2006).

Evaluative words and phraseology refer to lexico-grammatical occurrences expressing the speaker/writer's opinions. According to the seminal definition given by Hunston and Thompson (2000), evaluative language reflects the speaker/writer's value systems and those of their community, constructs relationships between speakers and readers, and helps to organise texts. Partington, Duguid and Taylor (2013) claim that evaluative meanings can be either implicit or explicit and operate at word or phraseological level. Phraseology, according to Hunston (2011, 5) "describes the general tendency of words, and groups of words, to occur more frequently in some environments than in others". The concept of evaluative prosody, whereby evaluative meaning is expressed through larger textual environments, is directly connected to the concept of phraseology, intended as words that tend to co-occur together in similar co-texts, which is the basis of the corpus-assisted discourse analysis applied in this study (Partington, Duguid and Taylor 2013).

Bednarek (2010) and Bednarek and Caple (2019), among others, discuss newsworthiness as expressed through the use of evaluative language in the news discourse. Bednarek and Caple (2019) describe the most frequent news values and evaluative parameters. The news values according to which events are considered newsworthy are negativity, timeliness, proximity, prominence, consonance, impact, novelty, superlativeness, personalization. The most recurrent evaluative parameters, or "the standards, norms and values according to which we evaluate something through language" (171), are: un/importance, in/comprehensibility, im/possibility or in/ability, un/necessity, emotive, un/genuineness or in/authenticity, reliability, un/expectedness, evidentiality, mental state. Bednarek and Caple applied this theoretical framework combining language of evaluation and newsworthiness to hard news. This same framework is applicable to LTEs as well, since, according to Wahl-Jorgensen (2002), LTEs are selected according to similar, if not identical, news values, i.e., newsworthiness, timeliness, relevance, and entertainment.

3. Corpus Construction

The study presented in this article is the first stage of a more complex analysis of the language of birth control and abortion at the turn of the 20th century. This first stage involves LTEs published in *The Times* only, in order to see how the most established and influential broadsheet paper of the time represented the topic under examination. Further stages of this same research will expand the analysis to local newspapers, analysing the results available in *The British Newspaper Archive*. Since birth control and abortion were taboo in everyday social interaction, despite being commonly widespread in practice, this stage of the research has met the result of this double standard in the representation vs. the practice of birth control and abortion in the Edwardian period. As Brookes (2013) claims, at that time abortion was synonymous with birth control, and specifically a type of birth control that did not require the collaboration of the male counterpart of the couple. Abortion was considered almost inevitable in the life of woman, but, since it was listed as a criminal offence, its practice was coated in silence and referred to only through coded references (Knight 1977). This resulted in the almost complete absence of LTEs openly mentioning the word *abortion* throughout the time period consulted in *The Times* and *The Sunday Times Archive*, which was comprised between 1st January 1900 and 31st December 1910, matching the time span of the Edwardian period.

When searching the Archive for LTEs using *abortion*, there are 176 matching results, with only one relevant to the meaning of *abortion* as “deliberate termination of pregnancy”, which will be examined in the section that follows. All the other occurrences are related to the more general meaning of failing to produce the intended result. This posed a problem for the corpus construction, as it became clear that different search words had to be used in order to obtain results that were still pertinent to the topic under examination, i.e., birth control practices and women’s well-being. The Archive was then searched combining the search words *birth*, *control*, and *women*; 187 results were obtained. Due to the limited number of LTEs, each of them was read to ascertain their relevance for the research. This resulted in a final total number of 74 texts, forming a small, specialised corpus of LTEs discussing women and birth practices in the Edwardian period of a total 45,981 tokens (running words in texts).

WordSmith tools 8.0 (Scott 2020) was then used to generate the wordlist, which was compared with the written section of the British National Corpus (BNC) XML Edition corpus (2007), a 100-million-word collection of samples of written and spoken language, including extracts from regional and national newspapers. The BNC corpus was chosen due to the absence of a reference corpus of LTEs published between the end of the 19th century and the beginning of the 20th century, which would be the ideal reference corpus, the non-availability of BLOB-1931 and the non-suitability of CLMET. The comparison of the target corpus, which has been named Birth Control Practices in the Edwardian Period (BCPEP), with a larger reference corpus (BNC) of similar texts identifies the keywords of the target corpus, i.e., those words which are unusually frequent in the target corpus, and therefore more statistically relevant. Such comparison provides a clear quantitative indication of the core lexical items orienting the qualitative analysis (Scott 2020). Table 1 shows the first most frequent keywords of (BCPEP) by their ranking position on a 500 keyness scale.

Keyword	Freq.	%	Texts	RC. Freq.	P
MIDWIVES	94	0	13	178	0,0000000000
BIRTH	128	0	46	5.114	0,0000000000
EDITOR	77	0	72	3.826	0,0000000000
RATE	115	0	29	18.945	0,0000000000
MIDWIFE	26	0	10	296	0,0000000000
CHILDREN	108	0	29	41.953	0,0000000000
WOMAN'S	10	0	8	2	0,0000000000
MEN	88	0	28	34.973	0,0000000000
DISTRICTS	26	0	17	1.504	0,0000000000
FRANCHISE	21	0	9	714	0,0000000000
MOTHERS	31	0	19	3.113	0,0000000000
OUR	132	0	42	80.492	0,0000000000

Tab. 1 - Keywords of the BCPEP corpus. Created with WordSmith Tools 8.0 KeyWords

The first and second column show keywords and their frequency in the target corpus texts; the third and fourth columns indicate the percentage of the frequency and the number of texts in which each keyword occurs in BCPEP; the frequency of each keyword in the reference corpus (the written section of the BNC XML Edition corpus) is indicated in the fifth column; the last column shows the p value referring to the keyness value of the items under consideration.

As Table 1 shows, the most frequent keywords pertain to three semantic areas. For the large majority they are related to the profession of assisting women in childbirth (*midwives*, *birth*, *midwife*), and to family roles (*woman's*, *children*, *men*, *mothers*); some refer to statistics and hard data (*rate*, *districts*). *Franchise* adds an interesting linguistic element worthy of further examination, as, in this specific corpus, it refers to the right to vote, as well as *our* does, indicating an unusual occurrence of first-person plural adjectives and related nouns in the LTEs of BCPEP.

4. Data Analysis

Concordance lines of the most frequent keywords in Table 1 were computed using WordSmith Tools 8.0 (Scott 2020), and their frequent collocations and clusters were examined applying a methodological framework that combines a quantitative and a qualitative approach. The quantitative corpus-driven approach (Tognini-Bonelli 2001) through Corpus Linguistics software-aided analysis allowed to obtain statistically significant results. When performed on the news, such combined methodological framework has been extremely useful to search for its objective features (see, for example, Sinclair 1994 and 2004; Tognini-Bonelli 2001; Baker *et al.* 2008; Partington 2010; Fotopoulos and Kaimaklioti 2016). To quantitatively significant results, i.e., to the most recurrent linguistic patterns, a qualitative corpus-assisted approach (Partington 2004, 2010 and 2015) was then applied through discourse analysis. This approach allows to have access to non-obvious meaning “constructed and reinforced by the accumulation of linguistic patterns” by extending the co-text of concordance list “nodes” (Partington and Marchi 2015, 220), which in this study are some of the most recurrent keywords.

A diachronic examination of results is also possible. The chronological order of publication of the LTEs is easily retrievable, as corpus files are renamed with their full date and page of publication. What follows is the analysis of the most significantly frequent linguistic characteristics of the keywords to answer the research questions posed at the beginning of the paper. The analysis will start with the sole letter explicitly mentioning *abortion*.

4.1 *Abortion*

In a time when abortion was considered a common, although unspoken of and criminalized, birth control practice, it is certainly of some interest that only one published LTE ventures into explicitly mentioning abortion. Example (1) provides the text of the letter, that was published in *The Times* of 22nd October 1906:

Example (1) provides the transcription of the LTE above for greater readability:

(1) TO THE EDITOR OF THE TIMES. Sir,—Has it not occurred to Mr. Sidney Webb that possibly the Roman Catholics and Jews are right, and that theirs is the true solution of this problem? There is no mystery about it. It does not depend upon any “mystical” view of the sacrament of marriage. The Roman Catholic Church teaches and Roman Catholics believe that it is a **grievous moral offence to interfere with the course of nature by artificial means** such as are, as I understand it, indicated by Mr. Sidney Webb in his articles. The statistics show that this teaching has not been ineffectual. The law which makes it a **grave crime** to procure **abortion** is founded upon the same ethical doctrine. Of course the other problems of human poverty and misery will remain. What are the remedies for the various ills which arise from the wickedness and from the weaknesses, bodily, mental, and moral, of mankind? From the very nature of things the prosperity of every industry must fluctuate. There will be good times and bad times, busy times and slack times. Is it the fact that vast numbers of men and women, those who provide the lower kinds of labour, are compelled, when employed, to work for a wage which affords no margin for any saving, which is little better than a “starvation wage”? Speaking generally, does the individual labourer get a reasonable or fair share of the wealth which is produced, and can only be produced, by the co-operation of labour and capital? Is it possible for the State to interfere usefully, and without doing more harm than good; and, if so, how? These questions must remain to be answered, and will become more pressing from day to day. W. DECLINE OF THE BIRTH-RATE. (1906-10-22, 13)

Example (1) shows the extremely negatively connoted language associated to abortion, (*grievous moral offence, grave crime*) and the idea of the unnaturalness of the process (*interfere with the course of nature, artificial means*). The extended co-text reveals a tight relation between the strong opposition against abortion and the religious and moral beliefs of the author, rejecting the idea to go against nature and calling instead for unspecified interference of the state. This LTE was published in response to one long article by Mr. Sidney Webb, titled “Physical Degeneracy or Race Suicide?”, that had appeared divided into two parts in *The Times* on 11th and 16th October 1906, where the author elaborated on the possible reasons for the decline in birth rate made evident over the last quarter of the 19th century, with the support of the results of a survey conducted among married couples and their choice to limit or not to limit their family size. Both parts of the lengthy article do not explicitly mention abortion. Rather, as it was customary at that time, they hint at practices to limit the number of children in order to afford better economical means, in this case using phrases such as “volitional interference” as in example (2) and “very extensive business” as in example (3):

(2) It is at any rate consistent with the hypothesis of volitional interference, in view of the fact that illegitimate children are, on an average, certainly less desired than legitimate, that, as already stated, the correlated illegitimate birth-rate should have fallen off in England and Wales more than twice as much as the legitimate, and twice as much between 1881 and 1901 as between 1861 and 1881.

(3) All this is inconsistent with the hypothesis that the decline is due to physical degeneracy, and consistent with that of its being due to deliberate volition. Common report that such deliberate regulation of the marriage state, either with the object of limitation of the family, or (which has the same result) with that of regulating the interval between births, has become widely prevalent during the last quarter of a century—exactly the period of the decline—reaches us from all sides—from doctors and chemists, from the officers of friendly societies and philanthropists working among the poor, and, most significant of all, from those who are engaged in the very extensive business of which this new social practice has given rise. What is needed to complete the demonstration is direct individual evidence. But this must be reserved for a subsequent article.

When allusive reference to abortion was made, it was through indirect linguistic constructions and euphemism. When direct reference was made, extremely negative evaluative language is detectable in the extended co-text of the concordance line, aimed at stigmatizing the procedure from a moral, religious, and ethical point of view. Due to the difficulty in retrieving LTEs explicitly discussing abortion between 1900 and 1910, further on-site archival research of LTEs in the British press is needed to document the most frequent indirect patterns used to refer to abortion and study the features of its linguistic representation in LTEs.

4.2 *Midwives, Birth*

This section is focused on the most frequent keywords related to the professional assistance to childbirth (*midwives, midwife, birth*). As Table 1 shows, *midwives* is the most frequent keyword, with its most frequent left-collocates being grammar words (the definite article *the* and the preposition *of*), the noun *supply*, and the adjectives *central* and *trained*, and its right-collocates being *act* and *board*. The most frequent left-collocates of *midwife* are instead adjective phrases related to professional qualification (*trained, untrained, competent, qualified*). The keyword *birth* includes occurrences of its compound noun phrases *birth-rate* and its plural form *birth-rates*; the most frequently occurring lexical collocate is *decline*, in the cluster *decline of the*.

Due to the limited scope of this study, this section will discuss only the most frequent right-collocate and left-collocate of *midwives* (*act, supply*) and of *birth* (*birth-rate, decline*). Concordance lines for the most recurrent collocate *midwives + act* are displayed in Table 2.

