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Experiencing, Exploiting, and Evacuating Bile: Framing Fashionable
Biliousness from the Sufferer's Perspective
Jonathan Andrews and James Kennaway

From "English Malady" to "English Bile"

An extensive range of elite and beau monde sufferer testimony, selectively mined from published and archived letters, diaries, journals, case narratives, and memoirs produced during the reigns of George III and George IV (1760–1834), demonstrates that the period saw the emergence of a veritable cult of biliousness. We illuminate key lay conceptions of biliousness in later Georgian society, critically adapting Charles Rosenberg's appeal to frame (bilious) diseases in terms of what they meant to sufferers and what wider social and cultural roles and functions they served. This article also seeks to respond positively to Roy Porter's call to provide a more comprehensive modeling of sufferer choices and responses than has been provided in previous scholarship.¹ After introducing some of the chief concerns in British medical thinking as to the rise of late Georgian biliousness, we compare and contrast medical and lay views of the etiology of biliousness, emphasizing the terminological richness and enduring multi-causal modes of reference in sufferer narratives. The vigorous, fluid interface between the diagnoses of biliousness and nerves (and a range of other ailments) in this era is stressed, as is the mirroring in sufferer accounts of newly modish notions of biliousness, while changes and continuities in sufferer discourse are also charted over time. We demonstrate significant resistance and skepticism towards medical views in lay sources, focusing in particular on the rising critique of heroic evacuative medicine in sufferer narratives.

This article proceeds to evaluate and explicate the extent to which, as James Makittrick Adair (1728–1802) alleged, patients "chose" to be bilious. We spotlight how and why sufferers accepted and internalized medical models of biliousness, and blamed themselves for their bile, or contrariwise complained about their treatments and practitioners and emphasized not the glamour but the seriousness, wretchedness, and disablement of their symptoms. Some sufferers are found to have foregrounded their specialness vis-à-vis the non-bilious, whether defending their modish sedentary lifestyles, or venting their bile for release, gratification, devilment, or for critical and dramatic effect. We contend that Georgian elites strongly reflected, refracted, and yet also resisted fashionable medical models

for their bile, and argue that there should perhaps be less stress on the experiential and phenomenological “reality” of fashionable diseases like biliousness than on their more telling and evolving sociocultural meanings. Rather than patient passivity, this paper highlights the manifold contextual and often functional ways that sufferers negotiated their agency, whether to better control their bodies and identities, to retain hold on prized lifestyles, or to garner sociability and sympathy. We elucidate the multiform factors involved in arbitrating the exercise of bilious sufferer preferences and their eschewal or rejection of particular practitioners, health regimes, and health resorts, both fashionable and unfashionable. The manner in which some sought to leaven affliction with humor, as well as to exculpate and exploit their biliousness for wider sociocultural and political purposes, is also explored. Highlighting the ways that sufferers not only articulated and reframed their bile, but integrated reification, sublimation, and performativity into their narrative constructions of biliousness, we conclude by focusing selectively on a range of articulate literary sufferers, addressing the emergence of a particular brand of late Georgian romantic writerly biliousness. We argue that such sufferers deployed a range of coping, linguistic, metaphorical, and representational strategies to purposefully vent or alternatively master their bile, to render their bile social, serviceable, satirical, and edgily critical, deriving certain compensatory and “secondary gains” from their disorders.

As many contemporaries and a range of modern scholars have recognized, the late Georgian era was in many ways a new age of bile. Because of bile’s centrality in understandings of the humoral system inherited from Classical Antiquity, biliousness in various forms already had a long heritage by the eighteenth century. From the 1750s and more especially from the early 1800s, however, there was a veritable explosion of British medical works concerned with stomach and bilious disorders.² It was a publishing plethora replicated in Germany, France, wider continental Europe, and in the colonies. Georgian medicine generally comprehended bilious disorders in terms of iatromechanical and subsequently local patho-anatomical models of disordered (initially over-productive, latterly vitiated or obstructed) biliary secretions, of the disordered gall bladder, liver, alimentary canal, biliary duct, and duodenum. But the definitional boundaries of bile remained highly porous both in medical and lay discourse. Biliousness was just one of a range of commonly diagnosed complaints centered in the abdomen, and was especially closely related by practitioners to the causes and remedies for diarrhea, indigestion, costiveness, gout, and liver disease.

Definitional categories overlapped in part because biliousness was conceived as often indeterminate in the seat and severity of its symptoms, by no means confined to the stomach, but frequently perceived as the root of wider bodily ailments and (yellow/bilious) fevers. Bile was generally understood as a highly mutable, moveable feast, apt (like “flying gout”) to travel, and to profoundly affect the lower and upper extremities, the chest and fauces, and the mind and spirits, as reflected in contemporary medical concepts like “bilious headache,” “bilious vomiting,” “bilious gout” and “bilious vapours.”

During this period biliousness arguably became a leading “fashionable disease,” not only in being diagnosed much more often, but also because of the extensive lay discourse associating it with social superiority. In both medical and lay texts biliousness became a subject of markedly increased fascination and concern, emerging as a voguish disorder afflicting the leisured classes in particular. For example, in James Cobb’s 1794 play *The Doctor and the Apothecary*, Dr. Bilioso bitterly berates living in a “cursed neighbourhood” of healthy villagers, starved of rich clients with fashionable diseases, and never enjoying “the pleasure of seeing a meagre, bilious gentleman-like man within ten miles of the place.”³ Some were convinced that the diagnosis was ephemeral, merely a product of medical fashion, as when one late Georgian encyclopedic guide issued a typical admonitory reminder to domestic practitioners: “At one time, every complaint was attributed . . . to biliousness.”⁴ Other contemporaries suggested that the bilious fad was a deliberate diagnostic sleight of hand aimed at flattering elite patients and obscuring their faults.⁵ An anonymous 1819 article in *The New Bon Ton Magazine* went further, sarcastically suggesting that the use of the term spared the blushes of sufferers in a more direct way, allowing “those who were formerly flatulent” to “become *bilious*.”⁶

The most famous discussion of the late Georgian modishness of bile is found in the writings of the waggish Scottish physician James Adair, who appears as a frequent (somewhat inevitable) reference in contributions to this issue.⁷ As briefly outlined by David E. Shuttleton in this issue, Adair animadverted the tendency of some of his patients to credulously profess themselves “bilious” and dose themselves with inappropriate evacuatives rather than provide a detailed, dispassionate account of their symptoms. Adair hyperbolically blamed this “turning of the tide of fashions” on ignorant “quack” purveyors of bogus bilious remedies and more specifically on an influential 1757 treatise by Thomas Coe on biliary concretions, just as he simplistically blamed the supplanting of the earlier diagnostic trend of spleen and vapors with a new cult of

nerves on Robert Whytt's 1764 *Observations*.⁸ Adair's aim in his polemical 1790 *Essays on Fashionable Diseases* was also to promote a milder regimen, and his own fashionable Bath practice, in a combative marketplace. Contemporary reviewers of Adair drew great attention to his "endeavours to obviate the prejudices" allegedly responsible for this new cult of bile. Biliousness was deemed in such literature to be the fault both of the sufferer—"peculiar to persons of lax habits . . . who by fashionable dissipation have acquired fashionable constitutions . . . [primarily] ascribed to a redundancy of the bile"—and of quack marketing methods.⁹

Late Georgian commentators often contended that an earlier eighteenth-century propensity for emphasis on nervousness had ceded ground to biliousness as a modish diagnosis. Arguably, biliousness might be presented and perceived as a more attractive diagnosis than nerves at this time due to its primary implication of the body rather than the mind. The English surgeon John Andree suggested that "Bilious Diseases" were "among the most common of the chronic distempers of the inhabitants of England."¹⁰ To some extent, judging by such sources, the earlier "English Malady" (made famous by the Scottish physician, and Bath dietetic and nerve specialist, George Cheyne) appears to have been being supplemented if not substantially supplanted by "English Biliousness" as a focal fashionable disease in late Georgian medical discourse. This trend was reflected and inflated by the medical marketplace, and by widening commercial traffic in novel over-the-counter patent medicines and quack nostrums aimed at stomach and bilious disorders, from "Dr Hugh Smith's Bilious Pills" and "William Berry's Bilious Pills" to "Cockle's Compound Antibilious Pills."¹¹

While historians such as William F. Bynum and Ian Miller have provided a range of useful analyses of shifts in medical views of the stomach, and of digestive, and gastric disorders, less attention has been accorded to what biliousness meant for sufferers themselves and to wider lay discourse about the changing sociocultural meaning of the disorder.¹² Notable exceptions include Hisao Ishizuka's seminal work, which drew welcome attention to the commonality of the everyday experience of biliousness and other gastro-intestinal and digestive disorders in "modern" British life, especially during the late Georgian and Victorian eras, by contrast with scholarly attention to nerves. Focusing on a case study of influential essayist Thomas Carlyle's biliousness and nervous dyspepsia, Ishizuka underlined how comparatively over-preoccupied with nerves many scholars have been, especially given that somatic digestive complaints were so often recognized to be underlying or conjoined with nervous

afflictions.¹³ Yet scholarly attention to chronic bilious and stomachic complaints has come rather belatedly, while Ishizuka's work was not centrally concerned with exploring the fashionable framing of such ailments. Even scholarship on the water cure has been remarkably neglectful of the bilious disorders at the heart of the experience and marketing of modish spa and health resorts.¹⁴

Lay perceptions of biliousness reflected in correspondence, diaries, memoirs, and literature had a complex, not infrequently skeptical and irreverent, relationship with shifting medical thinking on the subject. Already in 1766 Christopher Anstey's *New Bath Guide* satirized spa doctors' jargon, inefficacious and prolonged purgative regimen, and patients' gullibility.

I'm bilious, I find, and the women are nervous;
Their systems relax'd, and all turn'd topsy-turvy,
With hypochondriacs, obstructions, and scurvy,
And these are distempers he must know the whole on,
For he talk'd of the peritonoeum and colon,
Of phlegmatic humours oppressing the women,
From feculent matter that swells the abdomen;
But the noise I have heard in my bowels like thunder,
Is a flatus, I find, in my left hyperchonder,
So plenty of med'cines each day does he send
. . . we must swallow a potion,
For driving out wind after every motion;
The same to continue for three weeks at least,
Before we may venture the waters to taste.
Five times have I purg'd, yet I'm sorry to tell ye,
I find the same gnawing and wind in my belly;
But, without any doubt, I shall find myself stronger,
When I've took the same physic a week or two longer.¹⁵

Despite the precision and cultural valence of Anstey's sharp satire on the predicaments of the bilious and fashionably sick within the promiscuous Georgian medical marketplace, this study demonstrates that sufferers' responses to the rising professional attention to bile were more complicated and varied and less credulous than some contemporary diatribes and subsequent historiography imply.

Lay Narratives of the Causes of Biliousness

In their espousal of a more sufferer-centered social history of medicine, historians like Porter, Michael MacDonald, and Lucinda Beier highlight the need to shift focus from professional discourse on disease towards lay understandings. Porter appeals for detailed analysis of sufferers' characterizations of illnesses in order to "illuminate their assumptions about cause, type, prognosis, and remedy," and thus to better comprehend whether their terms of reference were "popular or patrician, medical or vernacular, finely differentiated or crude, descriptive or causal, natural, Christian, or pagan, symptomatic or ontological."¹⁶ The definitional melee in practitioners' accounts of biliousness is very much replicated in sufferers' own accounts of their bile and its causes. While dietary excess and luxury are predictably the most prominent causes ascribed in educated elite sufferers' writings, many proffer a broad and relatively considered etiological explanation for their complaints. Psychological and emotional causes appear less prominently in patient accounts than do somatic causes, but are far from rare and show little sign of decline from the 1790s to the 1840s, despite the rise of more anatomic-physiological clinical models of the causation of biliousness. Next to dietary causes, hereditary constitutional inheritance is perhaps the most commonly assigned cause cited in sufferers' texts, as when in 1819 Hewley John Baines, the head of the Yorkshire Bell Hall estate, ascribed the various complaints of his son entirely to the fact that "He, like most of the family, is of a bilious habit."¹⁷ The bilious consequences of high and fashionable living were referred to more factors than abuse in food and drink, embracing lack of exercise, recreational and other causes of enervation and exhaustion, while appreciation of the costs of laborious mental or intellectual exertion granted the bilious both blame and credit for the sacrificial ruin of their digestions. Artists like John Hoffner and writers like Lord Byron were routinely declared bilious from "hard [artistic] work . . . and harass of high life."¹⁸