Association. The Ridge, Corsham, Sept. 27. THE MIDWIVES ACT.
midwives, in order that the requirements of the Midwives Act of 1902 may be fully realised by
without solving the difficulties created by the Midwives Act as it applies to rural districts.
yours faithfully. LOVELL DRAGE. Hatfield, Herts. THE MIDWIVES ACT.
an instrument for good we now possess in the Midwives Act of 1902, provided that public
OF THE TIMES. 'Sir,-Most people are aware that a Midwives Act has recently been passed by
JOHNSTONE. Bignor-park, Pulborough, Sept. 29. THE MIDWIVES ACT.
one by individual effort since the passing of the Midwives Act -in itself a private member's
the hamlets unless heavily subsidized; and if the Midwives Act is to be administered in the
interest your leading article of Saturday on the Midwives Act, and I agree with you as to the
unfit persons led at last to the passing of the Midwives Act of 1902, an Act with which the
7 makes quite clear the enormous difficulties the Midwives Act will create in 1910, if it has
alternative plan of complying with the letter of the Midwives Act by endeavouring to obtain and
Dairy Bank, Cheadie, Staffordshire, Sept. 28. THE MIDWIVES ACT.
the Central Midwives' Board. Odesy, December THE MIDWIVES ACT.
that in 1902 an Act of Parliament was passed (the Midwives Act, 1902) providing that after 1910

Tab. 2 – Concordance lines for midwives + act. Created with WordSmith Tools 8.0 Concord

As shown in concordance lines, five occurrences refer to LTEs titles. They were all published in 1907, on 5th October, 1st November, and 25th December, and were all making reference to previously published articles in *The Times*. The use of the noun phrase as title suggests the intention to make the topic at once visible on the page and thus catch the attention of the readers. Moreover, when reading the letters, they are mostly concerned about the difficulty for less affluent people to have access to the service, both as far as prospective midwives and women in need of their assistance are concerned. Example (4) shows the conclusion of the letter published on 5th October 1907:

(4) The Central Midwives' Board has adopted the policy of efficiency. It has raised the standard of examination; it has lengthened the syllabus, and thereby the period of training; and it has refused the recognition of several old-established training schools. Without questioning the wisdom or necessity of such policy, the immediate result has been **an increase in** the training fees, **an increased difficulty in** obtaining suitable candidates, and **an increased difficulty in** obtaining training vacancies. Individual effort can do much, it has done much, to overcome these **difficulties**; but the time has, surely, arrived when the State may be expected to provide by law some financial assistance towards the **adequate supply of efficient midwives** to replace those which by law it removed from practice. I am faithfully yours, G. F. HOBHOUSE. Hon. Sec. Wilts Nursing Association. The Ridge, Corsham, Sept. 27. THE MIDWIVES ACT. (1907-10-05, 04)

It is worth noticing that the repetition of *increase* and *difficulty*, and of their derivatives *increased* and *difficulties*, adds emphasis to the negative connotation of the judgment expressed towards the Central Midwives Board for making the access to the qualification requested by the 1902 Midwives Act more restrictive. Example (4) mentions the need for state funding to ensure the number of midwives needed by the population. The left-collocate *supply + of (+ Adj)* is

indeed the second most frequent collocate of *midwives*, which indicates that two most recurrent linguistic lexical patterns refer to the official parliamentary act and to the consequences of its enforcement. Criticism on how the Act had been enforced is expressed also in a letter published the following year, on 31st October 1908, as shown in example (5):

(5) TO THE EDITOR OF THE TIMES. Sir,-May we beg a few lines of your space to make an appeal of a most urgent nature? It may be known to many of your readers that in 1902 an Act of Parliament was passed (the Midwives Act, 1902) providing that after 1910 no woman shall practise as a midwife unless properly qualified and registered. This was a most salutary and indeed necessary step for the protection of both mothers and infants from the terrible consequences resulting from incapacity and ignorance, for it is probably not generally known that 60 per cent of all births in England and Wales are attended by midwives the majority of whom were formerly untrained. But Parliament, while preventing incompetent women from practicing this profession, **did not see fit to take any step** towards providing **a sufficient supply of competent midwives**; and it was with a view **to making good this omission** that the Association for Promoting the Training and Supply of Midwives was formed. (1908-10-31, 18)

While acknowledging the decision to regulate the need for professionally trained personnel to assist in childbirth, the author laments the lack of policies to ensure a sufficient number of trained midwives to replace those who will have failed to comply with the legal requirements by the beginning of 1910. The author uses hedgingly connoted language (*did not see fit; omission*) to refer to the missing policies without conveying a stern judgment, as she is indeed making an appeal for funds for the Association for Promoting the Training and Supply of Midwife, which was privately established precisely to promote the implementation of the Midwives Act. This shows that when LTEs are used not for voicing a personal concern, but as a means to attain a specific goal, the negative connotation of the linguistic choices used is more covertly expressed through neutral lexical choices. Table 3 shows the concordance lines for the left-collocate noun phrase *supply + of* of the node *midwives*:

Association for Promoting the Training and Supply of Midwives , office, Dean Farrar-street,
Association for Promoting the Training and Supply of Midwives , Dacre-house, Dean Farrar-street,
stringently before there is a sufficient supply of midwives ready to take up rural work of a very
Association for Promoting the Training and Supply of Midwives , an association which is honoured by
MC LAREN. NORTHUMBERLAND. TRAINING AND SUPPLY OF MIDWIVES .
generosity" can do towards the training and supply of midwives , in order that the requirements of
by the Association for the Training and Supply of Midwives , Dacre-house, S.W. Facts and figures
advances have been made in the training and supply of midwives for the poor, and of those trained
difficult question of providing an adequate supply of midwives to meet the requirements of the Act,
to solve the difficulty and promote the supply of midwives . One has only this morning written,
understanding of the problems connected with the supply of midwives , On page 29 will be found the
Association for Promoting the Training and Supply of Midwives was formed. The association, which is

Tab. 3 – Concordance lines for supply + of + midwives. Created with WordSmith Tools 8.0 Concord

As the concordance lines in Table 3 show, most mentions of the left-collocate refer to the name of the Association for Promoting the Training and Supply of Midwife, with *supply*

occurring as coordinated with *training*. This explicitly refers to the need for training midwives to comply with the Midwives Act, and to grant women access to the fundamental help of midwives during childbirth, by reaching a *sufficient* or *adequate supply* of midwives. The use of *supply* is in itself indicative of the implicit connotative judgement; midwives are represented not as human beings, rather as some sort of good or service to be arranged and distributed, thus distorting the perception of their role. Moreover, as Table 1 shows, the plural form of the noun phrase *midwives* occurs more often than its singular form, *midwife*. Such linguistic occurrence reinforces the representation of this professional category as a collective, depersonalized and almost objectified entity. Example (6) shows how the issue was not limited to the training and its cost alone, rather it involved an economic downside:

(6) In many cases local authorities are fully conscious of the ill results that would accrue if the law were put in motion stringently before there is a sufficient **supply of midwives** ready to take up **rural work of a very unremunerative kind**; [...] (1907-09-25, 02)

The issue of rural villages is recurrent also in other letters, making it a point for the appeal to state funds to ensure that access to the required training could be affordable also to women coming from less affluent backgrounds, as shown by example (7):

(7) [...] Midwifery among the poor is of necessity **badly paid**; those who practise it are as a rule women of the same class as their patients, and it is impossible to expect that any large number will be able to afford even the minimum outlay of £20 to fit themselves for an employment so **uncertain** and so **unremunerative**. [...] (1904-10-31, 07)

Example (6) and (7) clearly point out the different social context of midwives coming from a poorer background by means of extremely negative connoted language (*badly paid*, *uncertain*, *unremunerative*) related to the economic expectation of the profession. Not only will these women not be able to pay for their training, but the prospect is of a scarcely remunerative profession. Poorer women are therefore at risk of being left with no professional assistance, or of having to resort to illegal help, thus putting their lives even more in danger.

Even if a more in-depth discussion of *midwife* and *birth* is left to other contexts where this research will be more extensively presented, some considerations are worth adding on the keyword *birth*, displayed in its concordance lines by Table 4 below:

one is tempted to attribute the increase in marriage and birth-rate and the decrease in infant mortality
enormous improvement in the conditions of child- birth among the poor. But it is becoming daily
at either end of the scale, showing that the crude birth-rate is higher in artisan than in merely
not do much towards stopping the yearly decreased birth-rate , but it is in our power to do a
4,700 women in this country die every year in giving birth to children. Certainly, including the
absolutely true that the operative causes of a low birth-rate have not affected rural districts,
neglected the development of humanity is crippled at its birth . We call upon all women who feel for
Fuller particulars on the effect of the suffrage on the birth-rate and infant mortality may be found
It is true that voluntary control of the birth-rate has not yet spread to a great extent to certain poor districts

Tab. 4 – Concordance lines for birth. Created with WordSmith Tools 8.0 Concord

With reference to the keyword list in Table 1, it is interesting to notice that *birth* – occurring in the compound noun phrase *birth-rate* and in its plural form *birth-rates* – is one of the most frequently occurring keywords in the entire corpus. *Decline* is the most frequent left-collocate of *birth*, occurring in the cluster the *decline of the*. When expanding to the co-textual reference of some concordance lines, linguistic evidence shows that the ongoing debate was kept alive, and newsworthy, in *The Times* around the reasons for the decline in family size. In particular, it was debated how such decline seemed not to have reached the poorest classes to the extent it had spread instead among skilled workers. Examples (8), (9), and (10) show extended co-textual reference for significant concordance lines of the keyword *birth*:

(8) [...] Then, as a profession, to be a mother involves **greater risk to life** than to be a soldier. It is computed that on an average **4,700 women in this country die every year in giving birth to children**. Certainly, including the years when there are wars, the mortality amongst soldiers has never reached that average. [...] AGNES GROVE. WOMAN SUFFRAGE. (1908-08-17, 07[a])

(9) Every human being who enters the world passes in through the gateway of a woman's body. While **women are held in contempt** and **their interests neglected** the development of humanity **is crippled at its birth**. We call upon all women who feel for this cause to declare themselves for us. [...] CONSTANCE LYTTON. Cell No. 2, Central Police Station, Newcastle, Oct. 11. WOMAN SUFFRAGE. DEPUTATION TO LORD PENTLAND. (right to vote) (1909-10-14, 6[b])

(10) It is true that voluntary control of the **birth-rate** has not yet spread to a great extent to certain poor districts, like Bethnal-green, in which the decline has only been **9 per cent**. in the above period; but there can be no reasonable doubt that if the change in this direction during the last 20 years equals that which has occurred in the last 20 years no social stratum will remain unaffected. ARTHUR NEWSHOLME. BRIGHTON - THE GOSPEL OF RECREATION. (1906-09-15, 11[a])

The authors of the examples above are two women and one man. Two different female voices are the authors of examples (8) and (9), taken from different LTEs, the titles of which all refer to woman suffrage and to the movement for obtaining equal voting rights. Example (8) and example (10) both make reference to hard data and statistics to voice their concern, with example (8) recurring to an appalling number (4,700). In example (8) negative emotive evaluative language (Bednarek and Caple 2019) (*risk, die, war*) is used to trigger an emotional reaction in the readers, while example (10) is limited to objective information and data, making no reference to emotivity. Example (9) uses strong negative emotive language (*contempt, neglected, crippled*) to appeal to the audience. In (8) the keyword *birth* is used both in its actual sense relating to giving birth to individuals, while in (9) it is used metaphorically. Example (10) employs the compound *birth-rate* pre-modified by the noun phrase *voluntary + control*, thus making explicit reference to the discussion on the decrease in birth rates and family size, and offering some considerations on related trends among the different social classes. It is worth mentioning that female voices are usually less frequent in LTEs, and it seems significant of a certain editorial policy that published LTEs dealing with female well-being, or lack of well-being, written by women. Women were thus given the right to voice their concerns directly, and, in view of the features of the LTEs discussed before, their right was recognised to use LTEs as tools of active citizenship, and to stimulate a debate in which they are protagonists.

Concluding Remarks

LTEs are an instrument of newspapers to keep a specific subject matter alive in the news. They stimulate debate, usually reporting views in agreement with the newspaper's agenda, but at times stirring controversies by publishing contrasting viewpoints on the same subject from influential authors. Letters to the editor are, and were, also editorially controlled; sometimes they were written by the editors themselves if material was lacking for publishing in the paper that week; and when submissions were chosen for publication, they usually were done so to fit editorial agendas and views on suitability of topics (Nielsen 2010; Hobbs 2019).

Gatekeeping functions of editors could thus shape what and how and which topics were deemed acceptable for general consumption. This might also account for a dearth of items on the subjects if deemed too controversial (Vessey 2021). The results of the analysis conducted so far signal an interest in the agenda of *The Times* to keep the discussion alive on birth rates, and on midwives, when *The Times* archive is searched with *women + birth*.