Seasonal, climatological, meteorological, and environmental causes also received frequent emphasis, including confined, hot, moist, and bad airs primarily in outside atmospheres, but also in artificially heated interior climates such as ballrooms, assemblies, and other crowded, poorly ventilated spaces. In August 1793, for example, Louisa Stuart, daughter of former Prime Minister Lord Bute, wrote to the Duchess of Buccleuch from Tunbridge Wells relating her biliousness, associated loss of appetite, and "low fits" to the summer weather.¹⁹ The Scottish clergyman Thomas Chalmers complained in 1825: "The extreme heat of the weather has made me

very bilious, and thrown me sadly back in regard to composition.”²⁰ Heat-induced biliousness was generally regarded as more common amongst Britons traveling to tropical colonial climates, warnings about which abounded in contemporary health and travel guides, somewhat undercutting the indigenous “Englishness” of the malady. Not only atypical unaccustomed heats, but the thick fogs, cold, and humid airs acknowledged as characteristic of British climes, were commonly cited as factors in bringing on bilious attacks at home, especially intermittent bilious fevers—a more conclusive factor in bile being perceived as a peculiarly national affliction. Such convictions were significantly fueled by empirical sufferer experience of bilious symptoms during especially oppressive atmospheres, and also by contemporary lay media and magazines synthesizing medico-scientific climatological knowledge. Press articles surveying patterns of diseases in both metropolitan and rural districts regularly reported on the impact of hot weather in producing “bilious diseases,” “secretions,” and “fevers.”²¹ An 1825 article in the *Literary Gazette*, for example, emphasized the manifold pathological “changes in the bile that hot weather produces . . . [especially] bilious looseness, or diarrhoea,” and the dangers of vigorous exercise, eating rich, fatty food and strong alcohol in hot weather, as well as the effects of “cold and humid” conditions and sudden temperature alterations in generating “acrimonious bile.”²² Rising conviction in miasmatic explanations for disease in the late Georgian period also encouraged contemporaries to relate intermittent bilious fevers to rural marshlands, “exhalations from stagnant pools and putrifying [*sic*] vegetative matter,” though it was already well recognized that diseases like typhoid and cholera might take on a “bilious” form, or conversely be mistaken for bilious fever.²³

Professional espousal of more physiological, anatomo-pathological models of digestive disorders seems to have heightened the emphasis on organic causation in some late Georgian lay commentators’ accounts of biliousness too. Most sufferers, nonetheless, continued to prefer to posit a varied somato-psychic framework for comprehending their bile, embracing psychological factors from anxiety and nerves to grief. Physicians and lay sufferers alike associated biliousness with nervousness in terms of both causes and symptoms. Writing to Lord Aberdeen in 1840, for example, Chalmers was firmly convinced that a severe bilious bout had been “aggravated, I have no doubt, by the thickening anxieties of a [looming] crisis [of relations] . . . between the civil and ecclesiastical courts” (a reference to the emerging Great Disruption in the Scottish Church).²⁴ According to medical authorities and self-confessed

chronic sufferers like John Andree, “chronic bilious diseases are often caused by anxiety of mind,” while bile often led to nerves and depression of spirits.²⁵ The Anglican Somerset parson James Woodforde routinely diarized his sleeplessness and “very low spirited” demeanor when “very much troubled with Bile” in 1790, a condition he countered with conventional dietary (meat) eschewal and “a good” (rhubarb) purge, noting his sufficient fitness for quadrille the next evening.²⁶ More reproachfully, Charlotte Augusta Foote (née Keppel) declared her suspicion to Anne Clement in November 1799 that “you bring on these bilious attacks from agitation of mind.”²⁷ Nervous afflictions had been understood as having a substantial seat in abdominal, hypochondriacal, and stomach disorders since Greco-Roman times, though humoral understandings had often posited a more general holistic sense in which excess bile and/or a bilious constitution might affect the mind, passions, character, and conduct and generate accompanying somatopathological symptoms. Thomas Carlyle wrote to William Graham in June 1821 intimately linking his “biliousness and nervousness,” lamenting that because of them “sadness and dullness have brought me within a few degrees of absolute zero, in the scale of men. I am about as fit to write as ‘dog distract or monkey sick’ would be.”²⁸

The perdurable association of stomach complaints with nervous sensibility and with sensationalist psychological theories linking mental, sensory, and emotional factors to digestive disorders continued throughout the Georgian era to feature prominently in firsthand narratives of bile, the boundaries between bile, nerves, and other afflictions often overlapping. Writing to the habitually bilious Irish theologian Alexander Knox in 1806, for example, the future Bishop of Limerick John Jebb diagnosed himself as bilious and nervous in equal measure, having been “incapacitated . . . by attacks, half nervous, half bilious.”²⁹ The fashionable artist Sir James Johnston was convinced (writing in circa 1810) that the “bilious and liver complaints” with which John Hoffner (his great rival as a portraitist to social elites) was afflicted were also substantially the source of his “irritation of mind.”³⁰ The London essayist, poet, and *Examiner* editor Leigh Hunt described the “annoying” symptoms of the “bilious disorder” he was afflicted with in 1812 as “a kind of waking nightmare.” They included not just disordered appetite, but “hypochondriac” unwarranted sadness and “horror” of life, which had rendered him “scarcely able to put pen to paper” and severely upset by “a [mere] potato or glass of milk.”³¹

Framing Biliousness: Critically Negotiating Bile

Since the work of Charles E. Rosenberg in particular, scholars have frequently emphasized how not only practitioners and institutions but also sufferers and their families have framed biological disease events “in terms which make sense to them and serve their own ends.”³² Modern scholarship has also underlined how disease/illness may be experienced, or moreover inwardly cast and outwardly presented, with elements of profound “secondary gain” for sufferers (see below), and how disease has been exploited as a form of “social diagnosis” in order to “frame debates about society.”³³ Historians, partially echoing some modern sociological, health, and clinical research, have appropriately highlighted the limitations of (more extreme) social constructivist accounts of disease for their tendency to provide functional readings of symptoms which devalue or entirely discount the “reality” of sufferers’ experience as illness. Even when a new fashionable disease appeared to be strongly “manufactured” by medicine, as with the evolution and disappearance of green-sickness/chlorosis in the Victorian era, its symptoms cannot always easily be shown to have evaporated, often remaining, re-emerging, or being reclassified in new pathological frames.³⁴ Equally, realist and phenomenological assaults on social constructivist approaches have themselves sometimes been taken too far. Heather R. Beatty has criticized Porter and George Rousseau for their excessive stress on a fashionable, glamorizing register for Georgian constructions of nervous afflictions.³⁵ Yet even Beatty observes, midstream in her defense of “the reality of a fashionable disease,” that it is ahistorical to “consider the pathological reality of . . . disease apart from the culture that diagnosed it.”³⁶ Rather than dwelling on the incompatibility of such models, however, it seems better to recognize that there are merits in seeking distinctions and inter-relations between social constructivist and essentialist readings. Our approach in this article chimes with work by Dror Wahrman, who argues that, given that essentialist approaches to the body and its pathologies are flawed in their preoccupation with transhistorical, contextually non-specific physical disease entities, scholars ought to be encouraged to pursue an alternate route bisecting essentialism and social constructionism, or rather “to explore where the culturally constructed ends and the ahistorical and extra-cultural begins; and thus, more importantly, how they relate to each other.”³⁷

Some literary scholars, seeking to distinguish the real from the false in bilious narratives, have rather simplistically addressed the meaning of biliousness in lay texts such as Georgian novels. Akiko

Takei, for example, argues that the novels of Jane Austen “show that the term ‘bilious’ was widely and incorrectly used by the general public.”³⁸ She bases this view on the notion that Austen’s bilious narrators contradicted knowledge on biliousness in contemporary medical texts—or more specifically in Adair (1786).³⁹ Adair attacked the popular tendency to perceive the bilious complexion as uniformly sallow or dusky, when in fact bilious disorders were more strictly speaking the result of excess bile; indeed, it was a redundancy of bile which characteristically contributed a yellowish hue. Takei goes on to claim, equally crudely, that a new coalescence of lay and medical views is reflected in the Anglo-Prussian physician F. M. Willich’s subsequent conviction (1802) that the frequent diffusion of surplus, vitiated bile about the body often led to a yellowish complexion.⁴⁰ Citing Porter for support, Takei furthermore avers that (often misplaced) “confidence in identifying diseases was typical of the character of the lay public in Jane Austen’s lifetime.”⁴¹ These assertions are questionable. Apart from the problematic literalism in treating Austen’s novels (alone) as a sufficiently reliable, representative reflection of prevailing lay opinion, Takei also superficially assesses shifts in medical views of bile, neglects the overlapping complexities of medical and lay discourse, and underestimates the extent to which many late Georgian texts defined a range of bilious, liver, and digestive disorders in terms of *either* a surplus *or* a lack of bile. The emphasis on shifts in notions of yellowish complexion in the bilious ignores the fact that this was often held to signify jaundice, linked to the liver and its disorder, or to the obstructed bile duct—rather than necessarily to biliousness, linked to the biliary duct’s processing of bile (though the two conditions were understood to strongly overlap) and that there was heightened concern (especially post-1790) with bilious yellow fevers.⁴² Assessing public confidence in knowledge about medicine and biliousness very much depends on which sort of “public” one is talking about. Even amongst the genteel, highly literate lay public, as we show, considerable variation pertained in lay capacity, motivation, and self-assertiveness in mediating medico-scientific knowledge.

Elucidating the emergence of biliousness as a voguish complaint in this era necessitates a rigorous examination of what was in it for sufferers: how far and why did particular sufferers accept, negotiate, and contest such labels and how did biliousness impinge on identities? Interrogating a wider range of lay narrative and medical texts offers our most effective means of gauging to what extent prevailing medical discourse on bile was replicated in the

accounts of the afflicted, and in what manner sufferers asserted agency and autonomy in a climate of increased scrutiny of biliousness as a disorder of fashionable elites. Analysis of such sources can also clarify how deeply patients applied or adapted and subverted a fashionable frame for their frailties, or otherwise sought to substitute an alternative, less modish meaning for their complaints. Evidence suggests that while many late Georgians readily assumed the diagnostic identity of being bilious, substantially conforming to prevailing medical models of their symptoms, many others asserted broader social and contextual understandings of their bile. We argue that the positive cultural traits commonly associated in previous historiography with a range of fashionable diseases are less often manifested than belied by experiential narratives of bile.

Contemporary correspondence and diary entries often record biliousness in relatively mundane terms, many sufferers willingly accepting bile as their “chief complaint” and being blithely prepared to self-diagnose biliousness. Most referred to “bile” more often than “biliousness” before circa 1770, probably reflecting less emphasis in earlier eighteenth-century medical accounts on the latter as a major disease. Yet late Georgian sufferers too were not content to be exclusively “bilious” in reporting their stomach and digestive complaints, commonly referring to the condition alongside a host of other related maladies from bilious headache, gout, gripes, spasms, indigestion, and wind to less definable stomach, bowel, and gastric disorders. In 1790, for example, after being “taken very ill,” unable to eat “all day,” with “violent pain in my stomach” and “vomiting,” James Woodforde diagnosed his symptoms as proceeding “from gouty Wind there [in the stomach] and likewise from Bile,” dosing both himself and his brother (who regarded his own stomach pains as “gouty” in origin) with “gentle vegetative remedies.”⁴³ Meanwhile, Woodforde diarized the intermittent but often intense stomach pains, wind, fever, low spirits, and vomiting his niece Nancy experienced between 1781 and 1800 not as bile but as “Hysteric Wind” or “Hysteric-Wind Cholic,”⁴⁴ Of course, both lay and domestic medical texts commonly stressed overlaps, apt to see nervous, flatulent, and biliary colic as key related species.