The historical context of this debate shows that the British population had steadily declined for over a quarter of a century, with no other apparent reason than a voluntary control of family size. Couples resorted to different methods; with the help of midwives, abortion was a common practice of birth control at that time, despite the risks for women's health and life, and despite the fact that it was a criminal offence too. Corpus evidence shows that the Midwives Act was discussed as a reform for the well-being of women, both in terms of the perceived need to control the access to the profession of midwives, and to ensure women professionally trained help during childbirth. At the same time, the Midwives Act had the aim to remove many of those women who, for decades, had helped women, targeting specifically those who were under the general suspicion of performing abortions as well. However, strong criticism of the actual modalities in which the Act was enforced, particularly to the economic affordability of the training, is conveyed in the LTEs of the BCPEP corpus. Such criticism, expressed through the frequent use of negatively connoted language, is directed at the consequences of the Act for poorer women. Eventually, they would have neither professional midwives willing to assist them, nor untrained midwives, who would have been declared illegal after 1910, thus severely impacting the well-being of the majority of the female population.

The representation of midwives and their role seems to be connected with a view of society where a decrease in birth-rate is perceived as alarming by the authors of these LTEs, and it is thus made newsworthy by keeping it alive in the ongoing discussion in the press. The connection with birth control and the suffragist movement is also worth to being explored further, as corpus results showed that attempts were made to connect the decline of birth rate to the requests for women's rights. However, this same position was subverted by those LTEs advocating for women rights, and written by women themselves to support their claims from their own point of view. As a conclusive remark, it should be mentioned that the almost complete absence of direct linguistic reference to birth control practices in the LTEs of the corpus for a decade is a rather clear indication of what was to be selected as newsworthy, and what was to be silenced. If letters had been sent to stimulate debate over birth control practices, maybe even over abortion, their absence from published LTEs publicly available in newspapers archives implies that, clearly, they were not selected for publication.

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Diffusing the Vir/us: Derek Jarman's Transmedial Eco-logy as Pharmacopoeia

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Abstract

Decades after the outbreak of aids, the disease is still a crucial topic in identity politics, as the queer community strives for worldwide recognition. Past guilt-ridden representations of the aids epidemic, much has been done towards a less dehumanizing re-evaluation of those deemed responsible for the spread of the virus, following the footsteps of spokespersons like filmmaker Derek Jarman. With him, medicine and environmental concerns merge as his body and his unenclosed garden become a somato-political manifesto against epistemic violence. This article contends that Jarman's multimodal art is ecological and historically conscious in representing homosexuality in its collision with medicine and the law. Focussing on the journal *Modern Nature*, the film *The Garden* and Jarman's gardening work, a form of pharmacopoeia surfaces as a material-semiotic resignification of illness in the face of a new subject-object relationship.

Keywords: AIDS and HIV, Derek Jarman, Ecocriticism, Symptoiesis, Transmediality

Ce qui est naturel, c'est le microbe.
Le reste, la santé, l'intégrité, la pureté,
si vous voulez, c'est un effet de la
volonté et d'une volonté qui ne doit
jamais s'arrêter.
(Camus 1972, 228)

Introduction

In 1986, soon after testing positive to HIV, artist and activist Derek Jarman retired to Dungeness, Kent, and took residence at Prospect Cottage, a former fisherman hut facing the North Sea on one side and a nuclear power station on the other. There, he set out to build his "impossible" garden in spite of harsh meteorological conditions, as he once reckoned in retrospect: "When I came to Dungeness in the mid-eighties, I had no thought of building a garden. It looked impossible: shingle with no soil

supported a sparse vegetation”, but then “decided to stop there; after all, the bleakness of Prospect Cottage was what had made me fall in love with it. At the back I planted a dog rose. Then I found a curious piece of driftwood and used this, and one of the necklaces of holey stones that I hung on the wall, to stake the rose. The garden had begun” (Jarman 1996, 12). All the while, he was grappling with his fast-declining health, whose crude reality he began to portray in written, visual, and material form. The result is a historic site still accessible to visitors today, and a series of journals, the first of which, aptly titled *Modern Nature*, is at once a memoir and a tribute to literature, homosexual desire and love, and the transformative power of nature.

Entertaining a dialogue with literary, artistic, filmic, and gardening tradition ranging from the Latin classics to contemporaneity, as well as with body politics and activism, Jarman’s personal ode to nature will be here approached by means of an eco-logical exploration of a selection made from his transmedial legacy, which counts numerous sketchbooks and journals, paintings, and films such as *Caravaggio* (1986), *Wittgenstein* (1993) and *Blue* (1993). This article will focus mainly, but not exclusively, on his first published journal, *Modern Nature: 1989-1990*, his garden, and the film *The Garden* (1990), with particular attention to what Jarman himself considered the essential part of creation: the process, the hermeneutical potential of theory and practice, of theory as *praxis* – to borrow his own words, “[t]he filming, not the film” (Jarman 2018, 201). Perhaps more than elsewhere, in these three artistic productions, Jarman’s ability to merge the personal with the political comes to the fore as a process of crafting narratives that are equally intimate and critical of a turbulent socio-political climate. The historical context is not in fact to be overlooked, as the late 1980s and early 1990s were marked by significant political strife in Britain, under the leadership of Prime Minister Margaret Thatcher. Thatcher’s conservative government, attacked by Jarman on multiple occasions, had a controversial approach to social issues, including medicine, right as AIDS was beginning to spread across Europe and America. With the implementation in 1988 of Section 28, a law prohibiting the “promotion” of homosexuality by local authorities and institutions, widespread protests, in which Jarman actively participated, smashed against the government’s systemic repression of the LGBTQ+ community.

Imbued with a sense of defiance and configuring as a call for compassion, *Modern Nature* documents Jarman’s day-to-day life, his experience of illness, and his reflections on mortality, nature, and art, taking on the tones of an outright political statement. Analogously, the film *The Garden* juxtaposes the serene beauty of his shingle-beach garden with what may be defined a counter-Christian symbolic imagery critiquing the homophobia and religious conservatism of his days. Hence, the film’s non-linear narrative and dreamlike sequences, a signature of Jarman’s avant-garde approach, utilizing the garden as the epitome of both immanent spirituality and physical and emotional resilience. Indeed, not only do these seminal works reveal the constant intersection of the personal and the political, but they come through as a testament of the semiotic significance of both author and his output (see Brabazon 1993) and the hermeneutical value of emotionally charged counter-narratives athwart epistemic violence.

1. *Eco-Logical Symptoiesis*

Amid the stony desert of Dungeness, Jarman embarked on the creation of an unexpected Eden on Earth, undertaking the endeavour on a modest budget, hauling manure, digging holes in the shingle, and coaxing aging roses and fig trees into a rediscovered life. Recalling a conversation with painter Maggi Hambling, to whom he once described his garden and announced his desire to write about it, his passion for gardening emerges as diverging from that of a conventional Victorian naturalist, hence Hambling’s verdict: “Ah, I understand completely. You’ve discovered modern nature” (Jarman 2018, 8). In contrast with traditional botanical projects, contingency

is in fact welcomed into Jarman's garden, both ideally and concretely, as friends and family were invited to take part in its growth. On account of that, Jarman's lifestyle in his final years can hardly be described as reclusive since, apart from his visits to various hospitals, where he soon started his therapy with Azidothymidine (AZT), he was often on the road either working on his films or taking part in public manifestations. As said, for Jarman no schism exists between private and public, which is why he also lamented how fiction could barely convey the weight of the situation: "The terrible dearth of information, the fictionalisation of our experience, there is hardly any gay autobiography, just novels, but why novelise it when the best of it is in our lives?" (56). His praise of the autobiographical accounts of those affected by AIDS should not however be misinterpreted as a nostalgia for biographism, in that his musings seldom come through as purely intimist and reach instead the hubbub of the worldwide political debate.

Specifically, Jarman is wary of the matter-of-fact and often misleading contribution of journalism, noticing that "little survives publicity. A world is experienced through a filter of journalese" (176). This tendency was also recorded by Susan Sontag, who angrily commented on the chaotic handling of the AIDS crisis both by the media and medical institutions: "A wave of statements and articles affirming that AIDS threatens everybody is followed by another wave of articles asserting that it is a disease of 'them', not 'us' " (1989, 82). Miscommunication leads to misinformation and, as the disease made its way into individual bodies, the fear of the disease slithered along the grooves of society as a whole, revealing the complexities of biopolitics in the face of uncertainty. Along with the capitalistic nature of biopower, which Thatcher's policies embodied, and thinkers such as Michel Foucault extensively explored, light was soon shed onto the ideological goals (and shortcomings) of the Iron Lady's government. Surely, if biopower is to be viewed as a series of "méthodes de pouvoir susceptibles de majorer les forces, les aptitudes, la vie en général sans pour autant les rendre plus difficiles à assujettir" (Foucault 1976, 185), then the subverting narrative activism of Jarman and his epigones did much to contrast the opiate illusion of obtaining a high-functioning society when its health system was shaking at its foundations.

As Paula Treichler famously wrote, "AIDS is a story, or multiple stories, [...] a nexus where multiple meanings, stories, and discourses intersect and overlap [...] an *epidemic of signification*" (1999, 19). Much like Sontag's attack on the metaphorical interpretations of HIV and AIDS, which she notoriously reprised after her seminal text *Illness as Metaphor* (1978), where she discussed cancer and its representations, Treichler also hints at how semiotics ideologically concurs in sublimizing the tangible pain of the ill while proposing a reading of their experience which constrains them into fixed identitary categories. A similar clash, which is centuries-old but has been recently rekindled following the COVID-19 pandemic, is the one between scientific jargon and what the (post)humanities see as a much-needed artistic turn in the perfunctory, if not elitist, lexicon of medical empiricism, which often thinks in oppositional terms. Metaphors generated along these parallels of binary ideologies still persist: perpetrator/victim, war/peace, guilty/innocent, plague monger/puritan redeemer.

When it comes to the health/illness divide, the damage derived from speaking of it in merely metaphorical sense relates to the subsequent neglect of the concrete effects of the disease, whose blows on body and psyche alike are rarely rendered without creating imbalances along the material-semiotic continuum: "Now the media rummage each morning through our discarded psyches to make a few bob", Jarman sadly recorded (2018, 176). On the other hand, to dryly illustrate the stages of a disease as a doctor is usually required to do is to deny the hermeneutical value of the individual's experience of illness, and an illusory aspiration to a disincarnate representation of human suffering. This further applies to AIDS, which, as Cathy Waldby writes, develops by "forcing the human cells to manufacture alien viral cells, forcing

human identity to participate in its own infectious defeat" (1996, 1), while also resisting a unitary definition, being a chronic, ongoing disease, which explodes into a myriad of opportunistic infections overtime. "That AIDS is not a single illness but a syndrome", added Sontag, "makes it more a product of definition or construction than even a very complex, multiform illness like cancer", alluding to the fact that "the contention that AIDS is invariably fatal depends partly on what doctors decided to define as AIDS" (1989, 28).

Furthermore, for what concerns the ideological function of metaphors, medicine is not exempt, and possibly the greatest culprit at that, since "[v]irology supplies a new set of medical metaphors independent of AIDS which nevertheless reinforce the AIDS mythology" (68), especially when the disease progresses in its mutated forms, as it has also been witnessed with influenza viruses like COVID-19, whose evolving ability soon had consequences in the molecular designing of effective vaccines. Similarly, if we are to contend, borrowing from a popular song by Laurie Anderson, that "Language Is a Virus" (1986), then the application of metaphors to a disease ought to mutate as fast as the illness does, and should not resort either to generalized definitions, as in the comparison of AIDS to the plague, or specific ones informed by epistemically violent agendas, as with the acronym GRID (Gay-Related Immune Deficiency), sometimes also referred to, not by chance, as the gay plague.

Embittered by the invectives of some Jehovah's witnesses who once went up to his cottage, one of Jarman's diary entries encapsulates the leaden atmosphere of those years by emulating the discriminating language of anti-gay preachers:

The unleashing of the full fury of the sexual revolution has not yet produced any measurable benefits to the country as a whole, unless we think in terms of monetary gain. But with its emphasis on sex as a recreation and spectator sport the revolution has produced a host of problems that threaten us with social chaos. Venereal disease for one. VD is not a new scourge, but it has now become a plague, giving rise to new strains of exotic bacteria and virus-like agents. (2018, 149)

With his usual wit, Jarman reflects on such uncertain times by taking on full response-ability¹ in the face of what so closely affected him and several of his loved ones: "As I sweat it out in the early hours, a 'guilty victim' of the scourge, I want to bear witness how happy I am, and will be until the day I die, that I was part of the hated sexual revolution" (*ibidem*). Interestingly, the use of quotation marks for the expression "guilty victim" not only highlights the inflated adoption of both moralistic tones and war metaphors to talk about AIDS, but also gives the sense of Jarman's resistance to allowing such terminology to access his familiar lexis and, by extension, his own self. On the contrary, his vocabulary taps into the thesaurus of nature, as when he wonders, "Who makes up the names of drugs? Fansidar, Triludan, and one called Dom Perignon – near as dammit, why not Petal or Fleur for a bit of fancy?" (304).