Nonetheless, plenty of sufferers did take biliousness deeply into their conceptions of their personhood, and their bilious narratives often tell us a good deal about how the affliction affected their notions of self and social interaction. Analysis of a wide range of eighteenth- and early nineteenth-century narrative sources suggests that bilious and stomach complaints were not only very commonly experienced in this era, but also strongly influenced and

sometimes consumed sufferers' identities, especially if acutely discomforting symptoms were combined with chronic afflictions. Many contemporaries appeared willing to accept a bilious tag and to cooperate for weeks, months, and in some cases many years with practitioners' modish evacuative, dietetic, tonic, and hydropathic regimes. Writing to his bilious friend Leigh Hunt in 1837, the composer and writer Egerton Webbe spoke wincingly of prostrating himself before bilious evacuation. "Laid up [in bed] three weeks with my enemy the bile," Webbe submitted to being "murdered" by "physicking" and moreover copious "rivers" of bleeding, finding nothing "pleasant" to report about the experience, whether "stooping over a basin like a stuck pig . . . 'making slops' . . . out of one's own good veins," or alternatively enduring over three hours at a time of medical "execution . . . under the hands of six ruffianly bloodsuckers called leeches."⁴⁵

Evacuative, more especially purgative (rather than venesection), recourses for biliousness had become a relatively established constituent of medically mandated and voluntary self-dosing by the eighteenth century. Yet Adair was undoubtedly right that the late Georgian modishness of bilious and dyspeptic diseases had rendered routine purging more common than before. That both preventive and therapeutic purging of bile had become so commonplace by the 1800s and regularly featured in lay narratives does seem to reflect heightened fashionable concern in late Georgian medical literature with the pathological significance of biliary secretions, even if it must be conceded that prophylactic evacuations for a whole range of stomach conditions were far from uncommon earlier in the century. For example, preparing for a voyage to New York in 1820, George Keats "thought it prudent to clear my stomach of bile, and took calomel." The Catch-22, however, was that the enervating impact of purgation was commonly comprehended to increase vulnerability to life-threatening colds, inflammations, and other ailments. So, for self-purgers like Keats, anxiety about the risks of purging was almost as acute as the fear of bilious attacks themselves: "a cold taken while this [purge] is operating on the system frequently proves fatal . . . and allows the inflammation to lay complete hold of one."⁴⁶

Others' writings are so replete with reference to their bilious complaints, and with florid, often poetic, metaphorical language, that their thoughts, emotions, and very identities seem to follow a bilious tune. The stomach, bowels, biliary ducts, and their morbid contents were regularly spoken of by sufferers as noisy, "growling," "gnawing" and animalistic, often wolf-like, in constant unruly

gaseous and liquid digestive motion, with a self-propelling life of their own. These bodily sites deemed so fragile and so vulnerable to bile were conceived and voiced by virtue of upset and loss of control, as semi-autonomous, disturbed, or “hoarse” players in their own personal disease dramas. As the fashionable London actor, playwright, and theater manager David Garrick (1717–79) wrote eloquently to the amiable courtier Richard Berenger at Bath in 1766: “the bile . . . is my chief complaint . . . . The waters have made me better, but left a kind of hoarseness, and weakness in my bowels, which our friend Dr. Schenberg [Schomberg] combats most wisely with rhubarb, magnesia . . . . I am now much better, but I fret myself a little to think that I cannot possibly venture upon Macbeth.”⁴⁷

Some sufferers evidently exaggerated or exploited their bilious symptoms for a range of perceived advantages or sociocultural reasons, including garnering sympathy and fellowship, seeking attention, and deferring or eschewing social and professional demands. In other words, there might be what psychoanalysts and social scientists have long identified as “secondary gain,” positive and compensatory values attached to being bilious for sufferers themselves (a theme adroitly addressed by Clark Lawlor in this issue).⁴⁸ Indeed, what most irritated Adair about biliousness as a nosological category was not only its modish marketing and uncritical take-up, but also its ill-defined negotiability and the degree to which this fostered people’s promiscuous self-fashioning as bilious. Swapping narratives of bile might allow fellow sufferers to secure higher premiums of socializing sympathy, as when in 1816 Hunt related to his father-in-law how “I sympathized, as you will easily guess, with your bile, being so unwell myself yesterday,” advising a wide berth to his particular dietary enemies of butter, salmon, and tempting pastry-shops.⁴⁹ Many sufferers exchanged rather commonplace tales of bilious incapacity. Whilst Knox in 1802 lamented being “in my bed; not being able to rise, in consequence of bilious sickness,” his correspondent Jebb repeatedly complained in 1804, 1805, and 1806 of bilious bouts “that made me incapable of exertion.”⁵⁰ The intimate familiarity of repeated and prolonged bouts of bile might lead some, like Walter Scott, to sardonically dub it their “old friend” if revisiting after a long remission. Earlier, however, Scott had regularly complained about the “dreadful torture” of his biliary derangements, which had “reduced [him] to a shadow” or a dependent “child” requiring carrying to the bath.⁵¹

For most sufferers, indeed, it was the seriousness of their symptoms, and the ill effects, distress, and disablement caused by their bilious disorders, rather than any compensatory gains, that were

foregrounded in their disease narratives. For those enduring especially acute or chronic attacks, bile was very much, as Egerton Webbe put it, their devilishly troublesome “enemy.”⁵² Suffering diabolically from bile himself, Carlyle wondered “at the blindness of theologians” for having “never assigned the Devil a bilious stomach.”⁵³ Rather than any special benefit or glamour to being bilious, it was the pain, nausea, diarrhea, embarrassment and other discomforting symptomology that sufferers fixated on most of all. While Lady Dorothea Banks’s sister was reported to have been made very uncomfortable by her “Bilious Complaint,”⁵⁴ David Garrick dubbed himself as repeatedly beleaguered by bile, at one juncture being so “overcome” by “sickness” that he “was half dead for near 3 hours.”⁵⁵ Chalmers’s journal and correspondence reveals that he often felt totally “helpless with bile,” sometimes “unable” to preach or even “to go to church,” at other times “disabled from all vigorous attention to every thing.”⁵⁶ Biliousness was conceived as “ugly” and unpleasant rather than as becoming by most of those who suffered from it, or witnessed it amongst their intimates, many experiencing it as a rude personal affront on intimate selfhood and accustomed bodily boundaries. The nastiness of its symptoms and genuine anxiety about their worsening if unattended commonly impelled those who could afford it to put aside their skepticism and dislike for physic, and to seek the best available medical advice, as when Peregrina Kenyon wrote to her daughter Mary in 1779: “Nobody is less fond of physic than I am, but I think this ugly bile should not be suffered to get too great a head . . . would not Bath be a more likely place to relieve that complaint, than Scarborough, but do my dear take advice about it, and let me know how you go on.”⁵⁷ If bile was serious, “bilious fever” was even more so. The epidemic nature and high (especially infant and child) mortality ascribed to bilious fever, whether or not it was adjudged miasmatic, endemic, or contagious (opinions varying), was especially traumatic for lay commentators. While individuals like Hunt in 1819 berated being “laid prostrate by a bilious fever,” entire families, including that of the poet Robert Southey in the 1800s–1810s, were even more extensively laid low by minor and major epidemic outbreaks.⁵⁸

Quite beyond high degrees of symptomatic discomfort, as ethnographically inflected scholarship has sometimes pointed out, “what most perturbs sufferers is . . . sickness contrary to expectation,” or when disease courses defy easy definition or predictable configurations.⁵⁹ Many sufferers harped on their anxieties surrounding uncertainty in the patterns and meaning of their symptoms, often unable to anticipate when and how bouts of

biliousness might commence, progress, or be relieved. As Garrick put it, his biliousness was so “very uncertain in its motions, that it came upon me like a thief in the night.”⁶⁰ Those who had never experienced the unpleasant symptoms before were typically traumatized by the onset of a bilious attack, but might find particular comfort in quick resort to their local practitioner, as when Mrs. Boscawen wrote to Mary Delany in 1784 after having “for the first time in my life a bilious disorder, which affronted me very much, being so unus’d to ail anything. There is a good physician at Barnet, who was by no means so amaz’d at my being sick as I was, and who, by proper medicines and God’s blessing, has restored me entirely.”⁶¹

Yet, however confused, upset, or helpless sufferers sometimes confessed themselves in the face of especially sudden or severe biliousness, few appear to have remained content with passive suffering. The “reality” of bile was heavily socioculturally conditioned. Humor and self-irony was regularly employed to lighten and render more palatable the burden and consequences of bile, particularly in more literary sufferer correspondence and in polite social situations, as when Anne Lister was so afflicted by headache and strong bilious symptoms on visiting Kirkstall Abbey in the 1820s that she “lost all power of expressing what I had intended, yet joked it off, laughing at the blunders I had made.”⁶²

Some took more sustained and substantive measures to combat, renegotiate, and reframe their afflictions. Rather than bore their correspondents or readers with monotonous, clichéd accounts of their bilious diseases, the more imaginative and mischievous sometimes adopted intricate, ostentatious metaphors with which to attenuate, adorn, and even sublimate their bile and the “constant regimen” it might make of their lives.⁶³ A remarkable self-dramatizing account of biliousness of this ilk appears in an egoistic, winningly tongue-in-cheek 1776 letter from the Somerset rector and poet John Langhorne, who dressed up his two-month battle with bile and the entombing depression it engendered to impress, amuse, and elicit sympathy from the Bluestocking writer Hannah More. Conveying an elaborate Othello-like military allegory of a prolonged American War of Independence-style conflict, featuring not just “General Bile . . . commander-in-chief,” but also the subordinate rebellious forces of “Rheumatism Bay, Scurvy Island, and Nervous Province,” Langhorne emphasized a remarkably full-scale regimental deployment of emetics and purgatives. Military metaphors are relatively common in disease narratives of course, and not especially specific to Georgian biliousness. Nonetheless, the extreme evacuative subservience some of the bilious felt forced to endure for their

betterment made such metaphors excruciatingly apt. Furthermore, intensified literary and medico-philosophical traditions of redirecting bile towards entertaining and excoriating sociocultural and political commentary appears to have fueled a disease consciousness encouraging wider framing and targeting of biliousness. Langhorne clearly gained compensatory nationalistic comfort by being able to berate both his disease(s) and the Americans as “unconstitutional rebels,” whilst also reframing his dosing up with exacting medications as allied battalions under his own command.⁶⁴ Describing how his first volleys of “Emetic Tartars” and “Ipecacuanha” were followed by “Senna, Tamarind, and Crim Tartary, under the command of sub-brigadier-general Cathartic,” Langhorne signed off by stressing the “dreadful and bloody” nature of the “combat,” and its culmination in his heroic recovery, re-designated as a survival, resurrection, and patriotic victory over rebel forces. His graphic account highlights the extent and the consequences of the evacuative prostration some contemporaries were prepared to endure in order to oust their bile, and the ability of a select few to render their experience more resonant for broader personal, social, and political impact.

Dietary control and abstinence had long been posited in medical and lay texts as the chief remedy and responsibility for the bilious. Intensifying campaigns against excess and luxury in the Georgian era, including critiques of spirituous liquors and imported luxuries like chocolate, tea, and coffee, had commonly placed the bilious consequences of extravagant, artificial diets firmly at the door of irresponsible members of the leisured fashionable elites.⁶⁵ A single ill-advised meal or glass was often perceived as sufficient to bring on the bile for those peculiarly susceptible. Self-blame for biliousness was very common. On making and breaking their vows of temperance to themselves, their intimates, and their physicians, contemporaries typically cited succumbing to the temptations and social pressures of feasting, gaming, and other high-living demands. Yet self-indulgence and *force majeure* extenuation often prevailed over self-upbraiding in lay, romantic, and bon ton bilious narratives. In 1796 Samuel Taylor Coleridge blamed the bilious effects of breaking his “previous compact, that I should not drink” on the inducements of “strong and joint solicitation” to attend a New Year’s evening “card-club.”⁶⁶ Being thus prevailed upon “to sup” and down a toast of punch precipitated “a relapse of my bilious complaint,” and “forced [me] to disappoint not only you [his friend Joseph Cottle], but Dr. [Thomas] Beddoes [his physician].”⁶⁷

Even the pious, generally disposed by generations of Christian admonition to disdain dietary intemperance, fashionable resorts, and their bilious consequences, and with little regard for transient earthly fashions and “all the applauses of all the fashionables,” were far from immune to occasional indulgence in fashionable feasting and festivities and in more performative discourse around their bile.⁶⁸ Writing from Edinburgh to his sister Jane in 1833, Chalmers signed off in this simultaneously self-pitying, self-parodic, and self-dramatizing fashion: “I have become wretchedly bilious, and must make another retreat into the country. I shall go probably to Kinghorn, and if at all safe or right for me . . . to the hot and confined and dusty town of Kirkcaldy [Kirkcaldy] . . . yours most truly and affectionately, your bilious and beloved, your stomachic and sentimental, your cholical and choleric brother . . .”⁶⁹

Choosing to be Bilious?: Sufferers’ Views on Doctors and Treatments

As indicated earlier, what particularly piqued Adair was patients electing “willy-nilly to have fashionable conditions, and . . . dictating terms to their physicians.”⁷⁰ Porter appealed for more searching delineation of “the imperatives of choice in the medical marketplace,” but neither he nor many other scholars have concertedly examined how arbitrary patients were in “choosing” to be bilious.⁷¹ Our research suggests that patients were neither as haphazard, naïve, nor as imperiously self-assertive in telling their physicians what was wrong with them as Adair contended. Educated elite sufferers in particular were accustomed to exercise a measure of control over medical services, and typically exercised complex, dialogic choices in their biliousness, often influenced by lay relatives, by their social contexts and aspirations, and by contingent considerations and compromises regarding their own life and disease histories as much as by doctors. Arguably, more often than inventing or exaggerating their diseases, sufferers were so intimately affected by the troubling symptoms associated with biliousness as to feel highly hampered and incapacitated in their daily lives. In seeking and receiving medical advice and treatment, nonetheless, experiences varied sharply from genuine and compensatory comfort, confidence, overcoming and forbearance, to frustration, disappointment, resignation and despair. Patients were more apt to submit compliantly to attentive practitioners who were adept at treating their

fashionable diseases as genuine, at offering apparently efficacious adaptations, and providing palatable attenuations and variety in their therapeutic approach.

Sufferers' choices and patient-practitioner relations hinged significantly on the reputation, trustworthiness, persuasive artistry, character and conviviality of particular medical practitioners. But they also depended on wider issues connected with sufferers' gender, social and occupational roles, religio-moral sensibilities, individual tastes, and notions of politeness and sociability. The lay sources we have consulted reveal that while some were persuaded by fashionable medical accounts, others were less easily convinced and explored a range of assertive options in comprehending and managing their biliousness. While a few strongly resisted aspersions cast on their complaints, most attached a welter of serious meanings to their bilious experience, owning but also contesting and going well beyond feelings of culpability and shame. Eclectic selection of doctors, self-dosing, and emphasis on constitutional bilious idiosyncrasy are much in evidence, reflecting highly negotiated assonance and dissonance between subjective lay perspective and medical advice. Some reported with considerable pride how they had arrived (not uncommonly after long and objectionable experience of both suffering and medicine) at their own particularly efficacious regimens. Many others emphasized their dutiful promises to follow doctors' orders, and their willingness to try a range of modish but often distasteful, restrictive and taxing dietaries, exercise regimes, and other therapies. The testimonials reproduced in 1844 by the Malvern M.D. James Wilson championing "the Water Cure" included a letter from an anonymous minister who claimed to have met with some incredulity in recounting how he thoroughly enjoyed his hour-a-day enveloping in the *à la mode* hydropathic technology of the "wet sheet," whilst also averring that he had been completely relieved of his "weak and bilious stomach" and "severe bilious headaches."⁷² Yet the fact that such testimonials had remained so necessary and such techniques remained so controversial indicates that far from all patients felt the same way. Unpleasant and inefficacious methods were readily abandoned for milder hydropathic courses, one voguish prescription frequently substituted for another. When Arabella Pennant, daughter of the naturalist and traveler Thomas Pennant, wrote from Bristol Hot Springs in 1790 to her friend Mary Heber (1758–1809) of Weston Hall, Northamptonshire, about how the trial of "riding double" for her aunt had induced "a return of her Bilious disorder," she confided that the prescription was soon supervened following the modish Bristol physician William

Moncrieffe's (1746–1816) counsel against such “violent” exercise and advocacy of “drinking the Bath Waters” instead.⁷³

Bilious sufferers regularly exchanged detailed, remarkably frank advice, often lacing their experiences with particular advocacy, gently and sometimes more forcefully echoing their doctors and cajoling their intimates to prioritize attention to their diseases over their diversions. This is well illustrated by the letter Elizabeth Iremonger, the forthright unmarried daughter of Joshua Iremonger of Wherwell Priory, Hants, wrote to her younger friend Heber in 1793, congratulating her on her recent “pleasant expeditions, & a good share of Dissipation,” but “more pleased that you consulted Mr [Walter] Farquhar with regard to your stomach.”⁷⁴ The similarly ailing Iremonger moreover stressed her sensible management of her own case in consort with medical counsel. Suffering in 1793 from “obstinate” and violent (possibly bilious) diarrhea, Iremonger pointedly related to Heber how she had quickly transferred from Bath to Bristol, underlining her obedience to her stomach doctors’ advice, whilst congratulating herself on its consonance with her own ideas. She recounted having consented to almost a year’s diet of “meat & plain boiled rise [*sic*], despite becoming sick of the sight of the latter,” also accenting her own positive experience of the mild purgative, mineral combination of “steel and angostura bark.”⁷⁵ Iremonger had embarked on the “tryal” of Bristol waters, relying both on her own views and those of her doctors, including that Bath-based doyen of hydrology Dr. William Falconer, as to their more suitable, astringent quality for remedying bile, desisting once she found them inefficacious.⁷⁶ Eventually, however, rather more impressed by the “most attentive” Tunbridge physician, John Nott, the vociferous proponent of Clifton’s Hot Springs, Iremonger agreed to retiral both Tunbridge during the summer and then Islington’s waters “every day” during winter. Like many of her contemporaries, she also willingly submitted to prolonged testing of the trendy technique Nott in particular advocated for stomach, rheumatic and “flying gout” cases (as he reclassified Iremonger) of “flannelling,” despite hearing “it was fatal to many.”⁷⁷

Sufferers like Iremonger tended to find certain watering sites less attractive than others, and were forthright in expressing and pursuing their preferences not merely for health but also for social, recreational, and aesthetic reasons. Having found Tunbridge and its (Assembly) “Rooms” as “tumultuous & noisy” as “Cranbourne Alley,”⁷⁸ Iremonger much preferred the more “romantic” countryside around “Bristol Wells & Clifton,” though most others in similar privileged social circles found Tunbridge “a very pretty romantic

situation.”⁷⁹ Whilst bemoaning by contrast the lack of good quality “company” and lodgings at seaside resorts, and the “very full” nature of “Public places” like Ramsgate, Weymouth, and Harrogate, Arabella Pennant was one of many amongst the Georgian elites who more especially condemned the distinctly *démodé*, down-at-heels “Margate as I think . . . by far the most unpleasant Sea place I ever saw.”⁸⁰

A few years before her Tunbridge residence under Nott’s watch, Iremonger had favored Bath, relying for some time on Falconer for remedying her “Spasms,” which were often severe, affecting not only her stomach but her whole body.⁸¹ Rather than simply reflecting the sufferer’s impressionability in the face of medical authority, Iremonger’s trust was heavily contingent on having a man of parts for her physician, with an alluring blend of appreciable intellectual depth, dialogic appeal and flair of personality. Nott’s urbane demeanor and consultative style additionally promised fulfilment of her desire for educational self-improvement, enticingly mingled with an impressive and accessible presentation of medical authority: “He is a very sensible, informed, philosophical man & his Conversations on all Subjects were pleasant & improving.”⁸² Although Falconer conjectured “Gall-Stones,” not bile, as the underlying cause of Iremonger’s spasms, he had long since his 1770 Bath treatise diagnosed spasms as frequently having a bilious seat. He loudly lauded the purgative, stimulant, antispasmodic, and astringent efficacy of Bath waters, more particularly for “cases . . . of the bilious kind, where, from spasmodic constriction of the biliary ducts, the bowels are deprived of their accustomed stimulus.”⁸³

Widely read, intellectually ambitious gentry like Iremonger were often highly affirmative in presenting their own take on healing, parleyed in close consort with professional counsel. Like numerous other genteel Georgian female domestic medicine purveyors, Iremonger recycled a wide range of health advice to her social circle, dubbing herself “one of the Doctors of the Village” (of Weston).⁸⁴ Health choices amongst Georgian social elites often gravitated significantly around common and differential notions of good taste, taste being, as Maxine Berg and Elizabeth Eger have shown, intensely debated in a profusion of contemporary lay literature.⁸⁵ Iremonger and Heber frequently inter-dialogued about their disparities in “taste,” the former repeatedly teasing her friend for her laziness with letters and fondness for “Gaiety” by contrast with her own predilections, whilst regularly deploying modish French phraseology both to amuse Heber and to display her cosmopolitan

accomplishment. She also affectionately but firmly resisted Heber's semi-jocular attempts at "*seducing* me, as you term it, into your dissipated life," asserting her preference for "Country . . . quiet pleasures."⁸⁶ Iremonger was far from the simple retiring type, however, and their correspondence suggests that there was no necessary incompatibility between the more fashionable beau monde and the more soberly inclined elites, though there might be significant divergence in their health and lifestyle choices.

Bluestocking aspirants like Iremonger, nonetheless, do appear to have been more apt to be dogmatic and self-assured in arbitrating their illness regime preferences. As time passed, furthermore, the discrepancy between the somewhat health-fixated, country-traditional partialities of Iremonger and Heber's greater appetite for metro-social pleasure-seeking widened in their correspondence. In 1798, Iremonger wrote to Heber in an especially imperious, lecturing tone, upbraiding her for her "almost incorrigible" and "accustomed negligence of yourself & indifference to every means of assisting the natural weakness of your Constitution."⁸⁷ Their correspondence reflects a much broader tension in Georgian high society between traditional pastoral sociocultural and health values and the concerns of those more wedded to modish city life, many of whom appeared less wary of the putative health consequences. These differences partially but far from straightforwardly mirrored more politically configured tensions between city and country Whigs and Tories, though many contemporaries sustained intersecting urban and rural tastes towards both health and culture.⁸⁸ Iremonger's particular advocacy united vigorous beliefs in pious, Providential moral health principles such as being "patient, resigned, quiescent" in the face of affliction, with a more empowering, but duty-conscious, application of rational medicine and regimented living by salutary "Rules." This meant forcefully discerning choices with regard to "Diet[,] . . . Air & Leisure," alongside a household-medicine style exploitation of Nature's store of "healing Plants & minerals," conjoined with responsible recourse to the best doctors.⁸⁹ Iremonger was keen to present herself in accord with prevailing modish models of special (female) sensibility and delicacy: "Few persons, I believe, have had more delicate, uncomfortable, health than I have had for many years."⁹⁰ Yet, she also declared herself as something of a new woman, much more in charge of her unstable health and now able to consume fruits, salads and malt liquors which she had "for several years . . . been obliged to abstain from."⁹¹ Exhibiting herself to her correspondents as a health mores case-exemplum, both of self-

healing in stomachic and spasmodic disorders and of obeisance to doctors and “Medicinal Aids,” Iremonger provided a critical counterpoint to alleged beau monde health recklessness. Having “experienced many a laugh at my love of medicine,” and aware of the suspicion of hypochondriacal affectation that was the inevitable liability of such apparent devotion, Iremonger cannot easily be dismissed as a disingenuous faker or naïve consumer of contemporary fashionable physic. Indeed, she confidently (if not entirely convincingly) asserted her “ever regardless,” unrepentant attitude to such socially compromising denigration, and her higher, selfless concern for Heber’s “sake” in her necessarily “Egoist[ic]” preaching.⁹²

Some sufferers engaged in greater subversion of particular medical counsel, a response fostered by the often confusing nature of their illnesses’ symptoms, by more conspicuous manifestations of sociocultural disparities between practitioner and patient, by frequent dislike of the taxing demands and violent effects of some remedies, and by the multifarious versions of medical and lay opinion about biliousness and appropriate therapeutics. A telling example of the negotiated conditioning of compliance to doctors’ orders is furnished by the sprightly correspondence of the cultivated Bluestocking artist Mary Delany (née Granville) (1700–88), wife of the Irish clergyman Dr. Patrick Delany. Conventionally advising her bilious younger sister Anne Dewes in 1760 of the need to submit to her practitioners’ prescriptions, Delany also counseled Anne against joining her at the Bristol baths. Countering Dr. Burgh and privileging proverbial trust in Time, Nature, and God or Providence, alongside her own advice and that of her preferred local practitioner, the Bath apothecary Jonathan Henshaw, Delany also parroted the latter’s certainty that Anne’s “giddiness was a bilious disorder.”⁹³ While contemporaries evidently encouraged and engaged in journeys to health resorts, both to remedy their biliousness, and also to display their fashionableness and pursue modish recreations, many sufferers rejected such excursions, especially during the “wrong seasons,” or when trips entailed unwelcome absence or company, or appeared to contravene other prized social and salutary axioms. Contemporaries like Delany sometimes transmitted and at other times reconfigured medical counsels, more easily persuaded by practitioners who favored less demanding curative courses, whilst also bringing in their own, often indigenously-imbibed, health cosmologies. Advocacy of perdurable, traditional quasi-naturopathic faith in Divine Providence was coupled with recommendations for seasonal and home-watering, plus old household health wisdoms such as keeping warm, amusing the spirit,

and the natural healing passage of time, backed up especially often after midcentury by newly conventional castigation of “violent” medicines.⁹⁴

In advocating a “sufferer’s history,” Porter wisely highlighted the need for more thorough modeling of “the conventions and channels leading from sickness to response, and . . . governing the choice of therapeutic action.”⁹⁵ Characteristically, it was the shifting reputations of fashionable physicians and resorts as well as word-of-mouth recommendations that were cited to explain client preferences, but the more palatable content of the medical regimen offered by certain practitioners also played a role. Many amongst the educated beau monde were especially attracted by the milder medicinal prescriptions that health resort practitioners plugged, and the tonic, mineral, and herbal remedies long traditionally advocated in domestic medicine and self-dosing contexts so ably documented by Katherine Allen in this issue. Patients were palpably swayed by practitioners who appeared more adept in tailoring their ministrations to their clients’ tastes in the increasingly competitive medical marketplace. Lay relations also often recommended gentler medicinal doses. Advising his daughter Mary on the care of her bilious brother in 1819, Hewley John Baines (1762–1830) of the Bell Hall landed estate, Naburn, and colonel of the York Volunteers, wrote to “approve of the magnesia you recommend,” whilst additionally urging “strong bitters to be taken . . . in a little white wine,” convinced that “simpler may be of greater service than more forceable means.”⁹⁶

Bilious patients plainly flocked in huge numbers to inland and seaside watering resorts like Bath, Bristol, Cheltenham, Tunbridge Wells, Brighton, Harrogate, Ramsgate, and Scarborough, their putative (but often contested) efficacy vying with the fashionable allure of the commercial, recreational, and social activities provided by these bon ton beehives. Medical promoters of such health resorts regularly touted their attractiveness and superior benefits for the bilious. For example, Thomas Jameson claimed in 1809 that “half the invalids who visit Cheltenham are afflicted with bilious disorders, contracted either by long residence in warm climates, or by injurious treatment of their digestive organs,” and that “Cheltenham waters are more serviceable in removing the excess of bile from the stomach than most other remedies.”⁹⁷ According to the Irish physician John Rutty writing half a century earlier, a wide range of specific European watering places were of great use in bilious cases.⁹⁸ For the vast majority of the fast-growing ranks of late Georgian experts on liver and bilious diseases, including the

Edinburgh and colonial India surgeon George Hamilton Bell, “nothing is perhaps so useful as travelling and occasional visits to watering-places of general resort.”⁹⁹ Such advocacy was especially directed at bilious British returnees from hot tropical climes, to whom Jameson, Bell, and many other bile specialists especially addressed their observations.