What Sontag did in theory when she observed that "much in the way of individual experience and social policy depends on the struggle for rhetorical ownership of the illness" (1989, 93), Jarman did in practice, adapting his personal syntax to what he deemed fitting for writing about and for his generation, in the same way he let his rhizomatic plants spread in a pre-decimal state around his garden, and garden-as-text, whose "boundaries are the horizon" (Jarman 2018, 3), not the shackles of empirical measuring systems: "I measure out my garden one foot

¹ "Response-ability" is a term I borrow from physicist and feminist theorist Karen Barad, who intends it as the relational imperative that, whenever and wherever an identity intersection occurs, each agent must abide by, being "responsible for the other, as being in touch with the other" (2015, 402).

in front of the other, country feet, as intuitive as writing" (147). Delineating a sort of ecosophy, meant in the way Félix Guattari did, namely as a way to "apprendre à penser 'transversalement'" (1989, 34), and less as deep ecologist Arne Naess conceived of it – as "a philosophy of ecological harmony and equilibrium" (1973, 99) – Jarman gaily cruises the complexities of the so-called Anthropocene, registering the state of the planet as troubled but still breathing. He likewise seems to contemplate (linguistically) and cultivate (materially) a middle ground between arbitrariness and contingency, treading carefully the minefield of metaphorical language, and letting the materiality of his multimodal art do the rest since, as Nicoletta Vallorani notes, the context in which AIDS appears is a "borderland – if not a wasteland – where the signifier, be it human being or text, or both, is doubled, made ambiguous, relocated, and displaced by the infection" (2011, 211). The same applies to scientific jargon and its contradictions. After all, as Donna J. Haraway puts it, "Plato gave us the tones in the inextricable ambiguities of his pharmakon: cure and poison; care, curare; remedy, toxin; treat, threat" (2016, 105) and, as Annamarie Jagose states in her exploration of queerness, ambiguity is intrinsic to homosexuality, even more so when faced with AIDS:

The discourse of AIDS [...] offers a contemporary instance of the long-standing definitional incoherence of homosexuality. In terms of Sedgwick's argument, it is not a matter of determining what homosexuality or heterosexuality really 'is', but of understanding that – despite various attempts (for a range of strategic purposes) to fix the definition of homosexuality – modern knowledges of it are structured by irresolvable incoherences and discontinuities. (1996, 21)

Rather than a metaphor, Jarman's garden might be said to be a "model" in the sense attributed to it by Haraway, who writes that a "model is a work object [...] not the same *kind* of thing as metaphor or analogy. A model is worked, and it does work. A model is like a miniature cosmos" (2016, 63), a material but not essentialist dimension where human and non-human, biological and non-biological entities and agents come together in a collaborative project which is far from pre-determined. Unsurprisingly, Haraway too gathers such agents under the sign of a material-semiotic continuum:

Conjugating is about yoking together; conjugal love is yoked love; conjugated chemical compounds join together two or more constituents. People conjugate in public spaces; they yoke themselves together transversally and across time and space to make significant things happen. Students conjugate verbs to explore the yoked inflections of person, number, gender, kind, voice, mood, position, tense, and aspect in a field of material-semiotic meaning making. (110)

As difficult as it may be, theory and praxis are required to be in unison, in that, whilst wording is crucial in raising awareness, intellectualized depictions of a disease, and the experience of a disease as illness, are not the same thing² and, by analogy, "[i]f gardens are semiotic, then their legible signs are not only the overall look or design a gardener creates, but also the methods, aesthetics, and the specific details of gardening" (Zeiger 2017) – what Jarman calls the "codes and counter-codes, the secret language of flowers" (Jarman 2011, 76). Besides, such double effort must be made to avoid apocalyptic scenarios and bucolic imaginaries, and to enact a queer ecopoetics. A narrative ecopoiesis that also configures as "the practice of forging human and nonhuman community beyond the bounds of nationality, territory, ethnocentrism, and

² Whereas the term "disease" refers to the physical symptoms of a pathological condition, "illness" regards the subjective experience of disease (see Yu 2020).

the normative family unit” (Hume and Rahimtoola 2018, 134) and does so to a greater degree as ecological and health discourses intersect. Ecopoiesis is not neutral, though, so that, while the quarantine following the outbreak of COVID-19 has been sometimes hailed as an awaited comeback of nature, as dolphins were spotted swimming in the usually highly polluted canals of Venice, AIDS rekindled a complicity with disaster. Indeed, AIDS soon became metaphorically associated with pollution (see Sontag 1989, 17), resulting in a form of ecoanxiety that the medical authorities helped feeding into as they took the habit of employing botanical and zoological metaphors in a way that increased rather than contained such fear, leaving the brunt of it to the gay community as a whole. But while in this attitude Sontag registered “a rise in apocalyptic thinking [as] inevitable” (87), the same cannot be said of Jarman, although the two seem to agree on the way AIDS came to clash with the clockwork progression of daily life, being a “a catastrophe in slow motion” (88).

Rather than existing in fear of or opposition to change, however bleak its aftereffects, everything in Jarman’s films and diaries suggests that relationality, investment, and even mutual improvement can be predicated on an acknowledgment of new kinds of endings. Indeed, though he welcomed the contingency of nature as self-defining itself, he refused any ideas of absolute human non-intervention. To an “ecological puritan” passerby who once scolded him for transplanting a dog-rose from a nearby copse, he replied: “It’s a Dungeness plant. If the world stopped still and humanity ceased, who could tell if it had been planted by me or a bird?” (Jarman 1996, 30). And, while living in the shadow of a nuclear power plant, Jarman went on to argue in favour of the ontological relevance of inanimate objects as well, even landing on new ways of memory-making by discarding the chilling notion of impending disaster to restore the season-like fluctuation of time, albeit altered by his (eco)awareness. Dungeness is after all a different world – not a Utopia by any means, but a much-needed alternative, that is why plants there are permitted to roam, weeds are as welcome as cultivated flowers, and in contrast to what defines almost all gardens, there are no walls or fences marking the property’s beginning or end. As Jarman writes:

The gardener digs in another time, without past or future, beginning or end. A time that does not cleave the day with rush hours, lunch breaks, the last bus home. As you walk in the garden you pass into this time – the moment of entering can never be remembered. Around you the landscape lies transfigured. Here is the Amen beyond the prayer. (2018, 30)

Jarman’s approach to life exemplified a non-deterministic balance between nature’s fortuity and human intervention, a theme that resonates not only in his gardening and artistic practices but also in his response to AIDS as a personal, political, and artistic matter. Jarman did not exhibit a desperate clinging to life, but he maintained a pragmatic commitment to taking the first available medication (AZT), recognizing the importance of medical intervention in managing his critical condition. His stance, however, was not passive, as he advocated for broader access to the treatment, pushing for systemic change within the medical institution. His critique was twofold: he challenged both the prejudice and the preconceptions entrenched within the medical community regarding HIV-positive individuals, and he fought for the dismantling of these barriers to ensure equitable access to life-saving cures. His approach was rooted in a profound belief that while nature’s unpredictability could not be controlled, human intervention, when compassionate, informed, and inclusive, could mitigate suffering and promote justice in the face of any crisis.

Nowadays, the options Jarman provided us with to think alternatively of HIV and AIDS, and of natural processes at large, have an equivalent in the medical field, too. In 2022, a long-acting therapy was introduced for those living with HIV, which involves the administration of

injectable antiretroviral drugs monthly or bi-monthly, thus offering an alternative to daily oral medications. Before that, in 2012, a preventive treatment (Pre-exposure Prophylaxis, or PrEP) was developed to reduce the risk of contracting HIV by more than 99%, even though the drug has for now been made available only in high-income countries, which is symptomatic of a disparity that is far from simply geographical. On a larger scale, as anthropogenic paradigms are being dismantled along with their human(ist) legacy, thus dis and re-locating the presence of human race on Earth in a relational, rather than oppositional, encounter with both the macro and micro systems of other species and even microbial agents, an attenuation of the perpetrator/victim dichotomy has come about, at least in the case of AIDS, whose retroviruses can now be easily neutralized. Consequently, static conceptions of organic matter and the introjected conviction that a disease is an inevitable death sentence are now being rejected also by the scientific community since, as Francesca Ferrando notes,

DNA has the power and ability to evolve. [...] Mutations are often presented as DNA copying mistakes that can lead to serious diseases; and yet mutations can bring advantages to the organism too. [...] Some are harmful, while others are beneficial and protective – for instance, 1 percent of Northern Europeans carry a genetic mutation called CCR-5, which confers immunity from HIV infection. (2023, 58)

A positive re-evaluation of our bond to viruses and bacteria, historically and biologically, entails the acknowledgement that diffusion is a result of our closeness. “Companion species infect each other all the time”, Haraway believes; “Bodily ethical and political obligations are infectious, or they should be. *Cum panis*, companion species, are at table together” (2016, 29). Haraway does not speak as lone voice; thinkers like Anna Tsing work to overthrow human hegemonic perspectives, showing how even a mushroom can become an ontological correlative of both stewardship for a sustainable future and response-ability towards what has been forever damaged:

Matsutake are wild mushrooms that live in human-disturbed forests. Like rats, raccoons, and cockroaches, they are willing to put up with some of the environmental messes humans have made. [...] To follow matsutake guides us to possibilities of coexistence within environmental disturbance. This is not an excuse for further damage. Still, matsutake show one kind of collaborative survival. (Tsing 2017, 3-4)

Undoubtedly, the western episteme has had a hard time realizing that to “be animal is to become-with bacteria (and, no doubt, viruses and many other sorts of critters; a basic aspect of sympoiesis is its expandable set of players)” (Haraway 2016, 65). But also, to activate theoretically and practically one “must collect up the trash of the Anthropocene, the exterminism of the Capitalocene, and chipping and shredding and layering like a mad gardener, make a much hotter compost pile for still possible pasts, presents, and futures” (57). The com-posted narratives Haraway advocates for are devoid of innocence and endlessly in-becoming, since to be accountable within the worlds these stories create necessitates developing viral response-abilities, spreading and transferring meanings and materials across species in order to spark “epidemics of multispecies recovery” (114) on one side, and an epidemic of signification (see Treichler 1999, 19) on the other. After all, “acknowledging bacteria and viruses as (p)art of our existential revealing” is not only desirable, but indispensable, in that if “[f]rom an anthropocentric standpoint, ‘they’ become alive by becoming ‘us’”, from “a posthumanist perspective, the opposite is also fitting: ‘we’ become who we are through ‘them’, not only at the individual level [...] but also at the evolutionary level” (Ferrando 2023, 55; 63). It should be noted that the semiotic plexus of this mutual recognition is stressed by Ferrando also in a taxonomic, other than symbolic, manner:

The spelling of the term ‘virus’ can symbolically turn into ‘vir/us’, to emphasize the role of viral contributions to ‘us’, as we are. Think, for instance, of the placenta, which develops during pregnancy in the uterus: one protein essential to its formation (syncytin) originally became (p)art of the genome of our ancestors via a retrovirus infection. (*Ibidem*)

Metaphors marking microbial and human life as mutually exclusive pertain to paradigms still anchored to an outdated set of preconceptions, since it is now common knowledge that many viruses allow for their host’s life cycle to continue (see Roossinck 2011, 99), proving the *vital* contribution of *viral* agents and of those who, like Jarman, are equipped with the tenacity of ruderal species, which thrive on lands that have known disturbance, be it natural or human-related.

2. *Transmedial Pharmacopoeia*

Discarded as infesting and unsightly, ruderal plants fill up the cracks of pavements and stain with green the concrete monochromaticity of urban landscapes. Together with lichens and fungi, they inhabit liminal spaces and are either metaphorically associated with resilience or at odds with the geometric and abstract aesthetics of modernist gardens. However, ruderals are equally useful to think-with transversally and transmedially. Neglected in our daily lives and rarely featured in the excessively polished cottagecore contents of social media and TV programmes, ruderals can in fact serve as a unique theoretical and methodological lens to uncover a multitude of intricate narratives. Far from being merely representational, they allow unexpected connections between filmmakers, audiences, plants, and the camera, although, as Teresa Castro suggests, “[t]hinking with ruderals about other filmic histories [...] is no minor affair” because it means accepting “the politicisation of the living to which ecological thought has been inviting us for several decades [...] bringing the unnoticed, the trampled and the trodden to the space of our agonistic polis, to reimagine it as a common ground” (2023, 3). Ruderals give life to complex networking systems, hence Deleuze and Guattari’s notorious praise of the de-centralized wisdom of plants that, despite their roots, interact with “un dehors où elles font rhizome avec quelque chose – avec le vent, avec un animal, avec l’homme” (1972, 18).