Preferences asserted for particular Georgian health resorts, medicines, and physicians were generally carefully and discursively negotiated in accord with a complex range of personal, social, and contextual considerations.¹⁰⁰ Just as David Garrick favored the gentler hydropathic, mineral, tonic, and purging prescriptions recommended by the modish Bath physician Ralph Schomberg, others in Garrick’s circle, including the Bloomsbury wit Topham Beauclerk (1739–80), sought out the same or similarly reputable practitioners. Beauclerk’s contentment, if not relief, in placing his reliance on the diagnosis and treatment program of the fashionable Bath physician Philip Delacour (1710–80) was founded on the latter’s confidence in pronouncing his disorder “entirely bilious” with “a latent gout,” and on his fame for “great cures.”¹⁰¹ It was also informed by the doctor’s “sensible” conversational manner, and his attractive non-pharmacological, naturopathic therapeutic approach, combining pumping with regularity in food and hours. Others in different circumstances, and of a more impetuous self-indulgent disposition, might be more precipitous and individualistic in their choices. When sick and confined to bed for days in 1822 at Lerci, Italy, “with a violent rheumatic and bilious attack, constipation, and the devil knows what,” without access to an experienced physician, Byron initially put his faith in “a young [inexperienced] fellow who however was kind and cautious and that’s enough.”¹⁰² Moreover, he relied on self-dosing “undergoing the ravages of all kinds of decoctions” which he based on a book of Thompson’s prescriptions his publisher had given him, followed by a hearty reviving regimen of sea air, “sailors cold fish and country wine.”¹⁰³

The extensive advice that Charles Armitage Brown, close friend and latterly nursemaid to the poet John Keats, penned to the artist Joseph Severn during a bad bilious attack in 1822 offers eloquent testimony to the somewhat self-satisfied complacency with which many contemporaries accepted biliousness as the consequence of their sedentary, bon-vivant lifestyles, while touting their partial or sometimes comprehensive control over the disorder.¹⁰⁴ For Brown, being bilious was part and parcel of privileged, Georgian sociability. Brown’s remark to Severn, “we are both sedentary animals, and both like a good dinner,” reflects a pragmatic acceptance that regular

salutary exertion such as walking and riding might be beyond the beau monde. Yet such narratives additionally highlight the repeated combination of occasional resort to practitioner advice with more regular self-reliance and self-dosing in combating biliousness. Contemporaries like Brown prided themselves on their ingenuity in purchasing or moreover crafting for themselves modish magic purgative pills, cautiously monitoring their own evacuations and avoiding large doses of stronger purges like aloes. These were therapeutic strategies that offered wider (though often riskily uncertain) opportunities to be master of one's bile. Taking charge of his own case for Brown entailed home-preparing large batches of his own purgative pills (at 100–200 a time), an especially mild compound composed of a single grain of aloes and two of rhubarb plus a soap-based lubricant. Pill-popping, more especially if those pills were self-made or self-prescribed, allowed the more confident leisured classes of Georgian Britain to assert themselves both as their own convenient "constant physicians," and also as authoritative advocates to others of scrupulous self-medicating of bile.

Becoming thus "free from bad bile" allowed the affluent elites to marry artificial medicine more seamlessly with their social pleasures and lifestyle predilections, to assert greater personal control over their health choices in a manner more conducive to their sedentary lives and their prized (peculiarly British) sense of individual and consumer freedoms. Such assertiveness was often combined with negative experience of both orthodox and "quack" medicine. Brown emphasized how his bile "was, for some time, most ignorantly treated," condemning his doctor's cavalier approach to prescribing aloes: "when I was bilious the Physician dosed me at once with ten grains, for which he ought to have been compelled to take twenty." Such sources underline the individualized nature of elite Georgian bile, reflecting medical onus on and patient consensus in (what Brown referred to as) its differential "wear and tear," or on how bile acts "on different constitutions in different ways." Brown's letter also manifests the common admixture of emotional and mental symptomology with biliousness, including headache, giddiness, depression, and causeless weeping. As bad as many sufferers felt bile to be, conviction in its frequent culmination in expulsion via natural or artificial evacuation might concurrently offer real reassurance regarding its likely lack of permanent ill effects. For Brown, "a bilious attack . . . is bad enough while it lasts, but it leaves no evil consequences." His emphasis on the specific impact of particular purges, remarking that aloes act "chiefly on the rectum" and that *Severn* might "feel a soreness . . . at the fundament," reflects how

meticulous and explicit lay-authored medicinal advice about supposedly fashionable biliousness sometimes was.¹⁰⁵ If many bilious Georgians were shy, others were disarmingly candid in an age when sufferers felt especially intimately connected to their excretions, when copious pissing, shitting, and vomiting as a result of both illness and medicine were so prominently experienced and so regularly the subject of graphic satirical representation.

Bilious Identities, Bilious Writers

Less concerted and frequently, perhaps, than contemporaries questioned the genuineness of nervous and bilious symptoms, historians, sociologists and literary critics have also queried the ingenuousness of narrative constructions of afflictions, a theme more deeply explored by Jessica Monaghan in this issue.¹⁰⁶ Literary biliousness raises provocative issues of authenticity for our understanding of the more self-consciously writerly patient experience which can only be partially resolved by attending carefully to the multifaceted meaning of such conditions, whether as phenomenological, experienced illnesses, as metaphorical tropes, or as malleable vehicles for authorial identity. It is difficult to distinguish such differential rhetoric in lay writing because (whether deliberately or unconsciously) they often overlapped. As some scholars have observed, the “authentic” narrative can be a somewhat illusory recovery quest in historical scholarship when so much testimony was inflected by a range of contextually constructed frames. Reported existential feeling and ontological experience regarding bilious symptoms were frequently interleaved with broader posturing. Here, Judith Butler’s concept of the performative, rhetorical, and linguistic functions of illness narrative, more recently adapted by scholars such as Mary Fissell and Wilhelmina Ruberg, seems useful.¹⁰⁷ For writers like Scott, Byron, and Carlyle, biliousness appears to be both their genuine, freely confessed affliction and a useful linguistic tool for inflection of their literary and romantic subjectivity, granting a modicum of license for attention-seeking, self-serving release, and more widely directed vitriolic social commentary, as in earlier traditions of figuratively venting spleen. More broadly, the rhetorical uses of bile help illuminate the performative character of much lay discourse and conduct relating to the condition. Plainly, while illness narratives stressed the downsides of bile, key to what rendered biliousness more fashionable was the availability and manipulability of a more

appealing sociocultural register of meanings beyond mere sickness disablement—the secondary gain outlined earlier.

We have shown in the previous section how bilious sufferers often exercised or claimed substantial discernment in opting for one medical resort or one prescription over another. Quite a few elected to avoid certain spas either selectively or altogether. Some literati sufferers were especially self-possessed in this regard, displaying a range of social and linguistic techniques to reframe and take greater ownership of their bilious experiences, a case in point being that of Sir Walter Scott. In 1819, for example, Scott politely resisted Colonel McLeod's advice (conveyed by his friendly correspondent John Morrit) to visit German watering spas, despite emphasizing the advantageous anonymity it might endow him with as an invalid. Scott had become disenchanted with being "oppressive[ly]" pursued as a literary celebrity by "those alarming hunters of wild animals so common at Harrowgate [*sic*] Cheltenham and our English spas [*sic*] who cannot suffer a poor lion like myself to come quietly thither for the benefit of his health without having a course at him."¹⁰⁸ After the bitter experience of being "forced to swallow" large, inutile doses of laudanum by his previous physicians (as he complained contemporaneously to William Wordsworth), Scott moreover stressed his inclination to "sit quiet at home this vacation," under the direction of the now rather aged Perthshire practitioner, former East India Company surgeon and physician, William Dick.¹⁰⁹ As well as his preference for the latter's milder prescription of "small dozes [*sic*]" of calomel, Scott was plainly impressed by Dick's reputation, describing him as "particularly skilful" and "very celebrated for his knowledge of bilious disorders."¹¹⁰ He was also impressed by his new doctor's confidence in calomel as a bespoke medicine and his authoritative rhetorical discourse about its operation: "Dr. Dick insists his remedy is absolutely specifick if used long enough unless . . . there has been swelling and induration of the liver which they do not apprehend in my case." Indeed, despite recognizing calomel's side-effects of "faintness and sickness" and that it would have to be taken for some time, Scott was quite content to trial his new course "before commencing any new experiment." His trust in his doctor was reinforced by his empirical experience of the remedy, finding it to work powerfully "as an alterative on the constitution" and to gradually restore his rest, appetite, color, power of riding, and overall health.¹¹¹

Far from consuming medical advice uncritically, Scott presented himself to his correspondents as a canny, discriminating client, exercising self-assured choices whilst deploying

characteristically witty writerly metaphors to amuse his correspondents as to the passage or exit of his bile: “the Bile which was furiously deranged has resumed its proper channel and departs by the port Esquiline.”¹¹² Even when depicting symptomatic and prescriptive prostration in the face of biliousness, stomach cramps, and jaundice, his graphic descriptions assume performative and lyrically melodramatic strains, as Scott combined a somewhat inward-looking, self-pitying illness narrative with a more outward-looking, cultivated community exchange of sardonic linguistic drollness:

I was dreadfully ill (so far as bodily torture can be called dreadful) all the spring and during . . . June & July. My disorder was some derangement of the bile attended with the most violent spasms in the stomach which lasted for many hours in despite of the quantity of laudanum which they obliged me to swallow. I was at length reduced to a shadow & carried up & down like a child from the hot bath to my bedroom for these were my most extensive travels.¹¹³

Earlier reporting how “a succession of severe cramps in the stomach, alternated with violent fits of sickness,” Scott adeptly mingled ironic reflection on illness predicament with amusing metaphorical allusion, complaining that “the medicines which relieve the Cramp, are the worst possible for the bilious complaint, and vice versa, so the disorders play into each others hands, with the regularity of a see-saw-betwixt two partners at whist.”¹¹⁴