Following this logic, ruderal plants can also be easily made into a model for literature at large, meaning the immersive and interactive experience that is permitted by and transmitted through a language, whatever is the medium it relies on, and whose development is as fortuitous as its origin. A much-needed distinction here is the one formulated within media studies between intermediality and transmediality, whose main difference is that the latter, as Werner Wolf writes, “is a quality of phenomena that appear in more than one medium without being, or being viewed as, specific to, or having an origin in, any of them” (2022, 215). Its main goal being that of spreading across as many platforms as possible, it is no surprise that ecology vocabulary has been employed to talk about transmediality: “Like our physical planet”, Gary Hayes affirms, “mass-media and its internal cultures has splintered, the land masses moved apart leaving a complex environment to navigate” (2011).

Jarman’s cross-media and cross-disciplinary approach is a case in point, and one that predates many of the interconnections within today’s cultural production, distribution, and reception systems, which has eventually led to a thorough reconsideration of the humanities and the overdue implementation of an interdisciplinary attitude that integrate literary, media, and cultural studies with less human(ist) philosophies. For literary scholars, this has also involved leveraging their expertise in literary analysis without prioritizing literary (i.e., written, book-

form) narratives in the convergence era (see Georgi and Glaser 2015, 25). Jarman's poetics is one that "*cries out for collaborative and divergent story-making practices, in narrative, audio, and visual performances and texts in materialities from digital to sculptural to everything practicable*" in the hope that others will "*change parts of the story and take them elsewhere, enlarge, object, flesh out, and reimagine [...] lifeways*" (Haraway 2016, 143-44), which also raises ethical questions around the conservation of Jarman's garden – the same garden he convincingly kept untamed when he was still alive.

Significantly, transmedia narratology emerges as transdisciplinary, so that, in Henry Jenkins's words, "a story might be introduced in a film, expanded through television, novels, and comics; its world might be explored through game play or experienced as an amusement park attraction" (2008, 98). Granting that the physical toil involved in taking care of a constantly mutating garden cannot be compared to the durability in time of the finished product that is a film, *The Garden* exceeds the visual medium, as Jarman employs gardening and journal-writing as counterpoints to traditional cinematic forms, contrasting his film's structure with the more linear narratives of mainstream cinema, wherefore advancing an analogy with the disruption of nature's seasonal rhythms. His landscapes, caught in a barren and desolate state, stand in stark opposition to the typical portrayals of prosperous English nature, so as to challenge the easy consumption of images, a tendency reinforced by media-driven capitalism, especially when it comes to depictions of environmental decay or vanishing natural spaces: "I offer you a journey without direction, uncertainty and no sweet conclusion" (Jarman 1990, 01:41), utters the voiceover in *The Garden*. More importantly, the film is set up as the blueprint for a brand new symbolic and social order, presenting "a paradoxically idiosyncratic *and* collaborative vision of the Expulsion from the Garden of Eden and the Passion of Jesus Christ transformed into 'gay fables'" (Garrard 2022, 214).

Moreover, working on *The Garden* meant for Jarman coming to terms with terminality. "Behind the façade my life is at sixes and sevens", he recorded in his diary in November 1989; "I water the roses and wonder whether I will see them bloom. I plant my herbal garden as a panacea, read up on all the aches and pains that plants will cure – and know they are not going to help. The garden as pharmacopoeia has failed" (2018, 179). Refusing to ban the visceral nature of affects like grief and fear, a shift had begun after the birth of the garden the previous year, when Jarman still "saw it as a therapy and pharmacopoeia" (2022, 25). Yet, he still managed to feel "a thrill in watching the plants spring up that gives me hope" (Jarman 2018, 179). Endowed with a sensibility that rarely clouds his critical thinking, by 1990 Jarman was no longer optimistic, but continued to nurture hope, imitating his sky-blue borage plant, which "droops in the early morning frost but recovers quickly: 'I borage bring courage'" (4). Hope for him not only is an affect, but also functions as an agent of temporality targeting the future. Opposed to the rift between futurity and homosexuality, which he views as socially relevant rather than synonymous to exclusion, Jarman's posture eschews both the idea of homosexuals' obsession with a death drive (see Edelman 2004), and of queerness as taking an antisocial turn (see Bersani 1987). As Gero Bauer writes, "hope is emphatically distinct from common conceptualizations of optimism, and more akin to a [...] version of Bloch's *docta spes*" (2024, 12), hence the critical/practical hopefulness Jarman learns from his plants, living and dying well in an unstable but interconnected world, showcasing resilience without being lured back into utopistic scenarios, in a logic which considers the eventuality of having to give in to the ineluctable without giving up on life *a priori*. As Jarman's partner Keith Collins noticed in the foreword to a collection of his lover's writings, "Slowly the garden acquired a new meaning – the plants struggling against biting winds and Death Valley sun merged with Derek's struggle with illness, then contrasted with it, as the flowers blossomed while Derek faded" (Jarman 1996, 8).

A closer look into the ambivalence of Jarman's relation to his garden and to his art is offered by Catriona Mortimer-Sandilands, who argues that central to Jarman's art is a non-reactionary melancholy through which he stages "intense and direct conversations between landscape and death, between environment and AIDS, between places and bodies", thus enacting a complete transition out of the norm, and moving "from a gay-focussed experience of AIDS to a distinctly queer appreciation of nature" (2010, 355). In line with this is Timothy Morton's conviction that "ecological thinking and practice must entail dropping the imminence of disaster" (2012), something that is valid for health discourse too, where terminality ceases to presuppose a definite ending. Jarman fully embraces this view, so that life's biological end may sharpen rather than diminish his engagement as an activist opposed to ideological accusations:

Conversation throughout the day has revolved around the greenhouse effect and HIV. [...] I know of couples who had full sex till both were body positive. Who should have been responsible for whom? It's a terrible thing to have done, but the onus is always on those who have been brave enough to get tested. Are they always the guilty ones? (Jarman 2018, 289)

To this end, the ailing body is not repudiated, becoming instead the central focus of Jarman's filmic compositions, as in *The Garden* a sinister erotic tension is created between a sensual Madonna and a set of paparazzi in balaclavas that viciously hound her; or between the beauty of male bodies swaying by the beach and the bleeding stigmata of Christ. Lippard and Johnson think that "the recurrence of the body seen in various degrees of suffering is richly significant [...] to examine how a filmmaking practice of stories shaped by suffering offers an opportunity to see the larger issues at work in the interplay of health, sexuality and storytelling" (1993, 282). Like in Virginia Woolf's poignant *On Being Ill* (1926), Jarman's artistic rendition of illness requires a total *inclination* of perspective that could account for the materiality of pain, as when, writing the accompanying notes to his film *The Last of England*, he conceded: "I feel I have to write this book, coughing and spitting with bloody bronchitis" (1987, 66). Consequently, in perfectly Foucaultian fashion, Jarman's archaeological, scavenging method is rendered on film by shooting on Super-8 documentary cameras, which he preferred, being "very close to the body" (Charity 1991, 57).

With this in mind, Jarman's twisting of religious iconography does not seem to be casual. Much more than stylistic, his choice might even be paralleled to the process of humanization initiated by Giotto in pre-Renaissance pictorial art, when he substituted the unnatural posture of *Christus triumphans* with the aching, if not more erotic, body of a *Christus patiens*, with his arms stretched to the point of tearing, heavy limbs falling forward, bloody wounds, and the cross driven deep into the rocks of Calvary. The same applies to a whole set of religious figures, who are rediscovered in all their vitality, including the apex that leads to its dissipation, in opposition to the "innumerable images of Saint Sebastian [...] with the face demonstrating its effortless superiority to the atrocious things that are being inflicted down there. Below, the ruin of the body. Above, a person, incarnated in the face, who looks away, usually up, not registering pain or fear; already elsewhere" (Sontag 1989, 40). As in much religious art, in Jarman's films aesthetic and ecstatic elements merge, but the erotic tension of ecstasy is not moralistically sublimated into an out-of-body experience as it would be the custom in biblical illustrations. Jarman's take on the martyrdom of St. Sebastian in the film *Sebastiane* (1976) is exemplary. In it, the saint is caught in the corpo-reality of a sexually emancipated gay boy who, after being pierced by Roman arrows almost up to his head, not only exudes sensuality as much as he does blood, but virtually disactivates the power of his murderers' gaze, as the film closes with a wide-angle shot that overlaps the spectator's point of view with that of the lethally injured man.

Certainly, Christ acts as centrepiece in this mosaic of unconventional gay icons in that through him the link to HIV is made self-evident, as bodily fluids become the direct means of transmission, instilling, as Sontag said, a “[f]ear of the Communion cup, fear of surgery: fear of contaminated blood, whether Christ’s blood or your neighbor’s” (73). Supporting his visual experiment with a process of re-semanticization, Jarman even playfully became the patron of a new faith, “St. Derek of Dungeness, a hermit in the wilderness of illness” (2018, 307), orator of blasphemous prayers like following one:

I knew the joy of heaven was there, the splendour and nobility of warriors, and I vowed to revenge my generations, to shred the false white veil of holy matrimony and fuck the haughty Groom, and to wipe up his come with the Saviour’s shroud. Then our task completed on earth we would enter the Kingdom, a band of warriors and gang-bang the Trinity on its throne of gold before a multitude of saints, until this Christ repented and confessed his true love of Saint John. Now and forever Amen. (51)

Jarman’s multimedia and multimodal rendition of the communitarian bond that held Jesus and his disciples so closely together also raises important questions about the introjected indoctrination latent in the queer community up to this day, whose internal oppositions risk jeopardizing the pioneering work of many past activists, Jarman included. For instance, in the wake of the AIDS epidemic, queer digital spaces and apps like Grindr have emerged as new arenas for connection, where desire and risk are intertwined in complex ways. The acronym DDF – drug and disease-free – is one that reflects a virtual promise that testing is both frequent and current, an assumption that users are constantly navigating the precarious boundaries between being uninfected and possibly contagious. This tension between the possibility of becoming ill and the desire for intimacy parallels the paradoxes explored in Jarman’s work since, while his art predates the rise of digital communication as intended today, his engagement with the fragility of queer bodies in the face of disease and social exclusion remains incredibly pertinent.

Today, the landscape of queer community-building is no longer confined to physical spaces like bars, clubs, or community centres, and has moved online instead, creating spaces that are fraught with challenges, particularly around issues of race, body politics, and HIV status. Much like the fragmented, collage-based style of Jarman’s work, the digital space for queer bodies is indeed a fractured and sometimes hostile terrain, as Grindr and the likes of it often perpetuate internalized forms of racial and sexual exclusion, where body types and HIV status are key determinants of desirability. In a world where “clean” and “fit” bodies dominate, and HIV+ individuals are still stigmatized, the digital landscape mirrors the racism and homophobia that have historically fractured queer communities. A counter-reaction to this detrimental drift does not lie in the refusal of the Internet as a valuable source of sociality. Even Jarman, though he did not fully witness the great digital transitions of the 2000s, was hardly technophobic. His work, particularly as it bled into the era of AIDS, acknowledged the possibilities of technology and media to connect, create, and even to heal. He embraced the potential of film, video, and photography to confront social issues head-on, using each medium as a way to challenge stigma and redefine narratives of queerness. Right now, Jarman’s teachings may be crucial for fostering a renewed, less hypocritical ethics of care against the toxicity of phenomena like bottom-shaming, racism, HIV stigma, and internalized homophobia. After all, in his oeuvre and life the queer body is rarely just a site of sexual exchange. It is a space for resistance, one of beauty and survival, and his exploration of queerness in a world ravaged by AIDS was never just about the body’s frailty, but also its resilience. The message is clear: queer bodies, intended both as single organic entities and as a social body at large, are capable of healing, but only if they nurture and support one another, refusing to participate in the cycles of harm that have historically plagued us all.

Conclusion, on the colour blue

Crowning the birth of a new, queer religion, in 1991 Jarman was even “canonized” during a “whimsically camp ceremony” (Hudson 2020) by the Sisters of Perpetual Indulgence, a drag performance group of queer “nuns”, who proclaimed him St. Derek of the Celluloid Knights of Dungeness. The ostentatious ritual, staged in his garden and involving a throne and yards of golden cloth, clearly reflects the influence of *The Garden*’s aesthetics, which interweaves grotesque ambiances à la Ken Russell (one of Jarman’s early mentors) with strong political stances. Still, Jarman’s raw narrative critically engages with the question of (ir)representability. In similar fashion to *Sebastiane*, *The Garden* reaches its climax when queerness, this time embodied by two male lovers who are about to be murdered, is repressed by the State. Once again, though, the hegemonic look gets tarnished, as the couple literally pushes away the inquisitive camera and its insistent close-ups. A clear reference to Clause 28, the censoring gaze of the government is critiqued also in its medical declinations, reiterating that, as Foucault notes,

Les formes de la rationalité médicale s’enfoncent dans l’épaisseur merveilleuse de la perception, en offrant comme visage premier de la vérité le grain des choses, leur couleur, leurs taches, leur dureté, leur adhérence. L’espace de l’expérience semble s’identifier au domaine du regard attentif, de cette vigilance empirique ouverte à l’évidence des seuls contenus visibles. L’oeuil devient le dépositaire et la source de la clarté ; il a pouvoir de faire venir au jour une vérité qu’il ne reçoit que dans la mesure où il lui a donné le jour; en s’ouvrant, il ouvre le vrai d’une ouverture première. (1992, 10)

Shortly before he began losing his sight due to complications related to AIDS, Jarman already pondered on what it means to search for an-*other* look, wondering what happens when sight fades and the panopticon is no longer lit up. The answer to this question is offered by Jarman himself in his last film, *Blue* (1993), released in the UK five months before his death. In it, blindness becomes a form of vision, although the visual richness of his previous projects leaves room to a monochromatic blue screen. Far from a finished product, *Blue* has been rightly interpreted as a phase of the process that, from the diagnosis onwards, saw the gradual shedding of Jarman’s physical and symbolic weight in favour of the recognition of the inevitable and the unexpected semantic flowrate that springs from factual blindness (see Vallorani 2021). Being Jarman’s ultimate testament, the film closes with the repetition of a list of names – John, Daniel, Howard, Graham, Terry, Paul – innumerable friends whose stories bleed into Jarman’s, which is destined, in turn, to be told by yet another voice. “Two hundred and thirty-four tides have flowed since Derek left Prospect Cottage”, wrote Keith Collins in his epitaph to his late lover; “now I sit in his chair, at his desk, in the room he called the Spring Room”, recalling how the “fountain pen’s sepia scratched on the ivory paper a scrimshaw of sketches and ideas, fragments of poems, fleeting notions of future projects never to be realized” (Farthing and Webb-Ingall 2013, 251).

Passing the baton to his heirs, Jarman leaves behind a legacy that fills a compost pile rich in artistic and activist humus, allowing for many others to pick up from where he left. Nature writer Robert Macfarlane is among these, and even recalls his visit with a friend to Dungeness, where they set to build what Zeiger calls a “vulnerable tribute” (2017), a salute destined to be reabsorbed by the sea in an endless cycle: “Rough circle of poles and spires, pushed down into the gravel – a homage to Derek Jarman’s driftwood garden on Dungeness. Our henge would last as long the next high tide” (Macfarlane 2008, 261). The awareness of our ontological instability and biological finitude is a lesson Jarman taught himself long before becoming a model for resiliently existing on a damaged planet. Such realization encompasses every facet of being human, and that is how a form of collective healing is attained. Jarman’s journey and

our individual journeys unfold together, in that healing is a process of self-discovery, where the single and the community reveal their intertwined nature and their shared capacity for transformation. We are both singular and plural, analogue and technological. Our existence reverberates and is poetical as much as it is agential. We are part of the species because species are part of us – we are them, and they are us.

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The Doctor-Writer and the Boundaries of Literariness: The Case of Dannie Abse

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Abstract

This article explores the complex intersections between the roles of physician and writer, focusing on the interpretive challenges inherent in this twofold identity. The works of Dannie Abse (1923-2014), a Welsh-Jewish writer and chest physician, serve as an ideal case study to explore these epistemological tensions and examine some of the intricacies involved in the interdisciplinary relationship between literature and medicine. Abse recounts having experienced trauma as both a healer and a member of the Jewish community during the Holocaust, and much of his personal experience permeates his literary works. This is particularly evident in his medical-themed poetry, where the doctors-speakers reveal a deep sense of guilt and moral responsibility while exhibiting forms of privileged knowledge derived from a combination of their professional roles and a broader human engagement with suffering and loss.

Keywords: Doctor-Writer, Medical Humanities, Jewish Heritage, Survivor's Guilt, Literature and Medicine

1. The Doctor-Writer and the Dissatisfied Critic¹

The figures of doctor-writers are deeply interwoven with two key theoretical concerns, both of which are rooted in questions of hierarchical structures and power dynamics. The first concern pertains to the fundamentally asymmetrical relationship between physician and patient, along with the ritualized "set of prescribed norms" governing it (Kreitman 1984, 48), whereas the second extends to encompass the disciplinary encounter between litera-

¹ "Doctor" is here employed as an umbrella-term to encompass any role or specialization within the healthcare system; "physician" is often used as a synonym, consistently with much of secondary literature on the topic. The fact that "physician" usually implies someone who provides medical care to patients well adapts to the specific situation of Dannie Abse analysed here. See *OED*.

ture and medicine, particularly the delicate balance of their perspectives. In the following pages, I intend to examine these theoretical issues and discuss how the twentieth-century doctor-writer Dannie Abse engages with them in his poetic explorations of the physician's role.

Theoretical and methodological debates related to hegemonic tensions in medical humanities² began to gain prominence in the 1960s, when medicine increasingly integrated literature and other related disciplines to enhance sensitivity and empathy in patient-provider interactions. With the narrative turn of the 1980s, significant paradigm shifts reconfigured dominance patterns within not only the interdisciplinary space of literature and medicine but also in the context of medical practice – or its “etiquette of power” (Furst 1998, 18) – especially regarding the marginalization of patients' voices. Among the recent developments of this orientation is Rita Charon's approach to narrative medicine (2006), a patient-centred clinical method that employs literary analysis to comprehend and address the complex narratives surrounding illness and disease. As Ann Jurecic aptly observes, investigating doctors and patients' narratives encourages critical reflection on the shifting functions of literature and literary criticism (2012, 4), stimulating new scholarly interest in texts situated at the border of different domains of knowledge.

Recent scholarly endeavours in the field of literature and medicine have consistently emphasised the intrinsic relationship between these two realms of knowledge, which “have been intertwined since time immemorial”, often influencing one another (Elsner and Pietrzak-Franger 2024, 2). What has received far less critical attention is the maze of tensions that shape this encounter: varying disciplinary priorities, academic territoriality, and changing modes of negotiation can often result in points of friction and dissonance. For instance, Kathryn Allen Rabuzzi believes that the association of literature and medicine is a “strange marriage” (1982, ix) and Norman Kreitman provocatively challenges the notion of an inherent connection between the two disciplines, suggesting that their intersections could be coincidental rather than foundational (1984, 47).

Research in literature and medicine has advanced with imbalanced and fluctuating critical emphasis on one of the two disciplines. George Rousseau effectively illustrates this disparity, noting that even when interdisciplinary ventures originate in the literary field “the directionality in [...] exegesis” tendentially moves from medicine to literature, with scant consideration of how fictional writing could influence and shape medical texts and theories (1981, 409-10). As early as 1977, Shoshana Felman addressed similar questions by discussing reciprocity in studies concerning psychoanalysis and literature. She argued that this kind of interdisciplinary investigation often follows a Hegelian master-slave dialectic, wherein psychoanalysis assumes the dominant role of the unquestioned epistemological authority, relegating literature to the status of a mere linguistic artefact subordinate to medical interpretation (5-6). This dynamic, as Felman asserts, “often leaves dissatisfied the literary critic, the reader of a text” (6).

Among these dissatisfied readers is the renowned surgeon and writer Richard Selzer. In 1991, he revisited an issue of the journal *Literature and Medicine* from seven years prior, which was devoted to contemporary figures of physician writers and their works. Reflecting on his earlier enthusiasm for the issue, Selzer expressed profound disillusionment, as he recognized that this project did not yield the expected fruitful results: neither the public nor literary critics were captivated by the featured works, which, upon closer examination, seemed to lack literary value (34-35). This scepticism surrounding the artistic merit of physician-writers is not entirely unwarranted: a case in point is an anthology published in the 1980s, *Poems from the Medical World*, edited by Howard Sergeant. While this collection of 136 texts includes canonical poets like Keats, Goldsmith, and

² Of course, “literature and medicine” can be considered as a subset of the broader field of medical and health humanities.

Cowley, it predominantly features 20th-century healthcare professionals “whose lives”, as William Katz, Linda Sternberg Katz, and Esther Crain observe, “have been dominated, in some cases, by medicine rather than by literature” (1994, 291). The works by contemporary authors, they further note, “are direct but not always artful” and “pale beside such verses as Keats’s ‘Ode on Melancholy’ or Thomas Lovel Beddoes’s ‘Resurrection Song’ ” (*ibidem*). Nearly forty-five years later, in fact, the twentieth-century writers in the anthology remain largely unknown.

Selzer’s remarks extend beyond the artfulness of the doctors’ work to the methods adopted to interpret them, which often involve some sort of reduction or levelling out of literary specificities – a “directionalism” of influence, to borrow Rousseau’s term (1981, 409), which flows primarily from the medical to the literary domain. Selzer contends that the basic fault in scholarship lies in searching for evidence of “doctorhood” within the literary texts; instead, writing physicians should be read as any other author and examined through established methods of literary criticism (1991, 35). Indeed, Selzer adds, it is necessary to “dispense with the notion that being a doctor is anything but incidental to the making of art. Writers who are also doctors must be held as rigidly to account as all other writers” (*ibidem*).

Conversely, to this day studies of physician-authored works have often disinvested from the tools of literary analysis, viewing the texts either as means for improving medical education or through the lens of writing’s therapeutic potential in healthcare. The underlying assumptions are twofold: first, that “[l]iterary works by physician writers”, as Alexandra Lemberg-Heidenreich and Jarmila Mildorf argue, “are more often than not accounts of medical practice and of medical practitioners’ lives” (2013, 10); second, that doctors write fiction primarily for catharsis and to reach “emotional wholeness” (Poirier 2009, 19), leading to their work being associated with patients’ storytelling and poetry used for healing, where emphasis is not necessarily on the “literariness” of the result. Johanna Shapiro, in fact, is “struck” by the similarity that she identifies between the main thematic nodes characterizing the fictional writings of medical students and the four major types of illness narratives classified by Arthur Frank analysing patient stories (2009, 41).³

After all, it is only natural that experiences of physicians and patients should be closely connected; even before the concepts of vicarious traumatisation, compassion fatigue, and secondary traumatic stress were formally articulated,⁴ it was widely recognized that the caregivers’ indirect exposure to distressing events could profoundly affect them. On a similar point, George Rousseau relies on Aristotle’s *Poetics* to draw a parallel between the physiological and psychological involvement as a spectator of a tragedy performed in the theatre and the experience of “the physician who observes his or her patient” (1991, 36). Witnessing suffering and death often leads to profound personal transformation, as Rousseau suggests, by allowing observers to confront difficult emotions and yet survive. This sense of survival, as we shall see shortly, can become a crucial concept in the writing of physician-poets.

Of course, catharsis or healing can be a significant impetus for some doctor-writers, but other motivations have also been explored. According to Selzer, on a pragmatic level, writing can serve as a way to reclaim and nurture a natural, personal inclination that was sidelined in favour of a more financially secure career in healthcare (1991, 36). Moreover, in rather Ricoeurian terms, both Selzer and Peterkin posit a potential for a narcissistic drive in the physician’s creative acts. Peterkin’s initiatives to introduce narrative medicine practices in Canada, for instance, revealed doctor-authored texts that, while “spontaneous and raw,” lacked the “exigencies of craft” required to become “real stories”; in particular, “[t]here was no reader in mind when the story was constructed;

³ Shapiro refers to Frank 1995.

⁴ For the earliest formulations, see McCann and Pearlman 1990.

it was written for the physician-self” (2010, 1651). While this approach is often discouraged by literary-focused criticism, it is gaining increasing legitimacy in medical-focused studies:

Doctors need a medical humanities that does more than just help them see health and disease through a patient’s eyes. They need one that helps them look into their *own* minds, that gives them models of order and clarity with which to understand their *own* thought processes, and that helps them maintain their *own* equilibrium when dealing with bosses and bureaucracies (Dworkin 2024, *italic in original*).