As Ishizuka’s work has shown,¹¹⁵ Carlyle presents us with another compelling case study of the complex ambivalence with which many educated sufferers conceived of their bilious complaints, and the often idiosyncratic ways they both internalized and contested traditional and more novel medical models of bile. Highly literate sufferers like Carlyle employed a rich range of language and somato-psychic concepts to articulate their symptoms. Adopting a flexible personal and cultural understanding of biliousness, Carlyle resisted any single reductive etiological model, referring relatively interchangeably to stomach, digestive, dyspeptic, bilious, and nervous disorders. He ascribed sometimes playfully and sometimes in all seriousness a range of physiological, mental, environmental, meteorological, and circumstantial causes for biliousness, as when writing to his brother John in 1833: “I myself too am bilious, as after a spell of writing, bad lodging and bad weather.”¹¹⁶ It was in part because (or when) biliousness arose in apparent contradiction of

favorable environmental and physical circumstances that sufferers substituted psychological explanations, as when in 1852 Carlyle found it “hard to say why” he was so “terribly bilious [given] everything is so delightfully . . . appropriate here—weather, place, people, bedroom, treatment. . . . But one's imagination is a black smithy of the cyclops where strange things are incessantly forged.”¹¹⁷ Carlyle seems to have been both reflecting medical texts which espoused multi-causal accounts of biliousness, relating bilious ailments to accompanying nervous symptoms, and also adopting a more singular, artistically tortured construction of his bilious identity as a writer. Though often following convention in citing dietary irregularity as the primary cause of his bile, he also stressed that writing and the wider demands of his public lecturing were substantially responsible. Biliousness was positioned as the professional writer's burden to bear, the conjointly bilious-dyspeptic-nervous author sharply demarcated from ordinary (non-bilious) mankind. Apologizing for his inability to visit one anonymous correspondent in 1840, for example, Carlyle wanly and ostentatiously explained: “How happy should I be to attend you, were my nerves like those of other men! But I am dyspeptic, bilious, —a dinner after six at night ruins me for ten days; and there are three fatal weeks of Lecturing ahead of me.”¹¹⁸ As Ishizuka persuasively demonstrated, it was less the physical pain of biliousness and dyspepsia that Carlyle chose to foreground than its disturbing effects on his nerves and intellects.¹¹⁹

Carlyle often appeared content to accept and sometimes to theatrically exploit himself and his identity as constitutionally bilious. In 1833, for example, writing to his mother Margaret on finishing a characteristic satire on societal and medical “quacks,” and Morison-pill like panaceas, he confessed to having “made myself bilious enough with my writing, and had need to recover; as I am doing.”¹²⁰ Yet, far from a beneficial or glamorous state, Carlyle's chronic biliousness was deemed to be more a blight than a benison to his creativity and personal happiness. Writing to John Taylor in 1817, Carlyle confided in self-parodic, performative, literary referential mode: “I have been living for a year and a half here in the outskirts [of] Edin[bu]r[gh] . . . happy enough in all respects, save only th[at] like [Byron's Don] Juan's Father I ‘was born bilious.’”¹²¹ In literati circles, being “born bilious” had become well established as a conveniently mordant and yet contradictorily mitigating shorthand for the origins and consequences of apparently inveterate bilious propensities. This kind of modeling of bilious states worked interchangeably to impugn, explicate, and contextually attenuate bile

and the ill-tempered passions with which it had been associated since Antiquity, long blamed conjointly on constitutional inheritance, ill diet, and bad early rearing. Byron famously described Don José as:

an honourable man,
... his frailties I'll no further scan,
... if his passions now and then outran
Discretion, and were not so peaceable . . .
He had been ill brought up, and was born bilious.¹²²

Byron often dismissed the “indigestions and bilious attacks” that his own constitution and lifestyle rendered his regular bedfellows as “little petty vexations,” and complacently assigned his intermittent indispositions to an unruly stomach and liver: “rather indisposed with a rebellion of stomach, which would retain nothing (liver, I suppose).”¹²³ In early 1819 his “debility of stomach” was so severe that not only “nothing remained upon it” but he felt it drawing him rapidly to death’s door, his reluctance “to reform ‘my way of life,’” redounding upon the frequent vain appeals of his friends and physicians.¹²⁴ Of course, Byron’s short life of bile was both condemned and celebrated by contemporaries. His bilious complaints and deranged digestion were presented by his biographer Thomas Moore as the inevitable consequence of his dietary excesses and indulgence in spirituous liquors, followed by prolonged fasts, and “constant recourse to medicine” and narcotics, a tragic tale of bodily and spiritual wastage.¹²⁵ Yet Byron was also romanticized as sacrificing himself to unremitting mental exertions, feeding of his passions and “the all absorbing flame of his genius,” his stomach deemed to have been ruined by the ineluctable demands of his passions and creativity.¹²⁶ Byron himself made a special functional virtue of the literary bile, which he sometimes glossed as his “natural temper and bile.”¹²⁷ On the one hand, it offered a common parlance with fellow sympathizers and sufferers amongst his circle, so that when anticipating in 1819 a meeting with the painter and diplomat Richard Belgrave Hoppner (1786–1872), in Venice, which he “hated,” he eagerly entertained the conceit that “we will be bilious together.”¹²⁸ On the other hand, it was a disposition to be deliberately indulged, to add bite to his regular fulminations at “literary . . . mountebanks,” as when he lamented in 1821: “I am not yet quite bilious enough: a season or two more, and a provocation or two, will wind me up to the point, and then have at the whole set!”¹²⁹

Granted, literary biliousness was essentially a mere reinvention of earlier literary spleen, and was almost as often

employed as a cultural trope to undermine posturing and cast aspersions on the legitimacy of ill-tempered moral excoriation as it was to provide a wider contemporary license for venting. The poet and wit Thomas Hood, for example, famously denounced mistaking zealous sentiment for mere bile: “No solemn, sanctimonious face I pull, / Nor think I'm pious when I'm only bilious.”¹³⁰ Nevertheless, critical bile was discursively preferable for most late Georgian writers to jaundice (prejudice). Robert Southey deployed bile’s adaptable metaphorical valence and putatively close but culturally superior relationship with jaundice to divergent counter-satirical literary effect, when defending himself against the staunch Catholic writer and Midland vicar John Milner’s accusation that he had unjustly discharged his bile upon Thomas Becket in his controversial historical opus *Book of the Church* (1824), riposting “it is quite natural that I should appear bilious in the eyes of one who has the black jaundice.”¹³¹

Ishizuka incisively demonstrated how closely Carlyle adapted the medico-cultural nomenclature of “nervous dyspepsia . . . [and] opted for a self-fashioning of the illness according to the modish manner of his era.”¹³² While fully prepared to own themselves as nervously dyspeptic or bilious, however, sufferers like Carlyle were nonetheless generally skeptical towards fashionable constructions of their afflictions and towards strongly interventionist medicine. In later life Carlyle’s trust for the professional ministering for his stomach provided by John Badams (d. 1833), the entrepreneurial Birmingham chemist and quondam protégé of the physician Samuel Parr, was very much based on the lack of fashionable “show” in Badams’s praxis and personal style. Writing to family members in 1824, Carlyle explained the appeal of Badams, stressing not just the practitioner’s reliable reputation and long experience in treating stomach disorders—from which Badams himself had long suffered—but also the down-to-earth attractiveness and well-rounded authenticity of his persona, equally conversant in art and horses as in stomachic therapeutics. An admirer of Scottish Common Sense philosophy, Carlyle emphasized Badams’s “sensible,” “frank,” jargon-free, and highly personal approach to his patients, as well as his penchant for treating bilious and stomach complaints via regimen and milder medicines such as castor oil. The Cheyne-like simplicity of Badams’s prescriptions and his almost proverbial conviction in a primarily dietary route to health were especially agreeable to patients like Carlyle who had suffered considerable discomfort in earlier life in consequence of following more interventionist medical advice.¹³³

Conclusions

This article has taken up Rosenberg's appeal to frame diseases like biliousness in terms of what they actually meant for sufferers, and of the social role and function of the affliction. The evidence we have presented places less stress on the glamorous, fashionable nature of bile, for, as with Beatty's nervous sufferers, most of our narrators fixated instead on the debilitating, painful, and "ugly" symptomological experience of bile. Yet we have also attempted to fulfil Porter, Wahrman, and others' challenges to provide a comprehensive account, not so much of the "reality" or "authenticity" of sufferers' experiences of bile, but moreover of the variegated sociocultural positioning and performativity behind the serious and not-so-serious meanings attached to biliousness.

We have unapologetically focused on the elites of the late Georgian era, and demarcated and explained a number of significant shifts in this period, with sufferers increasingly eschewing, for example, violent, evacuative medicine in favor of milder purgative, tonic and hydropathic, and self-dosing alternatives. A range of prominent and sometimes competing concerns have been identified in bilious sufferers' narratives during the late Georgian era. A mix of qualified faith and skepticism in fashionable practitioners is very much in evidence, medical advice commonly being balanced against or countered by reference to lay knowledge and to wider notions of identity and social obligations. We have clarified the complex rationales informing how sufferers chose to be bilious, many exercising considered and deliberated consumer preferences in selecting, retaining, and changing their physicians, their medical regimen, and their loci of care. We stress intensely negotiated sufferer agency and offset both contemporary and some previous scholarly emphasis on patient naiveté, credulity, and passivity in the swallowing of modish medicine, underlining assertive exercise of a range of choices in being bilious. We have charted in some detail how trust in practitioners was strongly contingent on a range of competing factors both comprehending and going beyond their putative fashionability, authority, reputation, or efficacy, underlining the importance *inter alia* of practitioners' presentational style and conversational eloquence. Choices were also fundamentally conditioned by familial and lay concerns, including faith in divine providence, time, and natural healing, idiosyncratic personal predilections, and wider relational authority and advice, whether

endorsing or running counter to practitioner advice. Yet sufferer choices also often hinged on shifting judgments and prevailing assumptions regarding putatively attractive and efficacious contexts for the management of their disorders. Desire for domiciliary care often vied with the appeal of a range of health residences, including country retreats, relatives' households, and watering resorts both at home and abroad. Many sufferers embarked on multiple, often seasonal, scene changes over time in response to multifarious advice. The increased availability of domestic-based, over-the-counter, and hydropathic cures competed with recommendations of medical trials, climactic change, and travel to foreign spas. While some endured prolonged courses of evacuative and hydropathic medicine, and were enticed by modish medical novelty, many others balked at the severity or unpleasantness in imposed medical regimes, and objected to over-elaborate or crude medical jargon, and to being experimented on (to little avail) by unproven and exacting medicaments.

Beyond the phenomenological "reality" of biliousness, a welter of evidence has been presented of sufferers who emphasized the specialness of their bilious identities as separating them from others, and who articulated and exploited their bile for secondary gain, or for particular reasons such as avoidance of social and occupational obligation, sentimental and romantic posturing, and acerbic targeted satire. Biliousness was often adapted and reframed as a sympathizing, socializing, identificatory conduit between fellow sufferers, many presenting themselves as being bilious together, whilst also serving as a more stubborn assertive strategy for mitigating and indulging genteel sedentariness, luxury, and excess. Bile was additionally deployed as a metaphorical means to inflect humor, to entertain, seek attention, and display erudition and cleverness. We focused significantly on literary and nationalistic performativity amongst the bilious as a form of venting and release, as contributing piquancy and justification for critical moral and cultural commentary, and as an expression of late Georgian writerly and patriotic "English" identity, themes which have been little attended to in previous scholarship on bile.

To understand the macro meanings of bilious disorders in Georgian society, therefore, one must look not only inside but concertedly outside medical circles and doctor-patient interactions, both at and past individual patient-sufferer narratives, to discourse demarcating wider sociability and social relations. Rather than questing for the essence of disease or the origins of modern medical knowledge, we must venture well beyond any crudely transhistorical (Whiggishly construed) enquiry. In many ways the "reality" of a

fashionable disease like biliousness appears inseparable from the sociocultural contexts mediating the experience, articulation, and performance of biliousness discussed here. Yet mere exploratory excavation of illness narrative authenticity can be a somewhat self-defeating, essentialist, and less resonant method of enquiry for the ambitious cultural and literary historian. Arguably one must also subordinate, differentiate, or at the very least closely interrelate any historicized search for authentic disease experience against the backdrop of a nuanced and rigorous appreciation of prevailing patterns and shifts in a disease's broader cultural framing.

NOTES

1. Rosenberg, "Framing Diseases"; Porter, "Patient's View."
2. Coe, *Treatise*; Adair, *Fashionable Diseases*; Andree, *Bilious Diseases*; Jameson, *Treatise*; Philip, *Treatise*; Howship, *Practical Remarks*; Bell, *Treatise*; Tilk, *Random Reflections*; East, *Advice*.
3. Cobb, *Doctor and the Apothecary*, 27.
4. Anon., "Hints to the Domestic Practitioner," 208.
5. See e.g. Anon., *European Magazine*, 398.
6. Ibid.
7. Adair, *Essays on Fashionable Diseases*; Adair, *Medical Cautions*; Adair, "On Fashionable Diseases," 118–25.
8. Adair, *Fashionable Diseases*, 7, 60, 123–24; Coe, *Treatise*; Whytt, *Observations*.
9. For example Anon., *Analytical Review*, 140; Clarke, *Autobiographical Recollections*, 123.
10. Andree, *Bilious Diseases*, v.
11. See for example Hood, "Cockle vs Cackle," in *Comic Poems*, 443–49.
12. Bynum, *Gastroenterology*; Miller, *Modern History*; Baron, Watson, and Sonnenberg, "Three Centuries." For some recent scholarly attention to narrative and epistolary discourse on the body, the stomach and its ailments, see Wild, *Medicine-by-post*; Shapin, "Trusting George Cheyne"; Pilloud and Louis-Courvoisier, "Intimate Experience."
13. Ishizuka, "Carlyle's Nervous Dyspepsia."
14. For example, Adams, *Healing with Water* mentions bile/bilious disorders just once (27); while Johnson's excellent doctoral study of "Spas and Seaside Resorts in Kent" uses the terms in passing just five times, and says even less about other digestive and stomach complaints (97, 203, 227, 265–66). Morgan's "Continental Spa" discusses health only very broadly, with scant reference to specific diseases, whether liver, indigestion, or biliousness; Monaghan's doctoral dissertation on "Feigned Illness" has a smattering of useful discussion on this (91–92, 106, 113, 155).
15. Anstey, *New Bath Guide*, letter 2.

16. Porter, "Patient's View," 187; MacDonald, *Mystical Bedlam*; Beier, *Sufferers and Healers*.
17. Hewley John Baines to Mary Baines, Bell Hall, 18 August 1819 (Hull History Centre, DDBH/26/3).
18. Taylor, *Life of Benjamin Robert Haydon*, 1:63. For Byron, see below.
19. Clark, *Gleanings*, 2:199.
20. Hanna, ed., *Memoirs of the Life and Writings*, 3:92.
21. For example Anon., "Report of Diseases," 188–89.
22. Anon., "Medical Report," 507.
23. Ibid.
24. *Earl of Aberdeen's Correspondence*, 3:27.
25. Andree, *Bilious Diseases*, 57.
26. Woodforde, *Diary*, 248.
27. Charlotte Augusta Keppel to Anne Clement, Lewis Walpole Library LWL MSS MISC Box 30, Folder 37.
28. The Carlyle Letters Online, <http://carlyleletters.dukejournals.org>, 2:33–36.
29. Forster, ed., *Thirty Years' Correspondence*, 1:182, xlv.
30. Williams, *Life and Correspondence*, 306.
31. Hunt, Letter to Moore, 13 Sept. 1812, in Russel, ed., *Memoirs, Journal, and Correspondence*, 8:120.
32. Rosenberg, "Framing Disease," 332.
33. Ibid., xxii.
34. See for example King, *Disease of Virgins*.
35. Beatty, *Nervous Disease*; Rousseau, *Nervous Acts*; Porter, *Madmen*; Porter, "Nervousness." See also Colburn, ed., *English Malady*.
36. Beatty, *Nervous Disease*, 97. For a mere sample of the extensive debate on this issue, see Lachmund and Stollberg, eds., *Social Construction of Illness*.
37. Wahrman, "Change and the Corporeal," 599. See also Clever and Ruberg, "Beyond Cultural History?"
38. Takei, "Mr. Cole is Very Bilious."
39. Adair, *Medical Cautions*.
40. Willich, *Domestic Encyclopaedia*, 1:256.
41. Porter, *Disease, Medicine and Society*, 24.
42. Andree, *Bilious Diseases*, 53. For similar views, see Gibson, *Treatise on Bilious Diseases*, 42; Rowley, *Treatise on Female, Nervous*, 161; East, *Advice to the Bilious*, 33. Others demurred, however, including Jameson, *Treatise*, 176.
43. Woodforde, *Diary*, 246, 248.
44. Ibid., 116, 166, 197, 392. See also Buchan, *Domestic Medicine*, 281.
45. Hunt, ed., *Correspondence*, 1:323–24.
46. Rollins, ed., *Letters of John Keats*, 2:248.
47. David Garrick to Richard Berenger, 21 April 1766, in Fortescue, *Manuscripts*, 1:156–57.

48. For insightful exploration of the different applications of secondary gain theory, see van Egmond, "Multiple Meanings of Secondary Gain." Thanks to one of the anonymous referees for elucidating the pertinence of such perspectives.

49. Hunt, *Correspondence*, vol. 1, LH to C.C. Clarke, 10 July 1816.

50. Forster, *Thirty Years' Correspondence*, 64, 112.

51. Scott, *Letters*, 24 September 1819.

52. Hunt, *Correspondence*, 1:323–24.

53. <http://carlyleletters.dukejournals.org>, 2:33–36.

54. Bamford, ed., *Dear Miss Heber*, 227.

55. Fortescue, *Manuscripts*, 1:156–57.

56. Chalmers, *Memoirs*, 3:92, 3:30; *Earl of Aberdeen's Correspondence*, 3:27.

57. Letter from Peregrina Kenyon to Mary Kenyon, 27 May 1779, Lancashire Record Office, DDKE/1/1/139/32.

58. Hunt, *Correspondence*, 1.139; Water, *Selections from the Letters of Robert Southey*, ii:70, 78, 142–43; iv: 7, 28, 92.

59. Porter, "Patient's View," 184.

60. Fortescue, 1:156–57.

61. Llanover, *Autobiography and Correspondence*, 6:233–34.

62. Whitbread, ed., *Secret Diaries of Anne Lister*, 280.

63. Roberts, ed., *Memoirs of the Life and Correspondence*, 1:25.

64. *Ibid.*, 25–26.

65. For insightful commentary on the prominence of Georgian critical discourse on luxury, and counter-campaigns advocating abstention and moderation, see Berg and Eger eds, *Luxury*; Berry, "Austerity."

66. Cottle, *Reminiscences*, 97–98.

67. *Ibid.*

68. Hanna, *Memoirs*, 62.

69. *Ibid.*, 216.

70. Porter, "Patient in England," 105.

71. Porter, "Patient's View," 188.

72. Wilson, *Practice of the Water Cure*, 83.

73. Bamford, 76.

74. *Ibid.*, 153–54;

http://www.mmtrust.org.uk/mausolea/view/65/Iremonger_Mausoleum.

Farquar was the beau monde practitioner who in 1796 became physician to the Prince of Wales.

75. *Ibid.*, 154.

76. See Falconer, *Essay on Bath Waters*.

77. Bamford, 153–54. Flannelling entailed wrapping the skin in wet flannels in order to clean and restore tone to the affected parts.

78. Cranbourne Alley or Street in Leicester Square became synonymous for everything cheap, gaudy, and vulgar amongst Georgian elites; Anon., "Cranbourne Alley," and Anon., "Loiterings of Travel."

79. Bamford, 155, 53.

80. Ibid., 53.
81. Ibid., 129.
82. Ibid., 130.
83. Falconer, *Bath Waters*, 335.
84. Bamford, 123.
85. Berg and Eger, eds., *Luxury*; Noggle, *Temporality of Taste*; Greig, *Beau Monde*.
86. Bamford, 171–72, 191.
87. Ibid., 177–78.
88. On city Whig vs. country Tory values, see Brittan, “Using the Spectator.” On fashion as a political differentiator, see Chalus, “Fanning the Flames.”
89. Bamford, 178–79.
90. Ibid., 178.
91. Ibid., 179.
92. Ibid.
93. Llanover, *Autobiography*, 3:612.
94. Ibid., 3:612–13, 3:615.
95. Porter, “Patient’s View,” 187.
96. Hewley John Baines to Mary Baines, Bell Hall, 18 August 1819, Hull History Centre, DDBH/26/3.
97. Jameson, *Treatise*, 141, 163.
98. Ruty, *Methodical Synopsis*, 518.
99. Bell, *Treatise*, 75.
100. Shapin, “Trusting George Cheyne,” 263–97; Churchill, *Female Patients*.
101. *Historical Manuscripts Commission*, part 2, appendix, 480.
102. Moore, ed., *Works of Lord Byron*, 617. “Thompson’s prescriptions” was probably the American herbalist Samuel Thomson’s *New Guide to Health; or Botanic Family Physician*.
103. Ibid.
104. Brown, “New Letters,” letter 4.
105. Ibid.
106. For useful discussion of the problematic surrounding narrative authenticity, see Louis-Courvoisier and Pilloud, “Consulting by Letter”; Pilloud and Louis-Courvoisier, “Intimate Experience”; Bury, “Illness Narratives”; Willis, Waddington, and Marsden, “Imaginary Investments.”
107. Butler, *Gender Trouble*; Fissell, “Making Meaning”; Ruberg, “Letter as Medicine.”
108. Scott, *Letters*, 5:348.
109. Ibid., and 5:492–93.
110. Ibid., 5:409.
111. Ibid.
112. Ibid.
113. Ibid., 5:492–93.
114. Ibid., 5:319.
115. Ishizuka.

116. Carlyle, 6:359–67.
117. Ibid., 27:182–85.
118. Ibid., 12:130.
119. Ishizuka, 88.
120. Carlyle, 6:352–54.
121. Ibid., 4:300.
122. Byron, *Don Juan*, xxxv.
123. Moore, 5:85, 4:14.
124. Ibid., 4:143.
125. Ibid., 6:199.
126. Ibid., 6:199–200.
127. Ibid., 5:270.
128. Ibid., 4:249.
129. Ibid., 5:240.
130. Hood, “Ode to Rae Wilson, Esquire,” 452.
131. Southey, *Letters to Charles Butler*, 345.
132. Ishizuka, 88.
133. Carlyle, 3:92–96, 3:110–13.

BIBLIOGRAPHY

- Adams, Jane M., ed. *Healing with Water: English Spas and the Water Cure, 1840–1960*. Manchester, UK: Manchester University Press, 2015.
- Adair, James M. “On Fashionable Diseases” (1790). Reprinted as chapter 10, in *Essay on Diet & Regimen, as Indispensable to the Recovery & Enjoyment of Health, especially to the Indolent, Studious, Delicate, and Invalid*, by James M. Adair. 2nd ed. London: James Ridgway, 1814.
- . *Essays on Fashionable Diseases*. London: T. P. Bateman, 1790.
- . *Medical Cautions, for the Consideration of Invalids; Those Especially who Resort to Bath: Containing Essays on Fashionable Diseases; Dangerous Effects of Hot and Crowded Rooms; Regimen of Diet, etc.* Bath, UK: R. Cruttwell, 1786.
- . *An Essay on Diet and Regimen*. 2nd ed. London: James Ridgway, 1812.
- Andree, John. *Considerations on Bilious Diseases, and some Particular Affections of the Liver, and the Gall Bladder*. 2nd ed. London: J. Murray, 1790.
- Anon. *Analytical Review* 10 (1790): 140.
- Anon. “Cranbourne Alley.” *The Olio, Or, Museum of Entertainment* 11 (1833): 233–34.
- Anon. *The European Magazine* (27 June 1795): 398.
- Anon. “Fashionable Phraseology.” *The New Bon Ton Magazine* (4 November 1819).

- Anon. "Hints to the Domestic Practitioner." *Female Encyclopaedia* (1830): 208–11.
- Anon. "Loiterings of Travel by N. P. Willis." Reviewed in *Chambers Edinburgh Journal* 9 (1841): 35–36.
- Anon. "Medical Report." *The London Literary Gazette and Journal of Belles Lettres, Arts, Sciences, &c.* 394 (1824): 506–8.
- Anon. "Report of Diseases in a Western District of London." *Universal Magazine of Knowledge and Pleasure* 2 (1804): 188–89.
- Anstey, Christopher. *The New Bath Guide: Or, Memoirs of the B--r--d family. In a Series of Poetical Epistles*. London: J. Dodsley, 1766.
- Baines, Hewley John. Hewley John Bains to Mary Baines, Bell Hall, 18 August 1819. Papers of the Baines Family of Bell Hall, Naburn. Hull History Centre, DDBH/26/3.
- Bamford, Francis, ed. *Dear Miss Heber: An Eighteenth-Century Correspondence*. London: Constable, 1936.
- Baron, J. H., F. Watson, and A. Sonnenberg. "Three Centuries of Stomach Symptoms in Scotland." *Aliment Pharmacology and Therapeutics* 24 (2006): 821–29.
- Beatty, Heather R. *Nervous Disease in Late Eighteenth-century Britain: The Reality of a Fashionable Disorder*. London: Pickering and Chatto, 2012.
- Beier, Lucinda M. *Sufferers and Healers: The Experience of Illness in Seventeenth-century England*. London: Routledge and Kegan Paul, 1987.
- Bell, George Hamilton. *A Treatise on the Diseases of the Liver, and on Bilious Complaints*. Edinburgh: Bell and Bradfute, 1833.
- Berg, Maxine, and Elizabeth Eger, eds. *Luxury in the Eighteenth Century: Debates, Desires and Delectable Goods*. Basingstoke, UK: Palgrave, 2002.
- Berry, Helen. "The Pleasures of Austerity." *Journal for Eighteenth-Century Studies* 37, no. 2 (2014): 261–77.
- Brittan, Owen. "Using the Spectator to Stereotype the Country Tory: Joseph Addison and Richard Steele's Venerable Sir Roger de Coverley Character." *Ex Historia* 5 (2013): 74–91.
- Brown, Charles. "New Letters from Charles Brown to Joseph Severn." <http://archive.rc.umd.edu/editions/brownsevern/letters/20dec1822.html>.
- Buchan, William. *Domestic Medicine, or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*. 19th ed. London: Printed for A. Strahan, T. Cadell and W. Davies, 1805. Original 1769.
- Bury, Mike. "Illness Narratives: Fact or Fiction?" *Sociology of Health and Illness* 23, no. 3 (2001): 263–85.
- Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 1990.
- Bynum, William F. *Gastroenterology in Britain: Historical Essays*. London: Wellcome Institute for the History of Medicine, 1997.