Arthur Frank shifts the focus from the motivations to the methods of doctor-writers. Besides addressing issues of appropriate subject matter and confidentiality, Frank discusses the importance of creating “respectful stories” that treat patients-characters as “fellow participants” rather than objects under the scrutiny of a “knowing gaze” (2019, 13). Specifically, he advocates for empathetic witnessing over exploitative appropriation of the patients’ stories and suggests familiarizing with Bakhtin’s concepts of dialogism and plurivocity to avoid self-celebration. This advice seems tailored to counter the risk of epistemic violence that K.M. Hunter identifies in “the act of representing another person in a narrative of one’s own construction” where “maladies rather than people [become] the objects of medical attention” (1991, 61). Ultimately, by prioritizing advice related to ethical obligations over artistic guidance, Frank reinforces Selzer’s assertion that doctor-writers often operate within the constraints of their profession, producing work that is situated at the boundary of literariness.

Even the word order in the phrases “doctor writer” and “physician writer” has been scrutinized in an effort to clarify the specific relationship between these dual roles. Thus, Jorge Chavarro notes that the physician who “doesn’t practice said profession” or “does so only briefly” should be classified as a “writer physician” (2021, 15). Conversely, when “neither medicine nor literature can be categorized as sporadic or fleeting”, medical practice takes precedence, making “physician writer” (or “doctor writer”) the more appropriate designation (*ibidem*). The contributions of a physician-writer allegedly lean more toward the scientific than the literary realm; as Abraham Nussbaum suggests, his or her work may serve as a manifesto, articulating ideas about medicine and ultimately adding to the improvement of healthcare (2014, 328-29).

Any basic categorisation, however, fails to capture the nuanced realities of writers with varying degrees of medical experience, a diverse group that – considering only English-speaking countries – can include names like Tobias Smollett, Mark Akenside, Oliver Goldsmith, Oliver Wendell Holmes, Percy Bysshe Shelley, John Keats, S. Weir Mitchell, Arthur Conan Doyle, Gertrude Stein, James Joyce, William Carlos Williams, Somerset Maugham, Robinson Jeffers, A.J. Cronin, Frank G. Slaughter, Dannie Abse, Oliver Sacks, Richard Selzer, and John Stone. Chavarro’s observations mainly serve to highlight that the identity of the doctor-writer is liminal, unstable, and fragmentary, striving to bridge two concepts that are often in tension. For Robert Klitzman, for instance, being a doctor-writer signifies “maintaining at times dual perspectives, seeing events from contrasting viewpoints – wearing constant bifocals” (2003). A similar dynamic is described by Betty Bednarski in her discussion of Jacques Ferron, whose relationship with literature is defined as “one of constant shifting, constant renegotiation – unsettled, unsettling – like the relation of self to other, self to self” (2004, 63).

Selzer takes a rather pessimistic view on the matter, even suspecting an epistemic incompatibility between the roles of physician and writer; he argues, in particular, that the most renowned authors at some stage abandoned medical practice (1991, 36), implying that those who excel in one domain often fail to distinguish themselves in the other. Doctor-writers are seen as being caught between two distinct realms of knowledge, where the transfer of expertise and perceptual skills occurs with great difficulty. Consequently, many physicians who write seem destined to be either

forgettable in their literary endeavours, or unremarkable and modest in their scientific practice; at least in one of their roles, they are perceived to lack the necessary drive and inspiration. This sense of ordinariness is poignantly captured by the (doctor) speaker in Dannie Abse's poem "X-ray":

Some prowl sea-beds, some hurtle to a star
and, mother, some obsessed turn over every stone
or open graves to let that starlight in.
There are men who would open anything.

Harvey, the circulation of the blood,
and Freud, the circulation of our dreams,
prized honourably and honoured are
like all explorers. Men who'd open men.

And those others, mother, with diseases
like great streets named after them: Addison,
Parkinson, Hodgkin – physicians who'd arrive
fast and first on any sour death-bed scene.

I am their slowcoach colleague-half afraid,
incurious. As a boy it was so: you know how
my small hand never teased to pieces
an alarm clock or flensed a perished mouse.

And this larger hand's the same. It stretches now
out from a white sleeve to hold up, mother,
your X-ray to the glowing screen. My eyes look
but don't want to; I still don't want to know. (Abse 2014, 125-26)

Doctor-writers evoke the apparent paradox present in Socrates's conversation with the rhapsode from Ephesus in Plato's *Ion*. Central to this discussion is the challenge of understanding and evaluating poetry: Socrates argues that an expert in performing Homer possesses no skill beyond his role as a rhapsode. According to Socrates, Ion is inspired by the gods and, during his art, is momentarily transcended by a divine influence, so that he participates in poetic experience by transforming himself into something else – something that is out of touch with objective study and analysis. As Max Statkiewicz notes, "Socrates is right to compare Ion to Proteus, the mythical figure capable of taking all kinds of shapes" (2009, 176).

2. Dannie Abse, *Doctor-Writer and Protean Survivor*

Much of the theoretical discourse outlined above is crucial to interpret the writings of physician Dannie Abse, whose legacy has partially faded today. Scholars have consistently observed that, despite the quality and depth of his work, he has not received the critical attention that he deserves: Joseph Cohen (1983, 7-8), Vernon Scannell (1983, 26), Tony Curtis (2008, 337), and W.R. Bowen (2024, 152) express surprise at the disparity between Abse's public reputation and the stature one might expect given his substantial contributions to poetry, prose,

and drama.⁵ Some dissenting voices exist, including Norman Kreitman, who provocatively observes: “while a bad writer is rarely interesting, an interesting writer is not necessarily a good one. The larger critical question [...] is what Abse can make of his situation to produce poetry” (1984, 51). Perhaps because there is no clear consensus regarding Abse’s literary value, the limited criticism devoted to his body of work tends to follow two main orientations. On the one hand, scholars often highlight the qualities and “noteworthy” aspects of his writing (Cohen 1983, 12), almost as if to advocate for its reading, an approach that Selzer describes as “condescending to the writer” (1991, 39). On the other hand, some academic contributions are structured as refutations of unfavourable comments, such as Bowen’s response regarding Abse’s supposed “lack of depth” (2024, 152).

In this section, I wish to direct attention to Abse’s poetry, particularly the texts that the author himself described as “medically coloured” – he even quantified them as twenty-eight poems out of 180 (2001, 437). However, isolating the medical dimension from the author’s complex and hyphenated identities, whether as an Anglo-Welsh poet, non-practicing Jew, or doctor-writer, would be like tearing the flesh from the bone, for these aspects are deeply intertwined. More precisely, as Bowen notes, “Abse’s relationship to religion was one of the most pervasive and complex influences in his search for meaning” (2024, 154); this religious influence, while presenting a particular emphasis on Hebraism, can be understood broadly, considering that Abse also attended a Catholic secondary school in Cardiff.

The “medical colour” that consistently shades Abse’s works became increasingly pronounced from the 1960s onward,⁶ culminating in the 1989 collection aptly titled *White Coat, Purple Coat*. It is plausible that the concurrent rise of theories of patient empowerment, the humanization of healthcare, and a heightened emphasis on subjective experience of illness and disease contributed to his concern with expressing in verse the intricate complexities of the experiences of suffering and healing. The above-quoted poem “X-ray” well exemplifies Abse’s typical medical-themed poetry: the texts convey an illusion of intimacy, suggest that there is little fictive distance between the speaker and the author, and present some elements of what is commonly referred to as modern “confessional poetry”.⁷ Abse’s poetic voices also frequently distance themselves from the traditional image of the doctor as one seduced by the desire for knowledge or ingeniously battling against death and disease. Indeed, the “incurious” speaker in “X-ray” accords with the dispassionate medical student in “Carnal Knowledge”, who lacks “the morbid curiosity of Vesalius” and shows little regard for figures like Galen and Avicenna (Abse 2014, 156). These speakers also deviate from the kind of doctors who “know by heart the morbid verse / of facts” (“Lunch with a Pathologist”, Abse 2014, 126), or who derive satisfaction from their practice, as in “The Smile Was”:

[...]
 the smile of my colleague,
 his eyes reveal it,
 his ambiguous assignations,
 good man, good surgeon,
 whose smile arrives of its own accord

⁵ This lack of critical attention is shared with most twentieth-century doctor-writers; as Carlin writes, “when I looked around for academic books about doctor-writers, I was surprised to discover that there are not any significant ones” (Carlin 2022, 1). Interestingly, the essay collection edited by Carlin does not include chapters devoted to Abse.

⁶ See also Abse 2007, 195.

⁷ On this topic see Travisano 1999, *passim*; Kirsch 2005, x.

from nowhere
like flies to a dead thing
when he makes the first incision. (Abse 2014, 67)

The colleague is figuratively transformed into a “dead thing” for he lacks emotional sensitivity in performing his duties; he derives pleasure from inflicting wounds, albeit with the intention of healing, a process that is described as akin to an act “of war” (68). The poetic speaker, in contrast, is more hesitant about participating in this combative approach to illness, a reluctance that often earns Abse praise for the empathy embedded in his poetic depictions of doctors (e.g. Hardy 1983, 106).

These perspectives align closely with the author’s personal relationship with the medical profession. Both “faithful” and “disobedient” to medicine (Goldbeck-Wood 2014, 25) – ironically, both a chest physician and a smoker – he pursued a career in healthcare even if he did not find it entirely suited to his natural inclinations (Abse 1983, 16). In *The Presence*, he emphasizes that “wearing a white coat” led him to confront unspecified “traumatic incidents” (2007, 195); in particular, the autobiographical piece “Following in the Footsteps of Dr Keats” recounts how he was “spiritually bruised” by his apprenticeship in Westminster, conveying that his experience was shocking, marked by loss and suffering (2003, 37). A similar sentiment is shared by his poetic speakers, who express their inability to forget even a single patient lost, as in “The Smile Was”:

Never,
not for one single death
can I forget we die with the dead,
and the world dies with us [...]. (Abse 2014, 69)

In Abse’s poetry, as in his life, the individual trauma affecting the speaker in his professional capacity intersects with the extreme, collective trauma of the Holocaust and post-Holocaust generation, haunted by the recognition of having escaped a horrific fate. Although – or because – he did not suffer persecution, his representation of deep emotional or psychological scars is often structured in terms of a social force and projected onto history. Involved in a “community of memory” (Irwin-Zarecka 2017, 48) that transcends the individual dimension, in matters of loss and affliction Abse constantly challenges the intersection between the private and the public; this is evident in “Exit” and “In Llandough Hospital”, two arguably autobiographical poems describing the last moments of the speaker’s mother and father respectively. Both texts situate individual predicaments within an intersubjective, historical frame: the woman’s agony is related to a “concentration camp for one” (Abse 2014, 241), while the man, “thin as Auschwitz in that bed”, reminds the speaker that “death makes victims of us all” (62).

Fervent search into a common past is also an important propellant of Abse’s prose works, often representing intense images of the shared suffering of the Jewish community. This is seen in the autobiographical novel *Ash on a Young Man’s Sleeve*, where the narrator, when only a child, perceives the profound impact of the calamity on the congregants of the synagogue:

Their naked faces showed history plainly, it mixed in their faces like ancient paint to make a curious synthesis of over-refinement and paradoxical coarseness. One received a hint, even as they prayed, a hint of that unbearable core of sensual suffering. As they murmured their long incantations, I saw in their large dark eyes that infinite, that mute animal sadness, as in the liquid eyes of fugitives everywhere. I was eleven years old then: I could not have named all of this but I knew it... I knew it all. (Abse 1982, 33)

In his memoir *Goodbye Twentieth Century*, Abse confesses that he often thinks “about my not going to Belsen” (2011, 135), with reference to Bergen-Belsen in Lower Saxony. The specific context of this statement relates to his exclusion from the Westminster Hospital team who travelled to Germany to assist the victims of concentration camps, a decision influenced by his Jewish heritage. Yet, a deeper dimension clearly transpires in this phrasing: a feeling that he has betrayed those who were deported as well as a sense of lingering guilt for having been spared the worst atrocities during the years of World War II.

Abse is a survivor in a twofold sense, being a Jew who lived through the Holocaust and – much in line with Rousseau’s observations – a physician witnessing suffering and death in both war-torn and post-war Europe. It is unsurprising, then, that even well before 2009, when he won the Wilfred Owen Award, his work was repeatedly compared to that of the war poet (e.g. Hooker 1983) given the “similar methods both [...] employ in dealing with human trauma” (Cohen 1983, 12). This connection is especially evident in “Pathology of Colours”:

I know the colour rose, and it is lovely,
but not when it ripens in a tumour;
and healing greens, leaves and grass, so springlike,
in limbs that fester are not springlike.