- Byron, George Gordon. *Don Juan*. Halifax, UK: Milner and Sowerby, 1837. Original 1819–24.
- Carlyle, Thomas. *The Carlyle Letters Online*. <http://carlyleletters.dukejournals.org>.
- Chalus, Elaine. "Fanning the Flames: Women, Fashion, and Politics." In *Women, Popular Culture, and the Eighteenth Century*, edited by Tiffany Potter, 92–112. Toronto: University of Toronto Press, 2012.
- Churchill, Wendy D. *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment*. Farnham, UK: Ashgate, 2012.
- Clark, Mrs. Godfrey. *Gleanings from an Old Portfolio: Containing Some Correspondence between Lady Louisa Stuart and her Sister Caroline, Countess of Portarlington and other Friends and Relations*. 3 vols. Edinburgh: David Douglas, 1895.
- Clarke, James Fernandez. *Autobiographical Recollections of the Medical Profession*. London: J. and A. Churchill, 1874.
- Clement Papers, Lewis Walpole Library, Yale University (LWL MSS).
- Clever, Iris, and Willemijn Ruberg. "Beyond Cultural History? The Material Turn, Praxiography, and Body History." *Humanities* 3 (2014): 546–66.
- Cobb, James. *The Doctor and the Apothecary*. Dublin: P. Byrne, 1794.
- Coe, Thomas. *A Treatise on Biliary Concretions: Or, Stones in the Gall-bladder and Ducts*. London: D. Wilson and T. Durham, 1757.
- Colburn, Glen, ed. *The English Malady: Enabling and Disabling Fictions*. Newcastle, UK: Cambridge Scholars, 2008.
- Cottle, Joseph. *Reminiscences of Samuel Taylor Coleridge and Robert Southey*. Cambridge: Cambridge University Press, 2014. Original 1847.
- The Earl of Aberdeen's Correspondence with the Rev. Dr. Chalmers and the Secretaries of the Non-intrusion Committees*. 3 vols. Edinburgh: William Blackwood and Sons, 1840.
- East, Rowland. *Advice to the Bilious; or, Treatise on Disease of the Liver, its Causes, its Nature, and its Cure*. London: Jackson and Walford, 1841.
- Falconer, William. *An Essay on Bath Waters*. London: T. Lowndes, 1770; 2nd ed., 1772.
- Fissell, Mary E. "Making Meaning from the Margins. The New Cultural History of Medicine." In *Locating Medical History: The Stories and Their Meanings*, edited by Frank Huisman and John Harley Warner, 364–89. Baltimore: Johns Hopkins University Press, 2004.
- Forster, Charles, ed. *Thirty Years' Correspondence Between John Jebb and Alexander Knox*. Philadelphia: Carey, Lea and Blanchard, 1835.
- Fortescue, John Beville. *The Manuscripts of J.B. Fortescue . . . Preserved at Dropmore*. London: H. M. S. O., 1892.
- Gibson, John. *A Treatise on Bilious Diseases and Indigestion*. London: Murray and Highley, 1799.

- Golden, Janet, ed. *Framing Disease: Studies in Cultural History*. New Brunswick, NJ: Rutgers University Press, 1997.
- Greig, Hannah. *The Beau Monde: Fashionable Society in Georgian London*. Oxford: Oxford University Press, 2013.
- Hanna, William, ed. *Memoirs of the Life and Writings of Thomas Chalmers D.D., L.L.D.* 4 vols. Edinburgh: Thomas Constable, 1851.
- Hood, Thomas. "Cockle vs. Cackle." In *The Comic Poems of Thomas Hood*, edited by Samuel Lucas. London: E. Moxon and Co., 1867.
- Hood, Thomas. *The Complete Poetical Works*. 3 vols. New York: Derby and Jackson, 1861.
- Howship, John. *Practical Remarks upon Indigestion: Particularly as Connected with Biliary and Nervous Affections of the Head, and other Parts*. London: Longman, Hurst, Rees etc., 1825.
- Historical Manuscripts Commission, 9th Report*. London: H. M. S.O. 1883.
- Hunt, Thornton, ed. *The Correspondence of Leigh Hunt*. 2 vols. London: Smith, Elder, 1862.
- Ishizuka, Hisao. "Carlyle's Nervous Dyspepsia: Nervousness, Indigestion and the Experience of Modernity in Nineteenth-century Britain." In *Neurology and Modernity: A Cultural History of Nervous Systems, 1800–1950*, edited by Laura Salisbury and Andrew Shail, 81–95. Basingstoke, UK: Palgrave, 2010.
- Jameson, Thomas. *A Treatise on Cheltenham Waters and Biliary Diseases*. London: A. Newman, 1809.
- Johnson, Rachael May. "Spas and Seaside Resorts in Kent, 1660–1820." Unpublished PhD diss., History Dept., University of Kent, 2013.
- Kenyon Papers Lancashire Record Office, Letter from Peregrina Kenyon to Mary Kenyon, 27 May 1779, DDKE/1/1/139/32.
- King, Helen. *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty*. London: Routledge, 2004.
- Lachmund, Jens, and Gunnar Stollberg, eds. *The Social Construction of Illness: Illness and Medical Knowledge in Past and Present*. Stuttgart: Franz Steiner, 1992.
- Llanover, Lady, ed. *The Autobiography and Correspondence of Mary Granville, Mrs Delany*. 6 vols. London: Richard Bentley, 1861.
- Louis-Courvoisier, Micheline, and Séverine Pilloud. "Consulting by Letter in the Eighteenth Century: Mediating the Patient's View?" In *Cultural Approaches to the History of Medicine*, edited by Willem de Blécourt and Cornelia Osborne, 71–88. Basingstoke, UK: Palgrave Macmillan, 2004.
- MacDonald, Michael. *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England*. Cambridge: Cambridge University Press, 1981.
- Miller, Ian. *A Modern History of the Stomach*. London: Pickering and Chatto, 2011.
- Monaghan, Jessica Kate. "Feigned Illness and Bodily Legibility in Eighteenth-Century British Culture." Unpublished PhD diss., History, University of Exeter, 2015.

- Moore, Thomas, ed. *The Works of Lord Byron with his Letters, Journals and his Life*. 17 vols. London: John Murray, 1832.
- Morgan, Benjamin. "Literary Transmissions and the Fate of a Topic: The Continental Spa in Post-1840 British, Russian and American Writing." Unpublished PhD diss., Comparative Literature, University College London, 2014.
- Noggle, James. *The Temporality of Taste in Eighteenth-Century British Writing*. Oxford: Oxford University Press, 2012.
- Philip, Alexander P. W. *A Treatise on Indigestion and its Consequences, called Nervous and Biliary Complaints*. 4th ed. London: Thomas and George Underwood, 1824.
- Pilloud, Séverine and Micheline Louis-Courvoisier. "The Intimate Experience of the Body in the Eighteenth Century: Between Interiority and Exteriority." *Medical History*, 47 no. 4 (2003): 451–72.
- Porter, Roy. *Disease, Medicine and Society in England, 1550–1860*. Cambridge: Cambridge University Press, 1995.
- . *Madmen: A Social History of Madhouses, Mad-doctors and Lunatics*. Stroud, UK: Tempus, 2004.
- . "Nervousness, Eighteenth and Nineteenth Century Style: from Luxury to Labour." In *Cultures of Neurasthenia from Beard to the First World War*, edited by M. Gijswijt-Hofstra and Roy Porter, 31–49. Amsterdam: Rodopi, 2001.
- . "The Patient in England c. 1660–c.1800." In *Medicine and Society: Historical Essays*, edited by Andrew Wear, 91–118. Cambridge: Cambridge University Press, 1992.
- . "The Patient's View: Doing Medical History from Below." *Theory and Society* 14, no. 2 (1985): 175–98.
- Roberts, William (ed.). *Memoirs of the Life and Correspondence of Mrs. Hannah More*. 2 vols. 3rd ed. London: R. B. Seeley and W. Burnside, 1835.
- Rollins, Hyder Edward, ed. *The Letters of John Keats*. 2 vols. Cambridge: Cambridge University Press, 1958.
- Rosenberg, Charles E. "Framing Diseases: Illness, Society and History." In *Explaining Epidemics and Other Studies in the History of Medicine*, edited by Charles E. Rosenberg, 278–292. Cambridge: Cambridge University Press, 1992.
- Rousseau, George S. *Nervous Acts: Essays on Literature Culture and Sensibility*. Basingstoke, UK: Palgrave Macmillan, 2004.
- Rowley, William. *A Treatise on Female, Nervous, Hysterical, Hypochondriacal, Biliary, Convulsive Diseases*. London: C. Nourse, 1788.
- Ruberg, Wilhelmin. "The Letter as Medicine." *Social History of Medicine* 23, no. 3 (2010): 492–508.
- Russel, John, ed. *The Memoirs, Journal, and Correspondence of Thomas Moore*. 8 vols. Cambridge: Cambridge University Press, 2013.

- Rutty, John. *A Methodical Synopsis of Mineral Waters Comprehending the Most Celebrated Medicinal Waters, both Hot and Cold*. London: William Johnston, 1757.
- Scott, Walter. *Letters of Walter Scott*.
<http://www.walterscott.lib.ed.ac.uk/etexts/etexts/letters.html>.
- Segal, Judy Z. *Health and the Rhetoric of Medicine*. Carbondale: Southern Illinois University Press, 2005.
- Shapin, Steven. "Trusting George Cheyne: Scientific Expertise, Common Sense, and Moral Authority in Early Eighteenth-century Dietetic Medicine." *Bulletin of the History of Medicine* 77 no. 2 (2003): 263–97.
- Southey, Robert. *Letters to Charles Butler, Esq: Comprising Essays on the Romish Religion*. London: John Murray, 1826.
- Takei, Akiko. "'Mr. Cole is Very Bilious:': The Art of Lay Medicine in Jane Austen's Characters." *Persuasions* 30, no. 1 (2009).
<http://www.jasna.org/persuasions/on-line/vol30no1/takei.html>.
- Taylor, Tom, ed. *Life of Benjamin Robert Haydon, Historical Painter, from His Autobiography and Journals*. 3 vols. 2nd ed. London: Longman, Brown, Green and Longmans, 1853.
- Thomson, Samuel. *New Guide to Health; or Botanic Family Physician*. Boston: For the author, 1822.
- Tilk, Samuel Westcott. *Random Reflections on Indigestion, Bilious Complaints, Scrofula, &c*. London: J. Poulter, 1837.
- van Egmond, Jacques J. "Multiple Meanings of Secondary Gain." *American Journal of Psychoanalysis* 63 no. 2 (2003): 137–47.
- Wahrman, Dror. "Change and the Corporeal in Seventeenth- and Eighteenth Century Gender History: Or, Can Cultural History be Rigorous?" *Gender and History* 20 (2008): 584–602.
- Water, John Wood, ed. *Selections from the Letters of Robert Southey*. 4 vols. London: Longman, Browne, Green, Longmans, and Roberts, 1856.
- Whitbread, Helena, ed. *The Secret Diaries of Anne Lister*. London: Little, Brown, 1988.
- Whytt, Robert. *Observations on the Nature, Causes, and Cure of those Diseases which have been Commonly Called Nervous, Hypochondriac, or Hysterical*. Edinburgh, 1764.
- Wild, Wayne. *Medicine-by-post: The Changing Voice of Illness in Eighteenth-century British Consultation Letters and Literature*. Amsterdam: Rodopi, 2006.
- Williams, D. E. *The Life and Correspondence of Sir Thomas Lawrence, Kt*. London: Henry Colburn and Richard Bentley, 1830.
- Willich, A. F. M. *The Domestic Encyclopaedia*, 4 vols. London: Murray and Highley, 1802.
- Willis, Martin, Keir Waddington, and Richard Marsden. "Imaginary Investments: Illness Narratives Beyond the Gaze." *Journal of Literature and Science* 6 no. 1 (2013): 55–73.

- Wilson, James. *The Practice of the Water Cure: With Authenticated Evidence of Its Efficacy and Safety*. London: H. Bailliere, 1844.
- Woodforde, James. *The Diary of a Country Parson, 1758–1802*. Norwich: Canterbury Press, 1999).