I have seen red-blue tinged with hirsute mauve
in the plum-skin face of a suicide.
I have seen white, china white almost, stare
from behind the smashed windscreen of a car.

And the criminal, multi-coloured flash
of an H-bomb is no more beautiful
than an autopsy when the belly’s opened –
to show cathedral windows never opened.

So in the simple blessing of a rainbow,
in the bevelled edge of a sunlit mirror,
I have seen, visible, Death’s artefact
like a soldier’s ribbon on a tunic tacked. (Abse 2014, 49-50)

There is a thread connecting “X-ray” and “Pathology of Colours”, which intersects with Abse’s explicit homages to Keats’s works. I would argue that these poems draw on a Romantic and Postromantic poetics of the sublime, a concept that Abse variously transforms and adapts throughout his verse production. For instance, in both Burke’s seventeenth-century theories and Lyotard’s twentieth-century understanding of the sublime, this experience unfolds as an initial moment of terror and threat followed by relief and pleasure (Burke 1990, 35; Lyotard 1989, 205). Instead, the opening stanzas of “Pathology of Colours” subvert and disrupt these expectations, as the emotional state moves unconventionally from “delight” to “horror”.⁸ In its different declinations, the experience of the sublime in Abse’s works is also stripped of its Kantian component of serene aloofness, replaced by a different kind of distancing achieved through the detachment of sarcasm and cynicism. In this light, the corpses in a “Dissecting Room” become “amazing

⁸ These terms are obviously derived from Edmund Burke’s “delightful horror” (1990, 67).

sculptures” in the poem “Carnal Knowledge” (Abse 2014, 155), whereas auscultating a patient’s chest is associated with listening to Mozart in “Portrait of an Old Doctor” (Abse 2014, 290).

The kinship between fascination and abomination is woven into a search for oxymoronic sensations that Abse pursued ever since “Duality” (10-11). His speakers are far from suggesting a sadistic aesthetic pleasure in performing the most challenging and gruesome tasks of medical practice. Instead, they recognize an underlying majesty within horror, death, and suffering that arises from “a structure of meaning, of meaningfulness, not to be found anywhere else” (Hillman 2004, 120), a structure beyond human understanding or imagination, which provokes feelings of awe and dread. It might be inferred, at least according to earlier elaborations of the sublime, that such experiences allow the subject to elevate contemplatively above external forces and access a form of privileged knowledge. Abse’s speaker-doctors, in other words, bring the Romantic *hypsos* to its climax, reaching what Friedrich Nietzsche defines as the “heights of the soul from which even tragedy ceases to appear tragic” (1971, 36). The status of spectator of death, which is active at various levels in Abse’s works, serves as a potent generator of identity for his poetic personae and often results in a torn sense of moral responsibility combined with impotence and guilt.

Aware that guilt is the unshakable legacy of the survivor, yet unfounded in empirical fact, Abse approaches this deep-seated feeling in psychological rather than ontological terms. As in traditional confessional forms of poetry, his texts consistently underscore the self-perceived faults and defects of the doctor-speaker, but then undermine the reliability of these perceptions through irony and sarcasm. The flaws professed by these poetic personae, in fact, seem scarcely rational: “Guilty, he does not always like his patients”, recites the first line of “The Doctor” (Abse 2014, 124). This guilt argues its own intrinsic groundlessness, as it is innocently rooted in innate human drives; hence, self-exoneration is easily achieved when the ethically conscious speaker states that “A doctor must care” (*ibidem*) regardless of personal inclinations. The fictional doctor is constructed in such a way that he seems to playfully walk what Christopher Lasch defines as “a fine line between self-analysis and self-indulgence” (1978, 18).

Through these compelling strategies, the figure of the doctor-survivor establishes an implicit affective and emotional pact with the audience, founded in what Gigliola Sacerdoti Mariani describes as the “massive emotional directness” of the texts (1983, 74), in some cases as touching “as in melodrama” (Abse 2014, 66). This emotional approach, however, is not devoid of risks. Fleur Adcock observes that Abse’s “medical subjects” can become “too easy an option, the mere bleak presentation of the facts acting as an alternative to any actual work by the poet” and further argues, “I find that scenes from the ward or the consulting-room, however dramatic or moving, come across less effectively than more muted poems [...]” (1977, 48).

The identity of the doctor-speaker troubled by both his cultural background and his professional role justifies and legitimizes an ostensibly paradoxical connection between innocence and power. As for the latter, physicians have been recognized as authoritative figures at least since the nineteenth century, endowed with the ability to heal, promote well-being, and even determine the difference between life and death. In this capacity, they are often portrayed as heroic, self-sacrificing individuals dedicated to their profession and the patients’ health. Similarly, survivors too possess a form of heroism, not through accomplishment, but through their resilience and endurance in the face of suffering. Abse’s poetic figures intersect and intertwine these culturally determined aspects of their own identity; in “Case History,” for instance, the doctor is ready to heroically overcome his indignation to care for a patient who flaunts Nazi affiliations:

‘Most Welshmen are worthless,
an inferior breed, doctor’.
He did not know I was Welsh.

Then he praised the architects
of the German death-camps –
did not know I was a Jew. (Abse 2014, 144)

The Welsh-Jewish doctor is tempted to take advantage of his skills and professional resources and act on impulses of vindication or retaliation. Yet again, the transitory moment of weakness is deliberately exhibited with a sense of complacency, as if it were a badge of honour:

In the clinic's dispensary
red berry of black bryony,
cowbane, deadly nightshade, deathcap.
Yet I prescribed for him
as if he were my brother. (144-145)

The speaker confronts his adversary with the weapons of moral and ethical superiority, along with a display of benevolence. Ultimately, however, the mantle of integrity and uprightness begins to fray; as the poem continues, the doctor reveals that later the same night, his right hand “lost cunning” (145). The body rebels against the violence of an unnatural choice, becoming itself the evidence of an inability to heal, of an epistemic failure. In a sense, this shortcoming is represented as an unintentional, and therefore innocent, act of resistance or self-preservation.

Elsewhere, the heroism of the physician is established in even more oblique terms; it is subtly mythologized in “The Doctor”, associated with Biblical references in “Exit”, and divinized in “The Stethoscope” through synecdoche, with the practitioner's ears and instruments representing the whole:

Through it,
over young women's tense abdomens,
I have heard the sound of creation
and, in a dead man's chest, the silence
before creation began.

Should I
pray therefore? Hold this instrument in awe
and aloft a procession of banners?
Hang this thing in the interior
of a cold, mushroom-dark church?

Should I
kneel before it, chant an apophthegm
from a small text? Mimic priest or rabbi,
the swaying noises of religious men?
Never! Yet I could praise it.

I should
by doing so celebrate my own ears,
by praising them praise speech at midnight
when men become philosophers;
laughter of the sane and insane;

night cries
 of injured creatures, wide-eyed or blind;
 moonlight sonatas on a needle;
 lovers with doves in their throats; the wind
 travelling from where it began. (118-19)

This text presents a rich tapestry of tensions and aporias. The doctor-speaker celebrates himself as a keeper of the mysteries of birth and death, yet he is stripped of any god-like power. Through a process of negation, “The Stethoscope” activates a series of implied rather than explicit meanings; in particular, the questions (“Should I [...]?”) trigger a stream of expectations only to abruptly and emphatically defeat them (“Never!”). As a result, even though the doctor-speaker’s “divinity” is rejected, it becomes especially relevant to the poem, emerging as a status that can be plausibly assumed or claimed. Other textual strategies and rhetorical devices conspire to reinforce a sacral dimension in medical practice; these include the quasi-catechetical format of questions and answers, chiasmic structures, and repetitive syntactic patterns – the latter being devices commonly found in scripture, biblical poetry, and liturgy. Ultimately, the poem does not dismiss the idea that the physician is worthy of veneration, it rather suggests that reverence is due not to scientific competence (symbolized by the stethoscope) but to the doctor’s human qualities (“my own ears”).

The sequence of questions of “The Stethoscope” and the complex relationship that they entertain with dialogue invite consideration of how Abse’s poetry is consistent with Frank’s call to follow the “dialogical ethics of Bakhtin” (2009, 14): the conversational framework of this poem is merely apparent, as it initiates a mono-vocal kind of speech. Instead, elsewhere Abse’s work exhibits a plurivocal potential, conveyed through dissonant imagery, as in “Pathology of Colours”, or by alternating between different perspectives, usually the scientific-medical viewpoint and that of the layperson. Accordingly, as in “The Stethoscope”, Abse’s register often fluctuates between formal diction (“apophthegm”), medical terminology (“abdomens”), and colloquial language (“this thing”).⁹ The latter is most frequently used when the speaker conveys the patients’ view, allowing them to speak in “a ventriloquist voice”, to quote from “In the Theatre” (Abse 2014, 86), that is, with implicit and explicit attributions of speech or thought by one speaker to another.

In some of Abse’s works, however, representing the voice of the non-medical “other” paradoxically contributes to a widening divide between physician and patient, reinforcing a hierarchical dynamic between them. Such imbalance does not arise from the exclusivity of medical knowledge, since Abse frequently emphasizes the limitations of medicine and the inadequacies of its practitioners. Rather, when conjuring the patient’s perspective, the doctor-speaker and, by extension, the doctor-writer imply that they have an almost intuitive understanding of the human condition that transcends their specialized field – they enjoy a unique access and insight into emotions that enables them to articulate the visions and words of the other. The figures of harmed and suffering doctor-survivors are therefore represented as holding an epistemic privilege that frequently overlaps with epistemic authority.

In line with this tendency, usually Abse imagines that the patient perceives the doctor as a sorcerer or a shamanic figure who wields hidden and mysterious knowledge, enacting the rituals of prescribing as though casting a magic spell or reciting an alchemical formula:

⁹ See, for instance, the use of “abdomens” and “belly” in “The Stethoscope” and “Pathology of Colours” respectively (2014, 118 and 50).

So the doctor will and yes he will prescribe
 the usual dew from a banana leaf; poppies and
 honey too; ten snowflakes or something whiter
 from the bole of a tree; the clearest water
 ever, melting ice from a mountain lake;
 sunlight from waterfall's edge, rainbow smoke;
 tears from eyelashes of the daughter. (Abse 2014, 125)

The creative treatment proposed in “The Doctor” marks a point of transition; it represents the liminal space where the poetic speaker ventures beyond the boundaries of his discipline into another realm. Indeed, the physician-magus cures by blending spirit and matter, by manipulating symbols and identifying sympathetic relations. His practice does not rely on structured reasoning or specialized experience, but on an intuitive faculty that resembles a divine power. In a mixture of jest and earnest, Abse elaborates an image of medical science that is far removed from the controlled and repeatable labour of rational thought, and connects instead with irrationality, imagination, and the creative spark of literature – perhaps even with the poetic inspiration and magnetic influence of Plato’s rhapsode Ion.

In *A Poet in the Family*, Abse argues that when feeling “ill and dependent”, people seek a “god-like personage” who is “wise and omnipotent” (1984, 178). Accordingly, even the physician who needs medical counsel in “Prayer in the Waiting Room” pleads, “Now, doctor, magic me”, and hopes to be welcomed by a purple-clad colleague, despite being well aware of pursuing an illusion. While the doctor’s authority is presented as fictive and staged, his or her clinical competence, though imperfect, remains real, sharply contrasting with “the sanctimonious lie / that cannot cure the disease” of the charlatan depicted in “Interview with a spirit healer” (Abse 1970, 83). Still, to participate in the grand theatre of healthcare, the physician must seamlessly sew together the pristine white coat of science and the enigmatic purple cloak of the wizard, as suggested in “Song for Pythagoras” (1989, 273). Otherwise, as Abse notes, “if the official doctor full of doubts in his white coat, [...] some turn to the self-confident medicaster with his wand and purple cloak” (2011, 241).

This fusion of cloaks is not merely an endeavour aimed at gaining “the well-being of body and spirit simultaneously through the arts and sciences”, as Gwyneth Lewis suggests (2022). Rather, it represents a situation of profound ontological instability, where different levels of experience collide and become indistinguishable, with none being more valid than the other. It closely resembles the predicament in Abse’s play *Pythagoras*, where the titular character embodies simultaneously a stage magician with delusions and a true wizard with supernatural powers. It is here, I believe, that Abse’s most authentic recourse to plurivocal discourse emerges. Since it is impossible to discern where the “imagination of reality” ends and “the reality of imagination” begins (Sacerdoti Mariani 1983, 83), literary texts inhabit a no-man’s-land between fact and fiction, a space where literature and medicine reveal a common creative ground, demonstrate a unified purpose, and can establish a relationship of equality.

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